L.A. Care
HEALTH PLAN
For All of L.A.

BOARD OF GOVERNORS MEETING

March 7, 2024 • 1:00 PM

L.A. Care Health Plan

1055 W. 7th Street, Los Angeles, CA 90017

About L.A. Care Health Plan

Statement

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 13 board members 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.

L.A. Care advances individual and community health through a variety of targeted activities including a Community Health Investment Fund and sponsorships program that have awarded more than $180 million throughout the years to support the health care safety net and expand health coverage. The patient-centered health plan has a robust system of consumer advisory groups, including 11 Regional Community Advisory Committees (governed by an Executive Community Advisory Committee), 35 health promoters and nine Resource Centers that offer free health education and exercise classes to the community, and has made significant investments in Health Information Technology for the benefit of the more than 10,000 doctors and other health care professionals who serve L.A. Care members.

Programs

- **Medi-Cal** – In addition to offering a direct Medi-Cal line of business, L.A. Care works with three subcontracted health plans to provide coverage to Medi-Cal members. These partners are Anthem Blue Cross, Blue Shield of California Promise Health Plan and Kaiser Permanente. 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** – 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.

L.A. Care Membership by Product Line – As of February 2024	
Medi-Cal	**2,351,085**
L.A. Care Covered	**168,816**
D-SNP	**18,949**
PASC-SEIU	**48,530**
Total membership	**2,587,380**
L.A. Care Providers – As of April 2022	
Physicians	**5,709**
Specialists	**13,534**
Both	**364**
Hospitals, clinics and other health care professionals	**14,276**
Financial Performance (FY 2023-2024 budget)	
Revenue	**$11B**
Fund Equity	**$1,779,445**
Net Operating Surplus	**$103.9M**
Administrative cost ratio	**5.1%**
Staffing highlights	
Full-time employees (Actual as of September 2023)	**2,269**
Projected full-time employees (FY 2023-2024 budget)	**2,407**

AGENDA
BOARD OF GOVERNORS MEETING
L.A. Care Health Plan
Thursday, March 7, 2024, 1:00 P.M.

L.A. Care Health Plan, 1055 W. 7th Street, Conference Room 100, 1st Floor
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=m9b0ac150400666ea640ead72cd8f79da

To listen to the meeting via teleconference please dial: +1-213-306-3065
English Meeting Access Number: 2487 435 5402 Password: lacare
Spanish Meeting Access Number: 2499 888 4731 Password: lacare

Supervisor Hilda L. Solis
500 West Temple Street, Room 856
Los Angeles, CA 90012

For those not attending the meeting in person, public comments on Agenda items can be submitted in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420.

If we receive your comments by 1:00 P.M. on March 7, 2024, it will be provided to the members of the Board in writing at the beginning of the meeting. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must include the name of the item to which your comment relates. If your public comment is not related to any of the agenda item topics, it will be read in the general public comment agenda item.

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. All public comments submitted will be read for up to 3 minutes during the meeting. The process for public comment is evolving and may change at future meetings. We thank you for your patience.

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 — Alvaro Ballesteros, MBA, *Chair*

1. Approve today's agenda — *Chair*
2. Public Comment *(Please read instructions above.)* — *Chair*

ADJOURN TO CLOSED SESSION (Estimated time: 60 minutes) — *Chair*

3. 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: *March 2026*
4. CONTRACT RATES
   Pursuant to Welfare and Institutions Code Section 14087.38(m)
   - Plan Partner Rates

- Provider Rates
- DHCS Rates

5. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
   Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:
   Four Potential Cases

6. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
   Pursuant to Section 54956.9(d)(1) 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 (Case No. Unavailable)

7. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
   Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
   - Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680
   - Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF

8. 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: Alvaro Ballesteros, MBA
   Unrepresented Employee: John Baackes

9. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
   Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
   1) *Glendale Adventist Medical Center dba Adventist Health Glendale v. Local Initiative Health Authority for Los Angeles County dba L.A. Care Health Plan,* JAMS 1220072832;
   2) *Glendale Adventist Medical Center dba Adventist Health Glendale and White Memorial Center dba Adventist Health White Memorial v. Local Initiative Health Authority for Los Angeles County dba L.A. Care Health Plan,* JAMS 1220074035;
   3) *Glendale Adventist Medical Center dba Adventist Health Glendale v. Local Initiative Health Authority for Los Angeles County dba L.A. Care Health Plan,* JAMS 1220074776;
   4) *Glendale Adventist Medical Center dba Adventist Health Glendale and White Memorial Center dba Adventist Health White Memorial v. Local Initiative Health Authority for Los Angeles County dba L.A. Care Health Plan,* JAMS 1220075383;
   5) *White Memorial Center dba Adventist Health White Memorial v. Local Initiative Health Authority for Los Angeles County dba L.A. Care Health Plan,* JAMS 1220072839;
   6) *White Memorial Center dba Adventist Health White Memorial v. Local Initiative Health Authority for Los Angeles County dba L.A. Care Health Plan,* JAMS 1220072273;
   7) *White Memorial Center dba Adventist Health White Memorial v. Local Initiative Health Authority for Los Angeles County dba L.A. Care Health Plan,* JAMS 1220074774;
   8) San Joaquin Community Hospital dba Adventist Health Bakersfield; and Simi Valley Hospital and Health Care Services dba Adventist Health Simi Valley Hospital v. L.A. Care Health Plan, L.A.S.C. case no. 22STCV30779*;*
   9) *San Joaquin Community Hospital dba Adventist Health Bakersfield; Simi Valley Hospital and Health Care Services dba Adventist Health Simi Valley Hospital; Adventist Health Medical Center Tehachapi dba Adventist Health Tehachapi Valley; and Hanford Community Hospital dba Adventist Health Hanford v. L.A. Care Health Plan,* L.A.S.C. case no. 23STCV10175.

RECONVENE IN OPEN SESSION *Chair*

RECONVENE IN OPEN SESSION *Chair*

10. Approve Consent Agenda Items *Chair*

(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".)

- February 1, 2024 meeting minutes p.19
- Quarterly Investment Report **(FIN 100)** p.51
- Approve Accounting & Financial Services Policies AFS-027 (Travel Expenses and Other Expenses), and retirement of AFS-004 (Non-Travel & Other Related Expenses) **(FIN 101)** p.89
- Contract Amendment with Metcalfe Security **(FIN 102)** p.111
- Contract Amendment with Solugenix, Infosys and Cognizant for Information Technology staff augmentation services through September 30, 2024 **(FIN 103)** p.112
- Delegation to Chief Executive Officer to enter into contractual agreements for professional services to perform tenant improvements in the 1200 W. 7th Street building **(FIN 104)** p.113
- 2024 Compliance Program Work Plan **(COM 100)** p.114

11. Chairperson's Report *Chair*

12. Chief Executive Officer Report p.131 — John Baackes, *Chief Executive Officer*

- Government Affairs Update p.137 — Cherie Compartore, *Senior Director, Government Affairs*
- Monthly Grants & Sponsorship Reports p.250

13. Chief Medical Officer Report p.259 — Sameer Amin, MD, *Chief Medical Officer*

- Update on Field Medicine program p.277

Public Advisory Committee Reports

14. Executive Community Advisory Committee — Fatima Vazquez / Layla Gonzalez, *Consumer member and Advocate member*

Board Committee Reports

15. Executive Committee *Chair*

16. Finance & Budget Committee — Stephanie Booth, MD, *Committee Chair*

- Chief Financial Officer Report p.342 — Afzal Shah, *Chief Financial Officer*
  - Financial Report – December 2023 **(FIN 105)** p.352
  - Monthly Investment Transactions Reports – December 2023 p.360 — Jeffrey Ingram, *Deputy Chief Financial Officer*
  - Quarterly Internal Policy Reports p.394

17. Compliance & Quality Committee — Stephanie Booth, MD, *Committee Chair*

18. Provider Relations Advisory Committee — George Greene, Esq., *Committee Chair*

ADJOURN TO CLOSED SESSION (if needed) *Chair*

Adjournment *Chair*

The next meeting is scheduled on April 4, 2024 at 1 PM, it may be conducted as a teleconference meeting.
The order of items appearing on the agenda may change during the meeting.

THE PUBLIC MAY SUBMIT COMMENTS TO THE BOARD OF GOVERNORS BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO BoardServices@lacare.org. Please follow additional instructions on the first page of this Agenda.
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 Offices at 1055 W. 7th Street, Los Angeles, CA 90017 through the Reception Area in the Building Lobby, 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) 628 6420. 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.

SCHEDULE OF MEETINGS

Schedule of Meetings
March 2024

Monday	Tuesday	Wednesday	Thursday	Friday
				1
4 ***RCAC 5*** *10 AM* *(for approx. 2-1/2 hours)*	5	6	7 ***Board of Governors Meeting*** ***1 pm*** *(for approx. 6 hours)*	8
11	12	13 ***TTECAC Meeting*** *10 AM* *(for approx. 3 hours)*	14	15 ***RCAC 8*** *10:30 AM* *(for approx. 2-1/2 hours)*
18	19 ***CHCAC Meeting*** *8:30 AM* *(for approx. 2 hours)* ***RCAC 4*** *10 AM* *(for approx. 2-1/2 hours)* ***RCAC 7*** *10 AM* *(for approx. 2-1/2 hours)*	20 ***RCAC 11*** *10 AM* *(for approx. 2-1/2 hours)* ***RCAC 9*** *11 AM* *(for approx. 2-1/2 hours)*	21 ***Compliance & Quality Committee Meeting*** *2 PM* *(for approx. 2 hours)*	22
25	26	27 ***Finance & Budget Committee Meeting*** *1 PM* *(for approx. 1 hour)* ***Executive Committee Meeting*** *2 PM* *(for approx. 2 hours)*	28	29

For information on the current month's meetings, check calendar of events at www.lacare.org. Meetings may be cancelled or rescheduled at the last moment. To check on a particular meeting, please call (213) 694-1250 or send email to boardservices@lacare.org.

Prepared by mhbalones/printed on 02/27/24

L.A. Care HEALTH PLAN
1055 W. 7th Street, 1st Floor, Los Angeles, **CA 90017**
Tel. (213) 694-1250 / Fax (213) 438-5728

BOARD OF GOVERNORS & PUBLIC ADVISORY COMMITTEES
2024 MEETING SCHEDULE / MEMBER LISTING

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
BOARD OF GOVERNORS	**1st Thursday** 1:00 PM *(for approximately 3 hours)* L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250 ** Meeting 4th Thursday due to summer holiday schedule* ***All Day Retreat. Location TBD* ****Placeholder meeting*	March 7 April 4 May 2 June 6 July 25 * *No meeting in August* September 5 ** October 3 *** November 7 December 5	Alvaro Ballesteros, MBA, *Chairperson* Ilan Shapiro, MD, *Vice Chairperson* Stephanie Booth, MD, *Treasurer* John G. Raffoul, *Secretary* Jackie Contreras, PhD Hector De La Torre Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. G. Michael Roybal, MD, MPH Supervisor Hilda L. Solis Nina Vaccaro, MPH Fatima Vazquez **Staff Contact:** John Baackes *Chief Executive Officer, x4102* Linda Merkens *Senior Manager, Board Services, x4050*
BOARD COMMITTEES			
EXECUTIVE COMMITTEE	**4th Wednesday of the month** 2:00 PM *(for approximately 2 hours)* L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250 **3rd Wednesday due to Thanksgiving holiday*	March 27 April 24 May 22 June 26 *No meeting in July* August 28 September 25 October 23 November 20 * *No meeting in December*	Alvaro Ballesteros, MBA, *Chairperson* Ilan Shapiro, MD, *Vice Chairperson* Stephanie Booth, MD, *Treasurer* John G. Raffoul, *Secretary* *Governance Committee Chair* *Compliance & Quality Committee Chair* **Staff Contact:** Linda Merkens *Senior Manager, Board Services, x4050* Malou Balones *Board Specialist III, Board Services x4183*

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BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2024 MEETING SCHEDULE / MEMBER LISTING

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
COMPLIANCE & QUALITY COMMITTEE	**3rd Thursday of the month** 2:00 PM *(for approximately 2 hours)* L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250	March 21 April 18 May 16 June 20 *No meeting in July* August 15 September 19 October 17 November 21 *No meeting in December*	Stephanie Booth, MD, *Chairperson* Alvaro Ballesteros, MBA G. Michael Roybal, MD, MPH **Staff Contact:** Victor Rodriguez *Board Specialist II, Board Services x 5214*
FINANCE & BUDGET COMMITTEE	**4th Wednesday of the month** 1:00 PM *(for approximately 1 hour)* L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250 **3rd Wednesday due to Thanksgiving holiday*	March 27 April 24 May 22 June 26 *No meeting in July* August 28 September 25 October 23 November 20 * *No meeting in December*	Stephanie Booth, MD, *Treasurer* Al Ballesteros, MBA G. Michael Roybal, MD, MPH Nina Vaccaro **Staff Contact:** Malou Balones *Board Specialist III, Board Services x4183*
PROVIDER RELATIONS ADVISORY COMMITTEE	**Meets Quarterly** **3rd Wednesday of meeting month** 9:30 AM *(for approximately 2 hours)* L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250	May 15 August 21 November 20	George Greene, Esq., *Chairperson* **Staff Contact:** Linda Merkens *Senior Manager, Board Services, x4050*

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BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2024 MEETING SCHEDULE / MEMBER LISTING

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
AUDIT COMMITTEE	L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250 **MEETS AS NEEDED**		Hector De La Torre, *Chairperson* Layla Gonzalez George Greene **Staff Contact** Malou Balones *Board Specialist III, Board Services, x 4183*
GOVERNANCE COMMITTEE	L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250 **MEETS AS NEEDED**		Chairperson - **VACANT** Stephanie Booth, MD Layla Gonzalez Nina Vaccaro, MPH **Staff Contact:** Malou Balones *Board Specialist III, Board Services/x 4183*
SERVICE AGREEMENT COMMITTEE	L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250 **MEETS AS NEEDED**		Layla Gonzalez, *Chairperson* George W. Greene **Staff Contact** Malou Balones *Board Specialist III, Board Services/x 4183*

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L.A. CARE COMMUNITY HEALTH PLAN	**Meets Annually or as needed** L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250		Alvaro Ballesteros, MBA, *Chairperson* Ilan Shapiro, MD, *Vice Chairperson* Stephanie Booth, MD, *Treasurer* John G. Raffoul, *Secretary* Jackie Contreras, PhD Hector De La Torre Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. G. Michael Roybal, MD, MPH Supervisor Hilda Solis Nina Vaccaro, MPH Fatima Vazquez **Staff Contact:** John Baackes, *Chief Executive Officer, x4102* Linda Merkens, *Senior Manager, Board Services, x4050*
L.A. CARE JOINT POWERS AUTHORITY	L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250 **Placeholder meeting* *** Offsite meeting. Location TBD* **** Meeting 4th Thursday due to summer holiday schedule* *****All Day Retreat. Location TBD*	March 7 * April 4 May 2 June 6 ** July 25 *** *No meeting in August* September 5 **** October 3 * November 7 December 5	Alvaro Ballesteros, MBA, *Chairperson* Ilan Shapiro, MD, *Vice Chairperson* Stephanie Booth, MD, *Treasurer* John G. Raffoul, *Secretary* Jackie Contreras, PhD Hector De La Torre Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. G. Michael Roybal, MD, MPH Supervisor Hilda Solis Nina Vaccaro, MPH Fatima Vazquez **Staff Contact:** John Baackes, *Chief Executive Officer, x4102* Linda Merkens, *Senior Manager, Board Services, x4050*

BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2024 MEETING SCHEDULE / MEMBER LISTING

PUBLIC ADVISORY COMMITTEES			
CHILDREN'S HEALTH CONSULTANT ADVISORY COMMITTEE GENERAL MEETING	**3rd Tuesday of every other month** 8:30 AM *(for approximately 2 hours)* L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250	March 19 May 21 August 20 October 15	**Tara Ficek, MPH,** *Chairperson* **Staff Contact:** Victor Rodriguez *Board Specialist II, Board Services/x 5214*
EXECUTIVE COMMUNITY ADVISORY COMMITTEE	**2nd Wednesday of the month** 10:00 AM *(for approximately 3 hours)* L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250	March 13 April 10 May 8 June 12 July 10 *No meeting in August* September 11 October 9 November 13 December 11	**Ana Rodriguez,** *Chairperson* **Staff Contact:** Idalia Chitica**,** *Community Outreach & Education, Ext. 4420*
TECHNICAL ADVISORY COMMITTEE	**Meets Quarterly 2nd Thursday of meeting month** 2:00 PM *(for approximately 2 hours)* L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250	April 11 August 8 October 10	Alex Li, MD, *Chairperson* **Staff Contact:** Victor Rodriguez *Board Specialist II, Board Services/x 5214*

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BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2024 MEETING SCHEDULE / MEMBER LISTING

REGIONAL COMMUNITY ADVISORY COMMITTEES			
REGION 1 **ANTELOPE VALLEY**	**3rd Friday of every other month** 10:30 AM *(for approximately 2-1/2 hours)* L.A. Care Family Resource Center 2072 E. Palmdale Blvd. Palmdale, CA 93550 (213) 438-5580	April 19	**Roger Rabaja,** *Chairperson* **Staff Contact:** Kristina Chung, Field Specialist Cell Phone (213) 905-8502 *Community Outreach & Education*
REGION 2 **SAN FERNANDO VALLEY**	**3rd Monday of every other month** 10:00 *(for approximately 2-1/2 hours)* L.A. Care Family Resource Center 10807 San Fernando Rd. Pacoima, CA 91331 (844) 858-9942	February 26	**Ana Rodriguez,** *Chairperson* **Staff Contact:** Martin Vicente, Field Specialist Cell Phone (213) 503-6199 *Community Outreach & Education*
REGION 3 **ALHAMBRA, PASADENA AND FOOTHILL**	**3rd Tuesday of every other month** 10:00 AM *(for approximately 2-1/2 hours)* Robinson Park Recreation Center 1081 N. Fair Oaks Ave. Pasadena, CA 91103 (626) 744-7330	TBD	**Lidia Parra,** *Chairperson* **Staff Contact:** Frank Meza, Field Specialist Cell phone (323) 541-7900 *Community Outreach & Education*
REGION 4 **HOLLYWOOD-WILSHIRE, CENTRAL L.A. AND GLENDALE**	**3rd Wednesday of every other month** 10:00 AM *(for approximately 2-1/2 hours)* Community Resource Center Metro LA 1233 S. Western Ave. Los Angeles, CA 90006 (213) 428-1457	March 19	**Sylvia Poz,** *Chairperson* **Staff Contact:** Kristina Chung, Field Specialist Cell Phone (213) 905-8502 *Community Outreach & Education*

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BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES AND REGIONAL COMMUNITY ADVISORY COMMITTEES
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REGION 5 **CULVER CITY, VENICE, SANTA MONICA, MALIBU, WESTCHESTER**	**3rd Monday of every other month** 10:00 AM *(for approximately 2-1/2 hours)* Veterans Memorial Bldg Multipurpose Room 4117 Overland Avenue Culver City, CA 90230 (310) 253-6625	March 4	**Maria Sanchez,** *Chairperson* **Staff Contact:** Cindy Pozos, Field Specialist Cell phone (213) 545-4649 *Community Outreach & Education*
REGION 6 **COMPTON, INGLEWOOD, WATTS, GARDENA, HAWTHORNE**	**3rd Thursday of every other month** 10:00 AM *(for approximately 2-1/2 hours)* Community Resource Center Inglewood 2864 W. Imperial Highway Inglewood, CA 90303 (310) 330-3130	April 17	**Joyce Sales,** *Chairperson* **Staff Contact:** Frank Meza, Field Specialist Cell phone (323) 541-7900 *Community Outreach & Education*
REGION 7 **HUNTINGTON PARK, BELLFLOWER, NORWALK, CUDAHY**	**3rd Thursday of every other month** 10:00 AM *(for approximately 2-1/2 hours)* Community Resource Center Norwalk 11721 Rosecrans Ave. Norwalk, CA 90650 (562) 651-6060	March 19	**Maritza LeBron,** *Chairperson* **Staff Contact:** Martin Vicente, Field Specialist Cell Phone (213) 503-6199 *Community Outreach & Education*
REGION 8 **CARSON, TORRANCE, SAN PEDRO, WILMINGTON**	**3rd Friday of every other month** 10:30 AM *(for approximately 2-1/2 hours)* Community Resource Center Wilmington 911 N. Avalon Ave. Wilmington, CA 90744 (213) 428-1490	March 15	**Ana Romo – *Chairperson*** **Staff Contact:** Hilda Herrera, *Field Specialist* Cell phone (213) 605-4197 *Community Outreach & Education*

FOR INFORMATION ON THE CURRENT MONTH'S MEETINGS, CHECK CALENDAR OF EVENTS AT WWW.LACARE.ORG. MEETINGS MAY BE CANCELLED OR RESCHEDULED AT THE LAST MOMENT. TO CHECK ON A PARTICULAR MEETING, PLEASE CALL (213) 694-1250 OR SEND EMAIL TO BOARDSERVICES@LACARE.ORG.

REGION 9 **LONG BEACH**	**3rd Monday of every other month** 11:00 AM *(for approximately 2-1/2 hours)* Community Resource Center Long Beach 5599 Atlantic Ave. Long Beach, CA 90805 (213) 905-8502	March 20	**Tonya Byrd**, *Chairperson* **Staff Contact:** Kristina Chung, Field Specialist Cell Phone (213) 905-8502 *Community Outreach & Education*
REGION 10 **EAST LOS ANGELES, WHITTIER AND HIGHLAND PARK**	**3rd Thursday of every other month** 2:00 PM *(for approximately 2-1/2 hours)* L.A. Care East L.A. Family Resource Center 4801 Whittier Blvd Los Angeles, CA 90022 (213) 438-5570	April 18	**Damares Hernández de Cordero,** *Chairperson* **Staff Contact:** Hilda Herrera, *Field Specialist* Cell phone (213) 605-4197 *Community Outreach & Education*
REGION 11 **POMONA AND EL MONTE**	**3rd Thursday of every other Month** 10:00 AM *(for approximately 2-1/2 hours)* Pomona Community Resource Center 696 W. Holt Street Pomona, CA 91768 (909) 620-1661	March 20	**Maria Angel Refugio,** *Chairperson* **Staff Contact:** Frank Meza, Field Specialist Cell phone (323) 541-7900 *Community Outreach & Education*

CONSENT AGENDA

Board of Governors
Regular Meeting Minutes #324
February 1, 2024

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

Members

Alvaro Ballesteros, MBA, *Chairperson*
Ilan Shapiro, MD, *Vice Chairperson*
Stephanie Booth, MD, *Treasurer*
John G. Raffoul, *Secretary*
Jackie Contreras, PhD
Hector De La Torre
Christina R. Ghaly, MD
Layla Gonzalez
George W. Greene, Esq.
Supervisor Hilda Solis **
G. Michael Roybal, MD, MPH
Nina Vaccaro, MPH
Fatima Vazquez

**Absent*

*** Via teleconference*

Management

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

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
WELCOME	Alvaro Ballesteros, *Board Chairperson,* called to order at 1:00 pm the regular and special meetings of L.A. Care Health Plan Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors. The meetings were held simultaneously. Board Member Booth requested to participate in this meeting virtually. She has experienced a health emergency that has made it impossible for her to attend this meeting in person, and there is no one in the room with her. There was no objection to her virtual participation in the meeting. Board Chairperson Ballesteros welcomed everyone to the first meeting of 2024. He stated that everyone's time is valuable. Recently, a few meetings have lasted more than three hours. L.A. Care will make some changes to improve meeting efficiency. • The public comment time may be adjusted to a shorter limit during the meeting to keep the meeting on schedule and allow more people to comment. • Please be respectful of everyone at the meeting. Comments should end at 3 minutes. That is a lot of time – more time than is given for public comment at other meetings. Commenters do not have to use the full three minutes if their views can be expressed in less time. There is no need to wait for the clock to countdown the full 3 minutes. Get your points across quickly and step away from the microphone even if there is still time on the clock so others can be heard. Be respectful and be brief.	**The Board approved Board Member Booth's virtual participation in the meeting by consensus.**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Some items on the Agenda do not have a public comment space because the Board already discussed those items in a public meeting that had the opportunity for public comment. Information about this provision in the Brown Act was included on every Board meeting agenda since October 2023. In compliance with the Brown Act, there will not be an opportunity for public comment on today's Agenda items that were previously considered by Board Members in a properly noticed public meeting that had an opportunity for public comment. • Please note, Board Services or Ms. Haydel may interrupt public commenters if comments appear to: o Not be relevant to the agenda item (except for general public comment) or within L.A. Care's jurisdiction (for the general public comment) o Have already been discussed at a Brown Act meeting The process for public comment is evolving and may change at future meetings. Those attending the meeting in person who wish to submit a public comment should use the form provided. For those with access to the internet, the materials for today's meeting are available on the L.A. Care website. He welcomed everyone and thanked those who have submitted public comment by voice mail, text or email. He informed participants that for those using the video software during the meetings; the "chat" function will be available to provide live and direct public comment to everyone participating in the virtual meeting. The Chat feature will be open throughout the meeting for public comment. All are welcome to provide input.	
APPROVAL OF MEETING AGENDA	PUBLIC COMMENT *Andria McFerson commented she is a RCAC member, a resident of LA County, and resident of the City of Santa Monica. She wished everyone a happy Black History month. She appreciates the opportunity to come here and be a part of this. As far as the order of the agenda goes, she thinks that it's very important to allow people with disabilities to have a particular amount of time. Some people don't like to announce the fact that they have a disability, and so with ADA rights and different things like that, making it easily accessible to people who do want to speak for their disabilities. She thinks that it's great to have a public comment for each thing because the issues that the Board addresses are for the people who need help. She thinks as far as that view goes, people need to be able to tell the Board what's going on with them according to their own problems, and residents that they represent,. They are in despair now, it hasn't changed. COVID has made it even worse. There's more homeless. There's more seniors without help. There's more undocumented. They're getting covered but then there are different things having to do with that, that they are*	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	being a part of, at this point. So they need to be able to have public comment for each item. It's important. This is the health care field and with that, there needs to be more intercommunication so they can better the resources for the people who come in. She just wants to say that today's agenda item, definitely, the Board should decide on having more time for people to speak because we've lost that, we've lost looking eye to eye to people and having communication due to COVID. So, here at the Board meeting in the health care field, we definitely need to show that love to everyone and make it so that it's easily accessible. She doesn't know why it's changing, but Robert's Rules of Order and the Brown Act and different things like that, is not just for random people. It's also to acknowledge ADA rights as well, inadvertently, and make it so that seniors and everyone else who come here and participates on a regular basis. They come and speak too. She thinks that we should change it back to a particular amount of time but not lessen it, in a sense to where everyone has an opportunity, not announcing their disability on the mic, but just inadvertently having enough time to speak and express themselves freely. **The meeting Agendas were approved.**	**Unanimously approved by roll call. 10 AYES (Ballesteros, Booth, Contreras, DeLaTorre, Gonzalez, Roybal, Shapiro, Solis, Vaccaro and Vazquez)**
PUBLIC COMMENTS	*Board Member Raffoul joined the meeting.* *Demetria Saffore asked to give her time to Andria McFerson.* Chairperson Ballesteros noted that Ms. Saffore could comment for up to three minutes if she wished. Ms. McFerson will also have three minutes to address the Board. *Andria McFerson commented as far as the public comment goals and different things like that she just wants to reiterate the fact that the reason why Ralph Brown Act is so important and that's closed item number 6. She's not quite sure what the Board is going to specifically talk about with that. She wasn't able to read the motions in totality. Which means that this is something that I look at and see that I see Ralph's Brown Act and that's the reason why she's commenting on it. So please excuse her if it has no relevance to the topic at hand, but with that, she's just looking at Ralph Brown Act. Please, excuse her, she's had brain surgery, so work with her here. The RCACs had the Brown Act. They had Robert's Rules of Order. In the last two and a half years, they have not been able to have the Brown Act during their RCACs, or Robert's Rules of Order. There were only listening sessions. It was almost like it was a dictatorship. That dictatorship is what staff of Outreach and Engagement told us, they reiterated the fact that there will be no RCACs, but we can listen to what they say. But as far as us being there, trying to engage, we had two meetings, maybe, in the last, how many years? Two? She doesn't know. But the reason why she*	

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	doesn't know, is because there is no process. There is no system. There is nothing stating that they have rights as a group to be able to get together and talk about these things. Okay. She's not going to get specific, but how many people have a disability? Can you raise your hand? How many people have had a health disparity? Can you raise your hand? She has a mental disability as well, but the people that represent that, that have low income insurance would love to come as a forum and talk about different issues and how it affects us in L.A. County with low income health insurance, and to better the decisions made by the Board. They respect the Board. She thanked the Board for showing them love on a regular basis. This is not being combative. This is respecting the honor of the Board, Robert's Rules of Order, Brown Act, and ADA rights, and everyone's rights as a family or someone that represents the community that have seen the disparities of everyone, and would like to come here, and to the RCACs, and help make our Board make the right decision.	
ADJOURN TO CLOSED SESSION	The Joint Powers Authority Board of Directors meeting adjourned at 1:25 pm. Augustavia J. Haydel, Esq., *General Counsel*, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 1:27 pm. No report was anticipated from the closed session. *Members Ghaly and Greene joined the meeting.* 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: *February 2026* CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates • Plan Partner Services Agreement CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four Potential Cases CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) 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 (Case No. Unavailable)	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF 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: Alvaro Ballesteros, MBA Unrepresented Employee: John Baackes	
RECONVENE IN OPEN SESSION	The L.A. Care Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors reconvened in open session at 3:14 pm. There was no report from closed session.	
APPROVE CONSENT AGENDA ITEMS	• December 7, 2023 meeting minutes • Amendment No. 54 to the Plan Partner Services Agreement with Anthem Blue Cross and to delegate to the Chief Executive Officer to execute amendment **Motion EXE 100.0224** **To approve Amendment No. 54 to the Plan Partner Services Agreements which updates the 2022 National Committee for Quality Assurance (NCQA) delegation standards for Anthem Blue Cross, and to authorize the Chief Executive Officer, or his designate, to execute such amendment and to authorize staff to make non-substantive revisions to the amendment.** • ImageNet Contract Amendment to support L.A. Care Claims and Provider Dispute Resolutions (PDR) Processing Services **Motion FIN 100.0224** **To authorize the staff to enter into amendment #5 of SOW #1, increasing the overall contract amount from $4,101,233 to $15,808,628 (incremental increase of $11,707,395). This amendment will allow ImageNet, LLC to continue to support L.A. Care Provider Dispute Resolutions Processing Services and to support the increased number of L.A. Care claims processed (the number of claims has nearly doubled since the implementation of the Coordination of Benefits Agreement [COBA] in August 2023). The contract term date will remain September 30, 2025.**	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Invent Health Contract Amendment to continue providing risk adjustment analytic services for all product lines, Duals Special Needs Plan (DSNP), L.A. Care Covered, and Medi-Cal lines of business **Motion FIN 101.0224** **To authorize staff to amend an existing contract with Invent Health for the contract total amount not to exceed $5,254,850 in order to continue providing risk adjustment analytic services over the next sixteen months for all product lines, Duals Special Needs Plan (DSNP), L.A. Care Covered, and Medi-Cal lines of business.** • CY 2024 Annual Internal Audit Work Plan **Motion COM 100.0224** **To approve the 2024 Internal Audit Plan, as submitted.** • CY 2024 Annual Risk Assessment **Motion COM 101.0224** **To approve the 2024 Risk Assessment, as presented.** • CY 2024 Compliance Program Plan **Motion COM 102.0224** **To approve the 2024 Compliance Program Plan, as presented.**	**Unanimously approved by roll call. 13 AYES (Ballesteros, Booth, Contreras, DeLaTorre, Ghaly, Gonzalez, Greene, Raffoul, Roybal, Shapiro, Solis, Vaccaro and Vazquez)**
CHAIRPERSON'S REPORT	Chairperson Ballesteros looks forward to visiting the L.A. Care ECAC and RCAC meetings in 2024.	
CHIEF EXECUTIVE OFFICER REPORT	**PUBLIC COMMENT** *Dennis Moore commented that he actually came here with comments that he wanted to make, but it seems as if everything has been answered by talking with Dr. Brodsky. He is at peace. That's all he's ever wanted was just to be at peace and he is going back to Chicago next week, and couldn't ask for anything more. He's happy, he's at peace. He doesn't have any comments. He had been prepared, but things are going well.* *Andria McFerson commented that cohesively she wants to thank the Chair and the Board. She asked the chair to allow her to address the whole Board. She would like to take the time out to say the Board is a detrimental part of healthcare. You make sure that you make decisions to adhere to all of their necessities, and they cannot do anything but appreciate it. And with that, giving them the RCACs will make it so that even people who don't really want to speak up like right now what I'm doing on the mic, but that peer on peer in our communication, eye to eye, is almost a necessity. Because you do have people with disabilities and limitations. They can't even come to the Board today. If there is any sort of decision that the Board can make in order to make sure that they have a RCAC tomorrow*	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	that would be a lifesaving decision. So that they can have a representation of people who are actually going through the decisions that you're making at every single board meeting. It's more than just a decision to them, it's a lifesaving decision. She'll just go there. Because when you give money to organizations, you give money to different fields for PCPs and for specialists, and just all these type of things, it makes sure that they have all of the different things that they need in order to make sure their health is better. It makes her have coverage for her epilepsy, everything from the epilepsy medication to the medication that I needed today in order to come up here and talk to you today, and how it affects her medication. She speaks to a specialist and someone who supports her, and with that, if the Board makes those decisions to make sure that they have that intercommunication and all kinds of different things with the RCACs, they can talk about their personal stories together and have better representation from their Board chairs. And when they say yea and nay, it's due to the fact that the community and residents of L.A. County, members of L.A. Care and not even members, it may be even people that walked up that were homeless and went to the public meeting and said they are cold, they are going through it right now. Or they're a vet, or a mother that lost their child, and no longer has the benefits that person had before, and so now the person is homeless because they are out there on the streets. That was her by the way. But with that, if Board members decide to give to those organizations and things like that, the Board definitely need someone like them in order to represent that. *Deaka McClain commented she would use the microphone, but wanted to be up here because she wants everyone to see her. Not for attention, but to make sure everyone can hear her. She thanked the Chair for allowing her to speak. She was trying to speak for item 10 but it was already closed. She likes to do things in order and professionally. With that being said, first, she wants to thank the Chair for his willingness to come to the RCAC meetings when we finally get to that point, you know it's long overdue. She understands we've gone through a process. The other thing, she wasn't planning on speaking today, but things happen, so now she has to speak. I know this is new to have the closed session [at the beginning of the meeting], but today was not the day. It is very unacceptable; she knows this is a change. So if the Board can rethink that it would be, it would be a good suggestion, because we should not have been sitting out there until 3:20. She asked the Board to rethink this and go back to having it at the end. So we can go about our way because there is a reason why there are people in the audience. There's a reason why there are people at the table. Members' representatives are here to represent the members, and they can't represent the members if they are outside for two hours. So, if the Board could rethink that, she would greatly appreciate it. It also affects people. Her title is vice chair of ECAC and the member at large for seniors and people with disabilities. A lot of people that were out there, including herself, have disabilities and it's cold. And they were out there sitting that long that is not acceptable. And she says that with love. She hopes that her comments are being adhered to. Also she wants to bring up the heater situation. Today, it's nice and toasty. But some of us have to go to ECAC on February 14. She's glad that the Board*	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	moved to downstairs, and that was partly because I said something. She still want it to be in this building, in this room, but can someone talk to the building management or whatever needs to be done about the air conditioner being on. Because they are extremely, extremely cold during the ECAC member meeting and it affects several people. She had to have a jacket on with a hoody. One of the members walked out because they could not participate in the meeting because the air conditioner was on and it was too cold. That is not acceptable, so if the staff could talk to management or whoever to fix that, that would be greatly appreciated. Chairperson Ballesteros apologized that the closed session was long. The Board committed to an hour but was involved in a discussion. But there is no excuse. At the next meeting we will stick to the time on the agenda. The Board did not mean to be disrespectful of everybody here, and we are very sorry. Supervisor Solis asked if the public had been asked to wait physically outside the building. Chairperson Ballesteros assured her they were waiting inside the building lobby. Supervisor Solis noted this is the first time that L.A. Care changed the schedule for the agenda, and she asked if notifications in the appropriate languages could be made to let members of the public know about the closed session at the beginning of the meeting. She understands that people cannot come and sit for an hour or two waiting, and she asked that L.A. Care try to make accommodations for them. Supervisor Solis appreciates the Board and she appreciates the constituents attending the meetings. Board Member Ghaly noted that there were a limited number of chairs in the lobby and she asked if either more chairs or an alternative room could be made available. *Joyce Sales suggested that the Board could follow the time on the agenda.* Board Member Ghaly and Chairperson Ballesteros agreed with being on time. *Joyce Sales commented it is not about people not knowing because obviously they all got the memo, email and telephone call. It's about committing to considering everybody's time. The member suggested conducting open session discussions and then the Board can have its closed discussions and members can leave, and the Board can come back if it has unfinished business. The member said this is not cool. She's going to sit here. She's going to miss a class. She has a 6 o'clock community meeting. There's a couple of people in this room who have been here with the intention of trying to get to another meeting to represent the community. The member suggested that people have to be at work on time and the Board should schedule the meetings on time. The member thanked the board and asked that the Board forgive her for speaking out of turn, but it becomes a little frustrating because*	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	they really don't have a voice. They sit and listen and they react to what's been thrown at them. The member said that her name is Joyce Sales, and she is RCAC 6 chair. She's also a community health worker for the therapeutic play foundation. She is a past co-chair for the Department of Mental Health service area, Leadership team 6. She's a native Californian currently living here in the West Adams area. There's not much about this city she doesn't know something about. She's a semi-retired licensed real estate professional. Chairperson Ballesteros assured Ms. Sales that her comments are heard. He apologized to everyone and noted that this is the first time and we will work to get it right. She is absolutely right to voice her sentiment in the way that she feels. He is very sorry that they had to wait. John Baackes, *Chief Executive Officer,* reported on the status of redetermination of Medi-Cal eligibility, which is of great interest to L.A. Care members since all Medi-Cal members have to have their eligibility for Medi-Cal redetermined by June 2024. California Department of Health Care Services (DHCS) has been sending out notices every month since July 2023, when L.A. Care has 2.7 million Medi-Cal members. Approximately 1,473,000 of those people have gone through the redetermination process. About 1 million have had their coverage maintained and 5% have been dis-enrolled, meaning that they submitted a completed eligibility packet, or it was done through an exparte process, and they no longer qualified - largely because their income exceeded the ceiling. There were 383,000 people placed on hold, and taken off L.A. Care enrollment. That means the member did not return the enrollment packet by the deadline and they have a 90-day period to establish eligibility. About 176,000 people remain in that 90-day hold status and could be reinstated if the packet is submitted. The balance of about 212,000 enrollees are those who never responded after being placed on hold, and they are permanently dropped. If they now want to come back into Medi-Cal, they could re-enroll. Based on the amount of contact L.A. Care has had with people, this group are probably people who have left Los Angeles County, and may be eligible for Medi-Cal in another county. There are five months left in the one-year redetermination process. Based on the number of waivers that California requests from the Centers for Medicare and Medicaid Services (CMS), as confirmed by Board Member Contreras, the rate of exparte enrollment process, where the members do not have to fill out anything as DHCS can confirm eligibility using other data, has risen from 40% to 67%. This means for the remaining redetermination period L.A. Care can expect a higher proportion of members could be automatically renewed without having to complete the paper process that was sent to them. L.A. Care is very encouraged by this. L.A. Care has welcomed 248,000 new Medi-Cal members. L.A. Care has researched that population. These members were not dis-enrolled during the redetermination process. These are newly eligible Medi-Cal members from all the rating categories.	

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	In January 2024, Kaiser Permanente was awarded a no-bid Medi-Cal contract for geographic areas in most of California. L.A. Care had contracted with Kaiser as a plan partner for 26 years. On January 1, L.A. Care relinquished 265,000 people enrolled through the Kaiser subcontract. L.A. Care enrollment as of January is 2,242,000 in Medi-Cal, and about half of the members dropped from the 2.7 million in December 2023 are the Kaiser people leaving. The 248,000 new members in January included 10,000 eligible adult members through the expansion of Medi-Cal to undocumented residents between the ages of 26 and 49. Those under 26 and over 50 were previously covered, if eligible. L.A. Care do not have the final numbers, but it appears that L.A. Care will welcome 137,000 new undocumented adults between 26 and 49 in February. Surprisingly, 60% of them have selected a primary care doctor based on a family link. That means these members are likely adults whose children are enrolled in Medi-Cal and are following their children in selecting a provider, which will be very helpful. Many of the eligible undocumented have been cared for under My Health LA at Los Angeles County Department of Health Services (DHS) facilities or at federally qualified health centers (FQHCs). The reimbursement for their care now will be from Medi-Cal instead of DHS. There is five months of redetermination to go through June 2024. There will still be a cohort of people left in the 90-day "on hold" status who will need to complete the enrollment form. The result of redetermination and newly eligible enrollees will not be known until October 1, 2024, which will be the beginning of L.A. Care's next fiscal year. It is projected that L.A. Care will probably have about 2,350,000 Medi-Cal members. L.A. Care's other lines of business continue to grow. Mr. Baackes reported that 169,000 people enrolled in L.A. Care Covered (LACC), up about 44,000 over the beginning of the open enrollment, period. L.A. Care has 39,000 people who have completed an application but have not completed enrollment by paying a premium or positively affirming that they want to accept enrollment. L.A. Care expects to have more enrollment in LACC. The open enrollment for Covered California ended yesterday, but it was announced yesterday that enrollment would extend until February 9, because there were technical issues with Covered California enrollment due to the high volume of people seeking coverage. Covered California wants to keep the door open longer to make sure everyone who was interested in coverage gets in. It is expected that L.A. Care will continue to see growth in L.A. Care Covered. L.A. Care's coverage for people dually eligible for Medicare and Medicaid has also met enrollment goals, with almost 19,000 people now enrolled. Board Member Vaccaro recalled that net losses through redetermination were expected to be around 13.5%, and she asked if the enrollment projections are as anticipated. Mr. Baackes	

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	responded that it would come in around 13%, offset by new enrollment. The number of people enrolled will likely result in a net loss in membership close to the forecast. Board Member and Supervisor Solis thinks it is all great news overall, and she is glad to see that things are moving in the right direction. With respect to My Health LA, she understands that about 16,000 people did not enroll in restricted scope Medi-Cal. Board Member Ghaly, Director of DHS, and Board Member Contreras, Director of Los Angeles County Department of Public and Social Services (DPSS), are working to enroll them, but how can L.A. Care help in providing assistance with that transition? Mr. Baackes responded that L.A. Care could offer the Community Resource Centers (CRCs) to help, and DHS and DPSS can direct people there. L.A. Care would be happy to help and will continue to have certified enrollers on a regular schedule at the sites through the rest of the fiscal year. If L.A. Care could have access to information about these members, it can conduct enrollment outreach. Chairperson Ballesteros noted that there is information through his organization and others that he works with that there are some eligible individuals not wanting to enroll. The members are telling us they have received the counseling about the new Medi-Cal benefit, and that they understand it, but they are choosing not to enroll. He wonders if there is an enhanced campaign or an information sheet that can be sent to these individuals. He suggested providing information to the health centers to try to alleviate their concerns so staff that work directly with these individuals could allay their concerns. Mr. Baackes suggested contacting Phinney Ahn, L.A. Care's Executive Director for Medi-Cal. L.A. Care would be happy to set up a connection with you and provide material, because we have been encountering this in a minor way. Mr. Baackes noted that in the past, people would apply for Covered California and discover they are eligible for Medi-Cal. There is always a slight pickup in Medi-Cal enrollment during the Covered California open enrollment. Chairperson Ballesteros asked if something could be offered to DHS to address the concerns, maybe collect them from across the County and the agencies that work with individuals that are newly eligible and find ways to alleviate the concerns and encourage enrollment. Some concerns are specific to the expansion population more than others are. Mr. Baackes noted that, as was noted by one of the public speakers is this Black History Month, and L.A. Care, as usual, has a series of activities planned. An internal program underway is called, *Who are our heroes?* Communications is asking staff to submit a response to the question about your heroes and answers will be curated and shared in an internal communication engagement opportunity. L.A. Care will also show this on our social media channels through Black History Month. L.A. Care is doing multicultural advertising, developing paid advertising about Black History Month for Univision and social media live. Communications is planning a social live around	

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	Black History Month featuring Kristin Schlater, L.A. Care Health Education Program Manager. The topic will involve maternal health and doulas, and sharing resources L.A. Care and the DHS have to offer. Finally, there will be a series of sponsorships, such as the YabaTV, Black History Celebration banquet on February 3. L.A. Care will sponsor the Los Angeles City Black History Month Festival on February 18. L.A. Care will sponsor an event at UCLA for reproductive science, health and education, and a distinguished speaker series on February 29 will feature Supervisor Holly Mitchell, a former member of the Board of Governors, and Elaine Bachelor, MD, a former Chief Medical Officer at L.A. Care. Mr. Baackes had the pleasure today of dropping in on a meeting of the Special Investigation Unit (SIU) and the DHCS investigation unit. L.A. Care recovers millions of dollars every year through SIU. L.A. Care also contributes to arrest and conviction for fraud, and L.A. Care investigated a number of people who have been arrested, gone to trial and are serving jail sentences. The head of DHS investigations said that L.A. Care SIU unit was the best of all the managed care plans in the state. L.A. Care takes the responsibility very seriously because fraud is a waste of public funds and one part of our job is to report and investigate fraud.	
• Vision 2024 Progress Report	*Mr. Baackes referred Board Members to the written meeting summary included in the meeting materials.*	
• Monthly Grants and Sponsorships Reports	*Mr. Baackes referred Board Members to the written reports included in the meeting materials.*	
• Government Affairs Update	Cherie Compartore, *Senior Director, Government Affairs*, reported: • Governor Newsom released a draft California State Budget on January 10. There are no major reductions proposed for the Medi-Cal program. The expansion of Medi-Cal benefits to undocumented residents is fully funded and the asset limitation test will continue. The budget continues to fund the six-month transitional rent assistance as a Medi-Cal benefit when CMS approval is obtained. While there's funding for most of the Medi-Cal programs, there will be some delays on implementation of some bills. The State will draw from the safety net reserve, the rainy day fund, and other types of funding areas to balance the budget. The Budget will also depend on the tax revenue. The Governor $38 billion dollar budget deficit. The Legislative Analyst Office is projecting a higher budget deficit of almost $70 billion dollars. We will know more with the May Budget revise and the negotiations between now and then. L.A. Care is participating in the budget hearings, and staff will testify as appropriate on budget proposals that affect L.A. Care and the safety net. • DHCS is proposing an increase to the current Managed Care Organization (MCO) tax on Medi-Cal. If approved by CMS, the MCO tax will generate an additional $1.5 billion dollars.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• DHCS has released a policy paper on rates for 2025. The 2024 provider rates are in place. Mr. Shah and the finance team will track it carefully and will schedule discussions with DHCS, if needed, as well as with trade associations. • DHCS would like the legislature to pass legislation to change the current MCO tax by March 31, because if approved by CMS, it would then be retroactive back to January 2024. In addition, it will require CMS approval. DHCS thinks that CMS will have no choice but to approve the new MCO tax provisions and CMS may not actually approve it but will not disapprove it based on the current methodology. It was announced today that the budget committee released a document that warned about increasing health care provider taxes, and the importance of a review at the federal level. The timing is interesting but not alarming. CMS is known to release a document on this topic every few years. • Signature gathering began about 3 weeks ago for the MCO tax proposition on the November state ballot. The number of required signatures have been gathered and reported to the Secretary of State. It is anticipated that sufficient signatures will be certified to qualify the MCO tax initiative for the ballot. Government Affairs will continue to provide updates on the process. Mr. Baackes reported that L.A. Care is still part of steering committee for the MCO tax initiative. A steering committee meeting was held yesterday, and it was reported there that it is anticipated there will be enough signatures gathered by the end of February. About 900,000 signatures are required, it has been going quite well, and it looks like it will qualify for the ballot. He noted that it is very interesting that DHCS is now trying to amend the MCO tax that was adopted last year. The coalition had proposed a tax that produced three times the funding that was gathered in the previous three iterations over nine years. Now they are going back and asking for even more. The MCO tax is producing funding. The increases in reimbursement to providers for primary care, behavioral health and Ob-Gyn are all coming from the first collections of the MCO tax. The MCO tax proposal for 2025 has even broader increases. Board Member Gonzalez asked that the Government Affairs department staff come to the next ECAC meeting to discuss proposition 1 on the March ballot. Proposition 1 is extremely complicated and very lengthy. It may not be easy for voters to understand. She requested an explanation of how the proposition could benefit Medi-Cal members.	
CHIEF MEDICAL OFFICER	Mr. Baackes reported that L.A. Care's Health Services department is very involved in all the initiatives in the California Advancing and Innovating Medi-Cal (CalAIM) program, and there has been huge emphasis on housing and significant funding flowing through CalAIM. L.A. Care has a plan for this one-time funding.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	PUBLIC COMMENT *Maritza Lebron wished everyone a Happy New Year. She commented that she knows everybody's trying to do what's possible. She thanked them for the comments and stated the Board can come later and do whatever it needs to do. She tries to participate and it doesn't make sense to her. The Board is talking, but she needs to do her comment first, but she hasn't yet heard the information. She doesn't understand what the point is, because she doesn't know what is in the presentation. She needs to hear the Board discussion first, then she can ask a question or comment. That is her comment for item 12. She has a comment on the previous item, but John (Baackes) was talking. So she didn't ask her question before he spoke. She wants to add that she is working in the community, a mental health promoter, and she has heard there is a new opportunity for the plans, for insurance. But they are asking because in the past the community and express that after her husband died she needed to give all the life insurance back to the to the health coverage. So people in the community that have houses who have property, if she has the insurance, she has to give it back. Nobody told her why. She remembers when she was with L.A. Care, when she signed up after 54 years old, she needs to give back something, money or inheritance that she has, so that is why a lot of people told me they are not getting insurance.* Mr. Baackes responded that Mr. De La Torre could explain why the comments are before and not after a presentation. He welcomes questions and comments about his report by email or other arrangement. *Andria McFerson is from RCAC 5 and a resident of LA County, low income disabled woman that represents the community as a whole. She's been homeless, she's been under domestic violence issues. She's been under a lot of different things having to do with the disparities that everyone has. That's why she feel it's important that she comes here and speaks about these things. So, with that the Chief Medical Officer report, item 12. She has a friend specifically, that has lung cancer. And he has no one to help him. His family is not even in this county. His sisters and brothers are older than him. They're not able to move around and help him. So, with that, he has no CPAP machine. That CPAP machine is what helps save people's lives. We have another committee member that had a problem with the CPAP, in receiving it specifically. LA Care had to have staff come and help her so that she can go get her machine. And that is something that she needs to have in order to breathe. You know, it's not just something inadvertently that she may need that's not important. No, she needs that in order to sleep at night. And her friend does too, he has lung cancer, he goes to the emergency room at least once a month, and before he goes, he asks her, can you please help me? And she runs downstairs and opens the door because she's the only one that has a spare key to his house, so that the ambulance can come in and take him to the ICU. That's where he normally goes once a month. He needs a CPAP machine too, but for some strange reason, they are inaccessible. And that's what somebody needs in order to be able to, to go to sleep at night and wake up in the morning. And he can't even do that*	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	because he spends most of his time, just coughing. With that machine that goes up his nose to breathe, that oxygen machine, he has that too. But that CPAP machine helps so much more, so much to the point where he could actually go and move around, like how we used to and get groceries. He calls me every day and asks her if she has time to go get him some food. He'll offer to give her the money, and asks Please just go, get me something. And she does it every day. She calls him and asks if he is okay and all of these different things. She asked if there can be a program that has better outreach for people who are going through health disparities that are in an intensive type of disease, that they may lose their life the next day. She asked if there is a program for that? If there is, please let her know before she leaves. And then, the CPAP machines are a life saver and needs to be available for people who need it. And she doesn't know if someone here knows about the CPAP machine, but if the Board can talk, Chair, about that and make things more accessible. That would be great. Mr. Baackes responded that L.A. Care staff would get the information to assist Ms. McFerson's friend. Sameer Amin, MD, *Chief Medical Officer,* noted that L.A. Care would make sure to get her friend into case management and take care of him appropriately. Dr. Amin reported: On the operational side, Health Services has been working very actively with Grievances staff to rethink the process for individual compliance issues and individual grievances, not as they come up, but from the start. We are categorizing quality of care issues and quality of service issues, making sure that higher concern grievances coming in are addressed immediately and certainly within a 30-day period if patient care is involved. Medical Directors are up front in the grievances process as they are adjudicated, so they can be closed within a 30-day period. The patient quality issues (PQI) staff will investigate further. Staff has worked with a consultant to develop a compliant process to be implemented by the end of the first quarter of 2024. It will be a significant improvement and will be reviewed with other business units at L.A. Care to address systemic issues. L.A. Care held a series of events with representatives from Skilled Nursing Facility (SNF), hospitals and providers to talk through member transfers from hospitals to lower levels of care. One takeaway is that L.A. Care needs to do a better job of incentivizing SNFs to take medically complex members. L.A. Care has embarked on a journey to revise the payment system for SNFs. Health Services has worked with finance staff on the criteria and the payment for the most complex patients will increase so that SNFs will be more willing to take them. A pay for performance plan for the SNFs is also being developed to provide incentive to accept transferred members. This is being reviewed with staff in operations and finance. Incentives	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	could be as much as a double digit increase for payments to SNFs that are willing to take higher risk patients. In addition to that, the SNF incentive is ready to be implemented January. 1. The contracts will go out to the network shortly. It is anticipated that this will be welcome news for not only the hospitals, but for skilled nursing facilities. He thanked Supervisor Solis for raising this issue at the last Board meeting. L.A. Care has been actively tracking COVID cases in Los Angeles County. There was a significant uptick in reported COVID cases from November 25 to December 25. Thankfully, the increased infection rate appears to be easing now. He referred to information in the CMO report. There is an improvement over the last month or two; however, a lower vaccination rate remains in African American, Native Hawaiian and Pacific Islander populations. For L.A. Care members, the percentage of COVID vaccination for African American populations is around 47%, Native Hawaiian and other Pacific Islanders is around 51%. For the L.A. Care Asian population it is 79%, for the Hispanic and Latino populations it is 67%, and White or Caucasians it is 55%. L.A. Care is increasing efforts to help all members. COVID vaccination information is now incorporated into the flu vaccine campaign with automated calls to members in all lines of business, emails to exchange members, and social media campaigns for all lines of business, to get information out there for everybody. A member newsletter with COVID information was sent. L.A. Care has incorporated COVID information on the "Fight the Flu" webpage. The CRC flu vaccine events have included COVID vaccine information, and COVID test kits are distributed to the community free of charge. The pharmacy department has been coordinating with network pharmacies providing the majority of the COVID vaccinations, to ensure the vaccine is promoted to members. Promotion is done with fliers, texts and phone calls. The nurse advice line is actively helping members with respiratory issues related to COVID, and the rate of check-in calls for COVID is monitored for any uptick. There was an escalation during that period of increased infection from about 9.3% to 12.3%; those "sick" calls usually range about 5 to 6%, so there was an uptick. There is was 1,375, COVID calls received in 2023. L.A. Care has done a significant amount of work not only with the vaccination campaigns, but also in coordinating with other resources here in Los Angeles County. On January 10, L.A. Care met with Los Angeles County Department of Health (DHS), which is leading community outreach on COVID vaccination. A few next steps were developed from that meeting. There will be regular meetings throughout the winter. L.A. Care is also coordinating communications with DHS. For example, in leveraging and amplifying messages through member outreach channels such as social media, website, and member newsletters. L.A. Care will update future campaigns to address COVID, flu and RSV together as a respiratory bundle. There will be a series of additional interventions conducted at the CRCs. Board Member Shapiro commented that everyone grew tired of COVID but COVID is not tired of us. He asked about the influenza vaccine take up rate in comparison to the low	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	COVID vaccine rate. Dr. Amin responded that the hesitance seems to be specific for the COVID vaccine. The up take in vaccination against the flu has always been strong. L.A. Care is working with pharmacies and there seems to be less hesitance for the flu vaccine than for the COVID vaccine. Even though a large population has taken the initial COVID shots, the COVID booster shot has a very poor uptake, which is unfortunate. L.A. Care is working on messages to members to improve that rate. Supervisor Solis thanked Dr. Amin for his report. She remains very concerned about the community, particularly with seniors and parents getting the booster. She suggested that those who received the initial COVID vaccine last year might think they are covered. With the respiratory virus and other things in the communities, she encouraged promoting the booster and prevention messages in the Spanish and AAPI languages as well as English. She feels it is important to reach the African American community as well. People are receiving mixed messages in the news that CVS is no longer providing the vaccinations, and they're not aware of where they can get COVID test kits, all of the information has to be bundled in a way that makes sense to a layperson, and winter is the time to get the information into to the community. Dr. Amin responded that L.A. Care is working on placing posters at the CRCs that focus on encouraging people to get the boosters, and the information will be in as many languages as possible. Additional messaging will be on the renewal postcards. A text message campaign will focus on unvaccinated populations and those who have not yet received a booster. There will be website updates as well. L.A. Care will restart the public education campaign involving the Nimoy Knight Foundation, which was very successful as part of the initial vaccination campaign a few years ago. L.A. Care continues to provide information in all communities to encourage vaccination and boosters. Supervisor Solis noted that the Los Angeles County Sanitation District reports monthly on wastewater and the reports show where COVID is affecting the communities. She suggested sharing that information with the public. Dr. Amin responded that L.A. Care would be happy to share that information and would welcome getting a direct contact at the Sanitation Department. Board Member Booth asked about the pharmacy carve out that began last year, and if there is any report on how the DHCS is fulfilling its responsibilities and is there any follow up with patients to promote medication adherence and keep people as healthy as possible. Mr. Baackes responded that they have not released any data, and health plans would like information about cost savings, which was the premise of the pharmacy carve-out over the last two years. Dr. Amin responded that the pharmacy department has actually looked into this in detail. It does not appear there are any cost savings and it is causing a great deal of discoordination. L.A. Care is communicating with Magellan, the entity contracted with DHCS to manage pharmacy services. L.A. Care provides helpful hints to Magellan and feedback to DHCS to suggest areas	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	where Magellan could improve performance. Dr. Booth noted that Magellan is part of Centene, a publicly traded company. Chairperson Ballesteros noted that clinics and health centers must refer people to a pharmacy for the vaccine. This impedes the up take rate. When people are in the clinic, there is opportunity to provide the vaccine. This affects about one-third of patients in the safety net, who are folks that most need the vaccine. He suggested providing data to DHCS to illustrate the problem and prompt policy change. Mr. Baackes responded that L.A. Care could provide data and jointly advocate with health centers for needed change. Coalitions really work and more attention to the issues could be generated with a coordinated approach. Chairperson Ballesteros noted that this has been going on for 3-4 months. Clinics have raised a concern, warned of the disparities and highlighted the challenges in conversations with DHCS. There has been no response from DHCS about rectifying the situation. Mr. Baackes offered to have L.A. Care contact the Local Health Plans of California to explore next steps in a joint collaboration. Dr. Amin invited Charlie Robinson, *Senior Director, Community Health, Safety Net Initiatives*, and Michael Brodsky, MD, *Senior Medical Director, Community Health, Behavioral Health*, to present information about L.A. Care's field medicine program. Mr. Robinson introduced the Field Medicine Program Brief *(a copy of the presentation is available by contacting Board Services)*. He thanked those who advocated within L.A. Care and with county partners to address the health care needs. He noted that to distinguish between street medicine, which is the provision of urgent care type services often with a backpack literally on the streets and field medicine, which encompasses primary care and other sets of care delivered in facilities. This distinction appears in the Medi-Cal all plan letter issued by the DHCS. L.A. Care conducted a landscape analysis and found some challenges and deficiencies in access to healthcare for people experiencing homelessness. The all plan letter specifically calls out that health plans need to ensure that both preventive care and primary care are available to people experiencing homelessness. Second, there is an uneven distribution of providers across the county, with areas with no street medicine nor primary care available. There is limited coordination between City and County initiatives and Medi-Cal resources to bolster access to services. Many have heard about the Inside Safe Program started by the Mayor of Los Angeles. There are many other municipalities, working hard to address the problem of homelessness. We want to improve the coordination among those programs. In April, L.A. Care launched a pilot project with one program to evaluate the possibility in deliver field-based primary care without a brick and mortar facility, and obtaining feedback from that pilot and soliciting input from key stakeholders. Focus areas identified expanded access to	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	primary care, geographic alignment across the county and connections to City and County initiatives. L.A. Care enabled a collaborative design program producing many, many drafts of many, many plans using iterative program design, attending meetings and setting up meetings with multiple community stakeholders. That led to development of a plan for a countywide network of primary care providers who can deliver services in the field that include health care and preventive care as well as social services embodied in CalAIM and other programs. Second, an operational framework designed to coordinate the services countywide so the providers can talk to each other, in which clinical care is not duplicated and follow up care is completed. The program would merge with the infrastructure that supports programs that the City and County are currently running independent of Medi-Cal. Dr. Brodsky described how providers are going to participate and how the program will be oriented in that geographic alignment. The core of the program is the regional anchor provider. **Regional Anchor Providers** • Responsible for specific regions across the county • Deliver longitudinal primary care and social services • L.A. Care provides incentives for capacity building and performance Providers countywide will be asked to take responsibility for a particular area in the County, likely an area that is oriented around their existing brick and mortar facilities, and matches their existing service area. These providers will take primary care assignment and provide longitudinal primary care to the members in their region who are experiencing homelessness. These providers will also provide street medicine services in the street, and provide services to members as they transition through the housing continuum and ultimately support the transition to permanent housing. **Floating Providers** • Float throughout the county, not anchored to a specific region • Provide longitudinal primary care *or* street medicine services only • L.A. Care provides additional incentives for primary care providers There are providers in the County who do not have a brick and mortar presence, do not have a particular orientation throughout the County but do have important high quality services that they can offer members throughout some of these regions to provide additional access. **Care Collaborative** • Coordinated model of care for high density regions such as Skid Row	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Providers serve members jointly • L.A. Care provides single funding source to support care collaboration Providers can participate in high-density regions and areas with high density of providers. In this capacity, L.A. Care can provide a single funding source to support care coordination. It will initially be in skid row, a primary high-density region, and as the program evolves, it can be expanded to other parts of the County. Mr. Robinson discussed collaboration with interim housing initiatives. Inside Safe is the most visible, and municipalities across the County have interim housing programs; for example, L.A. Care is working with the City of Montebello. L.A. Care is supporting these programs and pairing Medi-Cal services and Medi-Cal resources with these flagship programs. As an example, it is important to understand which of the members are moving from an encampment into an interim housing site, and how L.A. Care can make sure that they remain connected to their service providers or receive appropriate referrals for housing navigation. Ultimately, once the regional structure of primary care providers is established, L.A. Care will make sure they are also connected to a primary care provider in the region where they are moving. L.A. Care is planning an onsite presence there, to make sure that those connections are established between the members and the entities providing those services. The second piece of the collaboration is with the Skid Row action plan. The Skid Row care collaborative is designed to align with the objectives and the vision of the Skid Row action plan to make sure that L.A. Care supports the collaborative care model among the three primary care providers that have made huge investments in the Skid Row community. L.A. Care has been working with different organizations countywide and the leaders of these groups have been sharing insights and working on an iterative process. It is hoped these providers will continue working with L.A. Care as we move towards the program launch. There are two categories of funding: capacity building incentives and performance incentives. The capacity building incentives are designed to increase access to services for people who are experiencing homelessness. We are planning to fund additional street teams associated with providers that are participating with L.A. Care as regional anchors or floating providers countywide. A methodology is being developing to scale the investments and the teams with providers based on the population in a particular zone that those providers will serve. The *point in time* count from LHASA will be used as baseline data. That continues to be updated, so the framework will be dynamic, recognizing that the population to be served is dynamic. The second category is performance incentives for providers to encourage engagement with the hardest-to-engage members. Often the members that are the hardest to engage are those who are in the street, not ones who are sheltered, not ones who are in higher density housing	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	environments. This is to ensure that incentives are paired with engagement and with longitudinal primary care, that is a focus of the program. In the next couple of days, a final draft of program description will be shared, and signed letters of intent to participate will be solicited from providers countywide. This will give us a sense in the next month or so how to scope the network and build the map. The following month, the investment structure will be finalized, a formal provider application process will begin and the program can move forward. Board Member Booth suggested that a relationship with USC through this program might help with a contract to provide services to L.A. Care members. Supervisor Solis appreciated the details of the program. Los Angeles County departments are working on the Crocker plan for Skid Row. She suggested sharing information about cities that are? building interim housing and lack of providers in certain areas, specifically in the East San Gabriel Valley. Many folks currently live around the riverbeds in Azusa Canyon and Whittier Narrows. It is extremely hard time to get providers, enough funding and capacity. One provider working very well there is Union Station, in Pasadena. They cover some of the San Gabriel Valley, but more capacity building is needed for the providers. She noted that the City of El Monte has built five different interim, housing units for the homeless. They have done outstanding work that exceeds any other city in the San Gabriel Valley. She recommended contacting them and offered to provide the contact information. She wants to get the providers in the queue so they understand the opportunity to apply for funding, and serve those high-density areas where people are on the street. Dr. Amin asked Mr. Robinson to connect the care collaborative idea with the work that L.A. Care is doing. Mr. Robinson noted that the skid row care collaborative model with providers is designed specifically around both the Skid Row action plan and the Crocker Street project. The collaborative care model is envisioned for the Crocker Street facility among those three providers. Board Member Ghaly noted that she is aware the fiscal model is in development. DHS and Housing for Health have a huge role, along with many other partners in this work. It is incredibly expensive. A part of what needs to be resolved is to approach this with the available funds in a way that makes it sustainable for the providers that are doing the work. There is a variety of structures that can be used for that. She suggested advocacy for an enhanced capitation within the financial risk corridor so that providers can cover losses and safeguard against losses. There are different ways to structure it, but ultimately the providers will not be able to execute a contract and do the work if there is not sufficient assurance that providers will be able to break even.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Chairperson Ballesteros commented that he appreciates the community engagement by L.A. Care with the skid row action plan. JWCH is one of the organizations, but there are many organizations involved, as well as with the County project on Crocker Street. He appreciates the time and energy in listening to the needs of the community and plans for the Skid Row action plan and Crocker street, which are critical and vital to the community.	
ADVISORY COMMITTEE REPORT		
Executive Community Advisory Committee (ECAC)	**<u>PUBLIC COMMENT</u>** **Via voicemail on February 1, 2024 from Elizabeth Cooper** *Elizabeth Cooper, RCAC 2, commented this is for the board meeting on February 1. She is calling to voice a concern. Unfortunately, she couldn't be here today. She's calling regarding membership service. She called today, waited more than 30 minutes, and was not able to speak to a person regarding issues that are important. She thinks something needs to be done about membership service. She waited on the phone for 30 minutes and cannot speak to anyone. Please take notice. She needed to ask a question and unfortunately, she is not able to be there to do so. There are other concerns, but she is concerned mainly about that. Public comments are not written down properly in meeting minutes. She feels that to her, it's a disservice to the members. Board services, whoever writes down the minutes needs to be more sensitive when writing member comments.* **Ms. Hernandez' remarks were given in Spanish and simultaneously translated into English:** *Demares Hernandez is President of RCAC 10. Her comment is about the changes. Members of RCAC 10 are very worried about the changes happening for the 11 RCACs. They have many worries. Her question is if members from every RCAC will be able to vote for every change. They are worried if RCAC meetings will be three times a year, because that is not enough to cover the necessities for each community. That's why we need more RCAC meetings per year.* Mr. Baackes responded that the Board has heard many comments over the last year from RCAC members about the changes. The changes are necessary because the DHCS contract changed as of January 1, with new requirements for advisory committees. The Community Outreach and Engagement (CO&E) staff put together a set of ideas to address how L.A. Care could meet the new requirements and make other improvements. There have been RCAC meetings that were listening sessions, and L.A. Care has listened. As a result, staff will revise it because one issue was that the proposal was too complicated to understand. Staff will present to the RCACs a more simplified proposal to meet the requirements to which L.A. Care is obligated under the new DHCS contract. It has been said many times that the Board will make a final decision, but the Board will not entertain a motion on the RCAC structure until ECAC	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	sends a motion to the Board. ECAC is an advisory committee of the Board of Governors. There will be a new round of sessions in which a revised, simpler proposal will be shared. Thereafter, ECAC can send a recommendation on to the Board for consideration. The deadline for implementation is May. 1, it may slip a little, but the Board should be aware of it with regard to adherence to the new DHCS Medi-Cal contract. PUBLIC COMMENT **Ms. Salvatierra's remarks were given in Spanish and simultaneously translated into English:** *Hercilia Salvatierra, RCAC 4 member and former Chairperson and Vice Chairperson, and LA Care member for many years. Times are different now and after the pandemic there were many changes. As a RCAC member she asked that RCAC members meet as they used to get together as RCACs. The information given to RCAC members and information provided when they got together can you help us because there has been some changes with our insurance? She has not received any information lately because the RCAC has not met for awhile. They have not gotten information. She asks the Board to help so she can increase participation and help her community.* **Ms. Rodriguez's remarks were given in Spanish and simultaneously translated into English:** *Ana Rodriguez said that she doesn't usually do public comments. She is learning and she doesn't know what she will say before she hears the Board discussion. She is the current Chair of RCAC 2 in San Fernando. The Executive Director has changed the discourse about presenting a new project. The information that was sent to her is like sending her to war without a weapon. She loves the field work, she loves the community outreach. She doesn't have the written way to do it. An executive officer told them they could do a vote but he only told them that verbally. She likes things in writing. Her comment will change because she has to wait for the simple written points. She has comment for two points. One is the conversion from 11 RCACs to 8 RCACs, and the other is the number of meetings. She suggested holding virtual meetings as a way for the members to be listened to. As a former President she feels that she represents millions of people and she would like to know their opinions. RCAC meetings are guided by Roberts Rules, there needs to be a process for hearing from members about the changes and take the lead on what is going to happen.* Mr. Baackes thanked her for her comments and noted that he is listening. *(Ms. Vazquez spoke in Spanish, below is the interpretation of her remarks into English)* Fatima Vazquez, *Consumer Board Representative*, reported that TTECAC met on December 12, 2023 and held a special meeting on January 22, 2024.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	She thanked all of the members that attended the TTECAC in person and to those present today. Ana Rodriguez (R2) Joyce Sales (R6) Maritza Lebron (R7) Deaka McClain (R9) Damares O Hernandez de Cordero (R10) Lynnea Johnson (R5) Along with other members from different RCACs. Dr. Li gave a Health Equity six-month progress report and update. In his report he highlighted the following accomplishments: • Organized and co-chaired the California Local Health Plans' Chief Health Equity Officer meetings • Recognized and invited by National Academy of Science, Engineering and Medicine to participate in the Health Equity Roundtable • Co-lead our Equity Practice Transformation Initiative (134 practices signed up with L.A. Care) that potentially impacts around 1.5 million Medi-Cal members • Led L.A. Care's (NCQA) Health Equity Accreditation effort • Working closely with a coalition on how we can reduce the burden of medical debt for Los Angeles County residents • Working closely with LAUSD on vaccine catch up and improving health and wellness for school age children and youth Mr. Oaxaca gave a Communication and Community Relations Department Update. Mr. Oaxaca spoke about the proposed restructuring and operation of advisory committees. The report highlighted the new requirements outlined in L.A. Care's contract with the State, effective January, emphasizing five goals set by the State for health plan advisory committees. Layla Delgado, *Consumer Advocate Representative* reported: Naoko Yamashita gave an update on L.A. Care's Cultural & Linguistics Department Translation Process. Ms. Yamashita highlighted the distinction between translation (written language service) and interpreting (spoken language service). Focusing on translation, she discussed the languages in which important health information about services and benefits is provided, and the accompanying Language Assistance Notice attached to documents in up to 18 non-English languages. She elaborated on the services provided by the call center, emphasizing that members can request vital documents in their specific language, update their language preferences, and seek assistance for any questions about coverage, services, and benefits. She	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	highlighted the importance of the quality of translation services. She explained the rigorous process starting from the selection of translation vendors, which involves due diligence, vetting, and a request for proposal process. These vendors are contracted based on their ability to support multiple languages and their experience in healthcare translations. Rudy Martinez led an Emergency Preparedness Training and went over L.A. Care's 1055 Building's Emergency Action Plan (EAP). The committee met on January 22 for a special meeting to discuss L.A. Care's Community Engagement Model. Mr. Oaxaca gave a report at the Executive Committee on January 24. Mr. Baackes already discussed that there will be revision at future meeting. Ms. Vazquez attended the Community Outreach and Engagement Partner collaborative event on January 18, 2024. Over 40 community-based organizations attended. Many of the attendees expressed that the event exceeded their expectations and was an opportunity to share information and resources from their organizations. One particular thing that she found interesting was the "speed networking" to connect with on the spot with other organizations. During the event, agencies had an opportunity to learn about the newly launched CO&E Community Partner roundtable. She asked Christina Chung to comment on how well the event went. Ms. Chung described the speed networking. Those interested in the roundtable there will an orientation in February. Board Member Vazquez congratulated the CO&E team on a job well done. She also thanked Marlene Cabrera of the El Monte Community Resource Center for the tour. At the time, a salsa class was in session, and it was full. There were even parents dropping off children so the parent could participate in the salsa class. She congratulated the El Monte CRC on a job well done! Board Member Vazquez has a great feeling knowing that more of the undocumented population will be eligible for Medi-Cal benefits and services. That is a great accomplishment for this community because the undocumented community members have worked very hard. This community works and pays taxes. There is a lot of enthusiasm among the community about receiving the services. Over the years, they have been unable to get the check-ups and care that they needed. They have been part of several community different events. This action has given them a lot of hope. She just wanted to let everyone know. There will be more members in L.A. Care health plan, and she is concerned because she heard from L.A. Care health plan members that their medical group had not authorized a procedure. It has frustrated many members and they did not follow up with the medical appointments. In reference to the homeless being able to get medical services discussed earlier today, she wants to bring awareness to all the people on the streets because they do not have a place to live. In certain	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	areas, the number of homeless people is increasing. She asked for information at a future meeting about what L.A. Care is doing to reach out to homeless people with information about Medi-Cal eligibility and access to vaccines. She expressed gratitude to L.A. Care for the efforts being made. We have seen announcements on different platforms about health promoters/promotoras de salud. She noted Board Member Shapiro's very popular on line program. Her pharmacy, CVS, constantly sends reminders about vaccines. She commented that at TTECAC there is a lot of confusion with several members about the transition. As a former ECAC Chairperson, she had the opportunity to understand the process. Still, it is confusing for other members. Board Member Shapiro asked Board Member Vazquez what L.A. Care could do to reach newly eligible undocumented between the ages of 26 and 49 years of age. Board Member Vazquez responded that she suggested in a prior meeting that L.A. Care connect with LAUSD to provide information about Medi-Cal eligibility. She works with entities and opens herself to work with the schools in the community. It would be a fantastic idea to work with the schools because many parents are involved in their children's education. It would be a perfect platform.	
Children's Health Consultant Advisory Committee	**PUBLIC COMMENT** **Submitted via voicemail earlier today by Elizabeth Cooper, RCAC 2 Member** *Good afternoon, for Board of Governors meeting February 1. Regarding the Executive Committee, sorry, but the Board book should be more consumer friendly where you can read it and understand it. Regarding the Chairperson, she is sorry she's not there today, she'd like to acknowledge Black Heritage month and share the many opportunities and appreciate it as an Afro American, and what Afro Americans have tried to contribute in health care, which there have been many contributions, participation and also funding for that which also impact L.A. Care. Number two, she would like the Board to consider the Governance committee meeting on a frequent basis because that's where some of the issues regarding the RCACs and the participation and some of the proposed policies can be changed. She would greatly appreciate if Dr. Booth would have more meetings for the Governance committee, and not as needed. There were many issues she would discuss, but she wasn't there due to a number of different issues today. She thanks them for the meeting today and she hopes the Chairperson and the Board members take her comments into consideration. She hopes there would be more emphasis on the developmentally disabled consumer members who sometimes she feels need a greater voice. Thank you and she hopes her comments are read today.* Tara Ficek, *Chairperson,* reported that the members of the Children's Health Consultant Advisory Committee met on January 16 (*minutes can be obtained by contacting Board Services).*	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• The Chairperson's report highlighted the 2024 California Children's report card. This is a report produced annually by Children Now, a statewide advocacy organization. She encouraged everyone to check it out online. It ranks and grades the state of domains. In California, they range anywhere from a high of A- in health insurance to a low D in birthing health and preventative service screening. • Dr. Amin gave a Chief Medical Officer report. He gave an updated report earlier today. • Laura Gunn, *Quality Improvement Project Manager* and Tamara Ataiwi, RN, *Quality Management Nurse Specialist* reported on Clinical Initiatives: Children's Phone-Based Interventions. They highlighted data from 2021 and 2022 showing the effectiveness, and that these have been effective interventions for L.A. Care. They also spotlighted 2023 interventions, informing the committee that 167,545 members were called, and of those, 72% of the members were reached. The text campaign launched in August for 0 to 30 months, and the effectiveness of the campaign will be evaluated this year. • There was a presentation from Lina Sarthi Shah, *MD, Physician Reviewer, Utilization Management,* who provided a comprehensive report on California Children's Services (CCS). CCS is state-legislated program run at the county level since 1927. Dr. Shaw highlighted the role of managed care plans and coordinating care and making referrals. The report touched on components of a forthcoming plan, outlining the collaboration between managed care plans and CCS. Dr. Shah highlighted five key components, including coverage obligations, training, referrals, care coordination, and data exchange.	
Technical Advisory Committee	Alex Li, *Committee Chair*, reported that the Technical Advisory Committee (TAC) met on January 11. • Dr. Li provided a Chief Health Equity Officer report which included information on many of the topics discussed earlier today by John Baackes and Dr. Amin, including items such as Medi-Cal redetermination and expansion, and the five-year anniversary of the Elevating the Safety Net program. Another key item discussed is L.A. Care's plan to have a county specific health equity conference that will be arranged by the health equity department. The plans for focus areas and themes were introduced, seeking advice from the committee. The feedback received will be very useful in planning the conference. • The Committee discussed the Equity Practice Transformation program sponsored by the state in collaboration with the managed care plans. We want to introduce this program to begin a dialogue with the Technical Advisory Committee to provide additional feedback and guidance on how we can make this program useful for small and medium practices. The Technical Advisory Committee will serve as a steering council to ensure that L.A. Care's programs are useful for providers and members. We look forward to an exciting year.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
BOARD COMMITTEE REPORTS		
Executive Committee	The Executive committee met on January 17 and January 24 (*approved minutes can be obtained by contacting Board Services).* The Committee reviewed and approved Revisions to Human Resources Policies HR 101 (Auto Allowance Mileage Reimbursement and Vehicle Damage Reimbursement) and HR 122 (Transportation Allowance) which do not require full Board approval.	
Finance & Budget Committee	The Committee met on January 24. (Contact Board Services to obtain a copy of approved meeting minutes.) The Committee approved a motion to delegate authority to the Chief Executive Officer to enter into a Master Purchase Agreement with commercial furniture vendor Tangram, Inc. for 1200 7th Street in an amount not to exceed $4,386,800, which does not require approval by the Board.	
Chief Financial Officer Report	Afzal Shah, *Chief Financial Officer*, reported on the October and November 2023 Financial Performance reports *(a copy of the report can be obtained by contacting Board Services).* <u>Membership</u> Total membership was slightly lower than budgeted. Mr. Baackes reviewed enrollment earlier today. Overall, L.A. Care has seen lower membership month over month with about a 1% decrease in membership, consistent with the forecast. <u>Consolidated Financial Performance</u> Consolidated financial performance for the month of November only, results show a net surplus of $61million, excluding the CalAIM Housing and Homelessness Incentive Program (HHIP) and Incentive Payment Program (IPP). He noted that non-operating expense income has performed better than the budget forecast because of the high rate of return of about 5% on the treasuries. <u>Combined Financial Performance</u> The combined financial performance for October and November is much higher than budgeted $31 million variance and a net surplus excluding HHIP and IPP of $159million. <u>Medical Cost Ratio</u> The medical cost ratios by line of business are performing much better than budgeted. However, this is only two months of data and the Financials included prior period adjustments prior to October of 2023. It is expected that the medical cost ratio (MCR) could be higher than reported in future reports. <u>Key Financial Ratios</u>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	All of the financial ratios look good, including cash to claims, tangible net equity (TNE), and working capital. The results are much better than budgeted. In January, decreases are expected in revenue and there will not be decreases in cost due to health care cost inflation. Tangible Net Equity (TNE) and Days Cash on Hand Each month the TNE and days cash on hand are reported. For November, there is 804% TNE for L.A. Care. **Motion FIN 102.0224** **To accept the Financial Reports for October and November 2023, as submitted.**	**Unanimously approved by roll call. 8 AYES (Ballesteros, Booth, Contreras, Ghaly, Gonzalez, Roybal, Shapiro and Vazquez)**
• Monthly Investments Transactions Report	Mr. Shah referred to the investment transactions reports included in the meeting materials (a *copy of the reports can be obtained by contacting Board Services).* This report is provided to comply with the California Government Code and is presented as an informational item. L.A. Care's total investment market value as of November 30, 2023 was $3.2 billion. • $3.1 billion managed by Payden & Rygel and New England Asset Management (NEAM) • $35 million in Local Agency Investment Fund • $79 million in Los Angeles County Pooled Investment Fund	
Audit Committee	Board Member Gonzales reported that the Audit Committee met with Deloitte representatives on December 21 to review the draft audited financial statement for FY 2022-23 *(Contact Board Services to obtain a copy of approved meeting minutes).* Mr. Shah summarized the combined financial statements for L.A. Care Health Plan and L.A. Care Health Plan Joint Powers Authority for the year ended September 30, 2023 and 2022. He described uncorrected misstatements detected in the current year that relate back to the prior year identified by L.A. Care: • $4.6 million in medical fee-for-service claim accruals had previously been held from payment were not properly reversed following re-adjudication of claims, decreasing L.A. Care's net position as of September 30, 2022, and • $31.4 million of deferred inflow of resources included $30.6 million that should be classified as accounts payable and accrued expenses and $0.7 million should be classified as noncurrent liabilities that had no impact to the L.A. Care's net position as of September 30, 2022. • L.A. Care completed its evaluation of the accuracy and completeness of disclosures in the financial statements and has identified certain disclosures that, although required by GASB, have been omitted from Management's Discussion & Analysis (MD&A). The omitted disclosure pertains to the requirement that the MD&A should provide three years of	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	comparative data – the current year and two prior years. The effect of the omitted disclosures are immaterial. Rosie Procopio, *Audit & Assurance Managing Director, Deloitte & Touche (D&T)*, summarized the audit findings: • She reported that one of the changes made in the current year with respect to the prior year claim issues was material. L.A. Care management caught the claims issue and corrected it. D&T evaluated the impact to the reserves for claims and did not require any statement on the financial statements. o D&T received full cooperation from management and staff and had unrestricted access to senior management in performing the audits. o There were no material weaknesses or deficiencies found in L.A. Care's financial operations or internal controls. o There were no significant changes in accounting estimates or in management's judgments relating to reserves for Incurred but not Reported Claims (IBNR) estimate, and retroactive revenue adjustments. o Throughout the year, routine discussions were held with management regarding the application of accounting principles or auditing standards which did not involve significant findings or issues requiring communication to the Audit Committee. o The audit of the financial statements was designed to obtain reasonable, rather than absolute, assurances that the financial statements are free of material misstatement caused by error or fraud. As reported by Mr. Shah earlier and as noted in items 6 and 7 of the management representation letter provided to D&T, D&T did not identify any uncorrected misstatements or disclosure items during the audit. o Management determined the uncorrected misstatement and disclosure item to be immaterial to the financial statements. Uncorrected misstatements or matters underlying these uncorrected misstatements could potentially cause future-period financial statements to be materially misstated, even if D&T have concluded that the uncorrected misstatements are immaterial to the financial statements for the year ended September 30, 2023. o There were no material adjustments to the financial statements. • Under its authority delegated to the Audit Committee by this Board, the Audit Committee approved Motion AUD A.1223 to accept the audit findings. • A copy of the audit report can be obtained by contacting Board Services.	
Compliance & Quality Committee	Committee Chairperson Stephanie Booth reported that the Compliance & Quality Committee met on January 18. Approved meeting minutes can be obtained by contacting Board Services.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Mr. Gower and the Compliance Department presented the Chief Compliance Officer report. The committee approved the 2024 Internal Audit Plan, 2024 Risk Assessment, and the 2024 Compliance Program Plan. Mr. Gower noted that the compliance team has made changes related to the review of delegation oversight, emphasizing collaboration and establishing teams for delegation monitoring and oversight. The report highlights the Compliance Program, including the establishment of mission and vision statements and a focus on the lines of defense (operational, compliance, and audit services). • Joni Noel, *Senior Vice President, Healthcare, RGP*, discussed industry trends including Provider and Payer trends. Provider trends include a dynamic workforce, very complex revenue cycles, and the fusion of in-person with virtual care. Payer trends involve Medicare Advantage differentiation, generative AI implementation, digital therapy integration, investment in health equity, and enhanced care navigation for improved patient outcomes. • Michael Sobetzko gave an issues inventory update. He reported that two issues that have been closed in November. The first issue closed was related to a Provider Signature Requirement. The issue was a guidance inquiry responded to by Regulatory Analysis and Communication unit. The second issue closed was related to Reconciliation Requirements for Physician Administered Drugs (PADs). On July 19, 2023, the Department of Health Care Services (DHCS) provided a notice of a Corrective Action Plan (CAP) to L.A Care Health Plan for failure to meet Reconciliation Requirements for PADs billed as Medical Claims. DHCS confirmed that L.A. Care had demonstrated payment of all clean claims and L.A. Care met the minimum 90% requirement for payment of all new claims. DHCS closed the CAP as of November 15, 2023. Dr. Amin gave the Chief Medical Officer report at the meeting. He gave a report earlier today. Dr. Li presented a Chief Health Equity Officer report, in which he highlighted the progress made in the health equity and disparities mitigation plan in the six months since it was approved. Dr. Li emphasized the success of partnerships and teamwork, particularly in the joint efforts of health services and health equity staff in leading the application for the Equity Practice Transformation Initiative. There were 134 applicants and 47 practices were selected, signaling a substantial commitment to invest in primary care, recognized as the foundation of patient care. Edward Sheen, MD, gave a Quality Oversight Committee (QOC) Update. That QOC is the main leader for quality. He provided a comprehensive update of quality oversight, emphasizing key points from the meeting on November 28. The discussion covered various aspects, including quality improvement projects, diversity, equity and inclusion training requirements, and a detailed report on appeals and grievances. Dr. Sheen outlined four types of Quality Assurance projects mandated by regulators. The discussion delved into ongoing projects	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	focusing on children's health and emergency department utilization, highlighting goals and challenges. The QOC meeting also addressed new diversity, equity, and inclusion training requirements. Plans are in place to ensure timely compliance, with ongoing efforts to improve visibility and collaboration across business units. She wished everyone a Happy Black History month.	
ADJOURNMENT	The meeting was adjourned at 5:39 pm.	

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

APPROVED BY:

_____
John G. Raffoul, *Board Secretary*
Date Signed _____

The following public comment was received after public comment had ended:

Submitted via voicemail on February 1, by Andria McFerson
She is not quite sure the process to basically adhere to the necessities of ADA rights when it comes to the new process of BOG meetings the quality and compliance adhere to a lot of the disabled people and they lost that purpose, they lost the availability at best and different things having to do with disability rights, when the open session is at the very beginning it gives people the opportunity to comment on the closed session, so you can go to the doctor that day or to have a root canal like what she had to have, because she was running too late. She'd like to make a comment on just that. Compliance needs to let the staff know or how important is to have that engagement and have a voice. Thank you.

Board of Governors
MOTION SUMMARY

Date: March 7, 2024 **Motion No. FIN 100.0324**

Committee: Finance & Budget **Chairperson:** Stephanie Booth, M.D.

Issue: Accept the Investment Report for the quarter ended December 31, 2023

☐ **New Contract** ☐ **Amendment** ☐ **Sole Source** ☐ **RFP/RFQ was conducted**

Background: Per L.A. Care's Investment Policy, the Finance & Budget Committee is responsible for reviewing L.A. Care's investment portfolio to confirm compliance with the Policy, including its diversification and maturity guidelines.

Member Impact: N/A

Budget Impact: L.A. Care budgets a reasonable return on investment holdings.

Motion: **To accept the Quarterly Investment Report for the quarter ending December 31, 2023, as submitted.**

DATE: February 28, 2024

TO: Finance & Budget Committee

FROM: Afzal Shah, *Chief Financial Officer*

SUBJECT: Quarterly Investment Report – December 2023

As of December 31 2023, L.A. Care's combined investments value was approximately $3.37 billion. Interest income, amortization, realized gains and losses was approximately $43 million for the quarter. Unrealized gains due to market price fluctuations was approximately $14 million for the quarter. The rate of return for the quarter was 1.66%. Based upon an independent compliance review performed as of December 31, 2023, LA Care is in compliance with its investment policy guidelines pursuant to the California Government Code and the California Insurance Code.

At quarter end $2.9 billion (or approx. 87% of total investments) and $0.3 billion (or approx. 10% of total investments) were under the management of Payden & Rygel and New England Asset Management, respectively. Both are external professional investment management firms. A list of the securities held under management of these two firms are attached. Below are the same securities grouped by investment type:

	Payden	NEAM	Combined
Cash and Money Market Mutual Fund	5%	0%	5%
U.S. Treasury Securities	70%	0%	62%
U.S. Agency & Municipal Securities	6%	3%	5%
Commercial paper	9%	0%	8%
Corporate bonds	0%	97%	10%
Asset Backed and Mortgage Backed Securities	6%	0%	6%
Negotiable CDs	2%	0%	2%
Other	2%	0%	2%
	100%	100%	100%
Average credit quality:	AA+	A1	
Average duration:	0.24 years	2.64 years	
Average yield to maturity:	5.32%	4.69%	

The funds managed by Payden & Rygel are managed as two separate portfolios based on investment style – 1) the short-term portfolio and 2) the extended term portfolio. The short-term portfolio had approximately $2,822 million invested as of December 31, 2023, and returned 1.39% for the quarter. The comparative benchmark returned 1.37% for the quarter. The extended term portfolio had approximately $93 million invested December 31, 2023, and returned 3.24% for the quarter. The comparative benchmark had a return of 3.19%.

Performance	4th Quarter	2023	Trailing 5 Years
LA Care - Short-Term Portfolio	1.39	5.11	2.15
Benchmark*	1.37	5.07	2.19
LA Care - Extended-Term Portfolio	3.29	4.85	-0.23
Benchmark**	3.17	4.29	-0.83
LA Care - Combined Portfolio	1.84	5.01	1.98

* ICE BofA 91 Day Treasury Index
** Bloomberg US Govt 1-5 Yr Bond Index

The $340 million portfolio managed by New England Asset Management, Inc (NEAM), focused on corporate fixed income bonds returned 3.83% for the quarter. The comparative benchmark returned 3.81% for the quarter.

LA Care also invests with 2 government pooled investment funds, the Local Agency Investment Fund (LAIF) and the Los Angeles County Pooled Investment Fund (LACPIF). L.A. Care's investment balances as of December 31, 2023 were $35 million in LAIF and $80 million in LACPIF.

The Local Agency Investment Fund (LAIF) yielded approximately 1.00% for the quarter. The fund's total portfolio market value as of December 31, 2023, was $158 billion, with a weighted average maturity of 230 days. LAIF is administered and overseen by the State Treasurer's office. The fund's investment holdings as of December 31, 2023 were as follows:

U.S. Treasury Securities	61%
Agencies	21%
CD's and bank notes	8%
Commercial paper	6%
Time deposits	3%
Other	1%
	100%

The Los Angeles County Pooled Investment Fund (LACPIF) yielded approximately 0.99% for the quarter. The fund's total market value as of November 30, 2023, was approximately $54 billion, with a weighted average maturity of 757 days. LACPIF is administered and overseen by the Los Angeles County Treasurer. The fund's most recent published investment holdings (as of November 30, 2023) were as follows:

U.S. Govt. and Agency Securities	67%
Commercial paper	29%
CD's	4%
	100%

LA Care Securities Holdings
as of December 31, 2023

Porfolio	CUSIP/Identifier	Security	Type	Par	Maturity date
Payden	USD	NORTHERN INST GOVT MONEY MKT	Cash/Money Market Funds	153,033,191	NA
NEAM	USD	NORTHERN INST GOVT MONEY MKT	Cash/Money Market Funds	636,061	NA
Payden	912797HX8	U.S. TREASURY BILL	U.S. Treasury Security	300,000,000	1/2/2024
Payden	912797FW2	U.S. TREASURY BILL	U.S. Treasury Security	190,000,000	1/4/2024
Payden	912797GC5	U.S. TREASURY BILL	U.S. Treasury Security	100,000,000	1/11/2024
Payden	912796ZY8	U.S. TREASURY BILL	U.S. Treasury Security	40,000,000	1/25/2024
Payden	912797GE1	U.S. TREASURY BILL	U.S. Treasury Security	212,500,000	2/1/2024
Payden	912797JC2	U.S. TREASURY BILL	U.S. Treasury Security	225,000,000	2/6/2024
Payden	912797GQ4	U.S. TREASURY BILL	U.S. Treasury Security	100,000,000	3/7/2024
Payden	912797JL2	U.S. TREASURY BILL	U.S. Treasury Security	32,000,000	4/2/2024
Payden	912797GZ4	U.S. TREASURY BILL	U.S. Treasury Security	195,000,000	4/4/2024
Payden	912797JM0	U.S. TREASURY BILL	U.S. Treasury Security	95,000,000	4/9/2024
Payden	912796CX5	U.S. TREASURY BILL	U.S. Treasury Security	80,000,000	4/18/2024
Payden	912797HG5	U.S. TREASURY BILL	U.S. Treasury Security	100,000,000	4/25/2024
Payden	912797HH3	U.S. TREASURY BILL	U.S. Treasury Security	62,500,000	5/2/2024
Payden	912797HQ3	U.S. TREASURY BILL	U.S. Treasury Security	100,000,000	5/9/2024
Payden	912797FS1	U.S. TREASURY BILL	U.S. Treasury Security	100,000,000	6/13/2024
Payden	91282CHS3	U.S. TREASURY FRN	U.S. Treasury Security	10,000,000	7/31/2025
Payden	91282CJD4	U.S. TREASURY FRN	U.S. Treasury Security	50,000,000	10/31/2025
Payden	91282CAZ4	U.S. TREASURY NOTE	U.S. Treasury Security	2,570,000	11/30/2025
Payden	91282CJL6	U.S. TREASURY NOTE	U.S. Treasury Security	600,000	11/30/2025
Payden	91282CBC4	U.S. TREASURY NOTE	U.S. Treasury Security	2,051,000	12/31/2025
Payden	91282CBH3	U.S. TREASURY NOTE	U.S. Treasury Security	1,410,000	1/31/2026
Payden	91282CBT7	U.S. TREASURY NOTE	U.S. Treasury Security	1,915,000	3/31/2026
Payden	91282CBW0	U.S. TREASURY NOTE	U.S. Treasury Security	1,595,000	4/30/2026
Payden	91282CCF6	U.S. TREASURY NOTE	U.S. Treasury Security	470,000	5/31/2026
Payden	91282CCJ8	U.S. TREASURY NOTE	U.S. Treasury Security	470,000	6/30/2026
Payden	91282CCP4	U.S. TREASURY NOTE	U.S. Treasury Security	2,350,000	7/31/2026
Payden	91282CCW9	U.S. TREASURY NOTE	U.S. Treasury Security	1,880,000	8/31/2026
Payden	91282CCZ2	U.S. TREASURY NOTE	U.S. Treasury Security	1,405,000	9/30/2026
Payden	91282CDQ1	U.S. TREASURY NOTE	U.S. Treasury Security	930,000	12/31/2026
Payden	91282CEF4	U.S. TREASURY NOTE	U.S. Treasury Security	1,350,000	3/31/2027
Payden	91282CEN7	U.S. TREASURY NOTE	U.S. Treasury Security	400,000	4/30/2027
Payden	91282CET4	U.S. TREASURY NOTE	U.S. Treasury Security	730,000	5/31/2027
Payden	91282CEW7	U.S. TREASURY NOTE	U.S. Treasury Security	2,470,000	6/30/2027
Payden	91282CFB2	U.S. TREASURY NOTE	U.S. Treasury Security	1,975,000	7/31/2027
Payden	91282CFH9	U.S. TREASURY NOTE	U.S. Treasury Security	1,325,000	8/31/2027
Payden	91282CFU0	U.S. TREASURY NOTE	U.S. Treasury Security	130,000	10/31/2027
Payden	91282CFZ9	U.S. TREASURY NOTE	U.S. Treasury Security	2,230,000	11/30/2027
Payden	91282CGH8	U.S. TREASURY NOTE	U.S. Treasury Security	1,950,000	1/31/2028
Payden	91282CGP0	U.S. TREASURY NOTE	U.S. Treasury Security	2,395,000	2/29/2028
Payden	91282CGT2	U.S. TREASURY NOTE	U.S. Treasury Security	11,105,000	3/31/2028
Payden	91282CHA2	U.S. TREASURY NOTE	U.S. Treasury Security	2,580,000	4/30/2028
Payden	91282CHE4	U.S. TREASURY NOTE	U.S. Treasury Security	680,000	5/31/2028
Payden	91282CHK0	U.S. TREASURY NOTE	U.S. Treasury Security	2,505,000	6/30/2028
Payden	91282CHQ7	U.S. TREASURY NOTE	U.S. Treasury Security	3,755,000	7/31/2028
Payden	91282CHX2	U.S. TREASURY NOTE	U.S. Treasury Security	2,030,000	8/31/2028
Payden	91282CJA0	U.S. TREASURY NOTE	U.S. Treasury Security	1,810,000	9/30/2028
Payden	91282CJN2	U.S. TREASURY NOTE	U.S. Treasury Security	3,925,000	11/30/2028
Payden	313384RG6	FHLB DISCOUNT NOTE	U.S. Agency Security	42,000,000	1/2/2024
Payden	3130AUGN8	FHLB C 7/10/23 Q	U.S. Agency Security	7,500,000	1/10/2024
Payden	3135GADV0	FNMA C 7/25/23 1X	U.S. Agency Security	7,500,000	1/25/2024
Payden	3130AVR46	FHLB C 7/21/23 Q	U.S. Agency Security	12,800,000	5/17/2024
Payden	3134GYSH6	FHLMC C 8/18/23 Q	U.S. Agency Security	15,000,000	6/14/2024
Payden	3134GYFM9	FHLMC C 8/1/23 Q	U.S. Agency Security	5,000,000	8/1/2024
Payden	3130AXYX0	FHLB C 3/06/24 M	U.S. Agency Security	10,000,000	1/3/2025
Payden	3130AWYQ7	FHLB C 8/28/24 Q	U.S. Agency Security	4,500,000	8/28/2025
Payden	3134H1AZ6	FHLMC C 8/28/24 Q	U.S. Agency Security	5,000,000	8/28/2025
Payden	3134H1BG7	FHLMC C 2/28/24 Q	U.S. Agency Security	10,000,000	8/28/2025
Payden	3134GXDZ4	FHLMC C 11/25/22 Q	U.S. Agency Security	510,000	11/25/2024
Payden	3135G0X24	FNMA	U.S. Agency Security	940,000	1/7/2025
Payden	3134GXS88	FHLMC C 02/28/23 Q	U.S. Agency Security	570,000	2/28/2025
Payden	3135G03U5	FNMA	U.S. Agency Security	960,000	4/22/2025
Payden	3137EAEU9	FHLMC	U.S. Agency Security	570,000	7/21/2025
Payden	3134GXR63	FHLMC C 11/28/22 Q	U.S. Agency Security	570,000	8/28/2025
Payden	3134GXS47	FHLMC C 11/28/2022 Q	U.S. Agency Security	570,000	8/28/2025
Payden	3134GX3A0	FHLMC C 12/30/2022 Q	U.S. Agency Security	610,000	9/30/2025
Payden	3135G06G3	FNMA	U.S. Agency Security	410,000	11/7/2025
Payden	3130AKXQ4	FHLB C 05/12/21 Q	U.S. Agency Security	940,000	2/12/2026

LA Care Securities Holdings
as of December 31, 2023

Porfolio	CUSIP/Identifier	Security	Type	Par	Maturity date
Payden	459052YS9	IBRD DISCOUNT NOTE	Non U.S. Government Bond	20,000,000	6/28/2024
Payden	45950VQM1	INTL FINANCE CORP FRN SOFRRATE	Non U.S. Government Bond	7,500,000	4/3/2024
Payden	4581X0DT2	INTER-AMERICAN DEV BANK FRN SOFRINDX	Non U.S. Government Bond	15,000,000	2/10/2026
Payden	45906M4C2	IBRD C 09/15/2023 Q	Non U.S. Government Bond	4,200,000	6/15/2026
Payden	4581X0DY1	INTER-AMERICAN DEV BANK FRN SOFRINDX	Non U.S. Government Bond	15,000,000	9/16/2026
Payden	459058KK8	INTL BK RECON & DEVELOP FRN SOFRINDX	Non U.S. Government Bond	5,720,000	9/23/2026
Payden	45828RAA3	INTER-AMERICAN DEV BANK FRN SOFRINDX	Non U.S. Government Bond	7,800,000	10/5/2028
Payden	89115BRU6	TORONTO-DOMINION NY YCD FRN SOFRRATE	Negotiable CD	9,250,000	4/1/2024
Payden	87019WNH4	SWEDBANK NY YCD FRN SOFRRATE	Negotiable CD	10,000,000	4/12/2024
Payden	17330QFJ1	CITIBANK CD	Negotiable CD	10,000,000	6/17/2024
Payden	13606KYN0	CANADIAN IMPERIAL BANK YCD FRN SOFRRATE	Negotiable CD	8,700,000	7/29/2024
Payden	06367DFG5	BANK OF MONTREAL CHICAGO YCD	Negotiable CD	10,000,000	8/29/2024
Payden	072024WP3	CA BAY AREA TOLL AUTH TOLL BRDG REV TXB	Municipal Securities	1,220,000	4/1/2024
Payden	13032UVB1	CA HEALTH FACS-NO PLACE LIKE HOME-TXB	Municipal Securities	380,000	6/1/2024
Payden	769036BL7	CA CITY OF RIVERSIDE POB TXB	Municipal Securities	320,000	6/1/2024
Payden	20772KJW0	CT STATE OF CONNECTICUT GO/ULT TXB	Municipal Securities	210,000	7/1/2024
Payden	284035AC6	CA CITY OF EL SEGUNDO POBS TXB	Municipal Securities	500,000	7/1/2024
Payden	664845EA8	CA NORTHERN CA PUB POWER TXB	Municipal Securities	410,000	7/1/2024
Payden	842475P66	CA SOUTHERN CA PUBLIC POWER TXB	Municipal Securities	900,000	7/1/2024
Payden	212204JE2	CA CONTRA COSTA CCD GO/ULT TXB	Municipal Securities	170,000	8/1/2024
Payden	223093VM4	CA COVINA-VALLEY USD GO/ULT TXB	Municipal Securities	250,000	8/1/2024
Payden	365298Y51	CA GARDEN GROVE USD GO/ULT TXB	Municipal Securities	395,000	8/1/2024
Payden	378460YD5	CA GLENDALE USD GO/ULT TXB	Municipal Securities	250,000	9/1/2024
Payden	798736AW4	CA SAN LUIS WESTLANDS WTR DIST TXB	Municipal Securities	410,000	9/1/2024
Payden	544290JH3	CA LOS ALTOS SCH DIST GO BANS TXB	Municipal Securities	800,000	10/1/2024
Payden	861398CH6	CA STOCKTON PFA WTR REV-GREEN-TXB	Municipal Securities	300,000	10/1/2024
Payden	544587Y44	CA LOS ANGELES MUNI IMPT CORP LEASE TXB	Municipal Securities	500,000	11/1/2024
Payden	13080SZL1	CA STWD CMTY DEV AUTH REV-CAISO-TXB	Municipal Securities	750,000	2/1/2025
Payden	672211BM0	CA OAKLAND-ALAMEDA COLISEUM AUTH-TXBL	Municipal Securities	925,000	2/1/2025
Payden	64990FD43	NY STATE DORM AUTH PERS INC TAX TXB	Municipal Securities	680,000	3/15/2025
Payden	91412HFM0	CA UNIVERSITY OF CALIFORNIA TXB	Municipal Securities	750,000	5/15/2025
Payden	088006JZ5	CA BEVERLY HILLS PFA LEASE REV TXB	Municipal Securities	670,000	6/1/2025
Payden	13034AN55	CA INFRA & ECON BANK-SCRIPPS TXB	Municipal Securities	500,000	7/1/2025
Payden	3582326T8	CA FRESNO USD GO/ULT TXB	Municipal Securities	600,000	8/1/2025
Payden	672325M95	CA OAKLAND USD GO/ULT TXB	Municipal Securities	420,000	8/1/2025
Payden	5445872T4	CA LOS ANGELES MUNI IMPT CORP LEASE TXB	Municipal Securities	360,000	11/1/2025
Payden	20772KQJ1	CT STATE GO/ULT TXB	Municipal Securities	640,000	6/15/2026
Payden	576004HD0	MA ST SPL OBLG REV-SOCIAL TXB	Municipal Securities	440,000	7/15/2027
NEAM	54438CYK2	LOS ANGELES CA CMNTY CLG DIST	Municipal Securities	1,100,000	8/1/2025
NEAM	969268DG3	WILLIAM S HART CA UNION HIGH S	Municipal Securities	2,350,000	8/1/2025
NEAM	576000ZE6	MASSACHUSETTS ST SCH BLDG AUTH	Municipal Securities	5,000,000	8/15/2025
NEAM	13063D3A4	CALIFORNIA ST	Municipal Securities	1,000,000	10/1/2026
Payden	3137FBUC8	FHMS KF38 A	Mortgage-Backed Security	223,998	9/25/2024
Payden	3137FVNA6	FHMS KI06 A 1MOFRN CMBS	Mortgage-Backed Security	101,572	3/25/2025
Payden	3137H3KA9	FHMS KI07 A SOFRFRN	Mortgage-Backed Security	6,950,000	9/25/2026
Payden	3137H4RC6	FHMS KI08 A 1MOFRN CMBS	Mortgage-Backed Security	2,286,612	10/25/2026
NEAM	05531FBH5	TRUIST FINANCIAL CORP	Corporate Security	5,000,000	8/1/2024
NEAM	828807CS4	SIMON PROPERTY GROUP LP	Corporate Security	2,500,000	10/1/2024
NEAM	61761JVL0	MORGAN STANLEY	Corporate Security	3,000,000	10/23/2024
NEAM	07330NAT2	TRUIST BANK	Corporate Security	4,750,000	12/6/2024
NEAM	976656CL0	WISCONSIN ELECTRIC POWER	Corporate Security	1,500,000	12/15/2024
NEAM	57629WCG3	MASSMUTUAL GLOBAL FUNDIN	Corporate Security	2,500,000	1/11/2025
NEAM	89236TGT6	TOYOTA MOTOR CREDIT CORP	Corporate Security	3,000,000	2/13/2025
NEAM	384802AE4	WW GRAINGER INC	Corporate Security	1,000,000	2/15/2025
NEAM	69353REK0	PNC BANK NA	Corporate Security	2,000,000	2/23/2025
NEAM	57636QAN4	MASTERCARD INC	Corporate Security	1,000,000	3/3/2025
NEAM	57636QAN4	MASTERCARD INC	Corporate Security	2,000,000	3/3/2025
NEAM	30231GBH4	EXXON MOBIL CORPORATION	Corporate Security	2,000,000	3/19/2025
NEAM	254687FN1	WALT DISNEY COMPANY/THE	Corporate Security	3,000,000	3/24/2025
NEAM	458140BP4	INTEL CORP	Corporate Security	2,500,000	3/25/2025
NEAM	341081FZ5	FLORIDA POWER & LIGHT CO	Corporate Security	2,500,000	4/1/2025
NEAM	341081FZ5	FLORIDA POWER & LIGHT CO	Corporate Security	5,000,000	4/1/2025
NEAM	369550BK3	GENERAL DYNAMICS CORP	Corporate Security	5,000,000	4/1/2025
NEAM	911312BX3	UNITED PARCEL SERVICE	Corporate Security	5,000,000	4/1/2025
NEAM	438516CB0	HONEYWELL INTERNATIONAL	Corporate Security	5,000,000	6/1/2025
NEAM	29157TAC0	EMORY UNIVERSITY	Corporate Security	1,000,000	9/1/2025
NEAM	29157TAC0	EMORY UNIVERSITY	Corporate Security	3,305,000	9/1/2025
NEAM	68233JBZ6	ONCOR ELECTRIC DELIVERY	Corporate Security	3,000,000	10/1/2025
NEAM	64952WDW0	NEW YORK LIFE GLOBAL FDG	Corporate Security	5,000,000	1/15/2026

LA Care Securities Holdings
as of December 31, 2023

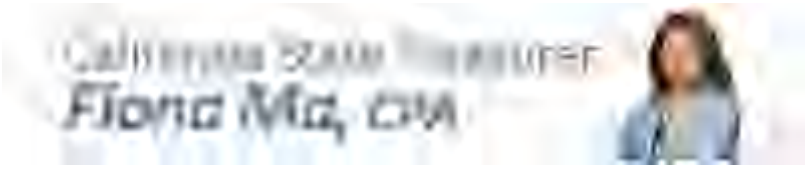
Porfolio	CUSIP/Identifier	Security	Type	Par	Maturity date
NEAM	64952WDW0	NEW YORK LIFE GLOBAL FDG	Corporate Security	5,000,000	1/15/2026
NEAM	927804FU3	VIRGINIA ELEC & POWER CO	Corporate Security	5,000,000	1/15/2026
NEAM	06406RAQ0	BANK OF NY MELLON CORP	Corporate Security	5,000,000	1/28/2026
NEAM	74005PBQ6	LINDE INC/CT	Corporate Security	2,250,000	1/30/2026
NEAM	037833BY5	APPLE INC	Corporate Security	1,500,000	2/23/2026
NEAM	20030NBS9	COMCAST CORP	Corporate Security	3,500,000	3/1/2026
NEAM	14913R2K2	CATERPILLAR FINL SERVICE	Corporate Security	5,000,000	3/2/2026
NEAM	74456QCF1	PUBLIC SERVICE ELECTRIC	Corporate Security	4,000,000	3/15/2026
NEAM	74456QCF1	PUBLIC SERVICE ELECTRIC	Corporate Security	5,000,000	3/15/2026
NEAM	90320WAF0	UPMC	Corporate Security	1,000,000	4/15/2026
NEAM	95000U2N2	WELLS FARGO & COMPANY	Corporate Security	2,000,000	4/30/2026
NEAM	95000U2N2	WELLS FARGO & COMPANY	Corporate Security	5,000,000	4/30/2026
NEAM	95000U2N2	WELLS FARGO & COMPANY	Corporate Security	3,000,000	4/30/2026
NEAM	459200JZ5	IBM CORP	Corporate Security	1,250,000	5/15/2026
NEAM	57629WDE7	MASSMUTUAL GLOBAL FUNDIN	Corporate Security	5,000,000	7/16/2026
NEAM	61761J3R8	MORGAN STANLEY	Corporate Security	3,000,000	7/27/2026
NEAM	931142ER0	WALMART INC	Corporate Security	5,000,000	9/17/2026
NEAM	46625HRV4	JPMORGAN CHASE & CO	Corporate Security	3,500,000	10/1/2026
NEAM	743756AB4	PROV ST JOSEPH HLTH OBL	Corporate Security	1,500,000	10/1/2026
NEAM	26884ABF9	ERP OPERATING LP	Corporate Security	1,252,000	11/1/2026
NEAM	025816CM9	AMERICAN EXPRESS CO	Corporate Security	5,000,000	11/4/2026
NEAM	641062AV6	NESTLE HOLDINGS INC	Corporate Security	5,000,000	1/14/2027
NEAM	756109AS3	REALTY INCOME CORP	Corporate Security	3,750,000	1/15/2027
NEAM	31677QBR9	FIFTH THIRD BANK	Corporate Security	5,000,000	2/1/2027
NEAM	771196BV3	ROCHE HOLDINGS INC	Corporate Security	5,000,000	3/10/2027
NEAM	771196BV3	ROCHE HOLDINGS INC	Corporate Security	2,500,000	3/10/2027
NEAM	29736RAJ9	ESTEE LAUDER CO INC	Corporate Security	1,500,000	3/15/2027
NEAM	20030NDK4	COMCAST CORP	Corporate Security	2,500,000	4/1/2027
NEAM	10373QAZ3	BP CAP MARKETS AMERICA	Corporate Security	5,000,000	4/14/2027
NEAM	437076CN0	HOME DEPOT INC	Corporate Security	2,750,000	4/15/2027
NEAM	437076CN0	HOME DEPOT INC	Corporate Security	2,000,000	4/15/2027
NEAM	907818EP9	UNION PACIFIC CORP	Corporate Security	1,000,000	4/15/2027
NEAM	46647PCB0	JPMORGAN CHASE & CO	Corporate Security	2,500,000	4/22/2027
NEAM	91159HHR4	US BANCORP	Corporate Security	7,000,000	4/27/2027
NEAM	904764AY3	UNILEVER CAPITAL CORP	Corporate Security	7,500,000	5/5/2027
NEAM	67021CAM9	NSTAR ELECTRIC CO	Corporate Security	1,000,000	5/15/2027
NEAM	67021CAM9	NSTAR ELECTRIC CO	Corporate Security	2,500,000	5/15/2027
NEAM	74456QBS4	PUBLIC SERVICE ELECTRIC	Corporate Security	1,500,000	5/15/2027
NEAM	927804GH1	VIRGINIA ELEC & POWER CO	Corporate Security	3,100,000	5/15/2027
NEAM	59217GFB0	MET LIFE GLOB FUNDING I	Corporate Security	3,500,000	6/30/2027
NEAM	61747YEC5	MORGAN STANLEY	Corporate Security	2,000,000	7/20/2027
NEAM	06051GJS9	BANK OF AMERICA CORP	Corporate Security	5,000,000	7/22/2027
NEAM	458140BY5	INTEL CORP	Corporate Security	5,000,000	8/5/2027
NEAM	14913R3A3	CATERPILLAR FINL SERVICE	Corporate Security	2,500,000	8/12/2027
NEAM	756109BG8	REALTY INCOME CORP	Corporate Security	5,000,000	8/15/2027
NEAM	010392FY9	ALABAMA POWER CO	Corporate Security	5,000,000	9/1/2027
NEAM	010392FY9	ALABAMA POWER CO	Corporate Security	2,000,000	9/1/2027
NEAM	89236TKJ3	TOYOTA MOTOR CREDIT CORP	Corporate Security	3,000,000	9/20/2027
NEAM	539830BV0	LOCKHEED MARTIN CORP	Corporate Security	5,000,000	11/15/2027
NEAM	278865BP4	ECOLAB INC	Corporate Security	5,000,000	1/15/2028
NEAM	756109BH6	REALTY INCOME CORP	Corporate Security	2,500,000	1/15/2028
NEAM	69353RFJ2	PNC BANK NA	Corporate Security	3,000,000	1/22/2028
NEAM	882508BV5	TEXAS INSTRUMENTS INC	Corporate Security	5,000,000	2/15/2028
NEAM	91324PEP3	UNITEDHEALTH GROUP INC	Corporate Security	5,000,000	2/15/2028
NEAM	210518DS2	CONSUMERS ENERGY CO	Corporate Security	3,000,000	3/1/2028
NEAM	210518DS2	CONSUMERS ENERGY CO	Corporate Security	1,650,000	3/1/2028
NEAM	04636NAF0	ASTRAZENECA FINANCE LLC	Corporate Security	5,000,000	3/3/2028
NEAM	49177JAF9	KENVUE INC	Corporate Security	1,000,000	3/22/2028
NEAM	49177JAF9	KENVUE INC	Corporate Security	1,000,000	3/22/2028
NEAM	58769JAG2	MERCEDES-BENZ FIN NA	Corporate Security	2,000,000	3/30/2028
NEAM	035240AL4	ANHEUSER-BUSCH INBEV WOR	Corporate Security	2,500,000	4/13/2028
NEAM	02361DAS9	AMEREN ILLINOIS CO	Corporate Security	2,500,000	5/15/2028
NEAM	29736RAS9	ESTEE LAUDER CO INC	Corporate Security	3,000,000	5/15/2028
NEAM	29736RAS9	ESTEE LAUDER CO INC	Corporate Security	2,500,000	5/15/2028
NEAM	68233JCN2	ONCOR ELECTRIC DELIVERY	Corporate Security	1,000,000	5/15/2028
NEAM	74153WCS6	PRICOA GLOBAL FUNDING 1	Corporate Security	5,000,000	5/30/2028
NEAM	440452AH3	HORMEL FOODS CORP	Corporate Security	1,000,000	6/3/2028
NEAM	440452AH3	HORMEL FOODS CORP	Corporate Security	1,600,000	6/3/2028
NEAM	38141GWL4	GOLDMAN SACHS GROUP INC	Corporate Security	10,000,000	6/5/2028

LA Care Securities Holdings
as of December 31, 2023

Porfolio	CUSIP/Identifier	Security	Type	Par	Maturity date
NEAM	02665WEM9	AMERICAN HONDA FINANCE	Corporate Security	1,000,000	7/7/2028
NEAM	02665WEM9	AMERICAN HONDA FINANCE	Corporate Security	3,000,000	7/7/2028
NEAM	24422EXB0	JOHN DEERE CAPITAL CORP	Corporate Security	5,000,000	7/14/2028
NEAM	46647PDG8	JPMORGAN CHASE & CO	Corporate Security	5,000,000	7/25/2028
NEAM	883556CK6	THERMO FISHER SCIENTIFIC	Corporate Security	5,000,000	10/15/2028
NEAM	29379VBT9	ENTERPRISE PRODUCTS OPER	Corporate Security	5,000,000	10/16/2028
NEAM	771196CF7	ROCHE HOLDINGS INC	Corporate Security	2,000,000	11/13/2028
NEAM	00287YBF5	ABBVIE INC	Corporate Security	7,000,000	11/14/2028
Payden	84243LA20	SOUTHERN CALIF GAS CP 144A	Commercial Paper	12,000,000	1/2/2024
Payden	63763PA33	NATL SEC CLEARING CP 144A	Commercial Paper	25,000,000	1/3/2024
Payden	58768JA40	MERCEDES-BENZ CP 144A	Commercial Paper	25,000,000	1/4/2024
Payden	59515MA96	MICROSOFT CP 144A	Commercial Paper	25,000,000	1/9/2024
Payden	24422LAA1	JOHN DEERE CAPITAL CP 144A	Commercial Paper	20,000,000	1/10/2024
Payden	48306AAB3	KAISER FOUNDATION CP	Commercial Paper	25,000,000	1/11/2024
Payden	07274LAG2	BAYERISCHE LANDESBANK CP	Commercial Paper	10,000,000	1/16/2024
Payden	60682WAG3	MITSUBISHI UFJ TRUST & BANK CP 144A	Commercial Paper	20,000,000	1/16/2024
Payden	29101AAH7	EMERSON ELECTRIC CP 144A	Commercial Paper	20,000,000	1/17/2024
Payden	34108AAH0	FLORIDA POWER & LIGHT CP	Commercial Paper	22,500,000	1/17/2024
Payden	00915SB84	AIR PRODUCTS & CHEMICALS CP 144A	Commercial Paper	10,000,000	2/8/2024
Payden	07274LBD8	BAYERISCHE LANDESBANK CP	Commercial Paper	10,000,000	2/13/2024
Payden	21687AC43	COOPERATIEVE RABOBANK CP	Commercial Paper	10,000,000	3/4/2024
Payden	55078TCB1	LVMH MOET HENNESSY LOUIS CP 144A	Commercial Paper	7,500,000	3/11/2024
Payden	22533TE77	CREDIT AGRICOLE CP	Commercial Paper	10,000,000	5/7/2024
Payden	71708EEW1	PFIZER CP 144A	Commercial Paper	10,000,000	5/30/2024
Payden	09659BF70	BNP PARIBAS NY CP	Commercial Paper	10,000,000	6/7/2024
Payden	59515MFA8	MICROSOFT CP 144A	Commercial Paper	5,000,000	6/10/2024
Payden	12664QAA2	CNH 2023-A A1 EQP	Asset-Backed Security	1,069,217	5/15/2024
Payden	232989AA1	DLLMT 2023-1A A1 EQP 144A	Asset-Backed Security	1,202,998	5/20/2024
Payden	39154TCA4	GALC 2023-1 A1 EQP 144A	Asset-Backed Security	662,209	6/14/2024
Payden	29375NAA3	EFF 2023-2 A1 FLEET 144A	Asset-Backed Security	997,375	6/20/2024
Payden	24703GAA2	DEFT 2023-2 A1 EQP 144A	Asset-Backed Security	959,665	6/24/2024
Payden	14319BAA0	CARMX 2023-3 A1 CAR	Asset-Backed Security	1,144,586	7/15/2024
Payden	500945AA8	KCOT 2023-2A A1 EQP 144A	Asset-Backed Security	845,647	7/15/2024
Payden	88167PAA6	TESLA 2023-A A1 LEASE 144A	Asset-Backed Security	56,080	7/22/2024
Payden	55317WAA9	MMAF 2023-A A1 EQP 144A	Asset-Backed Security	1,041,913	8/9/2024
Payden	14688GAA2	CRVNA 2023-P3 A1 CAR 144A	Asset-Backed Security	25,072	8/10/2024
Payden	98164FAA0	WOART 2023-C A1 CAR	Asset-Backed Security	1,955,686	8/15/2024
Payden	88167QAA4	TESLA 2023-B A1 LEASE 144A	Asset-Backed Security	3,008,024	9/20/2024
Payden	04033GAA5	ARIFL 2023-B A1 FLEET 144A	Asset-Backed Security	2,921,546	10/15/2024
Payden	14318XAA3	CARMX 2023-4 A1 CAR	Asset-Backed Security	5,665,503	10/15/2024
Payden	34529NAA8	FORDL 2023-B A1 LEASE	Asset-Backed Security	3,910,728	10/15/2024
Payden	36269EAA7	GSAR 2023-2A A1 CAR 144A	Asset-Backed Security	1,492,939	10/15/2024
Payden	44328UAA4	HPEFS 2023-2A A1 EQP 144A	Asset-Backed Security	6,152,165	10/18/2024
Payden	12511QAA7	CCG 2023-2 A1 EQP 144A	Asset-Backed Security	4,800,345	11/14/2024
Payden	44918CAA0	HART 2023-C A1 CAR	Asset-Backed Security	3,028,482	11/15/2024
Payden	09690AAD5	BMWLT 2021-2 A4 LEASE	Asset-Backed Security	2,604,200	1/27/2025
Payden	89238LAC4	TLOT 2022-A A3 LEASE 144A	Asset-Backed Security	3,274,542	2/20/2025
Payden	05601XAC3	BMWLT 2022-1 A3 LEASE	Asset-Backed Security	1,899,323	3/25/2025
Payden	34528LAD7	FORDL 2022-A A3 LEASE	Asset-Backed Security	1,731,755	5/15/2025
Payden	65480LAD7	NALT 2022-A A3 LEASE	Asset-Backed Security	7,988,423	5/15/2025
Payden	14315XAD0	CARMX 2020-1 A4 CAR	Asset-Backed Security	6,886,028	6/16/2025
Payden	362541AB0	GMALT 2023-1 A2A LEASE	Asset-Backed Security	1,590,841	6/20/2025
Payden	34533YAD2	FORDO 2020-C A3	Asset-Backed Security	2,245,941	7/15/2025
Payden	14316HAC6	CARMX 2020-4 A3 CAR	Asset-Backed Security	5,249,061	8/15/2025
Payden	89231CAB3	TAOT 2022-C A2A CAR	Asset-Backed Security	2,032,524	8/15/2025
Payden	47788UAC6	JOHN DEERE 2021-A A3 EQP	Asset-Backed Security	3,646,629	9/15/2025
Payden	380130AD6	GMALT 2022-3 A3 LEASE	Asset-Backed Security	4,932,538	9/22/2025
Payden	02008MAB5	ALLYA 2022-2 A2 CAR	Asset-Backed Security	1,243,788	10/15/2025
Payden	98163QAB5	WOART 2022-B A2A CAR	Asset-Backed Security	934,567	10/15/2025
Payden	448979AB0	HART 2023-A A2A CAR	Asset-Backed Security	808,230	12/15/2025
Payden	14315FAE7	CARMX 2020-3 A4 CAR	Asset-Backed Security	3,886,162	3/16/2026
Payden	437927AB2	HAROT 2023-2 A2 CAR	Asset-Backed Security	6,250,000	4/15/2026
Payden	05592XAB6	BMWOT 2023-A A2A CAR	Asset-Backed Security	5,000,000	4/27/2026
Payden	06428AAB4	BAAT 2023-1A A2 CAR 144A	Asset-Backed Security	5,000,000	5/15/2026
Payden	44933XAB3	HART 2023-B A2A CAR	Asset-Backed Security	3,400,000	5/15/2026
Payden	44935FAD6	HART 2021-C A3 CAR	Asset-Backed Security	3,314,468	5/15/2026
Payden	362583AB2	GMCAR 2023-2 A2A CAR	Asset-Backed Security	1,071,721	5/18/2026
Payden	14317DAC4	CARMX 2021-3 A3 CAR	Asset-Backed Security	4,366,494	6/15/2026
Payden	98164JAB0	WOART 2023-A A2A CAR	Asset-Backed Security	3,855,443	7/15/2026

LA Care Securities Holdings
as of December 31, 2023

Porfolio	CUSIP/Identifier	Security	Type	Par	Maturity date
Payden	29375MAB3	ENTERPRISE 2020-2 A2 FLEET 144A	Asset-Backed Security	1,377,597	7/20/2026
Payden	362554AC1	GMCAR 2021-4 A3 CAR	Asset-Backed Security	3,602,175	9/16/2026
Payden	36267KAB3	GMCAR 2023-3 A2A CAR	Asset-Backed Security	2,800,000	9/16/2026
Payden	98163CAF7	WORLD OMNI 2020-C A4 CAR	Asset-Backed Security	5,000,000	10/15/2026
Payden	89239FAB8	TAOT 2023-D A2A CAR	Asset-Backed Security	3,900,000	11/16/2026
Payden	29374EAB2	ENTERPRISE 2021-1 A2 FLEET 144A	Asset-Backed Security	1,420,131	12/21/2026
Payden	881943AC8	TEVT 2023-1 A2B CAR 144A	Asset-Backed Security	5,100,000	12/21/2026
Payden	92867WAB4	VALET 2023-1 A2A CAR	Asset-Backed Security	1,581,263	12/21/2026
Payden	44918CAB8	HART 2023-C A2A CAR	Asset-Backed Security	2,000,000	1/15/2027
Payden	65479CAE8	NAROT 2020-B A4 CAR	Asset-Backed Security	3,476,483	2/16/2027
Payden	43813KAD4	HONDA 2020-3 A4 CAR	Asset-Backed Security	4,225,000	4/19/2027
Payden	47787NAD1	JOHN DEERE 2020-B A4 EQP	Asset-Backed Security	3,017,070	6/15/2027
Payden	17305EGX7	CCCIT 2023-A2 A2 CARD	Asset-Backed Security	5,000,000	12/8/2027
Payden	58769KAD6	MERCEDES 2021-B A3 LEASE	Asset-Backed Security	54,087	11/15/2024
Payden	50117XAE2	KUBOTA 2021-2A A3 EQP 144A	Asset-Backed Security	614,842	11/17/2025
Payden	14314QAC8	CARMX 2021-2 A3 AUTO	Asset-Backed Security	380,237	2/17/2026
Payden	380149AC8	GMCAR 2021-2 A3 CAR	Asset-Backed Security	89,693	4/16/2026
Payden	89239MAC1	TLOT 2023A A3 LEASE 144A	Asset-Backed Security	500,000	4/20/2026
Payden	14317DAC4	CARMX 2021-3 A3 CAR	Asset-Backed Security	553,089	6/15/2026
Payden	379929AD4	GMALT 2023-3 A3 LEASE	Asset-Backed Security	300,000	11/20/2026
Payden	17305EGW9	CCCIT 2023-A1 A1 CARD	Asset-Backed Security	450,000	12/8/2027
Payden	500945AC4	KCOT 2023-2A A3 EQP 144A	Asset-Backed Security	500,000	1/18/2028
Payden	43815QAC1	HAROT 2023-3 A3 CAR	Asset-Backed Security	250,000	2/18/2028
Payden	477920AC6	JDOT 2023-B A3 EQP	Asset-Backed Security	750,000	3/15/2028
Payden	14319BAC6	CARMX 2023-3 A3 CAR	Asset-Backed Security	800,000	5/15/2028
Payden	344930AD4	FORDO 2023-B A3 CAR	Asset-Backed Security	600,000	5/15/2028
Payden	34528QHV9	FORDF 2023-1 A1 FLOOR 144A	Asset-Backed Security	900,000	5/15/2028
Payden	06054YAC1	BAAT 2023-2A A3 CAR 144A	Asset-Backed Security	700,000	6/15/2028
Payden	14044EAD0	COPAR 2023-2 A3 CAR	Asset-Backed Security	700,000	6/15/2028
Payden	361886CR3	GFORT 2023-1 A1 FLOOR 144A	Asset-Backed Security	900,000	6/15/2028
Payden	14318XAC9	CARMX 2023-4 A3 CAR	Asset-Backed Security	300,000	7/17/2028
Payden	89239FAD4	TAOT 2023-D A3 CAR	Asset-Backed Security	400,000	8/15/2028
Payden	63938PBU2	NAVMT 2023-1 A FLOOR 144A	Asset-Backed Security	200,000	8/25/2028
Payden	344940AD3	FORDO 2023-C A3 CAR	Asset-Backed Security	500,000	9/15/2028
Payden	44918CAD4	HART 2023-C A3 CAR	Asset-Backed Security	300,000	10/16/2028
Payden	05522RDH8	BACCT 2023-A2 A2 CARD	Asset-Backed Security	500,000	11/15/2028



Local Agency Investment Fund
P.O. Box 942809
Sacramento, CA 94209-0001
(916) 653-3001

January 03, 2024January 03, 2024

LAIF Home
PMIA Average Monthly Yields

LOCAL INITIATIVE HEALTH AUTHORITY
FOR LOS ANGELES COUNTY
DIRECTOR, ACCOUNTING SERVICES
1055 WEST 7TH STREET, 10TH FLOOR
LOS ANGELES, CA 90017

Tran Type Definitions

Account Number: 20-19-007

December 2023 Statement

Account Summary

Total Deposit:	0.00	Beginning Balance:	34,862,686.75
Total Withdrawal:	0.00	Ending Balance:	34,862,686.75

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 462, Los Angeles, California 90012
Telephone: (213) 974-3385 Fax: (213) 626-1701
ttc.lacounty.gov and propertytax.lacounty.gov

KEITH KNOX
TREASURER AND TAX COLLECTOR

January 8, 2024

Jason Chen, Manager
Financial Planning and Analysis
L.A. Care Health Plan
1055 West 7th Street, 10th Floor
Los Angeles, California 90017

Dear Jason Chen:

MONTHLY eCAPS REPORT

Attached please find for your review and reference, the Balance Sheet Detail Activity by Fund report from eCAPS for the month ended December 31, 2023.

Should you have any questions, you may contact Marivic Liwag, Assistant Operations Chief, of my staff at (213) 584-1252 or mliwag@ttc.lacounty.gov.

Very truly yours,

KEITH KNOX
Treasurer and Tax Collector

Jennifer Koai
Operations Chief

JK:ML:en

Attachment
Fund: T4P

Balance Sheet Detail Activity By Fund

December 1, 2023 - December 31, 2023

Fiscal Year: 2024 **Fiscal Period:** 6
Fund Class: TT15 TTC-ICG LAPIF **Fund:** T4P LA Care Health

Balance Sheet Category	Balance Sheet Class	Balance Sheet Account	Record Date	Document	Description	Beginning Balance	Debits	Credits	Ending Balance
Asset									
1A Pooled Cash & Investments									
	100 Cash								
		1000 Cash							
						78,728,217.58	0.00	0.00	78,728,217.58
			12/01/2023	JVA AC IA112300030 48	INTEREST ALLOCATION FOR THE MONTH ENDING November 30, 2023	0.00	245,165.47	0.00	78,973,383.05
		Total for 1000 Cash				**$78,728,217.58**	**$245,165.47**	**$0.00**	**$78,973,383.05**
	Total for 100 Cash					**$78,728,217.58**	**$245,165.47**	**$0.00**	**$78,973,383.05**
Total for 1A Pooled Cash & Investments						**$78,728,217.58**	**$245,165.47**	**$0.00**	**$78,973,383.05**
Total for Asset						**$78,728,217.58**	**$245,165.47**	**$0.00**	**$78,973,383.05**
Total for T4P Los Angeles Care Health Plan						**$78,728,217.58**	**$245,165.47**	**$0.00**	**$78,973,383.05**
Total for TT15 TTC-ICG Los Angeles County Pool Investment Fund						**$78,728,217.58**	**$245,165.47**	**$0.00**	**$78,973,383.05**

L.A. Care Health Plan
Quarterly Investment Compliance Report
October 1, 2023 through December 31, 2023

OVERVIEW

The California Government Code requires the L.A. Care Treasurer to submit a quarterly report detailing its investment activity for the period. This investment report covers the three-month period from October 1, 2023 through December 31, 2023.

PORTFOLIO SUMMARY

As of December 31, 2023, the market values of the portfolios managed by Payden & Rygel and New England Asset Management are as follows:

Portfolios	Payden & Rygel
Cash Portfolio #2365	*$2,821,772,934.64*
Low Duration Portfolio #2367	*$93,307,239.97*
Total Combined Portfolio	**$2,915,080,174.61**

Portfolios	NEAM
Government and Corporate Debt	**$339,689,567.44**

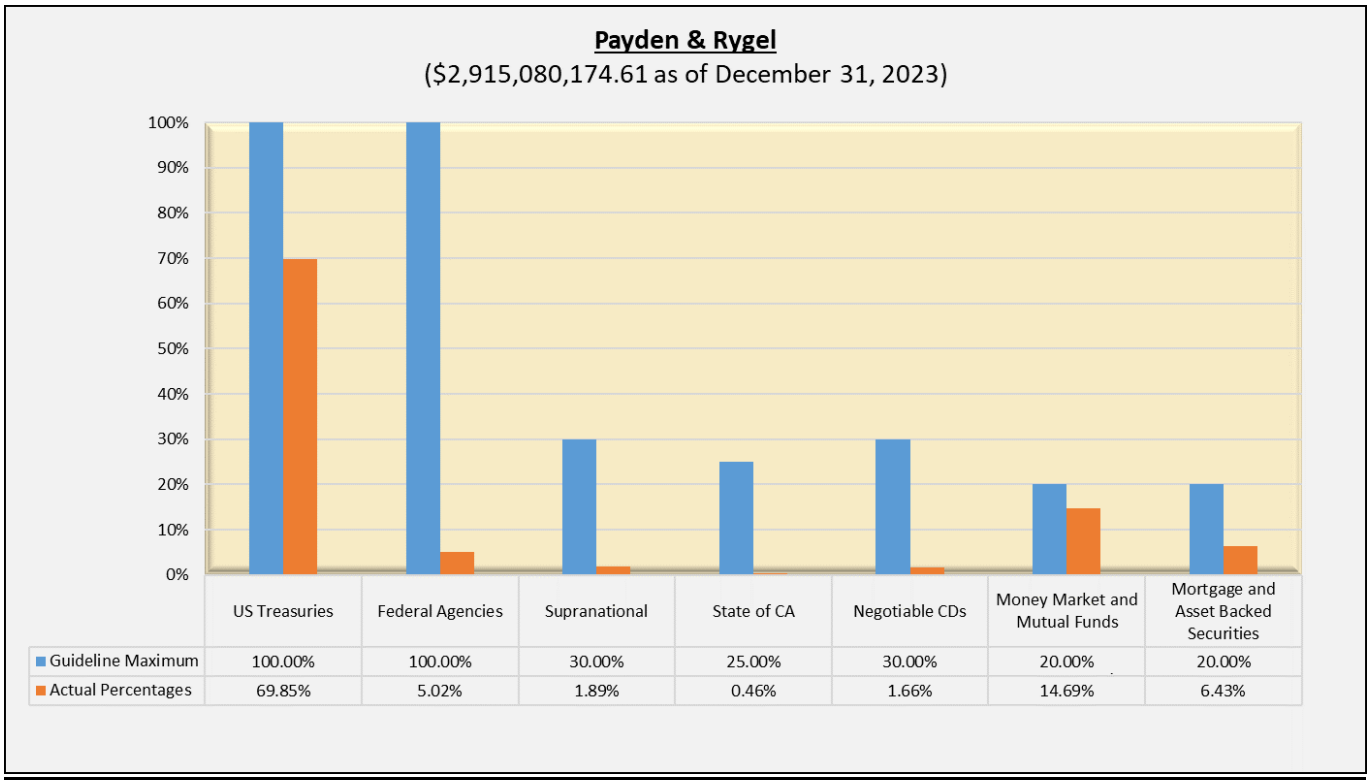
COMPLIANCE WITH ANNUAL INVESTMENT POLICY

Based on an independent compliance review of the Payden & Rygel and NEAM portfolios performed by Wilshire (using 3rd party data), L.A. Care is in compliance with the investment guidelines pursuant to the California Government Code and California Insurance Code. The Payden & Rygel and NEAM investment reports for L.A. Care are available upon request.

L.A. Care has invested funds in California's Local Agency Investment Fund (LAIF) and the Los Angeles County Treasurer's Pooled Investment Fund (LACPIF). In a LAIF statement dated January 3, 2024, the December 31, 2023 balance is reported as $34,862,686.75 with accrued interest of $339,983. In the LACPIF statement dated January 8, 2024, the December 31, 2023 balance is reported as $78,973,383.05. The LACPIF account balance does not reflect accrued interest.

Payden & Rygel Compliance Verification

California Government Code Compliance Verification Detail as of December 31, 2023



	Maximum Permitted Maturity		Actual Maximum Maturity		Compliance
	#2365	#2367	#2365	#2367	
	Enhanced Cash	Low Duration	Enhanced Cash	Low Duration	
US Treasuries	5 Years	5 Years	1.84 Years	4.92 Years	YES
Federal Agencies	5 Years	5 Years	1.66 Years	2.12 Years	YES
Supranational	5 Years	5 Years	4.77 Years	NA	YES
State of CA	5 Years	5 Years	NA	3.54 Years	YES
Negotiable CDs	270 Days	270 Days	242 days	-	YES
Money Market and Mutual Funds	NA	NA	1 Day	1 Day	YES
Mortgage and Asset Backed Securities	5 Years	5 Years	3.94 Years	4.88 Years	YES

Payden & Rygel Compliance Verification

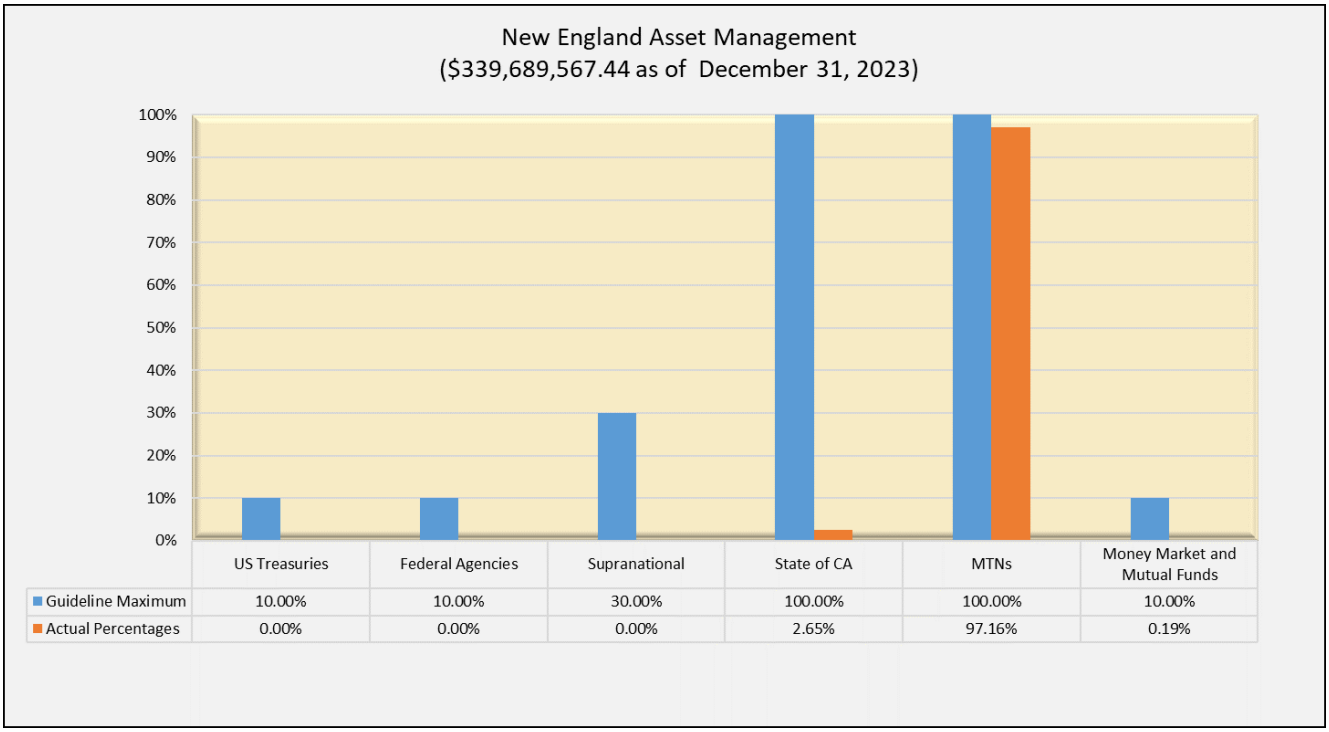
Combined #2365 and #2367 Portfolios as of December 31, 2023

	Govt. Code Section 53601	Insur. Code Sections 1170-1182 1191-1202
US Treasuries	*YES (1)(2)(3)*	*YES (4)(5)*
Federal Agencies	*YES (1)(2)(3)*	*YES (4)(5)*
Supranational	*YES (1)(2)(3)*	*YES (4)(5)*
State of CA	*YES (1)(2)(3)*	*YES (4)(5)*
Negotiable CDs	*YES (1)(2)(3)*	*YES (4)(5)*
Money Market and Mutual Funds	*YES (1)(2)(3)*	*YES (4)(5)*
Mortgage and Asset Backed Securities	*YES (1)(2)(3)*	*YES (4)(5)*

(1) Approved security
(2) Meets minimum rating (A3/A-)
(3) Meets diversification maximums (max market value of issue: 5%)
(4) NAIC High Grade Obligations
(5) Authorized by Insurance Code Sections 1174 and 1194.5
(6) Authorized by Insurance Code Section 1196.1

New England Asset Management Compliance Verification

California Government Code Compliance Verification Detail as of December 31, 2023



	Maximum Permitted	Actual Maximum Maturity	Compliance
	NEAM	NEAM	
US Treasuries	5 Years	-	**YES**
Federal Agencies	5 Years	-	**YES**
Supranational	5 Years	-	**YES**
State of CA	5 Years	2.76 Years	**YES**
MTNs	5 Years	4.88 Years	**YES**
Money Market and Mutual Funds	NA	1 Day	**YES**

New England Asset Management Compliance Verification

As of December 31, 2023

	Govt. Code Section 53601	Insur. Code Sections 1170-1182 1191-1202
US Treasuries	*YES (1)(2)(3)*	*YES (4)(5)*
Federal Agencies	*YES (1)(2)(3)*	*YES (4)(5)*
Supranational	*YES (1)(2)(3)*	*YES (4)(5)*
State of CA	*YES (1)(2)(3)*	*YES (4)(5)*
MTNs	*YES (1)(2)(3)*	*YES (4)(5)*
Money Market and Mutual Funds	*YES (1)(2)(3)*	*YES (4)(5)*

(1) Approved security
(2) Meets minimum rating (A3/A-)
(3) Meets diversification maximums (max market value of issue: 5%)
(4) NAIC High Grade Obligations
(5) Authorized by Insurance Code Sections 1174 and 1194.5
(6) Authorized by Insurance Code Section 1196.1

Based on an independent review of Payden & Rygel's and New England Asset Management's month-end portfolios performed by Wilshire, L.A. Care's portfolios are compliant with its Annual Investment Guidelines, the California Government Code, and the Insurance Code sections noted above. In addition, based on the review of the latest LAIF and LACPIF reports and their respective investment guidelines, the LAIF and LACPIF investments comply with the Annual Investment Policy, the California Government Code, and the California Insurance Code.

MARKET COMMENTARY

Economic Highlights

- **GDP**: Real GDP growth spiked recently, equaling 4.9% during the third quarter. Consumer spending has been seesawing for the past year and jumped again last quarter, contributing more than 2% to growth. Private spending continues to strengthen while government spending was also up. The Atlanta Federal Reserve's GDPNow forecast for the fourth quarter of 2023 currently stands at 2.3%.
  Source: Bureau of Economic Analysis.

- **Interest Rates**: The Treasury curve fell across all maturities during the fourth quarter. The 10-year Treasury closed at 3.88%, down -69 basis points. The 10-year real yield (i.e., net of inflation) fell -52 basis points to 1.71%. The Federal Open Market Committee (FOMC) left their overnight rate unchanged, targeting a range of 5.25% to 5.50%. The committee's current median outlook is for a rate of approximately 4.6% by the end of 2024.
  Source: U.S. Treasury

- **Inflation**: Consumer price changes have ticked lower recently as the Consumer Price Index rose 0.5% for the three months ending November. For the one-year period, the CPI was up 3.1%. The 10-year breakeven inflation rate was down at 2.17% in December versus 2.34% in September.

- **Employment**: Jobs growth has improved, with an average of 204,000 jobs/month added during the three months ending in November. The unemployment rate ticked lower at 3.7%, up from 3.8% in August. Wage growth picked up in November, equaling 0.4%.
  Source: Dept. of Labor (BLS)

U.S. Fixed Income Markets

The U.S. Treasury yield curve was down across the maturity spectrum during the quarter, and to a greater degree in the long end of the curve. The 10-year Treasury yield ended the quarter at 3.88%, down -69 basis points from September. Credit spreads were down, as well, during the quarter with high yield bond spreads down -71 basis points, the lowest level in more than a year. The FOMC met twice during the quarter, as scheduled, and left the overnight rate unchanged, targeting a range of 5.25% to 5.50%. The Fed's "dot plot" is messaging that the current expectation is for a decrease in rates in 2024, by -0.75% after the December meeting. During a recent speech, Fed Chair Jerome Powell reiterated the central bank's intent to be cautious, "Having come so far and so quickly, the FOMC is moving carefully forward, as the risks of under- and over-tightening are becoming more balanced."

Payden&Rygel

QUARTERLY PORTFOLIO REVIEW

LA CARE HEALTH PLAN

4th Quarter 2023

PAYDEN.COM
LOS ANGELES | BOSTON | LONDON | MILAN

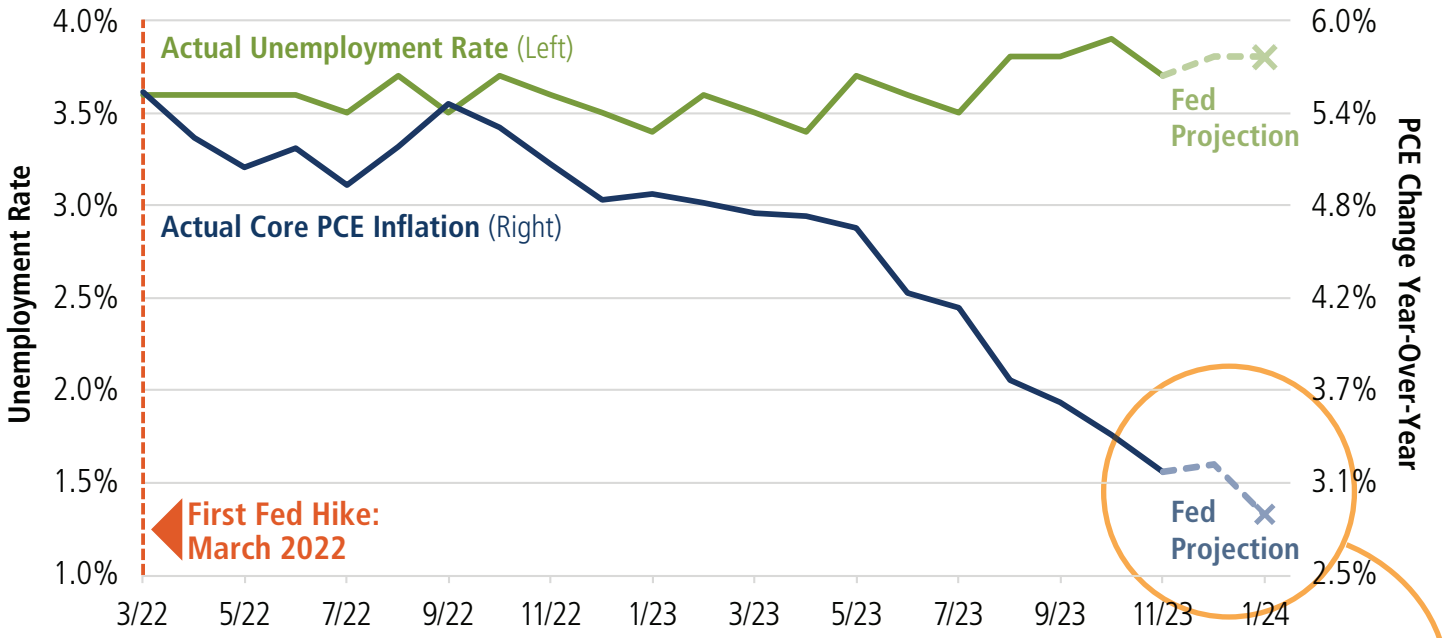
SOFT LANDING

A U.S. "SOFT LANDING" BECAME MORE PLAUSIBLE AS INFLATION SLOWED NOTABLY.
The core PCE* price index average monthly change for the past six months of 0.15%, if sustained, would align with the Fed's 2% inflation target.

INFLATION COOLING WITHOUT A CALAMITY IN LABOR MARKETS SIGNALS THE FED MAY ACHIEVE THE ELUSIVE "SOFT LANDING."
U.S. unemployment rate fell to 3.7% despite a rise in labor force participation.

NOT ALL ECONOMIES FARED AS WELL AS THE U.S.
Euro area growth remained sluggish as inflation cooled, yet its unemployment rate remained steady. In contrast, the U.K. and Canada face diminishing growth prospects and rising unemployment rates.

A "SOFT LANDING" IN ONE PICTURE
LOW UNEMPLOYMENT, SOFTER CORE INFLATION



Source: Bureau of Labor Statistics, Federal Reserve

**Personal Consumption Expenditures (PCE)*

MARKET THEMES & OUTLOOK

Both equities and bonds posted positive returns as market participants embraced news of a "soft landing." Looking ahead, lower bond yields, tighter credit spreads, and higher equity prices suggest active management may provide opportunities to generate attractive risk-adjusted returns going forward.

The Fed communicated they were likely finished hiking. **If core inflation readings are consistently below 3% in 2024, the Fed may cut rates in the latter half of 2024,** contrary to current market expectations. The U.S. economy might grow at- or above-trend in 2024, but global economic growth will likely continue to diverge.

Portfolio Review and Market Update – 4th Quarter 2023

PORTFOLIO CHARACTERISTICS (As of 12/31/2023)

Market Value	2,915,080,175
Avg Credit Quality	AA+
Avg Duration	0.24
Avg Yield to Maturity	5.32%

SECTOR ALLOCATION

Sector	Market Value	% of Port
Cash	153,033,191	5.25%
Money Market	324,008,447	11.11%
Treasury	2,035,838,581	69.84%
Agency	146,337,109	5.02%
Government Related	55,560,964	1.91%
Corporate Credit	-	0.00%
ABS/MBS	186,909,874	6.41%
Municipal	13,392,009	0.46%
Total	2,915,080,175	100.0%

MATURITY DISTRIBUTION

Sector	Market Value	% of Port
<90 day	1,878,120,345	64.4%
90 days - 1 Year	948,974,902	32.6%
1 - 2 Years	20,912,494	0.7%
2 - 5 Years	67,072,434	2.3%
Total	2,915,080,175	100%

PORTFOLIO RETURNS
Periods over one year annualized

Periods ended 12/31/2023

Performance	4th Quarter	2023	Trailing 3 Years
LA Care - Short-Term Portfolio	**1.39**	**5.11**	**2.13**
Benchmark*	1.37	5.02	2.15
LA Care - Extended-Term Portfolio	**3.24**	**4.65**	**-0.23**
Benchmark**	3.19	4.39	-0.83
LA Care - Combined Portfolio	1.44	5.07	1.99

* ICE BoA 91 Day Treasury Index
** Bloomberg US Govt 1-5 Yr Bond Index

L.A. CARE HEALTH PLAN SHORT TERM PORTFOLIO

Portfolio Review and Market Update – 4th Quarter 2023

PORTFOLIO CHARACTERISTICS (As of 12/31/2023)

Market Value	2,821,772,935
Avg Credit Quality	AA+
Avg Duration	0.16
Avg Yield to Maturity	5.35%

SECTOR ALLOCATION

Sector	Market Value	% of Port
Cash	150,809,427	5.34%
Money Market	324,008,447	11.48%
Treasury	1,975,941,907	70.02%
Agency	139,889,947	4.96%
Government Related	55,560,964	1.97%
Corporate Credit	-	0.00%
ABS/MBS	175,562,242	6.22%
Municipal	-	0.0%
Total	2,821,772,935	100.0%

MATURITY DISTRIBUTION

Sector	Market Value	% of Port
<90 day	1,875,842,586	66.5%
90 days - 1 Year	939,977,912	33.3%
1 - 2 Years	5,952,437	0.2%
2 - 5 Years		0.0%
Total	2,821,772,935	100.0%

PORTFOLIO RETURNS
Periods over one year annualized

Periods ended 12/31/2023

Performance	4th Quarter	2023	Trailing 3 Years
L.A. Care - Short-Term Portfolio	**1.39**	**5.11**	**2.15**
Benchmark*	1.37	5.02	2.15

* ICE BofA 91 Day Treasury Index

Portfolio Review and Market Update – 4th Quarter 2023

PORTFOLIO CHARACTERISTICS (As of 12/31/2023)

Market Value	93,307,240
Avg Credit Quality	AA+
Avg Duration	2.64
Avg Yield to Maturity	4.34%

SECTOR ALLOCATION

Sector	Market Value	% of Port
Cash	2,223,764	2.38%
Money Market	-	0.00%
Treasury	59,896,674	64.19%
Agency	6,447,161	6.91%
Government Related	-	0.00%
Corporate Credit	-	0.00%
ABS/MBS	11,347,631	12.16%
Municipal	13,392,009	14.35%
Total	93,307,240	100.0%

MATURITY DISTRIBUTION

Sector	Market Value	% of Port
<90 day	2,277,759	2.4%
90 days - 1 Year	8,996,991	9.6%
1 - 2 Years	14,960,057	16.0%
2 - 5 Years	67,072,434	71.9%
Total	93,307,240	100%

PORTFOLIO RETURNS
Periods over one year annualized

Periods ended 12/31/2023

Performance	4th Quarter	2023	Trailing 3 Years
LA Care - Extended-Term Portfolio	**3.24**	**4.65**	**-0.23**
Benchmark**	3.19	4.39	-0.83

** Bloomberg US Govt 1-5 Yr Bond Index

OUR STRATEGIES

Multi-Sector

Short Maturity Bonds

U.S. Core Bond

Absolute Return Fixed Income

Strategic Income

Global Fixed Income

Liability Driven Investing

Sector-Specific

Emerging Markets Debt

Government/Sovereign

High Yield Bonds & Loans

Inflation-Linked/TIPS

Investment Grade Corporate Bonds

Municipal Bonds (U.S.)

Securitized Bonds

Income-Focused Equities

Equity Income

NEAM New England Asset Management

L.A. Care Health Plan

NEAM's L.A. Care Board Report

L.A. Care HEALTH PLAN

Data as of December 31, 2023

Please refer to last page of this presentation for important disclosures.

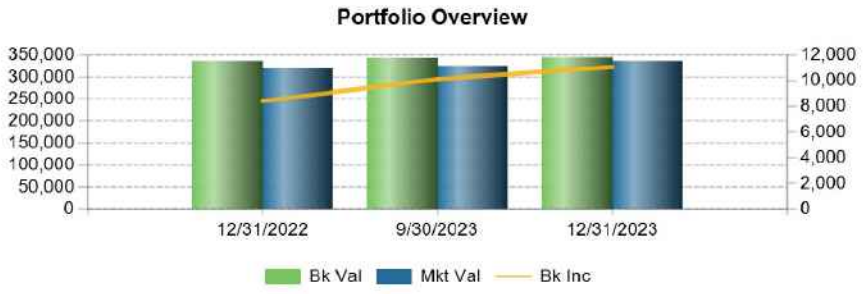
Table of Contents

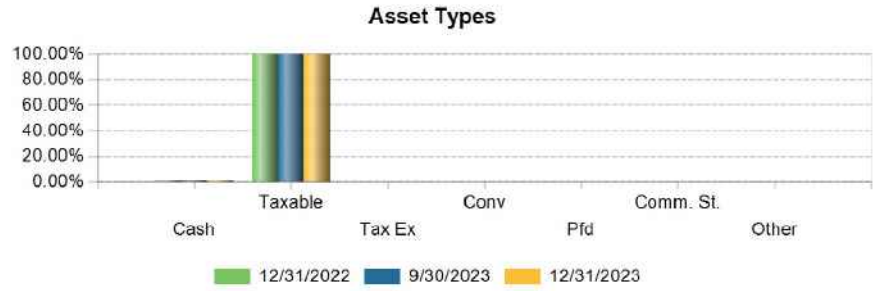
Portfolio Summary

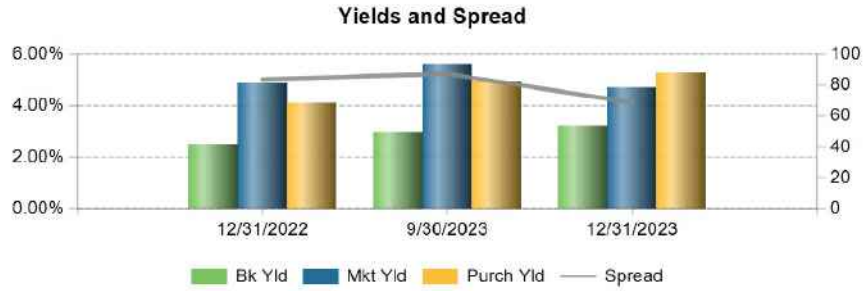
L.A. Care Health Plan - Comparative Overview

	12/31/2022	9/30/2023	12/31/2023	Change since 9/30/2023
Portfolio Overview (000's Omitted)				
Book Value	336,962	342,390	344,090	1,700
Market Value	319,103	324,536	336,739	12,203
Total Unrealized Gain/Loss	(17,859)	(17,854)	(7,351)	10,503
Net Gains	764	12	2,793	2,780
Net Losses	(18,622)	(17,866)	(10,144)	7,722
Realized Gain / Loss	(744)	(1,243)	(644)	
Annualized Book Income	8,399	10,135	11,064	929
After Tax Book Income	6,635	8,007	8,741	734
Asset Types				
Cash / Cash Equivalents	0.2%	0.4%	0.2%	(0.3%)
Taxable Fixed Income	99.8%	99.6%	99.8%	0.2%
Portfolio Yields				
Book Yield (Before Tax)	2.49%	2.96%	3.22%	0.26%
Book Yield (After Tax)	1.97%	2.34%	2.54%	0.20%
Market Yield	4.88%	5.62%	4.69%	(0.92%)
Fixed Income Analytics				
Average OAD	2.60	2.55	2.64	0.09
Average Life	2.86	2.87	2.98	0.11
Average OAC	8.71	8.34	8.54	0.21
Average Quality	A+	A+	A+	
144A %	11.35%	13.58%	12.32%	(1.27%)
Average Purchase Yield	4.09%	4.94%	5.26%	0.32%
Average Spread Over Tsy	84	87	69	(19)
5 Year US Govt On The Run	3.96%	4.61%	3.83%	(0.78%)

	12/31/22	03/31/23	06/30/23	09/30/23	12/31/23	Change since 09/30/2023
MV Excl. Acc. Int. Inc.	319,103,446	324,381,481	323,571,060	324,536,395	336,739,229	12,202,834
Acc. Int. Inc.	2,456,342	2,588,254	2,712,127	2,609,165	2,950,338	341,174
MV Inc. Acc. Int. Inc.	321,559,788	326,969,735	326,283,187	327,145,560	339,689,567	12,544,008



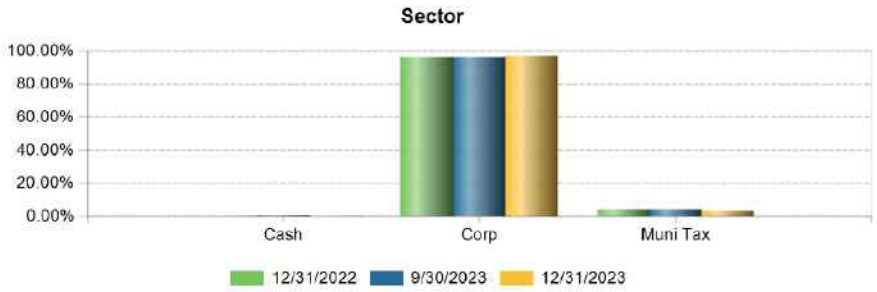


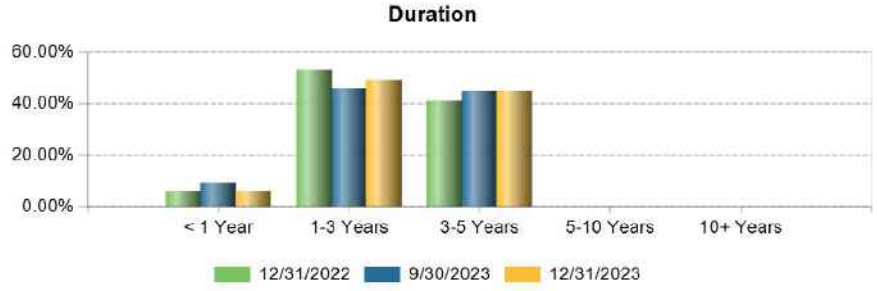


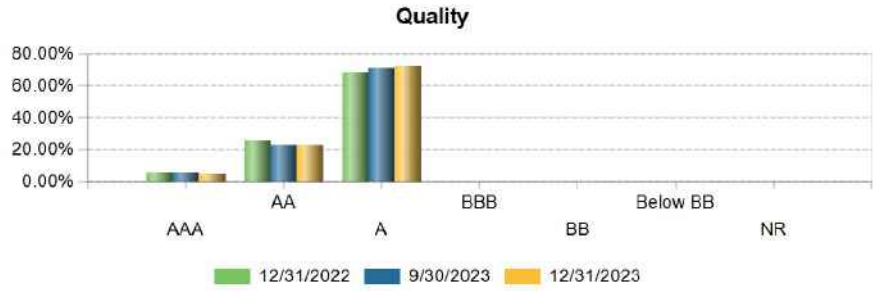
L.A. Care Health Plan - Fixed Income Summary

	12/31/2022	9/30/2023	12/31/2023	Change since 9/30/2023
Sector				
Cash & Cash Equivalents	< 1%	< 1%	< 1%	< 0%
Corporates	96%	96%	97%	1%
Municipals - Taxable	4%	4%	3%	(1%)
Fixed Income	100%	100%	100%	
Duration				
< 1 Year	6%	9%	6%	(3%)
1-3 Years	53%	46%	49%	3%
3-5 Years	41%	45%	45%	-
Average Duration	2.60	2.55	2.64	0.09
Quality				
AAA	6%	6%	5%	(1%)
AA	26%	23%	23%	-
A	68%	71%	72%	1%
Average Quality	A+	A+	A+	

Average Portfolio Rating at 12/31/23					
	Moody	S&P	Fitch	Lowest	Highest
Average Rating	A1	A	A+	A	A+







Activity Report

L.A. Care Health Plan - Transaction Summary

(000's Omitted)

Purchases	Market Value	%	Spread (Bp)	Book Yld	High	Duration
Corporates	28,584	100.0	69	5.26	A	4.27
Total Purchases	28,584	100.0	69	5.26	A	4.27

Sales	Market Value	%	Realized G/L	Trade / Book Yld	High	Duration
Corporates	22,311	87.4	(518)	5.76 / 2.35	A	0.72
Municipals - Taxables	3,231	12.6	(126)	5.58 / 0.41	AAA	0.81
Total Sales	25,541	100.0	(644)	5.73 / 2.10	A+	0.73

Performance Report

L.A. Care Health Plan - Performance Report Not Tax Adjusted

	Dec 2023 Market*	Dec 2023	Nov 2023	Oct 2023	Q4	YTD	12 Month	Annualized 3 Year	Annualized 5 Year	Annualized Inception	Inc Date
LA Care HealthPlan	339,690	1.82	2.02	(0.05)	3.83	5.64	5.64	0.08	2.27	2.08	Jan 2018
Barclay Bloomberg U.S. Credit: 1-5 Yr A- or better (Highest)		1.71	2.10	(0.03)	3.81	5.58	5.58	(0.35)	1.98	1.86	Jan 2018
Difference		0.11	(0.08)	(0.02)	0.02	0.06	0.06	0.43	0.29	0.22	

* Market values (in 000's) include accrued income

Please see the accompanying Disclosure Page for important information regarding this Performance Exhibit.

L.A. Care Health Plan - Performance Report Not Tax Adjusted

Disclosures

Management start date is 10/1/17 and performance start date is 1/1/18 to allow for seasoning.

The performance results reflect LA Care Health Plan's portfolio managed by NEAM. A Daily Valuation Methodology that adjusts for cash flows is utilized to calculate portfolio performance. Portfolio returns are calculated daily and geometrically linked to create monthly gross of fee rates of return. Performance results are reported gross of management fees and of custody fees and other charges by the custodian for your account and net of commissions, mark-ups or mark-downs, spreads, discounts or commission equivalents. The performance results for your account are shown in comparison to an index that has been chosen by you. The securities comprising this index are not identical to those in your account. The index is comprised of securities that are not actively managed and does not reflect the deduction of any management or other fees or expenses. Past performance is not indicative of future performance.

Appendix

Risk Reports

L.A. Care Health Plan - Profile Report

Distribution by Class

	Quantity	Book	Market	Unrealized Gain/ Loss	Book Yield	OAY	OAD	OAC	Avg Life	% of Portfolio
Cash & Cash Equivalents	636,061	636,061	636,061	-	5.15	5.15	0.08	0.05	0.08	0.19
Corporates	295,157,000	290,671,242	285,662,744	(5,008,498)	3.36	4.74	2.64	8.48	3.02	84.83
144A	43,500,000	43,284,023	41,472,260	(1,811,763)	2.65	4.65	2.84	10.19	3.06	12.32
Municipals - Taxable	9,450,000	9,498,758	8,968,165	(530,593)	1.13	4.76	1.67	3.75	1.74	2.66
Total Portfolio	**348,743,061**	**344,090,084**	**336,739,229**	**(7,350,855)**	**3.22**	**4.73**	**2.64**	**8.54**	**2.98**	**100.00**

Rating Analysis - Highest

	% of Portfolio
AAA	4.88
AA	23.43
A	71.69
BBB	-
Below BBB	-
NR	-
Total Fixed Income	**100.00**
Equity	-
Total	**100.00**

Average Rating: A+

Scenario Analysis - % of Market

	-300	-200	-100	-50	+50	+100	+200	+300
Cash & Cash Equivale	0.25	0.17	0.08	0.04	(0.04)	(0.08)	(0.16)	(0.25)
Corporates	8.32	5.47	2.70	1.34	(1.31)	(2.60)	(5.12)	(7.55)
144A	8.98	5.88	2.89	1.43	(1.41)	(2.79)	(5.47)	(8.06)
Municipals - Taxable	5.18	3.42	1.69	0.84	(0.83)	(1.65)	(3.27)	(4.85)
Total Portfolio	**8.30**	**5.46**	**2.69**	**1.33**	**(1.31)**	**(2.59)**	**(5.10)**	**(7.53)**

Key Rate Duration

	Market Value	1 Year	2 Year	3 Year	5 Year	7 Year	10 Year	15 Year	20 Year	30 Year
Cash & Cash Equival	636,061	0.08	-	-	-	-	-	-	-	-
Corporates	285,662,744	0.23	0.39	1.24	0.79	< 0.00	-	-	-	-
144A	41,472,260	0.08	0.58	1.40	0.77	< 0.00	-	-	-	-
Municipals - Taxable	8,968,165	0.55	0.92	0.20	-	-	-	-	-	-
Total Portfolio	**336,739,229**	**0.22**	**0.42**	**1.23**	**0.77**	**< 0.00**	**-**	**-**	**-**	**-**

Disclaimers

Disclaimers

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NEAM's portfolio management tools utilize deterministic scenario analysis to provide an estimated range of total returns based on certain assumptions. These assumptions include the assignment of probabilities to each possible interest rate and spread outcome. We assume a 12 month investment horizon and incorporate historical return distributions for each asset class contained in the analysis. These projected returns do not take into consideration the effect of taxes, fees, trading costs, changing risk profiles, operating cash flows or future investment decisions. Projected returns do not represent actual accounts or actual trades and may not reflect the effect of material economic and market factors.

Clients will experience different results from any projected returns shown. There is a potential for loss, as well as gain, that is not reflected in the projected information portrayed. The projected performance results shown are for illustrative purposes only and do not represent the results of actual trading using client assets but were achieved by means of the prospective application of certain assumptions. No representations or warranties are made as to the reasonableness of the assumptions. Results shown are not a guarantee of performance returns. Please carefully review the additional information presented by NEAM.

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Board of Governors
MOTION SUMMARY

Date: March 7, 2024 **Motion No. FIN 101.0324**

Committee: Finance & Budget **Chairperson:** Stephanie Booth, MD

Requesting Department: Accounts & Finance Services

Issue: Board Review and Approval of Accounting & Financial Services Policies AFS-027 (Travel Expenses) following the retirement of Accounting & Financial Services Policy AFS-004 (Non-Travel & Other Related Expenses).

Background: Periodically, L.A. Care's Financial policies are brought to the Board for review, updates and approval. We are bringing an updated policy AFS-027 (Travel and Other Expenses) to the Board for review which is a combination of the prior Travel and Non-Travel Policies. AFS-004 (Non-Travel & Other Related Expenses) will be retired. A summary of the changes to this policy is provided below:

AFS-027: Travel and Other Expenses:

- Policy defines approvals and appropriate expenses related to travel and other business expenses
- The Policy is updated to allow for appropriately approved catering expenses
- Changes have been made to update the internal approval process
- Procedures have been updated to define and respond to inappropriate spending
- Minor updates

Member Impact: None.

Budget Impact: None.

Motion: To approve Accounting & Financial Services Policies AFS-027 (Travel Expenses and Other Expenses), and retirement of AFS-004 (Non-Travel & Other Related Expenses) as submitted.

	TRAVEL AND OTHER EXPENSES	**AFS-027**
DEPARTMENT	ACCOUNTING AND FINANCIAL SERVICES	
Supersedes Policy Number(s)	~~1900~~	

DATES					
Effective Date	8/21/1997	Review Date	~~2/29/2024~~2/28/2024	Next Annual Review Date	11/15/2024
Legal Review Date	~~11/13/2023~~02/22~~6~~/2024	Committee Review Date	~~10/25/2021~~2/28/2024		

LINES OF BUSINESS			
Medicare D-SNP	L.A. Care Covered	L.A. Care Covered Direct	MCLA
PASC-SEIU Plan	Internal Operations		

DELEGATED ENTITIES / EXTERNAL APPLICABILITY			
PP – Mandated	PP – Non-Mandated	PPGs/IPA	Hospitals
Specialty Health Plans	Directly Contracted Providers	Ancillaries	Other External Entities

ACCOUNTABILITY MATRIX			
Accounting	All sections		

ATTACHMENTS

- ~~Enter all attachments here (e.g., desktop procedures/job aids, templates, reports, letters)~~None

ELECTRONICALLY APPROVED BY THE FOLLOWING		
	OFFICER	**DIRECTOR**
NAME	Afzal Shah	Angela Bergman
DEPARTMENT	Finance Services	Accounting Services
TITLE	Chief Financial Officer	~~Controller~~Director of Accounting Operations

AUTHORITIES

- California Welfare & Institutions Code §14087.96 et seq.

REFERENCES

- ~~AFS-004 "Non-Travel Expenses"~~
- AFS-006 "Authorization and Approval Limits"
- HR-101 "Auto Allowance, Mileage Reimbursement, and Vehicle Damage Reimbursement"
- HR-122 "Transportation Incentive Allowance"
- HR-220 "Telecommuting"
- HR-322 "Relocation Expenses"
- LS-006 "Gifts and Donations"
- http://www.gsa.gov/travel
- https://www.gsa.gov/travel/plan-book/per-diem-rates

HISTORY

REVISION DATE	DESCRIPTION OF REVISIONS
05/11/2009	New policy; supersedes 1900
05/07/2015	Revised to include language from AFS-004 (split into two policies)
09/26/2018	Used latest policy template dated 2017-10-04; revised format and wordings
10/28/2019	Annual update of Policy; revised format and wordings
10/26/2020	Annual review of policy; revised wordings
10/13/2021	Annual review of policy; revised format and wordings
11/18/2022	Annual review of policy; revised format
11/15/2023	Annual review of policy; revised format
02/29/2024	Updated to include Non-Travel Expenses from AFS-004 (merging the two policies)

1.0 OVERVIEW:

1.1 This policy establishes L.A. Care Health Plan's (L.A. Care) policy for reimbursement of actual and necessary business-related ~~travel and non-travel~~ expenses incurred by employees, members of the Board of Governors, Stakeholder Committees, and members of the Community Advisory Committees (CACs) on behalf of L.A. Care. ~~Please refer to policy AFS-004 "Non-Travel Expenses" for information on reimbursable non-travel-related expenses~~.

2.0 DEFINITIONS:

Whenever a word or term appears capitalized in this policy and procedure, the reader should refer to the "Definitions" below.

2.1 ~~**2.1**~~ **Designee(s):** A "Designee" is someone who is designated by the authorized approver to approve on their behalf when the authorized approver is not available or wishes to delegate this authori~~F~~ty. A list of all authorized designees will be kept in Accounts Payable department as an internal document maintained on a regular basis.

2.2 Base Mileage: Base Mileage is the number of miles the employee typically drives to and from the employees' home to the employees' regularly assigned office location. Base mileage is not reimbursable.

2.3 Expressions of Concern: Spending of a personal nature, including but not limited to flowers, cards or gifts.

2.4 Reasonably Justified: An explanation provided for business spending with which a reasonable person would agree. A Reasonably Justified expense must be determined to be necessary, reasonable, appropriate and allowable[1][AB2] as determined by the Director of Accounting Operations or designee.

~~**2.1**~~**2.5 Extenuating Circumstances**: An infrequent situation, unlike that described in section 2.3, which is beyond reasonable control, could not have been anticipated, and required immediate action on the part of an L.A. Care employee.

3.0 POLICY:

3.1 L.A. Care, as a public entity, has a fiduciary responsibility to utilize funds in a responsible and prudent manner. All employees, Board members, and Community Advisory Committees (CAC) members have a fiduciary role when requesting reimbursement for business-related expenditures, to provide adequate supporting documentation, rationale, and explanation for all reimbursable expenses.

3.2 L.A. Care will reimburse certain ~~travel~~ expenses, for employees, Board members, CAC members, and Stakeholder Committee members, when such expenses are covered under this policy and approved through the procedures in Section 4.0.

3.3 Reimbursable and Non-Reimbursable ~~Travel~~ Expenses

3.3.1 Travel and Training Budget

3.3.1.1 ~~Travel expenses~~Expenses~~–~~ are reimbursable when incurred in connection with activities that are related to official L.A. Care business. All reasonable expenses, including the cost of transportation, lodging, and miscellaneous expenses for gratuities, transportation to and from airports, business meals, catering, etc., incurred during an authorized trip, event or teambuilding activities are reimbursable as outlined herein and in Section 3.0.

3.3.1.2 Expenses of a personal nature, such as entertainment, movies, sightseeing, health club fees, travel upgrades, cost of kennel fees and/or house-sitters etc., are not reimbursable.

3.3.2 Airlines

3.3.2.1 L.A. Care will reimburse acceptable air travel which is properly booked through L.A. Care's authorized travel application in accordance with procedures listed in Section 3.0. Air travel should be booked at least 14 days in advance whenever possible.

3.3.2.2 L.A. Care will not reimburse for the following charges, and the employee, Board member, CAC member, or Stakeholder Committee member will be held responsible for the charges:

3.3.2.2.1 Membership fees for private clubs, air travel clubs, airline-sponsored lounges, and frequent flier clubs.

3.3.2.2.2 The cost of any in-flight movies or other similar pay-per-view entertainment, or for any in-flight alcoholic drinks[HD3][AB4] or food.

3.3.2.2.3 Upgrades considered to be solely for the convenience or comfort of the traveler without a valid business justification or prior approval.

3.3.2.2.4 Any expenses due to the loss of your personal baggage.

3.3.2.2.5 Any cost of canceling, changing or rebooking a flight unless it can be shown that it was necessary or required due to a legitimate business need.

~~3.3.2.2.6~~ Flying personal aircraft while on L.A. Care business is strictly prohibited.

~~3.3.2.2.7~~

3.3.2.2.6

3.3.3 Out-of-Town Lodging

3.3.3.1 L.A. Care will reimburse for out-of-town lodging with appropriate approval in accordance with this policy and procedures listed in Section 3.0.

3.3.3.2 L.A. Care will not reimburse for:

3.3.3.2.1 Charges for guaranteed reservations that the employee, Board member, CAC member, or Stakeholder Committee member fails to timely cancel, unless caused by L.A. Care conflicts. (Obtain a confirmation number from the hotel verifying the cancellation of the guaranteed reservation).

3.3.3.2.2 Charges in-lieu of hotel accommodation when staying at the private residence of a friend, family member, etc.

3.3.3.2.3 The cost of alcoholic beverages, television movies, mini-bar charges, personal toiletry needs, newspapers, or other incidentals.

3.3.3.2.4 Costs incurred by a spouse, family member, or significant other who accompanies the employee, Board member, CAC member, or Stakeholder Committee member on the business trip. Exceptions require the ~~-~~approval of the CEO.

3.3.4 Parking

~~3.3.4.1~~ Airport parking expenses incurred at the home airport are reimbursable. If parking is in excess of two days, reimbursement ~~t~~ will be for long-term parking rates only. ~~Employees, Board members, CAC members, and Stakeholder Committee members shall endeavor to obtain validated parking "stickers" from hosting locations whenever possible.~~

3.3.4.1

3.3.4.2 Parking fees incurred in attendance of business meetings at locations other than L.A. Care's office are reimbursable. However, Employees, Board members, CAC members, and Stakeholder Committee members shall endeavor to obtain validated parking "stickers" from hosting locations whenever possible.

3.3.5 Mileage

~~**3.3.5.1**~~ Mileage incurred in the use of a personal automobile while on L.A. Care business is reimbursable at the then-prevailing amounts allowed by the Internal Revenue Service (IRS). These rates are updated annually each January 1st, and will be utilized by L.A. Care as L.A. Care's mileage reimbursement rate. Please refer to Section 3.0 and HR-101, Auto Allowance, Mileage Reimbursement, and Vehicle Damage Reimbursement for more information.

3.3.5.1

3.3.5.2 Examples of reimbursable mileage include:

3.3.5.2.1 Miles from home or office to airport and return (less base mileage).

3.3.5.2.2 Miles from office to assigned worksite(s) (and return), as in the case of field workers (auditors; UM nurses; case workers).

3.3.5.2.3 Miles from office to offsite business meeting location(s) (and return).

3.3.5.2.4 Mileage in-lieu of airfare, if driving instead of flying to a meeting.

3.3.5.2.5 Business mileage incurred on non-scheduled work days, and holidays.

3.3.5.2.6 With regard to mileage reimbursement while Telecommuting, please refer to HR-220, Telecommuting.

3.3.5.3 L.A. Care will not reimburse for:[5][AB6]

3.3.5.3.1 Employees receiving an "Auto Allowance" (See Policy HR-101).

~~3.3.5.2.6~~3.3.5.3.2 Mileage associated with personal detours, such as running errands while returning to the office from a meeting.

3.3.6 Rental Cars

3.3.6.1 The cost of rental cars on out-of-town travel assignments will be reimbursed only with advance approval by the responsible officer in accordance with this policy. Please refer to Section ~~3.0~~4.2.5 [7][AB8]for more information.

~~3.3.6.1~~3.3.6.2 L.A. Care contracts with certain rental car agencies for direct billing. Use of these rental car agencies is strongly encouraged to take advantage of corporate discounts.

3.3.7 Traffic/Parking Tickets

3.3.7.1 Automobile traffic and/or parking tickets issued as fines are not reimbursable.

3.3.8 Taxis, Transportation Network Companies (TNCs) and Other Public Transportation

~~3.3.8.1~~ **Out-of-Town Travel**

~~3.3.8.2~~

~~3.3.8.3~~3.3.8.1 Business-related taxis, TNCs (such as Uber or Lyft), train, and other public transportation costs while on out-of-town assignments or business are reimbursable, provided that a rental car has not been approved. However, employees, Board members, CAC members, and Stakeholder Committee members are discouraged from using taxis or TNCs unless necessary. Examples of trips where taxis and TNCs are appropriate are trips to/from terminals and hotels when guest transportation services are not conveniently available, or when transporting heavy work papers.

~~3.3.8.4~~ **In-town Travel**

~~3.3.8.5~~

~~3.3.8.6~~3.3.8.2 While mileage is the preferred method of reimbursement for in-town travel, the costs of using taxis,

TNC's (such as Uber or Lyft), train and other public transportation for in-town travel may be reimbursed if the travel is separate from normal commuting or the requester does not have access to a car. A valid business justification must be provided.

~~3.3.8.7~~3.3.8.3 The costs of using Taxis, TNCs, trains or other public transportation for in-town travel are not reimbursable for individuals receiving Auto Allowance per Policy HR-101.

~~3.3.8.8~~3.3.8.4 The costs of using Taxis, TNCs and Public transportation for normal commuting to and from L.A. Care's offices are not reimbursable.

~~3.3.9~~ Meals ~~Related to Business Travel~~

~~3.3.10~~3.3.9

~~3.3.10.1~~3.3.9.1 L.A. Care reimburses employees, Board members, CAC members, and Stakeholder Committee members for actual reasonable costs incurred for out-of-town meals while traveling on L.A. Care business. Please refer to Section ~~3.0~~4.2.6 [9][AB10]for more information.

~~3.3.10.1.1~~3.3.9.1.1 Out-of-town is defined as over 50 miles from home, if telecommuting, or L.A. Care's office.

~~3.3.10.1.2~~3.3.9.1.2 Expenses incurred when meals are provided by the conference are not reimbursable.

~~3.3.10.2~~3.3.9.2 The purchase of alcoholic beverages with L.A. Care funds is prohibited.

3.3.9.3 Non-Travel expenses covered under this policy include expenses which are necessary, reasonable, appropriate and allowable, such as:

3.3.9.3.1 Recruitment or on-boarding/orientation events,

3.3.9.3.2 Discretionary staff spending for recognition, retention, and employee events,

3.3.9.3.3 Group trainings and development sessions (within budget),

3.3.9.3.4 In-person Staff meetings (within budget),

3.3.9.3.5 Teambuilding events (within budget),

3.3.9.3.6 On-site Meetings connected to a regulatory audit or other regulatory requirement,

3.3.9.3.7 Weekend or Holiday work deemed mandatory or high-priority as approved by Executive or designee,

3.3.9.3.8 External Business lunches for the purpose of developing external relationships as allowed under the external recipient's policy,

3.3.9.3.9 Extenuating circumstances as approved by the CFO or designee only.~~Please refer to AFS-004, "Non-Travel Expenses" for more information on non-travel meals.~~

3.3.9.4 L.A. Care will not reimburse:

3.3.9.4.1 Alcohol,

3.3.9.4.2 Routine working lunches on-site or off-site,

3.3.9.4.3 Purchase of gifts (See Policy LS-006 "Gifts and Donations"),

3.3.9.4.4 Expressions of Concern.

4.0 PROCEDURES:

4.1 Approval and Reimbursement Process

Prior to traveling, L.A. Care employees, Board members, CAC members, and Stakeholder Committee members must complete a travel authorization request and receive a Request ID Number. Employees wishing to be reimbursed for travel expenses can apply for applicable reimbursements by submitting Expense Reports through the Travel Reimbursement System (Concur).

4.1.1 PowerPoint instructions for using the Concur System are available on the L.A. Care intranet.

~~http://insidelac/sites/default/files/resources/ConcurTraining_022515.pdf~~

~~4.1.3~~4.1.2 Travel Authorization Requests

~~4.1.3.1~~4.1.2.1 Requests for reimbursement of airfare, hotel, and other expenses incurred beyond 50 miles from L.A. Care or home require a travel authorization request and shall be submitted on Concur and must be approved. No booking should be made until final approval is received from the Finance Department. All employees must receive approval in advance for travel.

~~4.1.3.2~~4.1.2.2 Travel authorizations grant approval to travel and are required for all business travel, however, payment does not occur upon approval of travel authorizations alone. Reimbursements for expenses are processed after the travel upon approval of the Expense Report, unless the employee is approved for a Travel Advance.

~~4.1.3.3~~4.1.2.3 The traveler will use their own resources for travel, including personal credit cards. Travelers who have a personal credit card, but are unable to pay for the entire cost of approved travel up front may request a Travel Advance. Employees who are required to travel but are unable to use personal resources may ~~apply for~~request L.A. Care pre-pay for hotel and rental cars through the ~~use of~~ L.A. Care Procurement card~~. for hotel and rental cars only~~ These requests are completed through the Accounts Payable Department~~. (See section 4.3.4 for details).~~

~~4.1.3.4~~4.1.2.4 **Approval.** The request is to be completed in full and approved by the employee's director, or senior director. Following this intermediate approval, each request is then forwarded to the responsible officer and Chief Financial Officer ("CFO") or Designee for final approval. The travel authorization requests will be assigned a travel authorization number (Request ID Number) for tracking purposes. The Request ID Number is then matched to invoices for direct payment, and/or used as supporting documentation for Expense Report reimbursement.

~~4.1.3.5~~4.1.2.5 If travel expenses are incurred without pre-approval due to extenuating circumstances, the requestor must provide an explanation of the circumstances and submit the request and appropriate documentation for retroactive approval in Concur. The request will be routed in Concur for CFO, or Designee approval, which will be required to process all reimbursements with retroactive approvals.

~~4.1.3.6~~4.1.2.6 All international Travel Requests must be approved and authorized by the Chief Executive Officer ("CEO").

~~4.1.3.7~~4.1.2.7 Officers, Deputy Officers, and Executive Directors are exempt from attaining a Travel Authorization while traveling within California.

~~4.1.3.8~~4.1.2.8 In-Town travels are travels less than 50 miles from ~~the~~ L.A. Care's offices or home, if telecommuting.

~~4.1.4~~4.1.3 Expense Reports

~~4.1.4.1~~4.1.3.1 Requests for reimbursement of expenses shall be submitted through Expense Reports in Concur.

~~4.1.4.2~~4.1.3.2 Only Expense Reports with direct manager's or director's electronic signed with the DocuSign system~~DocuSigned~~ or "wet" approval will be processed and approved in accordance with Authorizations and Approvals policy (AFS-006).

~~4.1.4.3~~4.1.3.3 Expense Report approvals for employees must be executed by direct managers and above.

~~4.1.4.4~~4.1.3.4 No employee may approve his or her own Expense Report.

~~4.1.4.5~~4.1.3.5 Expense Reports of the CEO shall be reviewed and approved by the CFO, or Designee, and Chair of the Board.

~~4.1.4.6~~4.1.3.6 Expense report approvals for members of the Board of Governors and Community Advisory Committees (CAC) shall be reviewed and approved by the CFO and CEO or their respective Designees.

~~4.1.4.7~~4.1.3.7 Expense report approvals for members of Stakeholder Committees shall be reviewed and approved by the CFO and CEO or their respective Designees.

~~4.1.4.8~~4.1.3.8 The Expense Report information must be filled out completely, including business purpose and location of expense/meeting and participant names and affiliations.

~~4.1.4.9~~4.1.3.9 Expense Reports are required to be submitted monthly, although there is an additional 30-day grace period for late submissions.

~~4.1.4.10~~4.1.3.10 Expense Reports submitted after 60 calendar days will not be honored unless approved by the CFO or Designee.

~~4.1.5~~4.1.4 Documentation Requirements:

4.1.4.1.1 Amounts below $25 are considered to be de minims for travel and are therefore receipts are not required, but highly encouraged.

4.1.4.1.2 There is no de minims for non-travel expenses and all non-travel reimbursement requests require receipts.

~~**4.1.5.1.1**~~**4.1.4.1.3** Images of all required receipts should be uploaded into ~~the electronic expense report for reimbursable expenses in excess of $25~~ Concur.

~~**4.1.5.1.2**~~**4.1.4.1.4** Receipts must demonstrate proof of payment.

~~**4.1.5.1.3** See section 4.2.6.1.5 and 4.2.6.1.6 for information on when travelers will be reimbursed at Per Diem rates and receipts will not be required.~~

~~**4.1.5.1.4**~~**4.1.4.1.5** All reimbursable expenditures must be fully documented and supported on the Expense Report in Concur in conformity with IRS Guidelines and L.A. Care policy.

~~**4.1.5.1.5**~~**4.1.4.1.6** If receipts cannot be obtained or have been lost, a statement to that effect shall be made on the Concur Expense Report, along with an appropriate explanation. –In the absence of a satisfactory explanation, the amount involved shall not be allowed.

~~**4.1.5.1.6**~~**4.1.4.1.7** The business purpose of the expenditure, including applicable names, titles, etc., must be provided in all cases.

~~**4.1.5.1.6.1**~~**4.1.4.1.7.1** Providing initials instead of the name is insufficient.

~~**4.1.5.1.6.2**~~**4.1.4.1.7.2** If required receipts and/or required documentation of the business purpose are not provided, the expense will not be reimbursed.

~~**4.1.5.1.6.3**~~**4.1.4.1.7.3** All requests for reimbursement are subject to reasonability. The CFO or Designee shall make the final determination on disputed expenses.

An itemized statement for hotel, meal and rental car charges must be attached.

~~**4.1.5.1.7**~~**4.1.4.1.8**

4.2 Specialized Travel Expenses

4.2.1 Airlines

4.2.1.1 All L.A. Care employees, Board members, CAC members, and Stakeholder Committee members must use Concur to book air travel for L.A. Care business.

4.2.1.1.1 **Exception for extenuating circumstances.** Airfare may be purchased outside of Concur only if prior approval is obtained from the CFO or Designee. In such cases, the purchaser will only be reimbursed for economy class accommodations.

4.2.1.1.2 Airfare purchased through the Cal-Travel Store without an approved Travel Authorization in Concur will require Business Justification and CFO approval for extenuating circumstances.

4.2.1.1.3 If the airfare is not purchased through Concur, then the purchaser must include an image of the receipt portion of the boarding pass for reimbursement. If using E-tickets, the employee, Board member, CAC member, or Stakeholder Committee member must request a passenger receipt when checking in at the ticket counter.

4.2.1.2 **Frequent Flyer Benefits**. Employees, Board members, CAC members, and Stakeholder Committee members may earn personal frequent flyer credit for flights taken on L.A. Care business. However, employees, Board members, CAC members, and Stakeholder Committee members may not incur abnormal travel time or incur any additional expenses for the purpose of acquiring frequent flyer mileage. Employees, Board members, CAC members, and Stakeholder Committee members may not specify that an airline reservation must be made with a specific airline to gain frequent flyer credits.

4.2.2 Out-Of-Town Lodging

4.2.2.1 Out-of-town lodging is defined as lodging located over 50 miles from L.A. Care's office or home, if Telecommuting. Lodging within 50 miles from L.A. Care's office or home is considered as In-Town travels and is only reimbursable for multi-day conferences.

4.2.2.2 All hotel stays require an approved travel authorization request.

4.2.2.3 Hotels are to be booked by the traveler through Concur, and the reservation will be held by the L.A. Care Purchasing Card which may be accessed by submitting an approved check request with approved Request ID number to the Accounts Payable department. Employees will then use their personal credit card to pay for the hotel upon arrival, and request reimbursement through Concur. If a personal credit card is not available, refer to section 4.3 for Travel Advances. ~~;~~

4.2.2.4 With advance approval by the CFO or Designee, L.A. Care will reimburse employees, Board members, CAC members, or Stakeholder Committee members for hotel and meal charges if early check-ins or staying over an extra day to save on airfare. (e.g., L.A. Care will reimburse for reasonable hotel, parking, meal expenses if arriving early at the work location to receive a discount "Saturday stay-over" airline rate.) This policy is designed to be a net benefit to both the individual and L.A. Care. If the cost of the hotel, parking, and meal expenses exceeds the savings on the Saturday stay-over, then the excess becomes a personal cost and is not subject to reimbursement.

4.2.2.5 The hotel folio must be attached to the Expense Report and the bill must be itemized on the Expense Report (e.g., business-related telephone calls, meals, and parking separated from the room charges).

4.2.2.5.1 Credit card receipts are not acceptable documentation for hotel expenses.

4.2.2.5.2 Personal items must be identified (movies, mini-bar, personal phone calls, etc.) and excluded from the reimbursement request.

4.2.2.5.3 Meal expenses reflected on the hotel bill must be claimed separately as part of meal expense and not part of the hotel expense. ~~(See section 3.2.6 for details).~~

4.2.2.5.4 The hotel bill must show the name of the hotel, location of the hotel, date(s) registered at the hotel, room charges, and applicable taxes, laundry (reimbursable only if the stay exceeds four nights), telephone charges, and other charges (such as parking).

4.2.2.6 Hotel rates must be a reasonable amount based on the standards identified by Concur for the travel destination. Travelers should seek lodging rates at or below the federal government's Per Diem rate, found on the U.S. General Services Administration Website,

www.gsa.gov. If these rates are not available, a hotel's discounted government rate will be acceptable.

4.2.2.7 If neither GSA nor government rates are available, additional justification should be provided. Exceptions to these maximum standards must be authorized by the CFO or Designee.

4.2.3 In-Town Lodging

4.2.3.1 Lodging within 50 miles from L.A. Care's office or home is considered as In-Town travels. In-Town Lodging is only reimbursable for multi-day conferences with prior approved Travel Authorization. ~~Refer to section 3.2.24.1.4 for document requirements.~~

4.2.3.2 L.A. Care employees, Board members, CAC members, and Stakeholder Committee members attending a conference are allowed to stay at the host hotel, even if it exceeds the average hotel cost set forth in section 4.2.2.6.

4.2.3.3 L.A. Care employees, Board members, CAC members, and Stakeholder Committee members may be reimbursed for their Local Business Travel (In-Town) expenses when attending a conference.

4.2.4 Mileage

4.2.4.1 When departing from or returning to home directly from a business meeting, the amount of reimbursement will be computed by indicating the number of business miles driven less base mileage (home to office, round trip), times the allowable IRS mileage rate except for telecommuters whose home is their principal place of employment. Documentation of the mileage traveled and base mileage must be electronically completed and submitted by the employee in Concur.

4.2.4.2 In order to obtain reimbursement for mileage, the business purpose for the trip must be stated on the Expense Report. In case of multiple employees, Board members or CAC members sharing a personal automobile, only the employee, Board member, CAC member, or Stakeholder Committee member incurring the usage cost, is allowed reimbursement.

4.2.4.3 Mileage reimbursement applies only to the use of an employee's, Board member's, CAC member's or Stakeholder Committee member's personal vehicle and not for any form of public transportation.

4.2.4.4 If the employee normally uses public transportation to commute to work, L.A. Care will not reimburse unused commuter fares if his/her personal auto is used for business.

4.2.4.5 All mileage reimbursements will deduct the mileage between the home and office of an employee's normal commute if they were to have driven, regardless if the employee actually drives to the office on a regular basis if that employee's primary place of business is the L.A. Care office. For telecommuters, whose primary place of business is their home, there will be no deduction.

4.2.4.6 Mileage incurred while receiving an ~~Transportation~~ Automobile Allowance is not reimbursable.

4.2.4.7 Mileage to attend volunteer activities is not reimbursable.

4.2.4.8 Travelers who use their personal vehicle on L.A. Care business are required to have adequate insurance coverage as required by state law (See HR-101).

4.2.4.9 L.A. Care shall compensate property damages to an individual's personal vehicle that occur during business travel when the individual is not at fault. L.A. Care will compensate up to the amount allowed under HR-101 and approved by the Chief of Human Resources or d~~d~~esignee.

4.2.4.10 L.A. Care shall not reimburse mileage for an employee's standard commute to work. ~~A transportation incentive will be provided to eligible employees. Please refer to policy HR-122 "Transportation Allowance" for more information.~~

4.2.5 Rental Cars

4.2.5.1 If the rental car is used for business purposes, the employee, Board member, CAC member, or Stakeholder Committee member must purchase and will be reimbursed for the optional collision coverage and/or optional personal liability coverage offered by the rental car company.

4.2.5.2 If available, rental car companies should be selected from those listed in the Travel Reimbursement System to achieve the best rates possible.

4.2.5.3 When renting a car for business purposes, luxury and specialty car models are not authorized.

4.2.5.4 Economy Class vehicles should be selected whenever four or fewer individuals, including the driver, will be traveling in the rental automobile at any one time.

4.2.5.5 Mid-size Class vehicles may be selected in the event that more than ~~four~~ three individuals will be riding in the rental automobile at any one time, or in the event that an economy class vehicle is not available and immediate departure is necessary.

4.2.5.6 If the rental car is used for business purposes, the employee, Board member, CAC member, or Stakeholder Committee member will be reimbursed for the additional expense of a Global Positioning System (GPS).

4.2.5.7 Whenever possible, an effort should be made to return the rental car with a full tank of gas and refueling options are to be declined from the rental agency.

4.2.5.8 Mileage will not be reimbursed for employees who opt to use a rental car rather than their personal vehicle. Receipts may be submitted for gas expense reimbursement through Concur.

~~**4.2.5.8**~~**4.2.5.9** The employee, Board member, CAC member, or Stakeholder Committee member must follow all traffic laws and may not drive under the influence.

4.2.6 Meals Related to Business Travel

4.2.6.1 For single day travel or In-Town travels, where the work day will extend beyond normal business hours, Meal reimbursement amount will be based on receipts of the actual costs of meals related to business travel with a maximum reimbursement not to exceed the Federal Daily (M& IE) GSA Per Diem limits.

4.2.6.1.1 Itemized receipts and appropriate explanations are required for all meals on single day travel, regardless of the amount.

4.2.6.1.2 Gratuities should be reasonable and not exceed 20% of the total bill, unless restaurant minimum charges/ restrictions are in place, in which case these circumstances must be documented.

4.2.6.1.3 The Expense Report should include employee names if the meal was for more than one individual. The employees in attendance should all have approved travel authorizations.

~~4.2.6.1.4 For meals not pertaining to travel, please follow the processes set forth in the Non-Travel Expense Policy AFS-004.~~

~~4.2.6.1.5~~4.2.6.1.4 For multi-day travel, L.A. Care employees, Board members, CAC members, and Stakeholder Committee members will be reimbursed at the Federal Daily Per Diem (www.gsa.gov/perdiem) maximum allowable amount for meals expenses. Receipts will not be required in the Expense Reports for these meals to be reimbursed at Per Diem rate.

~~4.2.6.1.6~~4.2.6.1.5 In accordance with the GSA guidelines, the meal expenses for first and last day of the travel is allowed at a rate of 75 % of the Federal Daily Per Diem.

~~4.2.6.1.7~~4.2.6.1.6 In lieu of Per Diem, receipts may be submitted for reimbursement less than Per Diem limits.

~~4.2.6.1.8~~4.2.6.1.7 Receipts for meals which exceed GSA Per Diem limits will be reimbursed only at GSA Per Diem limits.

4.3 Advances for Travel [11][AB12]

4.3.1 L.A. Care employees should utilize their own financial resources (e.g., credit card) for authorized travel, meetings, conferences, etc., and obtain reimbursement after the event in accordance with this policy.

4.3.2 In cases where funding the entire cost of the travel from personal means is not feasible, employees may request a Travel Advance up to the amount requested in the Approved Travel Authorization.

4.3.3 Travel Advances may be used to cover the cost of reasonable travel expenses including lodging, meals and other expenses.

4.3.4 In cases where no personal credit card is available, arrangements can be made to have L.A. Care pay hotel costs in advance through the company Procurement Card. A check request should be submitted to the Accounts Payable department with the request.

4.3.5 The cost of airfare and a rental Car should be excluded from Travel Advance requests as the preferred method is to select the Enterprise Rental Car option for corporate account billing. Airfare booked through Concur upon authority of Approved Travel Authorization will be charged to the corporate Procurement card.

4.3.6 To receive an advance for travel, the employee should fill out an Advance Request in Concur and receive written approval from the Controller or Designee.

4.3.7 Prior to travel, when requesting a Travel Advance, employees must complete the following steps:

4.3.7.1 Request and receive an approved Travel Authorization from Concur one month before the Travel date.

4.3.7.2 Travel Advance is not available for requests without a 30-day advance notice.

4.3.7.3 Complete the Travel Advance Request through Concur.

4.3.7.4 Receive approval for the Travel Advance from the Controller or Designee.

~~**4.3.7.4**~~**4.3.7.5** Complete a check request with the approved Travel Advance from Concur and submit the request for funds to the Accounts Payable department for payment.

4.3.8 The receipts and unused cash from the Travel Advance must be returned to L.A. Care as an Expense Reimbursement Request within 30 days of the conclusion of the travel.

4.3.9 Reconciliation Expense Forms and cash not returned within 60 days will be taxed as wages per IRS Guidelines.

~~**4.3.8**~~**4.3.10** Retaining unspent advanced travel funds is considered to be theft and employees who violate this policy may be subject to disciplinary action up to and including immediate termination of employment.

4.4 Non-Travel Expenses and Special Considerations

4.4.1 The purchase of any capitalized assets, small equipment, furniture, etc., by employees will not be reimbursed by L.A. Care. See Policy AFS-002 for Capital threshold limits.

4.4.2 Conferences, seminars, training for development and continuing education travel, which is travel to and from continuing education courses, is reimbursable for employees only if pre-approved in writing by the responsible manager and officer.

4.4.3 The cost of the seminar or conference should be included in the travel authorization, but the payment can be processed through standard Procurement processes outside of Concur.

4.4.4 Reasonably Justified non-travel business meals, teambuilding events, events approved by the Human Resources department, on-site trainings, meals for the purpose of developing external relationships, in-person staff meetings or other required on-site events may be reimbursed if the spending is:

4.4.4.1 Within budget.~~,~~

4.4.4.2 Limited to GSA spending on all food items.

4.4.4.3 Allowed under a third-party recipient's policy (other Government employees may be prohibited from accepting a meal. The Controller should be contacted in such instances to coordinate reimbursement).

4.4.5 The Director of Accounting Operations or~~f~~ designee will be the final approver for all Reasonably Justified request. Extenuating Circumstances are approved by CFO, CHRO, or d~~d~~esignee only.

4.4.6 The Concur system will be used for expense reimbursement and the standard Procurement process will be used for payments processed outside of Concur.

~~**4.5.0.0**~~

~~4.6~~4.5 Pre-Employment and Telecommuting Travel

~~**4.6.1**~~**4.5.1** The Talent Acquisition department may request approval to reimburse travel expenses associated with recruiting (e.g. airfare for a candidate) by initiating a travel authorization in Concur.

~~**4.6.2**~~**4.5.2** The Human Resources Department must approve all receipts, which will be subject to the requirements set forth in this policy.

~~**4.6.3**~~**4.5.3** Once all approvals have been obtained, the Talent Acquisition department will submit a Check Request form, approved by the Human Resources Department, to Finance so that a reimbursement can be made to the candidate.

~~**4.6.4**~~**4.5.4** This policy provides guidelines on expense reimbursements for recruiting travel and pre-employment travel. Refer to policy HR-322, "Relocation Expenses" for guidelines on mileage and other expense reimbursements associated with relocation.

~~**4.6.5**~~**4.5.5** Employees who work remotely outside a Reasonable Community Distance of one of L.A. Care's on-site facilities will be reimbursed according to their signed agreement with Human Resources Department and Policy HR-220 "Telecommuting". In such instances, prior written approval from the Chief of Human Resources or d~~d~~esignee will be required.

~~4.7~~4.6 Travel Paid for by Third Parties

~~4.7.1~~4.6.1 All L.A. Care employees, Board and CAC members who have been offered and/or considering accepting a payment or reimbursement for travel, lodging/hotel, meals or conferences from a third party must consult with General Legal Services Unit of Legal Services Department prior to accepting such payments. General Legal Services Department can provide guidance on whether acceptance of such payments is permissible under applicable laws and policies relating to gifts. Please also refer to policy LS-006 "Gifts and Donations".

4.6.2 If traveling under a contract with a third party, the contract should be affixed to all reimbursement requests and provided to L.A. Care.

~~4.8~~4.7 **Disciplinary Action (Employees)**. Employees who violate this policy may be subject to disciplinary action, up to and including, immediate termination of employment.

5.0 MONITORING:

5.1 The Business Unit Manager or Designee is responsible for ensuring that all expenses are processed timely and coded correctly.

~~5.1~~5.2 L.A. Care reserves the right to modify, rescind, delete or add to this policy at any time, with or without notice.

6.0 REPORTING:

6.1 Variance reports between actual versus budgeted costs will be provided to Business Unit Managers on a monthly basis. Expenditures for expenses covered under this policy will be reported to the Board of Governors on a quarterly and annual basis.

Board of Governors
MOTION SUMMARY

Date: March 7, 2024 **Motion No. FIN 102.0324**

Committee: Finance & Budget **Chairperson:** Stephanie Booth, MD

Issue: Amend Metcalfe security contract for five years and add funds to provide security guard coverage at all 14 Community Resource Centers (CRC) and administrative offices in downtown Los Angeles.

☐ **New Contract** ☒ **Amendment** ☐ **Sole Source** ☐ **RFP/RFQ was conducted**

Background: L.A. Care staff requests approval to amend Metcalfe security contract to add funds and extend for five years to provide security guards at L.A. Care's CRC's and administrative offices. L.A. Care has deployed security guards at L.A. Care facilities since 2016 to support workplace safety and security. The guards receive training to de-escalate potential confrontational incidents including threats of violence. Beyond just a physical security presence that serves as a deterrent, the guards regularly perform daily duties that include:

- Promote a safe and secure work environment by preventing unauthorized access to facilities.
- Escort guests and staff as required to and from parking areas.
- Follow organizational rules and regulations when handling emergency response.
- Protect L.A. Care assets by maintaining surveillance of interior and exterior facilities.
- Professionally handle crises such as local civil unrest and medical emergencies.
- Provide security services at L.A. Care special events as requested.

The use of security guards at the CRC's and administrative offices has proven to be a vital and necessary service that integrates well with our operations that include 14 CRC locations and the downtown Los Angeles administrative offices. The current security contract expires Q3 2024 and Staff is requesting authority to amend the contract to extend for an additional five-year period at a cost not to exceed $8,982,675.

Member Impact: L.A. Care members will benefit by receiving services in a safe environment where guards enhance safety, security and emergency response in L.A. Care CRC's and administrative offices.

Budget Impact: The FY 2023-24 budget includes sufficient operating funds for security guard services and future years will be budgeted accordingly.

Motion: **To authorize staff to amend Metcalfe Security contract and extend it for 5 years in an amount not to exceed $8,982,675.**

Board of Governors
MOTION SUMMARY

Date: March 7, 2024 **Motion No. FIN 103.0324**

Committee: Finance & Budget **Chairperson:** Stephanie Booth, MD

Requesting Department: Information Technology

Issue: Amend existing contract with Solugenix Corporation and Infosys for Information Technology staff augmentation services to continue through fiscal year ending September 30, 2024.

☐ **New Contract** ☒ **Amendment** ☐ **Sole Source** ☒ **RFP/RFQ was conducted in 2018**

Background: In September, 2018, L.A. Care conducted a Request for Proposal (RFP) process that evaluated more than twenty vendors. Cognizant, Solugenix and Infosys were selected during that RFP. All of these vendors provided competitive rates and supply resources with the specialized expertise required to support initiatives at L.A. Care. These vendors compete to meet our staff augmentation needs position-by-position so we adjust the allocation of dollars between these vendors in the contracts.

Vendor	Motion Request for FY 2023-2024
Cognizant	$0
Infosys	$0
Solugenix	$6,000,000
Total	**$6,000,000**

Member Impact: The services purchased under this agreement will improve L.A. Care's technology delivery capability, which in turn indirectly results in enhanced quality and more efficient services to all members.

Budget Impact: The staff augmentation contract expenses were anticipated and included in Information Technology's approved FY 2023-24 budget.

Motion: **To authorize staff to amend a contract with Solugenix, Infosys and Cognizant in the amount of $6 million (total contract not to exceed $23,340,000) for Information Technology staff augmentation services through September 30, 2024.**

Board of Governors
MOTION SUMMARY

Date: March 7, 2024 **Motion No. FIN 104.0324**

Committee: Finance & Budget **Chairperson:** Stephanie Booth, MD

Requesting Department: Facilities Services

Issue: Approval of the tenant improvement design, construction, and IT audio-visual conferencing equipment budget to build-out the hybrid workspace in the 1200 W. 7th Street (Garland) Building.

Background: L.A. Care's lease in the 1055 building expires September 2024. L.A. Care executed a 10-year lease in 2017 effective March 1, 2024 at the 1200 W 7th St. (Garland) Building to consolidate administrative operations into one building effective September 2024. Since the pandemic, the workplace environment has changed drastically. L.A. Care hired CBRE consultants to create a workplace strategy based on industry trends and best practices to address remote work, hybrid work strategy and collaborative space design.

We engaged architectural firm Gensler to design new hybrid workspace based on the workplace strategy study as well as input from the L.A. Care leadership team. Gensler has designed a comprehensive design for floors 1, 5, 6 and 7 that will include permanent workspaces, hoteling spaces and numerous collaborative conferencing rooms. The Construction project encompasses 149,037 sq/ft and will be built by Sierra Pacific Constructors who won the competitive RFP process and is a preferred vendor that also builds our Community Resource Centers.

Staff is seeking authority for the CEO, on a discretionary basis, to enter into contractual agreement(s) for certain professional services to perform capital improvement construction including the purchase of IT audio-visual conferencing equipment to build out floors 1, 5, 6, and 7 in the 1200 7th St (Garland) Building. The cost to build-out the space that includes a 10% contingency to cover potential unknown conditions that may surface during construction is not to exceed $47,027,791.00. The L.A. Care lease provides for the landlord to pay a Tenant Improvement (TI) Allowance in the amount of $24,300,401.00 so the net expense to L.A. Care is $22,727,390.00. L.A. Care will contract with Sierra Pacific Constructors for the full cost of construction and receive the TI Allowance from the landlord as a reimbursement of expenses or as rent credit.

Member Impact: L.A. Care members benefit by enabling staff to efficiently perform their job in professionally designed administrative office space.

Budget Impact: Sufficient funds are in the FY 2023-24-capital budget for this construction project.

Motion: **To delegate to John Baackes, Chief Executive Officer, discretionary authority to approve vendors and enter into contractual agreements for certain professional services to perform capital improvements and purchase equipment to build-out floors 1, 5, 6 and 7 in the 1200 W. 7th Street building in an amount not to exceed $47,027,791 which includes a 10% contingency for potential unknown conditions.**

L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: March 7, 2024

Motion No. COM 100.0324

Committee: Compliance and Quality

Chairperson: Stephanie Booth, MD

Issue: Approve 2024 Compliance Work Plan

☐ **New Contract** ☐ **Amendment** ☐ **Sole Source** ☐ **RFP/RFQ was conducted in**

Background: The Compliance Work Plan summarizes the planned projects and activities as well as the Compliance Work Plan schedule for 2024.

Member Impact: None

Budget Impact: None

Motion: To approve the 2024 Compliance Work Plan, as submitted.

2024 Compliance Work Plan and Motion for Board of Governors Approval

L.A. Care HEALTH PLAN
For All of L.A.

Presenter: Todd Gower, Chief Compliance Officer

Importance of a Robust Compliance Workplan

An effective compliance program promotes an organizational culture that supports integrity, accountability, and ethical behavior. Compliance is not just a set of policies and procedures in a binder but is dependent on the behavioral norms of the organization in much the same manner as quality.

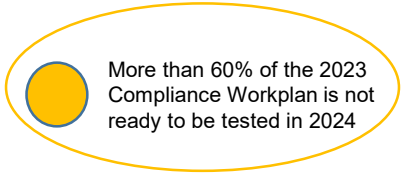
Compliance is bound by clearly defined regulatory and corporate integrity standards. The framework can be broken down into seven (7) key elements. The 7 elements of an effective compliance program are:

2023 Compliance Work Plan Status

tied to the OIG 7 Elements

This does not depict Compliance Maturity in each of the categories

2023 Compliance Work Plan Status



2023 Overview: 20 Projects. Many of the 2023 projects align to the OIG 7 elements. However, in reviewing the projects, additional projects are need to fill the gaps in demonstrating an effective Compliance Program. Details of the projects are in the following four pages.

Completed (7)

- We need to validate these projects for effectiveness. These projects tie to investigatory processes, Delegation Oversight communication enhancements, Risk Management processes and Privacy BAA reviews.

Started (11)

- These projects have either recently started or were part of prior year projects contemplated prior to 2023, of which 5 of the 11 continuing Projects are from 2022. The 11 projects tie to expanding the usage of the current compliance workflow engine (SAI GlobalC360), Business Continuity/Disaster Recovery, Delegation Oversight, Internal Audit maturity, and Regulatory Operations maturity.

Planning (2)

- The remaining 2 projects, are tied to privacy and regulatory reporting maturity and need further defining for resources needs (people and technology). Compliance should start these projects in 2024. ETA to complete should be defined end of March 2024.

2023 Project Updates

- Needs focus
- Started and less risk
- Completed and needing to be tested

Item #	Planned Activity	Compliance Unit	Start Date	Completion Date	Description	Purpose/Value Add	Delegates Involved (Y/N)	Status[1]	In place[2]	Risk to Complete	Current Status	Comments (additional notes)
1	Regulatory Compliance Quarterly Reporting	Regulatory Compliance	01/01/23	12/31/23	Design and launch a trending and actionable implementation report of regulatory agency inquiries, noncompliance communications, regulatory reports, regulatory audits and deficiencies and corrective action plans. • The report will be communicated to senior management and used to monitor business unit investigation and remediation activities to any particular trends. • Each section will also include any new initiatives or programs and implementation updates.	Visibility of regulatory focus to inform organizational priorities from a regulatory and compliance perspective.	N	Started	N	Resources	Approved and execution is in Planning phased (waiting for resources to start)	Will be included as requirements in the Compliance GRC project. GRC kick-off is in January and the main compliance module is tentatively scheduled for 2024 Q3.
2	Regulatory Reports Quality Assurance & Monitoring	Regulatory Compliance	01/01/23	12/31/23	Continue to develop and expand the Regulatory Reporting Quality Assurance process including the following actions: • Comprehensive technical specifications document for regulatory reports including regulatory review tools. • Data validation protocols for data that may pose a high-risk to the organization if it is found to be inaccurate • Streamline coordination of report development and ensure improved data governance	Ensure submissions are timely, complete, and accurate upon submission to regulators. Improve report quality, and ensure reports are usable and accurate through improved data governance.	Y	Planning	N	Resources	Scoping for approval if needing resources (people and tech)	Project plan is scheduled to start mid-February 2024. Regulatory Report Department is on point for carrying forward the completion of this initiative.
3	Delegate Member Communication - Validation & Monitoring Process	Material Review	10/01/22	09/30/23	Implement process for distribution of member communications/letter templates to delegates: • Regulatory required communications for all LOBs • Best practice (i.e., not required by regulations) • Develop tracking tool • Draft Communication Work plan (identify roles, responsibilities, action required, deadlines, etc.) • Report distribution results and/or delegate compliance rates to Business Units, Committees, etc.	Delegates contracted for UM functions, D-SNP, etc. will distribute approved/compliant letters to members	Y	Need to Test	Y	NA	Project closed and ready for follow-up review of effectiveness	Regulatory Compliance will review and analyze to ensure all LOB's are captured and the tracking is effective and real-time.
4	Improve Policy Management Program	Regulatory Analysis and Communication	10/01/22	12/31/23	Improve enterprise-wide Policy Management Program: • Update Policy template • Review and revise Policy Management Workflow • Implement new workflow to all affected parties, with monitoring to ensure enterprise-wide compliance with policy management requirements	Ensure that policies and procedures and consistently developed, reviewed and updated. This should also relieve the admin burden of Plan Partners and PPGs having to develop compliance templates. Reduces duplicate work.	Y	Started	N	Resources	Approved and execution is in Planning phase (waiting for resources to start)	Policy Template updates and Policy Management workflow review Completed. Funnel this through the GRC project. GRC kick-off is in January and the main compliance module is tentatively scheduled for 2024 Q3.
5	Enhance enterprise-wide Regulatory Change Management (RCM) Program	Regulatory Analysis and Communication	10/01/22	12/31/23	Enhance the enterprise-wide regulatory change management program, including but not limited to: • Develop and socialize Regulatory Implementation Dashboard • Implement Regulatory Implementation Artifact Inventory • Review and revise Regulatory analysis templates and change management workflow	This enhancement will assure complete implementation of new or updated regulatory requirements and improve regulatory audit performance.	N	Started	N	NA	In refinement phase	Please note that these enhancements will be further enhanced as part of the GRC and ERCM project.

1 – "Started" – Planning completed and work has commenced. In some cases, could be close to be complete.
2- "In Place" – Is the process that describes the project functional or not. Y- means the project is complete and the process &/or policy or program in place. N – means the project is not complete and needs more time to complete

2023 Project Updates *(continued)*

- Needs focus
- Started and less risk
- Completed and needing to be tested

Item #	Planned Activity	Compliance Unit	Start Date	Completion Date	Description	Purpose/Value Add	Delegates Involved (Y/N)	Status[1]	In place[2]	Risk to Complete	Current Status	Comments (additional notes)
6	Create the 2023 Business Continuity Plan	Risk Management/ Business Continuity	10/01/22	12/31/23	• Create new BCP P&Ps to incorporate all DHCS 2024 requirements • Meet all deliverables for 2024 Operational Readiness associated with BCP and emergency preparedness • Conduct DR testing, Business Impact Analysis (BIA) and develop departmental BCPs to reflect multiple scenarios • Test enterprise level BCP by end of 2023	Required to ensure effective business operations and comply with new DHCS contractual requirements effective 1/1/2024.	N	Started	N	Resources and Tech	Approved and execution is in Planning phase (waiting for resources to start)	Deliverable requirements are now 2025 and vendor work has begun and DR Process and BCP complete of Q3 2024.
7	Enhance and improve risk assessment process	Risk Management/ Business Continuity	10/01/22	09/30/23	• Catalog risks noted by key stakeholders and document current and desired management of risks • Build Management Action Plans (MAP) to support remediation efforts and allow Compliance to monitor progress • Integrate the Annual Risk Assessment into the 2023 Internal Audit Work Plan	Improve effectiveness of annual risk assessment and remediation actions.	Y	Need to Test	Y	NA	Effectively in place	Though the 1st phase of Risk Management has been completed. The 2nd phase will be related to how we monitor, report and leverage the GRC.
8	Develop plan for acquisition of software to manage workflow, tracking and reporting of all compliance activities	All	10/01/22	12/31/23	• Collection and prioritization of business requirements • Vendor request for proposals • System Design and Implementation • Training for Compliance and Business users	Create stronger tracking of compliance tasks and reduce duplication of efforts.	Y	Started	N	Resources	Approved and execution is in Planning phase (waiting for resources to start)	Q4 2024 is the completion date.
9	Develop HIPAA Resource Page	Privacy	01/01/23	12/31/23	Develop an intranet resource page to centralize Privacy and InfoSec resources related to workflows, guidance, relevant rules/regs, micro trainings, and policies.	Increase organizational understanding of HIPAA and how it is operationalize to reduce privacy/InfoSec violations.	N	Started	N	NA	Execution process	Waiting for Communications to finalize the internet page and then it will be socialized to the organization.
10	Create Business Associate Agreement (BAA) review tool to align contracts with federal/state/ and contractual requirements.	Privacy	01/01/23	12/31/23	Develop a BAA matrix to help Privacy staff review BAAs to ensure HIPAA risks are identified, and that a review worksheet is completed for auditing and monitoring purpose.	Reduce liability and exposure due to misidentified risks and help Business Associates comply with HIPAA regulations.	Y	Need to Test	Y	NA	Effectively in place	Need to Test with new requirements on Cyber and Ransomware risk
11	External facing HIPAA Policy	Privacy	01/01/23	12/31/23	Create an external facing HIPAA policy used to communicate our privacy and security expectations with our vendors and delegates.	Enforce compliance with HIPAA, state regs and contractual requirements.	Y	Planning	N	Resources	Approved and execution is in Planning phased (waiting for resources to start)	Approved and execution is in Planning phased (waiting for resources to start)

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2023 Project Updates *(continued)*

- Needs focus
- Started and less risk
- Completed and needing to be tested

Item #	Planned Activity	Compliance Unit	Start Date	Completion Date	Description	Purpose/Value Add	Delegates Involved (Y/N)	Status[1]	In place[2]	Risk to Complete	Current Status	Comments (additional notes)
12	Launch Internal Audit Unit within Compliance Department	Internal Audit	01/01/23	12/31/23	Complete management and staffing plan for new internal audit unit	Reduce external consultant expenditures	N	Started	N	Resources	Execution process	Yes, due to Todd's appointment as CCO. Also, with Maggie (IAS Senior Director) being hired in November 2023 and Gennadiy now in his role as IAS Director hired in August 2023 to reduce the PM consulting spend with taking the lead in 2024. However, 4 internal audit positions are still open to fill the gap and reduce expenditures.
13	Improve quality and integrity of enterprise and network performance data	EPO – Now Regulatory Operations	10/01/22	12/31/23	Aggregate and distill all applicable requirements into performance criteria, validate these criteria with stakeholders, implement quantitative and qualitative metrics and attestations, and systematically measure the performance of retained and delegated functions against these standards.	TBD	Y	Started	N	Prioritizing and Reconciling	Currently in process through the EPO Program	These KPIs and processes are currently being built.
14	Enhance risk-based approach for annual delegate audits	Delegation Oversight, Audit Services	01/01/23	09/30/23	Continue design and documentation of risk-based method for selecting and sequencing the entities that must be audited, as well as the topics and methods to be used. • Risk audits will identify areas of high risk and tailor auditing protocols and plans. • Design and implement focused network provider audits for targeted and real-time examinations of entities that are considered with opportunities to improve along with being at high risk of non-compliance for certain functions.	Risk-based auditing will reduce administrative burden and improve timeliness of audit completion, while maximizing the benefits of the audits. Focused audits will target categories of high risk and remediation of ongoing nonperformance.	Y	Started	N	Prioritizing and Reconciling	Execution process: risk-based audit Approved and execution is in planning phase: Focus Audit	For Risk-based audit, topics to be audited implemented in April 2023 and method for selection implemented in Jan. 2024. Focus provider audits were designed but not performed in 2023 due to the immaturity of the compliance infrastructure.
15	Develop track and trend tools and processes for network audit findings.	Delegation Oversight, Audit Services/ Compliance	01/01/23	09/30/23	Ensure that audit results and corrective actions are tracked and reported centrally, and that evidence-based action is taken on all systemic issues or patterns showing improvement opportunities.	Improves ability to monitor and compare performance and to recognize changes in performance over time.	Y	Started	N	Prioritizing and Reconciling	Scoping for approval if needing resources (people and tech)	A centralized log of audit results and corrective actions can be created; however, the process will be manual pending GRC implementation. Compliance infrastructure needs to mature in order to take evidence based action on systemic issues and patterns.

1 – "Started" – Planning completed and work has commenced. In some cases, could be close to be complete.
2- "In Place" – Is the process that describes the project functional or not. Y- means the project is complete and the process &/or policy or program in place. N – means the project is not complete and needs more time to complete

2023 Project Updates *(continued)*

- Needs focus
- Started and less risk
- Completed and needing to be tested

Item #	Planned Activity	Compliance Unit	Start Date	Completion Date	Description	Purpose/Value Add	Delegates Involved (Y/N)	Status[1]	In place[2]	Risk to Complete	Current Status	Comments (additional notes)
16	Design and implement centralized performance dashboard for enterprise and network/provider data	EPO – Now Regulatory Operations	01/01/23	09/30/23	The results and trends enterprise rom these three Programs, as well as all other information germane to understanding internal and external performance will be consolidated and presented centrally to all stakeholders through the Centralized Dashboard. • EPO will work collaboratively with IT, across the Enterprise, and notably with Quality Improvement (QI), with Legal, and within Compliance, including with Regulatory Compliance, Enterprise Risk Management, the SIU, and Privacy, to ensure relevant data is represented on the Centralized Dashboard.	The Centralized Dashboard consolidates all performance intelligence in one place and allows proactive monitoring and reporting on the status of delegated and non-delegated functions.	Y	Started	N	Tech and Data	Currently in process through the EPO Program	The dashboard is part of the EPO Program to be built.
17	Complete Communications and Engagement Survey	EPO – Now Regulatory Operations	10/01/22	05/01/23	• Complete the survey of the L.A. Care Enterprise Stakeholders to determine opportunities to streamline the touchpoints and bi-directional communications with L.A. Care's Service Delivery Network/Provider. • Develop strategies to addresses issues identified in survey.	Improve touchpoints and communications with the Networks/Providers regarding opportunities for improvement.	Y	Need to Test	Y	NA	Survey was completed and presented to C&Q.	With changes from the EPO unit to Compliance, it will be good to test effectiveness of the survey.
18	Focus investigations on priority fraud matters and development of strategies to prevent fraudulent behavior.	Special Investigations Unit (SIU)	01/01/23	12/31/23	The SIU will focus on priority fraud matters such as hospice fraud, fraudulent prescribing of opioids, duplicate billings, pharmacy fraud, false billings and provider fraud. • The SIU will continue to work closely with our State and Federal Law Enforcement partners. • Develop strategies to change the behavior of fraudulent providers to stop future payments by L.A. Care that constitute fraud, waste of abuse.	Complete recoveries and prevent fraud, waste and abuse.	Y	Need to Test	Y	Prioritizing and Strategy needed	Effectively in place	Cases are not prioritized, but SIU is functional
19	Provide oversight of our Plan Partners and delegate SIU Units	Special Investigations Unit (SIU)	01/01/23	12/31/23	The SIU will continue to oversee our Plan Partners and PPG SIUs. • SIU will maintain ongoing communication and continue to exchange information and collaborate with our Plan Partners and PPG SIUs on matter of healthcare fraud. • The SIU will continue to host quarterly healthcare fraud roundtables with our PP and PPG SIU counterparts.	We share the vast experiences of the L.A. Care SIU personnel and ensure This collaboration and information sharing leads to an increase in leads and better healthcare fraud investigations.	Y	Need to Test	Y	NA	Effectively in place	Cases are not prioritized, but SIU is functional
20	Establish internal investigations unit	Special Investigations Unit (SIU)	01/01/23	03/31/23	Hire internal investigations staff and complete appropriate staff training.	Avoid expense and delay associated with using outside counsel and consultant resources to conduct investigations.	N	Need to Test	Y	Resources, Prioritizing and Strategy needed	Effectively in place	Effectively being done by HR - This is a shared resource issue

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2024 Draft Compliance Work Plan

2024 Overview: 28 Projects

Testing effectiveness (7)

- Work with Audit Services to validate these completed projects for effectiveness. These projects tie to investigatory processes, Delegation Oversight communication enhancements, Risk Management processes and Privacy BAA reviews.

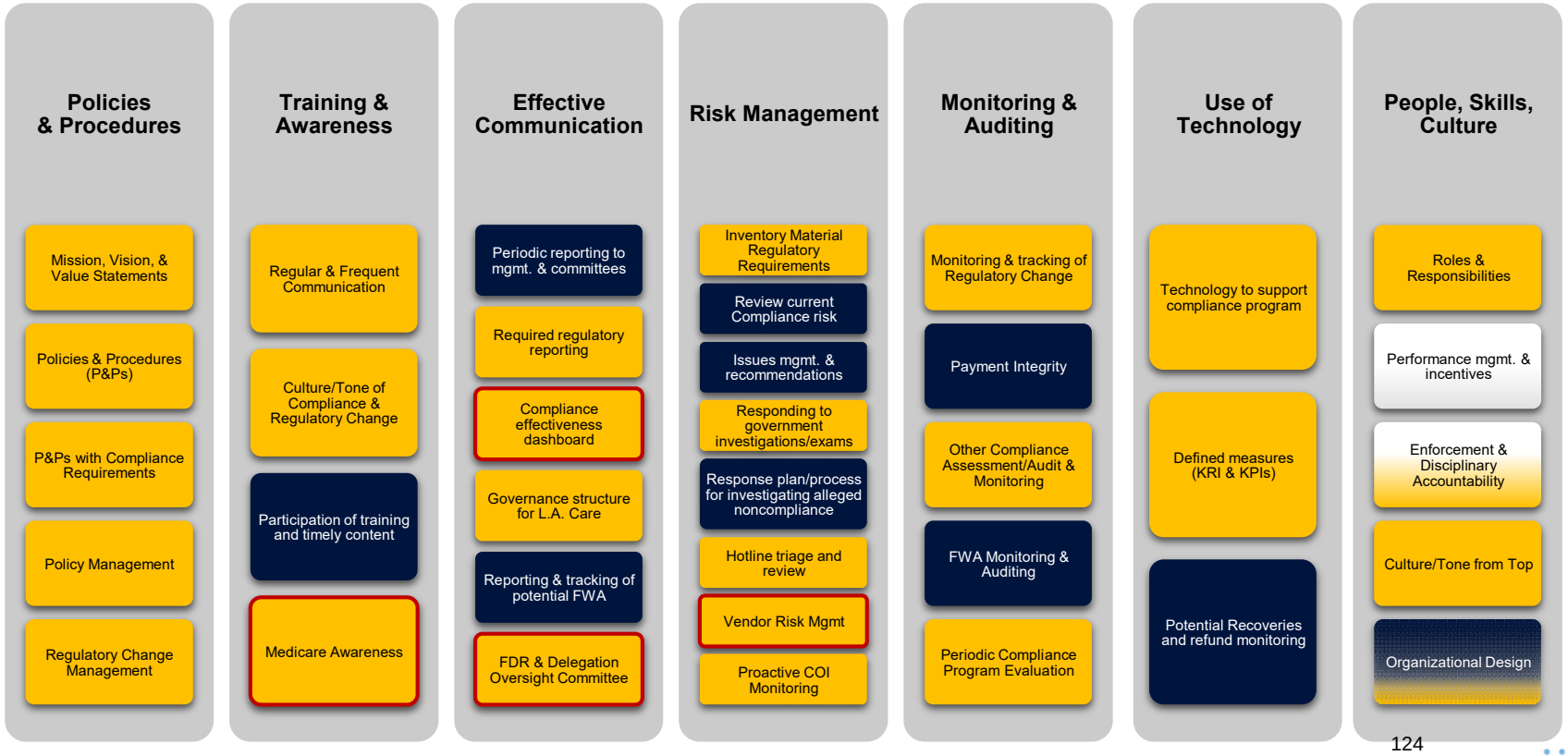
2023 Rollover (13)

- These projects are either 2023 projects that started in 2024 or in planning or incomplete.

New Projects (8)

- These projects focus on the OIG 7 elements, Medicare Compliance and overall Corporate Compliance

2024 Proposed Work Plan



This does not depict Compliance Maturity in each of the categories

Draft 2024 Projects – 2023 Carryover

13 Projects rolling over into 2024

- Needs focus
- Started and less risk
- Completed and needing to be tested

Item #	Type	Planned Activity	Compliance Unit	Start Date	Completion Date	Description	Purpose/Value Add	Delegates Involved (Y/N)	Status	Risk to Complete	Current Status	Comments (additional notes)
1	Prior Year Project #2	Regulatory Reports Quality Assurance & Monitoring	Regulatory Compliance	01/01/23	12/31/24	Continue to develop and expand the Regulatory Reporting Quality Assurance process including the following actions: • Comprehensive technical specifications document for regulatory reports including regulatory review tools • Data validation protocols for data that may pose a high-risk to the organization if it is found to be inaccurate • Streamline coordination of report development and ensure data governance	Ensure submissions are timely, complete, and accurate upon submission to regulators. Improve report quality, and ensure reports are usable and accurate through increased data governance.	Y	Planning	Resources	Scoping for approval if needing resources (people and tech)	Project plan is scheduled to start mid-February 2024. Regulatory Report Department is on point for carrying forward the completion of this initiative.
2	Prior Year Project #11	External facing HIPAA Policy	Privacy	01/01/23	12/31/24	Create an external facing HIPAA policy used to communicate our privacy and security expectations with our vendors and delegates.	Enforce compliance with HIPAA, state regs and contractual requirements.	Y	Planning	Resources	Approved and execution is in Planning phased (waiting for resources to start)	Approved and execution is in Planning phased (waiting for resources to start)
3	Prior Year Project #8	Develop plan for acquisition of compliance software to manage workflow, tracking and reporting of all compliance activities	All	10/01/22	12/31/24	• Collection and prioritization of business requirements • Vendor request for proposals • System Design and Implementation • Training for Compliance and Business users	Create stronger tracking of compliance tasks and reduce duplication of efforts.	Y	Started	Resources	Approved and execution is in Planning phase (waiting for resources to start)	Q4 2024 is the completion date.
4	Prior Year Project #6	Create the 2023 Business Continuity Plan	Risk Management/ Business Continuity	10/01/22	12/31/24	• Create new BCP P&Ps to incorporate all DHCS 2024 requirements • Meet all deliverables for 2024 Operational Readiness associated with BCP and emergency preparedness • Conduct DR testing, Business Impact Analysis (BIA) and develop departmental BCPs to reflect multiple scenarios • Test enterprise level BCP by end of 2023	Required to ensure effective business operations and comply with new DHCS contractual requirements effective 1/1/2024.	N	Started	Resources and Tech	Approved and execution is in Planning phase (waiting for resources to start)	Deliverable requirements are now 2025 and vendor work has begun and DR Process and BCP complete of Q3 2024.
5	Prior Year Project #1	Regulatory Compliance Quarterly Reporting	Regulatory Compliance	01/01/23	12/31/24	Design and launch a trending and actionable implementation report of regulatory agency inquiries, noncompliance communications, regulatory reports, regulatory audits and deficiencies and corrective action plans. • The report will be communicated to senior management and used to monitor business unit investigation and remediation activities to any particular trends. • Each section will also include any new initiatives or programs and implementation updates.	Visibility of regulatory focus to inform organizational priorities from a regulatory and compliance perspective.	N	Started	Resources	Approved and execution is in Planning phased (waiting for resources to start)	Funnel this through the GRC and ERCM project. GRC kick-off is in January and the main compliance module is tentatively scheduled for 2024 Q3.

Draft 2024 Projects – 2023 Carryover

- Needs focus
- Started and less risk
- Completed and needing to be tested

Item #	Type	Planned Activity	Compliance Unit	Start Date	Completion Date	Description	Purpose/Value Add	Delegates Involved (Y/N)	Status	Risk to Complete	Current Status	Comments (additional notes)
6	Prior Year Project #6	Improve Policy Management Program	Regulatory Analysis and Communication	10/01/22	12/31/24	Improve enterprise-wide Policy Management Program: • Review and revise Policy Management Workflow • Implement new workflow to all affected parties, with monitoring to ensure enterprise-wide compliance with policy management requirements	Ensure that policies and procedures and consistently developed, reviewed and updated.	Y	Started	Resources	Approved and execution is in Planning phase (waiting for resources to start)	Funnel this through the GRC project. GRC kick-off is in January and the main compliance module is tentatively scheduled for 2024 Q3.
7	Prior Year Project #5	Enhance enterprise-wide Regulatory Change Management (RCM) Program	Regulatory Analysis and Communication	10/01/22	12/31/24	Enhance the enterprise-wide regulatory change management program, including but not limited to: • Develop and socialize Regulatory Implementation Dashboard • Implement Regulatory Implementation Artifact Inventory • Review and revise Regulatory analysis templates and change management workflow	This enhancement will assure complete implementation of new or updated regulatory requirements and improve regulatory audit performance.	N	Started	NA	Working with IT and teams to make sure we have appropriate requirements in place	Please note that these enhancements will be further enhanced as part of the GRC and ERCM project.
8	Prior Year Project #9	Develop HIPAA Resource Page	Privacy	01/01/23	12/31/24	Develop an intranet resource page to centralize Privacy and InfoSec resources related to workflows, guidance, relevant rules/regs, micro trainings, and policies.	Increase organizational understanding of HIPAA and how it is operationalize to reduce privacy/InfoSec violations.	N	Started	NA	Execution process	Waiting for Communications to finalize the internet page and then it will be socialized to the organization.
9	Prior Year Project #12	Launch Internal Audit Unit within Compliance Department	Internal Audit	01/01/23	12/31/24	Complete management and staffing plan for new internal audit unit	Reduce external consultant expenditures	N	Started	Resources	Execution process	Yes, due to Todd's appointment as CCO. Also, with Maggie (IAS Senior Director) being hired in November 2023 and Gennadiy now in his role as IAS Director hired in August 2023 to reduce the PM consulting spend with taking the lead in 2024. However, 4 internal audit positions are still open to fill the gap and reduce expenditures.
10	Prior Year Project #13	Improve quality and integrity of enterprise and network performance data	Delegation Oversight	10/01/22	12/31/24	Aggregate and distill all applicable requirements into performance criteria, validate these criteria with stakeholders, implement quantitative and qualitative metrics and attestations, and systematically measure the performance of retained and delegated functions against these standards.	Allow greater insights in timeliness issues from appeals and grievances, claims processing, etc.	Y	Started	Prioritizing and Reconciling	Currently in process through the EPO Program	These KPIs and processes are currently being built.
11	Prior Year Project #14	Enhance risk-based approach for annual delegate audits	Delegation Oversight, Audit Services	01/01/23	12/31/24	Continue design and documentation of risk-based method for selecting and sequencing the entities that must be audited, as well as the topics and methods to be used. • Risk audits will identify areas of high risk and tailor auditing protocols and plans. • Design and implement focused network provider audits for targeted and real-time examinations of entities that are considered at high risk of non-compliance for certain functions.	Risk-based auditing will reduce administrative burden and improve timeliness of audit completion, while maximizing the benefits of the audits. Focused audits will target categories of high risk and remediation of ongoing nonperformance.	Y	Started	Prioritizing and Reconciling	Execution process: risk-based audit Approved and execution is in planning phase: Focus Audit	For Risk-based audit, topics to be audited implemented in April 2023 and method for selection implemented in Jan. 2024. Focus provider audits were designed but not performed in 2023 due to the immaturity of the compliance infrastructure.

Draft 2024 Projects – 2023 Carryover

- Needs focus
- Started and less risk
- Completed and needing to be tested

Item #	Type	Planned Activity	Compliance Unit	Start Date	Completion Date	Description	Purpose/Value Add	Delegates Involved (Y/N)	Status	Risk to Complete	Current Status	Comments (additional notes)
12	Prior Year Project #15	Develop track and trend tools and processes for network audit findings.	Delegation Oversight, Audit Services/ Compliance	01/01/23	12/31/24	Ensure that audit results and corrective actions are tracked and reported centrally, and that evidence-based action is taken on all systemic issues or patterns showing improvement opportunities.	Improves ability to monitor performance and compare performance over time.	Y	Started	Prioritizing and Reconciling	Scoping for approval if needing resources (people and tech)	A centralized log of audit results and corrective actions can be created; however, the process will be manual pending GRC implementation. Compliance infrastructure needs to mature in order to take evidence based action on systemic issues and patterns.
13	Prior Year Project #16	Design and implement centralized performance dashboard for enterprise and network data	Delegation Oversight	01/01/23	12/31/24	The results and trends enterprise rom these three Programs, as well as all other information germane to understanding internal and external performance will be consolidated and presented centrally to all stakeholders through the Centralized Dashboard. • EPO will work collaboratively with IT, across the Enterprise, and notably with Quality Improvement (QI), with Legal, and within Compliance, including with Regulatory Compliance, Enterprise Risk Management, the SIU, and Privacy, to ensure relevant data is represented on the Centralized Dashboard.	The Centralized Dashboard consolidates all performance intelligence in one place and allows proactive monitoring and reporting on the status of delegated and non-delegated functions.	Y	Started	Tech and Data	Currently in process through the EPO Program	The dashboard is part of the EPO Program to be built.

Draft 2024 Projects – 2023 Validation

7 Projects to validate effectiveness from 2023

- Needs focus
- Started and less risk
- Completed and needing to be tested

Item #	Type	Planned Activity	Compliance Unit	Start Date	Completion Date	Description	Purpose/Value Add	Delegates Involved (Y/N)	Status	Risk to Complete	Current Status	Comments (additional notes)
14	Testing Effectiveness	Enhance and improve risk assessment process	Risk Management/ Business Continuity	Testing TBD	Testing TBD	• Catalog risks from key stakeholders and document current and desired management of risks • Build Management Action Plans (MAP) to support remediation efforts and allow Compliance to monitor progress • Integrate the Annual Risk Assessment into the 2023 Internal Audit Work Plan	Improve effectiveness of annual risk assessment and remediation actions.	Y	Need to Test	NA	Effectively in place	***Prior Year Project #7*** Needs to be approved by C&Q
15	Testing Effectiveness	Create BAA review tool to align contracts with federal/state/ and contractual requirements.	Privacy	Testing TBD	Testing TBD	Develop a BAA matrix to help Privacy staff review BAAs to ensure HIPAA risks are identified, and that a review worksheet is completed for auditing and monitoring purpose.	Reduce liability and exposure due to misidentified risks.	Y	Need to Test	NA	Effectively in place	***Prior Year Project #10*** Need to work with Audit services to test
16	Testing Effectiveness	Delegate Member Communication - Validation & Monitoring Process	Material Review	Testing TBD	Testing TBD	Implement process for distribution of member communications/letter templates to delegates: • Regulatory required communications for all LOBs • Best practice (i.e., not required by regulations) • Develop tracking tool • Draft Communication Work plan (identify roles, responsibilities, action required, deadlines, etc.) • Report distribution results and/or delegate compliance rates to Business Units, Committees, etc.	Delegates contracted for UM functions, D-SNP, etc. will distribute approved/compliant letters to members	Y	Need to Test	NA	Project closed and ready for follow-up review of effectiveness	***Prior Year Project #3*** Need to work with Audit services to test. Regulatory Compliance will review and analyze to ensure all LOB's are captured and the tracking is effective and real-time.
17	Testing Effectiveness	Complete Communications and Engagement Survey	Delegation Oversight	Testing TBD	Testing TBD	• Complete the survey of the L.A. Care Enterprise Stakeholders to determine opportunities to streamline the touchpoints and bi-directional communications with L.A. Care's Service Delivery Network/Provider. • Develop strategies to addresses issues identified in survey.	Improve touchpoints and communications with the Networks/Providers regarding opportunities for improvement.	Y	Need to Test	NA	Survey was completed and presented to C&Q.	***Prior Year Project #17*** With changes from the EPO unit to Compliance, it will be good to test effectiveness of the survey.
18	Testing Effectiveness	Focus investigations on priority fraud matters and development of strategies to prevent fraudulent behavior.	Special Investigations Unit	Testing TBD	Testing TBD	The SIU will focus on priority fraud matters such as hospice fraud, fraudulent prescribing of opioids, duplicate billings, pharmacy fraud, false billings and provider fraud. • The SIU will continue to work closely with our State and Federal Law Enforcement partners. • Develop strategies to change the behavior of fraudulent providers to stop future payments by L.A. Care that constitute fraud, waste of abuse.	Complete recoveries and prevent fraud, waste and abuse.	Y	Need to Test	Prioritizing and Strategy needed	Effectively in place	***Prior Year Project #18*** Need to work with Audit services to test. Cases are not prioritized, but SIU is functional
19	Testing Effectiveness	Provide oversight of our Plan Partners and delegate SIU Units	Special Investigations Unit	Testing TBD	Testing TBD	The SIU will continue to oversee our Plan Partners and PPG SIUs. • SIU will maintain ongoing communication and continue to exchange information and collaborate with our Plan Partners and PPG SIUs on matter of healthcare fraud. • The SIU will continue to host quarterly healthcare fraud roundtables with our PP and PPG SIU counterparts.	We share the vast experiences of the L.A. Care SIU personnel and ensure This collaboration and information sharing leads to an increase in leads and better healthcare fraud investigations.	Y	Need to Test	NA	Effectively in place	***Prior Year Project #19*** Need to work with Audit services to test. Cases are not prioritized, but SIU is functional
20	Testing Effectiveness	Establish internal investigations unit	Special Investigations Unit	Testing TBD	Testing TBD	Hire internal investigations staff and complete appropriate staff training. We will not have this completely internalized due to complexity of potential one-off cases needing a subject matter expert in the case.	Avoid expense and delay associated with using outside counsel and consultant resources to conduct investigations.	N	Need to Test	Resources, Prioritizing and Strategy needed	Effectively in place	***Prior Year Project #20*** Need to work with Audit services to test. Effectively being done by HR - This is a shared resource issue

Draft 2024 Projects – New for 2024

8 new Projects for 2024

- Needs focus
- Started and less risk
- Completed and needing to be tested

Item #	Type	Planned Activity	Compliance Unit	Start Date	Completion Date	Description	Purpose/Value Add	Delegates Involved (Y/N)	Status	Risk to Complete	Current Status	Comments (additional notes)
21	New Project	Revitalize Delegation Oversight (DO) program	Delegation Oversight	01/01/24	12/31/24	Create an new Delegation Oversight Charter, Quarterly reporting cadence and improve visualization of metrics	Effective delegation oversight	Y	Started	Delegates cooperating	Draft DOM charter started and 1st meeting took place in December	Approved in C&Q. Needs to be approved by BOG
22	New Project	Create Risk Management Committee	Corp Compliance	01/01/24	12/31/24	Create an new Risk Management Charter, Quarterly reporting cadence and improve visualization of Risk Management metrics	Improves overall efficiency and effectiveness for Risk Management (RM). Moves RM to be more Strategic and less reactionary.	Y	Started	NA	Draft RM Charter being created	Approved in C&Q. Needs to be approved by BOG
23	New Project	Compliance Dashboard	Corp Compliance	01/01/24	12/31/24	Develop compliance dashboard to provide key metrics of an effective compliance workplan. This would include progress of our effectiveness against the OIG 7 elements. To include providing insights for the Leadership, C&Q and BOG.	Effective compliance program and effective lines of communication	N	Started	Tech and Data	Draft Requirements have been started	Approved in C&Q. Needs to be approved by BOG
24	New Project	Communication plan and roll-out	Corp Compliance	01/01/24	12/31/24	Develop detailed communication plan to help calibrate communication protocols, frequency of information and audience for the communications. This will include further build out of communications with all the Chairs, the subcommittee of the BOG and LA Care leadership.	Effective lines of communication	N	Started	NA	Draft Communication plan created to be shared at Feb 5 ICC meeting	Approved in C&Q. Needs to be approved by BOG
25	New Project	First-Tier-Downstream Related Entity (FDR) / Vendor Risk Management (VRM) Monitoring and Auditing	Corp Compliance	01/01/24	12/31/24	Create an effective FDR management and compliance program at LA Care. This includes those FDRs and vendors supporting IT Security, Compliance, Legal, Finance, Procurement.	Effective FDR / VRM Compliance program for Medicare and Medicaid	Y	Started	Resources FDRs and Vendors cooperating	Initial assessment underway from the last CPE audit	Approved in C&Q. Needs to be approved by BOG
26	New Project	Hotline Operations	Corp Compliance	01/01/24	12/31/24	Create a refreshed awareness campaign for our Hotline system. This would include appropriate reporting for substantiation and investigation of notices as well as track insights that could lead to an SIU or internal investigation. Any Issues related to a hostile environment or retaliation are address and investigated promptly.	Effective lines of communication along with Enforcement & Disciplinary Accountability	N	Planning	Resources	Needing to work with the hotline vendor. Moved responsibility from EA to Risk Management	Approved in C&Q. Needs to be approved by BOG
27	New Project	Medicare Awareness Program	Medicare Compliance	01/01/24	12/31/24	Develop a robust Medicare and DSNP Compliance awareness program. To include modifying the current communication plan, monitoring and auditing.	Effective Medicare Compliance	Y	Planning	Resources	Hiring Sr Director to focus on Medicare compliance	Approved in C&Q. Needs to be approved by BOG
28	New Project	Member Data Validation	State and Federal Compliance	1/01/24	12/31/24	Develop a robust quarterly monitoring process of member data This will help validate marketing and healthcare efforts to nonqualified members as well as reducing paying for services of nonmembers. The data will have to be validated against a 3rd party resource to check movement of members within the county, state, or country.	Effective Medicare and Medicaid Compliance	N	Planning	Technology	In planning stage with a workgroup of HCS, Product team, Compliance and IT	Approved in C&Q. Needs to be approved by BOG

CHIEF EXECUTIVE OFFICER REPORT

February 28, 2024

TO: Board of Governors

FROM: John Baackes, *Chief Executive Officer*

SUBJECT: CEO Report – March 2024

Early in the pandemic, there was a substantial shortage of personal protective equipment (PPE) including gloves, masks, gowns, and N95 respirators. The shortage made an already challenging situation more difficult, and I saw a role for L.A. Care in helping to address this gap. In August of 2020, I convened L.A. Care, Inland Empire Health Plan, the Hospital Association of Southern California, and leaders from the business and economic development communities to form the Southern California PPE Consortium. We worked together to develop a plan and ensure that collectively, we would not be in short supply again. Ten counties can participate in the consortium, and providers in these 10 counties who choose to participate will sign a letter of agreement to purchase PPE from Dell Corning, with prices guaranteed for three years. This strategy will make certain that we have a stable and locally produced supply of PPE. It has taken over three years for this effort to come to fruition – I am proud of the work of the consortium and L.A. Care's role in leading these efforts. It exemplifies yet another way that we are true to our mission in supporting the safety net and providers.

Following are the cumulative totals for some of our community- and provider-focused work.

	Since Last CEO Report	As of 2/28/24
Provider Recruitment Program Physicians hired under PRP[1]	2	185
Provider Loan Repayment Program Active grants for medical school loan repayment[1]	—	188
Medical School Scholarships Grants for medical school scholarships[2]	—	48
Elevating Community Health Home care worker graduates from CCA's IHSS training program	328	6,677

Notes:
1. Effective January 2024, this table will provide cumulative (since program inception) award counts, and will no longer provide "active" award counts.
2. The count includes scholarships that have been awarded and announced, not prospective scholar seats.

Below please find organizational updates for February.

L.A. Care Releases New Round of Provider Recruitment Program Grants
L.A. Care awarded more than $1.4 million to 10 clinics and providers through more Provider Recruitment Program (PRP) grants. Grants ranged from $62,500 to $250,000 to five federally qualified health centers (FQHC) and five independent private providers to recruit up to 12 new physicians to work in the Los Angeles County safety net. Awardees include:

- Buddhist Tzu Chi Medical Foundation
- Priti Desai, MD
- Bahareh Fazilat, MD

- Good Neighbor Clinic
- House of Health
- Leonard S. Kurian, MD
- Northeast Community Clinics
- San Fernando Community Health Center
- The ROADS Foundation
- Venice Family Clinic

DHCS Proposed CalAIM Amendment Receives L.A. Care Support
The California Department of Health Care Services (DHCS) has asked the federal government for an amendment to the California Advancing and Innovation Medi-Cal (CalAIM) Section 1115 demonstration to provide continuous coverage. The request will be for federal matching funds to provide continuous coverage for young Medi-Cal and CHIP beneficiaries through four years of age. I wrote a letter of support (attached) for this amendment because ensuring uninterrupted access to health care will not only make for healthier children, but it will foster a sense of security and stability that is essential for a child's development.

Speaking Events
February 28 – AHIP 2024 Executive Leadership Summit; *Building a Health Care Workforce for Tomorrow.*

Attachments
Caló News PPE
1115 Final Waiver Support Letter

CALÓ NEWS
Our community. Our narrative. Our history.

A new approach to ensure Southern California's PPE is locally produced and stored

Amairani Hernandez

Feb 12, 2024

During the last several months, L.A. Care Health Plan, Inland Empire Health Plan, and the Hospital Association of Southern California have been working on developing a strategy so that Southern California never faces another personal protective equipment (PPE) Shortage again.

At the start of the COVID-19 pandemic, it prompted a severe shortage of PPE. There weren't enough gloves, medical masks, gowns, and N95 respirators. As a result of the short supply many health workers suffered and ended in more deaths than necessary.

According to the World Health Organization, Health workers heavily relied on PPE to protect themselves and their patients from being infected and infecting others. “Without secure supply chains, the risk to healthcare workers around the world is real. Industry and governments must act quickly to boost supply, ease export restrictions and put measures in place to stop speculation and hoarding. We can’t stop COVID-19 without protecting health workers first,” said WHO Director-General Dr Tedros Adhanom Ghebreyesus.

L.A. Care Health Plan, the nation’s largest publicly operated health plan currently serves more than 2.9 million Angelenos. John Baackes, CEO of L.A. Care was responsible for putting together a coalition, with a goal of establishing a local PPE stockpile. He also wants to have PPE and its raw materials manufactured locally to ensure a steady supply while helping boost the local economy.

Baackes told CALÓ News that when the pandemic happened most businesses, hospitals, clinics and nursing homes had a system of purchasing where they had long

term contracts for material that they used on a routine basis that would be shipped to them as it was needed. “There was no warehousing of certain items because you had a standing order of about 10,000 widgets a month,” he said. “When the pandemic came and there was a certain surge and the need of PPE it created a disruption in the supply lines.”

Not only did it create a disruption but it also created a crisis. To manufacture all of the PPE material that is created out of polypropylene sheets, which comes from plastic pallets, had largely gone overseas. Baackes said that PPE material was being done in Asia and they realized that with the pandemic and the shutdown the supply lines were broken. “What we saw was providers bidding against each other to buy and pay exorbitant prices. Then we saw that the government started buying. So now we had providers bidding against the government and you had the state bidding against the federal government and it was unseemly,” he said.

After seeing what was happening and realizing that supply lines were broken Baackes decided that there was a need for a better solution and the need of establishing a PPE strategic reserve in Southern California. In August of 2020 L.A. Care, IEHP, and HASC, in partnership with leaders from the business and economic development communities, formed the Southern California PPE Consortium to develop a plan that would ensure the region is not caught unprepared in the next health care emergency.

Baackes explained that the idea was to identify a manufacturer who would make the raw material and manufacture the finished product locally. After looking for the right candidate the Southern California PPE Consortium selected Dell Corning, a highly qualified vendor, that will provide quality, competitively priced PPE supplies to Southern California counties.

In order for the effort to work, the coalition founders are urging regional health care providers to join in and purchase a portion of their PPE orders through the unique joint venture. By committing a portion of PPE orders to this collaborative development, pooled with orders from other participants, the group can ensure a stable, affordable

and locally produced supply chain. “I just want to emphasize our two primary goals, which is one to avoid a crisis again and price gouging and two, which is an economic development activity,” Baackes said.

Ten following counties will participate in the consortium. They include Los Angeles, Ventura, San Bernardino, Orange, Riverside, San Diego, Kern, San Luis Obispo, Santa Barbara, and Imperial.

Providers in these 10 counties who choose to participate in the strategic development will sign a letter of agreement with Dell Corning, with prices guaranteed for three years.

According to the Consorium Program Overview all PPE products are FDA approved, ASTM rated and widely available to the healthcare industry.

More information about the program can be found here.If you have questions, please email SoCalPPE@lacare.org.

February 12, 2024

Department of Health Care Services
Director's Office
Attn: Lindy Harrington and René Mollow
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

Sent Via Email: 1115Waiver@dhcs.ca.gov

John Baackes
Chief Executive Officer

RE: CalAIM Section 1115 Continuous Coverage for Children Application

On behalf of L.A. Care Health Plan, the nation's largest public health plan with more than 2.3 million Medi-Cal and CHIP enrollees, I am writing to express my strong support for the California Advancing and Innovating Medi-Cal (CalAIM) Demonstration Amendment Request. This Amendment Request, if approved by CMS, would provide continuous eligibility and federal funding for eligible children up through age four enrolled in Medi-Cal and CHIP programs.

California has consistently championed access to healthcare, recognizing the detrimental effects of coverage disruptions. To prevent churning in the Medi-Cal program, the state has implemented initiatives like simplifying renewal processes, extending eligibility periods, and providing outreach support. This proposed amendment to provide continuous coverage for children through four years of age builds upon these successes and would further stabilize healthcare access to children during key developmental years.

L.A. Care has a long history in supporting the state's efforts in providing comprehensive healthcare access through the Medi-Cal program. L.A. Care has consistently championed initiatives that expand coverage opportunities, streamline enrollment processes, and ensure the health care needs of Medi-Cal beneficiaries are being met. This support is evident in our diverse efforts, ranging from collaborating with state entities to expand program offerings, to actively promoting enrollment drives, and providing resources to assist individuals in navigating the complex eligibility process.

L.A. Care commends you for recognizing the importance of continuous eligibility. In California alone, First 5 LA estimates that over 100,000 children under five years of age experience coverage gaps each year. By ensuring children have uninterrupted access to quality healthcare, you're not just providing them with health care coverage, but also fostering a sense of security and stability that's essential for their healthy development.

John Baackes

About L.A. Care Health Plan
L.A. Care Health Plan serves more than 2.6 million members in Los Angeles County, making it the largest publicly-operated health plan in the country. L.A. Care offers four health coverage plans including Medi-Cal, Covered California, Medicare Advantage, and PASC-SEIU Homecare Workers. As a public entity, L.A. Care's mission is to provide access to quality health care for L.A. County's vulnerable and low-income communities, and to support the safety net required to achieve that purpose.

Legislative Matrix 2.23.2024

2024 Legislation Bills 153 Bills

CA AB 1011

Monitor

Title: Social care: data privacy.
Current Status: In Senate
Introduction Date: 2023-02-15
Last Action Date: In committee: Held under submission.. 2023-09-01
Description: AB 1011, as amended, Weber. Social care: data privacy. Existing federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), establishes certain requirements relating to the provision of health insurance, including provisions relating to the confidentiality of health records. Existing state law, the Confidentiality of Medical Information Act, prohibits a provider of health care, a health care service plan, a contractor, a corporation and its subsidiaries and affiliates, or any business that offers software or hardware to consumers, including a mobile application or other related device, as defined, from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as provided.This bill would prohibit a participating entity of a closed-loop referral system (CLRS) from selling, renting, releasing, disclosing, disseminating, making available, transferring, or otherwise communicating orally, in writing, or by electronic or other means, social care information stored in or transmitted through a CLRS in exchange for monetary or other valuable consideration, except as specified. The bill would further prohibit a participating entity from using social care information stored in, or transmitted through, a CLRS for any purpose or purposes other than the social care purpose or purposes for which that social care information was collected or generated, except as specified. The bill would define “social care” to mean any care, services, goods, or supplies related to an individual’s social needs, including, but not limited to, support and assistance for an individual’s food stability and nutritional needs, housing, transportation, economic stability, employment, education access and quality, childcare and family relationship needs, and environmental and physical safety. The bill would also define “social care information” to mean any information, in any form, that relates to the need for, payment for, or provision of, social care, and the individual’s personal information, as specified.
Location: US-CA

CA AB 1092 Monitor

Title: Health care service plans: consolidation.
Current Status: In Senate
Introduction Date: 2023-02-15
Last Action Date: In committee: Held under submission.. 2023-09-01
Description: AB 1092, as amended, Wood. Health care service plans: consolidation. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law requires a health care service plan that intends to merge with, consolidate with, or enter into an agreement resulting in its purchase, acquisition, or control by, an entity, to give notice to, and secure prior approval from, the Director of the Department of Managed Health Care. Existing law authorizes the director to disapprove the transaction or agreement if the director finds it would substantially lessen competition in health care service plan products or create a monopoly in this state. Existing law authorizes the director to conditionally approve the transaction or agreement, contingent upon the health care service plan's agreement to fulfill one or more conditions to benefit subscribers and enrollees of the health care service plan, provide for a stable health care delivery system, and impose other conditions specific to the transaction or agreement, as specified.This bill would additionally require a health care service plan that intends to acquire or obtain control of an entity, as specified, to give notice to, and secure prior approval from, the director. Because a willful violation of this provision would be a crime, the bill would impose a state-mandated local program. The bill would also authorize the director to disapprove a transaction or agreement if it would substantially lessen competition in the health system or among a particular category of health care providers, and would require the director to provide information related to competition to the Attorney General. The bill would revise the director's authority to conditionally approve a transaction or agreement, including authorizing the director to review information from federal agencies and other state agencies, including agencies in other states, that is relevant to any of the parties to the transaction, as specified. With respect to a conditional approval, the bill would also authorize the director to contract with an independent entity to monitor compliance with the established conditions and report to the department. The bill would prohibit the director from waiving, or delaying implementation of, certain requirements imposed under existing law and the bill, notwithstanding a specified provision.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

Organization Notes

California Association of Health Plans: Oppose

CA AB 1157

Monitor

Title: Rehabilitative and habilitative services: durable medical equipment and services.
Current Status: In Senate
Introduction Date: 2023-02-16
Last Action Date: In committee: Held under submission.. 2023-09-01
Description: AB 1157, as amended, Ortega. Rehabilitative and habilitative services: durable medical equipment and services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Other existing law requires the Department of Insurance to regulate health insurers. Existing law requires an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2017, to include, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. Under existing law, essential health benefits includes, among other things, rehabilitative and habilitative services. Existing law requires habilitative services and devices to be covered under the same terms and conditions applied to rehabilitative services and devices under the plan contract or policy, and defines habilitative services to mean health care services and devices that help a person keep, learn, or improve skills and functioning for daily living.This bill would specify that coverage of rehabilitative and habilitative services and devices under a health care service plan or health insurance policy includes durable medical equipment, services, and repairs, if the equipment, services, or repairs are prescribed or ordered by a physician, surgeon, or other health professional acting within the scope of their license. The bill would define “durable medical equipment” to mean devices, including replacement devices, that are designed for repeated use, and that are used for the treatment or monitoring of a medical condition or injury in order to help a person to partially or fully acquire, improve, keep, or learn, or minimize the loss of, skills and functioning of daily living. The bill would prohibit coverage of durable medical equipment and services from being subject to financial or treatment limitations, as specified.The bill would require the Secretary of California Health and Human Services to communicate to the federal Center for Consumer Information and Insurance Oversight that the coverage of durable medical equipment is necessary to comply with federal requirements for purposes of being considered essential health benefits not subject to defrayal payments. If the center overrules the state’s determination that the additional coverage subjects the state to defrayal payments, the bill would require the secretary to reevaluate California’s essential health benefits benchmark plan to incorporate the coverage without triggering the defrayal requirement. The bill would require the secretary, no later than one year after the center makes its determination, to submit a report to the Legislature recommending the corresponding changes to the essential health benefits benchmarking process in order for the Legislature to approve submission of a new benchmark plan proposal to the center. Because a violation of the bill’s

provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

Organization Notes

California Association of Health Plans: Oppose

Created by Joanne Campbell • Mar 27, 2023

CA AB 1241

Monitor

Title: Medi-Cal: telehealth.
Current Status: Enacted
Introduction Date: 2023-02-16
Last Action Date: Chaptered by Secretary of State - Chapter 172, Statutes of 2023.. 2023-09-08
Description: AB 1241, Weber. Medi-Cal: telehealth. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Under existing law, in-person, face-to-face contact is not required when covered health care services are provided by video synchronous interaction, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities, when those services and settings meet certain criteria.Existing law requires a provider furnishing services through video synchronous interaction or audio-only synchronous interaction, by a date set by the department, no sooner than January 1, 2024, to also either offer those services via in-person contact or arrange for a referral to, and a facilitation of, in-person care, as specified.This bill would instead require, under the above-described circumstance, a provider to maintain and follow protocols to either offer those services via in-person contact or arrange for a referral to, and a facilitation of, in-person care. The bill would specify that the referral and facilitation arrangement would not require a provider to schedule an appointment with a different provider on behalf of a patient.
Location: US-CA

CA AB 1316

Monitor

Title: Emergency services: psychiatric emergency medical conditions.
Current Status: In Senate
Introduction Date: 2023-02-16

Last Action Date: In Senate. Read first time. To Com. on RLS. for assignment.. 2024-01-25
Description: AB 1316, as amended, Irwin. Emergency services: psychiatric emergency medical conditions. Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled, as defined. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Pursuant to a schedule of covered benefits, existing law requires Medi-Cal coverage for inpatient hospital services, subject to utilization controls, and with respect to fee-for service beneficiaries, coverage for emergency services and care necessary for the treatment of an emergency medical condition and medical care directly related to the emergency medical condition, as specified.Existing law provides for the licensing and regulation of health facilities by the State Department of Public Health and makes a violation of those provisions a crime. Existing law defines "psychiatric emergency medical condition," for purposes of providing treatment for emergency conditions, as a mental disorder that manifests itself by acute symptoms of sufficient severity that it renders the patient as being either an immediate danger to the patient or to others, or immediately unable to provide for, or utilize, food, shelter, or clothing, due to the mental disorder. Existing law includes various circumstances under which a patient is required to be treated by, or may be transferred to, specified health facilities for treatment that is solely necessary to relieve or eliminate a psychiatric emergency medical condition.This bill would revise the definition of "psychiatric emergency medical condition" to make that definition applicable regardless of whether the patient is voluntary, or is involuntarily detained for evaluation and treatment, under prescribed circumstances. The bill would make conforming changes to provisions requiring facilities to provide that treatment. By expanding the definition of a crime with respect to those facilities, the bill would impose a state-mandated local program.The bill would require the Medi-Cal program to cover emergency services and care necessary to treat an emergency medical condition, as defined, including all professional physical, mental, and substance use treatment services, including screening examinations necessary to determine the presence or absence of an emergency medical condition and, if an emergency medical condition exists, all services medically necessary to stabilize the beneficiary. The bill would require coverage, including by a Medi-Cal managed care plan, for emergency services necessary to relieve or eliminate a psychiatric emergency medical condition, regardless of duration, or whether the beneficiary is voluntary, or involuntarily detained for evaluation and treatment, including emergency room professional services, as specified.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA AB 1331

Monitor

Title: California Health and Human Services Data Exchange Framework.
Current Status: In Senate
Introduction Date: 2023-02-16
Last Action Date: In committee: Held under submission.. 2023-09-01
Description: AB 1331, as amended, Wood. California Health and Human Services Data Exchange Framework. Existing law establishes the Center for Data Insights and Innovation within the California Health and Human Services Agency to ensure the enforcement of state law mandating the confidentiality of medical information. Existing law, subject to an appropriation in the annual Budget Act, requires the California Health and Human Services Agency to establish the California Health and Human Services Data Exchange Framework on or before July 1, 2022, to govern and require the exchange of health information among health care entities and government agencies.This bill would require the Center for Data Insights and Innovation to take over establishment, implementation, and all the functions related to the California Health and Human Services Data Exchange Framework on or before January 1, 2024, subject to an appropriation in the annual Budget Act. The bill would require the center to establish the CalHHS Data Exchange Board, with specified membership, to develop recommendations and to review, modify, and approve any modifications to the Data Exchange Framework data sharing agreement, among other things. The bill would require the center to submit an annual report to the Legislature that includes required signatory compliance with the data sharing agreement, assessment of consumer experiences with health information exchange, and evaluation of technical assistance and other grant programs. The bill would require the center, by July 1, 2024, to establish a process to designate qualified health information organizations according to specified criteria.
Location: US-CA

CA AB 1470

Monitor

Title: Medi-Cal: behavioral health services: documentation standards.
Current Status: Passed Senate
Introduction Date: 2023-02-17
Last Action Date: In Senate. Held at Desk.. 2023-09-13
Description: AB 1470, as amended, Quirk-Silva. Medi-Cal: behavioral health services: documentation standards. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including behavioral health services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes the California Advancing and Innovating Medi-Cal (CalAIM) initiative, subject to receipt of any necessary federal approvals and the availability of federal financial participation, in order to, among other things, improve quality outcomes and reduce health disparities.The bill, as part of CalAIM, and with respect to behavioral

health services provided under the Medi-Cal program, would require the department to standardize data elements relating to documentation requirements, including, but not limited to, medically necessary criteria, and would require the department to develop standard forms containing information necessary to properly adjudicate claims pursuant to CalAIM Terms and Conditions. The bill would require the department to consult with representatives of specified associations and programs for purposes of implementing these provisions.The bill would require the department to conduct, on or before July 1, 2025, regional trainings for personnel and provider networks of applicable entities, including county mental health plans, Medi-Cal managed care plans, and entities within the fee-for-service delivery system, on proper completion of the standard forms. The bill would require each applicable entity to distribute the training material and standard forms to its provider networks, and to commence, no later than July 1, 2025, using the standard forms. The bill would require providers of applicable entities to use those forms, as specified. The bill would authorize the department to restrict the imposition of additional documentation requirements beyond those included on standard forms, as specified.The bill would require the department to conduct an analysis on the status of utilization of the standard forms by applicable entities, and on the status of the trainings and training material, in order to determine the effectiveness of implementation of the above-described provisions. The bill would require the department to prepare a report containing findings from the analysis no later than July 1, 2026, and a followup report no later than July 1, 2028, and to submit each report to the Legislature and post it on the department's internet website.
Location: US-CA

CA AB 1783

Title: Health care: immigration.
Current Status: In Assembly
Introduction Date: 2024-01-03
Last Action Date: From printer. May be heard in committee February 3.. 2024-01-04
Description: AB 1783, as introduced, Essayli. Health care: immigration. Existing federal law provides for the Medicare Program, which is a public health insurance program for persons 65 years of age and older and specified persons with disabilities who are under 65 years of age. Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance.This bill would state the intent of the Legislature to enact legislation to remove all taxpayer funding for health care for illegal immigrants from the California State Budget.

Location: US-CA

CA AB 1842

Title: Health care coverage: Medication-assisted treatment.
Current Status: In Assembly
Introduction Date: 2024-01-16
Last Action Date: Referred to Com. on HEALTH.. 2024-01-29
Description: AB 1842, as introduced, Reyes. Health care coverage: Medication-assisted treatment. Existing law, the Knox–Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes health care service plans and health insurers that cover prescription drugs to utilize reasonable medical management practices, including prior authorization and step therapy, consistent with applicable law. This bill would prohibit a medical service plan and a health insurer from subjecting a naloxone product or another opioid antagonist approved by the United States Food and Drug Administration, or a buprenorphine product or long-acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder, to prior authorization or step therapy. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA AB 1876

Title: Developmental services: individual program plans and individual family service plans: remote meetings.
Current Status: In Assembly
Introduction Date: 2024-01-22
Last Action Date: Referred to Coms. on HUM. S. and JUD.. 2024-02-05
Description: AB 1876, as introduced, Jackson. Developmental services: individual program plans and individual family service plans: remote meetings. Existing law, the Lanterman Developmental Disabilities Services Act, requires the State Department of Developmental Services to contract with regional centers for the provision of community services and supports for persons with developmental disabilities and their families. Existing law, until June 30, 2024, requires a meeting regarding the provision of services and supports by the regional center, including a meeting to develop or revise a consumer's individual program

plan (IPP), to be held by remote electronic communications if requested by the consumer or, if appropriate, if requested by the consumer's parents, legal guardian, conservator, or authorized representative. Existing law, the California Early Intervention Services Act, provides a statewide system of coordinated, comprehensive, family-centered, multidisciplinary, and interagency programs that are responsible for providing appropriate early intervention services and supports to all eligible infants and toddlers and their families. Under the act, direct services for eligible infants and toddlers and their families are provided by regional centers and local educational agencies. The act requires an eligible infant or toddler receiving services under the act to have an individualized family service plan (IFSP), as specified. Existing law, until June 30, 2024, requires, at the request of the parent or legal guardian, an IFSP meeting to be held by remote electronic communications. This bill, beginning January 1, 2025, would indefinitely extend the requirements that, if requested, IPP and IFSP meetings be held by remote electronic communications. By extending a requirement for local educational agencies, this bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.
Location: US-CA

CA AB 1895

Monitor

Title: Public health: maternity ward closures.
Current Status: In Assembly
Introduction Date: 2024-01-23
Last Action Date: From printer. May be heard in committee February 23.. 2024-01-24
Description: AB 1895, as introduced, Weber. Public health: maternity ward closures. Existing law establishes the licensure and regulation of health facilities by the State Department of Public Health, including, among others, general acute care hospitals.This bill would express the intent of the Legislature to enact legislation to address maternity ward closures.
Location: US-CA

CA AB 1926

Title: Health care coverage: chronic digestive diseases and inherited metabolic disorders.
Current Status: In Assembly
Introduction Date: 2024-01-25
Last Action Date: Referred to Com. on HEALTH.. 2024-02-05

Description: AB 1926, as introduced, Connolly. Health care coverage: chronic digestive diseases and inherited metabolic disorders. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers, including health insurers, by the Department of Insurance. Existing law requires a health care service plan contract and disability insurance policy that provides coverage for hospital, medical, or surgical expenses and is issued, amended, delivered, or renewed on and after July 1, 2000, to provide coverage for the testing and treatment of phenylketonuria, including coverage for the formulas and special food products that are part of a prescribed diet, as specified.This bill would require a health care service plan contract or disability insurance policy that provides coverage for hospital, medical, or surgical expenses and is issued, amended, delivered, or renewed on and after July 1, 2025, to provide coverage for formulas, as defined, for the treatment of other chronic digestive diseases and inherited metabolic disorders, as specified. The bill would specify that these provisions do not apply to Medi-Cal managed care plans to the extent that the services are excluded from coverage under the contract between the Medi-Cal managed care plan and the State Department of Health Care Services. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA AB 1943

Title: Health information.
Current Status: In Assembly
Introduction Date: 2024-01-29
Last Action Date: Referred to Coms. on HEALTH and P. & C.P.. 2024-02-20
Description: AB 1943, as introduced, Weber. Health information. Existing law establishes the California Health and Human Services Agency, which includes departments charged with the administration of health, social, and other human services. Existing law establishes the Center for Data Insights and Innovation within the California Health and Human Services Agency to ensure the enforcement of state law mandating the confidentiality of medical information. Existing law requires the center to develop tools and education related to improvement of consumer access to care, quality of care, and addressing the disparities in quality of care related to socioeconomic status. Existing law also establishes the State Department of Health Care Services and requires the department, among other things, to administer the Medi-Cal program.This bill would require the department, in collaboration with the agency, to collect appropriate data and identify indicators for tracking telehealth outcomes associated with impacting individual patient outcomes and overall population

health. The bill would require the department to use the data collected to measure health outcomes of populations, as specified. The bill would make a related intent statement.
Location: US-CA

CA AB 1944

Title: Individualized investigational treatment.
Current Status: In Assembly
Introduction Date: 2024-01-29
Last Action Date: Referred to Coms. on HEALTH and B. & P.. 2024-02-20
Description: AB 1944, as introduced, Waldron. Individualized investigational treatment. Existing law, the federal Food, Drug, and Cosmetic Act, prohibits a person from introducing into interstate commerce any new drug unless the drug has been approved by the United States Food and Drug Administration (FDA). Existing law requires the sponsor of a new drug to submit to the FDA an investigational new drug application and to then conduct a series of clinical trials to establish the safety and efficacy of the drug in human populations and submit the results to the FDA in a new drug application. Existing federal law also regulates biomedical and behavioral research involving human subjects. Existing law, the Sherman Food, Drug, and Cosmetic Law, regulates the packaging, labeling, and advertising of drugs and devices and is administered by the State Department of Public Health. A violation of that law is a crime. The Sherman Food, Drug, and Cosmetic Law prohibits, among other things, the sale, delivery, or giving away of a new drug or new device unless either the department has approved a new drug or device application for that new drug or new device and that approval has not been withdrawn, terminated, or suspended or the drug or device has been approved pursuant to specified provisions of federal law, including the federal Food, Drug, and Cosmetic Act.Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. For instance, the Medical Practice Act provides for the licensure and regulation of physicians and surgeons by the Medical Board of California and the Osteopathic Act provides for the licensure and regulation of osteopathic physicians and surgeons by the Osteopathic Medical Board of California, among others.This bill, the Right to Try Individualized Investigational Treatments Act, would permit a manufacturer of an individualized investigational treatment, as defined, to make the product available to eligible patients with life-threatening or severely debilitating illness, as specified. The bill would authorize, but not require, a health benefit plan, as defined, to provide coverage for any individualized investigational treatment made available pursuant to these provisions.The bill would prohibit a state regulatory board from taking any action against a health care provider’s license solely on a provider’s recommendation of or providing access to an individualized investigational treatment.The bill would prohibit a state agency from altering any recommendation made to the federal Centers for Medicare and Medicaid Services regarding a health care provider's certification to participate in the Medicare or Medicaid program based solely on the recommendation

from an individual health care provider that a patient have access to an individualized investigational treatment.
Location: US-CA

CA AB 1970

Title: Mental Health: Black Mental Health Navigator Certification Pilot Program.
Current Status: In Assembly
Introduction Date: 2024-01-30
Last Action Date: Referred to Com. on HEALTH.. 2024-02-12
Description: AB 1970, as introduced, Jackson. Mental Health: Black Mental Health Navigator Certification Pilot Program. Existing law authorizes the State Department of State Hospitals, the State Department of Health Care Services, and other departments as necessary to perform various tasks relating to mental health services, including, among others, disseminating educational information relating to the prevention, diagnosis, and treatment of mental illness and, upon request, advising all public officers, organizations, and agencies interested in the mental health of the people of the state.This bill would, commencing July 1, 2025, establish, until June 30, 2028, the Black Mental Health Navigator Certification Pilot Program, to be administered by the State Department of Health Care Services, to provide comprehensive training in mental health resources and awareness, as specified. This bill would require the department to collect specific data and submit a report to the Legislature and the relevant policy committees on or before December 31, 2028. The bill would make those provisions contingent upon appropriation and would repeal those provisions on January 1, 2030.
Location: US-CA

CA AB 1975

Title: Medi-Cal: medically supportive food and nutrition interventions.
Current Status: In Assembly
Introduction Date: 2024-01-30
Last Action Date: Referred to Com. on HEALTH.. 2024-02-12
Description: AB 1975, as introduced, Bonta. Medi-Cal: medically supportive food and nutrition interventions. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law requires the department to establish the Medically Tailored Meals Pilot Program and the Short-Term Medically Tailored Meals Intervention Services Program, to operate in specified counties and during limited periods for the purpose of providing medically tailored meal intervention services to eligible Medi-Cal beneficiaries with certain health conditions, including

congestive heart failure, cancer, diabetes, chronic obstructive pulmonary disease, or renal disease.Existing law, subject to implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, authorizes a Medi-Cal managed care plan to elect to cover community supports approved by the department as cost effective and medically appropriate in a comprehensive risk contract that are in lieu of applicable Medi-Cal state plan services. Under existing law, community supports that the department is authorized to approve include, among other things, medically supportive food and nutrition services, including medically tailored meals.This bill would make medically supportive food and nutrition interventions, as defined, a covered benefit under the Medi-Cal program, through both the fee-for-service and managed care delivery systems, effective July 1, 2026, subject to federal approval and the issuance of final guidance by the department. The bill would require those interventions to be covered if determined to be medically necessary by a health care provider or health care plan, as specified. The bill would require the provision of interventions for 12 weeks, or longer if deemed medically necessary. The bill would require a Medi-Cal managed care plan to offer at least 3 of 6 listed interventions, with certain conditions for a 7th intervention.The bill would require the department to define the qualifying medical conditions for purposes of the covered interventions. The bill would require a health care provider, to the extent possible, to match the acuity of a patient's condition to the intensity and duration of the covered intervention and to include culturally appropriate foods.The bill would require the department to establish a medically supportive food and nutrition benefit stakeholder group, with a specified composition, to advise the department on certain related items. The bill would require the workgroup to issue final guidance on or before July 1, 2026.
Location: US-CA

CA AB 1977

Title: Health care coverage: behavioral diagnoses.
Current Status: In Assembly
Introduction Date: 2024-01-30
Last Action Date: Referred to Com. on HEALTH.. 2024-02-12
Description: AB 1977, as introduced, Ta. Health care coverage: behavioral diagnoses. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy to provide coverage for behavioral health treatment for pervasive developmental disorder or autism.This bill would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, from requiring an enrollee or insured previously diagnosed with pervasive developmental disorder or autism to be reevaluated or receive a new behavioral diagnosis to maintain coverage for behavioral health treatment for their condition. Because a willful

violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA AB 1995

Title: Health care facilities: small and rural hospitals.
Current Status: In Assembly
Introduction Date: 2024-01-30
Last Action Date: From printer. May be heard in committee March 1.. 2024-01-31
Description: AB 1995, as introduced, Essayli. Health care facilities: small and rural hospitals. Under existing law, the State Department of Public Health issues licenses for and regulates health facilities, including small and rural hospitals, as defined. Under existing law, a hospital that meets the definition of a small and rural hospital may be eligible for special programs, including business assistance, regulatory relief, and increased Medi-Cal reimbursement.This bill would make technical, nonsubstantive changes to the definition of small and rural hospital.
Location: US-CA

CA AB 2028

Title: Medical loss ratios.
Current Status: In Assembly
Introduction Date: 2024-02-01
Last Action Date: Referred to Com. on HEALTH.. 2024-02-12
Description: AB 2028, as introduced, Ortega. Medical loss ratios. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. The federal Patient Protection and Affordable Care Act requires a health insurance issuer to comply with minimum medical loss ratios (MLRs) and to provide an annual rebate to each insured if the MLR of the amount of the revenue expended by the issuer on costs to the total amount of premium revenue is less than a certain percentage, as specified. Existing law requires health care service plans and health insurers that issue, sell, renew, or offer a contract or policy, excluding specialized dental and vision contracts and policies, to comply with a minimum MLR of 85% and provide specified rebates. Existing law requires a health care service plan or health insurer that issues, sells, renews, or offers a contract or policy covering dental services to annually report MLR information to the

appropriate department.This bill would require a health care service plan or health insurer that issues, sells, renews, or offers a specialized dental health care service plan contract or specialized dental health insurance policy to comply with a minimum MLR of 85% and to provide a specified rebate to an enrollee or insured. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA AB 2043

Title: Medi-Cal: nonmedical and nonemergency medical transportation.
Current Status: In Assembly
Introduction Date: 2024-02-01
Last Action Date: Referred to Com. on HEALTH.. 2024-02-12
Description: AB 2043, as introduced, Boerner. Medi-Cal: nonmedical and nonemergency medical transportation. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, through managed care or fee-for-service delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law covers emergency or nonemergency medical transportation, and nonmedical transportation, under the Medi-Cal program, as specified.This bill would require the department to require Medi-Cal managed care plans that are contracted to provide nonemergency medical transportation or nonmedical transportation to contract with public paratransit service operators who are enrolled Medi-Cal providers, for the purpose of establishing reimbursement rates for those transportation trips provided by a public paratransit service operator. The bill would require that the rates be based on the department's fee-for-service rates for the transportation service, as specified.The bill would condition implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation.
Location: US-CA

CA AB 2058

Title: Automated decision systems.
Current Status: In Assembly
Introduction Date: 2024-02-01
Last Action Date: From printer. May be heard in committee March 3.. 2024-02-02

Description: AB 2058, as introduced, Weber. Automated decision systems. Existing law requires the Department of Technology to conduct, in coordination with other interagency bodies as it deems appropriate, a comprehensive inventory of all high-risk automated decision systems that have been proposed for use, development, or procurement by, or are being used, developed, or procured by, any state agency. Existing law defines an "automated decision system" as a computational process derived from machine learning, statistical modeling, data analytics, or artificial intelligence that issues simplified output, including a score, classification, or recommendation, that is used to assist or replace human discretionary decisionmaking and materially impacts natural persons.This bill would state the intent of the Legislature to enact legislation relating to commercial algorithms and artificial intelligence-enabled medical devices.
Location: US-CA

CA AB 2063

Title: Health care coverage.
Current Status: In Assembly
Introduction Date: 2024-02-01
Last Action Date: Referred to Com. on HEALTH.. 2024-02-12
Description: AB 2063, as introduced, Maienschein. Health care coverage. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law exempts a health care service plan from the requirements of the act if the plan is operated by a city, county, city and county, public entity, political subdivision, or public joint labor management trust that satisfies certain criteria, including that the plan requires providers to be reimbursed solely on a fee-for-service basis. Existing law authorizes the Director of the Department of Managed Health Care, no later than May 1, 2021, to authorize 2 pilot programs, one in northern California and one in southern California, under which providers approved by the department may undertake risk-bearing arrangements with a voluntary employees' beneficiary association with enrollment of more than 100,000 lives, notwithstanding the fee-for-service requirement described above, or a trust fund that is a welfare plan and a multiemployer plan with enrollment of more than 25,000 lives, for independent periods of time beginning no earlier than January 1, 2022, to December 31, 2025, inclusive, if certain criteria are met. Existing law requires the association or trust fund and each health care provider participating in each pilot program to report to the department information regarding cost savings and clinical patient outcomes compared to a fee-for-service payment model, and requires the department to report those findings to the Legislature no later than January 1, 2027. Existing law repeals these provisions on January 1, 2028. This bill would extend that repeal date to January 1, 2030. The bill would extend the period of time authorized for those pilot programs to operate from December 31, 2025, to December 31, 2027. The bill would extend the deadline for the department to report the findings to the Legislature from January 1, 2027, to January 1, 2029.

Location: US-CA

CA AB 2072

Title: Group health care coverage: biomedical industry.
Current Status: In Assembly
Introduction Date: 2024-02-05
Last Action Date: Referred to Com. on HEALTH.. 2024-02-20
Description: AB 2072, as introduced, Weber. Group health care coverage: biomedical industry. Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law provides for the regulation of individual, small employer, grandfathered small employer, and nongrandfathered small employer health care service plan contracts and health insurance policies, as defined.Existing federal law, the federal Employee Retirement Income Security Act of 1974 (ERISA), authorizes multiple employer welfare arrangements (MEWAs) in which 2 or more employers join together to provide health care coverage for employees or to their beneficiaries. Under existing state law, the status of each distinct member of an association determines whether that member's association coverage is individual, small group, or large group health coverage.Existing law, until January 1, 2026, authorizes an association of employers to offer a large group health care service plan contract or large group health insurance policy to small group employer members of the association consistent with ERISA if certain requirements are met, including that the association is the sponsor of a MEWA that has offered a large group health care service plan contract since January 1, 2012, in connection with an employee welfare benefit plan under ERISA, provides a specified level of coverage, and includes coverage for common law employees, and their dependents, who are employed by an association member in the biomedical industry with operations in California. This bill would repeal the sunset date of January 1, 2026, for the authorization of this type of health care service plan and insurance policy, thereby authorizing these plans and policies indefinitely. By indefinitely extending the authorization for a specific type of health care service plan, this bill would correspondingly extend the applicability of the crime for a violation of Knox-Keene, thereby imposing a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA AB 2105

Title: Coverage for PANDAS and PANS.
Current Status: In Assembly
Introduction Date: 2024-02-05
Last Action Date: Referred to Com. on HEALTH.. 2024-02-20
Description: AB 2105, as introduced, Lowenthal. Coverage for PANDAS and PANS. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law sets forth specified coverage requirements for health care service plan contracts and health insurance policies, and limits the copayment, coinsurance, deductible, and other cost sharing that may be imposed for specified health care services.This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, to provide coverage for the prophylaxis, diagnosis, and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) that is prescribed or ordered by the treating physician and surgeon. The bill would prohibit coverage for PANDAS and PANS from being subject to a copayment, coinsurance, deductible, or other cost sharing that is greater than that applied to other benefits. The bill would prohibit a plan or insurer from denying or delaying coverage for PANDAS or PANS therapies because the enrollee or insured previously received treatment for PANDAS or PANS or was diagnosed with or received treatment for the condition under a different diagnostic name. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA AB 2110

Title: Medi-Cal: Adverse Childhood Experiences trauma screenings: providers.
Current Status: In Assembly
Introduction Date: 2024-02-05
Last Action Date: Referred to Com. on HEALTH.. 2024-02-20
Description: AB 2110, as introduced, Arambula. Medi-Cal: Adverse Childhood Experiences trauma screenings: providers. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law requires that Medi-Cal provider payments and payments for specified non-Medi-Cal programs be reduced by 10% for dates of service on and after June 1, 2011, and conditions implementation of those

payment reductions on receipt of any necessary federal approvals. Existing law, for dates of service on and after July 1, 2022, authorizes the maintenance of the reimbursement rates or payments for specified services, including, among others, Adverse Childhood Experiences (ACEs) trauma screenings and specified providers, using General Fund or other state funds appropriated to the State Department of Health Care Services as the state share, at the payment levels in effect on December 31, 2021, as specified, under the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 that were implemented with funds from the Healthcare Treatment Fund, as specified. Existing law requires the department to develop the eligibility criteria, methodologies, and parameters for the payments and rate increases maintained, and would authorize revisions, as specified.This bill would require the department, as part of its above-described duties, to include (1) community-based organizations and local health jurisdictions that provide health services through community health workers and (2) doulas, that are enrolled Medi-Cal providers, as providers qualified to provide, and eligible to receive payments for, ACEs trauma screenings pursuant to the provisions described above. The bill would require the department to file a state plan amendment and seek any federal approvals it deems necessary to implement these provisions and condition implementation on receipt of any necessary federal approvals and the availability of federal financial participation. The bill would also require the department to update its internet website and the ACEs Aware internet website to reflect the addition of the Medi-Cal providers described above as authorized to provide ACEs screenings.
Location: US-CA

CA AB 2129

Title: Immediate postpartum contraception.
Current Status: In Assembly
Introduction Date: 2024-02-06
Last Action Date: Referred to Com. on HEALTH.. 2024-02-20
Description: AB 2129, as introduced, Petrie-Norris. Immediate postpartum contraception. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally regulates contractual provisions between health care service plans and health insurers and their contracting health care providers.This bill would require a contract between a health care service plan or health insurer and a health care provider issued, amended, or renewed on or after January 1, 2025, to authorize a provider to separately bill for devices, implants, or professional services, or a combination thereof, associated with immediate postpartum contraception if the birth takes place in a licensed hospital or birthing center. The bill would prohibit that provider contract from considering those devices, implants, or services to be part of a payment for a general obstetric procedure. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local

program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA AB 2132

Title: Health care services.
Current Status: In Assembly
Introduction Date: 2024-02-06
Last Action Date: Referred to Com. on HEALTH.. 2024-02-20
Description: AB 2132, as introduced, Low. Health care services. Existing law provides for the licensure and regulation of health facilities and clinics, including primary care clinics, by the State Department of Public Health. A violation of these provisions is a crime. Existing law requires an adult patient receiving primary care services in certain health care settings to be offered a screening test for hepatitis B and hepatitis C, as specified.This bill would require an adult patient receiving primary care services in a facility, clinic, unlicensed clinic, center, office, or other setting, as specified, to be offered a tuberculosis (TB) risk assessment and TB screening test, if TB risk factors are identified, to the extent these services are covered under the patient's health insurance, unless the health care provider reasonably believes certain conditions apply. The bill would also require the health care provider to offer the patient followup health care or refer the patient to a health care provider who can provide followup health care if a screening test is positive, as specified. The bill would prohibit a health care provider who fails to comply with these provisions from being subject to any disciplinary action related to their licensure or certification, or to any civil or criminal liability for that failure. The bill would make related findings and declarations.
Location: US-CA

CA AB 2161

Title: The Early Psychosis Intervention Plus Program.
Current Status: In Assembly
Introduction Date: 2024-02-06
Last Action Date: From printer. May be heard in committee March 8.. 2024-02-07
Description: AB 2161, as introduced, Arambula. The Early Psychosis Intervention Plus Program. Existing law establishes the Early Psychosis and Mood Disorder Detection and Intervention Fund and makes the moneys in the fund available, upon appropriation, to the Mental Health Services Oversight and Accountability Commission. Existing law authorizes the commission to allocate moneys from that fund to provide grants through a competitive selection process to counties or other entities to create, or expand existing capacity for, early

psychosis and mood disorder detection and intervention services and supports.This bill would state the intent of the Legislature to enact legislation relating to national standards for early psychosis.
Location: US-CA

CA AB 2169

Title: Prescription drug coverage: dose adjustments.
Current Status: In Assembly
Introduction Date: 2024-02-07
Last Action Date: Referred to Com. on HEALTH.. 2024-02-20
Description: AB 2169, as introduced, Bauer-Kahan. Prescription drug coverage: dose adjustments. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law also prohibits a health care service plan that covers prescription drug benefits from limiting or excluding coverage for a drug that was previously approved for coverage if an enrollee continues to be prescribed that drug, as specified.The bill would authorize a licensed health care professional to request, and would require that they be granted, the authority to adjust the dose or frequency of a drug to meet the specific medical needs of the enrollee or insured without prior authorization if specified conditions are met. Under the bill, if the enrollee or insured has been continuously using a prescription drug selected by their prescribing provider for the medical condition under consideration while covered by their current or previous health coverage, the health care service plan or health insurance policy would be prohibited from limiting or excluding coverage of that prescription. With respect to health care service plans, the bill would specify that its provisions do not apply to Medi-Cal managed care plan contracts. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA AB 2180

Title: Health care coverage: cost sharing.

Current Status: In Assembly
Introduction Date: 2024-02-07
Last Action Date: From printer. May be heard in committee March 9.. 2024-02-08
Description: AB 2180, as introduced, Weber. Health care coverage: cost sharing. Existing law generally prohibits a person who manufactures a prescription drug from offering in California any discount, repayment, product voucher, or other reduction in an individual's out-of-pocket expenses associated with the individual's health insurance, health care service plan, or other health coverage, including, but not limited to, a copayment, coinsurance, or deductible, for any prescription drug if a lower cost generic drug is covered under the individual's health insurance, health care service plan, or other health coverage on a lower cost-sharing tier that is designated as therapeutically equivalent to the prescription drug manufactured by that person or if the active ingredients of the drug are contained in products regulated by the federal Food and Drug Administration, are available without prescription at a lower cost, and are not otherwise contraindicated for the condition for which the prescription drug is approved.Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance.This bill would require a health care service plan, health insurance policy, or pharmacy benefit manager that administers pharmacy benefits for a health care service plan or health insurer to apply any amounts paid by the enrollee, insured, or another source pursuant to a discount, repayment, product voucher, or other reduction to the enrollee's or insured's out-of-pocket expenses toward the enrollee's or insured's overall contribution to any out-of-pocket maximum, deductible, copayment, coinsurance, or applicable cost-sharing requirement under the enrollee's or insured's health care service plan contract or health insurance policy. The bill would limit the application of the section to health care service plans and health insurance policies issued, amended, delivered, or renewed on or after January 1, 2025. Because a willful violation of these requirements by a health care service plan would be a crime, this bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA AB 2198

Title: Health information.
Current Status: In Assembly
Introduction Date: 2024-02-07
Last Action Date: From printer. May be heard in committee March 9.. 2024-02-08

Description: AB 2198, as introduced, Flora. Health information. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plans and health insurers to establish and maintain specified application programming interfaces (API), including patient access API, for the benefit of enrollees, insureds, and contracted providers.This bill would exclude dental or vision benefits from the above-described API requirements.
Location: US-CA

CA AB 2200

Title: Guaranteed Health Care for All.
Current Status: In Assembly
Introduction Date: 2024-02-07
Last Action Date: From printer. May be heard in committee March 9.. 2024-02-08
Description: AB 2200, as introduced, Kalra. Guaranteed Health Care for All. Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. PPACA defines a "qualified health plan" as a plan that, among other requirements, provides an essential health benefits package. Existing state law creates the California Health Benefit Exchange, also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA.Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.This bill, the California Guaranteed Health Care for All Act, would create the California Guaranteed Health Care for All program, or CalCare, to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state. The bill, among other things, would provide that CalCare cover a wide range of medical benefits and other services and would incorporate the health care benefits and standards of other existing federal and state provisions, including the federal Children's Health Insurance Program, Medi-Cal, ancillary health care or social services covered by regional centers for persons with developmental disabilities, Knox-Keene, and the federal Medicare program. The bill would make specified persons eligible to enroll as CalCare members during the implementation period, and would provide for automatic enrollment. The bill would require the board to seek all necessary waivers, approvals, and agreements to allow various existing federal health care payments to be paid

to CalCare, which would then assume responsibility for all benefits and services previously paid for with those funds.This bill would create the CalCare Board to govern CalCare, made up of 9 voting members with demonstrated and acknowledged expertise in health care, and appointed as provided, plus the Secretary of California Health and Human Services or their designee as a nonvoting, ex officio member. The bill would provide the board with all the powers and duties necessary to establish CalCare, including determining when individuals may start enrolling into CalCare, employing necessary staff, negotiating pricing for covered pharmaceuticals and medical supplies, establishing a prescription drug formulary, and negotiating and entering into necessary contracts. The bill would require the board, on or before July 1 of an unspecified year, to conduct and deliver a fiscal analysis to determine whether or not CalCare may be implemented and if revenue is more likely than not to pay for program costs, as specified. The bill would establish an Advisory Commission on Long-Term Services and Supports to advise the board on matters of policy related to long-term services and supports. The bill would require the board to convene a CalCare Public Advisory Committee to advise the board on all matters of policy for CalCare, an Advisory Committee on Public Employees' Retirement System Health Benefits to provide recommendations related to public employee retiree health benefits, and a CalCare Health Workforce Working Group to provide the board with input on issues related to health care workforce education, recruitment, and retention. The bill would establish an Office of Health Equity within CalCare and under the direction of the Director of the Department of Health Care Access and Information to ensure health equity under the program and other health programs of the California Health and Human Services Agency and to support the board through specified actions.This bill would provide for the participation of health care providers in CalCare, including the requirements of a participation agreement between a health care provider and the board, provide for payment for health care items and services, and specify program participation standards. The bill would prohibit a participating provider from discriminating against a person by, among other things, reducing or denying a person's benefits under CalCare because of a specified characteristic, status, or condition of the person.This bill would prohibit a participating provider from billing or entering into a private contract with an individual eligible for CalCare benefits regarding a covered benefit, but would authorize contracting for a health care item or service that is not a covered benefit if specified criteria are met. The bill would authorize health care providers to collectively negotiate fee-for-service rates of payment for health care items and services using a 3rd-party representative, as provided. The bill would require the board to annually determine an institutional provider's global budget, to be used to cover operating expenses related to covered health care items and services for that fiscal year, and would authorize payments under the global budget.This bill would state the intent of the Legislature to enact legislation that would develop a revenue plan, taking into consideration anticipated federal revenue available for CalCare. The bill would create the CalCare Trust Fund in the State Treasury, as a continuously appropriated fund, consisting of any federal and state moneys received for the purposes of the act. The bill would specify uses for moneys in the CalCare budget, including special projects for which not-for-profit or governmental entities may apply. Because the bill would create a continuously appropriated fund, it would make an appropriation.This bill

would prohibit specified provisions of this act from becoming operative until the Secretary of California Health and Human Services gives written notice to the Secretary of the Senate and the Chief Clerk of the Assembly that the CalCare Trust Fund has the revenues to fund the costs of implementing the act. The California Health and Human Services Agency would be required to publish a copy of the notice on its internet website.Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.This bill would make legislative findings to that effect.
Location: US-CA

CA AB 2250

Title: Social determinants of health: screening and outreach.
Current Status: In Assembly
Introduction Date: 2024-02-08
Last Action Date: From printer. May be heard in committee March 10.. 2024-02-09
Description: AB 2250, as introduced, Weber. Social determinants of health: screening and outreach. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plans and health insurers to include coverage for screening for various conditions and circumstances, including adverse childhood experiences. Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, to include coverage for screenings for social determinants of health, as defined. The bill would require providers to use specified tools or protocols when documenting patient responses to questions asked in these screenings. The bill would require a health care service plan or health insurer to provide physicians who provide primary care services with adequate access to peer support specialists, lay health workers, social workers, or community health workers in counties where the plan or insurer has enrollees or insureds, as specified. The bill would authorize the respective departments to adopt guidance to implement its provisions. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.This bill would make social determinants of health screenings a covered benefit for Medi-Cal beneficiaries and would require the State Department of Health Care Services or a Medi-Cal managed care plan to provide reimbursement for those screenings, as specified.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the

state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA AB 2258

Title: Health care coverage: cost sharing.
Current Status: In Assembly
Introduction Date: 2024-02-08
Last Action Date: From printer. May be heard in committee March 10.. 2024-02-09
Description: AB 2258, as introduced, Zbur. Health care coverage: cost sharing. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a group or individual nongrandfathered health care service plan contract or health insurance policy to provide coverage for, and prohibits a contract or policy from imposing cost-sharing requirements for, specified preventive care services and screenings.This bill would prohibit a group or individual nongrandfathered health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, from imposing a cost-sharing requirement for items or services that are integral to the provision of the above-described preventive care services and screenings. The bill would require those contracts and policies to cover items and services for those preventive care services and screenings, including home test kits for sexually transmitted diseases and specified cancer screenings. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA AB 2271

Title: Coverage for naloxone hydrochloride.
Current Status: In Assembly
Introduction Date: 2024-02-08
Last Action Date: From printer. May be heard in committee March 10.. 2024-02-09
Description: AB 2271, as introduced, Ortega. Coverage for naloxone hydrochloride. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid

program provisions. Under existing law, the pharmacist service of furnishing naloxone hydrochloride is a covered Medi-Cal benefit. The Medi-Cal program also covers certain medications to treat opioid use disorders as part of narcotic treatment program services, or as part of medication-assisted treatment services within the Drug Medi-Cal Treatment Program, as specified.Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law sets forth specified coverage requirements for health care service plan contracts and health insurance policies.Under this bill, prescription or nonprescription naloxone hydrochloride or another drug approved by the FDA for the complete or partial reversal of an opioid overdose would be a covered benefit under the Medi-Cal program. The bill would require a health care service plan contract or health insurance policy, as specified, to include coverage for the same medications under the same conditions. The bill would prohibit a health care service plan contract or health insurance policy from imposing any cost-sharing requirements for that coverage exceeding $10 per package of medication, and would prohibit a high deductible health plan from imposing cost sharing, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The bill would make implementation of its provisions contingent on funding from the Naloxone Distribution Project. The bill's provisions would be inoperative when the state records 500 or fewer opioid deaths in a calendar year, and the bill would repeal these provisions on the following January 1.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA AB 2293

Title: Joint powers agreements: health care services.
Current Status: In Assembly
Introduction Date: 2024-02-12
Last Action Date: From printer. May be heard in committee March 14.. 2024-02-13
Description: AB 2293, as introduced, Mathis. Joint powers agreements: health care services. Existing law, the Joint Exercise of Powers Act, authorizes 2 or more public agencies by agreement to exercise any power common to the contracting parties, subject to meeting certain conditions with respect to that agreement. Existing law authorizes a private, nonprofit corporation, until January 1, 2023, formed for the purposes of providing services to zero-emission transportation systems or facilities, to join a joint powers authority or enter into a joint powers agreement with a public agency to facilitate the development, construction, and operation of zero-emission transportation systems or facilities that lower

greenhouse gases, reduce vehicle congestion and vehicle miles traveled, and improve public transit connections. This bill would authorize one or more private, nonprofit mutual benefit corporations formed for purposes of providing health care services to join a joint powers authority or enter into a joint powers agreement with one or more public entities established under the act. The bill would deem any joint powers authority formed pursuant to this provision to be a public entity, except that the authority would not have the power to incur debt.
Location: US-CA

CA AB 2297

Title: Hospital and Emergency Physician Fair Pricing Policies.
Current Status: In Assembly
Introduction Date: 2024-02-12
Last Action Date: From printer. May be heard in committee March 14.. 2024-02-13
Description: AB 2297, as introduced, Friedman. Hospital and Emergency Physician Fair Pricing Policies. Existing law requires a hospital to maintain a written charity care policy and a discount payment policy for uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level. Existing law requires the written policy regarding discount payments to also include a statement that an emergency physician who provides emergency medical services in a hospital that provides emergency care is also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level. Existing law authorizes an emergency physician to choose to grant eligibility for a discount payment policy to patients with incomes over 350% of the federal poverty level. Existing law defines "high medical costs" for these purposes to mean, among other things, specified annual out-of-pocket costs incurred by the individual at the hospital or a hospital that provided emergency care.This bill would authorize an emergency physician to choose to grant eligibility for a discount payment policy to patients with incomes over 400% of the federal poverty level. The bill would also clarify that out-of-pocket costs for the above-described definition of "high medical costs" means any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing.Existing law requires a hospital's discount payment policy to clearly state the eligibility criteria based upon income, and authorizes a hospital to consider the income and monetary assets of the patient in determining eligibility under its charity care policy. This bill would define charity policy for those purposes. The bill would prohibit a hospital from considering the monetary assets of the patient in determining eligibility for both the charity care and the discount payment policies. The bill would instead require that the eligibility for charity care or discounted payments be determined at any time the hospital is in receipt of recent pay stubs or income tax returns. The bill would prohibit a hospital from imposing time limits for eligibility. The bill would authorize a hospital to waive Medi-Cal and Medicare cost-sharing amounts as part of its charity care program or discount payment

program.Existing law requires a hospital or an emergency physician to establish a written policy defining standards and practices for the collection of debt. Existing law authorizes a hospital or emergency physician to consider only income and monetary assets, as specified, in determining the amount of debt a hospital or emergency physician may seek to recover from patients who are eligible under the hospital's or emergency physician's charity care or discount payment policy. This bill would eliminate the authorization for a hospital or an emergency physician to consider monetary assets in determining the amount of debt the hospital or emergency physician may seek to recover from patients who are eligible under these policies.Existing law prohibits a hospital, in dealing with patients eligible under the hospital's charity care or discount payment policies, or emergency physician, in dealing with patients eligible under the emergency physician's discount payment policies, from using liens on primary residences as a means of collecting unpaid hospital or emergency physician bills. Existing law prohibits a collection agency, in dealing with a patient under a hospital's charity care or discount payment policies or in dealing with a patient under the emergency physician's discount payment policy, from conducting a sale of a patient's primary residence, as specified, as a means of collecting unpaid hospital or emergency physician bills. This bill would prohibit a hospital or emergency physician from using liens on any real property as a means of collecting unpaid hospital or emergency physician bills, and would prohibit a collection agency from conducting a sale of any real property owned, in part or completely, by a patient or placing a lien on any real property as a means of collecting unpaid hospital or emergency physician bills.
Location: US-CA

CA AB 2300

Title: Medical devices: Di-(2-ethylhexyl) phthalate (DEHP).
Current Status: In Assembly
Introduction Date: 2024-02-12
Last Action Date: From printer. May be heard in committee March 14.. 2024-02-13
Description: AB 2300, as introduced, Wilson. Medical devices: Di-(2-ethylhexyl) phthalate (DEHP). Existing law prohibits a person or entity from manufacturing, selling, or distributing in commerce any toy or childcare article that contains, among other things, Di-(2-ethylhexyl) phthalate (DEHP) in concentrations exceeding 0.1%.This bill would, commencing January 1, 2026, prohibit a person or entity from manufacturing, selling, or distributing into commerce in the State of California intravenous solution containers made with intentionally added DEHP. The bill would, commencing January 1, 2031, prohibit a person or entity from manufacturing, selling, or distributing into commerce in the State of California intravenous tubing made with intentionally added DEHP for use in neonatal intensive care units, nutrition infusions, or oncology treatment infusions. The bill would prohibit a person or entity from replacing DEHP for revised or new products with other specified ortho-phthalates.
Location: US-CA

CA AB 2302

Title: Open meetings: local agencies: teleconferences.
Current Status: In Assembly
Introduction Date: 2024-02-12
Last Action Date: From printer. May be heard in committee March 14.. 2024-02-13
Description: AB 2302, as introduced, Addis. Open meetings: local agencies: teleconferences. Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body, as defined, of a local agency be open and public and that all persons be permitted to attend and participate. The act generally requires for teleconferencing that the legislative body of a local agency that elects to use teleconferencing post agendas at all teleconference locations, identify each teleconference location in the notice and agenda of the meeting or proceeding, and have each teleconference location be accessible to the public. Existing law also requires that, during the teleconference, at least a quorum of the members of the legislative body participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined.Existing law, until January 1, 2026, authorizes the legislative body of a local agency to use alternative teleconferencing in specified circumstances if, during the teleconference meeting, at least a quorum of the members of the legislative body participates in person from a singular physical location clearly identified on the agenda that is open to the public and situated within the boundaries of the territory over which the local agency exercises jurisdiction, and the legislative body complies with prescribed requirements. Existing law imposes prescribed restrictions on remote participation by a member under these alternative teleconferencing provisions, including establishing limits on the number of meetings a member may participate in solely by teleconference from a remote location, prohibiting such participation for a period of more than 3 consecutive months or 20% of the regular meetings for the local agency within a calendar year, or more than 2 meetings if the legislative body regularly meets fewer than 10 times per calendar year.This bill would revise those limits, instead prohibiting such participation for more than a specified number of meetings per year, based on how frequently the legislative body regularly meets. The bill, for the purpose of counting meetings attended by teleconference, would define a “meeting” as any number of meetings of the legislative body of a local agency that begin on the same calendar day.The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose.This bill would make legislative findings to that effect.
Location: US-CA

CA AB 2303

Title: Health and care facilities: prospective payment system rate increase.
Current Status: In Assembly
Introduction Date: 2024-02-12
Last Action Date: From printer. May be heard in committee March 14.. 2024-02-13
Description: AB 2303, as introduced, Juan Carrillo. Health and care facilities: prospective payment system rate increase. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides that federally qualified health center services and rural health clinic services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis and at a per-visit prospective payment system rate, as defined.Existing law establishes 5 separate minimum wage schedules for covered health care employees, as defined, depending on the nature of the employer and includes increases beginning on June 1, 2024. Existing law generally requires the State Department of Public Health to license, regulate, and inspect health and care facilities.This bill would require the State Department of Health Care Services, on or before April 1, 2025, to submit a request for approval to the federal Centers for Medicare and Medicaid Services to authorize a waiver for specified health care facilities to request a change in its prospective payment system rate.
Location: US-CA

CA AB 2315

Title: Mental health: programs for seriously emotionally disturbed children and court wards and dependents.
Current Status: In Assembly
Introduction Date: 2024-02-12
Last Action Date: From printer. May be heard in committee March 14.. 2024-02-13
Description: AB 2315, as introduced, Lowenthal. Mental health: programs for seriously emotionally disturbed children and court wards and dependents. Existing law generally provides for the placement of foster youth in various placement settings and governs the provision of child welfare services, as specified. Existing law, the California Community Care Facilities Act, provides for the licensure and regulation of community care facilities, including community treatment facilities (CTFs) by the State Department of Social Services.Existing law requires the State Department of Health Care Services to adopt certain regulations for CTFs, including, among others, that only seriously emotionally disturbed children, as defined, either (1) for whom other less restrictive mental health interventions have been tried, as specified, or (2) who are currently placed in an acute psychiatric hospital or state hospital or in a facility outside the state for mental health treatment, and who may require periods of containment to participate in, and benefit from, mental health treatment, shall be placed in a CTF.This bill would make technical, nonsubstantive changes to these provisions.

Location: US-CA

CA AB 2319

Title: California Dignity in Pregnancy and Childbirth Act.
Current Status: In Assembly
Introduction Date: 2024-02-12
Last Action Date: From printer. May be heard in committee March 14.. 2024-02-13
Description: AB 2319, as introduced, Wilson. California Dignity in Pregnancy and Childbirth Act. Existing law requires the State Department of Public Health to maintain a program of maternal and child health, which may include, among other things, facilitating services directed toward reducing infant mortality and improving the health of mothers and children. Existing law requires the Office of Health Equity within the department to serve as a resource for ensuring that programs collect and keep data and information regarding ethnic and racial health statistics, and strategies and programs that address multicultural health issues, including, but not limited to, infant and maternal mortality. Existing law makes legislative findings relating to implicit bias and racial disparities in maternal mortality rates. Existing law requires a hospital that provides perinatal care, and an alternative birth center or a primary clinic that provides services as an alternative birth center, to implement an evidence-based implicit bias program, as specified, for all health care providers involved in perinatal care of patients within those facilities. Existing law requires the health care provider to complete initial basic training through the program and a refresher course every 2 years thereafter, or on a more frequent basis if deemed necessary by the facility. Existing law requires the facility to provide a certificate of training completion upon request, to accept certificates of completion from other facilities, and to offer training to physicians not directly employed by the facility. Existing law requires the department to track and publish data on pregnancy-related death and severe maternal morbidity, as specified.This bill would make a legislative finding that the Legislature recognizes all birthing people, including nonbinary persons and persons of transgender experience. The bill would extend the evidence-based implicit bias training requirements to also include hospitals that provide perinatal or prenatal care, as defined. The bill would require an implicit bias program to include recognition of intersecting identities and the potential associated biases. The bill would require initial basic training for the implicit bias program to be completed by June 1, 2025, for current health care providers, and within 6 months of their start date for new health care providers, unless exempted. The bill would require, by February 1 of each year, that a facility provide the department with proof of compliance, with specified requirements. The bill would authorize the department to issue an administrative penalty if it determines that a facility has violated these provisions, and would require the department to annually post on its internet website a list of facilities that did not submit timely proof of compliance and have been issued administrative penalties. The bill would specify that, for these purposes, each health care provider that does not complete the required training constitutes a separate violation. The bill would vest the State Department of Public Health with full

administrative power, authority, and jurisdiction to implement and enforce the California Dignity in Pregnancy and Childbirth Act. The bill would require the department to solicit participation and adopt regulations to further the purposes of the act, as specified.
Location: US-CA

CA AB 2327

Title: Optometry: mobile optometric offices: regulations.
Current Status: In Assembly
Introduction Date: 2024-02-12
Last Action Date: From printer. May be heard in committee March 14.. 2024-02-13
Description: AB 2327, as introduced, Wendy Carrillo. Optometry: mobile optometric offices: regulations. Existing law, the Optometry Practice Act, establishes the State Board of Optometry within the Department of Consumer Affairs and sets forth the powers and duties of the board relating to the licensure and regulation of the practice of optometry. Existing law requires the board, by January 1, 2023, to adopt regulations establishing a registry for the owners and operators of mobile optometric offices, as specified. Existing law prohibits the board, before January 1, 2023, from bringing an enforcement action against an owner and operator of a mobile optometric office based solely on its affiliation status with an approved optometry school in California for remotely providing optometric service. Existing law makes these and other provisions related to the permitting and regulation of mobile optometric offices effective only until July 1, 2025, and repeals them as of that date.This bill would require the board to adopt the above-described regulations by January 1, 2026. The bill would prohibit the board from bringing the above-described enforcement action before January 1, 2026. The bill would extend the repeal date of the provisions related to the permitting and regulation of mobile optometric clinics to July 1, 2035.
Location: US-CA

CA AB 2332

Title: Corrections: health care.
Current Status: In Assembly
Introduction Date: 2024-02-12
Last Action Date: From printer. May be heard in committee March 14.. 2024-02-13
Description: AB 2332, as introduced, Connolly. Corrections: health care. Existing law establishes the Department of Corrections and Rehabilitation and charges it with various duties and obligations. Existing law requires the department to maintain a statewide utilization management program, as defined, in order to promote the best possible patient outcomes, eliminate unnecessary medical and pharmacy costs, and ensure consistency in the delivery of health care services, as specified.The bill would state the intent of the Legislature to enact legislation to improve inmate health outcomes in state prisons.

Location: US-CA

CA AB 2339

Title: Medi-Cal: telehealth.
Current Status: In Assembly
Introduction Date: 2024-02-12
Last Action Date: From printer. May be heard in committee March 14.. 2024-02-13
Description: AB 2339, as introduced, Aguiar-Curry. Medi-Cal: telehealth. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Under existing law, subject to federal approval, in-person, face-to-face contact is not required under Medi-Cal when covered health care services are provided by video synchronous interaction, asynchronous store and forward, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities, when those services and settings meet certain criteria. Existing law defines "asynchronous store and forward" as the transmission of a patient's medical information from an originating site to the health care provider at a distant site.This bill would expand that definition, for purposes of the above-described Medi-Cal provisions, to include asynchronous electronic transmission initiated directly by patients, including through mobile telephone applications.Existing law prohibits a health care provider from establishing a new patient relationship with a Medi-Cal beneficiary via asynchronous store and forward, telephonic (audio-only) synchronous interaction, remote patient monitoring, or other virtual communication modalities, except as specified. Among those exceptions, existing law authorizes a health care provider to establish a new patient relationship using an audio-only synchronous interaction when the visit is related to sensitive services, as defined, and when established in accordance with department-specific requirements and consistent with federal and state law, regulations, and guidance.This bill would expand that exception to include asynchronous store and forward when the visit is related to sensitive services, as specified. The bill would also authorize a health care provider to establish a new patient relationship using asynchronous store and forward when the patient requests an asynchronous store and forward modality, as specified.Existing law authorizes a health care provider to establish a new patient relationship using an audio-only synchronous interaction when the patient requests an audio-only modality or attests that they do not have access to video, as specified.This bill would remove, from that exception, the option of the patient attesting that they do not have access to video.
Location: US-CA

CA AB 2340

Title: Medi-Cal: EPSDT services.
Current Status: In Assembly
Introduction Date: 2024-02-12
Last Action Date: From printer. May be heard in committee March 14.. 2024-02-13
Description: AB 2340, as introduced, Bonta. Medi-Cal: EPSDT services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive medically necessary health care services, through fee-for-service or managed care delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, early and periodic screening, diagnostic, and treatment (EPSDT) services are covered under Medi-Cal for an individual under 21 years of age in accordance with certain federal provisions.Under existing law, for an individual under 21 years of age, a service is medically necessary if the service meets the standards set forth in one of those federal EPSDT provisions, including the correction or amelioration of defects and physical and mental illnesses and conditions discovered by the screening services, whether or not those services are covered under the state plan. Existing law sets forth other provisions on medical necessity standards for covered benefits provided in a Medi-Cal behavioral health delivery system.This bill would prohibit limits on EPSDT services when those services are medically necessary. The bill would require a Medi-Cal managed care plan to cover all medically necessary EPSDT services, unless otherwise carved out of the contract between the managed care plan and the department, regardless of whether those services are covered under the Medi-Cal State Plan.The bill would establish definitions for "EPSDT services" and "medically necessary" by making references to the above-described provisions. The bill would specify that EPSDT services also include all age-specific assessments and services listed under the most current periodicity schedule by the American Academy of Pediatrics (AAP) and Bright Futures, and any other medically necessary assessments and services that exceed those listed by AAP and Bright Futures.The bill would require the department and its contractors to accurately reflect these provisions in any model evidence-of-coverage documents, beneficiary handbooks, and related material.
Location: US-CA

CA AB 2342

Title: Medi-Cal: critical access hospitals: islands.
Current Status: In Assembly
Introduction Date: 2024-02-12
Last Action Date: From printer. May be heard in committee March 14.. 2024-02-13
Description: AB 2342, as introduced, Lowenthal. Medi-Cal: critical access hospitals: islands. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by

federal Medicaid program provisions.Under existing law, a hospital designated by the department as a critical access hospital, and certified as such by the Secretary of the United States Department of Health and Human Services under the federal Medicare rural hospital flexibility program, is eligible for supplemental payments for Medi-Cal covered outpatient services rendered to Medi-Cal eligible persons. Existing law conditions those payments on receipt of federal financial participation and an appropriation in the annual Budget Act for the nonfederal share of those payments, with supplemental payments being apportioned among critical access hospitals based on their number of Medi-Cal outpatient visits.This bill, subject to appropriation and the availability of federal funding, would require the department to provide an annual supplemental payment, for services covered under Medi-Cal, to each critical access hospital that operates on an island that is located more than 10 miles offshore of the mainland coast of the state but is still within the jurisdiction of the state. The bill would specify the formula of the payment amount, which would be in addition to any supplemental payment described above.This bill would make legislative findings and declarations as to the necessity of a special statute for critical access hospitals operating on those islands.
Location: US-CA

CA AB 2352

Title: Psychiatric advance directives.
Current Status: In Assembly
Introduction Date: 2024-02-12
Last Action Date: From printer. May be heard in committee March 14.. 2024-02-13
Description: AB 2352, as introduced, Irwin. Psychiatric advance directives. Existing law establishes the requirements for executing a written advance health care directive that is legally sufficient to direct health care decisions. Existing law provides a form that an individual may use or modify to create an advance health care directive. The statutory form includes a space to designate an agent to make health care decisions, as well as optional spaces to designate a first alternate agent and 2nd alternate agent. Existing law defines "health care decision," as specified. Existing law authorizes an individual to provide an "individual health care instruction" as the individual's authorized written or oral direction regarding a health care decision for the individual. Existing law confirms that the provisions relating to execution of advance health directives do not prohibit the execution of a voluntary standalone psychiatric advance directive. Existing law defines "advance psychiatric directive" as a legal document, executed on a voluntary basis by a person who has the capacity to make medical decisions and in accordance with the requirements for an advance health care directive in this division, that allows a person with mental illness to protect their autonomy and ability to direct their own care by documenting their preferences for treatment in advance of a mental health crisis.This bill would declare the intent of the Legislature to enact legislation relating to psychiatric advance directives.
Location: US-CA

CA AB 2356

Title: Medi-Cal: monthly maintenance amount: personal and incidental needs.
Current Status: In Assembly
Introduction Date: 2024-02-12
Last Action Date: From printer. May be heard in committee March 14.. 2024-02-13
Description: AB 2356, as introduced, Wallis. Medi-Cal: monthly maintenance amount: personal and incidental needs. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions. Qualified individuals under the Medi-Cal program include medically needy persons and medically needy family persons who meet the required eligibility criteria, including applicable income requirements.Existing law requires the department to establish income levels for maintenance need at the lowest levels that reasonably permit a medically needy person to meet their basic needs for food, clothing, and shelter, and for which federal financial participation will still be provided under applicable federal law. In calculating the income of a medically needy person in a medical institution or nursing facility, or a person receiving institutional or noninstitutional services from a Program of All-Inclusive Care for the Elderly organization, the required monthly maintenance amount includes an amount providing for personal and incidental needs in the amount of not less than $35 per month while a patient. Existing law authorizes the department to increase, by regulation, this amount as necessitated by increasing costs of personal and incidental needs.This bill would 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.
Location: US-CA

CA AB 236 Monitor

Title: Health care coverage: provider directories.
Current Status: In Senate
Introduction Date: 2023-01-13
Last Action Date: In Senate. Read first time. To Com. on RLS. for assignment.. 2024-01-30
Description: AB 236, as amended, Holden. Health care coverage: provider directories. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan and a health insurer that contracts with providers for alternative rates of payment to publish and maintain a provider directory or directories with information on contracting providers that deliver health care services enrollees or insureds, and requires a health care service

plan and health insurer to regularly update its printed and online provider directory or directories, as specified. Existing law authorizes the departments to require a plan or insurer to provide coverage for all covered health care services provided to an enrollee or insured who reasonably relied on materially inaccurate, incomplete, or misleading information contained in a health plan's provider directory or directories.This bill would require a plan or insurer to annually verify and delete inaccurate listings from its provider directories, and would require a provider directory to be 60% accurate on July 1, 2025, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before July 1, 2028. The bill would subject a plan or insurer to administrative penalties for failure to meet the prescribed benchmarks. If a plan or insurer has not financially compensated a provider in the prior year, the bill would require the plan or insurer to delete the provider from its directory beginning July 1, 2025, unless specified criteria applies. The bill would require a plan or insurer to arrange care and provide coverage for all covered health care services provided to an enrollee or insured who reasonably relied on inaccurate, incomplete, or misleading information contained in a health plan or policy's provider directory or directories and to reimburse the provider the contracted amount for those services. The bill would prohibit a provider from collecting an additional amount from an enrollee or insured other than the applicable in-network cost sharing. The bill would require a plan or insurer to provide information about in-network providers to enrollees and insureds upon request, and would limit the cost-sharing amounts an enrollee or insured is required to pay for services from those providers under specified circumstances.This bill would authorize the Department of Managed Health Care and the Department of Insurance to develop uniform formats for plans and insurers to use to request directory information from providers and would authorize the departments to establish a methodology and processes to ensure accuracy of provider directories. The bill would require the health plan or the insurer, as applicable, to ensure the accuracy of a request to add back a provider who was previously removed from a directory and approve the request within 10 business days of receipt, if accurate.Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Location: US-CA

Organization Notes

California Association of Health Plans: Opposed

Created by Joanne Campbell • Mar 27, 2023

CA AB 2376

Title: Medi-Cal.

Current Status: In Assembly
Introduction Date: 2024-02-12
Last Action Date: From printer. May be heard in committee March 14.. 2024-02-13
Description: AB 2376, as introduced, Bains. Medi-Cal. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth a schedule of benefits under the Medi-Cal program.This bill would state the intent of the Legislature to enact legislation to allow for acute care hospitals that accept Medi-Cal coverage to directly bill for inpatient detox services and Medically Assisted Treatment for substance abuse issues, as specified.
Location: US-CA

CA AB 2411

Title: Local Youth Mental Health Boards.
Current Status: In Assembly
Introduction Date: 2024-02-12
Last Action Date: From printer. May be heard in committee March 14.. 2024-02-13
Description: AB 2411, as introduced, Wendy Carrillo. Local Youth Mental Health Boards. Existing law, the Bronzan-McCorquodale Act, contains provisions governing the operation and financing of community mental health services for the mentally disordered in every county through locally administered and locally controlled community mental health programs. This bill would require each community mental health service to have a local youth mental health board (board), appointed as specified, consisting of members between 15 and 23 years of age, inclusive, at least 1/2 of whom are, to the extent possible, mental health consumers who are receiving, or have received, mental health services, or siblings or close family members of mental health consumers and 1/2 of whom are, to the extent possible, enrolled in schools in the county. The bill would require the board, among other duties, to review and evaluate the local public mental health system and advise the governing body and school district governing bodies on mental health services related to youth that are delivered by the local mental health agency or local behavioral health agency, school districts, or others, as applicable. The bill, upon appropriation by the Legislature, would require the governing body to provide a budget for the board sufficient to facilitate the purposes, duties, and responsibilities of the board. By increasing the duties of local governments, this bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Location: US-CA

CA AB 2428

Title: Medi-Cal: Community-Based Adult Services.
Current Status: In Assembly
Introduction Date: 2024-02-13
Last Action Date: From printer. May be heard in committee March 15.. 2024-02-14
Description: AB 2428, as introduced, Calderon. Medi-Cal: Community-Based Adult Services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department to standardize applicable covered Medi-Cal benefits provided by Medi-Cal managed care plans under comprehensive risk contracts with the department on a statewide basis and across all models of Medi-Cal managed care, in accordance with the Terms and Conditions of the California Advancing and Innovating Medi-Cal (CalAIM) initiative.Existing law requires, commencing January 1, 2022, that Community-Based Adult Services (CBAS) continue to be available as a capitated benefit for a qualified Medi-Cal beneficiary under a comprehensive risk contract with an applicable Medi-Cal managed care plan. For contract periods during which that provision is implemented, existing law requires each applicable plan to reimburse a network provider furnishing CBAS to a Medi-Cal beneficiary enrolled in that plan, and requires each network provider of CBAS to accept the payment amount that the network provider of CBAS would be paid for the service in the Medi-Cal fee-for-service delivery system, as specified, unless the plan and network provider mutually agree to reimbursement in a different amount.This bill, for purposes of the mutual agreement between a Medi-Cal managed care plan and a network provider, would require that the reimbursement be in an amount equal to or greater than the amount paid for the service in the Medi-Cal fee-for-service delivery system. Under the bill, no later than January 1, 2025, for payments commencing on July 1, 2019, a Medi-Cal managed care plan that has not reimbursed a network provider furnishing CBAS according to those provisions would be required to reimburse the network provider the difference between the amount required and the amount that has been paid.Existing law requires that capitation rates paid by the department to an applicable Medi-Cal managed care plan be actuarially sound and account for the payment levels in the above-described provisions as applicable.This bill would prohibit the changes made by the bill to the above-described reimbursement from being construed as requiring the department to retroactively recalculate the capitation rates for purposes of any reimbursement of the difference between the amount required and the amount that has been paid.
Location: US-CA

CA AB 2435

Title: California Health Benefit Exchange.
Current Status: In Assembly
Introduction Date: 2024-02-13
Last Action Date: From printer. May be heard in committee March 15.. 2024-02-14
Description: AB 2435, as introduced, Maienschein. California Health Benefit Exchange. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Existing state law creates the California Health Benefit Exchange, also known as Covered California, governed by an executive board, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law specifies the powers of the executive board. Existing law authorizes the executive board to adopt necessary rules and regulations by emergency regulations until January 1, 2025, with the exception of regulations implementing prescribed provisions relating to criminal background history checks for persons with access to confidential, personal, or financial information. Existing law authorizes the Office of Administrative Law to approve more than 2 readoptions of emergency regulations until January 1, 2030. Existing law provides that these extensions apply to a regulation adopted before January 1, 2022.This bill would extend the authority of the executive board to adopt necessary rules and regulations by emergency regulations until January 1, 2030, and would extend the authority of the Office of Administrative Law to approve more than 2 readoptions of emergency regulations until January 1, 2035. The bill would provide that these prescribed time extensions apply to a regulation adopted before January 1, 2025.
Location: US-CA

CA AB 2442

Title: Healing arts: expedited licensure process: gender-affirming health care and gender-affirming mental health care.
Current Status: In Assembly
Introduction Date: 2024-02-13
Last Action Date: From printer. May be heard in committee March 15.. 2024-02-14
Description: AB 2442, as introduced, Zbur. Healing arts: expedited licensure process: gender-affirming health care and gender-affirming mental health care. Existing law requires the Medical Board of California, the Osteopathic Medical Board of California, the Board of Registered Nursing, and the Physician Assistant Board to expedite the licensure process for an applicant who demonstrates that they intend to provide abortions within the scope of practice of their license, and specifies the manner in which the applicant is required to demonstrate their intent. This bill would also require those boards to expedite the licensure process for an applicant who demonstrates that they intend to provide gender-affirming

health care and gender-affirming mental health care, as defined, within the scope of practice of their license, and would specify the manner in which the applicant would be required to demonstrate their intent.
Location: US-CA

CA AB 2445

Title: Prescriptions: personal use pharmaceutical disposal system.
Current Status: In Assembly
Introduction Date: 2024-02-13
Last Action Date: From printer. May be heard in committee March 15.. 2024-02-14
Description: AB 2445, as introduced, Wallis. Prescriptions: personal use pharmaceutical disposal system. Existing law, the Pharmacy Law, provides for the licensing and regulation of pharmacists by the California State Board of Pharmacy in the Department of Consumer Affairs. Existing law prohibits a pharmacist from dispensing a prescription unless the prescription is in a container that meets the requirements of state and federal law and is correctly labeled with certain information. Existing law requires a pharmacy or practitioner that dispenses a prescription drug containing an opioid to a patient for outpatient use to prominently display a specified notice on the label or container of the prescription drug containing an opioid. Existing law, when no other penalty is provided, makes a knowing violation of the Pharmacy Law a misdemeanor and, in all other instances, makes a violation punishable as an infraction.This bill would prohibit a dispenser from dispensing a prescription drug containing an opioid to a patient for outpatient use unless the dispenser also provides a personal use pharmaceutical disposal system, as defined, to the patient. The bill would provide that its provisions become operative only upon the Legislature enacting a framework for the governing of a personal use pharmaceutical disposal system program. By expanding the scope of a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA AB 2446

Title: Medi-Cal: diapers.
Current Status: In Assembly
Introduction Date: 2024-02-13
Last Action Date: From printer. May be heard in committee March 15.. 2024-02-14
Description: AB 2446, as introduced, Ortega. Medi-Cal: diapers. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services

and under which qualified low-income individuals receive healthcare services. The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Existing law establishes a schedule of covered benefits under the Medi-Cal program, including incontinence supplies.This bill would add to the schedule of Medi-Cal benefits diapers for infants or toddlers with certain conditions, such as a urinary tract infection and colic, among others. The bill would establish diapers as a covered benefit for a child greater than 3 years of age with a condition that contributes to incontinence. The bill would require the department to seek any and all available federal funding to implement this provision and would implement these provision only to the extent that the department obtains any necessary federal approvals or waivers.
Location: US-CA

CA AB 2449

Title: Health care coverage: qualified autism service providers.
Current Status: In Assembly
Introduction Date: 2024-02-13
Last Action Date: From printer. May be heard in committee March 15.. 2024-02-14
Description: AB 2449, as introduced, Ta. Health care coverage: qualified autism service providers. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy to provide coverage for behavioral health treatment provided for pervasive developmental disorder or autism and requires a plan or policy to maintain an adequate network of qualified autism service providers. Under existing law, a "qualified autism service provider" means, among other things, a person who is certified by a national entity, such as the Behavior Analyst Certification Board, with a certification that is accredited by the National Commission for Certifying Agencies.This bill would clarify that the Qualified Applied Behavior Analysis Credentialing Board is also a national entity that may certify a qualified autism service provider, and would authorize the certification to be accredited by the American National Standards Institute.
Location: US-CA

CA AB 2466

Title: Mental health.
Current Status: In Assembly
Introduction Date: 2024-02-13
Last Action Date: From printer. May be heard in committee March 15.. 2024-02-14

Description: AB 2466, as introduced, Wendy Carrillo. Mental health. Existing law establishes various state and local programs for the provision of mental health services within the jurisdiction of the State Department of Health Care Services, the State Department of Public Health, the California Behavioral Health Planning Council, the Department of Health Care Access and Information, and county public health or behavioral health departments, among other entities. Under existing law, those programs, services, and provisions include, among others, the Mental Health Services Act, the Lanterman-Petris-Short Act, the Children and Youth Behavioral Health Initiative, the Behavioral Health Continuum Infrastructure Program, the Licensed Mental Health Service Provider Education Program, and Medi-Cal specialty mental health services.This bill would state the intent of the Legislature to enact legislation relating to mental health.
Location: US-CA

CA AB 2467

Title: Menopause.
Current Status: In Assembly
Introduction Date: 2024-02-13
Last Action Date: From printer. May be heard in committee March 15.. 2024-02-14
Description: AB 2467, as introduced, Bauer-Kahan. Menopause. Existing law establishes various programs to support the health of Californians, including programs to support the health of pregnant women, children, and older adults.This bill would state the intent of the Legislature to enact legislation relating to menopause.
Location: US-CA

CA AB 2478

Title: Incarcerated persons: health records.
Current Status: In Assembly
Introduction Date: 2024-02-13
Last Action Date: From printer. May be heard in committee March 15.. 2024-02-14
Description: AB 2478, as introduced, Ramos. Incarcerated persons: health records. Existing law, the Confidentiality of Medical Information Act, prohibits a health care provider, a contractor, or a health care service plan from disclosing medical information, as defined, regarding a patient of the provider or an enrollee or subscriber of the health care service plan without first obtaining an authorization, except as specified. Existing law authorizes, among other things, mental health records to be disclosed by a county correctional facility, county medical facility, state correctional facility, or state hospital, as specified.Existing law requires, when jurisdiction of an inmate is transferred from or between the Department of Corrections and Rehabilitation, the State Department of State Hospitals, and county agencies caring for inmates, those agencies to disclose, by electronic transmission when

possible, mental health records, as defined, regarding each transferred inmate who received mental health services while in custody of the transferring facility, as specified. Existing law requires mental health records to be disclosed to ensure sufficient mental health history is available for the purpose of satisfying specified requirements relating to parole and to ensure the continuity of mental health treatment of an inmate being transferred between those facilities. Existing law requires all transmissions made pursuant to those provisions to comply with specified provisions of state and federal law, including the Confidentiality of Medical Information Act.This bill would require, when jurisdiction of an inmate is transferred from or between a county correctional facility, a county medical facility, the State Department of State Hospitals, and a county agency caring for inmates, those agencies to disclose, by electronic transmission if possible, mental health records, as defined, regarding each transferred inmate who received mental health services while in custody of the transferring facility, as specified. The bill would require mental health records to be disclosed to ensure sufficient mental health history is available to ensure the continuity of mental health treatment of an inmate being transferred between those facilities.This bill would require all county behavioral health departments and contractors to establish and maintain a secure and standardized system for sharing inmate mental health records, as specified. The bill would require each county to prepare a report containing information about the effectiveness of the data sharing, the continuity of care measures, and an evaluation on the impact of inmate well-being, safety, and recidivism rates. The bill would require the report to be submitted to the Legislature on or before June 30, 2028. By imposing additional duties on local entities, the bill would impose a state-mandated local program.This bill would require all transmissions made pursuant to these provisions to comply with specified provisions of state and federal law, including the Confidentiality of Medical Information Act.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.
Location: US-CA

CA AB 2494

Title: Health care: provider enrollment and certification.
Current Status: In Assembly
Introduction Date: 2024-02-13
Last Action Date: From printer. May be heard in committee March 15.. 2024-02-14
Description: AB 2494, as introduced, Calderon. Health care: provider enrollment and certification. Existing law requires the Department of Health Care Services to implement, on or before July 1, 2005, a process that allows an applicant for licensure as a primary care clinic to submit an application for review of the clinic's qualifications for participation in

specified programs simultaneously with any review for enrollment and certification as a provider in the Medi-Cal program, and if approved for participation in a program, to be enrolled or certified, or both, as a provider in the program, subsequent to certification and enrollment as a provider in the Medi-Cal program.This bill would make technical, nonsubstantive changes to that provision.
Location: US-CA

CA AB 2556

Title: Behavioral health and wellness screenings: notice.
Current Status: In Assembly
Introduction Date: 2024-02-14
Last Action Date: From printer. May be heard in committee March 16.. 2024-02-15
Description: AB 2556, as introduced, Jackson. Behavioral health and wellness screenings: notice. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. This bill would require a health care service plan or insurer to provide to each legal guardian of a patient, enrollee, or insured, 10 to 18 years of age, a written or electronic notice regarding the benefits of a behavioral health and wellness screening, as defined. The bill would require a health care service plan or insurer to provide the notice at least once every 2 years in the preferred method of the legal guardian. Because a violation of the bill's requirements relative to a health care service plan would be crimes, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA AB 2563

Title: Newborn screening program.
Current Status: In Assembly
Introduction Date: 2024-02-14
Last Action Date: From printer. May be heard in committee March 16.. 2024-02-15
Description: AB 2563, as introduced, Essayli. Newborn screening program. Existing law requires the State Department of Public Health to establish a program for the development, provision, and evaluation of genetic disease testing. Existing law establishes the continuously appropriated Genetic Disease Testing Fund (GDTF), consisting of fees paid for newborn screening tests, and states the intent of the Legislature that all costs of the genetic

disease testing program be fully supported by fees paid for newborn screening tests, which are deposited in the GDTF. Existing law also authorizes moneys in the GDTF to be used for the expansion of the Genetic Disease Branch Screening Information System to include cystic fibrosis, biotinidase, severe combined immunodeficiency (SCID), and adrenoleukodystrophy (ALD) and exempts the expansion of contracts for this purpose from certain provisions of the Public Contract Code, the Government Code, and the State Administrative Manual, as specified.This bill would require the department to expand statewide screening of newborns to include screening for Duchenne Muscular Dystrophy. By expanding the purposes for which moneys from the fund may be expended, this bill would make an appropriation.
Location: US-CA

CA AB 2578

Title: Nursing.
Current Status: In Assembly
Introduction Date: 2024-02-14
Last Action Date: From printer. May be heard in committee March 16.. 2024-02-15
Description: AB 2578, as introduced, Flora. Nursing. Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing to license and regulate the practice of nursing. The act prohibits a person from engaging in the practice of nursing without an active license but authorizes a student to render nursing services incidental to the course of study, as specified. This bill would make a nonsubstantive change to those provisions.
Location: US-CA

CA AB 2636

Title: Mello-Granlund Older Californians Act.
Current Status: In Assembly
Introduction Date: 2024-02-14
Last Action Date: From printer. May be heard in committee March 16.. 2024-02-15
Description: AB 2636, as introduced, Bains. Mello-Granlund Older Californians Act. Existing law requires the California Department of Aging to administer the Mello-Granlund Older Californians Act (act), which establishes various programs that serve older individuals, defined as persons 60 years of age or older, except as specified. The act requires the department to designate various private nonprofit or public agencies as area agencies on aging to work within a planning and service area and provide a broad array of social and nutritional services. Under the act, the department's mission is to provide leadership to those agencies in developing systems of home- and community-based services that maintain individuals in their own homes or least restrictive homelike environments.This bill would recast and revise various provisions of the act, including updating findings and declarations relating to statistics and issues of concern to the older adult population, and replacing

references throughout the act from “senior,” and similar terminology to “older adult.” The bill would repeal obsolete provisions, such as the Senior Center Bond Act of 1984.The bill would expand existing provisions relating to volunteering, including establishing the Older Adults Volunteer Corps Support Center, to serve as a clearinghouse for volunteer opportunities with older adults. The center would make funds available to area agencies on aging to establish a formally structured volunteer program for specified purposes. The bill would increase flexibility for area agencies on aging to develop and manage community-based program based on local need, as specified. Existing law also provides for the Long-Term Care Ombudsman Program under which funds are allocated to local ombudsman programs to assist elderly persons in long-term health care facilities. Existing law, as part of the Mello-Granlund Older Californians Act, establishes the Office of the State Long-Term Care Ombudsman, under the direction of the State Long-Term Care Ombudsman, in the California Department of Aging. Existing law requires the State Long-Term Care Ombudsman to investigate and seek to resolve complaints against long-term health care facilities and to provide services to assist residents in the protection of their health, safety, welfare, and rights. Existing law also provides for the Long-Term Care Ombudsman Program under which funds are allocated to local ombudsman programs to assist elderly persons in long-term health care facilities. Under existing law, the base allocation to a local ombudsman program is $100,000 per fiscal year.This bill would require additional funds for local ombudsman programs to be sought from the Federal Health Facilities Citation Penalty Account to represent the interests of individuals living in congregate living facilities.
Location: US-CA

CA AB 2668

Title: Coverage for cranial prostheses.
Current Status: In Assembly
Introduction Date: 2024-02-14
Last Action Date: From printer. May be heard in committee March 16.. 2024-02-15
Description: AB 2668, as introduced, Berman. Coverage for cranial prostheses. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plans and health insurers to provide coverage for prosthetic devices in connection with specified health conditions and procedures.This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, to cover cranial prostheses, as defined, for individuals experiencing permanent or temporary medical hair loss. The bill would require a licensed provider to prescribe the cranial prosthesis for an individual’s course of treatment for a diagnosed health condition, chronic illness, or injury, as specified. The bill would limit coverage to once every 12 months and $750 for each instance of coverage. The bill would not apply these provisions to a

specialized health care service plan or specialized health insurance policy. Because a violation of these requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.Existing law also establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Commencing January 1, 2025, this bill would require coverage for cranial prostheses for individuals experiencing permanent or temporary medical hair loss. or treatment for those conditions as a Medi-Cal benefit, subject to the same requirements with respect to provider prescription, coverage frequency, and amount. The bill would not apply these provisions to a specialized health care service plan.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA AB 2688

Title: Medical Board of California: appointments: removal.
Current Status: In Assembly
Introduction Date: 2024-02-14
Last Action Date: From printer. May be heard in committee March 16.. 2024-02-15
Description: AB 2688, as introduced, Berman. Medical Board of California: appointments: removal. Existing law, the Medical Practice Act, establishes the Medical Board of California within the Department of Consumer Affairs and sets forth its powers and duties relating to the licensure and regulation of the practice of medicine by physicians and surgeons. Under the act, the board consists of 15 members, including 13 members appointed by the Governor, one appointed by the Senate Committee on Rules, and one appointed by the Speaker of the Assembly, as prescribed. The act authorizes the appointing power to remove any member of the board for neglect of duty, incompetency, or unprofessional conduct.Under other existing law with respect to the department and its constituent boards, an appointing authority has power to remove from office at any time a member of any board appointed by the appointing authority for continued neglect of duties required by law, or for incompetence, or unprofessional or dishonorable conduct. Existing law prohibits this provision from being construed as a limitation or restriction on the power of the appointing authority conferred on the appointing authority by any other provision of law to remove any member of any board.This bill would revise the removal authority of an appointing power of the Medical Board of California granted by the Medical Practice Act to instead authorize the removal of a member of the board appointed by that authority for continued neglect of duties required by law, or for incompetence, or unprofessional or dishonorable conduct.
Location: US-CA

CA AB 2699

Title: Health care service plans: provider directories.
Current Status: In Assembly
Introduction Date: 2024-02-14
Last Action Date: From printer. May be heard in committee March 16.. 2024-02-15
Description: AB 2699, as introduced, Wendy Carrillo. Health care service plans: provider directories. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans. Existing law requires plans to publish and maintain provider directories, as specified.This bill would make technical, nonsubstantive changes to those provisions.
Location: US-CA

CA AB 2701

Title: Medi-Cal: dental cleanings and examinations.
Current Status: In Assembly
Introduction Date: 2024-02-14
Last Action Date: From printer. May be heard in committee March 16.. 2024-02-15
Description: AB 2701, as introduced, Villapudua. Medi-Cal: dental cleanings and examinations. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including certain dental services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Under existing law, one dental prophylaxis cleaning per year and one initial dental examination by a dentist are covered Medi-Cal benefits for beneficiaries 21 years of age or older. Under existing law, 2 dental prophylaxis cleanings per year and 2 periodic dental examinations per year are covered Medi-Cal benefits for beneficiaries under 21 years of age. Existing law conditions implementation of those provisions on receipt of any necessary federal approvals and the availability of federal financial participation and funding in the annual Budget Act.This bill would restructure those provisions so that 2 cleanings and 2 examinations per year, as specified, would be covered Medi-Cal benefits for all beneficiaries, regardless of age.
Location: US-CA

CA AB 2715

Title: Ralph M. Brown Act: closed sessions.
Current Status: In Assembly
Introduction Date: 2024-02-14
Last Action Date: From printer. May be heard in committee March 16.. 2024-02-15

Description: AB 2715, as introduced, Boerner. Ralph M. Brown Act: closed sessions. Existing law, the Ralph M. Brown Act, generally requires that all meetings of a legislative body of a local agency be open and public and that all persons be permitted to attend and participate. Existing law authorizes a legislative body to hold a closed session on, among other things, matters posing a threat to the security of essential public services, as specified.This bill would additionally authorize a closed session to consider or evaluate matters related to cybersecurity, as specified, provided that any action taken on those matters is done in open session.Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.This bill would make legislative findings to that effect.The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose.This bill would make legislative findings to that effect.
Location: US-CA

CA AB 2726

Title: Health care coverage: access to specialty care.
Current Status: In Assembly
Introduction Date: 2024-02-14
Last Action Date: From printer. May be heard in committee March 16.. 2024-02-15
Description: AB 2726, as introduced, Flora. Health care coverage: access to specialty care. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law requires health care service plans to meet specified requirements, including establishing a procedure by which a covered individual may receive a standing referral to a specialist.This bill would state that it is the intent of the Legislature to enact legislation to increase access to specialty care to support whole-person care among California's most medically complex patients facing significant adverse social drivers of health.
Location: US-CA

CA AB 2749

Title: California Health Benefit Exchange: financial assistance.
Current Status: In Assembly
Introduction Date: 2024-02-15
Last Action Date: From printer. May be heard in committee March 17.. 2024-02-16

Description: AB 2749, as introduced, Wood. California Health Benefit Exchange: financial assistance. Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. PPACA authorizes a state to apply to the United States Department of Health and Human Services for a state innovation waiver of any or all PPACA requirements, if certain criteria are met, including that the state has enacted a law that provides for state actions under a waiver. Existing state law creates the California Health Benefit Exchange (Exchange), also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law requires the Exchange, upon appropriation by the Legislature, to administer a program of financial assistance beginning July 1, 2023, to help Californians obtain and maintain health benefits through the Exchange if they lose employer-provided health care coverage as a result of a labor dispute.This bill would make a technical, nonsubstantive change to this provision.
Location: US-CA

CA AB 2753

Title: Rehabilitative and habilitative services: durable medical equipment and services.
Current Status: In Assembly
Introduction Date: 2024-02-15
Last Action Date: From printer. May be heard in committee March 17.. 2024-02-16
Description: AB 2753, as introduced, Ortega. Rehabilitative and habilitative services: durable medical equipment and services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Other existing law requires the Department of Insurance to regulate health insurers. Existing law requires an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2017, to include, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. Under existing law, essential health benefits include, among other things, rehabilitative and habilitative services. Existing law requires habilitative services and devices to be covered under the same terms and conditions applied to rehabilitative services and devices under the plan contract or policy, and defines habilitative services to mean health care services and devices that help a person keep, learn, or improve skills and functioning for daily living.This bill would specify that coverage of rehabilitative and habilitative services and devices under a health care service plan or health insurance policy includes durable medical equipment, services, and repairs, if the equipment, services, or repairs are prescribed or ordered by a physician, surgeon, or other health professional acting within the scope of their license. The bill would define “durable medical equipment” to mean devices, including replacement devices, that are designed for repeated use, and that are used for the treatment

or monitoring of a medical condition or injury in order to help a person to partially or fully acquire, improve, keep, or learn, or minimize the loss of, skills and functioning of daily living. The bill would prohibit coverage of durable medical equipment and services from being subject to financial or treatment limitations, as specified.The bill would make related findings and declarations, including that coverage of durable medical equipment is necessary to comply with federal requirements for purposes of being considered essential health benefits not subject to defrayal payments. Because a violation of the bill's provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA AB 2756

Title: Pelvic Floor and Core Conditioning Pilot Program.
Current Status: In Assembly
Introduction Date: 2024-02-15
Last Action Date: From printer. May be heard in committee March 17.. 2024-02-16
Description: AB 2756, as introduced, Boerner. Pelvic Floor and Core Conditioning Pilot Program. Existing law finds and declares that postpartum care, among other things, is an essential service necessary to ensure maternal health. Existing law establishes the State Department of Health Care Services, and requires the department to, among other things, maintain programs relating to maternal health.This bill would, commencing January 1, 2026, until January 1, 2029, authorize the County of San Diego to establish a pilot program for pelvic floor and core conditioning group classes that would be provided to people twice a week between their 6 to 12 week postpartum window to help people rebuild their pelvic floor after pregnancy. The bill would require the program to record specified information to directly assess pelvic floor changes, and would require the program to annually report all the information and outcomes to the department. The bill would require the department to provide a final report on the program to the Legislature by June 1, 2029.
Location: US-CA

CA AB 2767

Title: Financial Solvency Standards Board: membership.
Current Status: In Assembly
Introduction Date: 2024-02-15
Last Action Date: From printer. May be heard in committee March 17.. 2024-02-16

Description: AB 2767, as introduced, Santiago. Financial Solvency Standards Board: membership. Existing law establishes the Department of Managed Health Care, which, among other duties, ensures the financial stability of managed care plans. Existing law establishes within the department the Financial Solvency Standards Board for the purpose of, among other things, developing and recommending to the director of the department financial solvency requirements and standards relating to health care service plan operations. Existing law requires the board to be composed of the director, or their designee, and 7 members appointed by the director, and authorizes the director to appoint individuals with training and experience in specified subject areas or fields.This bill would instead require the director to appoint 10 members to the board, and would additionally authorize the director to appoint health care consumer advocates, representatives of organized labor unions representing health care workers, and individuals with training and experience in large group health insurance purchasing.
Location: US-CA

CA AB 2775

Title: Community paramedicine.
Current Status: In Assembly
Introduction Date: 2024-02-15
Last Action Date: From printer. May be heard in committee March 17.. 2024-02-16
Description: AB 2775, as introduced, Gipson. Community paramedicine. Existing law establishes, until January 1, 2031, the Community Paramedicine or Triage to Alternate Destination Act of 2020. Existing law states that it is the intent of the Legislature, among other things, that local emergency medical services (EMS) agencies be authorized to develop a community paramedicine or triage to alternate destination program to improve patient care and community health. Existing law states that it is the intent of the Legislature to monitor and evaluate implementation of community paramedicine and triage to alternate destination programs by local EMS agencies in California and determine whether these programs should be modified or extended before the program ends.This bill would make a technical conforming change to these provisions.
Location: US-CA

CA AB 2806

Title: Mental health.
Current Status: In Assembly
Introduction Date: 2024-02-15
Last Action Date: From printer. May be heard in committee March 17.. 2024-02-16
Description: AB 2806, as introduced, Santiago. Mental health. Existing law, the Bronzan-McCorquodale Act, governs the organization and financing of community mental health

services for persons with mental health disorders in every county through locally administered and locally controlled community mental health programs.This bill would make technical, nonsubstantive changes to that provision.
Location: US-CA

CA AB 2843

Title: Health care coverage: rape and sexual assault.
Current Status: In Assembly
Introduction Date: 2024-02-15
Last Action Date: From printer. May be heard in committee March 17.. 2024-02-16
Description: AB 2843, as introduced, Petrie-Norris. Health care coverage: rape and sexual assault. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance.Existing law requires a victim of sexual assault who seeks a medical evidentiary examination to be provided with one, as specified. Existing law prohibits costs incurred by a qualified health care professional, hospital, clinic, sexual assault forensic examination team, or other emergency medical facility for the medical evidentiary examination portion of the examination of the victim of a sexual assault, as described in a specified protocol, when the examination is performed as specified, from being charged directly or indirectly to the victim of the assault. This bill would require a health care service plan or health insurance policy that is issued, amended, renewed, or delivered on or after January 1, 2025, to provide coverage without cost sharing for emergency room medical care and follow-up health care treatment for an enrollee or insured who is treated following a rape or sexual assault. The bill would prohibit a health care service plan or health insurer from requiring, as a condition of providing coverage, (1) an enrollee or insured to file a police report, (2) charges to be brought against an assailant, (3) or an assailant to be convicted of rape or sexual assault. Because a violation of the bill by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA AB 2859

Title: Emergency medical technicians: peer support.
Current Status: In Assembly
Introduction Date: 2024-02-15

Last Action Date: From printer. May be heard in committee March 17.. 2024-02-16
Description: AB 2859, as introduced, Jim Patterson. Emergency medical technicians: peer support. Existing law establishes a statewide system for emergency medical services and establishes the Emergency Medical Services Authority, which is responsible for establishing training, scope of practice, and continuing education for emergency medical technicians and other prehospital personnel.Existing law authorizes a public fire agency or law enforcement agency to establish a peer support and crisis referral program, to provide a network of peer representatives who are available to come to the aid of their fellow employees on a broad range of emotional or professional issues. This bill would state the intent of the Legislature to enact legislation to provide peer-to-peer support for emergency medical technicians and other ambulance employees.
Location: US-CA

CA AB 2860

Title: Licensed Physicians and Dentists from Mexico programs.
Current Status: In Assembly
Introduction Date: 2024-02-15
Last Action Date: From printer. May be heard in committee March 17.. 2024-02-16
Description: AB 2860, as introduced, Garcia. Licensed Physicians and Dentists from Mexico programs. Existing law, the Licensed Physicians and Dentists from Mexico Pilot Program, allows up to 30 licensed physicians and up to 30 licensed dentists from Mexico to practice medicine or dentistry in California for a period not to exceed 3 years, in accordance with certain requirements. Existing law requires the Medical Board of California and the Dental Board of California to provide oversight pursuant to these provisions. Existing law requires appropriate funding to be secured from nonprofit philanthropic entities before implementation of the pilot program may proceed.Existing law requires physicians participating in the Licensed Physicians and Dentists from Mexico Pilot Program to be enrolled in English as a second language classes, to have satisfactorily completed a 6-month orientation program, and to have satisfactorily completed a 6-month externship at the applicant's place of employment, among various other requirements.This bill would repeal the provisions regarding the Licensed Physicians and Dentists from Mexico Pilot Program, and would instead establish two bifurcated programs, the Licensed Physicians from Mexico Program and the Licensed Dentists from Mexico Pilot Program. Within these 2 programs, the bill would generally revise and recast certain requirements pertaining to the Licensed Physicians and Dentists from Mexico Pilot Program, including deleting the above-described requirement that Mexican physicians participating in the program enroll in adult English as a second language classes. The bill would instead require those physicians to have satisfactorily completed the Test of English as a Foreign Language or the Occupational English Test, as specified. The bill would remove the requirement that the orientation program be 6 months, and would further require the orientation program to include electronic medical records systems utilized by federally qualified health centers and

standards for medical chart notations. The bill would also delete the requirement that the physicians participate in a 6-month externship. The bill would further delete provisions requiring an evaluation of the pilot program to be undertaken with funds provided from philanthropic foundations, and would make various other related changes to the program.Commencing January 1, 2025, the bill would require the Medical Board of California to permit each of the no more than 30 licensed physicians who were issued a 3-year license to practice medicine pursuant to the program to extend their license for 3 years on a one-time basis. Commencing January 1, 2025, and every 3 years thereafter, until January 1, 2041, the bill would require the board to permit no more than an additional specified number of physicians from Mexico to participate in the program. Under the bill, each additional physician selected for the program would not be eligible to renew their 3-year license.The bill would require the federally qualified health centers employing physicians pursuant to the program to continue specified peer review protocols and procedures and to work with the University of California at San Francisco, as provided. The bill would also require the board to work with the community health centers that assisted in recruiting, vetting, and securing required documents from primary sources in Mexico to participate in the pilot program and worked in the placement of physicians in federally qualified health centers that participated in the pilot program.This bill would make legislative findings and declarations as to the necessity of a special statute.
Location: US-CA

CA AB 2885

Title: Artificial intelligence.
Current Status: In Assembly
Introduction Date: 2024-02-15
Last Action Date: From printer. May be heard in committee March 17.. 2024-02-16
Description: AB 2885, as introduced, Bauer-Kahan. Artificial intelligence. Existing law establishes within the Government Operations Agency the Department of Technology, which is supervised by the Director of Technology. Existing law authorizes the director and the department to exercise various powers in creating and managing the information technology policy of the state, including establishing and enforcing state information technology strategic plans, policies, standards, and enterprise architecture.This bill would state the intent of the Legislature to enact legislation to define the term "artificial intelligence."
Location: US-CA

CA AB 2893

Title: Women's health.
Current Status: In Assembly
Introduction Date: 2024-02-15

Last Action Date: From printer. May be heard in committee March 17.. 2024-02-16
Description: AB 2893, as introduced, Ward. Women's health. Existing law requires the State Department of Public Health, among other things, to develop a coordinated state strategy for addressing the health-related needs of women and requires the department to place priority on providing information to consumers, patients, and health care providers regarding women's gynecological cancers, including signs and symptoms, risk factors, the benefits of early detection through appropriate diagnostic testing, and treatment options.This bill would make technical, nonsubstantive changes to these provisions.
Location: US-CA

CA AB 2914

Title: Health care service plan requirements.
Current Status: In Assembly
Introduction Date: 2024-02-15
Last Action Date: From printer. May be heard in committee March 17.. 2024-02-16
Description: AB 2914, as introduced, Bonta. Health care service plan requirements. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law requires a health care service plan to meet specified requirements, and requires a health care service plan contract to provide to subscribers and enrollees specified basic health care services.This bill would make technical, nonsubstantive changes to those provisions.
Location: US-CA

CA AB 2930

Title: Automated decision tools.
Current Status: In Assembly
Introduction Date: 2024-02-15
Last Action Date: From printer. May be heard in committee March 17.. 2024-02-16
Description: AB 2930, as introduced, Bauer-Kahan. Automated decision tools. The Unruh Civil Rights Act provides that all persons within the jurisdiction of this state are free and equal and, regardless of their sex, race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status, are entitled to the full and equal accommodations, advantages, facilities, privileges, or services in all business establishments of every kind whatsoever.The California Fair Employment and Housing Act establishes the Civil Rights Department within the Business, Consumer Services, and Housing Agency and requires the department to, among other things, bring civil actions to enforce the act.This bill would, among other things, require a deployer, as defined, and a developer of an automated decision tool, as defined, to, on or before January 1, 2026, and annually thereafter, perform

an impact assessment for any automated decision tool the deployer uses that includes, among other things, a statement of the purpose of the automated decision tool and its intended benefits, uses, and deployment contexts. The bill would require a deployer or developer to provide the impact assessment to the Civil Rights Department within 7 days of a request by the department and would punish a violation of that provision with an administrative fine of not more than $10,000 to be recovered in an administrative enforcement action brought by the Civil Rights Department. The bill would, in complying with a request for public records, require the Civil Rights Department, or an entity with which an impact assessment was shared, to redact any trade secret from the impact assessment.This bill would require a deployer to, at or before the time an automated decision tool is used to make a consequential decision, as defined, notify any natural person that is the subject of the consequential decision that an automated decision tool is being used to make, or be a controlling factor in making, the consequential decision and to provide that person with, among other things, a statement of the purpose of the automated decision tool. The bill would, if a consequential decision is made solely based on the output of an automated decision tool, require a deployer to, if technically feasible, accommodate a natural person's request to not be subject to the automated decision tool and to be subject to an alternative selection process or accommodation, as prescribed.This bill would prohibit a deployer from using an automated decision tool in a manner that results in algorithmic discrimination, which the bill would define to mean the condition in which an automated decision tool contributes to unjustified differential treatment or impacts disfavoring people based on their actual or perceived race, color, ethnicity, sex, religion, age, national origin, limited English proficiency, disability, veteran status, genetic information, reproductive health, or any other classification protected by state law.This bill would authorize certain public attorneys, including the Attorney General, to bring a civil action against a deployer or developer for a violation of the bill and would authorize a court to award, only in an action for a violation involving algorithmic discrimination, a civil penalty of $25,000 per violation. The bill would require a public attorney to, before commencing an action for injunctive relief, provide 45 days' written notice to a deployer or developer of the alleged violations of the bill and would provide a deployer or developer a specified opportunity to cure those violations, if the deployer or developer provides the person who gave the notice an express written statement, under penalty of perjury, that the violation has been cured and that no further violations shall occur. By expanding the scope of the crime of perjury, this bill would impose a state-mandated local program.Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.This bill would make legislative findings to that effect.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Location: US-CA

CA AB 2956

Title: Medi-Cal eligibility: redetermination.
Current Status: In Assembly
Introduction Date: 2024-02-16
Last Action Date: From printer. May be heard in committee March 18.. 2024-02-17
Description: AB 2956, as introduced, Boerner. Medi-Cal eligibility: redetermination. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law generally requires a county to redetermine a Medi-Cal beneficiary's eligibility to receive Medi-Cal benefits every 12 months and whenever the county receives information about changes in a beneficiary's circumstances that may affect their Medi-Cal eligibility. Existing law conditions implementation of the redetermination provisions on the availability of federal financial participation and receipt of any necessary federal approvals. Under existing law, if a county has facts clearly demonstrating that a Medi-Cal beneficiary cannot be eligible for Medi-Cal due to an event, such as death or change of state residency, Medi-Cal benefits are terminated without a redetermination.Existing law requires the department, subject to federal funding, to extend continuous eligibility to children 19 years of age or younger for a 12-month period, as specified. Under existing law, operative on January 1, 2025, or the date that the department certifies that certain conditions have been met, a child is continuously eligible for Medi-Cal up to 5 years of age. Under those provisions, a redetermination is prohibited during this time, unless certain circumstances apply, including, voluntary disenrollment, death, or change of state residency.This bill would require the department to seek federal approval to extend continuous eligibility to individuals over 19 years of age. Under the bill, subject to federal funding, and except as described above with regard to death, change of state residency, or other events, an individual would remain eligible from the date of a Medi-Cal eligibility determination until the end of a 12-month period, as specified.The bill would make various changes to the above-described redetermination procedures. The bill would, among other things, require the county, in the event of a loss of contact, to attempt communication with the intended recipient through all additionally available channels before completing a redetermination. The bill would require the county to make another review of certain obtained information in an attempt to renew eligibility without needing a response from a beneficiary.The bill would require the county to complete a determination at renewal without requesting additional information or documentation if specified conditions are met, relating to, among other things, prior income verification and no contradictory information on file.When income is found not reasonably compatible from electronically available sources, the bill would require the county to first attempt to obtain a reasonable explanation through a verbal or written explanation, in an attempt to resolve a discrepancy between the beneficiary's self-attestation and information received through electronic data sources on required eligibility factors. The bill would require the county to accept self-attestation of income in cases that meet certain conditions.Under the bill, for a beneficiary whose eligibility

was discontinued due to failure to provide needed information and who submits to the county that information, as specified, the beneficiary would be entitled to a Medi-Cal eligibility determination for the 3 months immediately prior to the month in which the beneficiary provided the information, unless the beneficiary opts out.In the case of a redetermination due to a change in circumstances, each time a Medi-Cal beneficiary who is considered a member of a vulnerable or difficult-to-reach population, as defined, makes contact with the county, the bill would require the county to begin a new 12-month eligibility period if certain conditions are met.The bill would require the department to set a goal, in the form of a target rate of at least 50%, for successful ex parte renewals, and to post a related report. The bill would require counties to collect and submit to the department call-center data metrics, and would require the department to post a related report on a quarterly basis.The bill would require the department to seek any necessary federal approvals to make permanent all temporary eligibility rules, not already described above, that were originally implemented for Medi-Cal renewals that were due between June 2023 and May 2024, inclusive, as part of the COVID-19 Unwinding Period.By creating new duties for counties relating to the redetermination of Medi-Cal eligibility, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.
Location: US-CA

CA AB 2976

Title: Mental health care.
Current Status: In Assembly
Introduction Date: 2024-02-16
Last Action Date: From printer. May be heard in committee March 18.. 2024-02-17
Description: AB 2976, as introduced, Jackson. Mental health care. Existing law establishes various state and local programs for the provision of mental health services within the jurisdiction of the State Department of Health Care Services, the State Department of Public Health, the California Behavioral Health Planning Council, the Department of Health Care Access and Information, and county public health or behavioral health departments, among other entities. Under existing law, those programs, services, and provisions include, among others, the Mental Health Services Act, the Lanterman-Petris-Short Act, the Children and Youth Behavioral Health Initiative, the Behavioral Health Continuum Infrastructure Program, the Licensed Mental Health Service Provider Education Program, and Medi-Cal specialty mental health services.This bill would state the intent of the Legislature to enact legislation relating to access to mental health care.

Location: US-CA

CA AB 2998

Title: Minors: consent to medical care.
Current Status: In Assembly
Introduction Date: 2024-02-16
Last Action Date: From printer. May be heard in committee March 18.. 2024-02-17
Description: AB 2998, as introduced, McKinnor. Minors: consent to medical care. Existing law authorizes a minor who is 12 years of age or older to consent to medical care and counseling relating to the diagnosis and treatment of a drug- or alcohol-related problem. Existing law exempts replacement narcotic abuse treatment, except as specified, from these provisions.This bill would authorize a minor to consent to receiving, and to carry and administer, naloxone hydrochloride or other opioid antagonist if approved by a physician and surgeon or physician assistant, as specified. The bill would prohibit a minor permitted to carry and administer naloxone hydrochloride pursuant to these provisions from being held liable in a civil action or from being subject to a criminal prosecution if they administer naloxone hydrochloride or other opioid antagonist in good faith and not for compensation to a person who appears to be experiencing an opioid overdose.
Location: US-CA

CA AB 3050

Title: Artificial intelligence.
Current Status: In Assembly
Introduction Date: 2024-02-16
Last Action Date: From printer. May be heard in committee March 18.. 2024-02-17
Description: AB 3050, as introduced, Low. Artificial intelligence. Existing law requires the Secretary of Government Operations to develop a coordinated plan to, among other things, investigate the feasibility of, and obstacles to, developing standards and technologies for state departments to determine digital content provenance. For the purpose of informing that coordinated plan, existing law requires the secretary to evaluate, among other things, the impact of the proliferation of deepfakes, as defined.This bill would require the Department of Technology to issue regulations to establish standards for watermarks to be included in covered AI-generated material, as defined. The bill would require the department's standard to, at minimum, require an AI-generating entity to include digital content provenance in the watermarks. The bill would prohibit an AI-generating entity from creating covered AI-generated material unless the material includes a watermark that meets the standards established by the department. The bill would provide that the prohibition becomes operative on the date that is one year after the date on which the department issues the regulations to establish standards for watermarks.Under existing law, a person

who knowingly uses another's name, voice, signature, photograph, or likeness, in any manner, on or in products, merchandise, or goods, or for the purposes of advertising or selling, or soliciting purchases of, products, merchandise, goods, or services, without that person's prior consent is liable for any damages sustained by the person or persons injured as a result thereof and for the payment to the injured party of any profits attributable to that unauthorized use.This bill would provide that an AI-generating entity or individual that creates a deepfake using a person's name, voice, signature, photograph, or likeness, in any manner, without permission from the person being depicted in the deepfake, is liable for the actual damages suffered by the person or persons as a result of the unauthorized use.This bill would provide that an AI-generating entity that violates the provisions of this act is subject to a civil penalty assessed by the department in an amount, as determined by the department, not less than $250 or more than $500.
Location: US-CA

CA AB 3059

Title: Human milk.
Current Status: In Assembly
Introduction Date: 2024-02-16
Last Action Date: From printer. May be heard in committee March 18.. 2024-02-17
Description: AB 3059, as introduced, Weber. Human milk. Existing law licenses and regulates tissue banks and generally makes a violation of the requirements applicable to tissue banks a crime. Existing law exempts a "mothers' milk bank," as defined, from paying a licensing fee to be a tissue bank.This bill would specify that a general acute care hospital is not required to have a license to operate a tissue bank to store or distribute pasteurized human milk that was obtained from a mothers' milk bank.Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Other existing law requires the Department of Insurance to regulate health insurers. Existing law requires an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2017, to include, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. Under existing law, essential health benefits include, among other things, certain maternity and newborn care.This bill would specify that coverage of essential health benefits under a health care service plan or health insurance policy includes, with respect to maternity and newborn care, the same health benefits for human milk and human milk derivatives covered under the Medi-Cal program as of 1988.Because a violation of the bill's provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Location: US-CA

CA AB 3063

Title: Pharmacies: compounding.
Current Status: In Assembly
Introduction Date: 2024-02-16
Last Action Date: From printer. May be heard in committee March 18.. 2024-02-17
Description: AB 3063, as introduced, McKinnor. Pharmacies: compounding. Existing law, the Pharmacy Law, requires the California State Board of Pharmacy to license and regulate the practice of pharmacy by pharmacists and pharmacy corporations in this state. Existing law prohibits a pharmacy from compounding sterile drug products unless the pharmacy has obtained a sterile compounding pharmacy license from the board. Existing law requires the compounding of drug preparations by a pharmacy for furnishing, distribution, or use to be consistent with standards established in the pharmacy compounding chapters of the current version of the United States Pharmacopeia-National Formulary, including relevant testing and quality assurance. Existing law authorizes the board to adopt regulations to impose additional standards for compounding drug preparations.This bill would, notwithstanding those provisions, specify that compounding does not include reconstitution of a drug pursuant to a manufacturer's directions, the sole act of tablet splitting or crushing, capsule opening, or the addition of a flavoring agent to enhance palatability. The bill would require a pharmacy to retain documentation that a flavoring agent was added to a prescription and to make that documentation available to the board or its agent upon request. The bill would make those provisions operative until January 1, 2030.This bill would declare that it is to take effect immediately as an urgency statute.
Location: US-CA

CA AB 3129

Title: Health care system consolidation.
Current Status: In Assembly
Introduction Date: 2024-02-16
Last Action Date: From printer. May be heard in committee March 18.. 2024-02-17
Description: AB 3129, as introduced, Wood. Health care system consolidation. Existing law requires a nonprofit corporation that operates or controls a health facility or other facility that provides similar health care to provide written notice to, and to obtain the written consent of, the Attorney General prior to entering into any agreement or transaction to sell, transfer, lease, exchange, option, convey, or otherwise dispose of the asset, or to transfer control, responsibility, or governance of the asset or operation, to a for-profit corporation or entity, to a mutual benefit corporation or entity, or to a nonprofit corporation, as specified.This bill would require a private equity group or a hedge fund, as defined, to

provide written notice to, and obtain the written consent of, the Attorney General prior to a change of control or an acquisition between the private equity group or hedge fund and a health care facility or provider group, as those terms are defined, except as specified. The bill would require the notice to be submitted at the same time that any other state or federal agency is notified pursuant to state or federal law, and otherwise at least 90 days before the change in control or acquisition. The bill would authorize the Attorney General to extend that 90-day period under certain circumstances. The bill would additionally require a private equity group or hedge fund to provide advance written notice to the Attorney General prior to a change of control or acquisition between a private equity group or hedge fund and a nonphysician provider, or a provider with specified annual revenue.The bill would authorize the Attorney General to give the private equity group or hedge fund a written waiver or the notice and consent requirements if specified conditions apply, including, but not limited to, that the party makes a written waiver request, the party's operating costs have exceeded its operating revenue in the relevant market for 3 or more years and the party cannot meet its debts, and the acquisition or change of control will ensure continued health care access in the relevant markets. The bill would require the Attorney General to grant or deny the waiver within 60 days, as prescribed.The bill would authorize the Attorney General to grant, deny, or impose conditions to a change of control or an acquisition between a private equity group or hedge fund and a health care facility, provider group, or both, if the change of control or acquisition may have a substantial likelihood of anticompetitive effects or may create a significant effect on the access or availability of health care services to the affected community, applying a public interest standard, as defined. The bill would authorize any party to the acquisition or change of control to apply to the Attorney General to reconsider the decision and to modify, amend, or revoke the prior decision, and to seek subsequent judicial review of the Attorney General's final determination on that reconsideration application if the Attorney General denies consent or gives conditional consent.The bill would prohibit a private equity group or hedge fund involved in any manner with a physician or psychiatric practice doing business in this state, from controlling or directing that practice, as specified. The bill would also prohibit a physician or psychiatric practice from entering into an agreement or arrangement with an entity controlled in part or in whole directly or indirectly by a private equity group or hedge fund in which that private equity group or hedge fund manages any of the affairs of the physician or psychiatric practice in exchange for a fee. The bill would authorize the Attorney General to adopt regulations to implement its requirements, as specified.
Location: US-CA

CA AB 3130

Title: Privacy: internet privacy requirements.
Current Status: In Assembly
Introduction Date: 2024-02-16
Last Action Date: From printer. May be heard in committee March 18.. 2024-02-17

Description: AB 3130, as introduced, Quirk-Silva. Privacy: internet privacy requirements. Existing law requires an operator of a commercial internet website or online service that collects personally identifiable information through the internet website or online service from individual consumers who use or visit the commercial internet website or online service and who reside in California to comply with specified provisions relating to the operator's privacy policy. Noncompliance, as described, constitutes a violation of these provisions.This bill would make nonsubstantive changes to these provisions.
Location: US-CA

CA AB 3149

Title: Community health workers.
Current Status: In Assembly
Introduction Date: 2024-02-16
Last Action Date: From printer. May be heard in committee March 18.. 2024-02-17
Description: AB 3149, as introduced, Garcia. Community health workers. Existing law requires the Department of Health Care Access and Information to, on or before July 1, 2023, develop statewide requirements for community health worker certificate programs in consultation with stakeholders, including, but not limited to, the State Department of Health Care Services, the State Department of Public Health, community health workers, Promotores and Promotores de Salud, or representative organizations. Existing law defines "community health worker" as, among other things, a liaison, link, or intermediary between health and social services and the community to facilitate access to services and to improve the access and cultural competence of service delivery.This bill would state the intent of the Legislature to enact legislation related to community health workers.
Location: US-CA

CA AB 3156

Title: Medi-Cal: managed care plans.
Current Status: In Assembly
Introduction Date: 2024-02-16
Last Action Date: From printer. May be heard in committee March 18.. 2024-02-17
Description: AB 3156, as introduced, Joe Patterson. Medi-Cal: managed care plans. The Lanterman Developmental Disabilities Services Act makes the State Department of Developmental Services responsible for providing various services and supports to individuals with developmental disabilities, and for ensuring the appropriateness and quality of those services and supports. Pursuant to that law, the department contracts with regional centers to provide services and supports to persons with developmental disabilities. The act requires regional centers to pursue all possible sources of funding for consumers receiving regional center services, including, among others, Medi-Cal.Existing law establishes the

Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes the California Advancing and Innovating Medi-Cal (CalAIM) initiative, subject to receipt of any necessary federal approvals and the availability of federal financial participation, in order to, among other things, improve quality outcomes, reduce health disparities, and increase flexibility.Existing law authorizes the department to standardize those populations that are subject to mandatory enrollment in a Medi-Cal managed care plan across all aid code groups and Medi-Cal managed care models statewide, subject to a Medi-Cal managed care plan readiness, continuity of care transition plan, and disenrollment process developed in consultation with stakeholders, in accordance with specified requirements and the CalAIM Terms and Conditions. Existing law, if the department standardizes those populations subject to mandatory enrollment, exempts certain dual and non-dual beneficiary groups, as defined, from that mandatory enrollment.This bill would express the intent of the Legislature to enact legislation to exempt dual and non-dual-eligible beneficiaries who receive services from a regional center and use a Medi-Cal fee-for-service delivery system as a secondary form of health coverage from mandatory enrollment in a Medi-Cal managed care plan.
Location: US-CA

CA AB 3161

Title: Health and care facilities: patient safety and antidiscrimination.
Current Status: In Assembly
Introduction Date: 2024-02-16
Last Action Date: From printer. May be heard in committee March 18.. 2024-02-17
Description: AB 3161, as introduced, Bonta. Health and care facilities: patient safety and antidiscrimination. (1) Existing law provides for the licensure and regulation of health facilities by the State Department of Public Health. A violation of these provisions is a crime. Existing law requires health facilities, including general acute care hospitals, acute psychiatric hospitals, and special hospitals, to report specified events, including adverse events and cases of health-care-associated MRSA bloodstream infection, health-care-associated clostridium difficile infection, and health-care-associated Vancomycin-resistant enterococcal bloodstream infection, as specified. Existing law authorizes the department to assess a licensed health care facility a civil penalty not to exceed $100 per day for each day that the adverse event was not reported, and provides for a process for the licensee to request a hearing if it disputes a determination by the department regarding an alleged failure to report.This bill would require that the affected health facility also collect and provide to the department prescribed demographic information.(2) Existing law allows for patients to submit complaints to the department regarding health facilities. Existing law also requires the department to establish a centralized consumer response unit within the Licensing and Certification Division of the department to respond to consumer inquiries and

complaints.This bill would require the department to include a section for complaints involving specified health facilities to collect information about outlined demographic factors of affected patients. The bill would require the department to inform complainants that the information collected is voluntary, is collected for statistics only, is to ensure patients receive the best care possible, and will not affect the department's investigation. The bill would require that complainants shall be provided the option to refer the complaint to the Civil Rights Department, and the department will provide the complaint to the Civil Rights Department only when requested to do so by the complainant. The bill would require the department to develop an outreach program to provide patients, consumers, and members of the public with specified information regarding the complaint process.(3) Existing law requires the department to prepare a staffing and systems analysis to ensure efficient and effective utilization of fees collected, proper allocation of departmental resources to licensing and certification activities, survey schedules, complaint investigations, enforcement and appeal activities, data collection and dissemination, surveyor training, and policy development. Existing law requires the analysis be made available to interested persons and include specified information.This bill would require the department, in preparing this report, to include demographic data from adverse events reported by health facilities and include the demographic data collected from complaints submitted, as specified.(4) Existing law requires a health facility to develop, implement, and comply with a patient safety plan to improve the health and safety of patients and to reduce preventable patient safety events. The patient safety plan requires specified elements, including, but not limited to, a reporting system for patient safety events that allows anyone involved to make a report of a patient safety event to the health facility, and a process for a team of facility staff to conduct analyses related to root causes of patient safety events.This bill would require the reporting system to include anonymous reporting options. The bill would also require analysis of patient safety events by sociodemographic factors to identify disparities in these events. The bill would require that the safety plan include a process for addressing racism and discrimination and its impacts on patient health and safety, including monitoring sociodemographic disparities in patient safety events and developing interventions to remedy known disparities, and encouraging facility staff to report suspected instances of racism and discrimination. The bill would require, beginning January 1, 2026, and biannually thereafter, that health facilities submit patient safety plans to the department's licensing and certification division. The bill would authorize the department to impose a fine not to exceed $5,000 on health facilities for failure to adopt, update, or submit patient safety plans, and would authorize the department to grant an automatic 60-day extension to submit biannual patient safety plans. The bill would require the department to make all patient safety plans submitted by health facilities available to the public on its internet website.(5) Existing law requires the department to provide information regarding reports of substantiated adverse events and the outcomes of those investigations on the department's internet website and in written form that is readily accessible to consumers and protects patient confidentiality.This bill would require the department to engage stakeholders to provide input on the usability and accessibility of the information available to stakeholders, including consumers. The bill would require the department to compile and make available to the Department of Civil

Rights and the Department of Justice data regarding substantiated adverse events and the outcomes of inspections and investigations conducted as a result of an adverse event.(6) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA AB 3175

Title: Health care coverage: dental services.
Current Status: In Assembly
Introduction Date: 2024-02-16
Last Action Date: From printer. May be heard in committee March 18.. 2024-02-17
Description: AB 3175, as introduced, Villapudua. Health care coverage: dental services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law imposes specified coverage and disclosure requirements on health care service plans, including specialized plans, that cover dental services. Existing law, on and after January 1, 2025, prohibits a health care service plan from issuing, amending, renewing, or offering a plan contract that imposes a dental waiting period provision in a large group plan or preexisting condition provision for any plan.This bill would make technical, nonsubstantive changes to those provisions.
Location: US-CA

CA AB 3215

Title: Medi-Cal: mental health services for children.
Current Status: In Assembly
Introduction Date: 2024-02-16
Last Action Date: From printer. May be heard in committee March 18.. 2024-02-17
Description: AB 3215, as introduced, Soria. Medi-Cal: mental health services for children. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, specialty mental health services include federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services provided to eligible Medi-Cal beneficiaries under 21 years of age.This bill would express the intent of the Legislature to enact legislation to expand access to behavioral mental health services to children receiving Medi-Cal benefits.

Location: US-CA

CA AB 3221

Title: Department of Managed Health Care: review of records.
Current Status: In Assembly
Introduction Date: 2024-02-16
Last Action Date: From printer. May be heard in committee March 18.. 2024-02-17
Description: AB 3221, as introduced, Pellerin. Department of Managed Health Care: review of records. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law requires the records, books, and papers of a health care service plan and other specified entities to be open to inspection by the director of the department during normal business hours.This bill would instead require the records, books, and papers of a health care service plan and other specified entities to be open to inspection by the director, including through electronic means. The bill would require a plan and other specified entities to furnish in electronic media records, books, and papers that are possessed in electronic media and to conduct a diligent review of records, books, and papers and make every effort to furnish those responsive to the director's request. The bill would require records, books, and papers to be furnished in a format that is digitally searchable, to the greatest extent feasible. The bill would authorize the director to inspect and copy these records, books, and papers, and to seek relief in an administrative law proceeding if, in the director's determination, a plan or other specified entity fails to fully or timely respond to a duly authorized request for production of records, books, and papers. Because a willful violation of these requirements would be a crime, the bill would impose a state-mandated local program.Existing law requires the department to conduct periodically an onsite medical survey of the health delivery system of each plan. Existing law requires the director to publicly report survey results no later than 180 days following the completion of the survey, and requires a final report to be issued after public review of the survey. Existing law requires the department to conduct a followup review to determine and report on the status of the plan's efforts to correct deficiencies no later than 18 months following release of the final report.This bill would instead make the above-described followup review optional.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA AB 3245

Title: Coverage for colorectal cancer screening.

Current Status: In Assembly
Introduction Date: 2024-02-16
Last Action Date: From printer. May be heard in committee March 18.. 2024-02-17
Description: AB 3245, as introduced, Joe Patterson. Coverage for colorectal cancer screening. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally requires a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2022, to provide coverage without cost sharing for a colorectal cancer screening test, and for a colorectal cancer screening examination in specified circumstances, assigned either a grade of A or a grade of B by the United States Preventive Services Task Force.This bill would additionally require that coverage if the test or screening examination is assigned either a grade of A or a grade of B by another accredited or certified guideline agency.
Location: US-CA

CA AB 3260

Title: Health care coverage: reviews and grievances.
Current Status: In Assembly
Introduction Date: 2024-02-16
Last Action Date: From printer. May be heard in committee March 18.. 2024-02-17
Description: AB 3260, as introduced, Pellerin. Health care coverage: reviews and grievances. (1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law generally authorizes a health care service plan or disability insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law requires these decisions to be made within 30 days, or less than 72 hours when the enrollee faces an imminent and serious threat to their health. Existing law requires a health care service plan to establish a grievance system to resolve grievances within 30 days, but limits that timeframe to 3 days when the enrollee faces an imminent and serious threat to their health. Existing law requires a plan to provide a written explanation for its grievance decisions, as specified.This bill would require that utilization review decisions be made within 72 hours when the enrollee's condition is urgent, and would make a determination of urgency by a referring or treating health care provider binding on the health care service plan. If a health care service plan fails to make a utilization review decision within the applicable 72-hour or 30-day timeline, the bill would automatically entitle an enrollee to proceed with a grievance.This bill would require a plan's grievance system to include expedited review of urgent grievances, as specified, and would make a determination of urgency by a referring or treating health care provider binding on

the health care service plan. The bill would require a plan to communicate its final grievance determination within 72 hours of receipt if urgent and 30 days if nonurgent. If a plan fails to make a utilization review decision within the applicable 72-hour or 30-day timeline, the bill would require a grievance to be automatically resolved in favor of the enrollee. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.(2) Existing law establishes the Independent Medical Review System in the Department of Managed Health Care to review grievances involving a disputed health care service.This bill would require the department to provide specified correspondence and documents to an enrollee and their representative, if applicable, if the enrollee has submitted a grievance for review under the Independent Medical Review System. The bill would require the department to provide an enrollee and their representative a reasonable opportunity to respond to communications between the department and the plan or the independent review organization before the grievance is adjudicated. The bill would prohibit the department and its independent medical review organization from engaging in ex parte communication with a plan, enrollee, or their representatives during the grievance process, except as specified.(3) Existing law provides for the regulation of disability insurers by the Department of Insurance. Existing law establishes the Independent Medical Review System in the department to review grievances involving a disputed health care service. Existing law requires a disability insurance policy issued, amended, renewed, or delivered on or after January 1, 2000, to provide an insured with the opportunity to seek an independent medical review when health care services have been denied, modified, or delayed if the decision was based in whole or in part on a finding that the proposed health care services are not medically necessary. Existing law authorizes an insured to apply to the department for an independent medical review when specified conditions are met.If a grievance is filed internally with an insurer, this bill would require an insurer to communicate its final grievance determination within 72 hours of receipt if urgent and 30 days if nonurgent. Upon notice from the department to a disability insurer that an insured has submitted a grievance to the department, the bill would require an insurer to respond within 24 hours, if directed by the department, regarding an urgent grievance or within 5 calendar days regarding a nonurgent grievance.This bill would require the department to determine whether or not a grievance is urgent, as specified, unless the insured's referring or treating provider has already designated the grievance as urgent. The bill would require the department to provide specified correspondence and documents to an insured and their representative, if applicable, if the insured has submitted a grievance for review under the Independent Medical Review System. The bill would require the department to provide an insured and their representative a reasonable opportunity to respond to communications between the department and the insurer or the independent review organization before the grievance is adjudicated. The bill would prohibit the department and its independent medical review organization from engaging in ex parte communication with an insurer, insured, or their representatives during the grievance process, except as specified.(4) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory

provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA AB 3275

Title: Health care service plans: claim reimbursement.
Current Status: In Assembly
Introduction Date: 2024-02-16
Last Action Date: From printer. May be heard in committee March 18.. 2024-02-17
Description: AB 3275, as introduced, Soria. Health care service plans: claim reimbursement. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law requires a health care service plan, including a specialized health care service plan, to reimburse a claim or portion of a claim no later than 30 working days after receipt of the claim, unless the plan contests or denies the claim, in which case the plan is required to notify the claimant within 30 working days that the claim is contested or denied. Existing law extends these timelines to 45 working days for a health care service plan that is a health maintenance organization.This bill would delete the provisions that extend the timelines for a health maintenance organization.Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA AB 4 Monitor

Title: Covered California: expansion.
Current Status: In Senate
Introduction Date: 2022-12-05
Last Action Date: Read second time and amended. Re-referred to Com. on APPR.. 2023-07-13
Description: AB 4, as amended, Arambula. Covered California: expansion. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Existing state law creates the California Health Benefit Exchange, also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law requires the Exchange to apply for a federal waiver to

allow persons otherwise not able to obtain coverage through the Exchange because of their immigration status to obtain coverage from the Exchange.This bill would delete that requirement and would instead require the Exchange to administer a program to allow persons otherwise not able to obtain coverage by reason of immigration status to enroll in health insurance coverage in a manner as substantially similar to other Californians as feasible given existing federal law and rules. The bill would require the Exchange to undertake outreach, marketing, and other efforts to ensure enrollment. The bill would also require the Exchange to adopt an annual program design for each coverage year to implement the program, and would require the Exchange to provide appropriate opportunities for stakeholders, including the Legislature, and the public to consult on the design of the program.
Location: US-CA

Organization Notes

L.A. Care, Health Access California (co-sponsor), California Immigrant Policy Center (co-sponsor): Support

Created by Joanne Campbell • Mar 27, 2023

CA AB 492

Monitor

Title: Medi-Cal: reproductive and behavioral health integration pilot programs.
Current Status: In Senate
Introduction Date: 2023-02-07
Last Action Date: Referred to Com. on HEALTH.. 2023-06-14
Description: AB 492, as amended, Pellerin. Medi-Cal: reproductive and behavioral health integration pilot programs. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including comprehensive perinatal services, among other reproductive health services, and specialty or nonspecialty mental health services and substance use disorder services, among other behavioral health services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law establishes the Family Planning, Access, Care, and Treatment (Family PACT) Program pursuant to a federal waiver, as part of the schedule of Medi-Cal benefits. Under existing law, the Family PACT Program provides comprehensive clinical family planning services to a person who has a family income at or below 200% of the federal poverty level and who is eligible to receive those services pursuant to the waiver. Under the Family PACT Program, comprehensive clinical family planning services include, among other things, contraception and general reproductive health care, and exclude abortion. Abortion services are covered under the Medi-Cal program.This bill would, on or before July 1, 2024, subject to an appropriation, require the department to make grants, incentive payments, or other financial support available to Medi-Cal managed care plans to develop and implement reproductive and behavioral health integration pilot programs in

partnership with identified qualified providers, in order to improve access to behavioral health services for beneficiaries with mild-to-moderate behavioral health conditions.The bill would define “qualified provider” as a Medi-Cal provider that is enrolled in the Family PACT Program and that provides abortion- and contraception-related services. For funding eligibility, the bill would require a Medi-Cal managed care plan to identify the qualified providers and the services that will be provided through the pilot program, as specified.The bill would, on or before July 1, 2024, subject to an appropriation, require the department to make grants or other financial support available to qualified providers for reproductive and behavioral health integration pilot programs, in order to support development and expansion of services, infrastructure, and capacity for the integration of behavioral health services for beneficiaries with mild-to-moderate behavioral health conditions.For funding eligibility, the bill would require a qualified provider to identify both the patient population or gap in access to care and the types of services provided, as specified.The bill would require the department to convene a working group, with a certain composition, to develop criteria for evaluating applications and awarding funding, to conduct an evaluation of the pilot programs, and to submit a report to the Legislature, as specified.
Location: US-CA

CA AB 815

Monitor

Title: Health care coverage: provider credentials.
Current Status: In Senate
Introduction Date: 2023-02-13
Last Action Date: Referred to Com. on HEALTH.. 2023-06-07
Description: AB 815, as amended, Wood. Health care coverage: provider credentials. Existing law establishes the California Health and Human Services Agency, which includes departments charged with the administration of health, social, and other human services. Existing law provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and the regulation of health insurers by the Department of Insurance. Existing law sets forth requirements for provider credentialing by a health care service plan or health insurer.This bill would require the California Health and Human Services Agency to create and maintain a provider credentialing board, with specified membership, to certify private and public entities for purposes of credentialing physicians and surgeons in lieu of a health care service plan’s or health insurer’s credentialing process. The bill would require the board to convene by July 1, 2024, develop criteria for the certification of public and private credentialing entities by January 1, 2025, and develop an application process for certification by July 1, 2025.This bill would require a health care service plan or health insurer, or its delegated entity, to accept a valid credential from a board-certified entity without imposing additional criteria requirements and to pay a fee to a board-certified entity based on the number of contracted providers credentialed through the board-certified entity.
Location: US-CA

Organization Notes

Local Health Plans of California: Oppose Unless Amended

Created by Joanne Campbell • Jun 05, 2023

CA AB 817

Monitor

Title: Open meetings: teleconferencing: subsidiary body.
Current Status: In Senate
Introduction Date: 2023-02-13
Last Action Date: In Senate. Read first time. To Com. on RLS. for assignment.. 2024-01-25
Description: AB 817, as amended, Pacheco. Open meetings: teleconferencing: subsidiary body. Existing law, the Ralph M. Brown Act, requires, with specified exceptions, each legislative body of a local agency to provide notice of the time and place for its regular meetings and an agenda containing a brief general description of each item of business to be transacted. The act also requires that all meetings of a legislative body be open and public, and that all persons be permitted to attend unless a closed session is authorized. The act generally requires for teleconferencing that the legislative body of a local agency that elects to use teleconferencing post agendas at all teleconference locations, identify each teleconference location in the notice and agenda of the meeting or proceeding, and have each teleconference location be accessible to the public. Existing law also requires that, during the teleconference, at least a quorum of the members of the legislative body participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction.Existing law authorizes the legislative body of a local agency to use alternate teleconferencing provisions during a proclaimed state of emergency (emergency provisions) and, until January 1, 2026, in certain circumstances related to the particular member if at least a quorum of its members participate from a singular physical location that is open to the public and situated within the agency's jurisdiction and other requirements are met (nonemergency provisions). Existing law imposes different requirements for notice, agenda, and public participation, as prescribed, when a legislative body is using alternate teleconferencing provisions. The nonemergency provisions impose restrictions on remote participation by a member of the legislative body and require the legislative body to specific means by which the public may remotely hear and visually observe the meeting. This bill, until January 1, 2026, would authorize a subsidiary body, as defined, to use similar alternative teleconferencing provisions and would impose requirements for notice, agenda, and public participation, as prescribed. In order to use teleconferencing pursuant to this act, the bill would require the legislative body that established the subsidiary body by charter, ordinance, resolution, or other formal action to make specified findings by majority vote, before the subsidiary body uses teleconferencing for the first time and every 12 months thereafter.Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need

for protecting that interest.This bill would make legislative findings to that effect.The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose.This bill would make legislative findings to that effect.
Location: US-CA

CA SB 1008

Title: Obesity Treatment Parity Act.
Current Status: In Senate
Introduction Date: 2024-02-01
Last Action Date: Referred to Com. on HEALTH.. 2024-02-14
Description: SB 1008, as introduced, Bradford. Obesity Treatment Parity Act. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of disability and health insurers by the Department of Insurance. Existing law sets forth specified coverage requirements for plan contracts and insurance policies, and limits the copayment, coinsurance, deductible, and other cost sharing that may be imposed for specified health care services.This bill would require an individual or group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, to include comprehensive coverage for the treatment of obesity in the same manner as any other illness, condition, or disorder. The bill would prohibit an individual or group health care service plan contract or health insurance policy from requiring more than 6 months of intensive behavioral therapy prior to granting access to other treatment options. The bill would also require that at least one FDA-approved antiobesity medication within the class of the relevant United States Pharmacopeia therapeutic category appear on, and be covered under, tier one of the health care service plan's or insurer's drug formulary.Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA SB 1042

Title: General acute care hospitals: clinical placements: nursing.
Current Status: In Senate

Introduction Date: 2024-02-07
Last Action Date: Referred to Coms. on HEALTH and B., P. & E. D.. 2024-02-14
Description: SB 1042, as introduced, Roth. General acute care hospitals: clinical placements: nursing. Existing law establishes the Department of Health Care Access and Information in the Health and Welfare Agency to oversee health planning and health policy research, such as the health care workforce research and data center. Existing law, the Nursing Practice Act, establishes the Board of Registered Nurses within the Department of Consumer Affairs for the licensure and regulation of the practice of nursing.This bill would require a health facility, as defined, that offers prelicensure clinical placement slots upon the request of an approved school of nursing or an approved nursing program, as defined, and regardless of whether the school or program is public or private, to meet with representatives of the school or program to discuss the clinical placement needs of the school or program. The bill would require an approved school of nursing or an approved nursing program, regardless of whether the school or program is public or private, to notify the department and the board of the beginning and end dates of the academic term for each clinical slot needed by a clinical group with content area and education level and the number of clinical slots that the school or program has been unable to fill by March 1 of each year.Existing law requires an organization that operates, conducts, owns, or maintains a health facility, and the officers thereof, to make and file with the department specified reports, including, among others, balance sheets detailing the assets, liabilities, and net worth of the health facility at the end of its fiscal year.This bill would further require a report on clinical placement date that includes specified information, including, among other things, the estimated number of days and shifts available for student use for each type of licensed bed or unit. The bill would require the department to post the data in this report with the information required in the March 1 report described above on the department's internet website in a manner that allows for specified information in both reports to be cross-referenced against each other.The bill would also require the department and board to utilize the data in both reports described above to work to meet the clinical placement needs of approved schools of nursing or approved nursing programs, regardless of whether the school or program is public or private, by conferring with health facilities within the appropriate geographic region of each school or program in an attempt to match available clinical placement slots with needed slots and to create additional clinical placement slots to meet school or program demands. In meeting these requirements, the bill would require the department and board to prioritize the clinical placement needs of the approved schools of nursing or approved nursing programs of community colleges and California State University campuses.The bill would require a health facility to provide the department with written justification if it cannot provide additional slots and would require the department, in collaboration with the board, to notify the health facility of the department's acceptance or rejection of the health facility's justification. The bill would require the department to post all written justifications and outcomes on the department's internet website. The bill would also prohibit any attempt to create or secure additional clinical placement slots by the department, board, or a health facility from supplanting or disrupting the clinical placement of any nursing student for whom a clinical placement is already in progress or has already

been scheduled.The bill would also make certain findings and declarations of the Legislature.
Location: US-CA

CA SB 1099

Title: Newborn screening: genetic diseases: blood samples collected.
Current Status: In Senate
Introduction Date: 2024-02-13
Last Action Date: Referred to Com. on HEALTH.. 2024-02-21
Description: SB 1099, as introduced, Nguyen. Newborn screening: genetic diseases: blood samples collected. Existing law requires the State Department of Public Health to administer a statewide program for prenatal testing for genetic disorders and birth defects, including, but not limited to, ultrasound, amniocentesis, chorionic villus sampling, and blood testing. Existing law requires the department to expand prenatal screening to include all tests that meet or exceed the current standard of care as recommended by national recognized medical or genetic organizations. Existing law establishes the continuously appropriated Birth Defects Monitoring Program Fund, consisting of fees paid for prenatal screening, and states the intent of the Legislature that all costs of the genetic disease testing program be fully supported by fees paid for prenatal screening tests, which are deposited in the fund. Existing law requires funds to be available, upon appropriation by the Legislature, in order to support pregnancy blood sample storage, testing, and research activities of the Birth Defects Monitoring Program.This bill would require the department, commencing January 1, 2026, and each January 1 thereafter, as part of its research activities, to report various data to the Legislature, including the number of research projects utilizing residual screening samples from the program and the number of inheritable conditions identified by the original screening tests the previous calendar year. The bill would also require the annual report to be made available to the public on the department's internet website.This bill would make other conforming changes.
Location: US-CA

CA SB 1112

Title: Medi-Cal: families with subsidized childcare.
Current Status: In Senate
Introduction Date: 2024-02-13
Last Action Date: Referred to Coms. on HEALTH and HUMAN S.. 2024-02-21
Description: SB 1112, as introduced, Menjivar. Medi-Cal: families with subsidized childcare. Existing law establishes a system of childcare and development services, administered by the State Department of Social Services, for children from infancy to 13 years of age. Existing law authorizes, upon departmental approval, the use of appropriated funds for

alternative payment programs to allow for maximum parental choice. Existing law authorizes those programs to include, among other things, a subsidy that follows the family from one childcare provider to another, or choices among hours of service. Existing law requires the department to contract with local contracting agencies for alternative payment programs so that services are provided throughout the state.Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, through managed care or fee-for-service delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, early and periodic screening, diagnostic, and treatment (EPSDT) services are covered Medi-Cal benefits for individuals under 21 years of age.This bill, subject to any necessary federal approvals and the availability of federal funding, would require the State Department of Health Care Services and the State Department of Social Services to enter into a memorandum of understanding to facilitate coordination between Medi-Cal managed care plans and alternative payment agencies.For purposes of children of families receiving subsidized childcare services through an alternative payment program, and upon the consent of the parent or guardian, the bill would require the plans and agencies to collaborate on assisting the family with the Medi-Cal enrollment of a child who is eligible but not a beneficiary, and on referring a Medi-Cal beneficiary to developmental screenings that are available under EPSDT services and administered through the plan. The bill would authorize the agency to perform certain related functions.
Location: US-CA

CA SB 1119

Title: Hospitals: seismic compliance.
Current Status: In Senate
Introduction Date: 2024-02-13
Last Action Date: Referred to Com. on HEALTH.. 2024-02-21
Description: SB 1119, as introduced, Newman. Hospitals: seismic compliance. Existing law, the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983, establishes a program of seismic safety building standards for certain hospitals. Existing law requires hospitals that are seeking an extension for their buildings to submit an application to the Department of Health Care Access and Information by April 1, 2019, subject to certain exceptions. Existing law requires that final seismic compliance be achieved by July 1, 2022, if the compliance is based on a replacement or retrofit plan, or by January 1, 2025, if the compliance is based on a rebuild plan. Notwithstanding the above provisions, existing law authorizes the department to waive the requirements of the act for the O'Connor Hospital and Santa Clara Valley Medical Center in the City of San Jose if the hospital or medical center submits a plan for compliance by a specified date, and the department accepts the plan based on it being feasible to complete and promoting public safety. Existing law requires, if the department accepts the plan, the hospital or medical center to report to the department on its progress

to timely complete the plan by specified dates. Existing law imposes penalties to a hospital that fails to meet its deadline.This bill would add Providence St. Joseph Hospital and Providence Eureka General Hospital in the City of Eureka, Providence St. Jude Medical Center in the City of Fullerton, and Providence Cedars-Sinai Tarzana Medical Center in the City of Tarzana to the hospitals for which the department may waive the requirements of the act. The bill would add additional dates for the hospital or medical center to report to the department on its progress.This bill would declare that it is to take effect immediately as an urgency statute.
Location: US-CA

CA SB 1120

Title: Health care coverage: utilization review.
Current Status: In Senate
Introduction Date: 2024-02-13
Last Action Date: Referred to Com. on HEALTH.. 2024-02-21
Description: SB 1120, as introduced, Becker. Health care coverage: utilization review. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use prior authorization and other utilization review or utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law requires a health care service plan or health insurer, including those plans or insurers that delegate utilization review or utilization management functions to medical groups, independent practice associations, or to other contracting providers, to comply with specified requirements and limitations on their utilization review or utilization management functions. Existing law authorizes the Director of the Department of Managed Health Care or the Insurance Commissioner to assess an administrative penalty to a health care service plan or health insurer, as applicable, for failure to comply with those requirements. This bill would require a health care service plan or health insurer to ensure that a licensed physician supervises the use of artificial intelligence decisionmaking tools when those tools are used to inform decisions to approve, modify, or deny requests by providers for authorization prior to, or concurrent with, the provision of health care services to enrollees or insureds. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Location: US-CA

CA SB 1131

Title: Medi-Cal providers.
Current Status: In Senate
Introduction Date: 2024-02-13
Last Action Date: Referred to Com. on HEALTH.. 2024-02-21
Description: SB 1131, as introduced, Gonzalez. Medi-Cal providers. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, services provided by a certified nurse practitioner are covered under the Medi-Cal program to the extent authorized by federal law, and existing law requires the department to permit a certified nurse practitioner to bill Medi-Cal independently for their services.This bill would similarly make services provided by a licensed physician assistant covered under the Medi-Cal program and would require the department to permit a certified nurse practitioner to bill Medi-Cal independently for their services. Existing law establishes the Family Planning, Access, Care, and Treatment (Family PACT) Program, administered by the Office of Family Planning, under which comprehensive clinical family planning services are provided as a benefit under the Medi-Cal program. Existing law also creates the State-Only Family Planning Program, under which family planning services are provided to eligible individuals. Existing law requires enrolled providers in each program to attend a specific orientation approved by the department and requires providers who conduct specified services to have prior training in those services.This bill would, for both of the above-described programs, require the department to allow a provider 6 months from the date of enrollment to complete the orientation. The bill would, for the Family PACT Program, state that a site certifier of a primary care clinic or affiliate primary care clinic, as those terms are defined, is not required to be a clinician and that certain clinic corporations can enroll multiple service addresses under a single site certifier. The bill would require any orientation or training that the department requires of a site certifier to comply with specified requirements, such as being offered in person and through a virtual platform and being offered at least once per month, among others.
Location: US-CA

CA SB 1180

Title: Health care coverage: emergency medical services.
Current Status: In Senate
Introduction Date: 2024-02-14
Last Action Date: Referred to Com. on HEALTH.. 2024-02-21

Description: SB 1180, as introduced, Ashby. Health care coverage: emergency medical services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies to provide coverage for certain services and treatments, including medical transportation services. Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including emergency medical transport. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law, until January 1, 2031, authorizes a local emergency medical services (EMS) agency to develop a community paramedicine or triage to alternate destination program that, among other things, provides case management services to frequent EMS users and triage paramedic assessments.This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, to include coverage for services provided by a community paramedicine program, a triage to alternate destination program, and a mobile integrated health program. The bill would require those plans and policies to require an enrollee or insured who receives covered services from a noncontracting program to pay no more than the same cost-sharing amount they would pay for the same covered services received from a contracting program. The bill would specify the reimbursement process and amount for a noncontracting program. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The bill would also make services provided by these programs covered benefits under the Medi-Cal program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA SB 1184

Title: Mental health: involuntary treatment: antipsychotic medication.
Current Status: In Senate
Introduction Date: 2024-02-14
Last Action Date: Referred to Coms. on HEALTH and JUD.. 2024-02-21
Description: SB 1184, as introduced, Eggman. Mental health: involuntary treatment: antipsychotic medication. Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment of persons who are a danger to themselves or others, or who are gravely disabled, due to a mental disorder or chronic alcoholism or drug abuse for 72 hours for evaluation and treatment, as specified. If certain conditions are met after the 72-hour detention, the act authorizes the certification of the person for a 14-day maximum period of

intensive treatment and then another 14-day or 30-day maximum period of intensive treatment after the initial 14-day period of intensive treatment. Existing law authorizes the administration of antipsychotic medication to a person who is detained for evaluation and treatment for any of those detention periods, and establishes a process for hearings to determine the person's capacity to refuse the treatment. Existing law requires a determination of a person's incapacity to refuse treatment with antipsychotic medication to remain in effect only for the duration of the 72-hour period or initial 14-day intensive treatment period, or both, until capacity is restored, or by court determination.This bill would additionally require the determination of a person's incapacity to refuse treatment with antipsychotic medication to remain in effect for the duration of the additional 14-day period or the additional 30-day period after the 14-day intensive treatment period, or all periods of treatment that are applicable.
Location: US-CA

CA SB 1213

Title: Health care programs: cancer.
Current Status: In Senate
Introduction Date: 2024-02-15
Last Action Date: From printer. May be acted upon on or after March 17.. 2024-02-16
Description: SB 1213, as introduced, Atkins. Health care programs: cancer. Existing law requires the State Department of Health Care Services to perform various health functions, including providing breast and cervical cancer screening and treatment for low-income individuals. Existing law provides that an individual is eligible to receive treatment services if, among other things, the individual has a family income at or below 200% of the federal poverty level as determined by the provider performing the screening and diagnosis.This bill would provide that an individual is eligible to receive treatment services if the individual has a family income at or below 300% of the federal poverty level as determined by the provider performing the screening and diagnosis.
Location: US-CA

CA SB 1236

Title: Medicare supplement coverage: open enrollment periods.
Current Status: In Senate
Introduction Date: 2024-02-15
Last Action Date: From printer. May be acted upon on or after March 17.. 2024-02-16
Description: SB 1236, as introduced, Blakespear. Medicare supplement coverage: open enrollment periods. Existing federal law provides for the Medicare Program, which is a public health insurance program for persons 65 years of age and older and specified persons with disabilities who are under 65 years of age. Existing federal law specifies

different parts of Medicare that cover specific services, such as Medicare Part B, which generally covers medically necessary services and supplies and preventive services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance.Existing federal law additionally provides for the issuance of Medicare supplement policies or certificates, also known as Medigap coverage, which are advertised, marketed, or designed primarily as a supplement to reimbursements under the Medicare Program for the hospital, medical, or surgical expenses of persons eligible for the Medicare Program, including coverage of Medicare deductible, copayment, or coinsurance amounts, as specified. Existing law, among other provisions, requires supplement benefit plans to be uniform in structure, language, designation, and format with the standard benefit plans, as prescribed. Existing law prohibits an issuer from denying or conditioning the offering or effectiveness of any Medicare supplement contract, policy, or certificate available for sale in this state, or discriminating in the pricing of a contract, policy, or certificate because of the health status, claims experience, receipt of health care, or medical condition of an applicant in the case of an application that is submitted prior to or during the 6-month period beginning with the first day of the first month in which an individual is both 65 years of age or older and is enrolled for benefits under Medicare Part B.This bill, on and after January 1, 2025, would prohibit an issuer of Medicare supplement coverage in this state from denying or conditioning the issuance or effectiveness of any Medicare supplement coverage available for sale in the state, or discriminate in the pricing of that coverage because of the health status, claims experience, receipt of health care, medical condition, or age of an applicant, if an application for coverage is submitted during an open enrollment period, as specified in the bill. The bill would entitle an individual enrolled in Medicare Part B to a 90-day annual open enrollment period beginning on January 1 of each year, as specified, during which period the bill would require applications to be accepted for any Medicare supplement coverage available from an issuer, as specified. The bill would require the open enrollment period to be a guaranteed issue period.Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA SB 1238

Title: Mental health: involuntary treatment.
Current Status: In Senate
Introduction Date: 2024-02-15
Last Action Date: From printer. May be acted upon on or after March 17.. 2024-02-16

Description: SB 1238, as introduced, Eggman. Mental health: involuntary treatment. Existing law, the Lanterman-Petris-Short Act, provides for the involuntary detention and treatment of persons with specified mental health disorders. Under the act, when a person, as a result of a mental health disorder, is a danger to others, or to themselves, or gravely disabled, the person may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. Existing law authorizes specified individuals, including professional persons designated by the county, to determine probable cause and take a person into custody pursuant to these provisions.This bill would authorize a county to designate a professional who is not a county employee or not contracted by the county to perform the above-described functions.
Location: US-CA

CA SB 1257

Title: Geographic Managed Care Pilot Project: County of San Diego: CalAIM.
Current Status: In Senate
Introduction Date: 2024-02-15
Last Action Date: From printer. May be acted upon on or after March 17.. 2024-02-16
Description: SB 1257, as introduced, Blakespear. Geographic Managed Care Pilot Project: County of San Diego: CalAIM. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law, the California Advancing and Innovating Medi-Cal (CalAIM) Act, supports the stated goals of identifying and managing the risk and needs of Medi-Cal beneficiaries, transitioning and transforming the Medi-Cal program to a more consistent and seamless system, and improving quality outcomes.Existing law permits the department, upon approval by the board of supervisors of the County of San Diego, to establish a multiplan managed care pilot project for the provision of Medi-Cal services. Existing law authorizes the County of San Diego to establish 2 advisory boards to advise the Department of Health Services of the County of San Diego and review and comment on the implementation of the multiplan project. Existing law requires that at least one member of each board be appointed by the board of supervisors and requires the board of supervisors to establish the number of members on each board.This bill would instead authorize the County of San Diego to establish one board and require it to advise the Health and Human Services Agency of the County of San Diego and support the goals of CalAIM. The bill would require each supervisor of the board to appoint at least one member to the advisory board, with each supervisor appointing an equal number of members.
Location: US-CA

CA SB 1258

Title: Medi-Cal: unrecovered payments: interest rate.
Current Status: In Senate
Introduction Date: 2024-02-15
Last Action Date: From printer. May be acted upon on or after March 17.. 2024-02-16
Description: SB 1258, as introduced, Dahle. Medi-Cal: unrecovered payments: interest rate. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law requires the Director of Health Care Services to establish administrative appeal processes to review grievances or complaints arising from the findings of an audit or examination. Under existing law, if recovery of a disallowed payment has been made by the department, a provider who prevails in an appeal of that payment is entitled to interest at the rate equal to the monthly average received on investments in the Surplus Money Investment Fund, or simple interest at the rate of 7% per annum, whichever is higher. Under existing law, with exceptions, interest at that same rate is assessed against any unrecovered overpayment due to the department.In the case of an assessment against any unrecovered overpayment due to the department, this bill would authorize the department to waive the interest, as part of a repayment agreement entered into with the provider, if the unrecovered overpayment occurred 4 or more years before the issuance of the first statement of account status or demand for repayment, after taking into account specified factors, including the impact of the repayment amounts on the fiscal solvency of the provider, and whether the overpayment was caused by a policy change or departmental error that was not the fault of the billing provider.
Location: US-CA

CA SB 1268

Title: Health insurance.
Current Status: In Senate
Introduction Date: 2024-02-15
Last Action Date: From printer. May be acted upon on or after March 17.. 2024-02-16
Description: SB 1268, as introduced, Nguyen. Health insurance. Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. Existing law authorizes the establishment of a health authority in specified counties for the delivery of medical care and services in that county. Existing law makes the health authority subject to specified provisions, including certain notification and reporting requirements, commencing on the date that the health authority first receives Medi-Cal capitated payments for the provision of health care services to Medi-Cal beneficiaries and until the time that the health authority is in compliance with all the requirements regarding tangible net equity applicable to a health

care service plan licensed under the Knox-Keene Health Care Service Plan Act of 1975.This bill would make technical, nonsubstantive changes to the above-described provision.
Location: US-CA

CA SB 1269

Title: Safety net hospitals.
Current Status: In Senate
Introduction Date: 2024-02-15
Last Action Date: From printer. May be acted upon on or after March 17.. 2024-02-16
Description: SB 1269, as introduced, Padilla. Safety net hospitals. Existing law provides for the licensure and regulation of various types of health facilities, including hospitals, by the State Department of Public Health. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Existing law sets forth various provisions relating to disproportionate share hospitals (DSH), which are hospitals providing acute inpatient services to Medi-Cal beneficiaries that meet the criteria for disproportionate share status, as specified; small and rural hospitals; and critical access hospitals, as certified by the Secretary of the United States Department of Health and Human Services under the federal Medicare rural hospital flexibility program.Existing law sets forth other provisions relating to safety net hospitals in different contexts, including among others, special health authorities and Medi-Cal reimbursement.This bill would establish a definition for "safety net hospital" and would state the intent of the Legislature that this definition serve as a recommended definition for policymakers to elect to utilize when crafting policy aimed at focusing on or supporting those hospitals. Under the bill, the definition would not be construed as affecting existing or new references to safety net hospitals, unless future legislation or other action expressly makes reference to this definition, as specified.Under the bill, "safety net hospital" would mean a Medicaid DSH-eligible hospital; a rural hospital, including a small and rural hospital and a critical access hospital, as specified; or a sole community hospital, as classified by the federal Centers for Medicare and Medicaid Services and in accordance with certain federal provisions.
Location: US-CA

CA SB 1278

Title: LGBTQ seniors: health care services.
Current Status: In Senate
Introduction Date: 2024-02-15
Last Action Date: From printer. May be acted upon on or after March 17.. 2024-02-16

Description: SB 1278, as introduced, Laird. LGBTQ seniors: health care services. Existing law sets forth various provisions relating to the health of lesbian, gay, bisexual, transgender, or queer (LGBTQ) seniors, including certain needs assessments by area agencies on aging, a bill of rights for long-term care facility residents, public health data collection and strategic planning, and hospital equity reports, with regard to sexual orientation and gender identity.This bill would state the intent of the Legislature to enact legislation that would enhance health care services for LGBTQ seniors in the state.
Location: US-CA

CA SB 1289

Title: Medi-Cal: schedule of benefits.
Current Status: In Senate
Introduction Date: 2024-02-15
Last Action Date: From printer. May be acted upon on or after March 17.. 2024-02-16
Description: SB 1289, as introduced, Roth. Medi-Cal: schedule of benefits. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth a schedule of benefits under the Medi-Cal program.This bill would make technical, nonsubstantive changes to provisions relating to that schedule of benefits.
Location: US-CA

CA SB 1290

Title: Health care coverage: essential health benefits.
Current Status: In Senate
Introduction Date: 2024-02-15
Last Action Date: From printer. May be acted upon on or after March 17.. 2024-02-16
Description: SB 1290, as introduced, Roth. Health care coverage: essential health benefits. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Other existing law requires the Department of Insurance to regulate health insurers. Existing law requires an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2017, to include, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. Existing law requires a health care service plan contract or health insurance policy to cover the same health benefits that the benchmark plan, the Kaiser Foundation Health Plan Small Group HMO 30 plan, offered during the first quarter of 2014, as specified.This bill would express the intent of the

Legislature to review California's essential health benefits benchmark plan and establish a new benchmark plan for the 2027 plan year. The bill would limit the applicability of the current benchmark plan benefits to plan years on or before the 2027 plan year.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA SB 1306

Title: Mental health.
Current Status: In Senate
Introduction Date: 2024-02-15
Last Action Date: From printer. May be acted upon on or after March 17.. 2024-02-16
Description: SB 1306, as introduced, Skinner. Mental health. Existing law authorizes the State Department of State Hospitals, the State Department of Health Care Services, and other departments as necessary to perform various tasks relating to mental health services, including, among others, disseminating educational information relating to the prevention, diagnosis, and treatment of mental illness and, upon request, advising all public officers, organizations, and agencies interested in the mental health of the people of the state.This bill would make technical, nonsubstantive changes to these provisions.
Location: US-CA

CA SB 1319

Title: Behavioral health treatment facilities.
Current Status: In Senate
Introduction Date: 2024-02-16
Last Action Date: From printer. May be acted upon on or after March 18.. 2024-02-20
Description: SB 1319, as introduced, Wahab. Behavioral health treatment facilities. Existing law authorizes the State Department of Health Care Services to establish a Behavioral Health Continuum Infrastructure Program to award grants, as specified, for the construction, acquisition, and rehabilitation of behavioral health treatment resources, as described. The program exempts a facility project funded by a grant pursuant to the program from the California Environmental Quality Act, if it meets specified requirements, and local zoning and use permits, as specified.This bill would apply those exemptions to an entity, facility, or project that is converting a long-term health care facility or skilled nursing facility, as defined, to a facility that will expand the capacity of behavioral health treatment resources in the community.

Location: US-CA

CA SB 1320

Title: Mental health and substance use disorder treatment.
Current Status: In Senate
Introduction Date: 2024-02-16
Last Action Date: From printer. May be acted upon on or after March 18.. 2024-02-20
Description: SB 1320, as introduced, Wahab. Mental health and substance use disorder treatment. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers by the Department of Insurance. Existing law requires a health care service plan contract or disability insurance policy issued, amended, or renewed on or after January 1, 2021, to provide coverage for medically necessary treatment of mental health and substance use disorders, as defined, under the same terms and conditions applied to other medical conditions.This bill would require a plan or insurer subject to the above-described coverage requirement, and its delegates, to establish a process to reimburse providers for mental health and substance use disorder treatment services that are integrated with primary care services and provided under a contract or policy issued, amended, or renewed on or after July 1, 2025. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA SB 1339

Title: Health and care facilities.
Current Status: In Senate
Introduction Date: 2024-02-16
Last Action Date: From printer. May be acted upon on or after March 18.. 2024-02-20
Description: SB 1339, as introduced, Allen. Health and care facilities. Existing law generally requires the State Department of Public Health to license, inspect, and regulate health facilities, defined to include, among other types of health facilities, an acute psychiatric hospital. Existing law requires the State Department of Health Care Services to license and establish regulations for psychiatric residential treatment facilities.This bill would state the intent of the Legislature to enact legislation to ensure that licensed facilities that receive

referred behavioral health patients have their licenses checked to ensure that these licensed facilities are capable of providing the appropriate level of care.
Location: US-CA

CA SB 1354

Title: Health facilities: payment source.
Current Status: In Senate
Introduction Date: 2024-02-16
Last Action Date: From printer. May be acted upon on or after March 18.. 2024-02-20
Description: SB 1354, as introduced, Wahab. Health facilities: payment source. Existing law prohibits a long-term health care facility that participates as a provider under the Medi-Cal program from transferring or seeking to evict out of the facility any resident as a result of the resident changing his or her manner of purchasing the services from private payment or Medicare to Medi-Cal benefits and for whom an eligibility determination has not yet been made, except as specified.This bill would require a long-term health care that participates as a provider under the Medi-Cal program to provide aid, care, service, or other benefits available under Medi-Cal to Medi-Cal beneficiaries in the same manner, by the same methods, and at the same scope, level, and quality as provided to the general public, regardless of payment source.
Location: US-CA

CA SB 1355

Title: Medi-Cal: in-home supportive services: redetermination.
Current Status: In Senate
Introduction Date: 2024-02-16
Last Action Date: From printer. May be acted upon on or after March 18.. 2024-02-20
Description: SB 1355, as introduced, Wahab. Medi-Cal: in-home supportive services: redetermination. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including in-home supportive services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law generally requires a county to redetermine a Medi-Cal beneficiary's eligibility to receive Medi-Cal benefits every 12 months and whenever the county receives information about changes in a beneficiary's circumstances that may affect their eligibility for Medi-Cal benefits.Existing law provides for the In-Home Supportive Services (IHSS) program, administered by the State Department of Social Services and counties, under which qualified aged, blind, and disabled persons are provided with supportive services in order to permit them to remain in their own homes. Existing law authorizes certain Medi-Cal beneficiaries to receive IHSS as a covered Medi-Cal benefit.This bill would, to the extent that any necessary

federal approvals are obtained, and federal financial participation is available and not otherwise jeopardized, require an IHSS recipient to be continuously eligible for Medi-Cal for 3 years, and would prohibit a redetermination of Medi-Cal eligibility before 3 years, except as specified. The bill would make the implementation of its provisions contingent upon the department obtaining all necessary federal approvals, the department determining that systems have been programmed to implement these provisions, and the Legislature has appropriated funding to implement these provisions after a determination that ongoing General Fund resources are available to support the ongoing implementation of these provisions. To the extent the bill would increase county duties in administrating the IHSS program, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.
Location: US-CA

CA SB 1369

Title: Dental providers: fee-based payments.
Current Status: In Senate
Introduction Date: 2024-02-16
Last Action Date: From printer. May be acted upon on or after March 18.. 2024-02-20
Description: SB 1369, as introduced, Limón. Dental providers: fee-based payments. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law imposes specified coverage and disclosure requirements on health care service plans and health insurers, including specialized plans and insurers, that cover dental services.This bill would require a health care service plan contract or health insurance policy, as defined, issued, amended, or renewed on and after January 1, 2025, that provides payment directly or through a contracted vendor to a dental provider to have a non-fee-based default method of payment, as specified. The bill would require a dental provider to submit a signed authorization to the health care service plan, health insurer, or contracted vendor, opting in to a fee-based payment method, and would authorize the dental provider to opt out of the fee-based payment method at any time by providing written notice to the health care service plan, health insurer, or contracted vendor.Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish

procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA SB 1397

Title: Behavioral health crisis services: reporting.
Current Status: In Senate
Introduction Date: 2024-02-16
Last Action Date: From printer. May be acted upon on or after March 18.. 2024-02-20
Description: SB 1397, as introduced, Eggman. Behavioral health crisis services: reporting. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health and disability insurers by the Department of Insurance. Existing law requires a health care service plan contract or disability insurance policy to provide coverage for medically necessary treatment of mental health and substance use disorders, including behavioral health crisis services that are provided by an in-network or out-of-network 988 center, mobile crisis team, or other provider, as specified. Existing law requires a health care service plan or disability insurer to reimburse a 988 center, mobile crisis team, or other provider for emergency and nonemergency behavioral health crisis services and care pursuant to these provisions.This bill would authorize a county to report to the Department of Managed Health Care or the Department of Insurance a complaint about a health care service plan's or a health insurer's failure to make a good faith effort to contract or enter into an agreement with the county to obtain reimbursement for behavioral health crisis services, or to timely reimburse the county for services the plan or insurer is required to cover by state or federal law, and would require the respective department to timely investigate the complaint.
Location: US-CA

CA SB 1423

Title: Medi-Cal: critical access hospitals.
Current Status: In Senate
Introduction Date: 2024-02-16
Last Action Date: From printer. May be acted upon on or after March 18.. 2024-02-20
Description: SB 1423, as introduced, Dahle. Medi-Cal: critical access hospitals. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, each hospital designated by the department as a critical access hospital, and certified as such by the Secretary of the United States

Department of Health and Human Services under the federal Medicare rural hospital flexibility program, is eligible for supplemental payments for Medi-Cal covered outpatient services rendered to Medi-Cal eligible persons. Existing law conditions those payments on receipt of federal financial participation and an appropriation in the annual Budget Act for the nonfederal share of those payments, with supplemental payments being apportioned among critical access hospitals based on their number of Medi-Cal outpatient visits.This bill would remove the provisions relating to supplemental payments and would instead require the reimbursement to a critical access hospital for Medi-Cal covered outpatient services at a rate equal to the actual cost to the hospital of providing the services or the amount charged by the hospital for the services, whichever is less. The bill would also require reimbursement to those hospitals, under the same terms, for swing-bed services, relating to beds licensed for general acute care that may be used as skilled nursing beds.Existing law sets forth various Medi-Cal payment reductions by specified percentages for certain providers, including rural swing-bed facilities.This bill would make an exception to those payment reductions for rural-swing bed facilities in the case of critical access hospitals under the above-described reimbursement provisions.
Location: US-CA

CA SB 1428

Title: Health care coverage: triggering events.
Current Status: In Senate
Introduction Date: 2024-02-16
Last Action Date: From printer. May be acted upon on or after March 18.. 2024-02-20
Description: SB 1428, as introduced, Atkins. Health care coverage: triggering events. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or a health insurer to allow an individual to enroll in or change individual health benefit plans as a result of specified triggering events, including a loss of minimum essential coverage, as defined, gaining a dependent or becoming a dependent, or being mandated to be covered as a dependent pursuant to a valid state or federal court order. Existing law allows an individual 60 days from the date of a triggering event to apply for subsequent coverage.This bill would allow an individual 60 days before or after the date of a triggering event to apply for subsequent coverage. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Location: US-CA

CA SB 1492

Title: Medi-Cal reimbursement rates: private duty nursing.
Current Status: In Senate
Introduction Date: 2024-02-16
Last Action Date: From printer. May be acted upon on or after March 18.. 2024-02-20
Description: SB 1492, as introduced, Menjivar. Medi-Cal reimbursement rates: private duty nursing. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, one of the methods by which Medi-Cal services are provided is pursuant to contracts with various types of managed care plans. Existing law sets forth requirements for private duty nursing and home health care under the Medi-Cal program.Existing law imposes a managed care organization (MCO) provider tax, administered and assessed by the department, on licensed health care service plans and managed care plans contracted with the department to provide full-scope Medi-Cal services. Under existing law, proceeds from the MCO provider tax may be used, upon appropriation by the Legislature, for the increased costs incurred as a result of reimbursement requirements, among other things.This bill would provide that, for the above-described reimbursement purposes, private duty nursing services provided to a child under 21 years of age by a home health agency are considered specialty care services.
Location: US-CA

CA SB 1511

Title: Health omnibus.
Current Status: In Senate
Introduction Date: 2024-02-21
Last Action Date: Introduced. Read first time. To Com. on RLS. for assignment. To print.. 2024-02-21
Description: SB 1511, as introduced, Committee on Health. Health omnibus. (1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law defines a “group contract,” for purposes of the act, as a contract that by its terms limits the eligibility of subscribers and enrollees to a specified group.This bill would clarify that reference to a “group” in the act does not include a Medi-Cal managed care contract between a health care service plan and the State Department of Health Care Services to provide benefits to beneficiaries of the Medi-Cal program.(2) Existing law, the Compassionate Access to Medical Cannabis Act or Ryan’s Law, requires specified health care

facilities to allow a terminally ill patient's use of medicinal cannabis within the health care facility, as defined, subject to certain restrictions. Existing law requires the State Department of Public Health to enforce the act. Existing law prohibits a general acute care hospital, as specified, from permitting a patient with a chronic disease to use medicinal cannabis.This bill would authorize a general acute care hospital to allow a terminally ill patient, as defined, to use medicinal cannabis.(3) Existing law establishes the Distressed Hospital Loan Program, administered by the Department of Health Care Access and Information, in order to provide interest-free cashflow loans to not-for-profit hospitals and public hospitals in significant financial distress or to governmental entities representing a closed hospital, except as otherwise provided, to prevent the closure of, or facilitate the reopening of, those hospitals. Existing law establishes the Distressed Hospital Loan Program Fund, with moneys in the fund being continuously appropriated for the department. Existing law authorizes the Department of Finance to transfer up to $150,000,000 from the General Fund and $150,000,000 from the Medi-Cal Provider Payment Reserve Fund to the Distressed Hospital Loan Program Fund in state fiscal year 2023–24 to implement the program. Existing law requires any funds transferred to be available for encumbrance or expenditure until June 30, 2026.This bill would instead require any funds transferred to be available for encumbrance or expenditure until December 31, 2031. By extending the amount of time continuously appropriated funds are available for encumbrance and expenditure, this bill would make an appropriation.(4) This bill would make an additional technical, nonsubstantive change by renumbering a related provision.
Location: US-CA

CA SB 282

Support

Title: Medi-Cal: federally qualified health centers and rural health clinics.
Current Status: In Assembly
Introduction Date: 2023-02-01
Last Action Date: September 1 hearing: Held in committee and under submission.. 2023-09-01
Description: SB 282, as amended, Eggman. Medi-Cal: federally qualified health centers and rural health clinics. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, to the extent that federal financial participation is available, FQHC and RHC services are reimbursed on a per-visit basis, as specified. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and a physician or other specified health care professionals. Under existing law, "visit" also includes an encounter using video or audio-only synchronous interaction or an asynchronous store and forward modality, as specified.This bill would authorize reimbursement for a maximum of 2 visits that take place on the same day at a single site,

whether through a face-to-face or telehealth-based encounter, if after the first visit the patient suffers illness or injury that requires additional diagnosis or treatment, or if the patient has a medical visit and either a mental health visit or a dental visit, as defined. The bill would require the department, by July 1, 2024, to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services reflecting those provisions.The bill would include a licensed acupuncturist within those health care professionals covered under the definition of a "visit." The bill would also make a change to the provision relating to physicians and would make other technical changes.
Location: US-CA

Organization Notes

Local Health Plans of California: Support L.A. Care: Support

Created by Joanne Campbell • Mar 27, 2023

CA SB 294

Title: Health care coverage: independent medical review.
Current Status: In Assembly
Introduction Date: 2023-02-02
Last Action Date: In Assembly. Read first time. Held at Desk.. 2024-01-29
Description: SB 294, as amended, Wiener. Health care coverage: independent medical review. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers by the Department of Insurance. Existing law establishes the Independent Medical Review System within each department, under which an enrollee or insured may seek review if a health care service has been denied, modified, or delayed by a health care service plan or disability insurer and the enrollee or insured has previously filed a grievance that remains unresolved after 30 days.This bill, commencing July 1, 2025, would require a health care service plan or a disability insurer that upholds its decision to modify, delay, or deny a health care service in response to a grievance or has a grievance that is otherwise pending or unresolved upon expiration of the relevant timeframe to automatically submit within 24 hours a decision regarding a disputed health care service to the Independent Medical Review System, as well as the information that informed its decision, if the decision is to deny, modify, or delay specified services relating to mental health or substance use disorder conditions for an enrollee or insured up to 26 years of age. The bill would require a health care service plan or disability insurer, within 24 hours after submitting its decision to the Independent Medical Review System to provide notice to the appropriate department, the enrollee or insured or their representative, if any, and the enrollee's or insured's provider. The bill would require the notice to include notification to the enrollee or insured that they or their representative may cancel the independent medical review at any time before a determination, as specified.This bill, commencing July 1, 2025,

would require a health care service plan or disability insurer that provides coverage for mental health or substance use disorders to treat a modification, delay, or denial issued in response to an authorization request for coverage of treatment for a mental health or substance use disorder for an insured up to 26 years of age as if the modification, delay, or denial is also a grievance submitted by the enrollee or insured. The bill would require a plan or insurer to provide a written acknowledgment of a grievance that is automatically generated and would specify the circumstances under which that grievance is required to be submitted automatically to independent medical review.The bill would apply specified existing provisions relating to mental health and substance use disorders for purposes of its provisions, and would be subject to relevant provisions relating to the Independent Medical Review System that do not otherwise conflict with the express requirements of the bill. With respect to health care service plans, the bill would specify that its provisions do not apply to Medi-Cal managed care plan contracts.Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA SB 339

Monitor

Title: HIV preexposure prophylaxis and postexposure prophylaxis.
Current Status: Enacted
Introduction Date: 2023-02-07
Last Action Date: Chaptered by Secretary of State. Chapter 1, Statutes of 2024.. 2024-02-06
Description: SB 339, Wiener. HIV preexposure prophylaxis and postexposure prophylaxis. Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy. Existing law authorizes a pharmacist to furnish at least a 30-day supply of HIV preexposure prophylaxis, and up to a 60-day supply of those drugs if certain conditions are met. Existing law also authorizes a pharmacist to furnish postexposure prophylaxis to a patient if certain conditions are met.This bill would authorize a pharmacist to furnish up to a 90-day course of preexposure prophylaxis, or preexposure prophylaxis beyond a 90-day course, if specified conditions are met. The bill would require the California State Board of Pharmacy to adopt emergency regulations to implement these provisions by October 31, 2024.Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law prohibits a health care service plan or health insurer from covering preexposure prophylaxis that has been furnished by a pharmacist in excess of a 60-day supply once every 2 years, except as specified.Existing law provides for the Medi-Cal program

administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services pursuant to a schedule of benefits. The existing schedule of benefits includes coverage for preexposure prophylaxis as pharmacist services, limited to no more than a 60-day supply furnished by a pharmacist once every 2 years, and includes coverage for postexposure prophylaxis, subject to approval by the federal Centers for Medicare and Medicaid Services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.This bill would require a health care service plan and health insurer to cover preexposure prophylaxis and postexposure prophylaxis furnished by a pharmacist, including the pharmacist's services and related testing ordered by the pharmacist, and to pay or reimburse for the service performed by a pharmacist at an in-network pharmacy or a pharmacist at an out-of-network pharmacy if the health care service plan or health insurer has an out-of-network pharmacy benefit, except as specified. The bill would include preexposure prophylaxis furnished by a pharmacist as pharmacist services on the Medi-Cal schedule of benefits. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.This bill would declare that it is to take effect immediately as an urgency statute.
Location: US-CA

Organization Notes

California Association of Health Plans: Oppose Unless Amended

Created by Joanne Campbell • Mar 27, 2023

CA SB 424

Monitor

Title: Medi-Cal: Whole Child Model program.
Current Status: In Assembly
Introduction Date: 2023-02-13
Last Action Date: Referred to Com. on HEALTH.. 2023-06-08
Description: SB 424, as amended, Durazo. Medi-Cal: Whole Child Model program. Existing law establishes the California Children's Services (CCS) Program, administered by the State Department of Health Care Services and a designated agency of each county, to provide medically necessary services for persons under 21 years of age who have any of specified medical conditions and who meet certain financial eligibility requirements.Existing law establishes the Medi-Cal program, which is administered by the department and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department to establish a statewide Whole Child Model program stakeholder advisory group that includes specified persons, including CCS case managers, and to consult

with that advisory group on prescribed matters. Existing law terminates the advisory group on December 31, 2023.This bill would extend the operation of the advisory group until December 31, 2026.
Location: US-CA

Organization Notes

Local Health Plans of California: Oppose Unless Amended (Removed)

Created by Joanne Campbell • Mar 29, 2023

CA SB 427 Monitor

Title: Health care coverage: antiretroviral drugs, drug devices, and drug products.
Current Status: In Assembly
Introduction Date: 2023-02-13
Last Action Date: Ordered to inactive file on request of Assembly Member Zbur.. 2023-09-14
Description: SB 427, as amended, Portantino. Health care coverage: antiretroviral drugs, drug devices, and drug products. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally prohibits a health care service plan or health insurer from subjecting antiretroviral drugs that are medically necessary for the prevention of HIV/AIDS, including preexposure prophylaxis or postexposure prophylaxis, to prior authorization or step therapy. Under existing law, a health care service plan or health insurer is not required to cover all the therapeutically equivalent versions of those drugs without prior authorization or step therapy if at least one is covered without prior authorization or step therapy.This bill would prohibit a health care service plan or health insurer from subjecting antiretroviral drugs, drug devices, or drug products that are either approved by the United States Food and Drug Administration (FDA) or recommended by the federal Centers for Disease Control and Prevention (CDC) for the prevention of HIV/AIDS, to prior authorization or step therapy, but would authorize prior authorization or step therapy if at least one therapeutically equivalent version is covered without prior authorization or step therapy and the plan or insurer provides coverage for a noncovered therapeutic equivalent antiretroviral drug, drug device, or drug product without cost sharing pursuant to an exception request. The bill would require a plan or insurer to provide coverage under the outpatient prescription drug benefit for those drugs, drug devices, or drug products, including by supplying participating providers directly with a drug, drug device, or drug product, as specified.This bill would require a nongrandfathered or grandfathered health care service plan contract or health insurance policy to provide coverage for antiretroviral drugs, drug devices, or drug products that are either approved by the FDA or recommended by the CDC for the prevention of HIV/AIDS, and would prohibit a nongrandfathered or grandfathered health care service plan contract or health insurance policy from imposing any cost-sharing or utilization review

requirements for those drugs, drug devices, or drug products. The bill would delay the application of these provisions for an individual and small group health care service plan contract or health insurance policy until January 1, 2025. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

Organization Notes

California Association of Health Plans: Oppose

Created by Joanne Campbell • Mar 27, 2023

CA SB 516

Title: Health care coverage: prior authorization.
Current Status: Passed Assembly
Introduction Date: 2023-02-14
Last Action Date: Re-referred to Com. on APPR. pursuant to Assembly Rule 96.. 2023-09-14
Description: SB 516, as amended, Skinner. Health care coverage: prior authorization. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use prior authorization and other utilization review or utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law requires a health care service plan or health insurer, including those plans or insurers that delegate utilization review or utilization management functions to medical groups, independent practice associations, or to other contracting providers, to comply with specified requirements and limitations on their utilization review or utilization management functions. Existing law requires the criteria or guidelines used to determine whether or not to authorize, modify, or deny health care services to be developed with involvement from actively practicing health care providers.On or after January 1, 2026, this bill would prohibit a health care service plan or health insurer from requiring a contracted health professional to complete or obtain a prior authorization for any covered health care services if the plan or insurer approved or would have approved not less than 90% of the prior authorization requests they submitted in the most recent completed one-year contracted period. The bill would set standards for this exemption and its denial, rescission, and appeal. The bill would authorize a plan or insurer to evaluate the continuation of an exemption not more than once

every 12 months, and would authorize a plan or insurer to rescind an exemption only at the end of the 12-month period and only if specified criteria are met. The bill would require a plan or insurer to provide an electronic prior authorization process. The bill would also require a plan or insurer to have a process for annually monitoring prior authorization approval, modification, appeal, and denial rates to identify services, items, and supplies that are regularly approved, and to discontinue prior authorization on those services, items, and supplies that are approved 95% of the time. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

CA SB 607

Monitor

Title: Controlled substances.
Current Status: In Assembly
Introduction Date: 2023-02-15
Last Action Date: In Assembly. Read first time. Held at Desk.. 2024-01-22
Description: SB 607, as amended, Portantino. Controlled substances. Existing law requires a prescriber, with certain exceptions, before directly dispensing or issuing for a minor the first prescription for a controlled substance containing an opioid in a single course of treatment, to discuss specified information with the minor, the minor's parent or guardian, or another adult authorized to consent to the minor's medical treatment.This bill would extend that requirement for the prescriber by applying it to any patient, not only a minor, under those circumstances.
Location: US-CA

CA SB 70

Monitor

Title: Prescription drug coverage.
Current Status: In Assembly
Introduction Date: 2023-01-09
Last Action Date: September 1 hearing: Held in committee and under submission.. 2023-09-01
Description: SB 70, as amended, Wiener. Prescription drug coverage. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or

health insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law prohibits a health care service plan contract that covers prescription drug benefits or a specified health insurance policy from limiting or excluding coverage for a drug on the basis that the drug is prescribed for a use that is different from the use for which it was approved by the federal Food and Drug Administration if specified conditions are met. Existing law also prohibits a health care service plan that covers prescription drug benefits from limiting or excluding coverage for a drug that was previously approved for coverage if an enrollee continues to be prescribed that drug, as specified.This bill would additionally prohibit limiting or excluding coverage of a drug, dose of a drug, or dosage form of a drug that is prescribed for off-label use if the drug has been previously covered for a chronic condition or cancer, as specified, regardless of whether or not the drug, dose, or dosage form is on the plan's or insurer's formulary. The bill would prohibit a health care service plan contract or health insurance policy from requiring additional cost sharing not already imposed for a drug that was previously approved for coverage. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

Organization Notes

California Association of Health Plans: Oppose

Created by Joanne Campbell • Mar 27, 2023

CA SB 729

Monitor

Title: Health care coverage: treatment for infertility and fertility services.
Current Status: In Assembly
Introduction Date: 2023-02-17
Last Action Date: September 1 hearing postponed by committee.. 2023-09-01
Description: SB 729, as amended, Menjivar. Health care coverage: treatment for infertility and fertility services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers by the Department of Insurance. Existing law imposes various requirements and restrictions on health care service plans and disability insurers, including, among other things, a requirement that every group health care service plan contract or disability insurance policy that is issued, amended, or renewed on or after January 1, 1990, offer coverage for the treatment of infertility, except in vitro fertilization.This

bill would require large and small group health care service plan contracts and disability insurance policies issued, amended, or renewed on or after January 1, 2024, to provide coverage for the diagnosis and treatment of infertility and fertility services. With respect to large group health care service plan contracts and disability insurance policies, the bill would require coverage for a maximum of 3 completed oocyte retrievals, as specified. The bill would revise the definition of infertility, and would remove the exclusion of in vitro fertilization from coverage. The bill would also delete a requirement that a health care service plan contract and disability insurance policy provide infertility treatment under agreed-upon terms that are communicated to all group contractholders and policyholders. The bill would prohibit a health care service plan or disability insurer from placing different conditions or coverage limitations on fertility medications or services, or the diagnosis and treatment of infertility and fertility services, than would apply to other conditions, as specified. The bill would make these requirements inapplicable to a religious employer, as defined, and specified contracts and policies.Because the violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

Organization Notes

California Association of Health Plans: Oppose

Created by Joanne Campbell • Mar 27, 2023

CA SB 873

Monitor

Title: Prescription drugs: cost sharing.
Current Status: In Assembly
Introduction Date: 2023-02-17
Last Action Date: September 1 hearing: Held in committee and under submission.. 2023-09-01
Description: SB 873, as introduced, Bradford. Prescription drugs: cost sharing. (1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care under authority of the Director of the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance under the authority of the Insurance Commissioner. Existing law limits the maximum amount an enrollee or insured may be required to pay at the point of sale for a covered prescription drug to the lesser of the applicable cost-sharing amount or the retail price.This bill, commencing no later than January 1, 2025, would require an enrollee's or insured's defined cost sharing for each prescription drug to be calculated at the

point of sale based on a price that is reduced by an amount equal to 90% of all rebates received, or to be received, in connection with the dispensing or administration of the drug. The bill would require a health care service plan or health insurer to, among other things, pass through to each enrollee or insured at the point of sale a good faith estimate of the enrollee's or insured's decrease in cost sharing. The bill would require a health care service plan or health insurer to calculate an enrollee's or insured's defined cost sharing and provide that information to the dispensing pharmacy, as specified. The bill would require the department and the commissioner to submit an annual report on the impact of these provisions to the appropriate policy committees of the Legislature, as specified. The bill would make these provisions inoperative on January 1, 2027.(2) Existing law requires a health care service plan or health insurer that files certain rate information to report to the appropriate department specified cost information regarding covered prescription drugs, including generic drugs, brand name drugs, and specialty drugs, dispensed as provided.This bill, until January 1, 2027, would require a health care service plan or health insurer to report additional information on the above-described point of sale provision.(3) Because a willful violation of the bill's provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

Organization Notes

California Association of Health Plans: Oppose

Created by Joanne Campbell • Apr 17, 2023

CA SB 953

Title: Medi-Cal: menstrual products.
Current Status: In Senate
Introduction Date: 2024-01-22
Last Action Date: Referred to Com. on HEALTH.. 2024-02-14
Description: SB 953, as introduced, Menjivar. Medi-Cal: menstrual products. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of covered benefits under the Medi-Cal program.This bill would add menstrual products, as defined, to that schedule of covered benefits. The bill would require the department to seek any necessary federal approvals to implement this coverage. The bill would require the department to seek, and would authorize the department to use, any and all available federal funding, as specified, to implement this coverage.

Location: US-CA

CA SB 957

Title: Data collection: sexual orientation and gender identity.
Current Status: In Senate
Introduction Date: 2024-01-22
Last Action Date: Referred to Coms. on HEALTH and JUD.. 2024-02-14
Description: SB 957, as introduced, Wiener. Data collection: sexual orientation and gender identity. (1) Existing law, the Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act, requires the State Department of Public Health, among other specified state entities, in the course of collecting demographic data directly or by contract as to the ancestry or ethnic origin of Californians, to collect voluntary self-identification information pertaining to sexual orientation, gender identity, and intersexuality.Existing law, as an exception to the provision above, authorizes those state entities, instead of requiring them, to collect the demographic data under either of the following circumstances: (a) pursuant to federal programs or surveys, whereby the guidelines for demographic data collection categories are defined by the federal program or survey; or (b) demographic data are collected by other entities, including other state agencies, surveys administered by third-party entities and the state department is not the sole funder, or third-party entities that provide aggregated data to a state department.This bill, notwithstanding the exception above, would require the State Department of Public Health to collect the demographic data from third parties, including, but not limited to, local health jurisdictions, on any forms or electronic data systems, unless prohibited by federal or state law. To the extent that the bill would create new duties for local officials in facilitating the department's data collection, the bill would impose a state-mandated local program. Existing law requires the above-described state entities to report to the Legislature the data collected and the method used to collect the data, and to make the data available to the public, except for personally identifiable information. Existing law deems that personally identifiable information confidential and prohibits it disclosure. Existing law sets forth different deadlines, depending on the specified state entity, for complying with those requirements.This bill would require the State Department of Public Health, for purposes of the data collected by the department on sexual orientation, gender identity, and intersexuality, to comply with the above-described requirements by July 1, 2026.(2) Existing law authorizes local health officers and the State Department of Public Health to operate immunization information systems. Existing law requires health care providers and other certain agencies, including schools and county human services agencies, to disclose specified immunization and other information about the patient or client to local health departments and the State Department of Public Health. Existing law authorizes local health departments and the State Department of Public Health to disclose most of that same information, as specified, to each other and to other entities. Existing law authorizes a patient or a patient's parent or guardian to refuse to permit recordsharing, as specified.Under existing law, the information that is subject to disclosure under those

provisions includes, among other things, certain data on immunizations received, the patient's or client's date of birth, race and ethnicity, and gender.This bill would add the patient's or client's sexual orientation and gender identity to the list of information subject to disclosure. The bill would make conforming changes to the above-described provisions on data sharing. By expanding the duties of local officials with regard to disclosing demographic information to certain entities, the bill would impose a state-mandated local program.(3) The bill would require the State Department of Public Health to prepare an annual report concerning sexual orientation and gender identity (SOGI) data collected by the department. The bill would require the department to annually post and make available the report on the department's internet website, and to annually submit the report to the Legislature, excluding any personally identifiable information.The bill would require the annual report to include, among other certain information, the department's efforts to collect, analyze, and report SOGI data, and, until fully implemented, the progress that the department has made in implementing recommendations set forth in a related 2023 report by the California State Auditor's Office.(4) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.(5) Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.This bill would make legislative findings to that effect.
Location: US-CA

CA SB 966

Title: Pharmacy benefits.
Current Status: In Senate
Introduction Date: 2024-01-24
Last Action Date: Referred to Coms. on B., P. & E. D. and HEALTH.. 2024-02-14
Description: SB 966, as introduced, Wiener. Pharmacy benefits. Existing law, the Pharmacy Law, establishes the California State Board of Pharmacy in the Department of Consumer Affairs to license and regulate the practice of pharmacy. Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (the Knox-Keene Act), a violation of which is a crime, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. The Knox-Keene Act requires a pharmacy benefit manager under contract with a health care service plan to, among other things, register with the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance.Existing law imposes requirements on audits of pharmacy services provided to beneficiaries of a health benefit plan, as specified, and prohibits those audit

provisions from being construed to suggest or imply that the Department of Consumer Affairs or the California State Board of Pharmacy has any jurisdiction or authority over those audit provisions.This bill would delete the latter provision relating to the construction and jurisdiction over those provisions by the department and the board. This bill would require a pharmacy benefit manager, as defined by the bill, to apply for and obtain a license from the California State Board of Pharmacy to operate as a pharmacy benefit manager. The bill would establish application qualifications and requirements, and would establish an unspecified fee for initial licensure and renewal.This bill would require a pharmacy benefit manager, on or before April 1, 2027, and annually thereafter, to file with the board a report containing specified information. The bill would specify that the contents of the report shall not be disclosed to the public. The bill would require the board, on or before August 1, 2027, and annually thereafter, to submit a report to the Legislature based on the reports submitted by licensees, and would require the board to post the report on the board's internet website.This bill would impose specified duties on pharmacy benefit managers and requirements for pharmacy benefit manager services and pharmacy benefit manager contracts, including prohibiting a pharmacy benefit manager from deriving income from pharmacy benefit management services, except as specified. The bill would make a violation of the above specified provisions subject to specified civil penalties. Existing law requires a health care service plan contract or health insurance policy that provides coverage for outpatient prescription drugs to cover medically necessary prescription drugs and subjects those policies to certain limitations on cost sharing and the placement of drugs on formularies. Existing law limits the maximum amount an enrollee or insured may be required to pay at the point of sale for a covered prescription drug to the lesser of the applicable cost-sharing amount or the retail price, and requires that payment apply to the applicable deductible.This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, that provides prescription drug coverage to calculate an enrollee or insured's cost sharing amount, including deductible and coinsurance, based exclusively on its negotiated rate for the prescription drug. The bill, for a preexisting contract between a pharmacy benefit manager and a health care service plan or health insurer authorizing spread pricing, would prohibit an amendment or renewal of the contract from authorizing spread pricing. The bill would prohibit a contract between a pharmacy benefit manager and a health care service plan or health insurer that is executed on or after January 1, 2025, from authorizing spread pricing. By expanding the scope of a crime under the Knox-Keene Act, the bill would impose a state-mandated local program.This bill would declare that it shall not narrow, abrogate, or otherwise alter the authority of the Attorney General to maintain or restore competitive markets and prosecute state and federal antitrust and unfair competition violations, and would declare that the provisions of this bill are severable.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be

adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.This bill would make legislative findings to that effect.
Location: US-CA

CA SB 975

Title: Emergency medical services: community paramedicine.
Current Status: In Senate
Introduction Date: 2024-01-29
Last Action Date: Referred to Com. on RLS.. 2024-02-14
Description: SB 975, as introduced, Ashby. Emergency medical services: community paramedicine. Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, governs local emergency medical services (EMS) systems.This bill would state the intent of the Legislature to enact legislation relating to the payment and reimbursement for mobile integrated health and community paramedicine programs.
Location: US-CA

CA SB 980

Title: Medi-Cal: dental crowns and implants.
Current Status: In Senate
Introduction Date: 2024-01-29
Last Action Date: Referred to Com. on HEALTH.. 2024-02-14
Description: SB 980, as introduced, Wahab. Medi-Cal: dental crowns and implants. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including certain dental services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions.Under existing law, for persons 21 years of age or older, laboratory-processed crowns on posterior teeth are a covered benefit when medically necessary to restore a posterior tooth back to normal function based on the criteria specified in the Medi-Cal Dental Manual of Criteria.This bill would instead provide Medi-Cal coverage, for persons 13 years of age or older, for laboratory-processed crowns on teeth when a lesser service would not suffice because of extensive coronal destruction and a crown is medically necessary to restore the tooth back to normal function based on the criteria specified in the Medi-Cal Dental Manual of Criteria. The bill would also add, as a covered Medi-Cal benefit for persons of any age, a dental implant if tooth extraction or removal is medically necessary or if the corresponding tooth is missing.
Location: US-CA

CA SB 999

Title: Health coverage: mental health and substance use disorders.
Current Status: In Senate
Introduction Date: 2024-02-01
Last Action Date: Referred to Com. on HEALTH.. 2024-02-14
Description: SB 999, as introduced, Cortese. Health coverage: mental health and substance use disorders. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Existing law also requires the Department of Insurance to regulate health insurers. Existing law requires a health care service plan or disability insurer, as specified, to base medical necessity determinations and the utilization review criteria the plan or insurer, and any entity acting on the plan's or insurer's behalf, applies to determine the medical necessity of health care services and benefits for the diagnosis, prevention, and treatment of mental health and substance use disorders, on current generally accepted standards of mental health and substance use disorder care.This bill would require a health care service plan and a disability insurer, and an entity acting on a plan's or insurer's behalf, to ensure compliance with specific requirements for utilization review, including maintaining telephone access during California business hours for a health care provider to request authorization for mental health and substance use disorder care and conducting peer-to-peer discussions regarding specific patient issues related to treatment. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.
Location: US-CA

L.A. Care Medicare Plus Enrollee Advisory Committee (CMC EAC) Meeting Summary

Meeting Date: February 20, 2024, Time: 2:00pm-3:40pm
Attendees: Six L.A. Care Medicare Plus members, via conference call

Meeting Summary

I. L.A. Care Updates

a. Susan Ma, Community Relations Specialist III, informed the attendees about the following:

i. **L.A. Care Launches Effort to Educate and Enroll Angelenos Newly Eligible for Medi-Cal:** On January 1 of this year, a new law went into effect allowing Californians between the ages of 26 and 49 to qualify for full-scope Medi-Cal, regardless of their immigration status. Staff informed member that "using Medi-Cal is not considered a public charge and it does not affect immigration status".

ii. **2024 Medi-Cal Member Handbook:** Staff informed committee member about the new 2024 online handbook, and provided the website link to members.

iii. **Medi-Cal Renewals/Redetermination:** Staff reminded committee members that Medi-Cal renewals have begun. The local Med-Cal office will send them a letter or a renewal form to complete. They will need to complete the renewal by the due date printed on the form. If not, they can lose their Medi-Cal coverage. Staff provided website information, benefitscal.com and contact information for DPSS at 1-866-613-3777.

iv. **Updates on Community Resource Center (CRC) programming:** The L.A Care/Blue Shield Promise Community Resource Centers (CRCs) offer free in-person classes and services to help keep participants active, healthy and informed. The Panorama City CRC is now open with limited classes and services. Full programming is expected by late March. Two upcoming locations: The South L.A. CRC is expected to open in late summer 2024, and the Lincoln Heights CRC is expected to open in fall 2024.

II. 2023 Member Understanding Survey Results

a. Staff informed members about the important findings from the 2023 survey. The survey is conducted annually to assess member understanding of their plan benefits and how to access services, including the tools available for their use. Staff provided an overview of the results, action plans and next steps.

III. Pharmacy Resources

a. A presentation was shared on pharmacy resources, including the prescription drug formulary, Medicare Plus pharmacy benefit updates, mail order pharmacy services, drug management program, opioid home program, medication therapy management program, comprehensive medication management and medication adherence.

IV. Lab Test Kits Update

a. Staff provided an update regarding at-home test kits for members. L.A. Care is partnering with Ixlayer and Walgreens to provide at-home test kits for members that meet the criteria for testing. The program started in the summer of 2023. The test kits include Colorectal Cancer Screening, Hemoglobin A1c Screening, and Kidney Health Evaluation. Ixlayer is responsible for mailing the at-home test kits to members, distribution of test kit results, and call center support. Staff provided information on how many kits were sent to members and also did a quick survey asking committee members on their experience of using the service.

V. Close-Out

a. Members got instructions on how to contact L.A. Care Member Relations staff for help with member issues.

b. The next L.A. Care Medicare Plus Enrollee Advisory Committee meeting will be Tuesday, May 21, 2024, from 2:00 pm - 3:30 pm, via conference call.

January 2023
Grants & Sponsorships Report
March 2024 Board of Governors Meeting

#	Organization Name	Project Description	Grant/ Sponsorship Aproval Date	Grant Category/ Sponsorship	Grant Amount*	Sponsorship Amount	FY CHIF & Sponsorships Cummulative Total
1	**American Red Cross**	Sound the Alarm Installation	1/16/2024	Sponsorship	$ -	$ 25,000	$ 25,000
2	**Angel City FC**	Angel City FC (Full season partnership)	1/16/2024	Sponsorship	$ -	$ 75,000	$ 75,000
3	**Community Clinic Association of Los Angeles County**	23rd Annual Health Care Symposium	1/16/2024	Sponsorship	$ -	$ 15,000	$ 15,000
4	**Community Clinic Association of Los Angeles County**	Policy Café Series	1/31/2024	Sponsorship	$ -	$ 7,000	$ 7,000
5	**Insure the Uninsured Project (ITUP)**	Engagement Redefined: Harnessing Community Power for Equitable Health	1/2/2024	Sponsorship	$ -	$ 5,000	$ 5,000
6	**Los Angeles Area Chamber of Commerce**	2024 Inaugural	1/25/2024	Sponsorship	$ -	$ 10,000	$ 10,000
7	**Playmakers (formerly known as Beach Cities Miracle League)**	Long Beach Adaptive Sports Fair	1/16/2024	Sponsorship	$ -	$ 2,000	$ 2,000
8	**Song for Charlie**	The New Drug Talk: Connect to Protect	1/16/2024	Sponsorship	$ -	$ 10,000	$ 10,000
9	**UCLA Center for Health Policy Research**	Distinguished Speaker Series	1/30/2024	Sponsorship	$ -	$ 9,925	$ 9,925
		Total of grants and sponsorships approved in January 2023			**$ -**	**$ 158,925**	**$ 122,000**

* No grants approved in January 2023.

February 1, 2024

TO: Al Ballesteros, MBA, Chair, Board of Governors

VIA: Francisco Oaxaca, Chief, Communications & Community Relations

FROM: Mariah Walton, Sr. Community Relations Specialist

SUBJECT: Fiscal Year 2022-2023 Sponsorship Report

Staff is submitting the annual sponsorship report to the Board, as required by L.A. Care policy 603.

Fiscal Year Highlights
This year staff supported organizations that met the community's immediate needs and addressed Health Equity and Social Determinants of Health (SDOH) via the sponsorship program.

All sponsorships were carefully reviewed to determine whether the requesting organization and/or the event met the requirements of L.A. Care's sponsorship policies. Special consideration was given if 1) the event offered considerable exposure to L.A. Care; 2) the organization was a CHIF grantee; 3) the organization was within L.A. Care's provider network; 4) the event focused on health equity or one or more of L.A. Care's identified SDOH priority areas; or 5) an L.A. Care department was interested in participating.

The Communications department sponsored 102 organizations and awarded a total of $1.3 million. Given the organizational priority to ensure Los Angeles County residents were informed of Medi-Cal redetermination, the Communications team focused on collaborating with organizations that would allow for our outreach teams to distribute Medi-Cal redetermination information. We distributed approximately 64,000 Medi-Cal redetermination flyers to event attendees at events such as LA Pride, Zoo Friday Nights, Taste of Soul, Boo at the Zoo, Play60 with the LA Rams, KJLH's Women's Health Expo, Rainbow Productions' Jazz Fest, CicLAvia and more. In addition to informing the public about Medi-Cal redetermination and our product lines, we promoted the Community Resource Centers at events throughout the year. Lastly, we used sponsorships as an opportunity to position our leadership as industry experts at State of Reform, Los Angeles Business Journal Women's Leadership Symposium, Los Angeles County Medical Association, and more.

Sponsorship by SDOH Priorities
The Communications team focused on strengthening existing relationships and cultivating new partnerships with organizations that address SDOH. Of the 102 approved sponsorships, 96 (about 94%) addressed one or more of our SDOH priorities, including access to health care.

Staff will continue to identify and collaborate with partners that enhance the diversity of organizations supported by the sponsorship program, with a special focus on organizations that address SDOH and Health Equity, including social justice organizations.

The below bar graph depicts the total amount we invested into our safety net partners and community-based organizations (CBOs) per SDoH category.

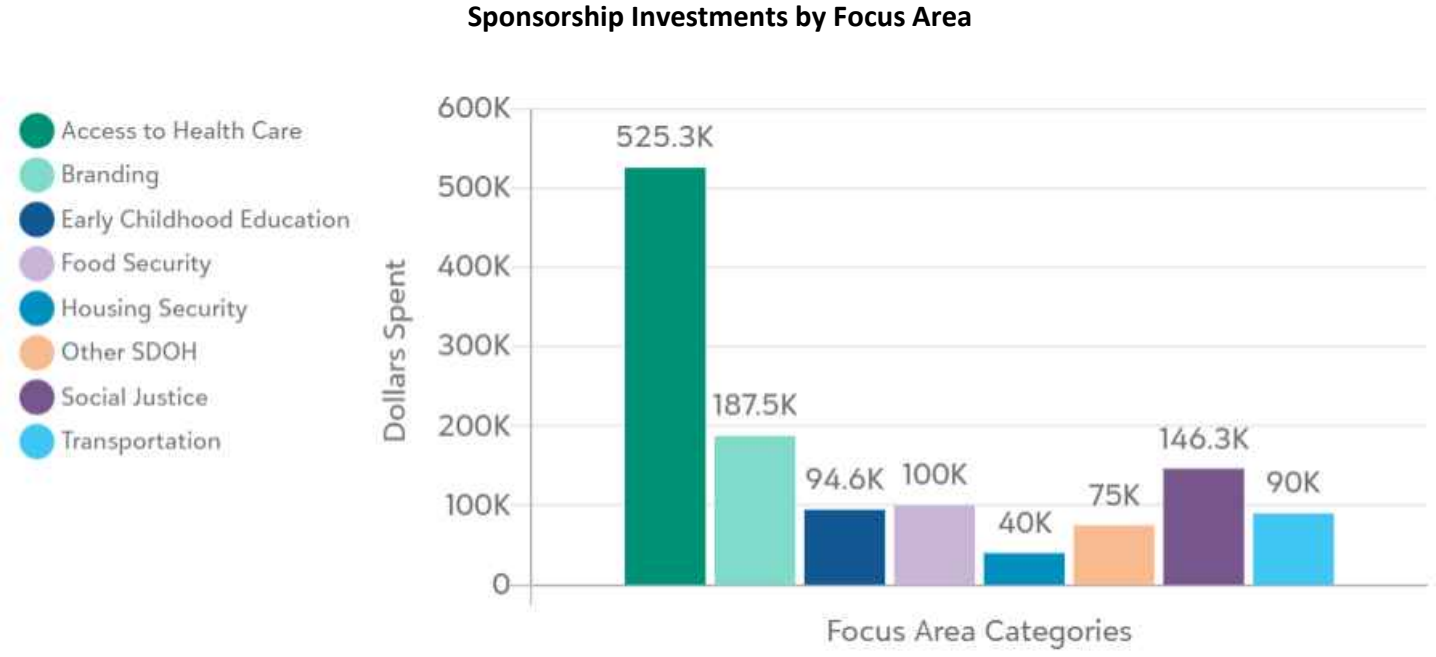


Figure 1. Total amount of investment made to our safety net clinics, hospitals and CBOs categorized by Social Determinants of Health focus areas, including branding which supports Medi-Cal redetermination efforts.

This year's branding opportunities helped us to gain exposure to new audiences, as well as aligned with our priorities and efforts to provide education and outreach on Medi-Cal redetermination. Such opportunities included the Greater Los Angeles Zoo Association (GLAZA), BreakSpell Consulting, Leonard Nimoy Foundation, Los Angeles Rams, and Patient Care Foundation. The GLAZA partnership gave us exposure to over 12,000 families, in which all received information on Medi-Cal redetermination and L.A. Care/Blue Shield Promise Community Resource Centers (CRCs). The BreakSpell Consulting partnership was an opportunity to receive branding on the *UNIDAD: Gay & Lesbian Latinos Unidos* documentary for the next three years on PBS, with a potential reach of 200 million U.S. viewers. Our Patient Care Foundation partnership in conjunction with the Los Angeles County Medical Association (LACMA) aligns with our efforts to educate Angelenos on gun safety.

In the coming year, the Communications department will continue to invest in organizations that are addressing health and SDOH needs. Additionally, we will support the organization's Medi-Cal redetermination efforts by distributing information at every event, while promoting health equity and supporting the safety net. Our efforts will align with L.A. Care's Strategic Vision to make L.A. Care a recognized leader in improving health for low income and vulnerable communities.

Please reference the FY 2022-2023 sponsorship log for further details on individual sponsorships.

Sponsorships Approved in FY 22-23

	Approved Sponsorship
	Grantee Recognition
	Combined Sponsorship

*Note: Sponsorship event dates scheduled for FY 2022 - 2023 were processed and approved in FY 2021 - 2022

Event Date	Name	Project Title	Grant Amount
10/15/2022	KJLH	Taste of Soul	$ 15,000
10/17/2022	California Association of Health Plans	36th Annual Conference	$ 10,000
11/1/2022	United Friends of the Children	Autumn Awards	$ 10,000
11/4/2022	Los Angeles County Medical Association	10th Annual Healthcare Awards	$ 5,000
11/9/2022	Los Angeles Department of Public Health	Giving Thanks	$ 12,500
11/12/2022	The Positive Results Corp	Healthy Manhood Conference	$ 10,000
11/19/2022	California Black Health Network	Live it Up, Long Beach	$ 5,000
12/6/2022	March Of Dimes	It Starts with Mom	$ 5,000
12/9/2022	Brotherhood Crusade	A Journey of Resilence Gala	$ 7,500
12/21/2022	Coalition of Black Men Physicians	Pysician Education and Networking	$ 16,000
1/7/2023	California Association of Public Hospitals and Health Systems	CAPH/SNI Annual Conference	$ 10,000
1/13/2023	Martin Luther King Jr. Community Health Foundation - Medical Group (MLKCHF)*	Dream Lunch	$ 25,000
2/6/2023	Insure the Uninsured Project	ITUP 27th Annual Conference	$ 5,000
3/11/2023	Be Social Productions	5K Walk + Health Fair	$ 3,000
3/18/2023	Care Harbor	Healthcare for the Unhoused	$ 25,000
3/24/2023	Community Clinic Association of Los Angeles County	22nd Annual Health Care Symposium	$ 10,000
3/25/2023	Faith And Community Empowerment	FACE 2023 Black Homeownership Fair	$ 5,000
4/20/2023	LA Family Housing	LA Family Housing Awards 2023	$ 10,000
4/22/2023	Speak Up Empowerment Foundation, Inc.	7th Annual Ms. Single Mom Empowerment Forum	$ 2,500
4/27/2023	Justice In Aging	Celebrate Justice in Aging	$ 2,500

5/1/2023	Move LA	What's Next LA? Move LA Celebration & Conference	$ 15,000
5/4/2023	UCLA Foundation	UCLA Fielding School's Health Policy and Management Alumni Association (HPMAA) for their annual "Leaders of Today, Leaders of Tomorrow" awards dinner.	$ 10,000
5/5/2023	It's Bigger Than Us	IBTU Food Distribution Weekly Events	$ 20,000
5/6/2023	Los Angeles County Department of Health Services - Rancho Los Amigos	2023 Amistad Gala	$ 5,000
5/6/2023	United Friends of the Children	United Friends of the Children's Caregiver Symposium	$ 5,000
5/11/2023	Golden Future Expos Inc.	Golden Future 50+ Senior Expo	$ 3,500
5/12/2023	Community Partners FBO Maternal Mental Health NOW	Legal and Ethical Dilemmas in Perinatal Mental Health Conference: Reproductive Justice	$ 10,000
5/13/2023	Through Peace	Hate Crimes Safety Summit/Workshop	$ 5,000
5/18/2023	Valley Village	Gold Rush Gala	$ 2,500
5/20/2023	ONEgeneration	14th Annual Senior Symposium Fair	$ 1,200
5/20/2023	The Achievable Foundation	It's Achievable 10th Anniversary Gala	$ 5,000
5/27/2023	Health Matters Clinic	HMC Care Connectivity	$ 50,000
6/1/2023	Didi Hirsch Mental Health	Mental Health Heroes: Celebrating 80 Years of Hope and Healing	$ 10,000
6/3/2023	Through Peace	Hate Crime Clinic	$ 15,000
6/4/2023	Housing Works	Housing Works 20th Anniversary Dinner	$ 10,000
6/8/2023	Helpline Youth Counseling, Inc	2023 Heroes of HYC	$ 5,000
6/9/2023	Christopher Street West Association, Inc. dba LA Pride	LA PRIDE	$ 50,000
6/10/2023	KJLH	KJLH Women's Health Expo	$ 15,000
6/12/2023	Partners in Care Foundation	23rd Annual Tribute Dinner honoring Johnese Spisso, MPA and Robert K. Ross, MD	$ 10,000
6/18/2023	CicLAvia	Series of six CicLAvia Sundays	$ 75,000

6/19/2023	Jenesse Center	M.Sue Frazier Summer Camp (Camp Janesse)	$ 5,000
6/20/2023	Peggy Beatrice Foundation	Serve-A-Soul	$ 5,000
6/22/2023	Latino Equality Alliance	Purple Lily Awards Gala	$ 5,000
6/22/2023	California Pan-Ethnic Health Network	Voices for Change: 30 Years of Championing Health Equity	$ 5,000
6/23/2023	Neighborhood Legal Services Los Angeles	Music for Justice	$ 5,000
6/24/2023	SALVA	SALVA's 7th Anniversary Dinner Gala	$ 5,000
6/25/2023	Gay Men's Chorus of Los Angeles	GMCLA's 2023 GALA	$ 7,500
6/28/2023	Los Angeles Business Journal	Women's Leadership Symposium & Awards	$ 12,500
7/3/2023	Get Together Foundation	Get Together Foundation Annual Charity Concert Event	$ 5,000
7/7/2023	Greater Los Angeles Zoo Association	L.A. Zoo Friday Nights 2023	$ 75,000
7/15/2023	Faith And Community Empowerment	26th Annual HOF Fair Checklist	$ 5,000
7/22/2023	Ortiz Media	Expo Hondurena USA 2023	$ 5,000
7/31/2023	March Of Dimes	It Starts With Mom	$ 10,000
8/5/2023	It's Bigger Than Us	IBTU 4th Annual Back 2 School Event in Leimert Park	$ 10,000
8/5/2023	Imagine LA	Imagine LA's Back-To-School Bash	$ 10,000
8/5/2023	Valley Community Healthcare	Back to School Event	$ 5,000
8/6/2023	Sole of the CommUNITY	Backpack Giveaway	$ 5,000
8/7/2023	Venice Family Clinic	2023 National Health Center Week (NHCW)	$ 5,000
8/10/2023	Arroyo Vista Family Health Center	Arroyo Vista Family Health Center Back to School Children's fair	$ 3,633
8/10/2023	Black Women for Wellness	Reproductive Justice Conference	$ 10,000
8/10/2023	Northeast Valley Health Corporation	National Health Center Week: The Road Map to Healthier Communities	$ 2,500
8/11/2023	QueensCare Family Clinics	Bridging the Gaps: Community Health Event and Press Conference	$ 5,000
8/12/2023	Eisner Health	National Health Center Week + Yearly Events	$ 30,000

8/12/2023	Comprehensive Community Health Centers	National Health Center Week - CCHC Multicultural Health Fair and Children's Appreciation Day	$ 10,000
8/12/2023	South Central Family Health Center	SCFHC Family Health Day	$ 10,000
8/12/2023	Harbor Community Clinic	Back to School Fair	$ 1,000
8/12/2023	Rainbow Promotions LLC	Long Beach Jazz Festival	$ 30,000
8/17/2023	University of Southern California	5th Annual California Street Medicine Symposium	$ 5,500
8/18/2023	Los Angeles County Medical Association	152nd Installation of President and Officers	$ 10,000
8/19/2023	Peggy Beatrice Foundation	Backpack Giveaway + Charity Baseball Game	$ 10,000
8/28/2023	UCSF Preterm Birth Initiative	2023 California Black Birth Equity Summit	$ 10,000
9/1/2023	Los Angeles Rams Foundation	Los Angeles Rams x L.A. Care Health Plan Play 60 / Youth Football Events	$ 75,000
9/6/2023	Health Management Associates dba State of Reform	2023 Southern California State of Reform Health Policy Conference	$ 16,250
9/13/2023	Institute for High Quality Care	2023 Quality Improvement Summit	$ 5,000
9/16/2023	Golden Future Expos Inc.	Golden Future 50+ Senior Expo	$ 15,000
9/22/2023	BreakSpell Consulting	UNIDAD: Gay & Lesbian Latinos Unidos Documentary Film Screening	$ 25,000
9/22/2023	Esperanza Community Housing	Esperanza's 22nd Annual Dancing Under the Stars Gala	$ 5,000
9/23/2023	Allies for Every Child	30th Annual Children's Arts Festival	$ 5,000
9/23/2023	Project Angel Food	Angel Awards	$ 20,000
9/28/2023	Central American Resource Center of Los Angeles	CARECEN Celebrates 40 Years	$ 10,000
9/28/2023	Student Health SVCS Support Fund	Salute to Student Health Gala	$ 5,000
10/1/2023	Greater Los Angeles Zoo Association*	Boo at the Zoo 2023	$ 30,000

10/4/2023	County Health Executives Association of California*	2023 CHEAC Annual Meeting	$ 5,000
10/5/2023	KHEIR*	Kheir's 37th Anniversary Fundraising Gala	$ 6,000
10/5/2023	Southern California Medical Center *	Community Heroes, Gala Dinner	$ -
10/6/2023	Patient Care Foundation*	Gun Violence Prevention Publlic Education Campaign	$ 25,000
10/11/2023	Golden Future Expos Inc.*	Golden Future 50+ Senior Expo	$ -
10/19/2023	Eisner Health*	Eisner Health's Annual Gala	$ -
10/21/2023	Latino Equality Alliance*	Calavera LGBTQ Festival	$ 5,000
10/21/2023	AltaMed Foundation*	2nd Annual AltaMed Tardeada	$ 5,000
10/21/2023	KJLH*	Taste of Soul	$ 25,000
10/23/2023	California Association of Health Plans*	CAHP's 37th Annual Conference	$ 6,000
10/26/2023	JWCH Institute, Inc.*	Wesley Benefit Dinner 2023	$ -
10/27/2023	Northeast Valley Health Corporation*	NEVHC's 50th Anniversary Gala	$ -
10/28/2023	Golden Future Expos Inc.*	Golden Future 50+ Senior Expo	$ -
11/12/2023	Alzheimer's Los Angeles*	Making Memories Festival	$ 5,000
11/13/2023	California Association for Adult Day Services*	CAADS 2023 Fall Conference	$ 2,000
11/16/2023	Vision y Compromiso*	Vision y Compromiso Annual Conference	$ 14,600
11/16/2023	Clinica Msgr. Oscar A. Romero*	Clínica Romero 40th Anniversary Gala	$ 10,000
11/18/2023	Los Angeles Rams Foundation*	Los Angeles Rams x L.A. Care Health Plan Thanksgiving Food Drive + Merchandise Bank	$ 75,000
12/9/2023	Eisner Health*	Eisner Health's Annual Winter Festival	$ -
1/1/2024	Nimoy Knight Foundation*	COVID-19 Billboards	$ 25,000

CHIEF MEDICAL OFFICER REPORT

Chief Medical Officer Report
February 2024

Medical Management Division

Care Management

Enhanced Care Management (ECM)

In November, L.A. Care temporarily halted recovery and reconciliation efforts due to concerns raised by ECM providers regarding contract language. However, in December, Finance resumed these efforts, successfully recovering over $2 million of the owed $25 million by the end of 2023. A formal reinstatement communication is pending legal approval. Discussions are ongoing for claims spanning April 2023 to March 2024.

- *Data Integrity:* Significant challenges have been encountered in tracking ECM enrollment within L.A. Care's UM (Syntranet) and payment (QNXT) systems, affecting regulatory reporting and per-member-per-month (PMPM) provider payments. With L.A. Care now overseeing Syntranet, efforts are underway to rectify these issues, with a renewed commitment to address concerns by March 2024. The ECM team, with the support of the newly hired Clinical Data Analyst, is actively creating enrollment dashboards to track referral and enrollment trends and key performance indicators (KPIs) internally and for our plan partners. We aim to leverage this data by Q2 2024 to identify opportunities to grow enrollment.

- *Payment Model:* A fee-for-service (FFS) rate structure, developed in Fall 2023 and initially planned for implementation in January 2024, has been delayed until at least April 2024 due to provider concerns that the loss of capitation will affect their ability to sustain the existing staffing model. The ECM team has been holding meetings with providers to get a better understanding of the challenges with the proposed rates and is collaborating closely with the finance and actuary team to adjust the rates and/or payment model as needed. The objective is to foster continued growth in enrollment while also incentivizing providers to deliver the necessary level of care to our members with the highest needs

- *Clinical Oversight:* A comprehensive overhaul of the provider audit and oversight program was completed in Q4 2023, including the revision of policies and procedures, the provider reference guide, audit tools, and the audit corrective action plan (CAP) process. A pilot program started in January 2024 to guide the finalization of the program. Monthly ECM report cards will communicate audit results featuring aggregated network data, enabling providers to assess their performance relative to other network providers. The full oversight program launch is planned for the end of Q1 2024.

- *Network:* Efforts to develop a dashboard overlaying provider network capacity with ECM eligible membership experienced a temporary pause but are set to resume with the recent hire of a Clinical Data Analyst. The dashboard is planned for implementation by the end of Q2 2024 as a complementary tool to the Los Angeles County provider capacity report, helping to fulfill capacity planning and the Department of Healthcare Services (DHCS) reporting requirements.

- *Justice Involved Initiative (JI):* The ECM team continues to collaborate with Los Angeles County correctional facilities, in partnership with Health Net and HMA consultants, to fulfill DHCS requirements for this program offering eligible incarcerated individuals access to a targeted set of Medicaid services in the three-month period prior to their release by October 1, 2024. The focus of this work is on identification and credentialing of a JI ECM provider network, establishment of data exchange processes with IT, hiring of a JI Liaison position, and achievement of internal system readiness for acceptance of JI aid codes activation.

- *Enrollment:* L.A. Care aims to enroll 30,000 members into ECM in 2024, utilizing strategies such as ad-hoc target enrollment lists, collaboration with Community Supports (CS) teams, lower enrollment criteria, presumptive authorization, and community outreach. Challenges include the payment model change, staffing levels, IT constraints, and resource impact from the JI Initiative.

- *Staffing:* Current staffing includes 9 FTEs and 1 consultant, with 6 positions in recruitment and 4 new positions pending approval. An oversight tool is in development to ensure adequacy of staffing to support the program's functions effectively.

Transitional Care Services (TCS)

- *Outreach and Engagement:* From January 31, 2023, to January 19, 2024, L.A. Care's CM team conducted outreach on over 4,300 TCS high-risk cases. In October, outreach peaked at 991 cases, dropping in November due to holidays, PTO, and a staff resignation. Member engagement increased to 48%. In December, outreach continued on 705 cases. Hiring slowed at the end of 2023 but resumed in January, aiming to reach the goal of outreaching to 3,000 high-risk admissions per month by the end of Q1 2024.

- *Service Expansion:* In January 2024, the TCS team went live with several initiatives:
  - TCS Central Intake Line for non-high-risk members, with an average call volume of about 20 calls per week during the first three weeks.
  - TCS for members in long-term care residing in nursing homes and Intermediate Care Facilities for the Developmentally Disabled.

- *Team Composition:* As of January 2024, the TCS team includes:
  - Leadership: 1 Director, 1 TCS Manager, 4 TCS Supervisors, 1 TCS Care Coordinator Supervisor.
  - 27 TCS Community Health Workers (CHWs).
  - 9 Care Coordinators.
  - Care Managers who also work on TCS based on higher acuity or when the member transitioning already has an assigned CM.
  - Anticipated hiring of 13 additional TCS CHWs over the next 2 months. The CM team is working with other departments on TCS implementation and compliance

- *Collaboration and Compliance:* The CM team collaborates with other departments on TCS implementation and compliance:
  - The Network team provides time for TCS education and discussion in PPG JOMs and facilitated communications with hospitals through the webinars and the HASC workgroup.
  - Our IT partnership involves integrating DHCS updates on high-risk populations into iPro, our predictive modeling engine used for monthly member risk stratification. DHCS has specified certain populations as high risk, which we have incorporated into iPro to distinguish high-risk members from low-risk ones, as they require different interventions. However, recent DHCS policy revisions have identified additional high-risk populations, including some specific to TCS. As a result, iPro helps

determine whether a hospitalized member should receive high-risk TCS interventions or low-risk TCS interventions.

General Care Management

- The CM department experienced significant growth, increasing from 135 staff members in January 2023 to 208 in January 2024, marking a 54% rise. This expansion was driven by the need to meet new requirements, such as Population Health mandates, including TCS, and the integration of ECM staff previously housed in the Safety Net Initiatives department. Throughout the calendar year 2023, 61 new staff were onboarded. However, ongoing hiring remains challenging due to the high number of open positions and capacity constraints within the leadership team for conducting interviews, onboarding, and training new hires. Attrition has also contributed to these challenges. CM leaders are collaborating with Human Resources to explore opportunities to mitigate voluntary departures.

- CM is actively engaged in the adoption and integration of new Population Health Management (PHM) requirements mandated by the Department of Health Care Services (DHCS). This includes configuring the iPRO to accommodate updated and newly introduced DHCS high-risk populations. These populations encompass individuals meeting criteria for Specialty Mental Health Services/Substance Use Disorder (SMHS/SUD), those transitioning to or from Skilled Nursing Facilities (SNFs), and individuals within the 12-month post-partum period.

- In Q2 of 2024, as part of the *QNXT technical upgrade*, the team will transition to the new version of Clinical Care Advanced (CCA) system. Selected team members underwent training during the first week of January to prepare for user acceptance testing. Training sessions for end-users are scheduled for February. The many changes introduced by the upgrade do not fundamentally alter core functionality or user approach, having minimal impact on daily work for staff. The upgrade includes enhancements to the user interface and additional automation, which are likely to improve efficiency once fully configured. CM serves as the lead for Health Services CCA users, which include MLTSS, Behavioral Health, and Social Services.

- *DSNP*: Quarterly and annual regulatory reports for HRA and CM measures are due to CMS in late February 2024. Recent efforts have intensified as submission deadlines approach, with the CM team heavily involved in completing and retesting reports. CM is actively collaborating with EPO, Compliance, and the Electronic Data Management team (EDM) to ensure timely submission of regulatory reports.
    - CM continues to work on adopting and implementing new DSNP requirements. These efforts include significant IT work such as:
        - Configuring a new Health Risk Assessment (HRA) into CCA to account for new required DSNP elements. The HRA is the foundation for nearly all care coordination processes. Consequently, in addition to the HRA, all current operational and regulatory reports as well as related operational processes will need revisions to account for the new HRA.
        - Updating note templates and modules in CCA in order to track and report face-to-face activities in accordance with new DSNP program expectations.

<u>Utilization Management</u>

UM Team Development

In 2023, the department filled 70 positions and grew from total FTE of 162 in January 2023 to 204 in January 2024 (26% increase, excluding physicians). As of January 9, 2024, 15 positions were open (7% vacancy). Critical positions recently filled include:

- Medical Directors – five new incremental started since November 2023
- Inpatient Manager (external hire)

  - Outpatient Director (external hire)
  - Quality Supervisor (internal promotion)
  - Policy Nurse (external hire)
  - Supervisor, Inpatient (internal transfer)
  - Supervisor, Quality Team (internal promotion)

- The ER/Admit team phone queue went live in mid-May, but still has two openings that have been difficult to fill. The onboarding of a new Inpatient Manager to oversee this team should help. Despite the staffing challenges, the team has performed well, exceeding the service level metric standards. Post-stabilization and transfer requests make up 95% of calls.

- The Discharge Planning team has also been challenging to staff and has 3/6 positions filled. Leadership is working with our Compensation team to adjust salary and evaluate reclassification to RN from LVN level.

- In early November, the Inpatient clinical teams restructured to a pod system to better distribute work based on hospital volume and contract type (DRG and per diem). Workflow processes, productivity and quality are being monitored to evaluate the effectiveness of this model and to make adjustments to ensure compliance and to facilitate engagement with specific hospitals and to support complex discharge planning needs.

Timeliness Corrective Action Plans (relates to June 2021 regulatory disclosure, 2021 DHCS Audit and 2022 Enforcement Action. The Department of Managed Health Care (DMHC) Preliminary Report for the 2021 Routine Survey also listed two timeliness findings for which UM has submitted corrective action plans.) UM performance continues to be stable and maintaining a high level of compliance.

- *Compliance Scorecard measures* – Q4 calendar year 2023 most recent available
  - Overall performance for Medi-Cal, LACC and PASC: All measures above 95%
  - Direct Network only (Medi-Cal subset): 20/20 measures > 95%. In November L.A. Care submitted the final quarterly undertakings to DMHC with Direct Network scores and narratives on process enhancements and staffing levels. These were initiated to track LAC's performance and administrative capacity with the insourcing of UM and CM from Optum Health that was effective January 1, 2022.
  - DSNP
    - Two measures at 100%
    - Two measures at 99%
    - Two measures above 90% (93.6% and 91.8%, both of which improved from November to December)
    - Two measures at 0% due to EPO looking for verbal notifications, however, UM is in discussion with EPO to reassess as written notifications were sent timely and verbal notification is not required.

UM Cross-Functional Collaborations

- *Coordination between UM, Grievance & Appeals and Quality:* The three teams successfully engaged with Mazars consultants to redesign the end-to-end clinical grievances process to promote timely and accurate identification and resolution of potential quality of care issues, and seamless handoff to the Provider Quality Review (PQR) team for potential quality of care issue (PQI) investigation and remediation. The teams including CSC, A&G and PQR are modifying their respective policies and procedures and job aids to effectuate the changes made to the workflow and to achieve alignment and full implementation end of Q1.

- *California Children's' Services (CCS):* The new UM Supervisor with CCS focus began reviewing all pediatric authorization requests to determine whether the member is already enrolled in CCS or needs to be referred to CCS. All complex kids with CCS or CCS eligible diagnoses will get referred to CM/ECM/PPG. For the last quarter of 2023, inpatient cases for members under 21 averaged 113 with an average of 51 (45%) identified as carve-out eligible and redirected to CCS.
    - UM nurses from inpatient and outpatient teams have been selected and trained to take over review of all pediatric cases.
    - In December, leaders from UM and CM and Drs. Shah and Kagan began weekly workgroups for program development, processes, and reporting. Dr. Shah established office hours where UM and CM staff working pediatric cases can get input and assistance.
    - We have resumed quarterly meetings with the LA County CCS team and are working with Compliance on execution of the new MOU associated with the 2024 Medi-Cal contract
    - In mid-January, Dr. Shah gave a presentation to the Children's Health Consultant Advisory Committee (CHCAC) meeting. She provided an overview of the state program and described the above activities that L.A. Care's cross-functional team implemented so far in the development of our CCS program. The CHCAC expressed interest in continuing to receive updates.

Hospital Collaboration

- The UM inpatient team continues its weekly meetings with multiple hospitals to provide support for complex discharge planning needs.
- We have revamped our difficult placement forms and developed a handout for hospital clinical teams, clarifying the criteria and process for effectively collaborating with the Difficult Placement Team.
- During the December Hospital Association of Southern California (HASC) workgroup, we presented updates on UM team and processes, along with insights into TCS, recuperative care, and the significance of hospitals' engagement in Health Information Exchanges (HIEs). These exchanges facilitate health plans and PPGs in accessing near-real-time information on admissions, discharges, and transfers.
- Additionally, in December, our team engaged in sessions with extended delegate PPGs regarding L.A. Care's contracting endeavors with hospitals for observation and administrative day rates. We discussed how PPGs are expected to handle these requests in accordance with our policy.

IT Systems

- Syntranet – nearly all enhancements planned for implementation by December 28, 2023 were deployed in the system and are now in use. Several that did not pass user acceptance testing were held for further development, mainly the SMART forms and the foreign language translation automation for certain lines of business.

- QXNT UM – Plans are in full swing for a conversion from Syntranet to QNXT with a scheduled go-live date of 7/1/24. UM is the lead department on preparation for this conversion, coordinating with subject matter experts from ECM, MLTSS, BH, and Community Health. The UM team is working with L.A. Care IT and Cognizant staff to develop and execute an extensive work plan. At the end of 2023, a contract was signed with another application "Onbase" from vendor Hyland that will facilitate the efficient intake and storage of faxes and the creation and storage of letters. Onbase work kicked off in January and has a very aggressive schedule for configuration, testing and training in order to meet the go live date. The UM department is developing a variety of strategies for successful go live based on lessons learned from the Syntranet conversion (which contributed to the Enforcement Action) including but not limited to: extensive testing, enhanced training, and supplemental staffing.

Managed Long Term Services & Supports (MLTSS)

Since January 2022, the MLTSS team has grown from administering six categories of benefits and services to 15 in 2024. In order to administer these programs, the MLTSS department grew from 40 FTE in January of 2023 to 59 in January of 2024 (48% increase) to respond to new requirements (e.g. CalAim Community Supports, carve in of pediatric subacute care) and new populations such as Intermediate Care Facility for Developmentally Disabled (ICF-DD). In 2023, there were 14 new hires and several promotions within the team.

Community Based Adult Services (CBAS)

- Overall, there has been a decrease in CBAS utilization in 2023 compared to 2022. Much of this is due to the end of the COVID rules, which meant CBAS participants had to return to in-person services at the centers. While there was limited allowance for Emergency Remote Services (ERS) to occur on a short-term basis, the MLTSS team strictly enforced the policy by denying inappropriate requests to start or continue ERS. The CBAS census had a moderate trend down with about 10.5K members at the start of the year and flattened out starting in April at an average of 9.5K.
- New staff completed training by end of 2023 and are now reviewing new and modified requests for 5-days/week services to determine the appropriate visit frequency for the member's condition and prevent avoidable over-utilization. In 2023, approximately 65% of members are authorized to attend up to 5-days/week. By performing UM on new and modified requests for 5-days/week, we anticipate bringing that percentage down during this first phase. Volume and capacity will be analyzed to assess for timing and scope of subsequent phases.
- The collaboration with AAL to quantify the impact of prior efforts to appropriately reduce CBAS frequency found that 95% of authorizations were processing correctly with a matched claim. The results validated the UM team's efforts to ensure appropriate utilization were effectuated
- For 4% of claims paid that did not attach to authorizations, there was a good match with another authorization with the majority. For those without matches (system or manual), AAL found that providers were paid inappropriately despite lack of authorization or with use of incorrect dates/frequency of services and are in review for potential payment recoveries of up to $1.8 million. The second part of this effort will use all findings to work with the Claims team to ensure controls are established to prevent erroneous payments going forward. Since using the authorization edit features could affect auto-adjudication, the Claims team is evaluating potential impacts to other aspects of the claims process.

CalAIM & Community Supports (CS)

The MLTSS team is currently administering the following CS services: Personal Care and Homemaker Services; Caregiver Respite; Environmental Accessibility Adaptations. Each of these CS have low referrals and approvals. In collaboration with the Community Health team, MLTSS has been promoting the CS offerings in numerous forums including the JOMs (Joint Operating Meetings) occurring with PPGs (Participating Provider Groups), hospitals and SNFs (Skilled Nursing Facilities). CS were marketed in approximately 20 JOMs from October 2023 to January 2024 as well as to CBAS providers during the quarterly webinar.

- Personal Care and Homemaker Services: referrals have steadily increased, doubling in the second half of the 2023 and ended with December as the highest month with 154.
- Caregiver Respite: the average monthly referrals remains in the low double digits with the highest month at 28 in November 2023.
- Environmental Accessibility Adaptations: the first part of 2023 had single digit referrals each month but in the second half ranged from 14-28. The majority of referrals are for Personal Emergency Response systems, however, at the end of the year we completed the first significant home modification requests.

- Installed a stair-lift for 82-year-old woman whose family was carrying her up and down the stairs every day. Not only is this safer for both member and family, it also reduces the member's prior isolation in her upstairs bedroom.
- Installed a custom ramp for a 65-year-old woman with chronic pain and history of falls. Prior to installation member was confined to her home due to the stairs and her spouse's inability to help. Member reports feeling less isolated because she can get out of the house and so is the spouse who can help her safely exit the home.

New Populations/Benefits Standardization

- Starting January 1, 2024, Intermediate Care Facilities for the Developmentally Disabled (ICF-DD) long-term care will be included under FFS Medi-Cal, with benefits being managed by Regional Centers. However, the transition has been slow due to various reasons. There are around 190 facilities in the county, most of which are new to managed care. They have been cautious in starting and completing the contracting process and have many inquiries regarding authorizations and billing. The MLTSS team has been actively involved in webinars and workshops along with other plans, DHCS, and the ICF-DD trade association to educate and involve these facilities. To ensure a smooth transition as required, L.A. Care will issue necessary Letters of Agreement (LOAs) and honor existing authorizations. The Managed Care Plans (MCPs) in Los Angeles County are collaborating to align policies and procedures to help facilities navigate through managed care for themselves and their residents.

- Pediatric Sub-Acute Carve-In effective January 1, 2024. Two of the three facilities in Los Angeles County were contracted and the third is in the processes of contracting. We have approximately 175 members in these facilities. In January, introductory calls were conducted with each facility. Updates were made to the prior authorization form which is completing the Podio approval process.

Palliative Care

- Palliative Care SB 1004 (APLs 17-015 and 18-020) benefit in 2023 was limited to full-benefit-only Medi-Cal members (excludes partial and full duals). While referrals only had a slight increase in the second half of 2023 (average went from 48/mo to 56/mo) the census had a steady increase month over month, starting in January 2023 at 110 and rising to 271 by December. The program has also benefited from referrals resulting in the redirection of members who do not meet criteria for hospice.

- Effective January 1, 2024 the benefit expanded to full duals in DSNP (under Medi-Cal) and is expected to further increase referrals and the census from sources such as Care Management Interdisciplinary Care Team case conferences and the new geriatric health group added to the DSNP primary care provider offerings to medically complex members.

Nursing Facilities

- Over the course of 2023 there was a steady decrease in members receiving skilled care. The average census for the first half of the year was 214 and dropped to 197 for the second half. At this time, we are unable to attribute this drop to any particular factors and will look to develop other metrics to attempt to assess potential causes.

- The long-term care population was steady over 2023, averaging just under 12,000 members.

- *Recontracting*: The MLTSS leader and Dr. Kagan are wrapping up a months-long collaboration with Contracting and Finance to revise contracts for Skilled Nursing Facilities (SNF) providing both skilled and long-term care, incorporating rate tiers. The objective is to streamline the process for facilities to accommodate members with complex medical and social needs, often leading to extended stays in acute hospitals due to challenges in finding suitable discharge options. In January, HMA reviewed the proposals

and suggested additional modifications. Additionally, the Rockport system has partnered with L.A. Care and has begun admitting members under a Letter of Agreement (LOA). Their contract is expected to be the first one finalized in February under the new rate tiers.

In Home Support Services (IHSS)

- The IHSS census was significantly lower in January 2023 compared to all other months. The MLTSS team refers an average of 200 members per month to IHSS. From April to December there was a steady decline in member receiving IHSS from nearly 40,000 to just over 27,000 based on data from DPSS. Since our referral volume was steady over the course of 2023, we are not sure what contributes to the decline. The team reached out to DPSS to validate the data L.A. Care receives and determine whether this is a data/reporting issue or if there are other reasons for the changes, such as Medi-Cal redeterminations. We are still awaiting their response and will provide and update upon receipt.

- As part of the new 2024 Medi-Cal contract, L.A. Care must execute a new MOU with DPSS. The process has been initiated with DPSS, however, it has been delayed due to staffing issues in our contracting department. Regardless of the final execution date, the MOU effective date will remain 1/1/24. Because IHSS has been a core MLTSS program since 2014, many of the items in the MOU are already in place, including but not limited to: a referral process for new application or change in condition, policies and procedures, data sharing, disaster recovery, dispute resolution, member transferring from one setting to another, and quarterly reporting. The first meetings with DPSS occurred in January.

Community Health Department

Community Supports (CS) Operations & Reporting:

- CS Provider Network
  - CS Certification Application process for July 2024 cycle in-progress. Certification Applications were due on January 12, 2024. In total, there were 28 applications received for multiple CS (providers can apply for more than one CS utilizing the same application) that will move forward in the review process as follows:
    - Housing Deposits: 2
    - Short Term Post Hospitalization Housing: 3
    - Recuperative Care: 3
    - Respite Services: 7
    - Personal Care Homemaker Services: 7
    - Medically Tailored Meals: 3
    - Sobering Centers: 1
    - Asthma Remediation: 4
    - Day Habilitation: 8
  - The CS monthly webinar for CS providers was was held on January 26, 2024 and focused on new CS programs: Nursing Facility Transition/Diversion to Assisted Living Facilities and Community Transition Services/Nursing Facility Transition to a Home.

- CS July 2024 Model of Care (MOC) submission was submitted to DHCS on January 29, 2024 and includes CS final elections, MOC template and supporting documents, and CS provider capacity report.

- CS staff participated in L.A. Care's Equity & Resilience Grantee Orientation and presented information about CalAIM and Community Supports on January 22, 2024.

Social Services

On January 1, 2024, we implemented our Recuperative program changes. As part of these updates, we introduced a presumptive eligibility workflow. This workflow enables hospitals to collaborate directly with our recuperative care providers to promptly locate suitable recuperative care facilities for patients. We also created a recuperative care provider spreadsheet to help referring parties make direct referrals to our recuperative care providers under the new presumptive eligibility process.

Behavioral Health

L.A. Care has contracted with a second sobering center, effective January 1, 2024.

HHSS/HD CS

- Finance has approved a financial restructure of HHSS payments, transitioning from a monthly capitation structure to a new system where providers can submit up to two claims per month, each paid at half the previous capitation rate. Implementation planning is currently underway. HHSS is in conversation with the County and the Los Angeles Homeless Services Authority (LAHSA) for a proposed triaging of Inside Safe members with L.A. Care's Housing Navigation CS and ECM.
- *Members Enrolled (as of January 16, 2024):* 10,463 members enrolled in HHS
- *Provider Network:* Currently 28 contracted for HHSS, of which 15 also contracted for Housing Deposits
  - January 2024 provider load includes 9 new providers in process
  - Network capacity: Q4 2023 report in progress
    - Q3 2023 (reported as of 9/3/2023): total: 29,063/DHS: 26,034/Non-DHS: 3,029
- *Claims Needed Report:* CS staff have prepared December 2023 Claims Needed Report for HHSS Providers. This report will help HHSS providers be more compliant and timely in submission of HHSS claims

HHIP

The Measure Period 2 (MP2) report has been submitted, indicating projected earnings of 82.5% of the total $118 million. Investment priorities for MP2 include Field Medicine and the Field Medicine/Skid Row Action Plan (FM/SRAP), with contracting projected for Q2. The development of the FM/SRAP care collaborative structure is currently underway, with stakeholder meetings in progress. Additionally, there are ongoing efforts in eviction-prevention investment agreements, with an initial investment made through the Mayor's Fund Eviction Prevention and completion of the second installment agreement. Work is also advancing on the Stay Housed LA program, with the final draft of the proposal, work plan, and budget under review. Furthermore, an investment agreement draft with CEO-HI/Brilliant Corners for interim housing accessibility is currently under review.

Field Medicine/Street Medicine

Launch and operational planning for the Field Medicine program are currently underway, encompassing several key aspects: finalizing the proposal for a countywide Street Medicine program and identifying suitable providers; developing contracts and rates for the Street Medicine network; refining operational procedures; and advancing systems development and infrastructure. Additionally, efforts are ongoing to align operations with HealthNet and other plan partners. Moreover, progress is being made in deploying HHIP funds to Street Medicine providers, with the development of a framework currently in progress.

Day Habilitation CS

The Statement of Work (SOW), Policies and Procedures (P&P), and Memorandum of Cooperation (MOC) are currently in progress and have been submitted to DHCS on January 29th. Operations planning and launch activities are also underway, involving the development of program guidelines and payment structures,

as well as initiating the systems build-out process with IT. Furthermore, progress is being made in the certification application process for provider contracting, with applications currently under review, in preparation for the July 1 launch.

Pharmacy Department

Star Rating Metrics

- *Medication Adherence Programs:* Our preliminary CY2023 results show a 3-5% increase in our adherence Star measures compared to CY2022. We achieved our CY2023 goals, with final rates pending release at the end of January.
  - Comprehensive Adherence Solutions Program (CASP): The Pharmacy team is strategically expanding its outreach program to target a larger number of high-risk members. To support this initiative, we are in the process of hiring additional staff who will focus on providing high-touch pharmacy outreach services.
  - Pharmacoadherence Mailers: Starting in 2024, L.A. Care will handle the distribution of pharmacoadherence mailers to DSNP and LACC/D members and providers internally, discontinuing the use of Navitus for this purpose. This transition is expected to result in a cost savings of about $154,000 and is scheduled to commence in March 2024.
  - Vendor Collaboration – CVS Adherence Program: Implemented on November 1st, 2023, this initiative aimed to address both non-adherent members and those with a history of utilizing CVS. By the end of December, significant improvements were observed, with 46% meeting the goal for diabetes, 51% for cholesterol, and 49% for hypertension measures.
  - Pack4U/Custom Health Collaboration: The Custom Health Pilot program, which supplies medication-dispensing devices to members in their homes to enhance medication adherence, has been extended until June 30, 2024.
  - Quality Drug Clinical Care (QDCC): As of January 1, 2024, L.A. Care Health Plan has transitioned its mail order pharmacy services from Ralphs Pharmacy to QDCC for DSNP, LACC/D, and PASC members. QDCC offers enhancements such as the ability to ship refrigerated medications and diabetic testing supplies. DSNP members also have the option to enroll in auto-refill and auto-ship services. Outreach efforts to transition members who previously used Ralphs Pharmacy to QDCC began on January 2, 2024. As of January 23, 2024, 65 members have been successfully enrolled in the new service.

- *Medication Therapy Management (MTM) Program*: CMS requires health plans to offer MTM services to Medicare members, including an annual comprehensive medication review (CMR). L.A. Care Pharmacy, in collaboration with Navitus Clinical Engagement Center (MTM vendor), OutcomesMTM, and CustomHealth pilot program, achieved 87.26% completion rate of eligible members in Q4 2023, a notable improvement from Q4 2022 at 71.56%. In 2023, pharmacy introduced a collaboration with internal care management teams, which resulted in 61 completed CMRs out of 74 referred members. With a success rate of 82%, this process will continue in 2024. Pharmacy implemented a hybrid model with MTM vendor on November 1, 2023. Pharmacy technicians performed outreach calls in December to schedule CMRs and increase member reach. L.A. Care pharmacists conducted CMRs alongside MTM vendor for additional assistance to boost CMR completion rate.

- *Care for Older Adults (COA):* Participating physician groups (PPGs) were educated at Joint Operations Meetings (JOM) on how to close the gap for their members. Pharmacy is also submitting MTM comprehensive medication reviews to count for this measure. We are projected to achieve a 4 star rating

based on the medication reviews that have already been completed by Pharmacy and Navitus (3,097 as of December 31, 2023), in addition to the reviews anticipated to be completed by the PPGs.

- *Statin Use in Persons with Diabetes (SUPD)/Statin Therapy for Patients with Cardiovascular Disease (SPC):* Pharmacy, in collaboration with Navitus Clinical Engagement Center and PPGs (Altamed and Optum), launched various initiatives to facilitate appropriate initiation of statin therapy. We closed 165 and 37 gaps for SUPD and SPC, respectively.

California Right Meds Collaborative (CRMC)

This collaborative effort with USC aims to establish a network of community pharmacies offering comprehensive medication management (CMM) for members with chronic conditions like diabetes and cardiovascular disease. By December 2023, patients completing at least 5 visits with a pharmacist have shown an average A1c reduction of 3% from a baseline of 11.5%. Furthermore, those with a baseline blood pressure >140/90 mmHg and at least 2 pharmacist visits have seen an average reduction in systolic blood pressure (SBP) of 14.4. Multiple CRMC pharmacies have expressed interest in contracting with L.A. Care for the Community Health Worker (CHW) benefit to expand current services.

Clinical Pharmacy Pilot Program (Ambulatory Care)

The program involves a clinical pharmacist working once weekly at different FQHCs, including the Wilmington Community Clinic and Harbor Community Clinic, to enhance medication use and safety for L.A. Care members with uncontrolled diabetes and/or uncontrolled hypertension. Additionally, the clinical pharmacist will aid in closing gaps for COA Medication Review and Transitions of Care (TRC) for DSNP members, while also providing medication reconciliation for Transitional Care Services (TCS) members in collaboration with Care Management.

Quality Improvement Department

Executive Summary

Health Education & Cultural Linguistic Services (HECLS)

- *Community Supports Meals as Medicine program*: The eligibility criteria for the program were expanded effective January 1, 2024. Since implementation, there has been a notable increase in requests, with 99 received as of January 11, compared to 62 in January 2023.

- *My Health in Motion:* The member wellness platform was successfully updated and launched on January 1, 2024, Offering a new look, user interface, and improved features to help members reach their health and wellness goals. These features include interactive workshops, access to expert health coaching, a comprehensive health topics library, and more.

- Final flu campaign activities were completed with a provider communication and an email blast sent to LACC/D members.
- The Adult Weight Management program (in-person group education version) is being piloted at the Inglewood Community Resource Center (CRC) starting January 2024.

- New Digital Literacy Program for D-SNP members went live January 1, 2024, offering members a self-assessment, training support and resources on digital literacy.

- The doula standing recommendation process, established by DHCS and L.A. Care, is currently operational. As of now, 81 L.A. Care Medi-Cal members have been recommended for doula services. Of these, 79 members have already received service, while data for two members from the contracted doula organization is pending.

- The integration of Notice of Action (NOA) letter translation workflow in Syntranet is complete. The new process allows UM staff to select pre-translated verbiage from the library or send/receive translation from the vendor directly using the Syntranet platform.
- Cultural & Linguistic Services presented on the L.A. Care Translation Process at the Temporary Transitional Executive Community Advisory Committee in December.

Initiatives

- In late November, DHCS made significant edits to their draft All Plan Letter (APL) regarding monetary sanctions. These changes led to a Notice to Sanction from DHCS to L.A. Care for $890,000 on December 5 for six measures that allegedly missed the national minimum performance level. Four measure were in the area of children's health, one in behavioral health and one in reproductive health. L.A. Care must also submit a comprehensive strategy to ensure there are activities to support improvement.
- On 11/13, Carelon Health Options launched an outreach program to improve the HEDIS Follow-Up After Emergency Department Visit for Mental Illness (FUM) measure.
- The at-home test kit vendor, iXlayer, began deploying kits on December 1. As of December 21, 2023, all of the 44,299 kits have been mailed to members and 1,103 have been returned to the lab and processed for results. This is an initial return rate of 2.5%. Of the returned kits, majority are colorectal cancer screening fit kits (762), followed by kidney health evaluations (213), and diabetes A1c kits (128).
- Refreshes of the Well-Child Visits in the First 30 Months of Life (W30) text messaging campaigns were launched on December 12. These campaigns are specifically aimed at members who will reach 15 and 30 months of age between January and March 2024. A total of 4,406 members were reached through both campaigns, with an average enrollment rate of 98.3%.
- The Covered California (LACC) Colorectal Cancer Member Incentive ($50 gift card) went live on December 20, 2023 in conjunction with email outreach and the team is currently tracking gap closure.

Practice Transformation Programs

First 5LA/HMG LA

In this initiative, Cohort 1 practices (APHCV + Kids & Teens MCG) have achieved a 55.2% screening rate for members aged 0-5 years old, marking a significant 42% increase over the baseline of 14% as of November. Meanwhile, Cohort 2 practices (T.H.E., Bartz-Altadonna, Palmdale Pediatrics, and pending White Memorial CMC's 4Q23 submission) have seen a 12.6% increase in completed screenings compared to the baseline of 0% through September, with data for November pending. Additionally, the initiative has successfully conducted 50 out of 60 early childhood development classes for the community and members as of November 2023.

Transform L.A.-Direct Network

The program currently enrolls 21 practices, comprising 101 providers, and serving 12,826 Direct Network members, which accounts for 31% of the total DN membership. Modern Concepts Medical Group and Whittier Anesthesia (pediatrics practice) are recent additions to the program. There has been notable progress in health outcomes, with the percentage of members with A1C >9% (indicating Poor Control) decreasing to 36%, reflecting an improvement of 11% over the baseline figure of 47%. Similarly, the percentage of members with controlled blood pressure has increased to 61%, marking an 11% improvement over the baseline value of 50.3%.

EQuIP LA – Direct Network

The practices have finalized their AIMs (goal) statements and initiated corresponding Plan, Do, Study, Act (PDSA) improvement cycles to address A1C Poor Control (>9%) and Colorectal Cancer Screening rates. Additionally, efforts are underway in collaboration with Quality Performance Management (QPM) to establish the report format for "rolling 12 months," which will facilitate the submission of measure data for Colorectal Cancer Screening, Controlling Blood Pressure, and A1C Poor Control (<9%). This proactive approach underscores the commitment to continuous improvement and data-driven decision-making within the program.

Equity & Practice Transformation Payments Program

On November 27, 2023, L.A. Care submitted its recommendations for program participation from 134 applicants to DHCS. However, DHCS has informed MCPs that the final list of enrollees, initially expected by December 11, 2023, will now be released "in the near future." Consequently, the program start date, slated for January 1, 2024, is pending until the release of the final list.

Provider Quality

- *Total PQI Processed/PQI Processing Timeliness:* During Q1 FY2023/2024 (October 2023 – December 2023), the PQR team reviewed and closed a total of 2,079 cases. Of these, 2,072 cases, or 99.6% of the total, were closed in a timely manner. Among the closed cases, 815 (39%) were identified as duplicates or triaged to level zero, indicating they did not meet the PQI referral criteria. The remaining 1,264 cases were thoroughly examined for quality of care or service issues. Within this subset, 109 cases (8.6%) revealed quality of care findings, with appropriate actions taken for all except one case, where the provider was no longer contracted with any provider group. Actions taken in response to PQI findings included communication to inform providers of quality review findings (with no response required), requiring provider response for quality review findings, and/or implementing corrective action plans as necessary.

- *Aging PQI Cases:* As of December 31, 2023 there were 3,400 cases open, 3,033 cases in green (1-5 Months), 309 cases in yellow (5-6 months), 57 cases in orange (6-7 months), and one case entered the untimely aging category of 214+ days. The team monitors aging status closely to avoid cases entering into untimely category. Based on the current staffing capacity, the goal is to have cases processed within 6 months without extension required.

- *PQR –A&G & CSC Oversight:* As of January 2024, PQR will be resuming oversight of A&G and CSC grievances processes, to audit & identify any potential missed quality of care or service concerns for PQI investigation. This practice not only helps to ensure quality concerns are addressed but also aligns with regulatory guidelines ensuring appropriate oversight for quality.

- *PQR – Provider Engagement:* The PQR team engaged with provider groups like Preferred IPA to share quality findings and trends that were due to delays in authorizations, and has worked with the group on a quarterly basis for quality improvement. PQR, Call the Car (CTC), our transportation vendor; and the Customer Solutions Center (CSC) are collaborating to roll out enhanced PQI review of transportation issues. Substantiated concerns related to delays in service and continuity of care amongst our D-SNP line business is a notable PQI trend that the PQR team monitors closely.

- *PQR – Staffing Updates:* As of January 2024, all approved positions are filled except two RN backfill positions. We currently have three RNs on leaves of absence (LOAs).

Health Plan Accreditation

National Committee for Quality Assurance (NCQA): Health Plan Accreditation

- L.A. Care is **accredited** for Medicaid, Medicare, and Exchange (Under Corrective Action). Accreditation is effective October 24, 2023 to October 24, 2026.
- L.A. Care received a corrective action plan (CAP) from NCQA for the "must-pass" element UM 7B: Written Notification of Nonbehavioral Healthcare Denials, and must undergo a CAP survey. See details immediately below.
    - **UM CAP Survey:** During the file review, 15 out of the 30 files did not include a statement that members and their treating physicians can obtain a copy of the actual benefit provision, guideline, protocol, or other similar criterion on which the denial decision was based. However, this letter was corrected and implemented prior to the survey. However, half of the selected files were for dates prior to the issue being corrected. QI sent CAP Summary Form to NCQA in December of 2023. NCQA accepted the CAP for resolving the deficiencies for UM 7B. Next Steps include a mock file review with NCQA Consultants, to be held on February 12-14; and a CAP Survey on 5/20/24.

Health Equity Accreditation (HEA)

L.A. Care's 2023 Health Equity Accreditation NCQA survey submission was on 12/5/2023. The minimum passing score required for accreditation is 80%, and our current self-assessed score stands impressively at 94%. Quality Improvement (QI) held a survey conference call with NCQA on January 3, 2024, to delve into the preliminary findings

Stars/HEDIS

LACC's year-to-date performance for MY2023 demonstrates improvement compared to the previous month's refresh, with Clinical Quality, Plan Efficiency/Affordability, and Overall Rating all showing positive trends. Additionally, the projected year-end performance surpasses the prior month's projection across these domains, with an expected overall rating of 3 for MY2023 and a summary indicator score of 79.797, positioning LACC just .213 points shy of achieving a 4-star rating.

Efforts to improve HEDIS Q4 performance are underway, focusing on reconciliation between PPG performance tracking and LAC received encounter information, reviewing PPG Q4 improvement plans, and assessing supplemental data submissions. Moreover, AdhereHealth has been selected as the vendor of choice for the High Touch HEDIS/Pharmacy Call Center Outreach RFP, with contract negotiations ongoing for implementation in early Q1 2024.

Population Health Management (PHM)

- The PHM team developed five Policies and Procedures (P&Ps) that were approved for the annual update in November 2023 for QOC. These include:
    1. PHM QI-056 P&P
    2. TCS QI-055 P&P
    3. IHA QI-047 P&P
    4. ACHA QI-054 P&P (NEW)
    5. PNA QI-058 P&P (NEW) and new deliverable due in 2025.

- The PHM team is developing the 2024 PHM Program Description and will include the CalAIM requirements and intervention updates.

- CalAIM Strategy document was submitted to Compliance on 10/27 and was approved by DHCS in December 2023. PHM team is leading collaborative efforts with local health departments and plan partners to develop a single unified SMART goal to promote alignment around mutual priorities. The proposed SMART goal is:
  a. We (Los Angeles County Health Plans) will work to reduce maternal and infant mortality disparities for Black and Native American persons by 50% in LA County by intentionally/meaningfully supporting (i.e. through funding, collaborative partnership, systems change and data sharing) under-resourced efforts related to the development and implementation of the Community Health Assessments/Community Health Improvement Plans (CHA/CHIPs) in each of the three LHDs in LA County, by December 2025.
  b. Additionally, L.A. Care is collaborating with SCAN for a SMART goal focused on older populations.

- The PHM team is collecting the deliverables for the 2024 Medical Contract Phase III Readiness and is up to date.

Initial Health Appointment (IHA)

- The QI-047 IHA Policy and all related materials have been updated per APL 22-030.
- The IHA training has been updated per the new requirements and will be released to providers in January 2024.
- The member and provider newsletter articles for IHA have been submitted for 2024.
- The IHA workgroup has submitted a corrective action plan (CAP) to Compliance on November 3, 2023 to address the final DHSC Audit finding on the IHA. Next steps outlined within the CAP include enhancing reporting and monitoring tools, and strengthening the PPG accountability process with an attestation.
- All Network Providers (PPG and Direct Network) have access to monthly IHA due reports on the provider portal to support IHA completion for members within 120 days of enrollment. Soon they will also receive monthly reporting on members not in compliance. The codes have been revised in the IHA due reports/dashboard and providers will be receiving updated monthly communications.
- The IHA workgroup is developing a provider advisory group to identify pain points and barriers to IHA compliance.
- The IHA workgroup is also clarifying with DHCS on how the Quality MCAS measures will be used as a proxy for IHA compliance and is looking into existing internal reporting to monitor IHA compliance based on the MCAS measures.

Annual Cognitive Health Assessment (ACHA) APL 22-025

DHCS is sending the reports on providers completing the Dementia Aware training and L.A. Care has notified all providers of the new APL requirements.

Facility Site Review (FSR)

L.A. Care completed all deferred backlog provider site audits by 12/31/2023, aiding other health plans with an additional 29 audits. DHCS updated FSR and medical record request (MRR) standards on November 30, 2023, effective January 1, 2024, with enhancements including heightened oversight of MCP requirements, documentation of training for non-licensed personnel, restriction of medical equipment operation to qualified individuals, and alignment with Pediatric and Adult Preventive Criteria. FSR leadership collaborated with the

Healthy Data System (HDS) vendor to update online tools and conduct training. They also collaborated with the Los Angeles County Collaborative on a combined mobile unit and street medicine tool piloted by MCPs.

Population Health Informatics

Health Information Management (HIM) Analytics

- Work on the D-SNP Stars Dashboard continues and LACC Dashboard is currently being discussed for development in 2024. Further, the D-SNP Dashboard was shared with leadership and a version for Medi-Cal may potentially be created for the QI JOM.
- CalAIM KPIs are being calculated quarterly and results submitted to DHCS. These CalAIM KPIs are also being shared with AAL for inclusion in their Utilization Management Over-Under Utilization Reports.
- HIM has been working alongside the Initiatives Team in developing reports to be placed on the provider portal to improve follow-up visits to PCPs post ED Utilization. Data from HIE sources are being combined with PCP information weekly for PPGs and Physicians to view on the portal.
- Blood Lead Screenings in Children are continually being monitored by the HIM team. Children without a blood lead screening are being identified by the team and notifications are being sent out to providers in an attempt to increase LA Care's rate.
- The Population Health Assessment, which is a document submitted to NCQA annually showing the different health profiles of LA Care (Member Demographics, Utilization Rates, Top Diagnoses, etc.) is in process and is projected to be completed in late January.
- Continued development of the Hospital Performance Dashboard is ongoing. This Dashboard is updated on an annual basis (may change to quarterly) which reports the performance of Hospitals based on CMS quality metrics. This dashboard is used by various teams when meeting with Hospitals.

Health Information Exchange Ecosystem (HIEc)

- L.A. Care is updating the Hospital Services Agreement (HSA) to require hospital participation in Health Information Exchanges (HIEs), ensuring compliance with CMS 9115 standards for Hospital ADT notifications and mandating engagement with the CalHHS Data Exchange Framework (DXF).
- Skilled Nursing Facilities (SNFs) are also being directed to participate in the CalHHS DXF and collaborate with HIEs for efficient information exchange.
- Starting January 1, 2024, hospital involvement in Health Information Exchanges will be integrated into the Hospital Pay-for-Performance (P4P) program, with incentives available for meeting specific HIE participation milestones.
- Similarly, from January 1, 2024, Skilled Nursing Facilities' participation in HIEs will be a part of their Pay-for-Performance (P4P) program, with rewards for achieving certain HIE participation milestones.
- The implementation of near real-time ADT data ingestion via FHIR from LANES and CMT is ongoing, with API connectivity established with Edifecs, our chosen clinical data repository (CDR) vendor, aiming for a Go-live date of January 31, 2024.
- Plans are in place for a One-Time HIE Adoption Incentive targeting Hospitals and SNFs not yet connected to LANES or CMT, with a $2.1 million budget allocated. This initiative aims to enhance HIE metrics in the Incentive Payment Program (IPP) and could lead to an approximate $7 million earning if adoption targets are met.

- L.A. Care is proactively working on the implementation of the Data Exchange Framework (DXF) in collaboration with LANES and Edifecs, focusing on the exchange of health and social services information in accordance with DXF policies and procedures.

Incentives

- Final 2022 P4P payments and reports are complete for Medi-Cal VIIP, Physician P4P, Plan Partner, and Direct Network, with LACC and CMC VIIP Programs set for mid-January completion. Planning for the 2024 Provider Recognition Event is ongoing, while PPGs expect 2023 Final action plan results in January 2024 and discuss the 2024 action plans process and timeline.
- A new Hospital P4P Program, previewed with hospital leadership in December, aims for a January 2024 launch, with a similar timeline for a new SNF P4P Program after previewing with SNF leadership on January 16.
- Monthly Provider Opportunity Report (POR)/Gap in Care (GIC) reports are underway for all provider types, with enhancements planned and the first 2024 prospective POR to be distributed late January/early February.
- Q3 2023 encounter reports for Plan Partners, PPGs, and the Direct Network will be distributed by mid-February.
- The 2023 CG-CAHPS survey begins mid-January for approximately 3 months, with data/reports available Q2 2024, while discussions on 2024 member incentives, including new programs for Colorectal Screening, Child and Adolescent Well Care Visits, are ongoing among stakeholders.

A&G Intake Process

A&G receives a Grievance case that the call center noted may have a PQI. (suspected QOC or QOS)
Note: minimal volume of cases are received by other channels

Creates and classifies the case as a QOC or QOS

Assigns the case to an A&G: Specialist, Nurse & Medical Director (MD)

RN determines if it is a QOC or QOS case and if necessary, reclassifies the case appropriately

NO

Will leave workflow and follow Standard A&G workflow **(Note: need to map)**

YES

RN reviews cases not requested as Expedited to make a preliminary determination if the case meets criteria for a standard or expedited grievance

Standard Grievance Process

STANDARD GRIEVANCE

A&G Intake Coordinator acknowledges receipt and sends an acknowledgment letter to the Member within five (5) calendar days

QOS or QOC?

QOS

The A&G Specialist follows the standard process (Ex: Including appropriate Tier Coding classification (Access to Care, etc.)

END

QOC

RN completes a Case Summary Form; classifies the case, and requests additional clinical information from the Specialist

A&G Specialist addresses any open member concerns that were identified in the initial documentation

A&G Specialist gathers the additional information (medical records) and provides to LVN/RN for review

LVN/RN augments summary based on new information, proposes a case leveling and routes the clinical action item via PCT for peer review (MD)

Medical Director reviews all available information to provide leveling and approve a plan of action in PCT; and routes back to the A&G nurse for review

A&G Nurse opens a PQI Action Item in PCT **(MD leveling is included)** and refers the case to the PQR Team for further investigation and corrective action as required

A&G Nurse completes additional clinical review as necessary and/or finalizes case summary and closes at triage level

A&G Nurse or Specialist will complete the actions identified in the Medical Director review

Specialist sends the Resolution Letter template with appropriate resolution language addressing each issue/ member concern via PCT to the Member and closes the case in PCT

Nurse conducts verbal outreach to member within 24 hours of date of receipt of grievance to inform Member case has been downgraded to Standard

NO

Expedited Grievance Process

EXPEDITED GRIEVANCE

Nurse completes a Case Summary Form, tags as Expedited in system, and routes to MD for review

MD determines whether case meets the Expedited Criteria based on the member' health Condition and documents decision in the Case Summary form. MD will provide the required medical records (Ex: X-Rays, Lab work, etc.)

Confirmed Expedited Case?

YES

Nurse conducts verbal outreach to member within 24 hours of date of receipt of grievance to confirm Expedited level

Specialist requests relevant clinical case information from the appropriate parties.

Specialist follows up on MRR appropriately, adds documentation in the system once received and routes to Nurse

Nurse completes a Case Summary Form based on all available information and routes to MD for review

Medical Director reviews all available information to provide leveling and approve a plan of action in PCT; and routes back to the A&G nurse for review

A&G Nurse opens a PQI Action Item in PCT (MD leveling is included) and refers the case to the PQR Team for further investigation and corrective action as required

A&G Nurse completes additional clinical review as necessary and/or finalizes case summary and closes at triage level

A&G Nurse or Specialist will complete the actions identified in the Medical Director review

Nurse provides Specialist with resolution verbiage based on MD final decision

LVN/RN or Specialist contacts the requestor to inform them of the decision within 3 calendar days of receipt of the grievance by A&G

Specialist sends the Resolution Letter template with appropriate resolution language addressing each issue/member concern via PCT to the Member and closes the case in PCT

END

Health Services

A 2023 Retrospective

L.A. Care HEALTH PLAN®

For All of L.A.

March 7, 2023

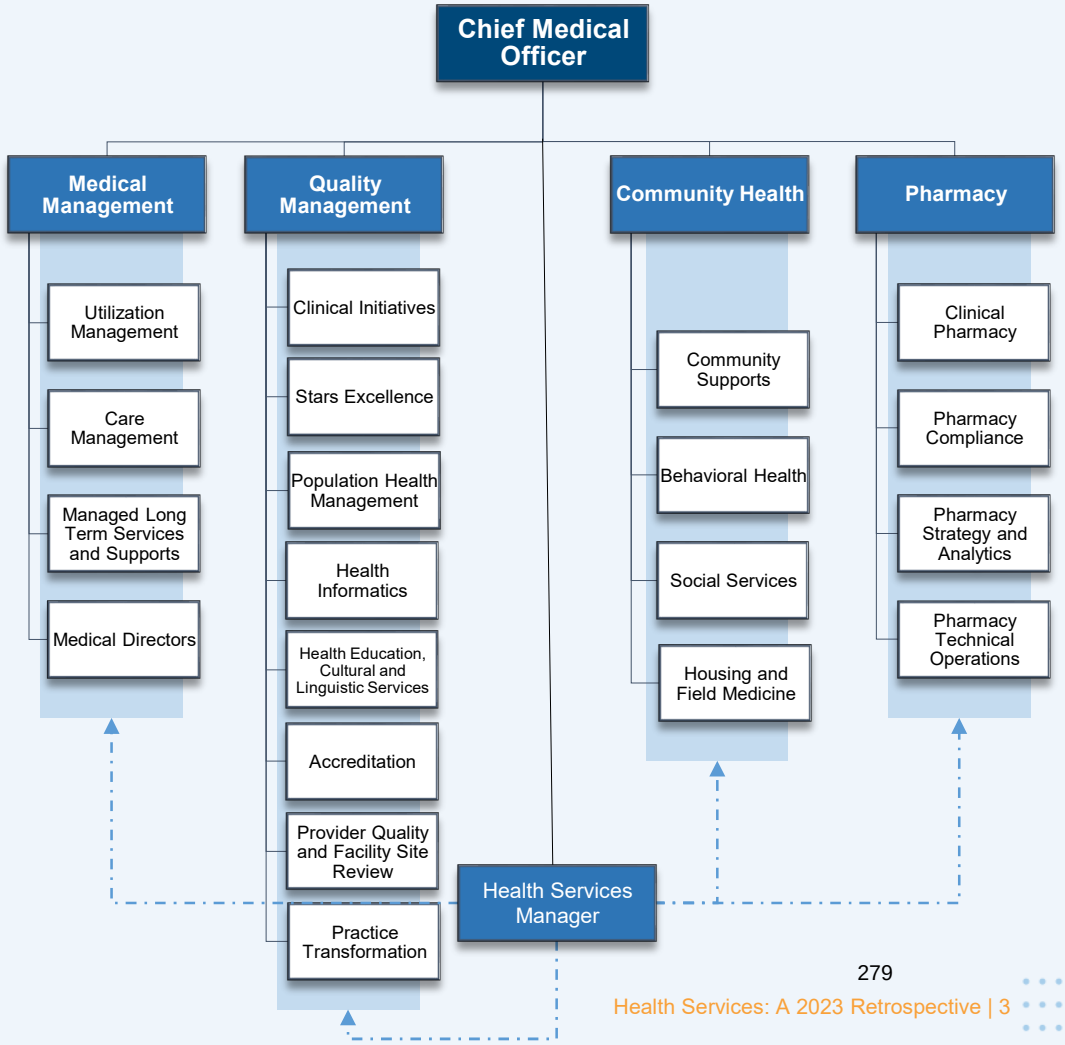
Contents

A Guided Tour of Health Services Developments in 2023

Redesigning Health Services

A new organizational framework that…

- ✓ Creates a robust ***Medical Management vertical*** by absorbing Utilization Management (UM) and Care Management (CM) into Health Services
- ✓ Embodies a ***whole person care*** approach by establishing a Community Health vertical to manage our members' behavioral and social health needs
- ✓ Forms a new leadership and strategy team and fills it with ***new and existing top-talent***.

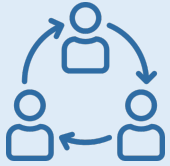


Redesigning Health Services *cont'd*

A new organizational framework that…

1. Empowers staff to take ***responsibility*** and draws clearer lines of ***accountability*** to reduce wasted time and effort

2. Fosters ***partnership*** between the ***clinical*** and ***operational*** experts within functional areas



3. Promotes ***cross-functional collaboration*** across the department and with external business units

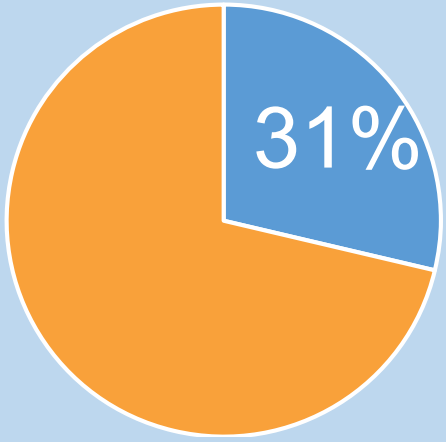
4. Reinforces ***communication*** and ***transparency*** through a refined cadence of internal leadership meetings

Redesigning Health Services

By the Numbers: Our Department within the broader L.A. Care Organization

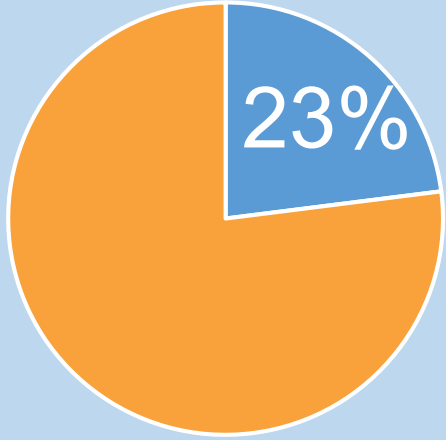
738
Total FTEs

Percent of total LAC Employees



$126.6M
Total HS Budget

Percent of total LAC Budget



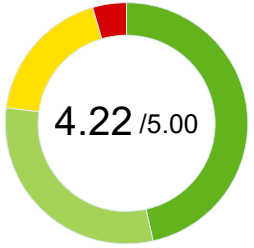
18
Total HS Cost Centers

- HHIP Program
- IPP Program
- Safety Net Initiatives
- Cultural & Linguistic
- Provider Support Services
- Population Health Services
- Facility Site Review
- Health Promotion and Education
- Health Services General
- Pharmacy & Formulary
- MLTSS
- Social Services
- Utilization Management
- Care Management
- CalAIM Medical
- Behavioral Health
- Quality Performance Management
- Quality Improvement

Enhancing Employee Engagement

Executive Summary

Source: Health Services Employee Engagement Survey 2023 Results



Highly Engaged (46%) Engaged (31%)

Neutral (18%) Disengaged (5%)

Despite our expansive restructuring, our staff are more engaged than ever…

- Achieved a **4.22/5 in our Employee Engagement Indicator Score**
  - Measuring **intent to stay, willingness to recommend, and overall pride and satisfaction in the organization**
  - **+0.13** over the overall organizational score
  - **+0.04** over the National Corporate Healthcare Average
  - A vast majority of HS staff are **engaged or highly engaged**
- Leaders are effective at driving trust, **productivity and improvement**; teams are equipped to take **accountability, execute on responsibilities**, and support improvement efforts

Engagement Composite Score

	Item	Distribution (Unfavorable / Neutral / Favorable)	Score	vs. Overall Organization	vs. Nat'l Corporate Healthcare Avg 2023	Nat'l Corporate Healthcare Avg 2023
DOMAIN: Engagement Indicator						
	Engagement Indicator (6 items)	4% / 15% / 81%	4.22	+0.13	+0.04	4.18
29	I am proud to tell people I work for this organization.	2% / 11% / 87%	4.36	+0.15	+0.01	4.35
30	I would stay with this organization if offered a similar position elsewhere.	6% / 21% / 73%	4.06	+0.12	+0.12	3.94
34	I would recommend this organization to family and friends who need care.	4% / 16% / 80%	4.15	+0.12	-0.17	4.32
37	I would like to be working at this organization three years from now.	3% / 13% / 84%	4.32	+0.12	+0.14	4.18
45	I would recommend this organization as a good place to work.	3% / 14% / 83%	4.26	+0.16	+0.09	4.17
46	Overall, I am a satisfied employee.	5% / 13% / 82%	4.16	+0.12	+0.28	4.10

Accelerating Operational Excellence

33% IMPROVEMENT
IN URGENT HOSPITAL CARE DECISION RESPONSIVENESS

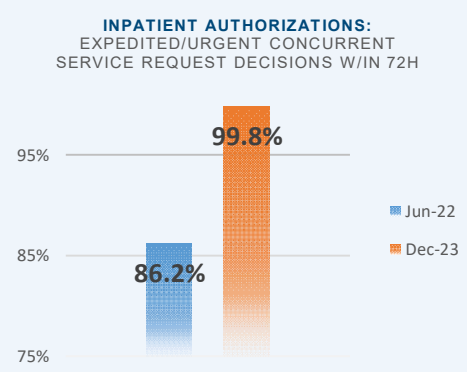
L.A. Care is available 24 hours a day/7 days a week to ensure members who are in hospital settings receive the appropriate care.

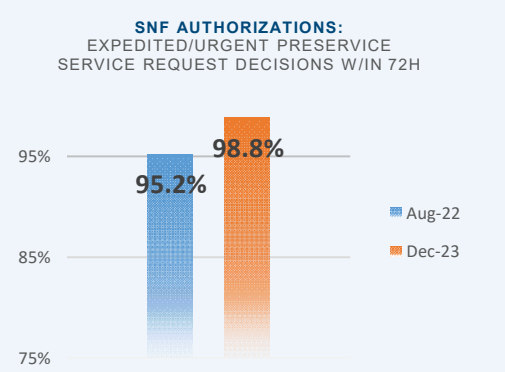
60% FASTER
THAN REGULATORY TIMELINES

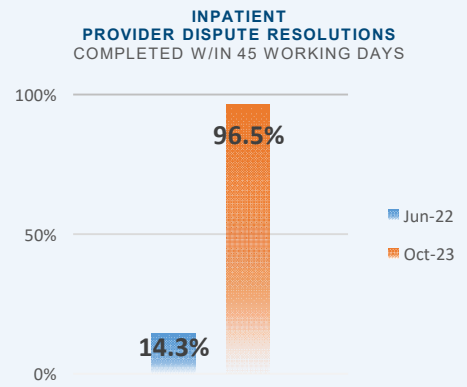
L.A. Care is helping members access the right care at the right time. Our Utilization Management team is reviewing urgent/expedited care for hospitals 60% faster than the regulated standard.

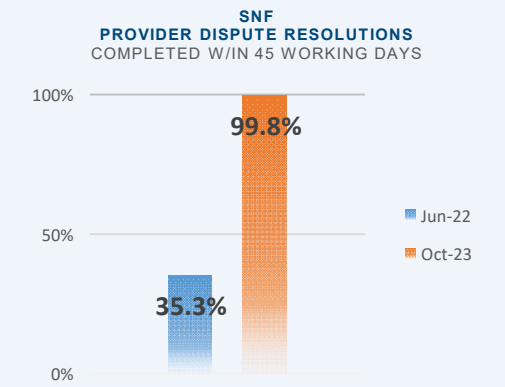
80% FASTER DECISIONS
FOR SNF REFERRALS

Decisions on referrals to skilled nursing facilities (SNFs) are occurring, on average, within 24 hours (~80% faster than the mandated speed).









- Overall performance for Medi-Cal, LACC and PASC: All measures above 95%
- Direct Network only (Medi-Cal subset): 20/20 measures > 95%.
- DSNP
  - Two measures at 100%; and two measures at 99%
  - Two measures above 90% (93.6% and 91.8%, both of which improved from November to December)

We've expanded UM and CM auditing, training, and quality assurance, vastly improving performance and are meeting goals in over 100 measured categories including appeals adjudication and notification letters.

Reaching Strategic Milestones

Success across the Health Services Program

	Challenge	Solution
IT Systems	Unstable partnership with IT vendor UpHealth contributed to 2021 DMHC Enforcement Action and hindered critical system improvements	• Revamped UpHealth relationship for 2023 SyntraNet compliance enhancements. • Developed long-term UM solution, transitioning to QNXT by 2024.
Field Medicine	Unhoused in LA struggle accessing care due to fragmented services, uneven provider distribution, and limited street medicine.	• Created a county-wide field medicine program. • Operational framework for service coordination among providers. • Member-focused infrastructure supporting City and County flagship programs and housing initiatives.
Inpatient UM	High volume of UM cases needing additional resources. High #'s of difficult to place patients seeking lower levels of care. SNF contracts offered insufficient incentives to accept complex patients.	• Increased UM staff by 40% and CM staff by 60%, while adding auditing and training processes, and a focus on inpatient care. • Introduced tiered SNF rates for complex members and a SNF P4P, facilitating timely hospital discharge.
Provider Quality	High PQI referral volumes and labor-intensive processes, reliant on challenging medical record retrieval, caused a compliance-affecting backlog.	• Revamped multidisciplinary A&G-UM-PQI process • Increased staffing for case closure support • Strengthened monitoring of case aging and risk • Achieved 99% compliance for timely closure in Q1, a 14% increase from last year

Reaching Strategic Milestones: Spotlight

CalAIM Community Supports (CS) and Enhanced Care Management (ECM)

Total Members Receiving CS Services

18,692

Housing Navigation & Tenancy Support Services
Members Served
14,939
Months of Service Provided
126,568

Housing Deposits
Members Served
276
Ave $/Mbr Distributed
$2,116

Recuperative Care
Members Served
1,926
Days of Care Provided
36,615

Medically Tailored Meals
Members Served
883
Months of Care Provided
209,117

Environmental Accessibility Adaptations
Members Served
80
Adaptations Provided
80

Sobering Centers
Members Served
158
Days of Care Provided
158

Personal Care and Homemaker Services
Members Served
362
Hours of Care Provided
126,736

Respite Services
Members Served
68
Hours of Care Provided
11,857

Total $ of CS Services Provided

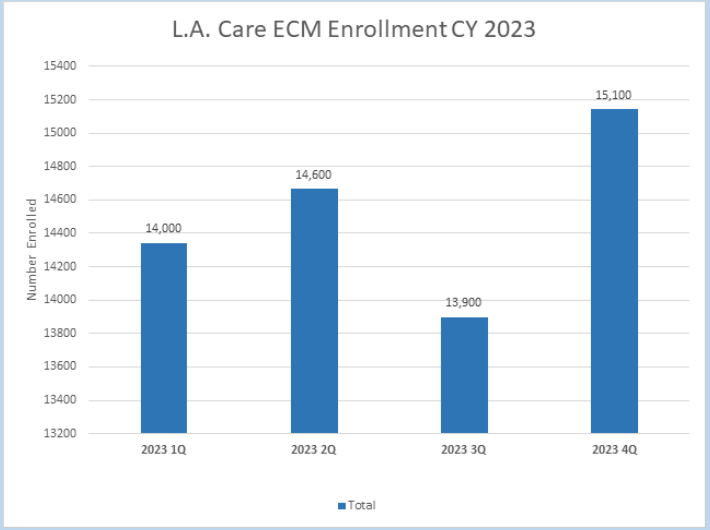
$80.9M

Remaining CS Services will be fully implemented by end-of-year:

- **Asthma Remediation** *(Jan 2024)*
- **Community Transition** Services *(Jan 2024)*
- **Nursing Facility Transition/Diversion** *(July 2024)*
- **Short Term Post Hospitalization Housing** *(July 2024)*

Total Members Who Received ECM Services

35,000



Contracted ECM Providers

285 **75**

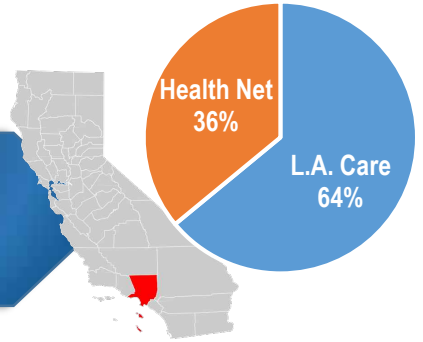
Strengthening Regulatory Relations

NCQA Accreditation

L.A. Care achieved **"Accredited" health plan status** for Medicaid, Medicare and Exchange lines of business; and predicts a 94% assessment score, meeting the 80% minimum pass threshold for **Health Equity Accreditation.**

Auto-Assignment Methodology

Health Services leadership worked collaboratively with DHCS to promote the adoption of a new, accurate methodology, **effectively shifting default member enrollment rates from 52% to 64% and maintaining a competitive market share in LA County.**



Changes to Transitional Care Services

We clarified TCS requirements with DHCS, leading to revisions of the PHM Policy Guide. Health plans no longer need to fulfill all TCS requirements directly but can coordinate with discharging facilities. We also standardized the rule for addressing TCS Low Risk Members through a centralized TCS phone number, instead of individually assigning care managers. In line with 2024 guidance, LAC **launched a new TCS Central Line for referrals from any member experiencing a care transition, including low-risk members seeking extra support.**

Planning for the near term: Focus in 2024

Executive Summary

Compliance

We will ensure regulatory audit engagement and ***minimize future operational findings***, applying best practices in project management and process improvement to effectuate corrective action plans and streamline cross-functional collaboration.

Delegation Oversight

Collaborating closely with Delegation Oversight to enhance ***delegate reporting, scorecards, and feedback*** mechanisms to improve communication with delegates. We are also conducting Quality Improvement meetings for both the direct network and PPGs, implementing a new process for Over/Under Utilization, and enhancing communication regarding available Plan resources.

Information Technology

Advancing technology to enhance operational performance by transitioning UM from Syntranet to Cognizant, developing a new Provider Portal, creating a PQI Platform, and upgrading the Case Management Platform.

TEMPORARY TRANSITIONAL EXECUTIVE COMMUNITY ADVISORY

Board of Governors

Temporary Transitional Executive Community Advisory Committee (TTECAC)

Meeting Minutes – November 8, 2023

1055 W. 7th Street, Los Angeles, CA 90017

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Senior Staff
Ana Rodriguez, TTECAC Chair and RCAC 2 Chair	Izmir Coello, Interpreter	Fatima Vazquez, *Member, Board of Governors*
Roger Rabaja, RCAC 1 Chair	Henry Cordero, Interpreter	Layla Gonzalez, *Advocate, Board of Governors*
Lidia Parra, RCAC 3 Chair	Pablo De La Puente, Interpreter	John Baackes, *Chief Executive Office, L.A. Care*
Silvia Poz, RCAC 4 Chair	Isaac Ibarlucea, Interpreter	Francisco Oaxaca, *Chief of Communication and Community Relations*
Maria Sanchez, RCAC 5 Chair **	Eduardo Kogan, Interpreter	***
Joyce Sales, RCAC 6 Chair	Alex Mendez, Interpreter	Brigitte Bailey, *Quality Improvement Program Manager, Quality Improvement Department*
Martiza Lebron, RCAC 7 Chair	Katelynn Mory, Captioner	Tyonna Baker, *Community Outreach Field Specialist, CO&E*
Ana Romo, RCAC 8 Chair **		Malou Balones, *Board Specialist, Board Services* ***
Tonya Byrd, RCAC 9 Chair		Kristina Chung, *Community Outreach Field Specialist, CO&E*
Damares O Hernández de Cordero, RCAC 10 Chair	Elizabeth Cooper, Public	Idalia De La Torre, *Field Specialist Supervisor, CO&E*
Maria Angel Refugio, RCAC 11 Chair	Russel Mahler, Public	Auleria Eakins, *Manager, CO&E*
Lluvia Salazar, At-Large Member	Andria McFerson, Public	Hilda Herrera, *Community Outreach Field Specialist, CO&E*
Deaka McClain, TTECAC Vice-Chair and At Large Member	Hilda Perez, Public	Christopher Maghar, *Community Outreach Field Specialist, CO&E*
	Demetria Saffore, Public	Rudy Martinez, *Safety & Security Program Manager III, Facilities Services*
	Ricardo Sanchez, Public	Linda Merkens, *Senior Manager, Board Services*
	Kent Newman, Public	Frank Meza, *Community Outreach Field Specialist, CO&E*
* Excused Absent ** Absent	Mike Rominiecki, Public	Cindy Pozos, *Community Outreach Field Specialist, CO&E*
*** Via teleconference	Richard Wong, Public	Victor Rodriquez, *Board Specialist, Board Services*
		Farid Seyed, *Lead Unified Communication Mobility Engineer, IT Operations & Infrastructure*
		Martin Vicente, *Community Outreach Field Specialist, CO&E*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Ana Rodriguez, ECAC Chairperson, welcomed everyone and apologized for technical difficulties. She explained the process for making public comments via Zoom chat and a toll-free line for WebEx bridge line listeners. She also mentioned that public members could submit comment cards and that they would be allowed time to speak during the appropriate agenda items. Ms. De La Torre welcomed L.A. Care staff and the public to the meeting and encouraged L.A. Care members with healthcare issues to contact the Member Services Department. Chairperson Rodriguez called the meeting to order at 10:18am Members of the Temporary Transitional Executive Community Advisory Committee (TTECAC), L.A. Care 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 to submit public comments. Accordingly, members of the public should join this meeting via teleconference as follows: https://us06web.zoom.us/j/85734707096 Teleconference Call –In information/Site Call-in number: 1-415-655-0002 Participants Access Code: 2493 471 4085 (English) Call-in number: 1-415-655-0002 Participants Access Code: 2486 232 6316 (Spanish) For those not attending the meeting in person, public comments on Agenda items can be submitted in writing by email to COEpubliccomments@lacare.org or by calling the CO&E toll- free line at 1-888-522-2732 and leaving a voicemail. Attendees who log on to lacare.zoom using the URL above will be able to use "chat" during the meeting for public comment. You must be logged into Zoom to use the "chat" feature. The log in information is at the top of the meeting Agenda. This is a new function during the meeting so public comments can be made live and direct. 1. The "chat" will be available during the public comment periods before each item. 2. To use the "chat" during public comment periods, look at the bottom of your screen for the icon that has the word, "chat" on it. 3. Click on the chat icon. It will open a window. 4. Select "Everyone" in the to: window. 5. Type your public comment in the box. 6. When you hit the enter key, your message is sent and everyone can see it. 7. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.	

8. L.A. Care staff will read the chat messages for up to three minutes during public comment so people who are on the phone can hear the comment.

Your comments can also be sent by voicemail or email. If we receive your comments by 10:00 a.m. on November 8, 2023, it will be provided to the members of the Temporary Transitional Executive Community Advisory Committee at the beginning of the meeting. The chat message, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates. Once the meeting has started, public comments should be submitted prior to the time the Chair announces public comments for each agenda item and staff will read those public comments for up to three (3) minutes. Chat messages submitted during the public comment period for each agenda item will be read for up to three (3) minutes. If your public comment agenda is not related to any of the agenda item topics, your public comment will be read for up to three (3) minutes at item IX Public Comments on the agenda.

Please note that there may be a delay in the digital transmittal of emails and voicemails. The Chair will announce when the public comment period is over for each item. If your public comments are not received on time for the specific agenda item you want to address, your public comments will be read at the public comment section of the agenda.

The purpose of public comment is that it is an opportunity for members of the public to inform the governing body about their views. The Temporary Transitional Executive Community Advisory Committee 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. We thank you for your patience.

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 please contact the Community Outreach & Engagement staff prior to the meeting for assistance by calling our toll-free line at 1-888-522-2732 or by email to COEpubliccomments@lacare.org.

SB 1100 was signed by Governor in August 2022, and added a short section to the Brown Act as Govt Code Section 54957.95 to supplement language already part of the Brown Act :

(a) In addition to authority exercised pursuant to Sections 54954.3 and 54957.9, the presiding member of the legislative body conducting a meeting may remove an individual for disrupting the meeting.

(b) As used in this section, "disrupting" means engaging in behavior during a meeting of a legislative body that actually disrupts, disturbs, impedes, or renders infeasible the orderly conduct of the meeting and includes, but is not limited to, both of the following:

	(1) A failure to comply with reasonable and lawful regulations adopted by a legislative body pursuant to Section 54954.3 or 54957.9 or any other law. (2) Engaging in behavior that includes use of force or true threats of force. (54954.3 contains provisions related to public comment time restrictions, and 54957.9 allows the presider to clear the room if the meeting can't continue.) AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION BEFORE THE MEETING AT L.A. Care's Offices at 1055 W. 7th Street, Los Angeles, CA 90017 through the Reception Area in the Building Lobby.	
APPROVE MEETING AGENDA	**The Agenda for today's meeting was approved with the changes mentioned above.**	**Approved by roll call. 9 AYES (Byrd, Cordero, Parra, Rabaja, Refugio, Rodriguez, Sales, Sanchez, Vazquez, McClain)**
APPROVE MEETING MINUTES	**The September 13, 2023 and October 11, 2023 Minutes were approved as submitted.**	**Approved by roll call. 9 AYES (Byrd, Cordero, Parra, Rabaja, Refugio, Rodriguez, Sales, Sanchez, Vazquez, McClain)**
STANDING ITEMS		
UPDATE FROM CHIEF EXECUTIVE OFFICER	John Baackes, *Chief Executive Officer,* gave a Chief Executive Officer update. Mr. Baackes began by recognizing Member McClain. He shared that he attended an event on October 3 where Member McClain, a member of a group representing the disabled community, was honored and elected to the Hall of Fame. The event took place on the 50th anniversary of the Cal State Long Beach disabled students services center, also known as the Bob Murphy access center. Mr. Baackes expressed his thrill at being present at the event and highlighted the significance of Member McClain's recognition. He noted that she received her bachelor's degree in journalism and a master's degree from Cal State Long Beach. He acknowledged the presence of others at the event and conveyed his honor in witnessing Member McClain's recognition. Additionally, a quote about persistence and believing in oneself was shared, followed by congratulations to Member McClain for her achievements.	

Mr. Baackes provided information about the ongoing Med-Cal redetermination process, challenges, new enrollment, upcoming changes, and opportunity for coverage through Covered California. He informed the committee about the ongoing redetermination process for Med-Cal members. He explained that all Med-Cal members, as of June, are required to undergo the eligibility redetermination process. It will take one year for all members to go through this process. During the public health emergency, eligibility renewals were suspended, leading to a backlog. Mr. Baackes highlighted that approximately 40% of people have been automatically renewed through state access to various databases, while the remaining 60% receive a package in the mail for manual verification. About half of those seeking assistance at L.A. Care's community resource centers are first-time applicants. He expressed concern about the roughly 50% of packages not returned, which results in a 90-day coverage hold for those individuals. Approximately 4% of people in this category have been restored after completing the redetermination process. Despite challenges, Mr. Baackes mentioned that L.A. Care has seen 160,000 new Med-Cal beneficiaries sign up in the past five months.

Mr. Baackes then addressed upcoming changes, stating that starting January 1, undocumented residents between the ages of 26 and 49 will become ineligible for Med-Cal coverage. He encouraged those affected to consider applying for coverage through Covered California, emphasizing that it is a state-funded program with no federal dollars involved. The CEO also touched on the last cohort of people in the county who were not previously eligible for Med-Cal and provided information about Covered California, a commercial product in the individual market exchange. He mentioned that L.A. Care Health Plan is the lowest-priced plan and encouraged Med-Cal beneficiaries, who become ineligible due to increased income, to consider enrolling in Covered California.

PUBLIC COMMENT

Elizabeth Cooper, RCAC 2 Member

Ms. Cooper began her comments by expressing gratitude to Mr. Baackes for his leadership and acknowledging her African-American identity. She highlighted her previous role as the former chair of the interim advisory committee during the establishment of LA Care Health Plan. Ms. Cooper emphasized the importance of recognizing Member McClain's representation on behalf of the developmentally disabled community, underscoring the need for more focus on this group within LA Care Health Plan. She raised concerns about the lack of support for developmentally disabled individuals, citing her own experience with her disabled son, who used to be an LA Care Health Plan member. Ms. Cooper praised the outstanding employees, Ms. Chung and Ms. Baker, for their helpfulness and dedication to assisting members promptly. While acknowledging

Jonathan, she emphasized the need for recognition of the exemplary staff. Ms. Cooper expressed her concern as a member about the limited support from the representatives who sit at the table during public comment sessions. She advocated for increased diversity in committees such as RCACs and ECACs, emphasizing the importance of diverse perspectives. She thanked the new Board Member for addressing issues brought to her attention.

Mr. Baackes responded that the mission of L.A. Care Health Plan is to support the vulnerable population in the county and give them access to the best healthcare possible, and support for the providers that give that care. L.A. Care is the only health plan that has a dual mission to support both the members and the providers.

Andria McFerson, RCAC 5 Member

Ms. McFerson expressed her concern about stakeholders and members being hesitant to discuss their health issues openly during the meeting. She emphasized the importance of community discussions to understand the health challenges faced by the people they represent. Ms. McFerson praised the significance of the RCACs and efforts to enhance community involvement. She suggested initiating more outreach efforts to reach undocumented individuals eligible for coverage. Ms. McFerson advocated for increased visibility at events, emphasizing the effectiveness of peer-to-peer communication. She highlighted the need for personal connections, suggesting that individuals are more likely to pay attention if they see someone like them discussing available health coverage opportunities. Ms. McFerson encouraged collaboration with community-based organizations, health professionals, and other stakeholders to disseminate information effectively. She stressed the importance of utilizing the available budget and resources to support outreach efforts. Ms. McFerson concluded by emphasizing the willingness of people to contribute to the cause, urging the organization not to be afraid to request their involvement in outreach activities.

Mr. Baackes thanked Ms. McFerson for her comments and stated that L.A. Care does have a table at any event to which it is invited. Some volunteer to help at those tables, and LA Care thanks volunteers for doing that.

Member Sales asked Mr. Baackes about the 138 percent of the poverty level. Mr. Baackes stated that Medi-Cal recipients' income can't go above 138% of the federal poverty level to be eligible for Med-Cal. Member Sales asked what that amount equals in terms of salary. Mr. Baackes responded to Member Sales by stating that the income threshold for Medi-Cal is lower than the number provided, specifying it as just under $20,000 for an individual and about $38,000 for a family of four. He assured that exact numbers could be provided,

	highlighting that these figures are indexed annually and are subject to change. Mr. Baackes emphasized the uniformity of these income thresholds across the 48 contiguous states, with slight variations in Hawaii and Alaska. He raised concerns about the current approach, noting that the qualification amount is not adjusted based on the cost of living in different regions. Mr. Baackes expressed personal advocacy for indexing the income threshold to reflect the cost of living in specific areas rather than relying on a national average. Member Salazar addressed Mr. Baackes, expressing concern about a health coverage issue affecting undocumented Deferred Action for Childhood Arrivals (DACA) recipients. She highlighted that DACA recipients were removed from Medi-Cal when their income exceeded $300, and they were supposed to transition to Covered California. However, Covered California does not accept DACA recipients. Member Salazar shared her personal experience of being charged by Covered California despite not qualifying. She emphasized the significant problem this poses for numerous college students and young adults who lack health insurance. Seeking L.A. Care Health Plan's assistance, she urged for proactive measures to address this issue and emphasized the importance of helping this vulnerable population within the community. Mr. Baackes responded to Member Salazar, acknowledging the issue with DACA recipients and Covered California. He explained that federal funds cannot be used for undocumented residents in the Covered California program due to national regulations. To address this, he proposed lobbying for a separate category within Covered California specifically for undocumented residents. In this new category, the subsidy would be entirely funded by the State of California, eliminating the reliance on federal money. Mr. Baackes emphasized the need to advocate for this change to ensure that undocumented individuals who do not qualify for Medi-Cal or Medicare can receive state-funded subsidies for their health coverage.	
BOARD MEMBERS REPORT	Layla Gonzalez, Consumer Advocate Board Member and Fatima Vazquez, Consumer Board Member, presented the Board Report. Ms. Gonzalez began the report by stating that the Board of Governors met on November 2. Approved meeting minutes for previous Board meetings can be obtained by contacting Board Services and meeting materials are available on L.A. Care's website. The list of motions approved at that Board meeting can be obtained from CO&E. She thanked the RCAC members that joined the Board Meeting in person or virtually. They were happy to see members there in person and appreciated their public comments. Public comment gives Board Members the opportunity to hear from members and helps improve services for members. These members attended in person: 1. Deaka McClain (RCAC 9) 2. Ana Rodriguez (RCAC 2)	

3. Maritza Lebron (RCAC 7)
4. Damares O Hernandez de Cordero (RCAC 10)
5. Elizabeth Cooper (RCAC 2)

Mr. Baackes gave a report and provided an update on the Medi-Cal eligibility redetermination process, and he provided an update earlier today.

Ms. Vazquez reported that Dr. Kagen gave a Chief Medical Officer update on behalf of Dr. Amin. He spoke about the changes and efforts made in the Appeals and Grievances Department and the Utilization Management Department processes. She said that Dr. Brodsky gave a presentation on services for unhoused members and members with housing insecurity. The presentation outlined support for members with housing navigation services, housing deposits and eviction prevention through sustaining services to maintain long-term housing. He stated that programs have resulted in housing for 2,783 members. His presentation included proposals for funding in field medicine for the unhoused to receive care, not just on the street but also in key brick and mortar locations.

Ms. Gonzalez expressed gratitude toward the Community Resource Centers (CRCs) for their diverse training programs, including vision screening, healthy eating resource fairs, technology classes, and English as a second language courses. She commended the CRCs for investing in the community and acknowledged the efforts in providing turkey baskets to address the rising costs of groceries, particularly during the holidays. Ms. Gonzalez emphasized the importance of families being able to enjoy the holidays and participate in events with access to food. Additionally, she advocated for more information about changes to the Regional Community Advisory Committees (RCACs), requesting details on requirements, mandates, suggestions, and the proposed implementations by the L.A board staff beyond state mandates.

PUBLIC COMMENT

Public (Unidentified)
[Public] emphasized the deteriorating conditions faced by families and advocated for improved health services. [Public] called for the reinstatement of regular monthly meetings for Regional Advisory Councils (RACs) to facilitate collective decision-making. [Public] urged the Board Members to address concerns raised by ECAC chairs during meetings and stressed the importance of representation, highlighted the need for discussion on issues affecting those who have lost family members or are currently dealing with sickness. [Public] also reiterated a previous mention of surveys, emphasizing the importance of members and RAC participants providing feedback on program changes and staff performance.

	[Public] underscored the community's right to voice their opinions on coverage, healthcare professionals, and the overall improvement of conditions. **Elizabeth Cooper, RCAC 2 Member** *Ms. Cooper expressed gratitude to the ECAC Chairperson and members for the opportunity to speak. She commended new Board Members, specifically acknowledging Fatima Vasquez, and praised their receptiveness to member input. Ms. Cooper urged the ECAC to address public comments and emphasized the importance of collective action on various issues raised by the community. Drawing on her experience as a former chair, she highlighted past opportunities and challenges, encouraging unity within ECAC. Ms. Cooper called on ECAC members to actively represent their constituents and proposed inviting tenant advocates to discuss housing issues, emphasizing the local impact. She concluded by urging ECAC to take note of her comments, particularly regarding consumer advocates and representatives.* *(Unfortunately, some public comments and committee members questions were not recorded due to technical issues with audio)*	
COMMUNICATIONS AND COMMUNITY RELATIONS DEPARTMENT UPDATE	Mr. Oaxaca gave a Communications and Community Relations update. Mr. Oaxaca expressed gratitude for the opportunity to provide an update, covering various important topics. He began by discussing the expansion of assistance at L.A. Care's community resource centers (CRCs) for California Fresh Program enrollment. He mentioned a contract with the National Health Foundation to provide assistance at eight centers initially, with plans to expand to all fourteen centers starting in January. The last two centers under construction in South L.A and Lincoln Heights are expected to be completed by the end of March 2024. Mr. Oaxaca highlighted the completion of the two newest centers, West L.A and Panorama City, stating that the West L.A center is open, and staff is preparing to offer services in January. The Panorama City center is also complete, with staff moving in, and doors are expected to open next month, followed by a grand opening, likely in February 2024. He detailed the success of flu and COVID-19 vaccination events held at all ten centers, with almost 14,000 visits. The events provided flu and COVID-19 vaccines, glucose blood tests, blood pressure screenings, and additional activities at each center such as gift cards, healthy eating resource fairs, and food giveaways. Mr. Oaxaca discussed a lead poisoning awareness event in partnership with the Department of Public Health, emphasizing plans for more such events in the future. He then addressed the Med-Cal pre-determination process, highlighting support provided to over 2,000 individuals through nine contracted community-based organizations at resource centers. In response to a question about the health promoters program, Mr. Oaxaca mentioned that the program is currently at capacity, with no immediate opportunities for additional health promoters. However, if	

vacancies arise in the future, efforts will be made to increase diversity in the program. He concluded by mentioning a proposed restructuring of the RCACs and expressed his intent to discuss this matter further with the group.

In response to a question, Mr. Oaxaca responded to the member's inquiry regarding several changes, providing detailed explanations for each. The first proposed change involves setting a maximum of 13 individuals in each round table, with Mr. Oaxaca citing best practices and the effectiveness of smaller groups. The suggestion is for round tables to meet quarterly but will have the flexibility to meet more often if needed. He elaborated on the success of a similar approach with other committees, highlighting the positive impact on productivity and engagement. Another aspect is that round tables would not be subject to the Brown Act or Roberts Rules of Order, allowing for more flexibility and productive conversations. The proposal includes the formalization of focus groups, aligning ECAC meeting schedules with the Board of Governors, and addressing changes mandated by the Department of Health Care Services (DHCS). DHCS is emphasizing specific functions and roles for advisory committees, setting deadlines for member selection and replacement, and requiring the development of a member diversity and recruitment plan. To meet DHCS requirements, Mr. Oaxaca proposed implementing term limits, aligning with best practices, and introducing a structured application process for committee members. A key change is the formation of a selection committee, which would include staff members, health equity teams, and community-based organization partners. Additionally, there are proposals to adjust stipends for increased member engagement and pause RCAC work plans for the current fiscal year to accommodate structural changes. Mr. Oaxaca acknowledged that further discussions with the Board and TTECAC are expected, with some changes possibly mandated by DHCS not subject to a vote. The final decision on the proposed changes will involve reviews and potential votes by the board after additional discussions with the TTECAC.

PUBLIC COMMENT

Demetria Saffore, RCAC 4 Member
Ms. Saffore asked Mr. Oaxaca if members can get a copy of the contract between L.A. Care and DHCS so they can review it themselves and see what the organization is saying.

Mr. Oaxaca responded that he will distribute the contract to members.

Elizabeth Cooper, RCAC 2 Member
Ms. Cooper expressed concerns about what she perceives as malpractice within the organization. She highlighted her role as the former vice chair of the Advisory Committee and emphasized her knowledge of the laws enacted by the California

legislature. Ms. Cooper criticized the lack of transparency and consumer input in decision-making processes, stating that she and other consumers should be given a voice in such matters. She mentioned her disappointment with a program that was not adequately communicated to consumers and expressed her intention to bring the issue to the attention of Governor Newsom and the Department of Managed Care. Ms. Cooper concluded by characterizing the situation as malpractice and emphasizing the need for consumer representation and transparency.

Andria McFerson, RCAC 5 Member

Ms. McFerson expressed concerns during her public comment, emphasizing the importance of representation for the people of L.A. County. She criticized decisions made by the outreach and engagement department, questioning staff's authority and pointing out the impact on individuals' health, particularly in the context of the COVID-19 pandemic. McFerson highlighted her personal struggles, including health issues and harassment during meetings, advocating for a voice for all represented individuals. She questioned the discontinuation of Regional Consumer Advisory Committees (RACs) and urged for increased consumer involvement in managed care development. McFerson stressed the need for outreach, sensitivity, and support for consumers, addressing barriers like transportation, babysitting, reimbursement, and convenience for effective participation on appropriate boards.

Member Byrd addressed concerns regarding the community resource center and health promoters, expressing the need for a more diverse group working in these roles. She emphasized the high maternal death rate among African-American women and stressed the importance of inclusivity, suggesting outreach to Spanish-speaking individuals who can assist young black mothers. Byrd questioned the lack of young mothers' involvement in the meetings and urged for community-based, culturally-oriented programs for various demographics, including Asians, Spanish speakers, African-Americans, and individuals with disabilities. She highlighted the importance of providing support to young mothers of all races and both genders. Mr. Oaxaca acknowledged Member Byrd's concerns, agreeing that the work to reach diverse populations is ongoing. He explained the limitations of the health promoters program, which operates as a volunteer program, restricting their deployment and member engagement. Oaxaca highlighted efforts to address diversity in community resource centers, mentioning the approval of community health worker roles and plans to request more. He emphasized the strategic location of resource centers in areas with diverse ethnic communities and the hiring of staff members who speak various languages. Mr. Oaxaca discussed initiatives like community baby showers and partnerships to support

	pregnant moms, emphasizing health equity efforts and prioritizing the African-American maternal mortality rate. Overall, he thanked Member Byrd for her comments and assured her that they are actively working to address these concerns. Ms. Gonzalez expressed concerns about the translation services for the Cambodian language. Mr. Oaxaca responded that the Cultural & Linguistics Department will be presenting at a future meeting. Member McClain thanked Mr. Oaxaca for his report and expressed concern about the restructure process going to the Board before getting member input first. Member Poz expressed concerns about changes within the organization, suggesting that the alterations are primarily originating from staff rather than the DHCS office. She highlighted a perception that staff members are the driving force behind the changes, raising questions about the decision-making process and the source of the modifications taking place. Mr. Oaxaca responded to Member Poz's concerns by explaining that the changes being witnessed are an attempt to be transparent and align with requirements set by DHCS. He clarified that DHCS outlines broader changes, such as new reporting, diversity, and recruitment requirements, without specifying how health plans should meet them. Staff then proposes operational changes to meet these requirements, and DHCS does not dictate the details in the contract. Mr. Oaxaca emphasized the health plans' responsibility to determine the best way to fulfill the new requirements, ensuring compliance and transparency in the process. Member Sales expressed uncertainty about how to proceed regarding recent changes and indicated her willingness to make a motion. She then raised concerns about her inquiry into volunteering for the health promoter program, stating that despite seeking information over six months ago, she has yet to receive a follow-up. Member Sales questioned the hiatus of the program, particularly since it operates on a volunteer basis. She inquired about the limit on community consumer stakeholders and sought information about the program's status, operation, and emphasis. Additionally, Member Sales sought clarification on the mention of "all-inclusive stipends to reflect increased engagement," seeking an explanation of what this entails. Mr. Oaxaca responded to Member Sales' questions, starting with the health promoter program. He acknowledged that it is a volunteer program but highlighted the need for staff support and resources for training, supplies, and capacity-building. Due to the current structure, the program can only accommodate a specific number of volunteers, and they are currently at capacity, not accepting additional volunteers. Mr. Oaxaca mentioned that if there are vacancies in the future due to volunteers leaving, they would actively recruit to fill those positions, but as of now, there are no vacancies.	
MEMBER ISSUES	<u>PUBLIC COMMENT</u>	

	Elizabeth Cooper, RCAC 2 Member *Ms. Cooper expressed concern during her public comment, apologizing for the emotional tone but emphasizing that emotional involvement is necessary. She raised the issue that RCAC members may not be adequately involved or listened to. Ms. Cooper urged the ECAC members to pay attention to the concerns of RCAC members and not be passive "potted plants." She highlighted the challenges RCAC members face in getting involved due to limited time and suggested that the ECAC should inquire about their issues. Ms. Cooper asked for the committee's attention to address the lack of involvement and ensure that members have the opportunity to express their concerns.* **Andria McFerson, RCAC 5 Member** *Ms. McFerson shared her concerns during her public comment, raising the issue of RCAC members who have passed away and the challenges they faced in getting in contact with L.A. Care. She highlighted that these members were seeking assistance with health disparities and expressed frustration that they did not receive any response. Ms. McFerson emphasized the importance of the RCAC in addressing such issues and suggested that more direct communication with the board could have potentially saved lives. She also mentioned the changes in the structure of the RCAC announced in October 2017 and questioned the impact of these changes over the past six years. Ms. McFerson shared her personal experience, including having had brain surgery, to underscore the urgency of addressing these issues within the committee structure.* Ms. Vazquez stated that as a member of L.A. Care she has received text messages that provide resources in case she has any questions about her benefits. It also provides her providers information as a reminder. She said it can be an important tool for members. Member Refugio stated that she agrees with Ms. Cooper and Ms. McFerson. They are not able to speak about members issues, because the RCACs are not meeting and they are not able to bring members in from their RCACs. That was the avenue that the community and members used to bring their issues to ECAC. She said that something needs to be done.	
OLD BUSINESS		
MOTION TO ECAC	A Motion to request that the L.A. Care Board of Governors ratify the selection by RCAC members of new and continuing members of the Temporary Transitional Executive Community Advisory Committee (TTECAC): o Roger Rabaja, RCAC 1 o Ana Rodriguez, RCAC 2	

	o Lidia Parra, RCAC 3 o Silvia Poz, RCAC 4 o Maria Sanchez, RCAC 5 o Joyce Sales, RCAC 6 o Maritza Lebron, RCAC 7 o Ana Romo, RCAC 8 o Tonya Byrd, RCAC 9 o Damares Cordero de Hernandez, RCAC 10 o Maria Angel Refugio, RCAC 11 o Deaka McClain, At-Large Member o Lluvia Salazar, At-Large Member PUBLIC COMMENT **Andria McFerson, RCAC 5 Member** *Ms. McFerson addressed concerns related to a motion, expressing that she was not provided with information about the motion beforehand. She inquired about who would be affected by the motion, particularly the individuals being considered for the ECAC chair role due to relocation. Ms. McFerson questioned why specific individuals were no longer ECAC chairs and whether the replacements were hand-chosen or voted for. She sought clarity on the rules and procedures governing ECAC elections and emphasized the importance of adhering to established laws and processes, including the Democratic process, the Brown Act, and Roberts Rules of Order. Ms. McFerson underscored the need to avoid staff dictating committee actions and urged compliance with established regulations.* **Elizabeth Cooper, RCAC 2 Member** *Ms. Cooper expressed concerns about the election process and accountability. She highlighted the limitations faced by RCAC members in addressing certain issues due to constraints on forming a consensus. Ms. Cooper urged elected members to actively raise and address the concerns brought to the table by individuals like her, who invest time and effort in advocating for diverse perspectives, including her son's as a disabled L.A. Care member. She emphasized the importance of elected members remembering their role as representatives of the broader membership and encouraged them to respond to the issues presented during the election. Despite expressing her concerns passionately, Ms. Cooper stressed her respect for each committee member.*	**Approved by roll call. 9 AYES (Cordero, Poz, Parra, Rabaja, Refugio, Rodriguez,**

	The Motion to approve the TTECAC membership was approved.	**Salazar, Vazquez, McClain)**
2024 BOARD OF GOVERNORS ELECTIONS	Linda Merkens, *Senior Manager, Board Services*, gave the following update about the 2024 Board of Governors Elections: Ms. Merkens provided a brief update on the election process for committee members next year. She mentioned a draft motion in the meeting materials but clarified that she wasn't seeking approval for it during this session. The motion primarily addresses the timeline and application process. Ms. Merkens encouraged committee members to review the documents sent out in September and October, seeking their comments. The approval of the draft documents related to the election is expected to be discussed and finalized in the December meeting. PUBLIC COMMENT **Andria McFerson, RCAC 5 Member** *Ms. McFerson expressed concerns about potential changes to the voting structure for RCAC members. She inquired if there were alterations to the entire voting process, especially considering the proposal for quarterly meetings. She raised the issue that some members might be unable to participate in certain discussions due to their involvement in focus groups where the Brown Act might not be implemented. Ms. McFerson sought clarification on how these changes would affect RCAC members' ability to voice opinions on proposed elections, including the timing of such discussions and whether they would have the opportunity to express agreement or disagreement. Additionally, she questioned the decision-making process and how decisions could be made without the input of RCAC members on crucial matters like elections.* Member Salazar asked when the final motion would be presented. Ms. Merkens responded that it will be presented in December and stated that she would like to give everyone enough time to think about it. She noted that there are no changes made to the election process, other than some clarification included in the election rules. She referred members to her memo that included clarification to member's questions. Ms. Merkens stated that she included the results of the questionnaire in her memo.	
CLOSING CARE GAPS & IMPROVING PATIENT CARE: L.A.	Brigitte Bailey, *Quality Improvement Program Manager, Quality Improvement Department*, gave a report about L.A. Care's At-Home Test Kit Initiative *(a copy of the full report can be obtained from CO&E.)* PUBLIC COMMENT	

CARE AT-HOME TEST KIT INITIATIVE	**Hilda Perez, RCAC 6 Member** *Ms. Perez, who is also a Health Promoter at L.A. Care, expressed appreciation for the presentation but mentioned difficulty in understanding due to the complexity of the information. She highlighted her involvement in volunteer collaborations and programs related to colorectal cancer and diabetes. Ms. Perez shared concerns about the challenges faced in encouraging members to undergo testing and make appointments, emphasizing the need for simpler presentations. She requested the return of outcomes from the presented program and suggested better communication between L.A. Care departments and health promoters for effective community outreach and follow-up assistance.* Ms. Bailey stated that she would like to gather feedback not only on the presentation but also on member materials being sent out. She acknowledged the importance of collaborating with the health promoter team and indicated a willingness to stay in touch with Ms. Perez. Ms. Gonzalez raised concerns about seniors being reluctant to use technology and suggested considering additional methods, such as using a postcard, to remind them about the test results. She emphasized the challenges seniors may face in adopting new technologies and proposed alternative communication approaches for better engagement. Ms. Bailey responded that Ms. Bailey assured Ms. Gonzalez that their approach includes various methods such as text messages, emails, physical mail, robo-calls, and automated calls. Additionally, they plan to send letter reminders and are exploring the idea of using certified mail for critical value results. Ms. Bailey mentioned that they are presenting their strategy to the Medicare committee for feedback and improvement. Ms. Byrd expressed skepticism about the effectiveness of the stool blood test for detecting colorectal cancer. She emphasized that this test might not accurately reflect bleeding on the day of the test and shared her personal choice of opting for an endoscopy, stating that the stool test might not show bleeding, especially for colorectal cancer, which she considers a dangerous disease. Ms. Bailey acknowledged Ms. Byrd's concerns and agreed that the stool blood test might not be suitable for everyone. She highlighted the collaborative efforts with clinics and provider groups to ensure that the kit is appropriate for each patient. Ms. Bailey also emphasized that the education materials provide information on various screening options, including colonoscopy, and acknowledged that not everyone may be comfortable with the same approach. She expressed gratitude for the feedback and clarified that she does not claim to be a medical professional but appreciates the input. Ms. Vazquez expressed appreciation for the presentation and inquired about the expected reach of the kit, asking for an estimate of the number of people it is intended to reach. She also sought information on the outreach process, specifically the number of attempts to	

	contact members and what would happen if there is no response from the members. Ms. Bailey responded stating that on the first launch on December 1, they estimate sending about 45,000 kits, including A1C and kidney health tests. She clarified that this number doesn't necessarily represent unique individuals, as some might receive multiple kits. The outreach plan includes sending reminders via robocalls and exploring options like postcards or letters to prompt kit completion. Ms. Bailey assured that they aim for a balanced approach, understanding the importance of reminders without overwhelming individuals with excessive outreach attempts.	
	FUTURE AGENDA ITEMS	
	Ms. De La Torre stated that they have a presentation on Emergency Preparedness and from the Cultural & Linguistics Department regarding translation. She noted that there is also a pending presentation about the federal poverty line. Member McClain asked Ms. De La Torre how long those presentation will take, because she would like to have more time to speak about the restructure. She asked if they can make that the last topic. Ms. De La Torre responded that those are the only items on the agenda at this time. One possible agenda item may be about the 2024 Board Seat Elections.	
	PUBLIC COMMENTS	
	PUBLIC COMMENT **Elizabeth Cooper, RCAC 2 Member** *Ms. Cooper expressed deep concern about the lack of advance information on issues relevant to RCAC members and their exclusion from the legislative process. She specifically referred to SB2092 and emphasized the impact of legislation on members. Ms. Cooper indicated her intention to testify before the legislative department in Sacramento and objected to changes made without input from the members. She stressed the need for consumer participation in the legislative process and highlighted her objections to term limits under SB2092. Ms. Cooper thanked the representatives for their service, clarified her intention to address these concerns with her representative and Governor Newsom, and apologized if her comments seemed rude.* **Hilda Perez, RCAC 6 Member** *Ms. Perez expressed gratitude for the invitation and raised concerns about the health promoters' program. She highlighted the limited staff (2 members) handling 16 people, with only one being bilingual. Ms. Perez emphasized the importance of expanding and revamping the program, especially considering the interest from potential health promoters in the community. She stressed the significance of health promoters in building trust and facilitating communication*	

	between patients and the healthcare system. Ms. Perez also expressed passion for the street medicine program and urged attention to colorectal cancer education in community resource centers.	
ADJOURNMENT	Dr. Eakins acknowledged outgoing Board Member Hilda Perez and new Board Member Fatima Vazquez. The meeting was adjourned at 1:20 p.m.	

RESPECTFULLY SUBMITTED BY:
Victor Rodriguez, *Board Specialist II, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY

Ana Rodriguez, ECAC Chair _____
Date 2/14/2024

Board of Governors

Temporary Transitional Executive Community Advisory Committee (TTECAC)

Meeting Minutes – December 13, 2023

1055 W. 7th Street, Los Angeles, CA 90017

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Senior Staff
Roger Rabaja, *RCAC 1 Chair*	Henry Cordero, Interpreter	Fatima Vazquez, Member, Board of Governors
Ana Rodriguez, *TTECAC Chair and RCAC 2 Chair*	Isaac Ibarlucea, Interpreter	Layla Gonzalez, Advocate, Board of Governors
Lidia Parra, *RCAC 3 Chair*	Eduardo Kogan, Interpreter	John Baackes, Chief Executive Office, L.A. Care
Silvia Poz, *RCAC 4 Chair*	Erin LaFargue, Interpreter	Alex Li, MD, Chief Health Equity Officer, L.A. Care
Maria Sanchez, *RCAC 5 Chair*	Alex Mendez, Interpreter	Francisco Oaxaca, Chief of Communication and Community Relations
Joyce Sales, *RCAC 6 Chair*	Katelynn Mory, Captioner	Malou Balones, Board Specialist, Board Services ***
Martiza Lebron, *RCAC 7 Chair*	Andrew Yates, Interpreter	Kristina Chung, Community Outreach Field Specialist, CO&E
Ana Romo, *RCAC 8 Chair*		Idalia De La Torre, Field Specialist Supervisor, CO&E
Tonya Byrd, *RCAC 9 Chair*		Auleria Eakins, Manager, CO&E
Damares O Hernández de Cordero, *RCAC 10 Chair*		Hilda Herrera, Community Outreach Field Specialist, CO&E
Maria Angel Refugio, *RCAC 11 Chair*	Gisela Brigidio, Public	Christopher Maghar, Community Outreach Field Specialist, CO&E
Lluvia Salazar, *At-Large Member* **	Elizabeth Cooper, Public	Rudy Martinez, Safety & Security Program Manager III, Facilities Services
Deaka McClain, *TTECAC Vice-Chair and At Large Member*	Lynnea Johnson, Public	Linda Merkens, Senior Manager, Board Services **
	Russel Mahler, Public	Frank Meza, Community Outreach Field Specialist, CO&E
	Andria McFerson, Public	Cindy Pozos, Community Outreach Field Specialist, CO&E
* *Excused Absent* ** *Absent*	Demetria Saffore, Public	Victor Rodriquez, Board Specialist, Board Services ***
*** *Via teleconference*	Dazzlin Sanchez, Public	Farid Seyed, Lead Unified Communication Mobility Engineer, IT Operations & Infrastructure
	Issac Sanchez, Public	Marvin Thompson, Community Benefits Grant Specialist II, Community Benefit Program ***
		Martin Vicente, Community Outreach Field Specialist, CO&E
		Shavonda Webber-Christmas, Director, Community Benefits, Community Benefit Program ***
		Naoko Yamashita, Manager, C&L Services, Health Education, Cultural & Linguistics Department ***

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Ana Rodriguez, *ECAC Chair*, welcomed everyone and explained the process for making public comments via Zoom chat and a toll-free line for WebEx bridge line listeners. She also mentioned that public members could submit comment cards and that they would be allowed time to speak during the appropriate agenda items. Ms. De La Torre welcomed L.A. Care staff and the public to the meeting and encouraged L.A. Care members with healthcare issues to contact the Member Services Department. Chairperson Rodriguez called the meeting to order at 10:18 A.M Members of the Temporary Transitional Executive Community Advisory Committee (TTECAC), L.A. Care 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 to submit public comments. https://us06web.zoom.us/j/85234622458 Teleconference Call –In information/Site Call-in number: 1-415-655-0002 Participants Access Code: (English) 2558 788 7839 Call-in number: 1-415-655-0002 Participants Access Code: (Spanish) 2551 510 9511 For those not attending the meeting in person, public comments on Agenda items can be submitted in writing by email to COEpubliccomments@lacare.org or by calling the CO&E toll- free line at 1-888-522-2732 and leaving a voicemail. Attendees who log on to lacare.zoom using the URL above will be able to use "chat" during the meeting for public comment. You must be logged into Zoom to use the "chat" feature. The log in information is at the top of the meeting Agenda. This is a new function during the meeting so public comments can be made live and direct. 1. The "chat" will be available during the public comment periods before each item. 2. To use the "chat" during public comment periods, look at the bottom of your screen for the icon that has the word, "chat" on it. 3. Click on the chat icon. It will open a window. 4. Select "Everyone" in the to: window. 5. Type your public comment in the box. 6. When you hit the enter key, your message is sent and everyone can see it. 7. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your	

comment relates.

8. L.A. Care staff will read the chat messages for up to three minutes during public comment so people who are on the phone can hear the comment.

Your comments can also be sent by voicemail or email. If we receive your comments by 10:00 a.m. on December 13, 2023, it will be provided to the members of the TTECAC at the beginning of the meeting. The chat message, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.

Once the meeting has started, public comments should be submitted prior to the time the Chair announces public comments for each agenda item and staff will read those public comments for up to three (3) minutes. Chat messages submitted during the public comment period for each agenda item will be read for up to three (3) minutes. If your public comment agenda is not related to any of the agenda item topics, your public comment will be read for up to three (3) minutes at item IX Public Comments on the agenda.

Please note that there may be a delay in the digital transmittal of emails and voicemails. The Chair will announce when the public comment period is over for each item. If your public comments are not received on time for the specific agenda item you want to address, your public comments will be read at the public comment section of the agenda.

The purpose of public comment is that it is an opportunity for members of the public to inform the governing body about their views. The TTECAC 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. We thank you for your patience.

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 please contact the Community Outreach & Engagement staff prior to the meeting for assistance by calling our toll-free line at 1-888-522-2732 or by email to COEpubliccomments@lacare.org.

SB 1100 was signed by Governor in August 2022, and added a short section to the Brown Act as Govt Code Section 54957.95 to supplement language already part of the Brown Act : (a) In addition to authority exercised pursuant to Sections 54954.3 and 54957.9, the presiding member of the legislative body conducting a meeting may remove an individual for disrupting the meeting.

	(b) As used in this section, "disrupting" means engaging in behavior during a meeting of a legislative body that actually disrupts, disturbs, impedes, or renders infeasible the orderly conduct of the meeting and includes, but is not limited to, both of the following: (1) A failure to comply with reasonable and lawful regulations adopted by a legislative body pursuant to Section 54954.3 or 54957.9 or any other law. (2) Engaging in behavior that includes use of force or true threats of force. (54954.3 contains provisions related to public comment time restrictions, and 54957.9 allows the presider to clear the room if the meeting can't continue.) AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION BEFORE THE MEETING AT L.A. Care's Offices at 1055 W. 7th Street, Los Angeles, CA 90017 through the Reception Area in the Building Lobby.	
APPROVE MEETING AGENDA	PUBLIC COMMENT **Andria McFerson, RCAC 5 Member** *Ms. McFerson's public comment begins with a holiday greeting and wishes for a merry Christmas. She then transitions to addressing specific agenda items, requesting dedicated time to discuss peer-to-peer disparities and potential changes to the committee. Ms. McFerson emphasizes the importance of openly discussing these matters without interference, asserting the committee's legal right to freely express their opinions. She highlights the need for the agenda to include a standing item on the right to freedom of speech, emphasizing the importance of having the freedom to discuss matters openly without impediment.* **The Agenda for today's meeting was approved as submitted.**	**Approved by roll call. 9 AYES (Byrd, Cordero, Lebron, Poz, McClain, Rabaja, Rodriguez, Sales, and Sanchez)**
APPROVE MEETING MINUTES	**The November and December 2023 minutes will be considered for approval at the February 14, 2024 meeting.**	
	STANDING ITEMS	
BOARD MEMBERS REPORT	Ms. Gonzalez and Ms. Vazquez gave a Board Report. They thanked all the ECAC and RCAC members here today and wished everyone to have a happy holiday season and happy New Year. The Board of Governors met on December 7. Approved meeting minutes and meeting materials can be obtained by contacting Board Services andare available on L.A. Care's website. • The list of motions approved at that board meeting can be obtained from CO&E.	

- They thanked the RCAC members that joined the Board Meeting in person or virtually. We were happy to see members there and we appreciated hearing their public comments. Public comment gives Board Members the opportunity to hear from members and helps improve services for members. These members attended the Board Meeting in person:

  1. Joyce Sales (R6)
  2. Roger Rabaja (R1)
  3. Damares O Hernandez de Cordero (R10)
  4. Deaka McClain (R9)
  5. Silvia Poz (R4)
  6. Ana Rodriguez (R2)
  7. Elizabeth Cooper (R2)

Mr. Baackes presented the CEO report, and he will be giving an update later in this meeting.

Board members re-elected the officers for 2024:
Mr. Ballesteros will remain as Chairperson,
Dr. Shapiro as Vice Chairperson,
Dr. Booth as Treasurer, and
Mr. Raffoul as Secretary.

We look forward to seeing members at every Board meeting and hope you are able to attend and learn more about L.A. Care.

PUBLIC COMMENT

Andria McFerson, RCAC 5 Member

Ms. McFerson requests permission from the Chair to address two board seats with a series of questions. She inquired as to whether the Board of Governors (BOG) has made a decision for advisory committees, including RCACs and ECACs, not to meet every month throughout 2024. She seeks clarification on whether the BOG has the authority to vote on the frequency of RCAC meetings and if RCAC members have the right to express their preferences for meeting frequency in 2024. Ms. McFerson also questioned the committee's right to vote on their budget and whether they can provide input on allocating funds for New Year's parties for individual RCACs. She expressed a desire for transparency regarding the budget, asking about the amount allocated and whether any decisions have been made by staff or others throughout the fiscal year.

Ms. Gonzalez responded to Ms. McFerson's questions, stating that there has not been a motion passed regarding the frequency of advisory committee meetings, and encouraged Ms. McFerson to inquire further. She mentioned that the budget is public information, and

	details about what has been approved for the RCACs and ECAC are available upon request from Board Services. Regarding the annual holiday parties, Ms. Gonzalez noted that the events are being restructured, and the possibility of them taking place will be addressed later by Mr. Oaxaca. Member Byrd asked for clarification from Ms. Gonzalez regarding the approval of a budget for TTECAC or ECAC. Ms. De La Torre confirmed that the budget for ECAC is approved annually. Member McClain, expressed confusion about the term "temporary" (indicated by the 'T' in TTECAC) in relation to the approved budget. She questioned how a budget can be allocated for a temporary entity without a clear understanding of its future. Ms. De La Torre responded by explaining that the budget was approved months ago, and the distribution and administration of the funds are handled by staff based on Board of Governors' approval. Member McClain persisted, pointing out the apparent contradiction in having a budget for something labeled as temporary. She questioned the logic behind allocating funds for a temporary entity without clarity on its future. Member McClain expressed confusion about the decision-making process and suggested that the budget should align with the temporary nature of TTECAC until decisions are made about its future.	
L.A. CARE HEALTH EQUITY COMMITTEE UPDATE	Alexander Li, MD, *Chief Health Equity Officer*, briefly introduced himself and highlighted key achievements of the health equity team since the presentation of L.A. Care's 2023-2025 health equity plan. Dr. Li's team received recognition from the lLocal Health Plans of California for their leadership in health equity. Additionally, he co-chairs the local health plans' chief health equity officer meeting. Dr. Li discussed his involvement with the National Academy Of Science, Engineering, and Medicine, where he contributed to the review of health equity efforts nationwide. He emphasized the challenges faced in states like Texas and Florida, which have not expanded Medicaid, contrasting with California's commitment to healthcare access for all. The presentation delved into the local initiatives, particularly the Equity Practice Transformation Program, aiming to enhance access and services in collaboration with private care practices. Dr. Li noted the participation of 134 practices across Los Angeles County impacting 1.5 million Medi-Cal members. Furthermore, Dr. Li highlighted L.A. Care's pursuit of health plan stamp approval and National Commission on Quality Assurance (NCQA) health equity accreditation, showcasing the organization's proactive approach to meet state requirements by 2026. Dr. Li touched on a unique aspect – the concern for medical debt in Los Angeles County, amounting to $2.6 million. He expressed the need for a coalition to address this issue, ensuring that people do not avoid necessary healthcare due to financial constraints. Overall, Dr. Li's report underscored L.A. Care's commitment to health equity and its multifaceted	

	efforts to make meaningful impacts on both local and national levels. Dr. Li reported on collaborative efforts involving hospitals, county officials, and philanthropic organizations to address health disparities and improve vaccine equity. Notably, progress has been made in partnership with Los Angeles County school districts to enhance vaccination for children affected by the pandemic. Dr. Li provided update on health equity zones, focusing on key disparities and demographic gaps. Using federal standards for race and ethnicity classification, he presented performance measures, such as diabetes control rates, across various ethnic groups. Dr. Li highlighted disparities and emphasized the need to address potential causes, such as access to medication and healthcare providers. The report delves into maternal and child health, showcasing trends in timely prenatal and postpartum care. Disparities among different ethnic groups are noted, with the Latino community performing well in postpartum care. Dr. Li suggested the need for improved communication and education to overcome barriers to postpartum care and enhance overall health equity. Dr. Li highlighted a recent roundtable discussion that brought together various stakeholders, including academics, community-based organizations, county representatives, funders, individuals with lived experience, providers, and even representatives from the sheriff's department. This collaborative effort focused on addressing challenges faced by children and youth in Los Angeles County, marking a unique initiative that involved a diverse set of stakeholders. Dr. Li provided an example of topics discussed during the roundtable, emphasizing the welfare gap in school-aged children, staff, and parents. The discussions covered safety concerns, including firearms, bullying, and gun violence, along with addressing vaccine misinformation and catch-up efforts. the group also discussed the care for children and youth with complex healthcare conditions transitioning into adulthood. He highlighted the conversation around building resilience, noting that participants acknowledged a period of significant trauma and burnout affecting children, staff, and parents. Concerns were raised about the impact of the uncertain future, economic challenges, and setbacks in behavioral health, academic performance, and social skills development among students. Dr. Li provided personal examples and underscore the rising crisis with children experiencing feelings of hopelessness, an increase in suicidal attempts, and a growing number seeking emergency room care. He spoke about the challenges of the post-pandemic learning environment, the need for better support for parents and youth, and the perception of the school system being under resourced and underfunded. The participants highlighted the importance of advocating for improved school-based funding as a crucial aspect of addressing the identified issues. The examples provided illustrate the depth and complexity of the discussions during the roundtable. *(The full written report can be obtained from CO&E)* PUBLIC COMMENT **Elizabeth Cooper, RCAC 2 Member**	

	Ms. Elizabeth Cooper began her public comment by reminding the chair of the Americans with Disabilities Act (ADA) and requested reasonable accommodation on her behalf. She expressed a desire to speak and asked Dr. Li about the representation of RCACs on the committees, emphasizing the importance of including members who actively address and fight for the issues at hand. Ms. Cooper specifically mentioned her son's role as a regional center consumer and her active involvement in regional center concerns. She questioned the committee's composition, funding, and whether there are any RCAC members included. Ms. Cooper emphasized the significance of RCAC members, who are actively involved in addressing health disparities and fighting for these issues. Additionally, Ms. Cooper raised concerns about African Americans being hesitant to seek medical care, contributing to health disparities. She questioned the composition of Dr. Li's committee and whether it includes African American members. Ms. Cooper suggested reaching out to RCACs to ensure broader representation and engagement in addressing health disparities across various communities. Dr. Li responded to Ms. Cooper's comments by mentioning the Health Equity Committee, which includes two consumers, and the Consumer Health Equity Council. He noted that the Consumer Health Equity Council comprises RCAC members and is multiracial. Dr. Li clarified that he will provide Ms. Cooper with the exact number of council members and assured her that he will check whether anyone from ECAC is on that council. **Andria McFerson, RCAC 5 Member** *Andria McFerson expressed gratitude for the opportunity to speak and requested the chance to formally address Dr. Li. She advocates for the RCACs to have the opportunity to speak publicly and hold an event where they can receive updates on ongoing matters and provide input on how these issues impact them. Ms. McFerson emphasized that the RCAC members have the right to voice their concerns directly to Dr. Li, suggesting that this does not necessarily require a formal motion. She proposed the idea of individual RCAC Chairs addressing Dr. Li during their respective committee meetings to convey the disparities they face. , Ms. McFerson suggested a public event to educate the public about the code of care, emphasizing the importance of understanding their rights regarding proper medical treatment. She connects stress and discrimination to health issues such as high blood pressure and early death. Ms. McFerson sought clarification from Dr. Li on the possibility of RCAC members presenting data and engaging in peer-to-peer discussions in the community.* Dr. Li responded by expressing his willingness to collaborate through the ECAC and emphasized the importance of having a well-established structure that is mutually agreed upon. He indicated a preference for working within the existing structure and process of the RCACs, ensuring that their established procedures are respected. Dr. Li reassured that	

	he is happy to cooperate and engage with the RCAC Chairs in a manner that aligns with their established framework. Ms. Gonzalez expressed gratitude to Dr. Li for his clear explanation of the statistics, though she finds some of them disheartening, particularly the alarming rise in teenage suicides. She asked Dr. Li about whether individuals were aware of the availability of doulas. Ms. Gonzalez suggested that members may not have been informed about the free services of doulas, which could provide additional support during the challenging period of having a baby. She raised the possibility that a lack of awareness could have contributed to certain health-related issues and questions whether this aspect was explored in the collected statistics. Dr. Li thanked Ms. Gonzalez for her question and provided information about the availability of doulas. He mentioned that while doulas have been a profession for a significant amount of time, they only recently became a Medi-Cal benefit. Dr. Li noted that efforts have been made to match those requesting doulas, successfully doing so for approximately 30 individuals. He acknowledged that the program is still in its early stages and faces challenges such as a limited number of available doulas. Dr. Li explained that there is a transitional process for doulas shifting from cash-based services to working with health plans. He mentioned that the County also has doulas available, both on staff and through contracts with community-referred professionals. Dr. Li highlighted the newness of the program and mentioned efforts, such as sending mailers to pregnant women, to spread awareness about the availability of doulas, indicating that it is still in the early stages of implementation.	
COMMUNICATION AND COMMUNITY RELATIONS DEPARTMENT UPDATE • **Community Engagement Model Discussion and Updates**	Francisco Oaxaca, *Chief of Communications and Community Relations*, presented a comprehensive report on the proposed restructuring and operation of advisory committees, specifically focusing on the Health Advisory Committee overseeing L.A. Care's contract with the California Department of Health Care Services (DHCS) for Medi-Cal coverage in Los Angeles County. The report highlighted the new requirements outlined in L.A. Care's contract with the DHCS, effective January 2024, emphasizing five goals set by the DHCS for health plan advisory committees. The DHCS objectives include increasing member engagement, discussions supported by data, regular turnover of members, and promoting diversity in committee voices. Mr. Oaxaca outlined proposed changes necessary for L.A. Care to meet these requirements, some specifically mandated by the DHCS and others deemed essential for compliance. Key proposed changes included quarterly committee meetings, transitioning from 11 regions to eight county area service plans for better data utilization, and aligning ECAC meeting schedules with the Board of Governors. Mr. Oaxaca introduced innovative measures such as community round tables, focus groups, and formalizing focus group participation to enhance member engagement. Mr. Oaxaca also outlined the DHCS-mandated functions, deadlines, and reporting requirements for advisory committees. To meet these new demands, he proposed implementing terms of service,	

establishing a selection committee for member recruitment, adjusting stipend structures, and pausing the annual work plan process until the approved changes are implemented. The timeline for next steps was also presented, with a final update and an advisory vote scheduled for February, followed by a public comment period and final approval in March and implementation by May. Throughout the presentation, Mr. Oaxaca emphasized the significance of these changes in ensuring broader member representation, engagement, and adherence to State requirements.

PUBLIC COMMENT

Andria McFerson, RCAC 5 Member:

Ms. McFerson asked permission from the Chair to address questions directly to Mr. Oaxaca. She inquired if the proposed changes suggested by the staff are mandated by the State and emphasized the need for clarity on whether approval is required for these modifications. Ms. McFerson advocates for preserving Robert's Rules of Order in the decision-making process. She directed a question to Mr. Oaxaca about the criteria for selecting participants in focus groups and roundtable discussions. Ms. McFerson also expressed the desire to discuss and potentially vote on the proposed changes during the meeting. She sought clarification on whether there is a mechanism for the Chairs to express their opinions on the suggested changes, with the possibility of conveying any disagreements to the Board of Governors for further consideration.

Mr. Oaxaca responded by clarifying that the ultimate authority for changes lies with the Board of Governors concerning the operations of the ECAC and RCACs. He mentioned that staff's role is to propose changes in the best interest of members, the health plan, and the community, responding to specific DHCS-mandated requirements under the contract for providing Medi-Cal services in Los Angeles County. Mr. Oaxaca highlighted that some changes are not optional as they are mandated by DHCS. He emphasized that staff's proposals are a response to the requirements, and the Board of Governors will make the final decisions. Mr. Oaxaca assures that there will be further opportunities for public and member comments, and adjustments to the proposal may be made based on feedback. Ultimately, the Board will make decisions in the coming year, and community input will be considered in the decision-making process.

Elizabeth Cooper, RCAC 2 Member

Ms. Cooper expressed deep concern about term limits, referring to legislation SB 2092 and emphasizing that there is no term limit for members. She suggested inviting the Department of Managed Care and Department of Health Care Services to hear public concerns directly. Ms. Cooper appreciates the department's efforts but wants to ensure that rules are fair and in line with both departmental considerations and the legislators' intent. She encouraged the Board to consider inviting the Department of Managed Care

to address members' concerns, stressing her intent to communicate with her legislator on the matter.

Member Poz expressed concern about the lack of information regarding when the RCACs will resume meetings. She mentioned that members are inquiring about upcoming meetings, including whether there will be a meeting in January 2024, and requested clarification on the steps and plans the organization is taking in this regard. Mr. Oaxaca stated that staff is currently working on the schedule for listening sessions with RCAC members and mentioned that several sessions have already taken place. He emphasized that the organization is compiling concerns raised by members during these sessions. Mr. Oaxaca highlighted the constraints imposed by the new contract's specific requirements, necessitating changes to remain compliant. Ms. Poz expressed concern about staff being the ones proposing changes, highlighting the significant number of staff members compared to the required eight from DHCS. She emphasized the importance of giving members an equal opportunity to voice their opinions and concerns.

Ms. Lebron said that she is surprised and concerned about the shift from monthly to quarterly RCAC meetings, questioning how this change aligns with the goal of listening to consumers regularly. She stressed the challenge of covering different areas and representing diverse consumers within a limited timeframe. Ms. Lebron sought clarification on the meeting frequency and whether there is flexibility or any influence from State regulations. Mr. Oaxaca clarified that the proposed changes aim to provide a variety of opportunities for members to provide input, including RCACs, community round tables, and focus groups. He emphasized that the goal is to facilitate productive discussions on topics important to members and their communities, with the intention of maintaining or increasing the number of meetings throughout the year.

Ms. McClain questioned the timeline of staff engagement with the RCAC, expressing confusion as to why staff would come to the RCAC in February, then proceed to the Board in March without returning to the RCAC for further input. Secondly, she sought clarification on the decision-making process, referencing a previous board meeting where she was informed that if the RCAC votes against staff recommendations, those proposals will not go to the board. She sought confirmation on whether the RCAC has the authority to block proposals from reaching the Board if there is disagreement. Mr. Oaxaca explained the timeline for proposed changes, stating that the schedule is designed to meet the DHCS deadline for implementing any changes, which is in May. The timeline works backward, taking into account the meeting schedule of the ECAC and the Board. He clarified that the Board meeting in February is for an advisory vote from the RCAC, and staff would still take a motion to the Board in March. He emphasized that the DHCS did not provide specific instructions on how to implement the changes, leaving it up to L.A. Care staff to figure out

	the best approach. The Board will make the final decision in March, with potential implementation in May to meet the DHCS deadline. Ms. Byrd sought clarification on the proposed changes, expressing confusion and concern about reducing the number of RCACs from 11 to 8. She questioned where the RCAC members were during the discussions, emphasizing that they are members and should have been involved in the decision-making process. She is uncertain about the criteria for choosing members and how decisions about the round table approach will be made. Overall, Ms. Byrd feels that the proposed changes are unclear and raised concerns about the reduction in the number of members and the selection process. Mr. Oaxaca explained that the total number of members participating through focus groups, community round tables, and RCACs will be slightly more than currently participating in just the RCACs. He assured Ms. Byrd that the reduction in the RCAC size is not meant to limit opportunities for participation but rather to align with DHCS requirements. Mr. Oaxaca emphasizes the need for an equitable selection process to ensure diversity among engaged and committed members that reflects the broader community.	
MEMBER ISSUES • **SPD Member Issues**	PUBLIC COMMENT **Andria McFerson, RCAC 5 Member:** *Ms. McFerson shared a personal experience where she had to attend to a friend's health emergency, highlighting the urgent need for accessible and feasible options for community members to voice their health concerns at RCACs. She advocated for the continuation of 11 RCACs in 2024 and urged the Chairs to express their agreement after her speech. Ms. McFerson emphasized the importance of formal meetings to discuss various health issues and asserted that the budget allows for such discussions without the need for a motion.* **Elizabeth Cooper, RCAC 2 Member** *Ms. Cooper commended the presenter for their positive attitude and then addressed the Chair about the importance of emergency preparedness. She shared her personal connection to the issue due to having a developmentally disabled son. Ms. Cooper requested that the RCAC members receive training and emergency preparedness kits, emphasizing the significance of being ready for earthquakes and other emergencies. She urged the Chair to consider a motion to provide these kits for all RCAC members.* **Demetra Saffore, RCAC 4 Member** *Ms. Saffore expressed frustration with L.A. Care, stating that she had to discontinue her therapy due to inconsistent supply deliveries. She noted that Acacia was assisting her and lied about the provider refusing to help her. Ms. Saffore indicatesld that she is without her C-pap machine for over a month, and her concerns have not been addressed by the organization, leaving her unsure where to turn for assistance.*	

OLD BUSINESS		
L.A. CARE'S CULTURAL & LINGUISTICS DEPARTMENT TRANSLATION PROCESS	Naoko Yamashita, *Manager, Health Education Cultural & Linguistics Services Department,* presented information about L.A. Care's Cultural & Linguistics Department Translation Process *(a copy of the report can be obtained from CO&E).* PUBLIC COMMENT **Elizabeth Cooper, RCAC 2 Member** *Ms. Cooper expressed her support for linguistic and cultural considerations but raised concerns about the lack of information addressing cultural issues in the presented proposals. She emphasized the importance of addressing communication problems within cultural contexts and requesteds more information on what actions are being taken for individuals with cultural concerns. Ms. Cooper sought a comprehensive approach that considers both linguistic and cultural aspects in the proposed measures.* Ms. Gonzalez inquired about the grade level at which the translated documents are being prepared. She expressed concern that even if the translations are technically accurate, the language complexity might still pose challenges for understanding. Ms. Gonzalez sought information on the readability level targeted for the translated documents to ensure accessibility for all L.A. Care members. Ms. Yamashita responded to Ms. Gonzalez, stating that the translated documents aim to maintain a 6th-grade reading level, consistent with L.A. Care's standard. She emphasized that this reading level is also applied to translations, ensuring accessibility for diverse members. Ms. Yamashita acknowledged the potential challenges posed by healthcare terminology and mentions collaborative efforts with the health education department to simplify language. She assured that the reading level in translations won't surpass that of the original English documents. Ms. Byrd expressed appreciation for the presentation and inquired whether outreach efforts have been made to the predominantly Cambodian community in her RCAC. She emphasized the importance of ensuring that the Cambodian community is informed about the program discussed in the presentation. Ms. Yamashita appreciated the question and mentioned that an investigation into the Khmer community has been conducted. She plans to report back to the Consumer Health Equity group in January or February 2024, sharing findings and potentially delivering the same presentation to the community. Ms. Yamashita expresses a willingness to engage in dialogue to improve documents in Khmer.	
NEW BUSINESS		
L.A. CARE'S EMERGENCY PREPAREDNESS TRAINING	*Rudy Martinez, Safety & Security Program Manager III, Facilities Services, led L.A. Care's Emergency Preparedness Training.*	
FUTURE AGENDA ITEMS		

	Member Lebron asked that there be more time allocated for each agenda item to allow for more discussion during each agenda item. Member McClain noted that there are many changes that are coming their way regarding the RCAC restructure and asked if the State can be invited to a meeting so members can share their concerns with them.	
	STANDING ITEMS	
CHIEF EXECUTIVE OFFICER UPDATE	John Baackes, *Chief Executive Officer,* gave the following report. Mr. Baackes explained that substantial changes in the DHCS contract mandate a redetermination process. The net loss of about 190 thousand Medi-Cal members in the first 6 months is primarily due to income exceeding eligibility or non-response to the redetermination process. The State automatically redetermined about 40 percent of individuals based on available data. Mr. Baackes noted that L.A. Care's call center is not overwhelmed, indicating that most people dropped may have moved out of LA County. He addressed concerns about those who moved and reassured that eligible individuals are being kept on the rolls. He also mentioned that starting January 1, undocumented adults between 26 and 49 years old will be eligible for Medi-Cal in Los Angeles County. About 270,000 individuals are estimated to fall into this category, with roughly 170,000 expected to be Los Angeles County residents. He concluded by mentioning the end of L.A. Care's plan partnership with Kaiser Permanente, stating that about 200,000 people enrolled in L.A. Care using Kaiser will transition to Kaiser's own membership on January 1. PUBLIC COMMENT **Elizabeth Cooper, RCAC 2 Member** *Ms. Cooper extended holiday greetings and addressed Mr. Baackes, expressing appreciation for allowing input from ECAC members. She raised concerns about major changes proposed within the RCACs, emphasizing the need for legal services to explain the implications to RCAC members in simple terms. Ms. Cooper questioned the absence of legal guidance for members and highlighted specific legislative aspects, such as term limits and potential legislative overrides, expressing her concerns about compliance with the Brown Act.* Mr. Baackes thanked Ms. Cooper for her comments and said that he would look into her concerns. **Andria McFerson, RCAC 5 Member:** *Ms. McFerson emphasized the importance of RCAC members having the opportunity to share specific health issues instead of just participating in listening sessions. She underscored the need for RCAC members to have an equal voice in decision-making.*	

	Ms. McFerson shared a personal experience about a friend with lung cancer facing challenges with L.A. Care's approval for a breathing apparatus. She proposed that non-compliant staff members be formally investigated for violations such as changing the agenda without permission and other perceived harassment. Ms. McFerson asked for assurance from Mr. Baackes on addressing these concerns. Ms. McFerson stated that staff and not members made changes to the agenda without member approval. Mr. Baackes expressed confusion about Ms. McFerson's request and suggests that if there's an issue with the meeting order, it is the Chair's responsibility to decide. He appreciated the opportunity to speak out of order. *Ms. McFerson's stated that she is not objecting to that. She is objecting the fact that the staff made that change and not the Chair. She agrees that he should have the floor, but members need to have an equal voice.* Mr. Baackes suggested that if the Chair is unhappy with staff interjections, she should discuss it with the staff. He emphasized the importance of RCAC members representing their regions and sharing community conditions rather than just personal interactions with L.A. Care. He encouraged a focus on broader community issues. Member Poz asked Mr. Baackes about Health L.A. members being impacted by their change to Medi-Cal. Mr. Baackes responded that many of the 270,000 people eligible for Medi-Cal are enrolled in My Health LA. He recalled that a year and a half ago, undocumented residents over 50 were allowed into Medi-Cal, and most of them came from My Health LA. The goal was to ensure they remain with the same primary care doctor. The younger undocumented population aged 23 was brought into the program in 2016. Ms. Perez suggests that while it is essential to have rules and agendas, there should also be opportunities for more in-depth conversations, possibly in the form of a focus group or roundtable discussion. She emphasized the need for more interactive discussion within the RCAC to better articulate and represent their collective voice to the Board Members. Mr. Baackes acknowledged Ms. Perez's suggestion and expressed a willingness to explore having a session without a formal agenda where participants can engage in open conversations and bring up any topics they wish. He committed to discussing this with the staff to ensure more opportunities for meaningful input at RCAC meetings. Ms. McClain expressed concern about members transitioning from L.A. Care to Kaiser and Blue Shield Promise due to State requirements. She emphasized the importance of providing support to these members during the transition, suggesting that L.A. Care should guide and help them connect with the new advisory committee at Kaiser/Blue Shield Promise, ensuring they can continue to contribute their voice. Mr. Baackes responded that	

	the only members leaving L.A. Care are Kaiser members and stated that if Kaiser has advisory committees, L.A. Care can inform them.	
	PUBLIC COMMENTS	
	Andria McFerson, RCAC 5 Member *Ms. McFerson invited RCAC and TTECAC members to join her at the Board of Supervisors meeting to discuss their rights regarding freedom of speech, Robert's Rules of Order, and the Brown Act. She emphasized the need for staff to seek permission from the Chair when speaking at meetings and expressed the desire to address any staff actions perceived as out of order during their meetings. The meeting is scheduled for Tuesday.* **Elizabeth Cooper, RCAC 2 Member** *Ms. Cooper expressed gratitude to everyone for the opportunity to provide input during the fiscal year. She thanked the Chair for her role and urged consideration for emergency preparedness, especially in the aftermath of a recent earthquake. She encouraged the Chair to bring up these matters to the Board through the Board representatives, emphasizing the importance of emergency preparedness for all RCAC members.* **Demetra Saffore, RCAC 4 Member** *Ms. Saffore expressed frustration with the lack of action regarding her supply issues. Despite numerous complaints and grievances over the past four years, she has not received satisfactory assistance. She stated that she feels compelled to give up treatment unless she receives written assurance that the problem will be permanently resolved.*	
	ADJOURNMENT	
ADJOURNMENT	The meeting was adjourned at 1:34 p.m.	

RESPECTFULLY SUBMITTED BY:
Victor Rodriguez, *Board Specialist II, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY

Ana Rodriguez, ECAC Chair _____
Date 2/14/2024

EXECUTIVE COMMITTEE

BOARD OF GOVERNORS
Executive Committee
Meeting Minutes – January 24, 2024
1055 West 7th Street, 1st Floor, Los Angeles, CA 90017

Members
Alvaro Ballesteros, MBA, *Chairperson*
Ilan Shapiro MD, MBA, FAAP, FACHE, *Vice Chairperson*
Stephanie Booth, MD, *Treasurer*
John G. Raffoul, *Secretary*

**Absent ** Via Teleconference*

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

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Alvaro Ballesteros, MBA, *Chairperson,* called to order the regular meetings of the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee regular meetings at 2:18 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings. • For those who provided public comment for this meeting by voice message or in writing, L.A. Care is glad that they provided input today. The Committee will hear their comments and the Committee also needs to finish the business on the Agenda today. • For people who have access to the internet, the meeting materials are available at the lacare.org website. If anyone needs information about how to locate the meeting materials, they can reach out to L.A. Care staff. • Information for public comment is on the Agenda available on the web site. Staff will read the comment received in writing from each person for up to three minutes. • Public comment will be heard before the Committee discusses an item. If the comment is not on a specific agenda item, it will be read at the general Public Comment. He provided information on how to submit a comment in-person, or using the "chat" feature.	
APPROVE MEETING AGENDA	The Agenda for today's meeting was approved.	**Approved unanimously.**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
		4 AYES (Ballesteros, Booth, Raffoul and Shapiro)
PUBLIC COMMENT	There were no public comments.	
APPROVE MEETING MINUTES	The minutes of the November 15, 2023 regular meeting and January 17, 2024 special meeting were approved as submitted.	**Approved unanimously. 4 AYES**
CHAIRPERSON'S REPORT		
CHIEF EXECUTIVE OFFICER REPORT	John Baackes, *Chief Executive Officer*, reported on the Medi-Cal eligibility redetermination that began in July 2023, processing approximately 20,000 people a month. The California Department of Health Care Services (DHCS) has determined the status of 54% of the Medi-Cal enrollees. About 16% of were dis-enrolled because the member did not complete the redetermination packet mailed to them or were deemed ineligible because their income exceeded the 138% federal poverty level. There were about 173,000 L.A. Care members whose redetermination status is not yet determined. The members have a 90-day grace period to complete and return the determination packet. This total may include members who returned their packets, but have not been processed yet by DHCS. During the seven-month period, L.A. Care gained 260,000 new members across a variety of categories: moms and kids, seniors and persons with disabilities and from the Medi-Cal expansion population. L.A. Care currently has 2,224,000 Medi-Cal lives and total enrollment of 2.7 million. L.A. Care met its goal of adding 2,100 new members in the Duals Special Needs Plan (D-SNP) program, meeting enrollment expectations. The total enrollment is over 19,000 members. L.A. Care Covered membership was 160,000 members paid, and about 40,000 people on hold. These were the people that were deemed ineligible for Medi-Cal because their income exceeded that federal poverty ceiling, or they were transferred from Oscar Health Plan who left the market. In both cases, a member has 60 days to decide whether they want to accept or decline enrollment in L.A. Care. L.A. Care is conducting outbound calls with a hit rate about 10%.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	L.A. Care's January 2024 Medi-Cal enrollment has significantly declined due to Kaiser's new direct contract with DHCS that took effect on January 1, 2024. 260,000 members had been enrolled in Kaiser through L.A. Care. Mr. Baackes reported that the undocumented residents between ages 26 to 49 are now eligible for enrollment in Medi-Cal. L.A. Care received 10,000 enrollees in January 2024. There are an estimated 270,000 people eligible in Los Angeles County, and L.A. Care expects to enroll 150,000-170,000. In the last Medi-Cal expansion for people ages 50 and over, L.A. Care received 75% of enrollment over a three-month period. Mr. Baackes expects that the bulk of enrollment of these undocumented residents will occur in March 2024. Many of these people have accessed healthcare through My Health LA, a program sponsored by Los Angeles County for undocumented residents. L.A. Care is working to match these people to their current primary care physicians.	
• Government Affairs Update	Cherie Compartore, *Senior Director, Government Affairs*, reported: <u>State Budget Update</u> The draft state budget proposal was released on January 10. There were no major reductions in Medi-Cal. The expansion of eligibiity for Medi-Cal to undocumented residents was implemented on January 1, 2024 and will continue to be funded with State revenue only. The asset limit elimination will also continue. The Budget continues funding for 6-months in transitional rental assistance as a Medi-Cal benefit, conditioned on approval by Centers for Medicaid & Medicare Services (CMS). Funding is allocated for the continuation of most Medi-Cal programs at a cost to California's Safety Net Reserve, Rainy Day fund, and Proposition 56 funding reductions. The funding raises concerns about long-term sustainability and potential pressure on lack of funding for other programs. Depending on the changing tax revenue for California, it is likely the May Budget Revise could appear vastly different than the Governor's Budget proposed in January. The Governor and the Department of Finance projected $38 billion deficit, while the LAO is projecting a much larger budget deficit of $68 billion. Budget hearings have begun and L.A. Care is monitoring the hearings as well as weighing in with legislative offices on budget issues impacting L.A. Care and the safety net.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	MCO Tax Legislation As part of the 2024-25 State Budget, the legislature is tasked with identifying the next round of provider increases for 2025. DHCS has released a proposed policy paper on the various rate increases. Staff is reviewing the document and will provide more details at the next board meeting. Because of the significant projections for the budget deficit, the Governor is proposing that the State increase its Managed Care Organization (MCO) tax for Medi-Cal to bring in additional funds of $1.5 billion over three years. DHCS will revise the model over the next couple of weeks and L.A. Care will work to determine the potential impact. DHCS is asking the Legislature to approve the new version of the MCO tax by March 31, so that it can be retroactively applied. If approved by Centers for Medicare and Medicaid Services (CMS), the MCO tax will be retroactive to January 1, 2024. DHCS will file an amendment with CMS and believes that CMS will not reject the amendment, as it will meet the statistical test for approval. Managed Care Organizations (MCO) Tax Ballot Initiative Update Signature gathering is going strong. Two weeks ago, 25% of the required signatures have been gathered. It is likely the number of signatures required to get it on the ballot will be met. Government Affairs will continue to update the Board on the status of the Ballot Initiative. Federal Level: Continuing Resolution A Continuing Funding Resolution has been approved by the U.S. Congress and signed by the President, and will keep the federal government fully funded until early March. Senator Toni Atkins has announced her intention to run for California Governor in 2026.	
COMMITTEE ISSUES		
Update: Consumer Advisory Committee Structure and Operations	Francisco Oaxaca, *Chief of Communications & Community Outreach*, provided an update on the Consumer Advisory Committee Structure and Operations. Staff have been presenting information, through listening sessions, to the Regional Community Advisory Committee (RCAC) members about the positive changes to the operations and the structure of advisory committees to comply with Department of Healthcare Services (DHCS) requirements. Before the COVID pandemic, staff had	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	already begun to speak with members about their concerns about the structure and the format of the RCAC meetings. The RCAC members were feeling there were fewer opportunities not only for them to be able to address certain topics and to interact amongst themselves and to have more open and productive discussions. The RCAC meetings had been an outlet for participating members to discuss issues. The RCAC meeting agendas filled up with items, and this shortened the time allocated to addressing issues from members. There were opportunities for members to interact with staff from various L.A. Care departments to hear about what those departments were working on. Staff discussed the current RCAC structure and looked at how L.A. Care could create a sustainable structure that could meet the needs for both members and L.A. Care to have productive interactions. When the pandemic started, the process to present proposed changes with consensus from RCAC members was put on hold for almost three years. Early last year, the RCACs began to meet in person and staff restarted this process. Mr. Oaxaca suggested that the timing was favorable because staff was able to begin this process at around the same time that L.A. Care became aware of DHCS' specific changes, requirements and expectations for the health plans for consumer advisory committees. DHCS established a statewide technical advisory committee to bring stakeholders from across the healthcare delivery system to provide input on the changes. Mr. Oaxaca summarized the member engagement process that has been taking place since April 2023. There were 40 listening sessions and meetings with the RCAC members, including a special TTECAC meeting held on January 17, 2024, to gather member input on proposed changes. The DHCS contract provisions did not give specific instruction for the operation of consumer and member advisory committees. Mr. Oaxaca thinks staff helped RCAC members understand the proposed changes and staff has an opportunity to create an effective, productive and engaging environment for the members to provide valuable input to L.A. Care. Feedback and recommendations from the discussions at the statewide technical advisory committee on how often the consumer and member advisory committees should meet, resulted in recommendations that quarterly meetings maximize productivity and effectiveness. RCAC members seem to view this as limiting the outlet to provide input because there will be fewer meetings. Mr. Oaxaca noted that in the	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	proposed changes there will be more meetings in other formats for members to participate and express their views. DHCS has been explicit that member advisory committee meetings must be efficient and effective, and members must feel they are engaging in discussions that are productive for them. Mr. Oaxaca noted staff felt L.A. Care is falling short in the area of data and access to appropriate data sources to use for discussions on key issues related to health care with members ever since the advisory committee structure was created. The 11 regions identified for L.A. Care's RCACs were adopted to allocate representation across Los Angeles County. Over time, staff realized that L.A. Care is the only organization using those 11 geographic regions. Los Angeles County use eight geographic Service Planning Areas (SPAs) for services, especially health care services, and in allocating resources across Los Angeles County. Los Angeles County data analysis use the demographics according to the geographic SPA areas for much of the infrastructure. L.A. Care has not been able to leverage that data in an effective way for the benefit of the 11 RCAC regions nor connect with the demographic data for SPAs because the geographic areas are different. The Staff proposal will move the 11 RCAC regions into eight regions that align with Los Angeles County's SPA regions. The current members will be allocated geographically to the new SPA representation groups. At the last meeting, members asked why staff is taking away three RCAC regions. Staff has been explaining that the eight SPA regions cover the same areas of Los Angeles County as the 11 RCACs. They represent slightly different geographic areas, but combined, those regions represent the entire Los Angeles County area. Staff is proposing to normalize the number of members. Staff found that more members and more committees does not result in more effective or productive meetings. An overlay map will be developed will show the 11 RCACs and eight SPAs. Prior to the pandemic, the average membership in a RCAC was around 20 members. This has historically been the level of participation in the RCACs and it has been a very effective number. In discussions at the statewide technical advisory committee, 15-20 members was recommended. Due to the size and scope of care in Los Angeles County, staff felt that L.A. Care needed to be on the high side, hence the proposed 20 members. Board Member Booth asked if the members are going to be their own leaders on these SPAs and the small groups, and if L.A. Care will continue to have RCACs. Mr. Oaxaca	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	noted there will be eight RCAC regions with a Chairperson and a Vice Chairperson. There will be other opportunities for representation through roundtables and focus groups. There will actually be more opportunities for member participation. DHCS has issued specific requirements for member recruitment and diversity, a description of roles, responsibilities and functions for the consumer advisory committees, including specific topics for discussion by the Committees. DHCS expects the health plan to maximize the number of opportunities and types of opportunities for members to engage. DHCS is looking for a multi-pronged approach. Staff is proposing the addition of community roundtables. There would be five roundtable-type groups to provide additional opportunities for members to interact with the health plan outside of the RCAC system. Four of them would be specifically for members. Staff is proposing a provider roundtable for the first time, to engage with L.A. Care's provider community. One of the member concerns was to have opportunities to spend time discussing specific topic areas of interest to them. L.A. Care had focus groups in the past with very positive response from L.A. Care members; they feel they have an opportunity to talk about something that is important to members and their community. Members get a chance to drill down on topics and have their voices heard. Staff had a chance to pilot this type of approach with the RCACs through the health equity advisory committee. The response was unanimously positive that member voices were heard and valued, and members had a chance to engage in a topic of great interest to them. In conversations with members, staff identified a topic area for each of the roundtables: health access, social determinants of health, health equity advocacy and community health education and outreach. The topic areas are broad enough that members will have an opportunity to bring any issue that is of interest to them within the scope of those general areas. During an application and selection process each Member will be able to select the roundtable in which they would like to participate. Staff will have the opportunity to look for a forum to discuss a specific topic or participate in one of the RCACs representing a larger area. The roundtables would not operate under the Ralph M. Brown Act. They would be an open forum, town hall discussion. Members would bring topics within the scope of the general area that their roundtable is covering. The roundtables would meet quarterly at a minimum or as often as needed. Staff is proposing maximum of 13 members. This is	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	on the high side of recommendation for the type of discussions. L.A. Care's existing committees that use this format have 6-8 members, which has been very effective. This will be another opportunity for members to participate and align with the DHCS expectation that L.A. Care use a multi-pronged approach to provide members with many opportunities. L.A. Care has a focus group program in place which will be formalized. Members would be selected based on a category needed for input on the topic. There will not be a requirement for application or selection process. DHCS is requiring L.A. Care to develop and implement an advisory committee diversity and recruitment plan and to report quarterly. Having a diversity recruitment plan implies that there should be a tool in place to ensure that there is turnover in membership, there are new voices heard and new community members have the opportunity to participate. This would be two 2-year terms consecutively. After the first two years, members would have an opportunity to apply for a second term. A selection committee will review member applications, conduct interviews, and select members. The Selection Committee will consist of L.A. Care staff from the Community Outreach and Engagement Department, Health Equity Department, Community Benefits Program Department, along with community-based organizations (those who work in the health care, advocacy and have health care experience). Mr. Baackes asked about member stipends. Mr. Oaxaca responded that members would be compensated for their time. L.A. Care has a stipend structure in place. L.A. Care has also received feedback through the statewide technical advisory committee about how other organization compensate consumer members. Staff is reviewing and evaluating the current L.A. Care's stipend structure and potential changes that will reflect the increased level of participation expected from members. Mr. Oaxaca noted other minor proposed operational changes not directly connected to the DHCS requirements. • TTECAC meeting schedule will be aligned with the Board of Governors meeting schedule. • The RCAC annual work program will be paused. This program allocates a certain amount of funds to each RCAC for community work. Staff is going to pause that program for most of this fiscal year to reevaluate the approach once the new structure is in place, to see if this program can be enhanced further to make it more	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	effective. It is important that the members are able to provide guidance to support work in their own communities. Mr. Oaxaca reported on concerns from members on term limits. Staff wants to be able to look at every applicant equally, taking into account current member experience and potential member background and experience. Everyone will start with a clean slate. Mr. Oaxaca explained the member concern about frequency of meetings. Members will have three different avenues for meeting: the RCACs, the roundtables or the focus groups. All are engagement opportunities for members. There were many questions from members about the applicability of the Brown Act. The Brown Act ensures that discussions take place in public. Staff will ensure opportunities for public to provide comment during meetings. RCAC meetings will continue to be bound by the Brown Act. There will be opportunities for open discussions during the roundtables and the focus groups for topics such as pilot projects. Staff have successfully tested this type of approach with other committees. Members asked about opportunities to bring issues to TTECAC and then to the Board under the new structure. Staff looked at historical types of issues that surfaced at the RCACs, through ECAC to the Board. Some are individual issues that members bring involving themselves or family members related to health care services. Some cases not appropriate for public discussion have been referred L.A. Care's customer service center to address through the internal operational process. Staff helped members decide if this is something systemic for discussion. Members will have the opportunity to bring up issues in their community through either the RCACs, the roundtables or the focus groups. Board Member Booth asked if members would be leading the groups. She noted that the quarterly meeting will not really teach people how to hold the meetings. It does not hold them accountable to all of the rules because three months go by and they cannot remember what transpired. How are they supposed to determine what issues are appropriate to bring up. She asked how staff will be able to train people to do what they need to do as a leader in a RCAC. Mr. Oaxaca noted that CO&E conduct leadership training programs for all RCAC Chairs and Vice Chairs. All RCAC members participate in orientation sessions and are trained on the mechanics of RCAC meetings. That includes a brief course on the Brown Act and the meeting agendas. Staff is working with current RCAC Chairs to learn how	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	to better manage the meetings within the scope of the Brown Act and Robert's Rules of Order. Staff is also available prior to each meeting to brief the Chair and/or the Vice Chair on the agenda for the day. Mr. Oaxaca noted that the new structure would introduce simpler and more focused agendas to open up more time for discussing community issues. Mr. Baackes noted the proposed member term limits do not match with the Board. The Board has a term limit of two four-year terms, the proposal is two two-year terms. Mr. Oaxaca responded that going past four years, members fall into a "comfort zone" for level of engagement and participation, tending to be less productive and effective. Staff felt a priority for effective and productive meetings was to have a constant level of energy. Mr. Baackes noted it is burdening to conduct a recruitment process every two years, and suggested three-year terms instead. Mr. Oaxaca responded that if the right members are selected who are participating for the right reasons, most of the members will effectively serve for four years. Staff will create a participation dashboard for each member with clear expectations. Staff will rethink the process if the first two years are not effective. L.A. Care needs to have a tool in place for recruitment and reporting on the diversity of community membership, and to monitor the composition of the committees. Staff looked at length of the term and settled on four years as a reasonable amount of time to participate. Mr. Baackes asked if RCAC members would be able to join roundtables and focus groups. Mr. Oaxaca responded that staff are working on the details of the forums. The roundtables would not be public meetings. The current format used for the consumer health advisory committee for Health Equity and Special Needs Plan committee is that members attend and interact with staff. Staff wants to avoid the issue of diluted voices when there are too many people in the room. There may be opportunities for members who do not want to participate to listen to the proceedings. Mr. Baackes acknowledged opposition to reducing the number of meetings. Board Member Raffoul expressed he does not understand the RCAC structure. Board members hear from people that attend the board meetings,. The Board usually hears negative comments from two individuals about the RCAC restructure. They seem to feel that L.A. Care is taking things away from RCACs and members are not allowed time to express themselves to give feedback at the meetings. They mentioned they have not met in four months. Board Member Raffoul added he thinks they are not meeting	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	but are still being paid a stipend. He noted there are 11 RCAC Chairs that report TTECAC meeting information to the RCACs. He asked if RCAC members endorse the proposed changes, since the RCAC Chairs represent their members. Part of this process includes bringing an item forward with all of these proposed changes and asking the consumer advisory committee to recommend action to the Board of Governors. Mr. Oaxaca responded that the voting on the proposed changes has not happened yet. L.A. Care has until May 2024 to implement the changes. Staffcontinues to provide opportunities for members to provide feedback. The current RCAC Chairs serve on TTECAC, along with the Consumer and Consumer Advocate board members. Staff hears inaccurate claims from a couple of individuals. There have been over 40 listening sessions and meetings with RCAC members since April 2023, discussing the changes, getting feedback from members, and providing information and answering questions. Mr. Oaxaca will report to TTECAC in February with further information and opportunity for feedback. After approval from TTECAC, the proposed changes will be presented to the Board for approval. Board Member Raffoul noted that before the proposed changes are approved by the Board, they have to be endorsed by TTECAC. With regard to pausing the RCAC Annual Work Plan for a year, Board Member Raffoul expressed that would it be better to continue doing what staff are doing on the restructure, roll out the new structure, before pausing RCAC current programs. This way, the RCAC members would not feel that L.A. Care is taking things away from them and it promotes the voice of the consumer. Mr. Oaxaca clarified that it would not be a delay for several months. The RCAC Annual Work Plan would be implemented this fiscal year. Staff wants to get through with the restructuring first and determine what the new structure will be. L.A. Care has a deadline of May 2024 to implement this new structure. Board Member Raffoul asked if a member would sit on this board. Mr. Oaxaca responded that there are two RCAC members on the board: Board Member Layla Gonzalez as Consumer Advocate Representative and Board Member Fatima Vazquez as Consumer Representative, elected by the RCAC members. Board Member Raffoul noted that the Board may be hearing only from people that do not like the changes. He believes the consumer representatives endorse the changes because he rarely hears them comment on this issue. He asked if they attend and are voting members the TTECAC	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	meetings. Mr. Oaxaca confirmed that the Consumer Advocate and Consumer Representative are non-voting, ex-officio TTECAC members. They attend and can comment during TTECAC meetings, but neither can vote. Mr. Oaxaca added that Board Members Gonzalez and Vazquez have commented on the process and wanted confirmation that conversations are occurring with RCAC members. The DHCS contract has mandates for specific requirements for L.A. Care to remain in compliance, but does not include guidance on how the requirements are met. Staff has spent a lot of time looking at alternatives and what would be the best approaches. Staff recommends what it feels is best for members, maximizing opportunities for engagement and expression, and bringing the most value for L.A. Care, and what is operationally sustainable. It is a challenge to manage over 200 volunteer members. The structure must be sustainable and create opportunities for effective relationships among members and staff. Chairperson Ballesteros noted that staff should be up front, have very strict rules about what applies and what does not. A person speaking from the public should tell us how the comment relates to the topic before making a comment. The minutes include a summary of the comments; the minutes are not a verbatim transcript of a comment. He added that maybe a little of the grandstanding might disappear if the rules are strictly followed. L.A. Care wants to hear from members. There may be an opportunity to stagger and overlap scheduling of the focus groups as the RCACs continue, then pause the RCACs and change over to the new structure. Mr. Oaxaca agreed with Mr. Ballesteros and noted it is not going to be like flipping a light switch. Staff is planning a transition period. It could be beneficial to add the new meetings and hold more meetings in the initial period before the RCACs pause. Chairperson Ballesteros stated it could be challenging to work with volunteers, boards and structures. He strongly advocates for the consumer voice, and L.A. Care can be more effective with consumer input. Chairperson Ballesteros listens and tries to connect with the consumers that come to Board meetings. But he doesn't know if members that do not come to the board meetings and comment feel the same way as those who comment at the board meetings. The Board does not know how the rest of the members feel about the structure. Chairperson Ballesteros added that maybe staff can think about how the Board can be assured that members have a positive feeling on the restructure. Chairperson Ballesteros suggested a survey of members. He thinks this would be important concerning the restructure. Chairperson Ballesteros noted that Mr.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Oaxaca stated that L.A. Care is making decisions based on the DHCS requirements and he asked if staff makes decisions with the leadership of these RCACs. Mr. Oaxaca clarified that the advisory committee will vote on the restructure. Mr. Oaxaca added that staff has adjusted the proposal based on feedback from members. Members asked if the roundtables could select topics for discussion. Staff have identified certain topics based on member feedback. Members also asked about provider participation, and so a provider roundtable was added. Chairperson Ballesteros noted a challenge in having 200 RCAC members speak at board meetings but the Board consistently hears from a very limited number of members. Mr. Oaxaca responded that until January 17, one member vocally expressed opposition; others have asked questions but have not expressed any opposition to the proposals. Chairperson Ballesteros suggested that L.A. Care determine if RCAC members feel they are providing meaningful input and their issues are addressed. Chairperson Ballesteros expressed he has worked with many groups of consumers. Meaningful information from the consumers is more valuable than research. Underserved people in various communities are likely to express a concern. Staff might consider that RCAC members may not say anything until there is a problem after implementation. The Board would like assurance that member feedback was considered for the restructure. Mr. Baackes asked if members have expressed support for the restructure. Mr. Oaxaca responded that a couple of members did not express support specifically but said they understand why L.A. Care is doing this. Staff wants the RCAC members to feel they still have a chance to give input and ask questions. Tom MacDougall, *Chief Technology and Information Officer,* stated that survey tools are available. Board Member Raffoul expressed he is trying to understand the consumer feedback. The Board needs a different level of information from the consumers. The Board hears from only one person that says they are not happy. There are 11 RCAC Chairs, but their opinions are not known. He suggested providing an opportunity for the 11 RCAC Chairs to inform the Board about how RCAC members feel. Board Member Shapiro noted that the Board is here to help, and L.A. Care serves over 2.8 million members. He agrees with inviting RCAC Chairs to the Board meeting. Board members can also visit the RCAC meetings to interact with the members. He volunteered to go to at least two RCAC meetings every quarter. He noted this is an	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	opportunity for L.A. Care to restructure consumer advisory committees to better serve health plan members. L.A. Care, its membership and Los Angeles County have changed since the advisory committee structure was developed 20 years ago. Board Member Shapiro noted that Mr. Baackes reminded him that even though RCAC members have been given opportunities to provide input, they do not use it. They report what they have heard at the meeting. He does not know if staff write their reports about the meetings. He thinks the RCAC members were waiting for the official presentation on the RCAC restructure and they were trying not to get ahead of that conversation, and instead trying first to confirm the details. Mr. Oaxaca would bring forward the results of that conversation. Board Member Shapiro thinks Board Members Gonzalez and Vazquez have been very involved in the conversation since they participate in the TTECAC meetings. The Board has not heard all the concerns. He noted that one individual comes to the meetings and says negative things. The Board would like to know how the whole body feels. He asked if the Board can have a copy of what the regulations. Mr. Oaxaca noted that a number of documents address the current DHCS requirements. L.A. Care's enabling legislation is silent when it comes to community advisory committees, except that health plans have to have no more than 35 members on a RCAC. L.A. Care Bylaws touch on the community advisory committees, noted the RCAC is a committee of the Board. There are the advisory committee operating rules on how the committees operate currently. Staff can provide copies. Mr. Baackes mentioned the grid prepared by Mr. Oaxaca that shows recommendations and the DHCS requirements.	
Amendment No. 54 to the Plan Partner Services Agreement with Anthem Blue Cross and delegation to the Chief Executive Officer to execute amendment.	The delegation standards exhibit of the Plan Partner Services Agreement was revised to incorporate 2022 National Committee for Quality Assurance (NCQA) criteria. **<u>Motion EXE 100.0224</u>** **To approve Amendment No. 54 to the Plan Partner Services Agreements which updates the 2022 National Committee for Quality Assurance (NCQA) delegation standards for Anthem Blue Cross, and to authorize the Chief Executive Officer, or his designate, to execute such amendment and to authorize staff to make non-substantive revisions to the amendment.**	**Approved unanimously.** **4 AYES**

APPROVED

<table>
<tr><th>AGENDA ITEM/PRESENTER</th><th>MOTIONS / MAJOR DISCUSSIONS</th><th>ACTION TAKEN</th></tr>
<tr><td>Revisions to Human Resources Policies HR 101 (Auto Allowance Mileage Reimbursement, and Vehicle Damage Reimbursement) and HR 122 (Transportation Allowance) (EXE A)</td><td>The revised policies is to comply with changes to Regulatory, Legislative and Judicial changes, and reflect changes in L.A. Care's practices.
<table>
<tr><th>Policy Number</th><th>Policy</th><th>Section</th><th>Description of Modification</th></tr>
<tr><td>HR-101</td><td>Auto Allowance Mileage Reimbursement, and Vehicle Damage Reimbursement</td><td>Total Rewards</td><td>Review; clarified processes; changed Monitoring and Reporting sections to standard verbiage</td></tr>
<tr><td>HR-122</td><td>Transportation Allowance</td><td>Total Rewards</td><td>Removed "tokens" and "annual TAP pass; changed Reporting and Monitoring sections with standard verbiage</td></tr>
</table>
<u>Motion EXE A.0124</u>
To approve revisions to Human Resources Policies HR 101 (Auto Allowance Mileage Reimbursement, and Vehicle Damage Reimbursement) and HR 122 (Transportation Allowance), as presented.</td><td>Approved unanimously.
4 AYES</td></tr>
<tr><td>Approve Consent Agenda</td><td>Approve the list of items that will be considered on a Consent Agenda for February 1, 2024 Board of Governors Meeting.
December 7, 2023 meeting minutes
Amendment No. 54 to the Plan Partner Services Agreement with Anthem Blue Cross and to delegate to the Chief Executive Officer to execute amendment.
Invent Health Contract Amendment to continue providing risk adjustment analytic services for all product lines, Duals Special Needs Plan (DSNP), L.A. Care Covered, and Medi-Cal lines of business
ImageNet Contract Amendment to support L.A. Care Claims and Provider Dispute Resolutions (PDR) Processing Services</td><td>Approved unanimously.
4 AYES</td></tr>
<tr><td>PUBLIC COMMENTS</td><td>There were no public comments.</td><td></td></tr>
</table>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURN TO CLOSED SESSION	The Joint Powers Authority Executive Committee meeting adjourned at 3:50 pm. Augustavia J. Haydel, Esq., *General Counsel* announced the items for discussion in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 3:51pm. 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: *January 2026* CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates • Plan Partner Services Agreement CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three Potential Cases CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR Sections 54957 and 54957.6 of the Ralph M. Brown Act Title: Chief Executive Officer Agency Designated Representative: Alvaro Ballesteros, MBA Unrepresented Employee: John Baackes	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 5:08 pm. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting adjourned at 5:09 pm.	

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AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

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

APPROVED BY:

DocuSigned by:

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Alvaro Ballesteros, MBA, *Board Chairperson*

Date: 3/1/2024 | 9:01 AM PST

APPROVED

FINANCE
&
BUDGET
COMMITTEE

Financial Update

Board of Governors Meeting

March 7, 2024

Agenda

Financial Performance – December 2023 YTD

- Membership
- Consolidated Financial Performance
- Operating Margins by Segment
- Key Financial Ratios
- Tangible Net Equity & Days of Cash On-Hand Comparison

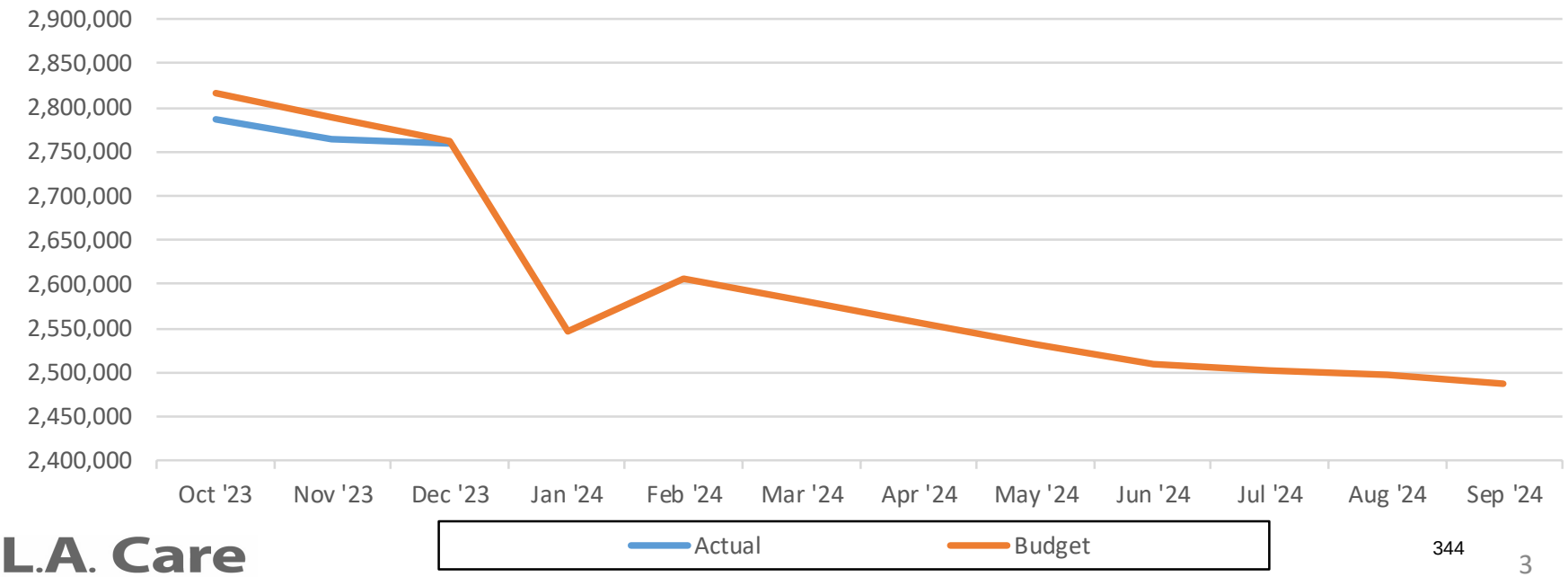
Financial Informational Updates

- Investment Transactions

Membership
for the 3 months ended December 2023

	December 2023			Year-to-Date		
Sub-Segment	**Actual**	**Budget**	**Variance**	**Actual**	**Budget**	**Variance**
Medi-Cal	2,574,864	2,579,121	(4,257)	7,761,736	7,822,147	(60,411)
D-SNP	18,428	18,102	326	55,190	54,603	587
LACC	137,482	134,776	2,706	404,251	398,961	5,290
PASC	48,275	48,743	(468)	144,843	146,440	(1,597)
***Elimination**	(18,428)	(18,102)	(326)	(55,190)	(54,603)	(587)
Consolidated	**2,760,621**	**2,762,640**	**(2,019)**	**8,310,830**	**8,367,548**	**(56,718)**

***D-SNP members included in MCLA membership under CCI beginning in January 2023**



Consolidated Financial Performance

for the month of December 2023

($ in Thousands)	Actual	Budget	Variance
Member Months	2,760,621	2,762,640	(2,019)
Total Revenues	$983,329	$941,300	$42,029
Total Healthcare Expenses	$849,614	$868,872	$19,257
Operating Margin	$133,714	$72,428	$61,286
Operating Margin (excl HHIP/IPP)	$91,700	$64,399	$27,300
Total Admin Expenses	$55,294	$45,183	($10,111)
Income/(Loss) from Operations	$78,420	$27,245	$51,175
Non-Operating Income (Expense)	$16,366	$2,044	$14,322
Net Surplus	**$94,787**	**$29,289**	**$65,497**
Net Surplus (excl HHIP/IPP)	***$52,858***	***$21,348***	***$31,510***

Consolidated Financial Performance

for the 3 months ended December 2023

($ in Thousands)	Actual	Budget	Variance
Member Months	8,310,830	8,367,548	(56,718)
Total Revenues	$2,871,956	$2,849,859	$22,097
Total Healthcare Expenses	$2,522,659	$2,634,180	$111,521
Operating Margin	$349,297	$215,679	$133,618
Operating Margin (excl HHIP/IPP)	*$308,622*	*$191,593*	*$117,029*
Total Admin Expenses	$148,560	$138,849	($9,711)
Income/(Loss) from Operations	$200,737	$76,830	$123,906
Non-Operating Income (Expense)	$51,656	$5,991	$45,665
Net Surplus	**$252,392**	**$82,822**	**$169,571**
Net Surplus (excl HHIP/IPP)	***$211,910***	***$58,997***	***$152,913***

Operating Margin by Segment

for the 3 months ended December 2023

($ in Thousands)

	Medi-Cal	D-SNP	LACC	PASC	Total	Total *(excl HHIP/IPP)*
Revenue	$2,578,824	$79,755	$123,097	$45,767	$2,871,956	$2,827,958
Healthcare Exp.	$2,316,161	$61,736	$94,736	$46,623	$2,522,659	$2,519,336
Operating Margin	$262,663	$18,019	$28,361	($856)	$349,297	$308,622
MCR %	89.8%	77.4%	77.0%	101.9%	87.8%	89.1%
Budget %	93.3%	89.6%	84.6%	113.6%	92.4%	93.2%

Key Financial Ratios

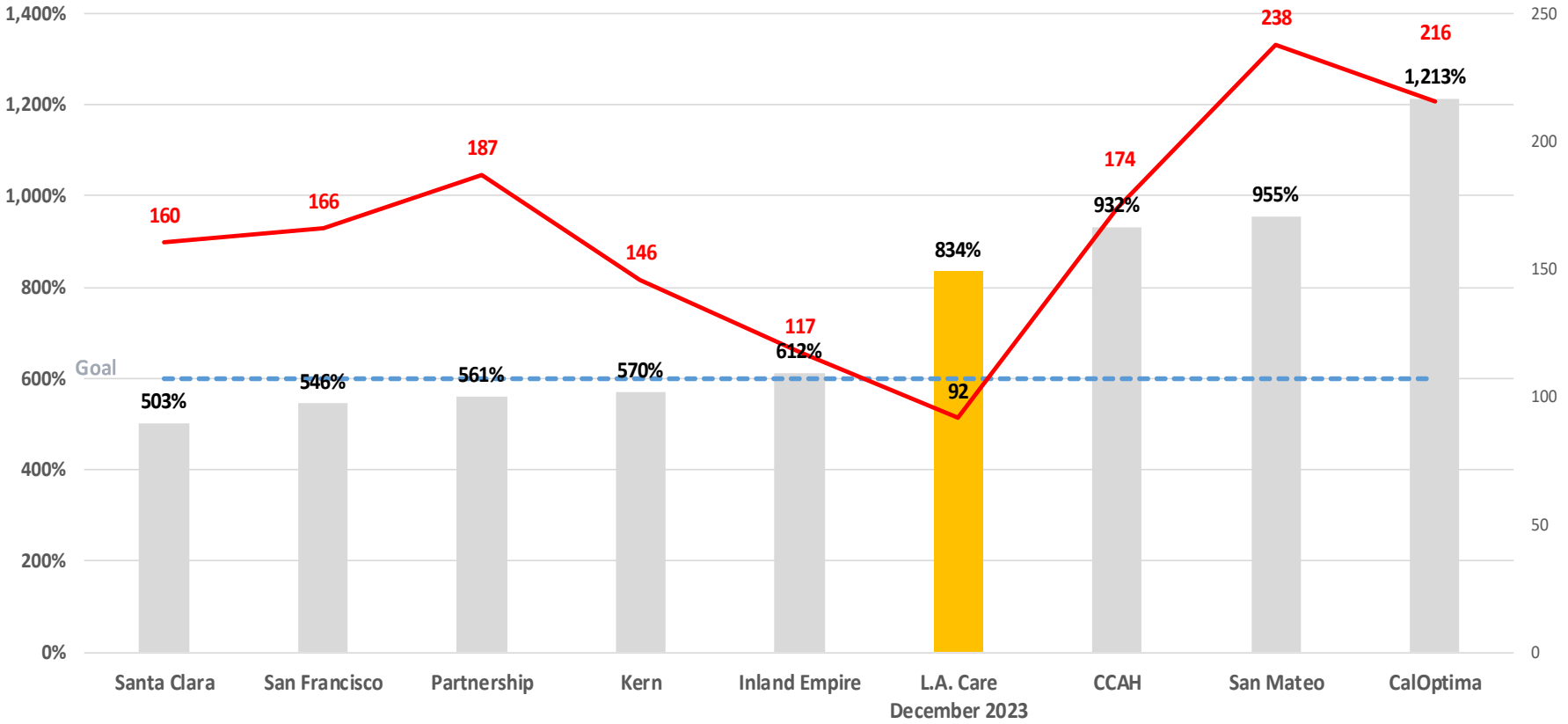
for the 3 months ended December 2023

(Excl. HHIP/IPP)	Actual		Budget	
MCR	89.1%	vs.	93.2%	✓
Admin Ratio	5.3%	vs.	5.0%	✗

	Actual		Benchmark	
Working Capital	1.37	vs.	1.00+	✓
Cash to Claims	0.81	vs.	0.75+	✓
Tangible Net Equity	8.34	vs.	1.30+	✓

Tangible Net Equity & Days of Cash On-Hand

for the 3 months ended December 2023



• As of September 2023 Quarterly filings, unless noted otherwise.

Questions & Consideration

Motion

- To accept the Financial Reports for the three months ended December 31, 2023, as submitted.

Informational Items

Investment Transactions

- As of December 31, 2023, L.A. Care's total investment market value was $3.4B
  - $3.3B managed by Payden & Rygel and New England Asset Management (NEAM)
  - $35M in Local Agency Investment Fund
  - $79M in Los Angeles County Pooled Investment Fund

Quarterly Internal Policy Reports

L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: March 7, 2024 **Motion No. FIN 105.0324**

Committee: Finance & Budget **Chairperson:** Stephanie Booth, MD

Requesting Department: Accounts & Finance Services

☐ **New Contract** ☐ **Amendment** ☐ **Sole Source** ☐ **RFP/RFQ was conducted**

Issue: Acceptance of the Financial Reports for December 2023.

Background: N/A

Member Impact: N/A

Budget Impact: N/A

Motion: To accept the Financial Reports for December 2023, as submitted.

Financial Performance
December 2023
(Unaudited)

Financial Performance Results Highlights - Year-to-Date

December 2023

Overall

L.A. Care total YTD combined member months are 8.3M, (57K) unfavorable to the budget. December YTD financial performance resulted in a surplus of +$253.9M or 8.8% margin and is +$169.6M/+588bps favorable to budget. The YTD favorability is driven by higher revenue +$22.1M, lower inpatient +$77.9M and outpatient +$19.2M claims, lower capitation expense +$14.0M, timing in provider incentives +$9.4M, higher interest income +$27.6M and timing of grant spending +$4.9M. The YTD favorability is partially offset by higher operating expenses ($9.7M) and higher pharmacy costs ($5.7M).

Medi-Cal

Medi-Cal consists of members through our contracted providers and our contracted health plans ("Plan Partners"). December YTD member months are 7.8M, (60K) unfavorable to budget. YTD financial performance resulted in a surplus of +$208.3M, +$139M favorable to budget, driven by higher revenue +30.7M, lower inpatient claims +$61.1M, higher interest income +$28.3M, and lower operating expense +$5.4M. The YTD financial performance favorability is partially offset by timing of provider incentives ($11.5M).

D-SNP

Effective January 1, 2023, members enrolled in CMC have been transitioned to our D-SNP plan. December YTD member months are 55K, flat to budget. YTD financial performance resulted in a surplus of +$8.5M, +$5.2M favorable to budget, primarily driven by lower inpatient +$5.7M and outpatient +$4.5M claims, and lower capitation expense +$1.6M; partially offset by higher operating expenses ($5.4M) and higher skilled nurse facility costs ($2.0M).

Commercial

L.A. Care Commercial consists of LACC and PASC-SEIU. December YTD member months are 549K, favorable +3.6K to budget. YTD financial performance resulted in a surplus of +$1.6M, +$3.9M favorable to budget, driven by lower inpatient +$11.3M and outpatient +$5.3M claims and lower capitation expense +$9.0M; partially offset by higher operating expense ($9.3M), higher pharmacy costs ($5.0M), and lower revenue ($4.0M).

Incentive Programs

L.A. Care Incentive Programs consist of CalAIM Incentive Payment Program (IPP) and Housing and Homelessness Incentive Program (HHIP). December YTD financial performance resulted in a surplus of +$40.5M, +16.6M favorable to budget, primarily driven by timing of health care expenditures +$22.6M, offset by timing of revenue ($5.7M).

Consolidated Operations Income Statement ($ in thousands)

December 2023

	Current Actual	PMPM	Current Budget	PMPM	Current Fav/(Unfav)	PMPM	YTD Actual	PMPM	YTD Budget	PMPM	YTD Fav/(Unfav)	PMPM
Membership												
Member Months	2,760,621		2,762,640		(2,019)		8,310,830		8,367,547		(56,717)	
Revenue												
Capitation Revenue	$ 983,329	$ 356.20	$ 941,300	$ 340.72	$ 42,029	$ 15.47	$ 2,871,956	$ 345.57	$ 2,849,859	$ 340.58	$ 22,097	$ 4.98
Total Revenues	**$ 983,329**	**$ 356.20**	**$ 941,300**	**$ 340.72**	**$ 42,029**	**$ 15.47**	**$ 2,871,956**	**$ 345.57**	**$ 2,849,859**	**$ 340.58**	**$ 22,097**	**$ 4.98**
Healthcare Expenses												
Capitation	$ 488,702	$ 177.03	$ 498,594	$ 180.48	$ 9,892	$ 3.45	$ 1,496,535	$ 180.07	$ 1,510,552	$ 180.53	$ 14,017	$ 0.45
Inpatient Claims	$ 107,020	$ 38.77	$ 121,830	$ 44.10	$ 14,810	$ 5.33	$ 290,787	$ 34.99	$ 368,733	$ 44.07	$ 77,946	$ 9.08
Outpatient Claims	$ 104,689	$ 37.92	$ 112,139	$ 40.59	$ 7,449	$ 2.67	$ 320,210	$ 38.53	$ 339,427	$ 40.56	$ 19,217	$ 2.04
Skilled Nurse Facility	$ 93,115	$ 33.73	$ 95,567	$ 34.59	$ 2,451	$ 0.86	$ 289,609	$ 34.85	$ 289,842	$ 34.64	$ 233	$ (0.21)
Pharmacy	$ 14,314	$ 5.18	$ 12,797	$ 4.63	$ (1,517)	$ (0.55)	$ 43,805	$ 5.27	$ 38,074	$ 4.55	$ (5,731)	$ (0.72)
Provider Incentive and Shared Risk	$ 29,370	$ 10.64	$ 18,693	$ 6.77	$ (10,677)	$ (3.87)	$ 46,727	$ 5.62	$ 56,080	$ 6.70	$ 9,353	$ 1.08
Medical Administrative Expenses	$ 12,404	$ 4.49	$ 9,252	$ 3.35	$ (3,152)	$ (1.14)	$ 34,986	$ 4.21	$ 31,472	$ 3.76	$ (3,514)	$ (0.45)
Total Healthcare Expenses	**$ 849,614**	**$ 307.76**	**$ 868,872**	**$ 314.51**	**$ 19,257**	**$ 6.75**	**$ 2,522,659**	**$ 303.54**	**$ 2,634,180**	**$ 314.81**	**$ 111,521**	**$ 11.27**
MCR (%)	*86.4%*		*92.3%*		*5.9%*		*87.8%*		*92.4%*		*4.6%*	
Operating Margin	**$ 133,714**	**$ 48.44**	**$ 72,428**	**$ 26.22**	**$ 61,286**	**$ 22.22**	**$ 349,297**	**$ 42.03**	**$ 215,679**	**$ 25.78**	**$ 133,618**	**$ 16.25**
Total Operating Expenses	**$ 55,294**	**$ 20.03**	**$ 45,183**	**$ 16.36**	**$ (10,111)**	**$ (3.67)**	**$ 148,560**	**$ 17.88**	**$ 138,849**	**$ 16.59**	**$ (9,711)**	**$ (1.28)**
Admin Ratio (%)	*5.6%*		*4.8%*		*-0.8%*		*5.2%*		*4.9%*		*-0.3%*	
Income (Loss) from Operations	**$ 78,420**	**$ 28.41**	**$ 27,245**	**$ 9.86**	**$ 51,175**	**$ 18.54**	**$ 200,737**	**$ 24.15**	**$ 76,830**	**$ 9.18**	**$ 123,906**	**$ 14.97**
Margin before Non-Operating Inc/(Exp) Ratio (%)	*8.0%*		*2.9%*		*-5.1%*		*7.0%*		*2.7%*		*-4.3%*	
Interest Income,Net	$ 14,699	$ 5.32	$ 4,976	$ 1.80	$ 9,724	$ 3.52	$ 42,522	$ 5.12	$ 14,927	$ 1.78	$ 27,595	$ 3.33
Other Income (Expense),Net	$ (4,624)	$ (1.67)	$ (2,931)	$ (1.06)	$ (1,692)	$ (0.61)	$ (4,048)	$ (0.49)	$ (8,936)	$ (1.07)	$ 4,908	$ 0.58
Realized Gain/Loss	$ 175	$ 0.06	$ -	$ -	$ (175)	$ (0.06)	$ 747	$ 0.09	$ -	$ -	$ (747)	$ (0.09)
Unrealized Gain/Loss	$ 6,465	$ 2.34	$ -	$ -	$ 6,465	$ 2.34	$ 13,908	$ 1.67	$ -	$ -	$ 13,908	$ 1.67
Total Non-Operating Income/(Expense)	**$ 16,716**	**$ 6.06**	**$ 2,044**	**$ 0.74**	**$ 14,322**	**5.19**	**$ 53,129**	**$ 6.39**	**$ 5,991**	**$ 0.72**	**$ 45,665**	**$ 5.50**
Net Surplus/(Deficit)	**$ 95,136**	**$ 34.46**	**$ 29,289**	**$ 10.60**	**$ 65,497**	**$ 23.73**	**$ 253,866**	**$ 30.55**	**$ 82,822**	**$ 9.90**	**$ 169,571**	**$ 20.47**
Margin (%)	*9.7%*		*3.1%*		*6.6%*		*8.8%*		*2.9%*		*5.9%*	

Total Medi-Cal Income Statement ($ in thousands)

December 2023

	Current Actual	PMPM	Current Budget	PMPM	Current Fav/(Unfav)	PMPM	YTD Actual	PMPM	YTD Budget	PMPM	YTD Fav/(Unfav)	PMPM
Membership												
Member Months	2,574,864		2,579,121		(4,257)		7,761,736		7,822,147		(60,411)	
Revenue												
Capitation Revenue	$ 856,372	$ 332.59	$ 840,336	$ 325.82	$ 16,036	$ 6.77	$ 2,578,824	$ 332.25	$ 2,548,169	$ 325.76	$ 30,655	$ 6.48
Total Revenues	**$ 856,372**	**$ 332.59**	**$ 840,336**	**$ 325.82**	**$ 16,036**	**$ 6.77**	**$ 2,578,824**	**$ 332.25**	**$ 2,548,169**	**$ 325.76**	**$ 30,655**	**$ 6.48**
Healthcare Expenses												
Capitation	$ 461,705	$ 179.31	$ 467,360	$ 181.21	$ 5,655	$ 1.90	$ 1,413,467	$ 182.11	$ 1,417,125	$ 181.17	$ 3,658	$ (0.94)
Inpatient Claims	$ 90,918	$ 35.31	$ 104,441	$ 40.49	$ 13,523	$ 5.18	$ 255,620	$ 32.93	$ 316,757	$ 40.49	$ 61,136	$ 7.56
Outpatient Claims	$ 91,004	$ 35.34	$ 97,861	$ 37.94	$ 6,857	$ 2.60	$ 290,087	$ 37.37	$ 296,800	$ 37.94	$ 6,712	$ 0.57
Skilled Nurse Facility	$ 92,503	$ 35.93	$ 95,567	$ 37.05	$ 3,064	$ 1.13	$ 287,330	$ 37.02	$ 289,842	$ 37.05	$ 2,512	$ 0.04
Pharmacy	$ (122)	$ (0.05)	$ -	$ -	$ 122	$ 0.05	$ 126	$ 0.02	$ -	$ -	$ (126)	$ (0.02)
Provider Incentive and Shared Risk	$ 25,745	$ 10.00	$ 8,886	$ 3.45	$ (16,859)	$ (6.55)	$ 38,121	$ 4.91	$ 26,658	$ 3.41	$ (11,463)	$ (1.50)
Medical Administrative Expenses	$ 11,138	$ 4.33	$ 9,008	$ 3.49	$ (2,130)	$ (0.83)	$ 31,409	$ 4.05	$ 30,733	$ 3.93	$ (677)	$ (0.12)
Total Healthcare Expenses	**$ 772,892**	**$ 300.17**	**$ 783,123**	**$ 303.64**	**$ 10,231**	**$ 3.47**	**$ 2,316,161**	**$ 298.41**	**$ 2,377,914**	**$ 304.00**	**$ 61,753**	**$ 5.59**
MCR (%)	*90.3%*		*93.2%*		*2.9%*		*89.8%*		*93.3%*		*3.5%*	
Operating Margin	**$ 83,480**	**$ 32.42**	**$ 57,213**	**$ 22.18**	**$ 26,267**	**$ 10.24**	**$ 262,663**	**$ 33.84**	**$ 170,256**	**$ 21.77**	**$ 92,408**	**$ 12.07**
Total Operating Expenses	**$ 40,267**	**$ 15.64**	**$ 39,767**	**$ 15.42**	**$ (501)**	**$ (0.22)**	**$ 110,190**	**$ 14.20**	**$ 115,615**	**$ 14.78**	**$ 5,425**	**$ 0.58**
Admin Ratio (%)	*4.7%*		*4.7%*		*0.0%*		*4.3%*		*4.5%*		*0.3%*	
Income (Loss) from Operations	**$ 43,213**	**$ 16.78**	**$ 17,446**	**$ 6.76**	**$ 25,766**	**$ 10.02**	**$ 152,473**	**$ 19.64**	**$ 54,640**	**$ 6.99**	**$ 97,832**	**$ 12.66**
Margin before Non-Operating Inc/(Exp) Ratio (%)	*5.0%*		*2.1%*		*-3.0%*		*5.9%*		*2.1%*		*-3.8%*	
Interest Income,Net	$ 14,360	$ 5.58	$ 4,429	$ 1.72	$ 9,931	$ 3.86	$ 41,539	$ 5.35	$ 13,287	$ 1.70	$ 28,252	$ 3.65
Other Income (Expense),Net	$ (1)	$ (0.00)	$ -	$ -	$ (1)	$ (0.00)	$ 1	$ 0.00	$ -	$ -	$ 21	$ 0.00
Realized Gain/Loss	$ 171	$ 0.07	$ -	$ -	$ (171)	$ (0.07)	$ 730	$ 0.09	$ -	$ -	$ (730)	$ (0.09)
Unrealized Gain/Loss	$ 6,316	$ 2.45	$ -	$ -	$ 6,316	$ 2.45	$ 13,587	$ 1.75	$ -	$ -	$ 13,587	$ 1.75
Total Non-Operating Income/(Expense)	**$ 20,845**	**$ 8.10**	**$ 4,429**	**$ 1.72**	**$ 16,075**	**6.25**	**$ 55,857**	**$ 7.20**	**$ 13,287**	**$ 1.70**	**$ 41,131**	**$ 5.31**
Net Surplus/(Deficit)	**$ 64,058**	**$ 24.88**	**$ 21,875**	**$ 8.48**	**$ 41,841**	**$ 16.26**	**$ 208,330**	**$ 26.84**	**$ 67,927**	**$ 8.68**	**$ 138,963**	**$ 17.97**
Margin (%)	*7.5%*		*2.6%*		*4.9%*		*8.1%*		*2.7%*		*5.4%*	

DSNP Income Statement ($ in thousands)

December 2023

	Current Actual	PMPM	Current Budget	PMPM	Current Fav/(Unfav)	PMPM	YTD Actual	PMPM	YTD Budget	PMPM	YTD Fav/(Unfav)	PMPM
Membership												
Member Months	18,428		18,102		326		55,190		54,603		587	
Revenue												
Capitation Revenue	$ 25,593	$ 1,388.79	$ 26,239	$ 1,449.49	$ (646)	$ (60.70)	$ 79,755	$ 1,445.10	$ 79,146	$ 1,449.47	$ 609	$ (4.38)
Total Revenues	**$ 25,593**	**$ 1,388.79**	**$ 26,239**	**$ 1,449.49**	**$ (646)**	**$ (60.70)**	**$ 79,755**	**$ 1,445.10**	**$ 79,146**	**$ 1,449.47**	**$ 609**	**$ (4.38)**
Healthcare Expenses												
Capitation	$ 9,733	$ 528.17	$ 10,138	$ 560.06	$ 405	$ 31.88	$ 28,937	$ 524.31	$ 30,580	$ 560.05	$ 1,643	$ 35.73
Inpatient Claims	$ 4,499	$ 244.12	$ 6,684	$ 369.25	$ 2,186	$ 125.14	$ 14,439	$ 261.62	$ 20,162	$ 369.25	$ 5,723	$ 107.63
Outpatient Claims	$ 2,668	$ 144.78	$ 4,043	$ 223.33	$ 1,375	$ 78.55	$ 7,673	$ 139.03	$ 12,175	$ 222.97	$ 4,502	$ 83.95
Skilled Nurse Facility	$ 565	$ 30.67	$ -	$ -	$ (565)	$ (30.67)	$ 1,958	$ 35.48	$ -	$ -	$ (1,958)	$ (35.48)
Pharmacy	$ 1,142	$ 61.96	$ 1,144	$ 63.20	$ 2	$ 1.24	$ 4,133	$ 74.88	$ 3,451	$ 63.20	$ (682)	$ (11.68)
Provider Incentive and Shared Risk	$ 1,205	$ 65.41	$ 1,417	$ 78.28	$ 212	$ 12.88	$ 3,311	$ 59.99	$ 4,251	$ 77.86	$ 940	$ 17.87
Medical Administrative Expenses	$ 480	$ 26.05	$ 95	$ 5.26	$ (385)	$ (20.79)	$ 1,286	$ 23.30	$ 286	$ 5.24	$ (999)	$ (18.05)
Total Healthcare Expenses	**$ 20,292**	**$ 1,101.15**	**$ 23,521**	**$ 1,299.38**	**$ 3,229**	**$ 198.23**	**$ 61,736**	**$ 1,118.60**	**$ 70,906**	**$ 1,298.57**	**$ 9,170**	**$ 179.96**
MCR (%)	*79.3%*		*89.6%*		*10.4%*		*77.4%*		*89.6%*		*12.2%*	
Operating Margin	**$ 5,301**	**$ 287.64**	**$ 2,717**	**$ 150.12**	**$ 2,583**	**$ 137.52**	**$ 18,019**	**$ 326.49**	**$ 8,240**	**$ 150.91**	**$ 9,779**	**$ 175.59**
Total Operating Expenses	**$ 6,512**	**$ 353.35**	**$ 1,801**	**$ 99.49**	**$ (4,711)**	**$ (253.86)**	**$ 10,819**	**$ 196.03**	**$ 5,407**	**$ 99.01**	**$ (5,412)**	**$ (97.02)**
Admin Ratio (%)	*25.4%*		*6.9%*		*-18.6%*		*13.6%*		*6.8%*		*-6.7%*	
Income (Loss) from Operations	**$ (1,211)**	**$ (65.71)**	**$ 916**	**$ 50.63**	**$ (2,127)**	**$ (116.33)**	**$ 7,200**	**$ 130.46**	**$ 2,834**	**$ 51.89**	**$ 4,367**	**$ 78.57**
Margin before Non-Operating Inc/(Exp) Ratio (%)	*-4.7%*		*3.5%*		*8.2%*		*9.0%*		*3.6%*		*-5.4%*	
Interest Income,Net	$ 340	$ 18.43	$ 154	$ 8.52	$ 185	$ 9.91	$ 982	$ 17.80	$ 462	$ 8.47	$ 520	$ 9.33
Other Income (Expense),Net	$ -	$ -	$ -	$ -	$ -	$ -	$ 0	$ 0.01	$ -	$ -	$ 0	$ 0.01
Realized Gain/Loss	$ 4	$ 0.22	$ -	$ -	$ (4)	$ (0.22)	$ 17	$ 0.31	$ -	$ -	$ (17)	$ (0.31)
Unrealized Gain/Loss	$ 149	$ 8.10	$ -	$ -	$ 149	$ 8.10	$ 321	$ 5.82	$ -	$ -	$ 321	$ 5.82
Total Non-Operating Income/(Expense)	**$ 493**	**$ 26.75**	**$ 154**	**$ 8.52**	**$ 331**	**17.80**	**$ 1,321**	**$ 23.94**	**$ 462**	**$ 8.47**	**$ 824**	**$ 14.85**
Net Surplus/(Deficit)	**$ (718)**	**$ (38.96)**	**$ 1,071**	**$ 59.14**	**$ (1,797)**	**$ (98.54)**	**$ 8,522**	**$ 154.40**	**$ 3,296**	**$ 60.36**	**$ 5,191**	**$ 93.42**
Margin (%)	*-2.8%*		*4.1%*		*-6.9%*		*10.7%*		*4.2%*		*6.5%*	

Commercial Income Statement ($ in thousands)

December 2023

	Current Actual	PMPM	Current Budget	PMPM	Current Fav/(Unfav)	PMPM	YTD Actual	PMPM	YTD Budget	PMPM	YTD Fav/(Unfav)	PMPM
Membership												
Member Months	185,757		183,519		2,238		549,094		545,400		3,694	
Revenue												
Capitation Revenue	$ 57,456	$ 309.31	$ 58,169	$ 316.96	$ (712)	$ (7.65)	$ 168,864	$ 307.53	$ 172,875	$ 316.97	$ (4,011)	$ (9.44)
Total Revenues	**$ 57,456**	**$ 309.31**	**$ 58,169**	**$ 316.96**	**$ (712)**	**$ (7.65)**	**$ 168,864**	**$ 307.53**	**$ 172,875**	**$ 316.97**	**$ (4,011)**	**$ (9.44)**
Healthcare Expenses												
Capitation	$ 17,264	$ 92.94	$ 21,096	$ 114.96	$ 3,833	$ 22.02	$ 53,881	$ 98.13	$ 62,847	$ 115.23	$ 8,965	$ 17.10
Inpatient Claims	$ 11,065	$ 59.57	$ 10,704	$ 58.33	$ (361)	$ (1.24)	$ 20,490	$ 37.32	$ 31,814	$ 58.33	$ 11,324	$ 21.02
Outpatient Claims	$ 11,093	$ 59.72	$ 9,402	$ 51.23	$ (1,691)	$ (8.49)	$ 22,655	$ 41.26	$ 27,953	$ 51.25	$ 5,297	$ 9.99
Skilled Nurse Facility	$ 67	$ 0.36	$ -	$ -	$ (67)	$ (0.36)	$ 428	$ 0.78	$ -	$ -	$ (428)	$ (0.78)
Pharmacy	$ 13,395	$ 72.11	$ 11,653	$ 63.50	$ (1,743)	$ (8.62)	$ 39,640	$ 72.19	$ 34,623	$ 63.48	$ (5,018)	$ (8.71)
Provider Incentive and Shared Risk	$ 436	$ 2.35	$ 696	$ 3.79	$ 259	$ 1.44	$ 1,973	$ 3.59	$ 2,087	$ 3.83	$ 114	$ 0.23
Medical Administrative Expenses	$ 785	$ 4.23	$ 149	$ 0.81	$ (637)	$ (3.42)	$ 2,291	$ 4.17	$ 454	$ 0.83	$ (1,837)	$ (3.34)
Total Healthcare Expenses	**$ 54,106**	**$ 291.27**	**$ 53,700**	**$ 292.61**	**$ (406)**	**$ 1.34**	**$ 141,359**	**$ 257.44**	**$ 159,777**	**$ 292.95**	**$ 18,418**	**$ 35.51**
MCR (%)	*94.2%*		*92.3%*		*-1.9%*		*83.7%*		*92.4%*		*8.7%*	
Operating Margin	**$ 3,351**	**$ 18.04**	**$ 4,469**	**$ 24.35**	**$ (1,118)**	**$ (6.31)**	**$ 27,505**	**$ 50.09**	**$ 13,098**	**$ 24.01**	**$ 14,407**	**$ 26.08**
Total Operating Expenses	**$ 8,873**	**$ 47.77**	**$ 5,531**	**$ 30.14**	**$ (3,342)**	**$ (17.63)**	**$ 25,902**	**$ 47.17**	**$ 16,567**	**$ 30.38**	**$ (9,335)**	**$ (16.80)**
Admin Ratio (%)	*15.4%*		*9.5%*		*-5.9%*		*15.3%*		*9.6%*		*-5.8%*	
Income (Loss) from Operations	**$ (5,522)**	**$ (29.73)**	**$ (1,062)**	**$ (5.79)**	**$ (4,460)**	**$ (23.94)**	**$ 1,603**	**$ 2.92**	**$ (3,469)**	**$ (6.36)**	**$ 5,072**	**$ 9.28**
Margin before Non-Operating Inc/(Exp) Ratio (%)	*-9.6%*		*-1.8%*		*7.8%*		*0.9%*		*-2.0%*		*-3.0%*	
Interest Income,Net	$ 0	$ 0.00	$ 393	$ 2.14	$ (392)	$ (2.14)	$ 0	$ 0.00	$ 1,178	$ 2.16	$ (1,177)	$ (2.16)
Other Income (Expense),Net	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Realized Gain/Loss	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Unrealized Gain/Loss	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Non-Operating Income/(Expense)	**$ 0**	**$ 0.00**	**$ 393**	**$ 2.14**	**$ (392)**	**$ (2.14)**	**$ 0**	**$ 0.00**	**$ 1,178**	**$ 2.16**	**$ (1,177)**	**$ (2.16)**
Net Surplus/(Deficit)	**$ (5,522)**	**$ (29.73)**	**$ (669)**	**$ (3.65)**	**$ (4,853)**	**$ (26.08)**	**$ 1,603**	**$ 2.92**	**$ (2,292)**	**$ (4.20)**	**$ 3,895**	**$ 7.12**
Margin (%)	*-9.6%*		*-1.2%*		*-8.5%*		*0.9%*		*-1.3%*		*2.3%*	

Incentive Programs Income Statement ($ in thousands)

December 2023

	Current Actual	PMPM	Current Budget	PMPM	Current Fav/(Unfav)	PMPM	YTD Actual	PMPM	YTD Budget	PMPM	YTD Fav/(Unfav)	PMPM
Membership												
Member Months	-		-		-		-		-		-	
Revenue												
Capitation Revenue	$ 43,998	$ -	$ 16,556	$ -	$ 27,441	$ -	$ 43,998	$ -	$ 49,669	$ -	$ (5,672)	$ -
Total Revenues	**$ 43,998**	**$ -**	**$ 16,556**	**$ -**	**$ 27,441**	**$ -**	**$ 43,998**	**$ -**	**$ 49,669**	**$ -**	**$ (5,672)**	**$ -**
Healthcare Expenses												
Capitation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Inpatient Claims	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Outpatient Claims	$ -	$ -	$ 833	$ -	$ 833	$ -	$ -	$ -	$ 2,500	$ -	$ 2,500	$ -
Skilled Nurse Facility	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Provider Incentive and Shared Risk	$ 1,983	$ -	$ 7,694	$ -	$ 5,711	$ -	$ 3,323	$ -	$ 23,083	$ -	$ 19,761	$ -
Medical Administrative Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Healthcare Expenses	**$ 1,983**	**$ -**	**$ 8,528**	**$ -**	**$ 6,544**	**$ -**	**$ 3,323**	**$ -**	**$ 25,583**	**$ -**	**$ 22,261**	**$ -**
MCR (%)	*0.0%*		*0.0%*		*0.0%*		*0.0%*		*0.0%*		*0.0%*	
Operating Margin	**$ 42,014**	**$ -**	**$ 8,029**	**$ -**	**$ 33,986**	**$ -**	**$ 40,675**	**$ -**	**$ 24,086**	**$ -**	**$ 16,589**	**$ -**
Total Operating Expenses	**$ 86**	**$ -**	**$ 87**	**$ -**	**$ 1**	**$ -**	**$ 192**	**$ -**	**$ 262**	**$ -**	**$ 70**	**$ -**
Admin Ratio (%)	*0.0%*		*0.0%*		*0.0%*		*0.0%*		*0.0%*		*0.0%*	
Income (Loss) from Operations	**$ 41,928**	**$ -**	**$ 7,941**	**$ -**	**$ 33,987**	**$ -**	**$ 40,483**	**$ -**	**$ 23,824**	**$ -**	**$ 16,659**	**$ -**
Margin before Non-Operating Inc/(Exp) Ratio (%)	*95.3%*		*48.0%*		*-47.3%*		*92.0%*		*48.0%*		*-44.0%*	
Interest Income,Net	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other Income (Expense),Net	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Realized Gain/Loss	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Unrealized Gain/Loss	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Non-Operating Income/(Expense)	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
Net Surplus/(Deficit)	**$ 41,928**	**$ -**	**$ 7,941**	**$ -**	**$ 33,987**	**$ -**	**$ 40,483**	**$ -**	**$ 23,824**	**$ -**	**$ 16,659**	**$ -**
Margin (%)	*0.0%*		*0.0%*		*0.0%*		*0.0%*		*0.0%*		*0.0%*	

DATE: February 28, 2024

TO: Finance & Budget Committee

FROM: Afzal Shah, *Chief Financial Officer*

SUBJECT: Monthly Investment Portfolio Securities Transaction Report for December, 2023

To keep the Committee apprised of L.A. Care's investment portfolios and to comply with California Government Code Section 53607, attached are the monthly investment transaction details from December 1 to December 31, 2023.

L.A. Care's investment market value as of December 31, 2023, was $3.4 billion. This includes our funds invested with the government pooled funds. L.A. Care has approximately $35 million invested with the statewide Local Agency Investment Fund (LAIF), and approximately $80 million invested with the Los Angeles County Pooled Investment Fund (LACPIF).

The remainder as of December 31, 2023, of $3.3 billion is managed by two independent asset managers, 1) Payden & Rygel and 2) New England Asset Management (NEAM) and is divided into three portfolios based on investment style,

1. Payden & Rygel - Short-term portfolio
2. Payden & Rygel - Extended term portfolio
3. New England Asset Management - Corporate notes extended term portfolio

The transactions within these three portfolios are included in the attached reports.

LA Care, as a California government entity, only makes investments in bonds/fixed income, as per the California Government Code. The entries on the Investment Securities Portfolio Transaction Report reflect transactions undertaken by financial management companies on L.A. Care's behalf. L.A. Care does not direct these individual transactions. The firms, managing investments on behalf of L.A. Care, conduct the transactions based on L.A. Care's investment guidelines.

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/01/23	12/04/23	Buy	50,000,000.000	U.S. TREASURY FRN MAT 10/31/25 Cpn 5.50 91282CJD4	(49,974,885.87)	(261,244.26)	0.00	0.00	(50,236,130.13)
12/05/23	12/05/23	Buy	14,000,000.000	AUTOMATIC DATA CP 144A MAT 12/06/23 Cpn 0530A3Z68	(13,997,935.00)		0.00	0.00	(13,997,935.00)
12/04/23	12/05/23	Buy	10,000,000.000	BANK OF MONTREAL CHICAGO YC MAT 08/29/24 Cpn 5.54 06367DFG5	(10,000,000.00)		0.00	0.00	(10,000,000.00)
12/04/23	12/05/23	Buy	20,000,000.000	EMERSON ELECTRIC CP 144A MAT 01/17/24 Cpn 29101AAH7	(19,871,716.67)		0.00	0.00	(19,871,716.67)
12/05/23	12/05/23	Buy	45,000,000.000	FHLB DISCOUNT NOTE MAT 12/06/23 Cpn 313384QD4	(44,993,437.50)		0.00	0.00	(44,993,437.50)
12/05/23	12/05/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/06/23 Cpn 313384QD4	(49,992,708.33)		0.00	0.00	(49,992,708.33)
12/05/23	12/05/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/06/23 Cpn 313384QD4	(49,992,708.33)		0.00	0.00	(49,992,708.33)
12/05/23	12/05/23	Buy	22,500,000.000	FLORIDA POWER & LIGHT CP MAT 01/17/24 Cpn 34108AAH0	(22,355,681.25)		0.00	0.00	(22,355,681.25)
12/04/23	12/05/23	Buy	25,000,000.000	KAISER FOUNDATION CP MAT 01/11/24 Cpn 48306AAB3	(24,862,534.72)		0.00	0.00	(24,862,534.72)
12/05/23	12/05/23	Buy	25,000,000.000	MERCEDES-BENZ CP 144A MAT 01/04/24 Cpn 58768JA40	(24,888,333.33)		0.00	0.00	(24,888,333.33)
12/04/23	12/05/23	Buy	25,000,000.000	MICROSOFT CP 144A MAT 01/09/24 Cpn 59515MA96	(24,870,937.50)		0.00	0.00	(24,870,937.50)
12/04/23	12/05/23	Buy	25,000,000.000	NATL SEC CLEARING CP 144A MAT 01/03/24 Cpn 63763PA33	(24,892,861.11)		0.00	0.00	(24,892,861.11)
12/04/23	12/05/23	Buy	12,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 01/02/24 Cpn 84243LA20	(11,949,786.67)		0.00	0.00	(11,949,786.67)

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/05/23	12/05/23	Buy	30,000,000.000	USAA CAPITAL CP MAT 12/12/23 Cpn 90328BZC8	(29,968,966.67)		0.00	0.00	(29,968,966.67)
12/05/23	12/06/23	Buy	12,000,000.000	U.S. TREASURY BILL MAT 04/02/24 Cpn 912797JL2	(11,794,581.67)		0.00	0.00	(11,794,581.67)
12/06/23	12/06/23	Buy	30,000,000.000	BNY MELLON CP MAT 12/07/23 Cpn 06406XZ72	(29,995,583.33)		0.00	0.00	(29,995,583.33)
12/06/23	12/06/23	Buy	30,000,000.000	COLGATE-PALMOLIVE CP 144A MAT 12/07/23 Cpn 19416FZ72	(29,995,591.67)		0.00	0.00	(29,995,591.67)
12/04/23	12/06/23	Buy	10,000,000.000	FHLB C 3/06/24 M MAT 01/03/25 Cpn 5.54 3130AXYX0	(10,000,000.00)		0.00	0.00	(10,000,000.00)
12/06/23	12/06/23	Buy	9,000,000.000	FHLB DISCOUNT NOTE MAT 12/07/23 Cpn 313384QE2	(8,998,690.00)		0.00	0.00	(8,998,690.00)
12/06/23	12/06/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/07/23 Cpn 313384QE2	(49,992,722.22)		0.00	0.00	(49,992,722.22)
12/06/23	12/06/23	Buy	30,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 12/07/23 Cpn 4523EMZ71	(29,995,600.00)		0.00	0.00	(29,995,600.00)
12/07/23	12/07/23	Buy	20,000,000.000	U.S. TREASURY BILL MAT 04/02/24 Cpn 912797JL2	(19,660,245.00)		0.00	0.00	(19,660,245.00)
12/07/23	12/07/23	Buy	25,000,000.000	CREDIT AGRICOLE CP MAT 12/08/23 Cpn 22533UZ89	(24,996,340.28)		0.00	0.00	(24,996,340.28)
12/07/23	12/07/23	Buy	15,000,000.000	FHLB DISCOUNT NOTE MAT 12/08/23 Cpn 313384QF9	(14,997,820.83)		0.00	0.00	(14,997,820.83)
12/07/23	12/07/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/08/23 Cpn 313384QF9	(49,992,736.11)		0.00	0.00	(49,992,736.11)
12/05/23	12/07/23	Buy	5,000,000.000	MICROSOFT CP 144A MAT 06/10/24 Cpn 59515MFA8	(4,861,275.00)		0.00	0.00	(4,861,275.00)

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/07/23	12/08/23	Buy	8,700,000.000	CANADIAN IMPERIAL BANK YCD FR MAT 07/29/24 Cpn 6.06 13606KYN0	(8,717,132.95)	(13,042.75)	0.00	0.00	(8,730,175.70)
12/08/23	12/08/23	Buy	35,000,000.000	FHLB DISCOUNT NOTE MAT 12/11/23 Cpn 313384QJ1	(34,984,745.83)		0.00	0.00	(34,984,745.83)
12/08/23	12/08/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/11/23 Cpn 313384QJ1	(49,978,208.33)		0.00	0.00	(49,978,208.33)
12/08/23	12/11/23	Buy	10,000,000.000	AIR PRODUCTS & CHEMICALS CP 1 MAT 02/08/24 Cpn 00915SB84	(9,911,991.67)		0.00	0.00	(9,911,991.67)
12/04/23	12/11/23	Buy	5,000,000.000	CCCIT 2023-A2 A2 CARD MAT 12/08/27 Cpn 5.96 17305EGX7	(5,000,000.00)		0.00	0.00	(5,000,000.00)
12/12/23	12/12/23	Buy	35,000,000.000	AUTOMATIC DATA CP 144A MAT 12/13/23 Cpn 0530A3ZD3	(34,994,837.50)		0.00	0.00	(34,994,837.50)
12/12/23	12/12/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/06/24 Cpn 912797JC2	(49,589,683.33)		0.00	0.00	(49,589,683.33)
12/12/23	12/12/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/06/24 Cpn 912797JC2	(49,589,683.33)		0.00	0.00	(49,589,683.33)
12/12/23	12/12/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/06/24 Cpn 912797JC2	(49,589,683.33)		0.00	0.00	(49,589,683.33)
12/12/23	12/12/23	Buy	25,000,000.000	CREDIT AGRICOLE CP MAT 12/15/23 Cpn 22533UZF3	(24,989,020.83)		0.00	0.00	(24,989,020.83)
12/12/23	12/12/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/13/23 Cpn 313384QL6	(49,992,736.11)		0.00	0.00	(49,992,736.11)
12/12/23	12/12/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/13/23 Cpn 313384QL6	(49,992,736.11)		0.00	0.00	(49,992,736.11)
12/12/23	12/12/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/13/23 Cpn 313384QL6	(49,992,736.11)		0.00	0.00	(49,992,736.11)

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/12/23	12/12/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/13/23 Cpn	313384QL6	(49,992,736.11)		0.00	0.00	(49,992,736.11)
12/12/23	12/12/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/13/23 Cpn	313384QL6	(49,992,736.11)		0.00	0.00	(49,992,736.11)
12/12/23	12/12/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/13/23 Cpn	313384QL6	(49,992,736.11)		0.00	0.00	(49,992,736.11)
12/12/23	12/12/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/13/23 Cpn	313384QL6	(49,992,736.11)		0.00	0.00	(49,992,736.11)
12/12/23	12/12/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/13/23 Cpn	313384QL6	(49,992,736.11)		0.00	0.00	(49,992,736.11)
12/12/23	12/12/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/13/23 Cpn	313384QL6	(49,992,736.11)		0.00	0.00	(49,992,736.11)
12/12/23	12/12/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/13/23 Cpn	313384QL6	(49,992,736.11)		0.00	0.00	(49,992,736.11)
12/12/23	12/12/23	Buy	30,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 12/13/23 Cpn	4523EMZD8	(29,995,600.00)		0.00	0.00	(29,995,600.00)
12/12/23	12/12/23	Buy	35,000,000.000	NESTLE CAPITAL CP 144A MAT 12/13/23 Cpn	64105HZD7	(34,994,876.39)		0.00	0.00	(34,994,876.39)
12/12/23	12/12/23	Buy	45,000,000.000	U.S. TREASURY BILL MAT 04/09/24 Cpn	912797JM0	(44,221,851.56)		0.00	0.00	(44,221,851.56)
12/12/23	12/12/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/09/24 Cpn	912797JM0	(49,135,390.63)		0.00	0.00	(49,135,390.63)
12/12/23	12/13/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/07/24 Cpn	912797GQ4	(49,382,569.44)		0.00	0.00	(49,382,569.44)
12/12/23	12/13/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/07/24 Cpn	912797GQ4	(49,382,569.44)		0.00	0.00	(49,382,569.44)

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/12/23	12/13/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/14/23 Cpn	912797FU6	(49,992,750.00)		0.00	0.00	(49,992,750.00)
12/12/23	12/13/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/14/23 Cpn	912797FU6	(49,992,750.00)		0.00	0.00	(49,992,750.00)
12/12/23	12/13/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/14/23 Cpn	912797FU6	(49,992,750.00)		0.00	0.00	(49,992,750.00)
12/12/23	12/13/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/14/23 Cpn	912797FU6	(49,992,750.00)		0.00	0.00	(49,992,750.00)
12/12/23	12/13/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/21/23 Cpn	912797FV4	(49,941,500.00)		0.00	0.00	(49,941,500.00)
12/12/23	12/13/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/21/23 Cpn	912797FV4	(49,941,500.00)		0.00	0.00	(49,941,500.00)
12/12/23	12/13/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/21/23 Cpn	912797FV4	(49,941,500.00)		0.00	0.00	(49,941,500.00)
12/12/23	12/13/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/21/23 Cpn	912797FV4	(49,941,500.00)		0.00	0.00	(49,941,500.00)
12/12/23	12/13/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/21/23 Cpn	912797FV4	(49,941,500.00)		0.00	0.00	(49,941,500.00)
12/13/23	12/13/23	Buy	30,000,000.000	CREDIT AGRICOLE CP MAT 12/14/23 Cpn	22533UZE6	(29,995,608.33)		0.00	0.00	(29,995,608.33)
12/11/23	12/13/23	Buy	518,832.050	CARMX 2020-4 A3 CAR MAT 08/15/25 Cpn 0.50	14316HAC6	(512,995.19)	(201.77)	0.00	0.00	(513,196.96)
12/13/23	12/13/23	Buy	35,000,000.000	FHLB DISCOUNT NOTE MAT 12/14/23 Cpn	313384QM4	(34,994,915.28)		0.00	0.00	(34,994,915.28)
12/13/23	12/13/23	Buy	36,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 12/14/23 Cpn	4523EMZE6	(35,994,720.00)		0.00	0.00	(35,994,720.00)

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/13/23	12/13/23	Buy	30,000,000.000	UNILEVER CAPITAL CP 144A MAT 12/18/23 Cpn 90477EZJ6	(29,978,000.00)		0.00	0.00	(29,978,000.00)
12/13/23	12/13/23	Buy	45,000,000.000	EXXON MOBIL CP MAT 12/14/23 Cpn 30229BZE0	(44,993,412.50)		0.00	0.00	(44,993,412.50)
12/12/23	12/14/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 06/13/24 Cpn 912797FS1	(48,691,875.00)		0.00	0.00	(48,691,875.00)
12/12/23	12/14/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 06/13/24 Cpn 912797FS1	(48,691,875.00)		0.00	0.00	(48,691,875.00)
12/14/23	12/14/23	Buy	30,000,000.000	CREDIT AGRICOLE CP MAT 12/15/23 Cpn 22533UZF3	(29,995,608.33)		0.00	0.00	(29,995,608.33)
12/14/23	12/14/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/15/23 Cpn 313384QN2	(49,992,736.11)		0.00	0.00	(49,992,736.11)
12/14/23	12/14/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/15/23 Cpn 313384QN2	(49,992,736.11)		0.00	0.00	(49,992,736.11)
12/14/23	12/14/23	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 12/18/23 Cpn 313588QR9	(49,970,944.44)		0.00	0.00	(49,970,944.44)
12/14/23	12/14/23	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 12/18/23 Cpn 313588QR9	(49,970,944.44)		0.00	0.00	(49,970,944.44)
12/14/23	12/14/23	Buy	10,500,000.000	FNMA DISCOUNT NOTE MAT 12/18/23 Cpn 313588QR9	(10,493,898.33)		0.00	0.00	(10,493,898.33)
12/12/23	12/14/23	Buy	7,800,000.000	INTER-AMERICAN DEV BANK FRN MAT 10/05/28 Cpn 5.69 45828RAA3	(7,795,037.25)	(86,382.20)	0.00	0.00	(7,881,419.45)
12/15/23	12/15/23	Buy	5,900,000.000	FHLB DISCOUNT NOTE MAT 12/18/23 Cpn 313384QR3	(5,897,428.58)		0.00	0.00	(5,897,428.58)
12/18/23	12/18/23	Buy	45,000,000.000	AUTOMATIC DATA CP 144A MAT 12/19/23 Cpn 0530A3ZK7	(44,993,375.00)		0.00	0.00	(44,993,375.00)

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/18/23	12/18/23	Buy	45,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 12/19/23 Cpn 4523EMZK2	(44,993,400.00)		0.00	0.00	(44,993,400.00)
12/18/23	12/18/23	Buy	32,500,000.000	UNILEVER CAPITAL CP 144A MAT 12/19/23 Cpn 90477EZK3	(32,495,233.33)		0.00	0.00	(32,495,233.33)
12/19/23	12/19/23	Buy	45,000,000.000	AUTOMATIC DATA CP 144A MAT 12/20/23 Cpn 0530A3ZL5	(44,993,375.00)		0.00	0.00	(44,993,375.00)
12/19/23	12/19/23	Buy	9,000,000.000	U.S. TREASURY BILL MAT 12/21/23 Cpn 912797FV4	(8,997,380.00)		0.00	0.00	(8,997,380.00)
12/19/23	12/19/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/21/23 Cpn 912797FV4	(49,985,444.44)		0.00	0.00	(49,985,444.44)
12/19/23	12/19/23	Buy	25,000,000.000	FHLB DISCOUNT NOTE MAT 12/20/23 Cpn 313384QT9	(24,996,361.11)		0.00	0.00	(24,996,361.11)
12/18/23	12/19/23	Buy	20,000,000.000	IBRD DISCOUNT NOTE MAT 06/28/24 Cpn 459052YS9	(19,450,666.67)		0.00	0.00	(19,450,666.67)
12/19/23	12/19/23	Buy	8,750,000.000	KENVUE CP 144A MAT 12/20/23 Cpn 49177GZL5	(8,748,711.81)		0.00	0.00	(8,748,711.81)
12/19/23	12/19/23	Buy	45,000,000.000	NESTLE CAPITAL CP 144A MAT 12/20/23 Cpn 64105HZL9	(44,993,400.00)		0.00	0.00	(44,993,400.00)
12/18/23	12/20/23	Buy	7,988,422.640	NALT 2022-A A3 LEASE MAT 05/15/25 Cpn 3.81 65480LAD7	(7,947,232.34)	(4,227.21)	0.00	0.00	(7,951,459.55)
12/13/23	12/20/23	Buy	5,100,000.000	TEVT 2023-1 A2B CAR 144A MAT 12/21/26 Cpn 5.86 881943AC8	(5,100,000.00)		0.00	0.00	(5,100,000.00)
12/20/23	12/21/23	Buy	21,000,000.000	U.S. TREASURY BILL MAT 12/26/23 Cpn 912797HW0	(20,984,665.63)		0.00	0.00	(20,984,665.63)
12/21/23	12/21/23	Buy	25,000,000.000	CATERPILLAR FIN CP MAT 12/26/23 Cpn 14912EZS9	(24,981,597.22)		0.00	0.00	(24,981,597.22)

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/21/23	12/21/23	Buy	12,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 12/27/23 Cpn 91058UZT3	(11,989,360.00)		0.00	0.00	(11,989,360.00)
12/26/23	12/26/23	Buy	48,000,000.000	FHLB DISCOUNT NOTE MAT 12/27/23 Cpn 313384RA9	(47,992,960.00)		0.00	0.00	(47,992,960.00)
12/29/23	12/29/23	Buy	42,000,000.000	FHLB DISCOUNT NOTE MAT 01/02/24 Cpn 313384RG6	(41,975,733.33)		0.00	0.00	(41,975,733.33)
			3,235,257,254.690		(3,225,539,015.49)	(365,098.19)	0.00	0.00	(3,225,904,113.68)
12/11/23	12/11/23	Coupon		CRVNA 2023-P3 A1 CAR 144A MAT 08/10/24 Cpn 5.66 14688GAA2		1,834.46	0.00	0.00	1,834.46
12/11/23	12/11/23	Coupon		LLOYDS BANK YCD FRN SOFRRAT MAT 12/11/23 Cpn 53947BN22		145,747.22	0.00	0.00	145,747.22
12/13/23	12/13/23	Coupon		MMAF 2023-A A1 EQP 144A MAT 08/09/24 Cpn 5.71 55317WAA9		6,196.09	0.00	0.00	6,196.09
12/14/23	12/14/23	Coupon		CCG 2023-2 A1 EQP 144A MAT 11/14/24 Cpn 5.75 12511QAA7		28,994.63	0.00	0.00	28,994.63
12/15/23	12/15/23	Coupon		ALLYA 2022-2 A2 CAR MAT 10/15/25 Cpn 4.62 02008MAB5		5,759.74	0.00	0.00	5,759.74
12/15/23	12/15/23	Coupon		ARIFL 2023-B A1 FLEET 144A MAT 10/15/24 Cpn 5.92 04033GAA5		16,669.87	0.00	0.00	16,669.87
12/15/23	12/15/23	Coupon		BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4		24,291.67	0.00	0.00	24,291.67
12/15/23	12/15/23	Coupon		CARMX 2020-1 A4 CAR MAT 06/16/25 Cpn 2.03 14315XAD0		13,609.69	0.00	0.00	13,609.69
12/15/23	12/15/23	Coupon		CARMX 2020-3 A4 CAR MAT 03/16/26 Cpn 0.77 14315FAE7		2,849.69	0.00	0.00	2,849.69

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/15/23	12/15/23	Coupon		CARMX 2020-4 A3 CAR MAT 08/15/25 Cpn 0.50 14316HAC6		2,421.22	0.00	0.00	2,421.22
12/15/23	12/15/23	Coupon		CARMX 2020-4 A3 CAR MAT 08/15/25 Cpn 0.50 14316HAC6		216.18	0.00	0.00	216.18
12/15/23	12/15/23	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		2,135.36	0.00	0.00	2,135.36
12/15/23	12/15/23	Coupon		CARMX 2023-3 A1 CAR MAT 07/15/24 Cpn 5.63 14319BAA0		8,040.91	0.00	0.00	8,040.91
12/15/23	12/15/23	Coupon		CARMX 2023-4 A1 CAR MAT 10/15/24 Cpn 5.73 14318XAA3		33,720.85	0.00	0.00	33,720.85
12/15/23	12/15/23	Coupon		CNH 2023-A A1 EQP MAT 05/15/24 Cpn 5.43 12664QAA2		10,088.91	0.00	0.00	10,088.91
12/15/23	12/15/23	Coupon		FORDL 2022-A A3 LEASE MAT 05/15/25 Cpn 3.23 34528LAD7		5,759.94	0.00	0.00	5,759.94
12/15/23	12/15/23	Coupon		FORDL 2023-B A1 LEASE MAT 10/15/24 Cpn 5.69 34529NAA8		24,465.71	0.00	0.00	24,465.71
12/15/23	12/15/23	Coupon		FORDO 2020-C A3 MAT 07/15/25 Cpn 0.41 34533YAD2		940.08	0.00	0.00	940.08
12/15/23	12/15/23	Coupon		GALC 2023-1 A1 EQP 144A MAT 06/14/24 Cpn 5.52 39154TCA4		4,559.18	0.00	0.00	4,559.18
12/15/23	12/15/23	Coupon		GSAR 2023-2A A1 CAR 144A MAT 10/15/24 Cpn 5.86 36269EAA7		10,722.25	0.00	0.00	10,722.25
12/15/23	12/15/23	Coupon		HAROT 2022-1 A2 CAR MAT 10/15/24 Cpn 1.44 43815BAB6		217.08	0.00	0.00	217.08
12/15/23	12/15/23	Coupon		HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2		28,177.08	0.00	0.00	28,177.08

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/15/23	12/15/23	Coupon		HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6		2,200.45	0.00	0.00	2,200.45
12/15/23	12/15/23	Coupon		HART 2023-A A2A CAR MAT 12/15/25 Cpn 5.19 448979AB0		3,820.30	0.00	0.00	3,820.30
12/15/23	12/15/23	Coupon		HART 2023-B A2A CAR MAT 05/15/26 Cpn 5.77 44933XAB3		16,348.33	0.00	0.00	16,348.33
12/15/23	12/15/23	Coupon		HART 2023-C A1 CAR MAT 11/15/24 Cpn 5.63 44918CAA0		21,033.60	0.00	0.00	21,033.60
12/15/23	12/15/23	Coupon		HART 2023-C A2A CAR MAT 01/15/27 Cpn 5.80 44918CAB8		10,311.11	0.00	0.00	10,311.11
12/15/23	12/15/23	Coupon		IBRD C 09/15/2023 Q MAT 06/15/26 Cpn 5.75 45906M4C2		120,750.00	0.00	0.00	120,750.00
12/15/23	12/15/23	Coupon		JOHN DEERE 2020-B A4 EQP MAT 06/15/27 Cpn 0.72 47787NAD1		1,962.38	0.00	0.00	1,962.38
12/15/23	12/15/23	Coupon		JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6		1,246.89	0.00	0.00	1,246.89
12/15/23	12/15/23	Coupon		KCOT 2023-1A A1 EQP 144A MAT 03/15/24 Cpn 5.29 50117KAA8		329.56	0.00	0.00	329.56
12/15/23	12/15/23	Coupon		KCOT 2023-2A A1 EQP 144A MAT 07/15/24 Cpn 5.62 500945AA8		5,545.58	0.00	0.00	5,545.58
12/15/23	12/15/23	Coupon		NAROT 2020-B A4 CAR MAT 02/16/27 Cpn 0.71 65479CAE8		2,508.83	0.00	0.00	2,508.83
12/15/23	12/15/23	Coupon		NAROT 2022-A A2 CAR MAT 11/15/24 Cpn 1.32 65479QAB3		252.01	0.00	0.00	252.01
12/15/23	12/15/23	Coupon		NAROT 2023-A A1 CAR MAT 05/15/24 Cpn 5.42 65480WAA9		2,342.74	0.00	0.00	2,342.74

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/15/23	12/15/23	Coupon		TAOT 2022-C A2A CAR MAT 08/15/25 Cpn 3.83 89231CAB3		7,456.98	0.00	0.00	7,456.98
12/15/23	12/15/23	Coupon		TAOT 2023-B A1 CAR MAT 05/15/24 Cpn 5.23 891941AA4		936.21	0.00	0.00	936.21
12/15/23	12/15/23	Coupon		TAOT 2023-B A1 CAR MAT 05/15/24 Cpn 5.23 891941AA4		1,661.77	0.00	0.00	1,661.77
12/15/23	12/15/23	Coupon		TAOT 2023-D A2A CAR MAT 11/16/26 Cpn 5.80 89239FAB8		19,478.33	0.00	0.00	19,478.33
12/15/23	12/15/23	Coupon		WORLD OMNI 2020-C A4 CAR MAT 10/15/26 Cpn 0.61 98163CAF7		2,541.67	0.00	0.00	2,541.67
12/15/23	12/15/23	Coupon		WOART 2022-B A2A CAR MAT 10/15/25 Cpn 2.77 98163QAB5		2,678.56	0.00	0.00	2,678.56
12/15/23	12/15/23	Coupon		WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0		18,238.74	0.00	0.00	18,238.74
12/15/23	12/15/23	Coupon		WOART 2023-C A1 CAR MAT 08/15/24 Cpn 5.61 98164FAA0		13,388.48	0.00	0.00	13,388.48
12/16/23	12/16/23	Coupon		GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1		2,169.44	0.00	0.00	2,169.44
12/16/23	12/16/23	Coupon		GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2		3,734.85	0.00	0.00	3,734.85
12/16/23	12/16/23	Coupon		GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2		1,176.48	0.00	0.00	1,176.48
12/16/23	12/16/23	Coupon		GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3		13,393.33	0.00	0.00	13,393.33
12/18/23	12/18/23	Coupon		HONDA 2020-3 A4 CAR MAT 04/19/27 Cpn 0.46 43813KAD4		1,619.58	0.00	0.00	1,619.58

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/18/23	12/18/23	Coupon		INTER-AMERICAN DEV BANK FRN MAT 09/16/26 Cpn 5.55 4581X0DY1		209,072.50	0.00	0.00	209,072.50
12/18/23	12/18/23	Coupon		SWEDBANK NY YCD FRN SOFRRA MAT 04/12/24 Cpn 5.92 87019WNH4		45,522.22	0.00	0.00	45,522.22
12/19/23	12/19/23	Coupon		FHLB C 12/19/23 Q MAT 12/19/25 Cpn 5.75 3130AX4Y1		119,312.50	0.00	0.00	119,312.50
12/20/23	12/20/23	Coupon		DLLMT 2023-1A A1 EQP 144A MAT 05/20/24 Cpn 5.53 232989AA1		8,798.70	0.00	0.00	8,798.70
12/20/23	12/20/23	Coupon		ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3		323.61	0.00	0.00	323.61
12/20/23	12/20/23	Coupon		ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3		215.49	0.00	0.00	215.49
12/20/23	12/20/23	Coupon		ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3		680.62	0.00	0.00	680.62
12/20/23	12/20/23	Coupon		ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2		586.95	0.00	0.00	586.95
12/20/23	12/20/23	Coupon		ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2		69.16	0.00	0.00	69.16
12/20/23	12/20/23	Coupon		EFF 2023-2 A1 FLEET 144A MAT 06/20/24 Cpn 5.79 29375NAA3		6,521.70	0.00	0.00	6,521.70
12/20/23	12/20/23	Coupon		GMALT 2022-3 A3 LEASE MAT 09/22/25 Cpn 4.01 380130AD6		16,708.33	0.00	0.00	16,708.33
12/20/23	12/20/23	Coupon		GMALT 2023-1 A2A LEASE MAT 06/20/25 Cpn 5.27 362541AB0		7,884.72	0.00	0.00	7,884.72
12/20/23	12/20/23	Coupon		HPEFS 2023-2A A1 EQP 144A MAT 10/18/24 Cpn 5.76 44328UAA4		33,454.95	0.00	0.00	33,454.95

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/20/23	12/20/23	Coupon		SRT 2021-C A3 LEASE 144A MAT 03/20/25 Cpn 0.50 80286CAC4		109.98	0.00	0.00	109.98
12/20/23	12/20/23	Coupon		TESLA 2023-A A1 LEASE 144A MAT 07/22/24 Cpn 5.63 88167PAA6		2,909.91	0.00	0.00	2,909.91
12/20/23	12/20/23	Coupon		TESLA 2023-B A1 LEASE 144A MAT 09/20/24 Cpn 5.68 88167QAA4		20,085.80	0.00	0.00	20,085.80
12/20/23	12/20/23	Coupon		TLOT 2021-B A3 LEASE 144A MAT 10/21/24 Cpn 0.42 89239CAC3		57.78	0.00	0.00	57.78
12/20/23	12/20/23	Coupon		TLOT 2021-B A3 LEASE 144A MAT 10/21/24 Cpn 0.42 89239CAC3		84.59	0.00	0.00	84.59
12/20/23	12/20/23	Coupon		TLOT 2022-A A3 LEASE 144A MAT 02/20/25 Cpn 1.96 89238LAC4		5,919.06	0.00	0.00	5,919.06
12/20/23	12/20/23	Coupon		TLOT 2022-A A3 LEASE 144A MAT 02/20/25 Cpn 1.96 89238LAC4		473.52	0.00	0.00	473.52
12/20/23	12/20/23	Coupon		VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4		7,333.33	0.00	0.00	7,333.33
12/22/23	12/22/23	Coupon		DEFT 2023-2 A1 EQP 144A MAT 06/24/24 Cpn 5.64 24703GAA2		6,121.37	0.00	0.00	6,121.37
12/25/23	12/25/23	Coupon		BMW 2021-2 A3 LEASE MAT 12/26/24 Cpn 0.33 09690AAC7		11.68	0.00	0.00	11.68
12/25/23	12/25/23	Coupon		BMWLT 2021-2 A4 LEASE MAT 01/27/25 Cpn 0.43 09690AAD5		1,254.17	0.00	0.00	1,254.17
12/25/23	12/25/23	Coupon		BMWLT 2022-1 A3 LEASE MAT 03/25/25 Cpn 1.10 05601XAC3		2,374.56	0.00	0.00	2,374.56
12/25/23	12/25/23	Coupon		BMWOT 2023-A A2A CAR MAT 04/27/26 Cpn 5.72 05592XAB6		23,833.33	0.00	0.00	23,833.33

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/25/23	12/25/23	Coupon		FHMS KF38 A MAT 09/25/24 Cpn 5.78 3137FBUC8		1,076.74	0.00	0.00	1,076.74
12/25/23	12/25/23	Coupon		FHMS KI06 A 1MOFRN CMBS MAT 03/25/25 Cpn 5.67 3137FVNA6		478.61	0.00	0.00	478.61
12/25/23	12/25/23	Coupon		FHMS KI07 A SOFRFRN MAT 09/25/26 Cpn 5.50 3137H3KA9		31,796.13	0.00	0.00	31,796.13
12/25/23	12/25/23	Coupon		FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 5.53 3137H4RC6		12,783.78	0.00	0.00	12,783.78
12/26/23	12/26/23	Coupon		INTL BK RECON & DEVELOP FRN S MAT 09/23/26 Cpn 5.69 459058KK8		19,652.42	0.00	0.00	19,652.42
12/26/23	12/26/23	Coupon		INTL BK RECON & DEVELOP FRN S MAT 09/23/26 Cpn 5.69 459058KK8		63,003.35	0.00	0.00	63,003.35
12/29/23	12/29/23	Coupon		CANADIAN IMPERIAL BANK YCD FR MAT 07/29/24 Cpn 6.06 13606KYN0		43,379.17	0.00	0.00	43,379.17
						1,346,434.74	0.00	0.00	1,346,434.74
12/01/23	12/01/23	Income	(6,084.560)	ADJ NET INT MAT Cpn USD		(6,084.56)	0.00	0.00	(6,084.56)
12/01/23	12/01/23	Income	919,674.340	STIF INT MAT Cpn USD		919,674.34	0.00	0.00	919,674.34
			913,589.780			913,589.78	0.00	0.00	913,589.78

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/12/23	12/12/23	Contributn	700,000,000.000	NM MAT Cpn USD	700,000,000.00		0.00	0.00	700,000,000.00
12/12/23	12/12/23	Contributn	160,000,000.000	NM MAT Cpn USD	160,000,000.00		0.00	0.00	160,000,000.00
12/22/23	12/22/23	Contributn	101,000,000.000	NM MAT Cpn USD	101,000,000.00		0.00	0.00	101,000,000.00
			961,000,000.000		961,000,000.00		0.00	0.00	961,000,000.00
12/01/23	12/04/23	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 12/05/23 Cpn 912797HN0	49,639,309.59	353,380.00	51.66	0.00	49,992,689.58
12/05/23	12/06/23	Sell Long	12,000,000.000	U.S. TREASURY NOTE MAT 12/15/23 Cpn 0.13 91282CBA8	11,992,419.12	7,131.15	0.00	(7,197.36)	11,999,550.27
12/18/23	12/18/23	Call	10,000,000.000	FHLMC C 12/18/23 Q MAT 09/18/26 Cpn 6.00 3134H1BW2	10,000,000.00	150,000.00	0.00	0.00	10,150,000.00
12/19/23	12/19/23	Call	8,300,000.000	FHLB C 12/19/23 Q MAT 12/19/25 Cpn 5.75 3130AX4Y1	8,300,000.00		0.00	0.00	8,300,000.00
12/20/23	12/20/23	Sell Long	8,000,000.000	U.S. TREASURY BILL MAT 12/21/23 Cpn 912797FV4	7,990,641.11	8,190.00	1.11	0.00	7,998,831.11
			88,300,000.000		87,922,369.82	518,701.15	52.77	(7,197.36)	88,441,070.96
12/11/23	12/11/23	Pay Princpl	351,113.810	CRVNA 2023-P3 A1 CAR 144A MAT 08/10/24 Cpn 5.66 14688GAA2	351,113.81		(0.00)	0.00	351,113.81
12/13/23	12/13/23	Pay Princpl	259,559.537	MMAF 2023-A A1 EQP 144A MAT 08/09/24 Cpn 5.71 55317WAA9	259,559.54		0.00	0.00	259,559.54
12/14/23	12/14/23	Pay Princpl	1,249,654.655	CCG 2023-2 A1 EQP 144A MAT 11/14/24 Cpn 5.75 12511QAA7	1,249,654.66		0.00	0.00	1,249,654.66

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/15/23	12/15/23	Pay Princpl	252,247.558	ALLYA 2022-2 A2 CAR MAT 10/15/25 Cpn 4.62 02008MAB5	252,247.56		0.00	6.66	252,247.56
12/15/23	12/15/23	Pay Princpl	455,198.901	ARIFL 2023-B A1 FLEET 144A MAT 10/15/24 Cpn 5.92 04033GAA5	455,198.90		(0.00)	0.00	455,198.90
12/15/23	12/15/23	Pay Princpl	1,159,106.882	CARMX 2020-1 A4 CAR MAT 06/16/25 Cpn 2.03 14315XAD0	1,159,106.88		8,442.14	0.00	1,159,106.88
12/15/23	12/15/23	Pay Princpl	554,910.112	CARMX 2020-3 A4 CAR MAT 03/16/26 Cpn 0.77 14315FAE7	554,910.11		9,495.48	0.00	554,910.11
12/15/23	12/15/23	Pay Princpl	992,108.905	CARMX 2020-4 A3 CAR MAT 08/15/25 Cpn 0.50 14316HAC6	992,108.91		11,886.71	0.00	992,108.91
12/15/23	12/15/23	Pay Princpl	88,581.152	CARMX 2020-4 A3 CAR MAT 08/15/25 Cpn 0.50 14316HAC6	88,581.15		987.27	0.00	88,581.15
12/15/23	12/15/23	Pay Princpl	292,478.075	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	292,478.08		8,657.79	0.00	292,478.08
12/15/23	12/15/23	Pay Princpl	568,980.489	CARMX 2023-3 A1 CAR MAT 07/15/24 Cpn 5.63 14319BAA0	568,980.49		0.00	0.00	568,980.49
12/15/23	12/15/23	Pay Princpl	1,397,687.641	CARMX 2023-4 A1 CAR MAT 10/15/24 Cpn 5.73 14318XAA3	1,397,687.64		(0.00)	0.00	1,397,687.64
12/15/23	12/15/23	Pay Princpl	1,162,431.107	CNH 2023-A A1 EQP MAT 05/15/24 Cpn 5.43 12664QAA2	1,162,431.11		0.00	0.00	1,162,431.11
12/15/23	12/15/23	Pay Princpl	408,161.542	FORDL 2022-A A3 LEASE MAT 05/15/25 Cpn 3.23 34528LAD7	408,161.54		3,461.01	0.00	408,161.54
12/15/23	12/15/23	Pay Princpl	1,250,814.248	FORDL 2023-B A1 LEASE MAT 10/15/24 Cpn 5.69 34529NAA8	1,250,814.25		0.00	0.00	1,250,814.25
12/15/23	12/15/23	Pay Princpl	505,514.227	FORDO 2020-C A3 MAT 07/15/25 Cpn 0.41 34533YAD2	505,514.23		5,710.50	0.00	505,514.23

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/15/23	12/15/23	Pay Princpl	329,095.941	GALC 2023-1 A1 EQP 144A MAT 06/14/24 Cpn 5.52 39154TCA4	329,095.94		(0.00)	0.00	329,095.94
12/15/23	12/15/23	Pay Princpl	703,868.156	GSAR 2023-2A A1 CAR 144A MAT 10/15/24 Cpn 5.86 36269EAA7	703,868.16		0.00	0.00	703,868.16
12/15/23	12/15/23	Pay Princpl	180,897.824	HAROT 2022-1 A2 CAR MAT 10/15/24 Cpn 1.44 43815BAB6	180,897.82		0.00	0.69	180,897.82
12/15/23	12/15/23	Pay Princpl	253,835.481	HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6	253,835.48		7,645.04	0.00	253,835.48
12/15/23	12/15/23	Pay Princpl	75,076.851	HART 2023-A A2A CAR MAT 12/15/25 Cpn 5.19 448979AB0	75,076.85		252.42	0.00	75,076.85
12/15/23	12/15/23	Pay Princpl	1,171,518.259	HART 2023-C A1 CAR MAT 11/15/24 Cpn 5.63 44918CAA0	1,171,518.26		0.00	0.00	1,171,518.26
12/15/23	12/15/23	Pay Princpl	253,570.878	JOHN DEERE 2020-B A4 EQP MAT 06/15/27 Cpn 0.72 47787NAD1	253,570.88		1,777.86	0.00	253,570.88
12/15/23	12/15/23	Pay Princpl	509,679.864	JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6	509,679.86		10,344.43	0.00	509,679.86
12/15/23	12/15/23	Pay Princpl	74,729.231	KCOT 2023-1A A1 EQP 144A MAT 03/15/24 Cpn 5.29 50117KAA8	74,729.23		(0.77)	0.00	74,729.23
12/15/23	12/15/23	Pay Princpl	338,040.692	KCOT 2023-2A A1 EQP 144A MAT 07/15/24 Cpn 5.62 500945AA8	338,040.69		(0.00)	0.00	338,040.69
12/15/23	12/15/23	Pay Princpl	763,786.191	NAROT 2020-B A4 CAR MAT 02/16/27 Cpn 0.71 65479CAE8	763,786.19		7,342.35	0.00	763,786.19
12/15/23	12/15/23	Pay Princpl	229,096.177	NAROT 2022-A A2 CAR MAT 11/15/24 Cpn 1.32 65479QAB3	229,096.18		385.98	0.00	229,096.18
12/15/23	12/15/23	Pay Princpl	518,305.818	NAROT 2023-A A1 CAR MAT 05/15/24 Cpn 5.42 65480WAA9	518,305.82		0.00	0.00	518,305.82

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/15/23	12/15/23	Pay Princpl	303,865.392	TAOT 2022-C A2A CAR MAT 08/15/25 Cpn 3.83 89231CAB3	303,865.39		0.00	8.74	303,865.39
12/15/23	12/15/23	Pay Princpl	215,014.578	TAOT 2023-B A1 CAR MAT 05/15/24 Cpn 5.23 891941AA4	215,014.58		0.00	0.00	215,014.58
12/15/23	12/15/23	Pay Princpl	381,650.886	TAOT 2023-B A1 CAR MAT 05/15/24 Cpn 5.23 891941AA4	381,650.89		51.71	0.00	381,650.89
12/15/23	12/15/23	Pay Princpl	225,821.155	WOART 2022-B A2A CAR MAT 10/15/25 Cpn 2.77 98163QAB5	225,821.16		0.00	5.62	225,821.16
12/15/23	12/15/23	Pay Princpl	369,748.699	WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0	369,748.70		1.82	0.00	369,748.70
12/15/23	12/15/23	Pay Princpl	909,692.236	WOART 2023-C A1 CAR MAT 08/15/24 Cpn 5.61 98164FAA0	909,692.24		0.00	0.00	909,692.24
12/16/23	12/16/23	Pay Princpl	226,251.392	GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1	226,251.39		8,145.35	0.00	226,251.39
12/16/23	12/16/23	Pay Princpl	63,792.116	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	63,792.12		278.53	0.00	63,792.12
12/16/23	12/16/23	Pay Princpl	20,094.517	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	20,094.52		86.47	0.00	20,094.52
12/20/23	12/20/23	Pay Princpl	705,269.712	DLLMT 2023-1A A1 EQP 144A MAT 05/20/24 Cpn 5.53 232989AA1	705,269.71		(0.00)	0.00	705,269.71
12/20/23	12/20/23	Pay Princpl	271,114.923	ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3	271,114.92		1,598.29	0.00	271,114.92
12/20/23	12/20/23	Pay Princpl	180,528.112	ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3	180,528.11		1,039.48	0.00	180,528.11
12/20/23	12/20/23	Pay Princpl	570,202.021	ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3	570,202.02		3,034.84	0.00	570,202.02

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/20/23	12/20/23	Pay Princpl	330,336.073	ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2	330,336.07		4,078.66	0.00	330,336.07
12/20/23	12/20/23	Pay Princpl	38,925.515	ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2	38,925.52		480.62	0.00	38,925.52
12/20/23	12/20/23	Pay Princpl	353,571.605	EFF 2023-2 A1 FLEET 144A MAT 06/20/24 Cpn 5.79 29375NAA3	353,571.61		0.00	0.00	353,571.61
12/20/23	12/20/23	Pay Princpl	67,462.105	GMALT 2022-3 A3 LEASE MAT 09/22/25 Cpn 4.01 380130AD6	67,462.11		631.53	0.00	67,462.11
12/20/23	12/20/23	Pay Princpl	204,541.200	GMALT 2023-1 A2A LEASE MAT 06/20/25 Cpn 5.27 362541AB0	204,541.20		8.73	0.00	204,541.20
12/20/23	12/20/23	Pay Princpl	820,036.200	HPEFS 2023-2A A1 EQP 144A MAT 10/18/24 Cpn 5.76 44328UAA4	820,036.20		0.00	0.00	820,036.20
12/20/23	12/20/23	Pay Princpl	263,942.879	SRT 2021-C A3 LEASE 144A MAT 03/20/25 Cpn 0.50 80286CAC4	263,942.88		978.33	0.00	263,942.88
12/20/23	12/20/23	Pay Princpl	563,708.714	TESLA 2023-A A1 LEASE 144A MAT 07/22/24 Cpn 5.63 88167PAA6	563,708.71		(0.00)	0.00	563,708.71
12/20/23	12/20/23	Pay Princpl	1,238,445.850	TESLA 2023-B A1 LEASE 144A MAT 09/20/24 Cpn 5.68 88167QAA4	1,238,445.85		(0.00)	0.00	1,238,445.85
12/20/23	12/20/23	Pay Princpl	165,084.700	TLOT 2021-B A3 LEASE 144A MAT 10/21/24 Cpn 0.42 89239CAC3	165,084.70		0.00	3,042.31	165,084.70
12/20/23	12/20/23	Pay Princpl	241,684.000	TLOT 2021-B A3 LEASE 144A MAT 10/21/24 Cpn 0.42 89239CAC3	241,684.00		1,766.85	0.00	241,684.00
12/20/23	12/20/23	Pay Princpl	591,932.179	TLOT 2022-A A3 LEASE 144A MAT 02/20/25 Cpn 1.96 89238LAC4	591,932.18		6,061.68	0.00	591,932.18
12/20/23	12/20/23	Pay Princpl	47,354.574	TLOT 2022-A A3 LEASE 144A MAT 02/20/25 Cpn 1.96 89238LAC4	47,354.57		489.12	0.00	47,354.57

Account Name: L.A. CARE HEALTH PLAN

12/01/2023
through 12/31/2023

Tr Date	*St Date*	*Transaction Type*	*Units*	*Description*	*Proceeds / (Cost)*	*Accrued Interest (Purch) or Sold*	*G/L < 1 Yr Amort Cost*	*G/L > 1 Yr Amort Cost*	*Total Amount*
12/20/23	12/20/23	Pay Princpl	18,737.378	VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4	18,737.38		0.69	0.00	18,737.38
12/22/23	12/22/23	Pay Princpl	342,060.884	DEFT 2023-2 A1 EQP 144A MAT 06/24/24 Cpn 5.64 24703GAA2	342,060.88		(0.00)	0.00	342,060.88
12/25/23	12/25/23	Pay Princpl	42,467.004	BMW 2021-2 A3 LEASE MAT 12/26/24 Cpn 0.33 09690AAC7	42,467.00		134.36	0.00	42,467.00
12/25/23	12/25/23	Pay Princpl	895,799.793	BMWLT 2021-2 A4 LEASE MAT 01/27/25 Cpn 0.43 09690AAD5	895,799.79		8,538.77	0.00	895,799.79
12/25/23	12/25/23	Pay Princpl	691,101.546	BMWLT 2022-1 A3 LEASE MAT 03/25/25 Cpn 1.10 05601XAC3	691,101.55		4,712.80	0.00	691,101.55
12/25/23	12/25/23	Pay Princpl	148.869	FHMS KF38 A MAT 09/25/24 Cpn 5.78 3137FBUC8	148.87		0.00	0.03	148.87
12/25/23	12/25/23	Pay Princpl	492,481.670	FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 5.53 3137H4RC6	492,481.67		0.00	0.00	492,481.67
			28,202,918.680		28,202,918.71		118,506.85	3,064.05	28,202,918.71
12/04/23	12/04/23	Mature Long	30,000,000.000	BNG BANK CP 144A MAT 12/04/23 Cpn 09657SZ40	29,973,450.00	26,550.00	0.00	0.00	30,000,000.00
12/05/23	12/05/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 12/05/23 Cpn 912797HN0	49,639,257.92	360,742.08	0.00	0.00	50,000,000.00
12/05/23	12/05/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 12/05/23 Cpn 912797HN0	49,809,513.89	190,486.11	0.00	0.00	50,000,000.00
12/05/23	12/05/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 12/05/23 Cpn 912797HN0	49,809,513.89	190,486.11	0.00	0.00	50,000,000.00
12/05/23	12/05/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 12/05/23 Cpn 912797HN0	49,809,513.89	190,486.11	0.00	0.00	50,000,000.00

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/05/23	12/05/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 12/05/23 Cpn 912797HN0	49,809,513.89	190,486.11	0.00	0.00	50,000,000.00
12/05/23	12/05/23	Mature Long	25,000,000.000	U.S. TREASURY BILL MAT 12/05/23 Cpn 912797HN0	24,981,640.63	18,359.37	0.00	0.00	25,000,000.00
12/05/23	12/05/23	Mature Long	30,000,000.000	CANADIAN IMPERIAL BANK CP 144 MAT 12/05/23 Cpn 13608BZ56	29,969,025.00	30,975.00	0.00	0.00	30,000,000.00
12/05/23	12/05/23	Mature Long	15,181,000.000	KAISER FOUNDATION CP MAT 12/05/23 Cpn 48306BZ57	15,075,475.18	105,524.82	0.00	0.00	15,181,000.00
12/05/23	12/05/23	Mature Long	30,000,000.000	UNITED PARCEL SERVICE CP 144A MAT 12/05/23 Cpn 9113A3Z56	29,968,966.67	31,033.33	0.00	0.00	30,000,000.00
12/06/23	12/06/23	Mature Long	14,000,000.000	AUTOMATIC DATA CP 144A MAT 12/06/23 Cpn 0530A3Z68	13,997,935.00	2,065.00	0.00	0.00	14,000,000.00
12/06/23	12/06/23	Mature Long	45,000,000.000	FHLB DISCOUNT NOTE MAT 12/06/23 Cpn 313384QD4	44,993,437.50	6,562.50	0.00	0.00	45,000,000.00
12/06/23	12/06/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/06/23 Cpn 313384QD4	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
12/06/23	12/06/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/06/23 Cpn 313384QD4	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
12/07/23	12/07/23	Mature Long	30,000,000.000	BNY MELLON CP MAT 12/07/23 Cpn 06406XZ72	29,995,583.33	4,416.67	0.00	0.00	30,000,000.00
12/07/23	12/07/23	Mature Long	30,000,000.000	COLGATE-PALMOLIVE CP 144A MAT 12/07/23 Cpn 19416FZ72	29,995,591.67	4,408.33	0.00	0.00	30,000,000.00
12/07/23	12/07/23	Mature Long	9,000,000.000	FHLB DISCOUNT NOTE MAT 12/07/23 Cpn 313384QE2	8,998,690.00	1,310.00	0.00	0.00	9,000,000.00
12/07/23	12/07/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/07/23 Cpn 313384QE2	49,992,722.22	7,277.78	0.00	0.00	50,000,000.00

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/07/23	12/07/23	Mature Long	30,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 12/07/23 Cpn 4523EMZ71	29,995,600.00	4,400.00	0.00	0.00	30,000,000.00
12/07/23	12/07/23	Mature Long	30,000,000.000	TOTAL CAPITAL CP 144A MAT 12/07/23 Cpn 89152FZ73	29,969,025.00	30,975.00	0.00	0.00	30,000,000.00
12/08/23	12/08/23	Mature Long	25,000,000.000	CREDIT AGRICOLE CP MAT 12/08/23 Cpn 22533UZ89	24,996,340.28	3,659.72	0.00	0.00	25,000,000.00
12/08/23	12/08/23	Mature Long	15,000,000.000	FHLB DISCOUNT NOTE MAT 12/08/23 Cpn 313384QF9	14,997,820.83	2,179.17	0.00	0.00	15,000,000.00
12/08/23	12/08/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/08/23 Cpn 313384QF9	49,992,736.11	7,263.89	0.00	0.00	50,000,000.00
12/11/23	12/11/23	Mature Long	35,000,000.000	FHLB DISCOUNT NOTE MAT 12/11/23 Cpn 313384QJ1	34,984,745.83	15,254.17	0.00	0.00	35,000,000.00
12/11/23	12/11/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/11/23 Cpn 313384QJ1	49,978,208.33	21,791.67	0.00	0.00	50,000,000.00
12/11/23	12/11/23	Mature Long	10,000,000.000	LLOYDS BANK YCD FRN SOFRRAT MAT 12/11/23 Cpn 53947BN22	10,000,000.00		0.00	0.00	10,000,000.00
12/12/23	12/12/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 12/12/23 Cpn 912797HU4	49,586,183.33	413,816.67	0.00	0.00	50,000,000.00
12/12/23	12/12/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 12/12/23 Cpn 912797HU4	49,586,183.33	413,816.67	0.00	0.00	50,000,000.00
12/12/23	12/12/23	Mature Long	30,000,000.000	USAA CAPITAL CP MAT 12/12/23 Cpn 90328BZC8	29,968,966.67	31,033.33	0.00	0.00	30,000,000.00
12/13/23	12/13/23	Mature Long	35,000,000.000	AUTOMATIC DATA CP 144A MAT 12/13/23 Cpn 0530A3ZD3	34,994,837.50	5,162.50	0.00	0.00	35,000,000.00
12/13/23	12/13/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/13/23 Cpn 313384QL6	49,992,736.11	7,263.89	0.00	0.00	50,000,000.00

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/13/23	12/13/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/13/23 Cpn	313384QL6	49,992,736.11	7,263.89	0.00	0.00	50,000,000.00
12/13/23	12/13/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/13/23 Cpn	313384QL6	49,992,736.11	7,263.89	0.00	0.00	50,000,000.00
12/13/23	12/13/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/13/23 Cpn	313384QL6	49,992,736.11	7,263.89	0.00	0.00	50,000,000.00
12/13/23	12/13/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/13/23 Cpn	313384QL6	49,992,736.11	7,263.89	0.00	0.00	50,000,000.00
12/13/23	12/13/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/13/23 Cpn	313384QL6	49,992,736.11	7,263.89	0.00	0.00	50,000,000.00
12/13/23	12/13/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/13/23 Cpn	313384QL6	49,992,736.11	7,263.89	0.00	0.00	50,000,000.00
12/13/23	12/13/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/13/23 Cpn	313384QL6	49,992,736.11	7,263.89	0.00	0.00	50,000,000.00
12/13/23	12/13/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/13/23 Cpn	313384QL6	49,992,736.11	7,263.89	0.00	0.00	50,000,000.00
12/13/23	12/13/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/13/23 Cpn	313384QL6	49,992,736.11	7,263.89	0.00	0.00	50,000,000.00
12/13/23	12/13/23	Mature Long	30,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 12/13/23 Cpn	4523EMZD8	29,995,600.00	4,400.00	0.00	0.00	30,000,000.00
12/13/23	12/13/23	Mature Long	35,000,000.000	NESTLE CAPITAL CP 144A MAT 12/13/23 Cpn	64105HZD7	34,994,876.39	5,123.61	0.00	0.00	35,000,000.00
12/14/23	12/14/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 12/14/23 Cpn	912797FU6	49,992,750.00	7,250.00	0.00	0.00	50,000,000.00
12/14/23	12/14/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 12/14/23 Cpn	912797FU6	49,992,750.00	7,250.00	0.00	0.00	50,000,000.00

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/14/23	12/14/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 12/14/23 Cpn 912797FU6	49,992,750.00	7,250.00	0.00	0.00	50,000,000.00
12/14/23	12/14/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 12/14/23 Cpn 912797FU6	49,992,750.00	7,250.00	0.00	0.00	50,000,000.00
12/14/23	12/14/23	Mature Long	30,000,000.000	CREDIT AGRICOLE CP MAT 12/14/23 Cpn 22533UZE6	29,995,608.33	4,391.67	0.00	0.00	30,000,000.00
12/14/23	12/14/23	Mature Long	35,000,000.000	FHLB DISCOUNT NOTE MAT 12/14/23 Cpn 313384QM4	34,994,915.28	5,084.72	0.00	0.00	35,000,000.00
12/14/23	12/14/23	Mature Long	36,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 12/14/23 Cpn 4523EMZE6	35,994,720.00	5,280.00	0.00	0.00	36,000,000.00
12/14/23	12/14/23	Mature Long	45,000,000.000	EXXON MOBIL CP MAT 12/14/23 Cpn 30229BZE0	44,993,412.50	6,587.50	0.00	0.00	45,000,000.00
12/15/23	12/15/23	Mature Long	25,000,000.000	CREDIT AGRICOLE CP MAT 12/15/23 Cpn 22533UZF3	24,989,020.83	10,979.17	0.00	0.00	25,000,000.00
12/15/23	12/15/23	Mature Long	30,000,000.000	CREDIT AGRICOLE CP MAT 12/15/23 Cpn 22533UZF3	29,995,608.33	4,391.67	0.00	0.00	30,000,000.00
12/15/23	12/15/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/15/23 Cpn 313384QN2	49,992,736.11	7,263.89	0.00	0.00	50,000,000.00
12/15/23	12/15/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 12/15/23 Cpn 313384QN2	49,992,736.11	7,263.89	0.00	0.00	50,000,000.00
12/18/23	12/18/23	Mature Long	5,900,000.000	FHLB DISCOUNT NOTE MAT 12/18/23 Cpn 313384QR3	5,897,428.58	2,571.42	0.00	0.00	5,900,000.00
12/18/23	12/18/23	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 12/18/23 Cpn 313588QR9	49,970,944.44	29,055.56	0.00	0.00	50,000,000.00
12/18/23	12/18/23	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 12/18/23 Cpn 313588QR9	49,970,944.44	29,055.56	0.00	0.00	50,000,000.00

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/18/23	12/18/23	Mature Long	10,500,000.000	FNMA DISCOUNT NOTE MAT 12/18/23 Cpn 313588QR9	10,493,898.33	6,101.67	0.00	0.00	10,500,000.00
12/18/23	12/18/23	Mature Long	30,000,000.000	UNILEVER CAPITAL CP 144A MAT 12/18/23 Cpn 90477EZJ6	29,978,000.00	22,000.00	0.00	0.00	30,000,000.00
12/19/23	12/19/23	Mature Long	45,000,000.000	AUTOMATIC DATA CP 144A MAT 12/19/23 Cpn 0530A3ZK7	44,993,375.00	6,625.00	0.00	0.00	45,000,000.00
12/19/23	12/19/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 12/19/23 Cpn 912797HV2	49,802,187.50	197,812.50	0.00	0.00	50,000,000.00
12/19/23	12/19/23	Mature Long	20,000,000.000	U.S. TREASURY BILL MAT 12/19/23 Cpn 912797HV2	19,920,875.00	79,125.00	0.00	0.00	20,000,000.00
12/19/23	12/19/23	Mature Long	45,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 12/19/23 Cpn 4523EMZK2	44,993,400.00	6,600.00	0.00	0.00	45,000,000.00
12/19/23	12/19/23	Mature Long	32,500,000.000	UNILEVER CAPITAL CP 144A MAT 12/19/23 Cpn 90477EZK3	32,495,233.33	4,766.67	0.00	0.00	32,500,000.00
12/20/23	12/20/23	Mature Long	45,000,000.000	AUTOMATIC DATA CP 144A MAT 12/20/23 Cpn 0530A3ZL5	44,993,375.00	6,625.00	0.00	0.00	45,000,000.00
12/20/23	12/20/23	Mature Long	25,000,000.000	FHLB DISCOUNT NOTE MAT 12/20/23 Cpn 313384QT9	24,996,361.11	3,638.89	0.00	0.00	25,000,000.00
12/20/23	12/20/23	Mature Long	8,750,000.000	KENVUE CP 144A MAT 12/20/23 Cpn 49177GZL5	8,748,711.81	1,288.19	0.00	0.00	8,750,000.00
12/20/23	12/20/23	Mature Long	45,000,000.000	NESTLE CAPITAL CP 144A MAT 12/20/23 Cpn 64105HZL9	44,993,400.00	6,600.00	0.00	0.00	45,000,000.00
12/21/23	12/21/23	Mature Long	42,000,000.000	U.S. TREASURY BILL MAT 12/21/23 Cpn 912797FV4	41,950,860.00	49,140.00	0.00	0.00	42,000,000.00
12/21/23	12/21/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 12/21/23 Cpn 912797FV4	49,941,500.00	58,500.00	0.00	0.00	50,000,000.00

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/21/23	12/21/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 12/21/23 Cpn	912797FV4	49,941,500.00	58,500.00	0.00	0.00	50,000,000.00
12/21/23	12/21/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 12/21/23 Cpn	912797FV4	49,941,500.00	58,500.00	0.00	0.00	50,000,000.00
12/21/23	12/21/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 12/21/23 Cpn	912797FV4	49,941,500.00	58,500.00	0.00	0.00	50,000,000.00
12/21/23	12/21/23	Mature Long	9,000,000.000	U.S. TREASURY BILL MAT 12/21/23 Cpn	912797FV4	8,997,380.00	2,620.00	0.00	0.00	9,000,000.00
12/21/23	12/21/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 12/21/23 Cpn	912797FV4	49,985,444.44	14,555.56	0.00	0.00	50,000,000.00
12/26/23	12/26/23	Mature Long	21,000,000.000	U.S. TREASURY BILL MAT 12/26/23 Cpn	912797HW0	20,984,665.63	15,334.37	0.00	0.00	21,000,000.00
12/26/23	12/26/23	Mature Long	25,000,000.000	CATERPILLAR FIN CP MAT 12/26/23 Cpn	14912EZS9	24,981,597.22	18,402.78	0.00	0.00	25,000,000.00
12/27/23	12/27/23	Mature Long	48,000,000.000	FHLB DISCOUNT NOTE MAT 12/27/23 Cpn	313384RA9	47,992,960.00	7,040.00	0.00	0.00	48,000,000.00
12/27/23	12/27/23	Mature Long	12,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 12/27/23 Cpn	91058UZT3	11,989,360.00	10,640.00	0.00	0.00	12,000,000.00
			3,003,831,000.000			3,000,589,891.36	3,241,108.65	0.00	0.00	3,003,831,000.00
12/04/23	12/04/23	Withdrawal	(30,000,000.000)	WD MAT Cpn	USD	(30,000,000.00)		(30,000,000.00)	0.00	(30,000,000.00)
12/07/23	12/07/23	Withdrawal	(60,000,000.000)	WD MAT Cpn	USD	(60,000,000.00)		(60,000,000.00)	0.00	(60,000,000.00)
12/11/23	12/11/23	Withdrawal	(80,000,000.000)	WD MAT Cpn	USD	(80,000,000.00)		(80,000,000.00)	0.00	(80,000,000.00)

Account Name: L.A. CARE HEALTH PLAN

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description			Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/14/23	12/14/23	Withdrawal	(70,000,000.000)	WD MAT	Cpn	USD	(70,000,000.00)		(70,000,000.00)	0.00	(70,000,000.00)
12/18/23	12/18/23	Withdrawal	(50,000,000.000)	WD MAT	Cpn	USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
12/20/23	12/20/23	Withdrawal	(160,000,000.000)	WD MAT	Cpn	USD	(160,000,000.00)		(160,000,000.00)	0.00	(160,000,000.00)
12/21/23	12/21/23	Withdrawal	(250,000,000.000)	WD MAT	Cpn	USD	(250,000,000.00)		(250,000,000.00)	0.00	(250,000,000.00)
12/26/23	12/26/23	Withdrawal	(50,000,000.000)	WD MAT	Cpn	USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
12/27/23	12/27/23	Withdrawal	(50,000,000.000)	WD MAT	Cpn	USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
			(800,000,000.000)				(800,000,000.00)		(800,000,000.00)	0.00	(800,000,000.00)

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/04/23	12/11/23	Buy	450,000.000	CCCIT 2023-A1 A1 CARD MAT 12/08/27 Cpn 5.24 17305EGW	(449,943.57)		0.00	0.00	(449,943.57)
12/07/23	12/14/23	Buy	500,000.000	BACCT 2023-A2 A2 CARD MAT 11/15/28 Cpn 4.98 05522RDH8	(499,932.85)		0.00	0.00	(499,932.85)
12/22/23	12/26/23	Buy	600,000.000	U.S. TREASURY NOTE MAT 11/30/25 Cpn 4.88 91282CJL6	(605,812.50)	(2,077.87)	0.00	0.00	(607,890.37)
12/28/23	12/29/23	Buy	1,400,000.000	U.S. TREASURY NOTE MAT 11/30/28 Cpn 4.38 91282CJN2	(1,432,539.06)	(4,853.14)	0.00	0.00	(1,437,392.20)
			2,950,000.000		(2,988,227.98)	(6,931.01)	0.00	0.00	(2,995,158.99)
12/01/23	12/01/23	Coupon		CA BEVERLY HILLS PFA LEASE RE MAT 06/01/25 Cpn 0.83 088006JZ5		2,780.50	0.00	0.00	2,780.50
12/01/23	12/01/23	Coupon		CA HEALTH FACS-NO PLACE LIKE MAT 06/01/24 Cpn 2.02 13032UVB1		3,838.00	0.00	0.00	3,838.00
12/01/23	12/01/23	Coupon		CA LOS ANGELESX CNTY PUB WO MAT 12/01/23 Cpn 3.59 54473ERV8		7,622.38	0.00	0.00	7,622.38
12/01/23	12/01/23	Coupon		CA CITY OF RIVERSIDE POB TXB MAT 06/01/24 Cpn 2.11 769036BL7		3,371.20	0.00	0.00	3,371.20
12/15/23	12/15/23	Coupon		BAAT 2023-2A A3 CAR 144A MAT 06/15/28 Cpn 5.74 06054YAC1		2,678.67	0.00	0.00	2,678.67
12/15/23	12/15/23	Coupon		CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8		181.06	0.00	0.00	181.06
12/15/23	12/15/23	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		270.48	0.00	0.00	270.48
12/15/23	12/15/23	Coupon		CARMX 2023-3 A3 CAR MAT 05/15/28 Cpn 5.28 14319BAC6		3,520.00	0.00	0.00	3,520.00

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/15/23	12/15/23	Coupon		CARMX 2023-4 A3 CAR MAT 07/17/28 Cpn 6.00 14318XAC9		1,500.00	0.00	0.00	1,500.00
12/15/23	12/15/23	Coupon		COPAR 2023-2 A3 CAR MAT 06/15/28 Cpn 5.82 14044EAD0		3,395.00	0.00	0.00	3,395.00
12/15/23	12/15/23	Coupon		CT STATE GO/ULT TXB MAT 06/15/26 Cpn 3.53 20772KQJ1		11,299.20	0.00	0.00	11,299.20
12/15/23	12/15/23	Coupon		FORDF 2023-1 A1 FLOOR 144A MAT 05/15/28 Cpn 4.92 34528QHV9		2,870.00	0.00	0.00	2,870.00
12/15/23	12/15/23	Coupon		FORDF 2023-1 A1 FLOOR 144A MAT 05/15/28 Cpn 4.92 34528QHV9		820.00	0.00	0.00	820.00
12/15/23	12/15/23	Coupon		FORDO 2023-B A3 CAR MAT 05/15/28 Cpn 5.23 344930AD4		2,615.00	0.00	0.00	2,615.00
12/15/23	12/15/23	Coupon		FORDO 2023-C A3 CAR MAT 09/15/28 Cpn 5.53 344940AD3		1,843.33	0.00	0.00	1,843.33
12/15/23	12/15/23	Coupon		GFORT 2023-1 A1 FLOOR 144A MAT 06/15/28 Cpn 5.34 361886CR3		4,005.00	0.00	0.00	4,005.00
12/15/23	12/15/23	Coupon		HART 2023-C A3 CAR MAT 10/16/28 Cpn 5.54 44918CAD4		1,477.33	0.00	0.00	1,477.33
12/15/23	12/15/23	Coupon		JDOT 2023-B A3 EQP MAT 03/15/28 Cpn 5.18 477920AC6		3,237.50	0.00	0.00	3,237.50
12/15/23	12/15/23	Coupon		KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2		310.98	0.00	0.00	310.98
12/15/23	12/15/23	Coupon		KCOT 2023-2A A3 EQP 144A MAT 01/18/28 Cpn 5.28 500945AC4		2,200.00	0.00	0.00	2,200.00
12/15/23	12/15/23	Coupon		MERCEDES 2021-B A3 LEASE MAT 11/15/24 Cpn 0.40 58769KAD6		39.04	0.00	0.00	39.04

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/15/23	12/15/23	Coupon		TAOT 2023-D A3 CAR MAT 08/15/28 Cpn 5.54 89239FAD4		1,908.22	0.00	0.00	1,908.22
12/16/23	12/16/23	Coupon		GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8		41.71	0.00	0.00	41.71
12/18/23	12/18/23	Coupon		HAROT 2023-3 A3 CAR MAT 02/18/28 Cpn 5.41 43815QAC1		1,127.08	0.00	0.00	1,127.08
12/20/23	12/20/23	Coupon		GMALT 2023-3 A3 LEASE MAT 11/20/26 Cpn 5.38 379929AD4		1,345.00	0.00	0.00	1,345.00
12/20/23	12/20/23	Coupon		SRT 2021-C A3 LEASE 144A MAT 03/20/25 Cpn 0.50 80286CAC4		6.34	0.00	0.00	6.34
12/20/23	12/20/23	Coupon		TLOT 2023A A3 LEASE 144A MAT 04/20/26 Cpn 4.93 89239MAC1		2,054.17	0.00	0.00	2,054.17
12/25/23	12/25/23	Coupon		NAVMT 2023-1 A FLOOR 144A MAT 08/25/28 Cpn 6.18 63938PBU2		1,030.00	0.00	0.00	1,030.00
12/31/23	12/31/23	Coupon		U.S. TREASURY NOTE MAT 12/31/25 Cpn 0.38 91282CBC4		3,845.63	0.00	0.00	3,845.63
12/31/23	12/31/23	Coupon		U.S. TREASURY NOTE MAT 06/30/26 Cpn 0.88 91282CCJ8		2,056.25	0.00	0.00	2,056.25
12/31/23	12/31/23	Coupon		U.S. TREASURY NOTE MAT 12/31/26 Cpn 1.25 91282CDQ1		2,906.25	0.00	0.00	2,906.25
12/31/23	12/31/23	Coupon		U.S. TREASURY NOTE MAT 12/31/26 Cpn 1.25 91282CDQ1		2,906.25	0.00	0.00	2,906.25
12/31/23	12/31/23	Coupon		U.S. TREASURY NOTE MAT 06/30/27 Cpn 3.25 91282CEW7		40,137.50	0.00	0.00	40,137.50
12/31/23	12/31/23	Coupon		U.S. TREASURY NOTE MAT 06/30/28 Cpn 4.00 91282CHK0		33,900.00	0.00	0.00	33,900.00

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/31/23	12/31/23	Coupon		U.S. TREASURY NOTE MAT 06/30/28 Cpn 4.00	91282CHK0		16,200.00	0.00	0.00	16,200.00
							169,339.07	0.00	0.00	169,339.07
12/01/23	12/01/23	Income	(0.010)	ADJ NET INT MAT Cpn	USD		(0.01)	0.00	0.00	(0.01)
12/01/23	12/01/23	Income	7,675.550	STIF INT MAT Cpn	USD		7,675.55	0.00	0.00	7,675.55
			7,675.540				7,675.54	0.00	0.00	7,675.54
12/22/23	12/26/23	Sell Long	365,000.000	U.S. TREASURY NOTE MAT 05/31/25 Cpn 0.25	912828ZT0	343,442.19	64.82	0.00	(21,570.69)	343,507.01
12/22/23	12/26/23	Sell Long	300,000.000	U.S. TREASURY NOTE MAT 11/30/25 Cpn 0.38	91282CAZ4	278,308.59	79.92	0.00	(21,778.09)	278,388.51
12/28/23	12/29/23	Sell Long	310,000.000	U.S. TREASURY NOTE MAT 11/30/25 Cpn 0.38	91282CAZ4	287,658.20	92.11	0.00	(22,430.98)	287,750.31
12/28/23	12/29/23	Sell Long	1,185,000.000	U.S. TREASURY NOTE MAT 11/30/25 Cpn 0.38	91282CAZ4	1,099,596.68	352.10	0.00	(85,819.69)	1,099,948.78
			2,160,000.000			2,009,005.66	588.95	0.00	(151,599.45)	2,009,594.61
12/15/23	12/15/23	Pay Princpl	37,592.480	CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52	14314QAC8	37,592.48		0.00	2.36	37,592.48
12/15/23	12/15/23	Pay Princpl	37,047.223	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55	14317DAC4	37,047.22		0.00	2.35	37,047.22

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT

12/01/2023 through 12/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
12/15/23	12/15/23	Pay Princpl	51,538.022	KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2	51,538.02		0.00	0.75	51,538.02
12/15/23	12/15/23	Pay Princpl	63,038.606	MERCEDES 2021-B A3 LEASE MAT 11/15/24 Cpn 0.40 58769KAD6	63,038.61		0.00	0.57	63,038.61
12/16/23	12/16/23	Pay Princpl	8,441.903	GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8	8,441.90		0.00	0.21	8,441.90
12/20/23	12/20/23	Pay Princpl	15,214.599	SRT 2021-C A3 LEASE 144A MAT 03/20/25 Cpn 0.50 80286CAC4	15,214.60		0.00	0.09	15,214.60
			212,872.833		212,872.83		0.00	6.34	212,872.83
12/01/23	12/01/23	Mature Long	425,000.000	CA LOS ANGELESX CNTY PUB WO MAT 12/01/23 Cpn 3.59 54473ERV8	425,000.00		0.00	0.00	425,000.00

LA CARE

Cash Activity by Transaction Type GAAP Basis

Accounting Period From 12/01/2023 To 12/31/2023

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/ Withdrawals	Total Amount
BUY										
12/07/23	12/05/23	12/07/23	TNT77	58769JAG2	MERCEDES-BENZ FIN NA	2,000,000.00	(17,866.67)	(1,987,820.00)	0.00	(2,005,686.67)
12/13/23	12/13/23	12/13/23	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	636,060.66	0.00	(636,060.66)	0.00	(636,060.66)
12/15/23	12/13/23	12/15/23	TNT77	29379VBT9	ENTERPRISE PRODUCTS OPER	5,000,000.00	(34,006.95)	(4,846,450.00)	0.00	(4,880,456.95)
TOTAL BUY						7,636,060.66	(51,873.62)	(7,470,330.66)	0.00	(7,522,204.28)
DIVIDEND										
12/01/23	12/01/23	12/01/23	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	2,266,752.70	17,380.75	0.00	0.00	17,380.75
TOTAL DIVIDEND						2,266,752.70	17,380.75	0.00	0.00	17,380.75
INTEREST										
12/01/23	12/01/23	12/01/23	TNT77	438516CB0	HONEYWELL INTERNATIONAL	5,000,000.00	33,750.00	0.00	0.00	33,750.00
12/03/23	12/03/23	12/03/23	TNT77	440452AH3	HORMEL FOODS CORP	2,600,000.00	22,100.00	0.00	0.00	22,100.00
12/05/23	12/05/23	12/05/23	TNT77	38141GWL4	GOLDMAN SACHS GROUP INC	10,000,000.00	184,550.00	0.00	0.00	184,550.00
12/06/23	12/06/23	12/06/23	TNT77	07330NAT2	TRUIST BANK	4,750,000.00	51,062.50	0.00	0.00	51,062.50
12/15/23	12/15/23	12/15/23	TNT77	976656CL0	WISCONSIN ELECTRIC POWER	1,500,000.00	15,375.00	0.00	0.00	15,375.00
TOTAL INTEREST						23,850,000.00	306,837.50	0.00	0.00	306,837.50
SELL										
12/13/23	12/13/23	12/13/23	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	2,266,752.70	0.00	2,266,752.70	0.00	2,266,752.70
12/15/23	12/14/23	12/15/23	TNT77	05348EAU3	AVALONBAY COMMUNITIES	5,000,000.00	14,583.33	4,916,650.00	0.00	4,931,233.33
TOTAL SELL						7,266,752.70	14,583.33	7,183,402.70	0.00	7,197,986.03
GRAND TOTAL						41,019,566.06	286,927.96	(286,927.96)	0.00	0.00

Avg Date 13

January 12, 2023

TO: Finance & Budget Committee

FROM: Afzal Shah, *Chief Financial Officer*

SUBJECT: AFS-006 (Authorization and Approval Limits) and AFS-007 (Procurement Policy) 1st Quarter Report for FY 2023-2024

The below Accounting & Financial Services (AFS) policies are required to be reported to the Finance & Budget Committee:

1. Policy AFS-006 (Authorization and Approval Limits) requires reports for executed vendor contracts for all expenditures.

2. Policy AFS-007 (Procurement Policy) requires reports for all sole source purchases over $250,000.

Attached are the reports for 1st Quarter Report for FY 2023-2024.

L.A. Care Health Plan
AFS-006 Authorization and Approval Limits Quarterly Report
October 2023- December 2023

New POs and Non PO Contracts	
Vendor Name	**PO and Contract Total**
Infosys Limited	$ 27,268,128.00
Ntooitive Digital LLC	$ 12,340,575.00
salesforce.com, inc.	$ 10,444,445.36
OptumInsight, Inc.	$ 7,118,500.00
I Color Printing & Mailing Inc	$ 7,048,402.03
Edifecs, Inc.	$ 7,028,663.60
Cequel Data Centers, L.P.	$ 6,422,645.36
Cognizant TriZetto Software Group, Inc.	$ 5,430,767.80
IX Layer Inc	$ 5,400,000.00
Collective Medical Technologies, Inc.	$ 5,100,096.00
NICE Systems Inc	$ 3,939,628.21
Sierra Pacific Constructors, Inc.	$ 3,682,062.00
Hyland Software, Inc.	$ 2,542,117.98
Arent Fox LLP	$ 2,000,000.00
CCI Network Services LLC	$ 2,000,000.00
NTT America Solutions, Inc.	$ 1,990,373.82
Thrasys, Inc.	$ 1,950,000.00
Optiv Security, Inc.	$ 1,930,928.82
Charles R. Drew University of Medicine and Science (Grant)	$ 1,711,019.20
UCLA Foundation, The (Grant)	$ 1,711,019.20
SHI International Corp	$ 1,648,294.23
California Association of Food Banks (Grant)	$ 1,300,000.00
Manhattan Telecommunications Corporation LLC	$ 1,180,948.68
Gartner Inc.	$ 1,122,844.00
Daponde Simpson Rowe PC	$ 1,100,000.00
Metcalfe Security Inc.	$ 950,000.00
Sheppard Mullin Richter & Hampton LLP	$ 900,000.00
Optum360 LLC	$ 710,473.25
Level 3 Financing, Inc.	$ 650,000.00
Andrues/Podberesky, APLC	$ 600,000.00
Orbach, Huff, Suarez & Henderson LLP	$ 600,000.00
Center for the Study of Services	$ 555,455.37
Resources Connection Inc.	$ 510,000.00
Best Best & Krieger LLP	$ 500,000.00
Lista Design Studio, Inc.	$ 500,000.00
Martin Luther King, Jr. Community Health Foundation (Grant)	$ 500,000.00
JWCH Institute, Inc. (Grant)	$ 500,000.00
Deloitte & Touche LLP	$ 465,300.00
CVS Pharmacy, Inc.	$ 450,000.00
SAP America, Inc.	$ 423,149.08
Micro-Dyn Medical Systems, Inc.	$ 403,515.00
Absolute Ops LLC	$ 317,400.00
Informatica LLC	$ 309,812.44
City of Glendale (Grant)	$ 308,779.80

New POs and Non PO Contracts	
Vendor Name	**PO and Contract Total**
Barber Ranen LLP	$ 300,000.00
Winston & Strawn LLP	$ 300,000.00
Earth Print, Inc.	$ 299,039.20
RightStar, Inc.	$ 288,424.75
Healthy Cooking LLC	$ 277,450.00
SciQuest, Inc.	$ 240,670.24
SAI360 Inc.	$ 240,100.00
SKKN, INC.	$ 231,734.09
Datavail Corporation	$ 226,536.00
Lewis Brisbois Bisgaard & Smith LLP	$ 200,000.00
Seyfarth Shaw LLP	$ 200,000.00
Advent Advisory Group LLC	$ 193,742.96
Health Management Associates Inc.	$ 188,320.00
11:11 Systems, Inc.	$ 185,824.56
Chinatown Service Center (Grant)	$ 175,000.00
Southern California Medical Center, Inc. (Grant)	$ 175,000.00
ePlus Technology, inc.	$ 166,570.39
National Committee for Quality Assurance	$ 164,145.84
Cognisight, LLC	$ 160,000.00
Pitney Bowes Inc. (Lease)	$ 151,249.00
Diversity Uplifts, Inc. (Grant)	$ 150,000.00
Housing Works (Grant)	$ 150,000.00
New Economics for Women (Grant)	$ 150,000.00
SoLa I CAN Foundation (Grant)	$ 150,000.00
Unite-LA, Inc.(Grant)	$ 150,000.00
MG Dance Foundation	$ 144,540.00
Rapid7 LLC	$ 137,700.00
A Step to Freedom (Grant)	$ 125,000.00
BeverlyCare (Grant)	$ 125,000.00
Breastfeeding Task Force of Greater Los Angeles (Grant)	$ 125,000.00
California Black Women's Health Project (Grant)	$ 125,000.00
Creative Acts (Grant)	$ 125,000.00
Garfield Health Center (Grant)	$ 125,000.00
Inclusive Action for the City (Grant)	$ 125,000.00
Community Partners (Grant)	$ 125,000.00
Community Partners (Grant)	$ 125,000.00
Northeast Valley Health Corporation (Grant)	$ 125,000.00
STEM to the Future (Grant)	$ 125,000.00
Amazon Web Services	$ 120,000.00
Sonia P. Guzman	$ 107,400.00
Critical Care Training Center	$ 106,400.00
Bhive Holdings, LLC	$ 105,000.00
University of Southern California	$ 105,000.00
ACE Health Consulting LLC	$ 100,000.00
Broniec Associates Inc	$ 100,000.00
D&S Security, Inc.	$ 100,000.00
Health Management Associates, Inc. (dba Wakely Consulting Gr	$ 100,000.00
Public Health Foundation Enterprises, Inc. (Grant)	$ 100,000.00

New POs and Non PO Contracts	
Vendor Name	**PO and Contract Total**
L.A. Family Housing Corporation (Grant)	$ 100,000.00
Qurium Solutions Inc	$ 90,500.00
Martha Navarro	$ 86,040.00
AVI Systems, Inc.	$ 85,363.00
HALO BRANDED SOLUTIONS, INC.	$ 76,874.55
Homies Unidos, Inc. (Grant)	$ 75,000.00
Khmer Girls in Action (Grant)	$ 75,000.00
Kutturan Chamoru Foundation (Grant)	$ 75,000.00
Kutturan Chamoru Foundation (Grant)	$ 75,000.00
Southeast Asian Community Alliance(Grant)	$ 75,000.00
Providence Little Company of Mary Foundation	$ 67,600.00
Merito Solutions, Inc	$ 64,324.59
GM Voices, Inc.	$ 62,004.00
Canon Solutions America Inc	$ 61,950.00
City of Long Beach (Grant)	$ 60,032.00
VideoGuard, LLC	$ 55,200.00
Merative US L.P.	$ 54,835.92
Black Velveteen Yoga	$ 52,990.00
CenturyLink Communications, LLC	$ 50,000.00
Mazars USA LLP	$ 50,000.00
Aquent LLC	$ 47,662.00
Staarr Realty Corporation (Lease)	$ 46,056.77
Office Depot, Inc.	$ 45,234.22
FEAST	$ 44,800.00
Virginia Medina	$ 43,680.00
Momentive Inc.	$ 42,500.20
JeffersonLarsonSmith LLC	$ 41,650.00
Lands' End, Inc	$ 38,815.65
Republic Services, Inc.	$ 37,594.20
Esperanza Community Housing Corporation	$ 35,360.00
LPS Holdco LLC	$ 35,000.00
Parent, Family Engagement and Community Services, Inc.	$ 34,000.00
Sovos Compliance, LLC	$ 32,277.10
Posit Software, PBC	$ 32,079.00
ABF Data Systems, Inc	$ 28,916.00
Young Men's Christian Association of Metropolitan Los Angele	$ 26,800.00
Amazon Capital Services, Inc.	$ 25,978.95
Dalia Rosa Cadena	$ 24,960.00
Gallup, Inc.	$ 24,150.00
Antonio De Jesus Estrada	$ 23,952.00
Prevalent, Inc.	$ 23,359.50
ATTAC Consulting Group, LLC	$ 21,500.00
GHA Technologies Inc	$ 21,402.50
Stella Ilran Han	$ 21,400.00
Peoples Yoga	$ 21,280.00
Rubi Ruiz	$ 21,280.00
Ana Maria Delgado	$ 20,800.00
Bri Gainz LLC	$ 20,800.00

New POs and Non PO Contracts	
Vendor Name	**PO and Contract Total**
Gasol Foundation	$ 20,800.00
Judy Andrea Lozada	$ 20,660.00
Zipari, Inc.	$ 20,000.00
Samuel Roman	$ 18,900.00
Harbor Connects	$ 18,000.00
Juan Andres lara	$ 17,920.00
Meltwater News US Inc.	$ 17,545.00
ComponentSource, Inc.	$ 16,425.60
Angie Gomez	$ 16,400.00
Kimberley Carruthers	$ 15,600.00
Footage Firm, Inc	$ 15,500.00
Insight Direct USA, Inc.	$ 14,685.08
Homeboy Industries	$ 14,382.00
BrandFuse, inc.	$ 14,040.00
Competiscan, LLC	$ 12,485.00
Khavarian Enterprises, Inc.	$ 10,760.00
ISI Telemanagement Solutions, LLC	$ 10,200.00
Cintas Corporation No. 2	$ 10,000.00
Safe and Sound Surveillance Solutions Inc	$ 10,000.00
Tham & Associates LTD	$ 10,000.00
Elizabeth Barnett	$ 9,900.00
Getty Images (US), Inc.	$ 8,610.00
Uline, Inc.	$ 7,986.40
Christopher Lopez	$ 7,500.00
Brent Powell	$ 7,000.00
Anthony Peter Lopez, Jr.	$ 6,389.08
Dewey Pest Control	$ 5,960.00
Concur Technologies, Inc.	$ 5,582.28
ABMS Solutions, LLC	$ 5,250.00
Digicert, Inc.	$ 4,992.40
Lakeshore Equipment Company	$ 4,453.49
Rita Lisa Sinkoski	$ 3,900.00
Training Connection LLC	$ 3,180.00
God's Pantry	$ 3,003.00
Johnathan Madrigal	$ 1,981.50
Plunet Inc.	$ 1,750.00
Smartsheet.com, Inc.	$ 1,494.00
Zones, LLC (Wholly Owned by Zones IT Solutions Inc.)	$ 1,373.72
Wistia, Inc	$ 950.40
Blue Ribbon Technologies, LLC	$ 780.00
Live Art Plantscapes, Inc.	$ 550.55
The Prophet Corporation	$ 143.10
Total	**$ 144,053,226.01**

L.A. Care Health Plan
AFS-006 Authorization and Approval Limits Quarterly Report
October 2023 - December 2023

Amended Vendor Contracts

Vendor Name	Current Contract Total	Amendment	New Contract Total	Term Date
ABMS Solutions, LLC	$ 6,920.00	$ 5,250.00	$ 12,170.00	2/17/2025
Actum II, LLC	$ 300,000.00	$ 300,000.00	$ 600,000.00	5/31/2024
Alison Klurfeld	$ 267,400.00	$ 118,700.00	$ 386,100.00	4/17/2024
ALTA Language Services, Inc.	$ 31,920.00	$ 35,000.00	$ 66,920.00	9/30/2024
Applied Research Works, Inc.	$ 588,000.00	$ 371,000.00	$ 959,000.00	5/2/2024
Avantpage Inc.	$ 1,950,000.00	$ 1,000,000.00	$ 2,950,000.00	2/7/2026
Axis Technology, LLC	$ 471,000.00	$ 75,000.00	$ 546,000.00	6/30/2024
Cequel Data Centers, L.P.	$ 177,921.43	Scope	$ 177,921.43	4/9/2024
Cerner Corporation	$ 250,000.00	$ 60,000.00	$ 310,000.00	12/31/2023
Cognizant Technology Solutions U.S. Corporation	$ 6,407,431.00	$ 1,930,354.16	$ 8,337,785.16	5/31/2024
Cognizant Technology Solutions U.S. Corporation	$ 6,159,359.00	$ 292,000.00	$ 6,451,359.00	12/31/2023
Cognizant Technology Solutions U.S. Corporation	$ 4,251,301.00	$ 2,156,130.00	$ 6,407,431.00	10/31/2023
Cognizant TriZetto Software Group, Inc.	$ 56,273,719.41	$ 134,400.00	$ 56,408,119.41	9/30/2027
Cognizant TriZetto Software Group, Inc.	$ 6,839.02	$ 3,194.74	$ 10,033.76	10/31/2023
Community Clinic Association of Los Angeles County	$ 457,409.40	$ 60,000.00	$ 517,409.40	1/31/2025
Cynthia ReedCarmona	$ 182,000.00	$ 182,000.00	$ 364,000.00	12/31/2023
Decron Properties Corp	$ 3,928,203.00	Time	$ 3,928,203.00	10/30/2033
Deepa Gupta	$ 150,000.00	$ 150,000.00	$ 300,000.00	6/30/2024
DocuSign Inc	$ 167,140.00	$ 20,124.14	$ 187,264.14	8/15/2024
Elsevier Inc.	$ 37,730.00	$ 39,232.00	$ 76,962.00	10/23/2028
EPI-USE America Inc	$ 340,000.00	$ 100,000.00	$ 440,000.00	12/31/2024
Ex Novo, Inc	$ 126,073.00	$ 16,450.00	$ 142,523.00	12/31/2024
Ex Novo, Inc	$ 149,017.00	$ 17,000.00	$ 166,017.00	12/31/2024
FanelliPM	$ 217,887.00	$ 56,419.00	$ 274,306.00	6/30/2025
FanelliPM	$ 69,672.00	$ 23,145.00	$ 92,817.00	11/30/2024
FanelliPM	$ 72,562.00	$ 9,716.00	$ 82,278.00	11/30/2024
FRASCO, Inc	$ 314,000.00	$ 100,000.00	$ 414,000.00	9/30/2024
Harvard Business School Publishing Corporation	$ 81,795.04	$ 16,516.50	$ 98,311.54	12/19/2024
Health Management Associates Inc.	$ 320,080.00	Time	$ 320,080.00	12/31/2023
Health Management Associates, Inc. (dba Wakely Cor	$ 140,723.75	$ 75,000.00	$ 215,723.75	7/31/2024
HRchitect, Inc.	$ 118,000.00	$ 35,000.00	$ 153,000.00	10/31/2024
Infosys Limited	$ 9,364,883.00	$ 3,300,000.00	$ 12,664,883.00	12/31/2024
Krishaunda Hampton	$ 306,685.00	$ 84,835.00	$ 391,520.00	9/30/2024
Lorenzo Campos-Marquez	$ 2,469,420.50	Scope	$ 2,469,420.50	12/31/2024
Mayor's Fund for Los Angeles	$ 1,078,000.02	$ 750,000.00	$ 1,828,000.02	12/31/2024
MCG Health LLC	$ 7,244,702.30	$ 11,510,319.50	$ 18,755,021.80	11/10/2028
MCG Health LLC	$ 6,915,894.20	$ 328,808.10	$ 7,244,702.30	11/10/2023
MetaSoftTech Solutions LLC	$ 300,000.00	$ 300,000.00	$ 600,000.00	6/30/2024
Moss Adams LLP	$ 80,185.00	$ 86,745.00	$ 166,930.00	9/15/2025
mPulse Mobile, Inc.	$ 318,491.00	$ 56,776.00	$ 375,267.00	12/31/2023
Multnomah Group, Inc.	$ 288,000.00	$ 86,400.00	$ 374,400.00	12/31/2025
NetCentric Technologies Inc.	$ 1,415,000.00	$ 975,000.00	$ 2,390,000.00	9/30/2026
phData, Inc.	$ 159,780.00	Time	$ 159,780.00	3/1/2024
Resources Connection Inc.	$ 2,505,000.00	$ 850,000.00	$ 3,355,000.00	3/31/2024
Safety Net Connect Inc.	$ 116,000.00	$ 182,000.00	$ 298,000.00	12/31/2024
SAP America, Inc.	$ 3,087,000.00	$ 2,043,303.78	$ 5,130,303.78	12/31/2025
Scott Ash	$ 209,500.00	$ 50,000.00	$ 259,500.00	10/31/2024
Sierra Pacific Constructors, Inc.	$ 3,445,954.00	Time	$ 3,445,954.00	12/15/2024
Solugenix Corporation	$ 19,281,522.00	$ 12,000,000.00	$ 31,281,522.00	9/30/2024
Sonia P. Guzman	$ 65,600.00	$ 16,400.00	$ 82,000.00	7/31/2024
Toney HealthCare Consulting, LLC	$ 2,026,000.00	Time	$ 2,026,000.00	3/31/2024
Toney HealthCare Consulting, LLC	$ 475,000.00	$ 150,000.00	$ 625,000.00	12/31/2024
Toney HealthCare Consulting, LLC	$ 1,000,000.00	$ 400,000.00	$ 1,400,000.00	10/31/2024
TRI Ventures, Inc.	$ 48,464,908.00	$ 15,000,000.00	$ 63,464,908.00	12/31/2024
UL VERIFICATION SERVICES INC	$ 158,874.17	Scope	$ 158,874.17	6/30/2024
Zipari, Inc.	$ 3,819,604.68	$ 103,644.12	$ 3,923,248.80	1/31/2024
Zipari, Inc.	$ 3,509,572.32	$ 310,032.36	$ 3,819,604.68	12/31/2023
		Total	**$ 258,085,574.64**	

L.A. Care Health Plan
AFS-007 Authorization and Approval Limits Quarterly Report
October 2023 - December 2023

Vendor Selection - Sole Source

Vendor Name	Contract Total	Paid As Of 1/8/24	Vendor Selection	For Internal Use: Description
Alison Klurfeld	$ 386,100.00	$ 240,129.49	Sole Source	Vendor's provides planning and implementation for Homelessness and Housing Incentive Program funded by the California Department of Health Care Services.
Krishaunda Hampton	$ 391,520.00	$ 391,520.00	Sole Source	Vendor provides readiness support for implementation of new and improved consumer advisory committees and value based feedback processes.
Applied Research Works, Inc.	$ 959,000.00	$ 735,000.00	Sole Source	Vendor provides HEDIS reporting and data analytics software and support that enables L.A. Care to analyze and report HEDIS measures.

DATE: February 28, 2023

TO: Finance & Budget Committee

FROM: Afzal Shah, *Chief Financial Officer*

SUBJECT: AFS-027 Travel Expense Report & AFS-004 Non-Travel Expense Report

L.A. Care's internal policies, AFS-027 Travel Related Expenses and AFS-004 Non-Travel Expenses, for business related travel and non-travel expenses incurred by employees, members of the Board of Governors, Stakeholder Committees, and members of the Public Advisory Committees (PACs), require that all expenditures covered under these policies are to be reported to the Board of Governors on a quarterly basis.

Expenses covered under the Travel Related Expenses policy:

Travel and training expenditures, such as:

- Airlines
- Out-of-Town Lodging
- Parking
- Mileage
- Rental Cars
- Taxis and Other Public Transportation
- Meals Related to Business Travel

Expenses covered under the Non-Travel Expenses policy:

Any lunch, event, or gathering at which stakeholders are in attendance, such as:

- Board of Governors' meetings
- Stakeholder relationship events and outreach
- Education events

Any lunch, event, or gathering for internal staff only, such as:

- Recruitment, On-boarding, or Orientation Events
- Extenuating circumstances
- Discretionary staff spending for recognition and retention efforts

In order to keep the Committee apprised of L.A. Care's necessary expenditures and to comply with internal policy, presented herein are the travel and non-travel related expenses for the first quarter of Fiscal Year 2023-2024, October through December 2023.

AFS-004 Non-Travel Expense Report Q1 FY 2023-24

Division	Oct - Dec 2023	Description
Executive Services	$ 3,369	Expenses are related to CME/CE Gun Violence Prevention Dinner and L.A. County Health Equity Collaboration meeting.
Health Services	$ 17,593	Expenses are related to catering for Motivational Interviewing Training sessions, CME/CE Youth and Older Adults Substance Use Disorders & Screening, Brief Intervention, and Referral to Treatmeant (SUD & SBIRT) dinner, bi-annual Community Health team meeting, and Quarterly Appreciation Days for Transform LA, Help Me Grow/First 5LA, and EQuIP-LA.
Human Resources	$ 9,610	Expenses are related to refreshments for Dedicated Service Recognition events and New Hire Orientation events.
Information Technology	$ 469	Expenses are related to in-person provider enrollment and maintenance project kickoff event.
Legal Services	$ 5,213	Expenses are related to refreshments for the committee meetings.
Strategic Services	$ 6,401	Expenses are related to refreshments for ECAC meetings.
Total Non-Travel Expenses	**$ 42,656**	

AFS-027 Travel Expense Report Q1 FY 2023-24

Division	Oct - Dec 2023	Description
Chief Product Officer	$ 23,454	Expenses are related to attendance of SNP Alliance Fall Froum and AfroTech Health Summit, and L.A. Care staff mileage reimbursement.
Clinical Operations	$ 14,309	Expenses are related to L.A. Care Community Health Worker (CHW) staff mileage reimbursement.
Compliance	$ 23,277	Expenses are related to attendance of National Association of Drug Diversion Investigators (NADDI) conference, California Association of Health Plans (CAHP) conference, National Health Care Anti-Fraud Association (NHCAA) conference, RISE Women in Healthcare Summit, and staff mileage reimbursement.
Executive Services	$ 4,142	Expenses are related to attendance of Association for Community Associated Plans (ACAP) Fall meeting, 25th Year Anniversary Celebration, Executive Team Dinner, and Becker Conference.
Finance Services	$ 5,458	Expenses are related to attendance of Cozeva Annual User Group meeting and CAHP conference.
Health Services	$ 45,454	Expenses are related to attendance of Academy of Managed Care Pharmacy (AMCP) conference, American Pharmacists Association (APHA) conference, National Association of Quality Assurance (NCQA) Summit, and Cozeva Annual User Group meeting.
Human Resources	$ 5,337	Expenses are related to attendance of SAP SuccessConnect Conference and DevLearn Conference.
Information Technology	$ 6,601	Expenses are related to attendance of Cognizant QUser Fall conference, Cisco LIVE training, and LA Care staff mileage reimbursement for CRC visits.
Legal Services	$ 79	Expenses are related to approved L.A. Care staff education and travel.
Operations	$ 8,076	Expenses are related to attendance of NHCAA conference, HLTH 2023 conference, and L.A. Care staff mileage reimbursement.
Strategic Services	$ 41,877	Expenses are related to attendance of CAHP conference, support fees for CRC workshops and Outreach events, and approved L.A. Care staff transportation for site visits and meetings.
Total Travel Expenses	**$ 178,063**	

BOARD OF GOVERNORS

Finance & Budget Committee

Meeting Minutes – January 24, 2024

1055 W. 7th Street, Los Angeles, CA 90017

Members

Stephanie Booth, MD, *Chairperson*
Alvaro Ballesteros, MBA
G. Michael Roybal, MD **
Nina Vaccaro **

**Absent ** Via Teleconference*

Management/Staff

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

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Stephanie Booth, MD*, Committee Chairperson*, called the L.A. Care and JPA Finance & Budget Committee meetings to order at 1:01 p.m. The meetings were held simultaneously. She welcomed everyone and summarized the process for public comment during this meeting. • For those who provided public comment for this meeting by voice message or in writing, L.A. Care is glad that they provided input today. The Committee will hear their comments and they also have to finish the business on the Agenda today. • For people who have access to the internet, the meeting materials are available at the lacare.org website. If anyone needs information about how to locate the meeting materials, they can reach out to L.A. Care staff. • Information for public comment is on the Agenda available on the web site. Staff will read the comment from each person for up to three minutes. • Public comment will be made before the Committee starts to discuss an item. If the comment is not for a specific agenda item, it will be read at the general Public Comment. • Chairperson Booth provided information on how to submit a comment in-person, or live and directly using the "chat" feature.	
APPROVE MEETING AGENDA	The Agenda for today's meeting was approved.	**Approved unanimously by roll call. 3 AYES (Ballesteros, Booth, and Roybal)**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
PUBLIC COMMENTS	There were no public comments.	
APPROVE CONSENT AGENDA	• November 15, 2023 meeting minutes • ImageNet Contract Amendment to support L.A. Care Claims and Provider Dispute Resolutions (PDR) Processing Services **Motion FIN 100.0224** **To authorize the staff to enter into amendment #5 of SOW #1, increasing the overall contract amount from $4,101,233 to $15,808,628 (incremental increase of $11,707,395). This amendment will allow ImageNet, LLC to continue to support L.A. Care Claims and Provider Dispute Resolutions (PDR) Processing Services.** • Invent Health Contract Amendment to continue providing risk adjustment analytic services for all product lines, Duals Special Needs Plan (DSNP), L.A. Care Covered, and Medi-Cal lines of business **Motion FIN 101.0224** **To authorize staff to amend an existing contract with Invent Health for the contract total amount not to exceed $5,254,850 in order to continue providing risk adjustment analytic services over the next sixteen months for all product lines, Duals Special Needs Plan (DSNP), L.A. Care Covered, and Medi-Cal lines of business.** • Delegate authority to the Chief Executive Officer to enter into a Master Purchase Agreement with commercial furniture vendor Tangram, Inc. **Motion FIN A.0124** **To delegate authority to the Chief Executive Officer to enter into a Master Purchase Agreement with commercial furniture vendor Tangram, Inc. and to authorize funds in an amount not to exceed $4,386,800 to purchase new standard office furniture, equipment and installation labor.**	**Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Roybal, and Vaccaro)**
CHAIRPERSON'S REPORT	There was no Chairperson Report.	
CHIEF EXECUTIVE OFFICER'S REPORT	John Baackes, *Chief Executive Officer*, reported on the Medi-Cal eligibility redetermination that began in July 2023, and is processing at a rate of approximately 20,000 people a month. The California Department of Health Care Services (DHCS) has determined the status of 54% of the Medi-Cal enrollees. About 16% were dis-enrolled because the member did not complete	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	the redetermination packet mailed to them or was deemed ineligible because their income exceeded the ceiling of 138% of the federal poverty level. The eligibility status of about 173,000 L.A. Care members is not yet determined. Members have a 90-day grace period to complete and return the determination packet. This group may include members who returned the packet but it had not yet been processed by DHCS. During the seven-month period, L.A. Care gained 260,000 new members across a variety of categories: moms and kids, seniors and persons with disabilities and from the Medi-Cal expansion population. L.A. Care currently has 2,224,000 Medi-Cal lives and total enrollment of 2.7 million. L.A. Care met its goal of adding 2,100 new members in the Duals Special Needs Plan (D-SNP) program, meeting enrollment expectations. The total enrollment is over 19,000 members. L.A. Care Covered membership has 160,000 members paid, and about 40,000 people on hold. These may be people that were deemed ineligible for Medi-Cal because their income exceeded the income ceiling or they were transferred from Oscar Health Plan, which left the market. The member has 60 days to decide whether they want to accept or decline enrollment in L.A. Care. L.A. Care is conducting outbound calls with a hit rate of about 10%. L.A. Care's January 2024 Medi-Cal enrollment significantly declined due to Kaiser's new direct contract with DHCS that took effect on January 1, 2024; 260,000 members had been enrolled in Kaiser through L.A. Care. Mr. Baackes reported that undocumented California residents between ages 26 to 49 are now eligible for enrollment in Medi-Cal. L.A. Care received 10,000 enrollees in January 2024. There are an estimated 270,000 people eligible in Los Angeles County, and L.A. Care expects to enroll 150,000-170,000. In the last Medi-Cal expansion for people ages 50 and over, L.A. Care received 75% of enrollment over a three-month period. Mr. Baackes expects that the bulk of enrollment of these undocumented residents will occur in March 2024. Many of these people have accessed healthcare through My Health LA, a program sponsored by Los Angeles County for undocumented residents. L.A. Care is working to match these people to their current primary care physicians (PCPs). Chairperson Booth asked if L.A. Care has information on the member's PCP. Mr. Baackes noted L.A. Care's product team is coordinating with the provider network team to communicate with providers and let them know that their patients were up for	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	redetermination so that they have an opportunity to give L.A. Care information to match their patients. Chairperson Booth asked if L.A. Care thought about purchasing its own corporate building because it seems that L.A. Care spends a lot on leases. L.A. Care is currently in a 10-year lease on the building to which it will move to in September 2024. Afzal Shah, *Chief Financial Officer*, informed the Committee that L.A. Care is exploring options of buying the building as an alternative to paying rent for 10 years. Many non-profits lease office space. Since L.A. Care is spending public dollars on leasing, a purchase may be an option. L.A. Care has to consider that real estate would be shown in L.A. Care's reserves. It is an asset that will depreciate. L.A. Care will review the present value of the rent payments and compare it to the market value and depreciation of the property. It is difficult to estimate a value after 10 years. There are studies and news articles saying that the value of commercial real estate in downtown Los Angeles may take 10 to 20 years to recover. L.A. Care does not want an impaired asset on its books. The value that L.A. Care would pay for real estate will be recorded at a lower amount. L.A. Care will need to predict what might happen after the 10-year lease. L.A. Care may have to record a major loss in the value of that asset. L.A. Care is currently looking at all aspects, including whether to acquire this building or another building perhaps more suitable for L.A. Care. Staff is looking at various options.	
COMMITTEE ITEMS		
Chief Financial Officer's Report • Financial Report	Jeffrey Ingram, *Deputy Chief Financial Officer,* reported the October and November 2023 Financial Performance**.** *(A copy of the report can be obtained by contacting Board Services.)* <u>Membership</u> November 2023 total membership was 2.76 million members, almost 26,000 unfavorable to the budget. Year-to-date (YTD) membership was 5.6 million member months; almost 55,000 unfavorable to the budget, driven by the larger than anticipated "on-hold" status counts recorded in October 2023, and carried forward into November 2023. At the end of the last fiscal year, membership was tracking ahead of the 9+3 forecast. It is worth mentioning that membership levels in the financial statements is on a reported basis, which means any adjustments for prior periods flow through the current month. Medi-Cal membership dropped approximately 1% month over month, which is in line with budget projections. L.A. Care Covered (LACC) enrollment is favorable by 2,600 members, driven by the steady growth in SB260 effectuated members and L.A. Care's competitive	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	pricing. These members have covered the normal loss of membership typically seen during the end of year Special Election Period. Consolidated Financial Performance There was a $62 million net surplus for November 2023; $43 million favorable to the budget when funding received for Housing, Homelessness Incentive Program (HHIP), and Incentive Payment Program (IPP) is excluded. Revenue was $14.4 million behind budget due to assumed revenue of $16.6 million for HHIP & IPP. Aside from that, revenue aligns with a $2 million favorable variance, or less than a 0.5%. Healthcare costs (HCC) were $29.3 million favorable to budget; $8 million favorable is tied to HHIP and IPP. Incurred claims are favorable roughly $28 million. Fee-For-Service (FFS) expenses are lower than anticipated, primarily in Inpatient Services. The favorability is offset by higher than anticipated Prop 56 expenses Administrative expense was flat to the budget this month. Non-operating was favorable by $18.2 million. There was a continued benefit from investments earning more in a higher rating environment, as well as unrealized gains as market rates came down a bit in the fourth quarter. YTD there was a $159 million net surplus; $121 million favorable to the budget when HHIP and IPP funds are excluded. Revenue is $19.9 million behind budget. HCC are $92.3 million favorable to budget. Administrative expense is flat to the budget and non-operating is favorable $31.3 million. The same drivers discussed earlier apply here; timing of HHIP/IPP revenue, lower incurred FFS claims, and higher interest rates driving interest income. Mr. Ingram reminded that the CY 2023 rates were favorable, so there was one more month to report for Q1 of FY 2023-24 and Q4 of the calendar year (CY) with a higher than normal surplus. The CY 2024 rates, which are lower, will start in January 2024. Operating Margin by Segment • Overall Medical Care Ratio (MCR) was 88.5% vs the budgeted 93.2%, excluding HHIP and IPP • Medi-Cal MCR is closer to 90%, primarily driven by the favorable CY 2023 rates • Duals Special Needs Plan (DSNP) MCR is 76.5% vs 89.6% budgeted. The MCR looks a bit better than what is anticipated throughout the remainder of the year. Updates for	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	prior periods can affect the percentages early in the fiscal year. As a comparison, March 2023 financials reported an MCR of 78.7% and DSNP finished the year around 84%. • LACC MCR is 73.8% vs 84.6% budgeted, as prior period adjustments early in the FY are dragging the MCR down. L.A. Care's actuarial team reported higher PMPM expenses for recent experience. It is expected that the MCR will increase as the year goes on. • PASC MCR is 90% vs the budgeted 114%. <u>Key Financial Ratios</u> All ratios are favorable compared to budgeted expectations. Administrative expense was 4.9% vs the 5.0% budgeted. The December 2023 administrative percentage is expected to be unfavorable to budget. Staff is researching what aspects are timing-related and which might add pressure throughout the year. <u>Tangible Net Equity (TNE) vs Days of Cash on Hand</u> TNE continues to build as L.A. Care finishes CY 2023 with strong surplus positions. L.A. Care is currently at 804% of required TNE. L.A. Care is not the only plan increasing – Central California Alliance for Health and CalOptima have also increased TNE position since the March 2023 filings. Days' cash on hand is 86 days. **<u>Motion FIN 102.0224</u>** **To accept the Financial Reports for October and November 2023, as submitted.**	**Approved unanimously by roll call. 3 AYES (Ballesteros, Booth, and Roybal)**
• Monthly Investment Transactions Reports	Mr. Ingram referred to the investment transactions reports included in the meeting materials (*a copy of the report is available by contacting Board Services).* This report is to comply with the California Government Code as an informational item. L.A. Care's total investment market value as of November 30, 2023 was $3.2 billion. • $3.1 billion managed by Payden & Rygel and New England Asset Management (NEAM) • $35 million in Local Agency Investment Fund • $79 million in Los Angeles County Pooled Investment Fund	
Public Comments on the Closed Session agenda items.	There were no public comments.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURN TO CLOSED SESSION	The Joint Powers Authority Finance & Budget Committee meeting adjourned at 1:31 p.m. Augustavia J. Haydel, Esq., *General Counsel*, announced the items that the Committee will discuss in closed session. There was no public comment on the Closed Session items, and the meeting adjourned to closed session at 1:32 p.m. REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Technology, Business Plan Estimated date of public disclosure: *January 2026* CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 2:04 pm. Augustavia J. Haydel, Esq., *General Counsel*, advised the public that no reportable action from the closed session.	
ADJOURNMENT	The meeting adjourned at 2:04 p.m.	

Respectfully submitted by:

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

APPROVED BY:

_____
Stephanie Booth, MD, *Chairperson*
Date Signed _____

COMPLIANCE & QUALITY COMMITTEE

BOARD OF GOVERNORS
Compliance & Quality Committee Meeting
Meeting Minutes – January 18, 2024

L.A. Care Health Plan CR 1017-1018, 1055 W. Seventh Street, Los Angeles, CA 90017

Members
Stephanie Booth, *MD, Chairperson*
Al Ballesteros, *MBA* *
G. Michael Roybal, *MD*

Senior Management
Sameer Amin, *MD, Chief Medical Officer*
Terry Brown, *Chief of Human Resources*
Todd Gower, *Chief Compliance Officer*
Linda Greenfield, *Chief Product Officer*
Augustavia J. Haydel, *General Counsel*
Alex Li, *Chief Health Equity Officer*
Edward Sheen, MD, *Senior Quality, Population Health & Informatics Executive*
Michael Sobetzko, *Senior Director, Risk Management and Operations Support*

** Absent ** Via Teleconference*

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Chairperson Stephanie Booth, *MD*, called the L.A. Care Compliance & Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance & Quality Committee meetings to order at 2:00 p.m. She announced that members of the public may address the Committee on each matter listed on the agenda before the Committee's consideration of the item by submitting their comments via text, voicemail, or email.	
APPROVAL OF MEETING AGENDA	**The meeting Agenda was approved as submitted.**	**Approved unanimously 2 AYES (Booth, and Roybal)**
PUBLIC COMMENT	**Andria McFerson, RCAC 5 Member, submitted via text message** *My name is Andria from RCAC I have a question regarding the stakeholder meetings under proper compliance to not have the stakeholder meetings throughout the year? and with that the only stakeholder meetings were listening sessions? Also that no delegations of Robert's Rule of Order be practiced or allowed by staff? is that properly under*	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	compliance and is it under compliance that a chair can dictate whether we have ECAC meetings with no agreement mutually from all co-chairs and if so due to the request of staff are they under compliance or do they need to be investigated and can we have a RCAC meeting to discuss these things in order to make sure that it's carried out properly and if the state did not mandate that through out 2023 that we don't have regular ECAC or RCAC meetings where where are right violated? Chairperson Booth thanked Ms. McFerson for her comment and added that she understands the rules around having the RCACs and all of the input from from the public. She noted that State changed some requirements and L.A. Care is dealing with implementing the new requirements. She thinks that everything is going to be addressed with this new implementation and hopes that it will fix everything and answer all those questions. Ms. Haydel thanked Chairperson Booth and stated that staff is working on reviewing the State requirements and as much as this is a complaint, it will be resolved in a manner of a complaint.	
APPROVAL OF MEETING MINUTES	Chairperson Booth asked staff if they received her edits to the meeting minutes. Linda Merkens, *Senior Manager, Board Services*, confirmed that the minutes were updated with her edits. **The November 16, 2023 meeting minutes were approved as submitted.**	**Approved unanimously.**
CHAIRPERSON REPORT • **Education Topics** • **2024 Committee Meeting Schedule**	Chairperson Booth gave a Chairperson's Report. Chairperson Booth spoke about ongoing efforts to gather educational topics and discussed plans for the 2024 meeting committee schedule. There was uncertainty about the committee membership, and Chairperson Booth expressed the need to attract more individuals to join. She highlighted that the day marked the kickoff for the new year of compliance and quality, emphasizing a shift in approach to address stagnation and promote growth. Chairperson Booth alluded to upcoming discussions on operational improvements, ensuring regulatory compliance, and enhancing patient care. She expressed excitement about the developments and thanked the audience for their attention.	
CHIEF COMPLIANCE OFFICER REPORT	Todd Gower, *Chief Compliance Officer*, and Compliance Department staff presented the Chief Compliance Officer Report *(a copy of the full written report can be obtained from Board Services)*. Mr. Gower thanked the Chair and outlined the agenda for the Chief Compliance Officer Report. He highlighted three major motions for approval: 2024 Risk Assessment, 2024 Internal Audit Plan, and the Compliance Program Plan. He introduced Joni Noel, *Senior Vice President, Healthcare, RGP*, who would be presenting on industry topics and trends, and discussed the upcoming discussions on risk	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	management, delegation oversight, and auditing. Mr. Gower mentioned changes in Compliance, focusing on the review of delegation oversight and the creation of teams for delegation monitoring and oversight auditing. He highlighted the evolving compliance program, including the establishment of mission and vision statements for maturity and ongoing reviews. Mr. Gower outlined the three lines of defense in Compliance: operational units as the first line, Compliance as the second line, and audit services as the third line, emphasizing the importance of independence in supporting the organization. Ms. Noel gave the following report: Ms. Noel initiated her report by expressing pleasure in meeting the attendees and thanking them for their time. She acknowledged the need to expedite the presentation in the interest of time but assured the audience of a follow-up document that would elaborate on the latest trends in detail, specifically focusing on the developments anticipated in 2024. She highlighted the extensive and enduring relationship her team has with L.A. Care, emphasizing their commitment to support and partnership. As an Executive with 25 years of experience, leading a global healthcare practice that spans the entire healthcare ecosystem, Ms. Noel mentioned their gratitude in having Mr. Gower previously as part of their team. She noted over 15 years of collaboration and more than 50 completed engagements between her organization and L.A. Care. Ms. Noel briefly touched upon recent projects, including assistance with L.A. Care's internal audit function and the anticipation of collaborating with Maggie and her group in the future. She also highlighted their excitement about the upcoming Member Experience project scheduled to start in February. Ms. Noel discussed provider trends, spoke about the challenges and opportunities within the healthcare workforce. She addressed the shortage of clinical and operational staff, emphasizing the increasing reliance on external resources and the associated costs. The discussion further delved into the complexities of navigating revenue cycles and the need for automation to manage denials and streamline claims processing. Ms. Noel then explored the synergistic future of personalized medicine and generative Artifical Intellegence (AI), citing a client example from Texas utilizing AI in clinical trials to enhance patient outcomes. She stressed the significance of these technologies across the healthcare ecosystem and hinted at a deeper discussion on these topics concerning payers. The presentation moved on to unveil the fusion of in-person and virtual care, particularly focusing on the enduring significance of telehealth. The triad of patient engagement, experience, and price transparency was identified as pivotal in addressing the growing need for patient-centric healthcare. Ms. Noel underscored the importance of empowering and engaging patients to proactively manage their health, contributing to improved outcomes and reduced healthcare costs. Shifting to payer trends, Ms. Noel provided an overview of past investment areas, including health optimization, interoperability, data and analytics, consumer experience, value-based payments, and	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	payment integrity. She then introduced newer trends, starting with the increased focus on Medicare Advantage differentiation and benefit maximization. The discussion covered the anticipated shift towards quality-centered differentiation strategies in response to a saturated market. Ms. Noel proceeded to discuss the implementation of generative AI in the payer space, emphasizing its potential to automate routine administrative tasks and improve employee productivity and engagement. She shared statistics and examples highlighting the impact of AI on customer service cost reduction and increased satisfaction scores for major payer organizations. Next, the integration of digital therapies for improved health outcomes was explored. Ms. Noel predicted payers becoming primary investors in digital therapy, surpassing traditional life science companies and venture capital funds. The importance of evolving reimbursement criteria for wider adoption and the alignment of compensation models with innovative therapies and member experiences were emphasized. The presentation continued with an exploration of investment in health equity and personalization, predicting collaboration between payers and healthcare providers to ensure equitable outcomes. This involved a concerted effort to strengthen provider-payer relationships and personalized care to meet the specific needs of underserved communities. Ms. Noel discussed the enhancement of care navigation, identifying it as crucial in addressing delayed medical care and rising chronic diseases. She advocated for proactive healthcare measures, including advocacy solutions and efficient care navigation tools focused on price transparency, informed decision-making, and efficient navigation. Ms. Noel expressed gratitude and reiterated the forthcoming detailed document that would provide an in-depth exploration of the discussed trends. She encouraged further discussion on these topics and shared Mr. Gower's contact information for additional inquiries or discussions with their experts. Member Roybal inquired about the prevalence of AI in various aspects of healthcare, particularly focusing on prior authorizations and fraud, waste, and abuse detection. He sought insights into the broader application of AI in ensuring compliance with regulations and meeting appropriate benchmarks over the next five years. Expressing anticipation, Member Roybal envisioned a significant expansion in the use of AI within these domains. Ms. Noel acknowledged the increasing presence of technology, including AI, in addressing fraud, waste, and abuse within the healthcare sector. She emphasized the need for a comprehensive data strategy and cautioned about potential cybersecurity concerns, urging organizations to establish clear policies on AI usage. Ms. Noel highlighted the importance of a well-thought-out plan, mentioning that successful organizations often implement a 5-year roadmap, starting with routine tasks and gradually incorporating high-value pilot projects. She noted that while AI can reduce costs and enable analysis of 100% of a population, the development of models remains expensive, with the data strategy being a crucial component. Ms. Noel anticipated that as more players enter the market, competition may drive down the costs associated with building AI models.	

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Chairperson Booth expressed skepticism and raised concerns during the discussion. While acknowledging the positive aspects of the presented ideas, particularly in the context of AI, Chairperson Booth highlighted ongoing challenges with interoperability that have persisted for two decades. She expressed apprehension about potential issues arising from individualized tweaks in AI implementations, creating obstacles for collaboration and seamless integration. Booth questioned the practicality of the presented solutions, emphasizing the need to address the inherent problems and challenges associated with these technologies. Mr. Gower acknowledged Chairperson Booth's concerns about AI and highlighted ongoing discussions with Ms. Noel and Mr. MacDougall on developing a comprehensive strategy for AI implementation. While recognizing the importance of addressing AI challenges and use cases, Mr. Gower emphasized the need for a cautious and well-thought-out approach. He assured that Compliance is committed to supporting the organization by leveraging the right technology and processes, starting with prioritizing and carefully implementing use cases to ensure successful integration. Mr. Gower provided an overview of the compliance program plan, highlighting its revision and the addition of key elements. He emphasized the importance of incorporating broader information, considering expanded products, Dual Eligible Special Needs Plans (D-SNP), and addressing prior risk issues. Notably, definitions and references have been added to the section, set for approval later. Mr. Gower mentioned the inclusion of three committees: the risk committee, implementation oversight committee, and delegation oversight committee, stressing their significance in evaluating organizational operations. The goal is to ensure comprehensive coverage and organized information for presentation to the internal compliance committee. Additionally, Mr. Gower outlined plans for revisiting the program plan every six months to align with organizational changes and maintain flexibility. He expressed the intent to keep leadership informed about compliance through updates and the compliance work plan, slated for presentation in February. Richard Rice, *Director, Delegation Oversight Performance Monitoring and Account Management, Enterprise Performance Optimization,* gave a Delegation Oversight Monitoring update. Mr. Rice provided an update on the delegation oversight process, emphasizing ongoing monitoring of delegates. The team conducts monthly and quarterly audits, reviewing quantitative and qualitative measures for Service Authorization Requests (SAR). Quantitative measures for the 1st and 2nd quarters of 2023 were discussed, along with corrective action plans for identified issues. The presentation highlighted specific groups with corrective action plans and their corresponding issues. Mr. Rice explained the process of addressing and mitigating issues through retraining and ongoing audits. The team is also working on pushing out annual training to delegates to enhance	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	understanding and compliance with auditing processes. Further updates on the 3rd and 4th quarters will be presented in the next quarterly presentation. Chairperson Booth noted that one thing the regulatory agencies seem to focus on is problem recurrence. She asked Mr, Rice if he's been able to look at the issue of recurrence specifically. Other organizations are doing better than LA Care and he may be able to find an organization that could share a best practice that LA Care could emulate. Chairperson Booth expressed concern about external audits identifying issues from the past year, making it challenging to address problems that had emerged during that time frame. She highlighted the difficulty in rectifying issues when they are discovered after the fact, despite efforts to address them promptly upon discovery. She asked if those were audits that were done by L.A. Care. Mr. Gower responded that they are. Chairperson Booth asked Mr. Rice if he thinks the overall picture and see that somebody's got a better best practice going on and try to implement that or have these other places implemented something like that. Mr. Rice clarified that his team engages in ongoing monitoring rather than a full audit of the entire process. They focus on reviewing files and server logs, actively sharing best practices among the 40 Participating Physicians Groups (PPGs) they audit. The team also collaborates on identifying groups that excel or face challenges, and corrective action plans (CAPs) are used to address issues. Additionally, the annual training includes information on best practices and what the auditors should be observing, facilitating knowledge sharing. Chairperson Booth expressed concern about providers' lack of engagement and speculated that they may perceive data collection as the organization's problem rather than their own. She highlighted the need to improve buy-in from frontline individuals who may resist participating in such processes. She questioned whether there has been any observed improvement in this aspect and if anyone sees potential enhancements in provider engagement. Mr. Rice acknowledged improvements from their auditing standpoint but couldn't directly address Chairperson Booth's concerns about provider engagement. He expressed optimism about ongoing improvements in the processes they are monitoring. Mr. Sobetzko gave an update on Issues Inventory. Mr. Sobetzko provided a recap of previous years' issues and discussed two new issues. The first issue pertains to alternative format selection for visually impaired members, as required by a CMS rule effective January 1. The organization is currently non-compliant, but a project is underway to address this by integrating it into a larger customer service project. The second issue involves internal communication problems, particularly with phone service and systems connections. While not extensively discussed previously, Mr. Sobetzko is now tracking these internal communication issues separately to identify patterns and assess potential impacts on members reaching out to the organization. Chairperson Booth asked if the phone service and systems connections is L.A. Care's	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	fault. Mr. Sobetzko clarified that while the root causes of internal communication issues have typically been attributed to phone companies like AT&T and Verizon, there is a growing frequency of such problems. He expressed the need to track and identify patterns in these issues. Additionally, he discussed the closure of two issues – one involving a corrective action request from the Department of Health Care Services (DHCS), where subsequent data demonstrated compliance, and another related to provider signature language for medical and CMS prior authorization forms, which was clarified as a request for information rather than an actual issue. Maggie Marchese, *Senior Director, Audit Services, Executive Services,* gave an Internal Audit (IA) 2023 Close Out and 2024 Annual Work Plan update. 2023 IA Workplan – Status A total of 18 IA projects – This excludes projects to support Compliance such as Risk Mitigation follow-up activities and other Investigations. • 4 completed • 2 with draft or final audit reports being completed • 11 moved to the 2024 audit work plan due to timing of availability, priority and preparedness to test Mr. Sobetzko gave 2023 Risk Assessment update. Mr. Sobetzko reported on four risks identified in 2023. The assessment timeliness risk remains a very high risk and is still in the top 10 risks for 2024. The project closure for this risk was delayed, and while reporting has been done, it was deprioritized due to other essential reports, with finalization work ongoing in IT Support. Regarding the other three risks, the mitigation activities from management action plans are in place, and although some are no longer categorized as high risk, they are now considered medium risks based on the implemented mitigation plans. The staffing risk, specifically related to skilled hires and time to hire, has been further analyzed, providing additional data points. Despite changes in risk levels, this risk remains in the top 10 list for 2024. *(The full presentation can be obtained from Board Services)* Mr. Gower asked for a motion to simultaneously approve the 2024 Internal Audit Plan (COM 100), 2024 Risk Assessment (COM 101), 2024 Compliance Program (COM 102). ***To approve the 2024 Internal Audit Plan, as submitted.*** ***To approve the 2024 Risk Assessment, as submitted.*** ***To approve the 2024 Compliance Program Plan, as submitted.***	**Approved simultaneously and unanimously.**

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHIEF MEDICAL OFFICER REPORT	Dr. Amin gave a Chief Medical Officer Report (a copy of the meeting materials can be obtained from Board Services). Dr. Sameer Amin, Chief Medical Officer, provided an extensive report during the meeting, expressing regret for his remote attendance due to ongoing discussions with local health plan leadership. He emphasized the importance of discussing the quality of care and proceeded to summarize major events since the last meeting. The report began with an overview of the MCAS and Performance Sanctions issued on December 5. Dr. Amin detailed DHCS's preliminary intent to sanction for $89,000, highlighting disparities in the new framework. He noted a collaboration with the Department of Health Care Services (DHCS) and outlined discussions and appeals planned to defend the position. He noted the auto assignment for L.A. Care, Dr. Amin reported significant progress. He discussed the sudden change in methodology for default auto assignment rates, expressing concerns about favoring commercial plans over local health plans. Collaborative efforts with DHCS were outlined to rectify calculation errors and reconsider the methodology, with meetings held on a weekly basis. Dr. Amin highlighted four major issues brought to the table, emphasizing the need to compare plans within the county. He expressed optimism about potential improvements in auto assignment numbers, indicating they could align closely with the prior year. The report concluded with pride in the team's efforts and the meaningful collaboration with DHCS, aiming for improvements in the auto assignment process. Member Roybal asked Dr. Amin if he knows where L.A. Care will end up in terms of the split. Dr. Sameer Amin mentioned that DHCS would provide a new preliminary split by the next week, addressing concerns about the loss in January and indicating the new rates might be adjusted to compensate. Dr. Amin stressed that the numbers were not finalized, but active discussions with DHCS were ongoing, expressing optimism about the progress being made. The conversation then shifted to the field medicine plan for the county. Dr. Amin highlighted the community health department's significant progress in collaboration with the county on this initiative. The plan aimed to deliver care to unhoused members in an operationally sound and scalable manner, incorporating street medicine and offering longitudinal primary care. It also provided a pathway for street medicine providers to become the member's official PCP record, if desired. Dr. Amin emphasized the financial planning to support the system and announced upcoming discussions on funding during board	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	meetings. The field medicine plan, expected to reshape healthcare for the unhoused, would focus on high provider density regions and care collaboratives. Stakeholder meetings were ongoing, with plans for implementation starting in March, and a full presentation by the community health team scheduled for the upcoming Board of Governors session. Member Roybal inquired whether there have been discussions about adjusting reimbursement rates for individuals experiencing homelessness. The suggestion is to consider higher payment rates to account for the increased access to services that homeless individuals may require. It is unclear whether such discussions have taken place at the State level. Dr. Amin responded that at the state level, there hasn't been much progress in adjusting reimbursement rates for homeless individuals. He mentioned a method by which incentive funds can be used to support the community and enhance their infrastructure. Dr. Amin stated that efforts are underway to solidify rates and explore ways to provide more financial support to service providers, particularly in street medicine. He emphasized that the changes won't come through a State-level decision. Additionally, Dr. Amin discussed a reorganization of the case management Utilization Management Department, focusing on reducing over and under utilization. They have a new medical director leading the effort, preparing a dashboard and prioritizing high-impact initiatives. This realignment aligns with the county's and DHCS's call for more value-based and guideline-based care. Dr. Amin also mentioned the completion of hiring in-house medical directors to provide clinical collaboration across the organization, with specific focuses on appeals and grievances, claims, fraud, waste, abuse, and other areas. The goal is to enhance clinical support throughout the organization.	
CHIEF HEALTH EQUITY OFFICER REPORT	PUBLIC COMMENT **Andria McFerson, RCAC 5 Member, submitted via text:** *My name is Andria of RCAC 5 and ask Madam chair that you please allow us any rights to have all questions answered to the public about all stakeholders comments are not properly or legally answered So with that what do the Stakeholders of the community need to do at this point? My question clearly states that the public stakeholders meetings were denied for the year of "2023" so what is our line of defense against staff or anyone else not staying with-in proper compliance with giving efficient answers of why that happened? Did the state mandate that we not have public stakeholders RCAC and ECAC meetings in the year of 2023 did we stay in compliance of state laws or recommendation to not have open public meetings in the year of 2023? Inadvertently stating that things are changing may purposely make the public and stakeholders not aware of their rights to continue Ibelieve Auggie and the practices by other staff members specifically Francisco Oaxaca and some BOARD MEMBERS are focused more on navigation of revenue and*	

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	not on the freedom of the stakeholders to speak the board about patient outcome stated by the actual stakeholders who are patients who are low-income members of LA Care dat from members of LA Care and not just files from nurses who provide services or medical professionals who lack proper Healthcare practices We need data and surveys and actual recommendations consisting of the situations of patient that go through health disparities like stakeholders who are Mothers and Fathers, diabled people, Seniors of all races situations. Engagement can empower our own health data and with the betterment of proper compliance practices from all advisory committees can enhance the patient experience with meaningful insights and give understanding info to protect our health conditions and give information to spread the community about our coverage. Peer-on-peer community information about what they go through could help better the practices of LA Car e, Medical professionals, or providers and better our own health conditions. Because I believe more people are dying and there conditions are worsening. Alex Li, *MD, Chief Health Equity Officer*, gave a Chief Health Equity Report *(a copy of the written report can be obtained from Board Services).* Dr. Li stated that heis on the East Coast and was not able to attend the meeting in person. He provided a comprehensive overview of the progress made in the last six months since the approval and review of the health equity and disparities mitigation plan in August of the previous year. Dr. Li emphasized the positive outcomes of fantastic partnerships, excellent teamwork, and a transformative culture within Health Services regarding disparities. The report included updates on the Equity Practice Transformation Initiative, with 134 practice applicants partnering with health service and health equity. Of these, 47 practices were selected, signaling a significant commitment to investing in primary care, crucial for addressing disparities. Dr. Li also highlighted efforts in leading carriers' health equity accreditation and discussed the importance of addressing missing race-ethnicity data, emphasizing the need for a laser-focused approach in targeting interventions. Dr. Li's involvement as the Co-chair of the California local plan and participation in National Academy of Science round table discussions underscored the organization's leadership role in the health equity conversation. The report showcased the collaboration with the current public health initiative, aiming to reduce the medical debt burden experienced by county residents, with nearly $3 billion in unpaid medical expenses. Dr. Li expressed pride in strengthened relationships with school districts, recognizing the interlinked nature of education, entertainment, and health and wellness. Detailed data on health disparities, including diabetes control and maternal health, was presented, with a callout on the importance of addressing black maternal health. The report highlighted initiatives such as the health equity zone and the formation of a coalition with Children's Hospital of Los Angeles, focusing on	

<table>
<tr><th>AGENDA ITEM/ PRESENTER</th><th>MOTIONS / MAJOR DISCUSSIONS</th><th>ACTION TAKEN</th></tr>
<tr><td></td><td>community stakeholder meetings and addressing various health-related issues in schools. Dr. Li shared examples of four students' cases, demonstrating the need for nuanced approaches to health disparities. The presentation delved into postpartum care and resiliency in schools, emphasizing the importance of catching up for those who fell behind during the pandemic. Future steps were outlined, including the creation of QR codes for patient and provider access to resources, as well as a framework of seven questions for incorporating equity into project initiatives. Dr. Li expressed excitement about the potential health equity accreditation, sought to identify key strategic partners, and emphasized ongoing efforts in improving health equity and diversity training. Dr. Li conveyed a commitment to aligning the organization's mission with community partners, aiming for meaningful progress toward health equity over the next three to six months. The report provided a detailed and insightful overview of the organization's efforts, initiatives, and accomplishments in advancing health equity and mitigating disparities.</td><td></td></tr>
<tr><td>QUALITY OVERSIGHT COMMITTEE (QOC) UPDATE</td><td>Edward Sheen, MD, Senior Quality, Population Health, and Informatics Executive , gave a Quality Oversight Committee (QOC) meeting update (a copy of the meeting materials can ve obtained from Board Services).

• Overview of Quality Improvement Projects (QIPs), Performance Improvement Projects (PIPs), Plan-Do-Study Act (PDSA), and Strengths Weakness Opportunities and Threats (SWOTS) projects
• Updated committee on effective Teladoc services utilization and high member satisfaction. This was followed by a robust discussion on digital health opportunities for expanding access to care.

<table>
<tr><th>CMC/DSNP Grievances</th><th colspan="5">CY Qtr3 Jul – Sep 2023</th></tr>
<tr><th>Category</th><th>Count</th><th>% of Total Grievance</th><th>Rate per 1000 Member Months</th><th>Rate Goal/1000 Member Months</th><th>Goal Met?</th></tr>
<tr><td>Access</td><td>1,235</td><td>32%</td><td>22.39</td><td>10</td><td>No</td></tr>
<tr><td>Attitude and Service</td><td>1,217</td><td>31%</td><td>22.07</td><td>10</td><td>No</td></tr>
<tr><td>Billing and Financial Issues</td><td>1,165</td><td>30%</td><td>21.12</td><td>10</td><td>No</td></tr>
<tr><td>Quality of Care</td><td>258</td><td>7%</td><td>4.68</td><td>10</td><td>Yes</td></tr>
<tr><td>Quality of Practitioner Office Site</td><td>10</td><td>0%</td><td>0.18</td><td>10</td><td>Yes</td></tr>
<tr><td>Total</td><td>3,885</td><td>100%</td><td>70.44</td><td>20</td><td>No</td></tr>
</table>

• Goals for Quality of Care and Quality of Practitioner Site were met
• All other categories and the total rate did not meet goal.</td><td></td></tr>
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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

- Rate for Access concerns exceeded goal by the largest margin: 12.39 per 1000 member months
- Total grievance rate goal was exceeded by 50.44 grievances per 1000 member months

- Access Issues were the leading cause of grievances with 32% of total Q3 2023 CY volume.

LACC/D Grievances	CY Qtr3 Jul – Sep 2023				
Category	Count	% of Total Grievance	Rate per 1000 Member Months	Rate Goal/1000 Member Months	Goal Met?
Access	1,418	24%	3.65	5	Yes
Attitude and Service	1,143	19%	2.95	5	Yes
Billing and Financial Issues	3,213	54%	8.28	5	No
Quality of Care	161	3%	0.41	5	Yes
Quality of Practitioner Office Site	6	0%	0.02	5	Yes
Total	5,941	100%	15.31	10	No

Billing and Financial Issues category and the total rate did not meet goal.

- Rate for Billing and Financial Issues exceeded goal by the largest margin, 3.28 per 1000 member months
- Total grievance rate goal was exceeded by 5.31 grievances per 1000 member months

Billing and Financial Issues were the leading cause of grievances with 54% of the total Q3 2023 CY volume

Highlights/Goals Met
42 out of 48 Total Goals for all lines of business were met (88%)
27% of L.A. Care's grievances had been resolved by the next business day

A&G volume from Qtr2 to Qtr3 2023 decreased for the following:

- CMC/DSNP appeals decreased by 31%
- LACC grievances decreased by .2%
- LACC appeals decreased by 12%
- MCLA grievances decreased by 3%
- MCLA appeals decreased by 15%

Reoccuring Challenges

- CMC/DSNP - Access, did not met the Rate per 1000/Member Month goal for 3rd consecutive quarter
  - The average Rate per 1,000/Member Month was 25.24, exceeded goal by 15.24
- CMC/DSNP - Attitude and Service, did not met the Rate per 1000/Member Month

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	goal for 3rd consecutive quarter • The average Rate per 1,000/Member Month was 23.85, exceeded goal by 13.85 • CMC/DSNP - Billing and Financial Issues, did not met the Rate per 1000/Member Month goal for 3rd consecutive quarter • The average Rate per 1,000/Member Month was 24.17, exceeded goal by 14.17 • CMC/DSNP - Total Rate, did not met the Rate per 1,000/Member Month goal for 3rd consecutive quarter • The average Rate per 1,000/Member Month was 77.26, exceeded goal by 57.26 • LACC/D - Billing and Financial Issues, did not met the Rate per 1000/Member Month goal for 3rd consecutive quarter • The average Rate per 1,000/Member Month is 9.13, exceeded goal by 4.13 • LACC/D - Total Rate, did not met the Rate per 1000/Member Month goal for 3rd consecutive quarter • The average Rate per 1,000/Member Month was 16.54, exceeded goal by 6.54 Initiatives • A&G continues enhancement of grievance & appeal categories to support data analytics • A&G is in process of evaluating internal and vendor options for new A&G technology platform system • A&G team is developing a Grievance Forum to enhance visibility and increase collaboration between A&G and business partners with tracking, trending, and grievance mitigations. • The Forum will create new standardized specific reports for each business partner to communicate appeals and grievance service-related trends. The reports will provide trending data that highlight top grievances.	
ADJOURN TO CLOSED SESSION	PUBLIC COMMENT **Andria McFerson, RCAC 5 Member, submitted via text message** *What is Section 54957 of the government Code?* *ANY PERSON WHO INTEFERES WITH THE CONDUCT OF A NEIGHBORHOOD COUNCIL MEETING BY WILLFULLY INTERRRUPTING AND/OR DISRUPTING THE MEETING IS SUBJECT TO REMOVAL. Madam chair can the legal counsel confirm that Section 87303. 87303 was practiced No conflict of interest code shall be effective until it has been approved by the code reviewing body. Each agency shall submit a proposed conflict of interest code to the code reviewing body by the deadline established for the agency by the code reviewing body. If this comment applys to this code I needed to know regarding to this code....There were*	

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	actually no state laws or BOG deadlines made so I would ask that the BOG address these practices made during the year of 2023 when the RCAC and ECAC's right to practice the Brown Act were taken and give the stakeholders their right to have public meetings until this is implemented Augustavia J. Haydel, Esq., *General Counsel*, announced the following items to be discussed in closed session. The JPA Compliance and Quality Committee meeting adjourned and the Compliance and Quality Committee adjourned to closed session at 3:35 P.M. PEER REVIEW Welfare & Institutions Code Section 14087.38(o) CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four potential cases THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Thomas Mapp, Chief Compliance Officer, Serge Herrera, Privacy Director and Gene Magerr, Chief Information Security Officer CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF	
RECONVENE IN OPEN SESSION	The Committee reconvened in open session at 4:20 p.m. There was no report from closed session.	
ADJOURNMENT	The meeting adjourned at 4:20 p.m.	

Respectfully submitted by:

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

APPROVED BY:

_____
Stephanie Booth, MD, *Chairperson*
Date Signed: _____

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The following public comments were submitted after the agenda item began

Andria McFerson, RCAC 5 Member, submitted via text message:
…So Lastly, again, was it non compliant to NOT HAVE proper RCAC OR ECAC MEETINGS IN THE YEAR OF 2024? WAS IT LEGAL TO NOT FOLLOW the REQUEST OF INFORMATION TODAY DURING THE BOG MEETING TODAY ABOUT THE ADVISORY COMMITTEES RIGHTS IN 2023? CAN WE HAVE REGULAR RCAC MEETINGS UNTIL THE STATES MANDATES ANY CHANGES TO STAKEHOLDER MEETINGS? DID STATE MANDATE ANY CHANGES BEFORE THE CHANGES TO THE COMMITTEE MEETINGS WERE CHANGED BY STAFF IN 2023 AND RIGHT NOW OUR WE SUPPOSED TO HAVE MEETINGS RIGHT NOW UNTIL THE GOVERNMENT OR STATE MANDATES ANY CHANGES? IF NOT WHO WHO VIOLATED THIS IMPLEMENTATION WHO MADE THIS DECISION DID THE BOARD TAKE THA RIGHT AWAY TO NOW PRACTICE PROPER PROTOCOL FOR 2024?

Andria McFerson, RCAC 5 Member, submitted via text message:
I BELIEVE Peer-on-Peer community health information about what the public stakeholders go through could help better the practices of LA Care and better the care of Medical professionals, or providers and better our own health conditions. Because I believe more people are dying and there conditions are worsening. So Lastly, again, was it compliant to NOT HAVE proper RCAC OR ECAC MEETINGS for the public IN THE YEAR OF 2023? WAS IT LEGAL TO NOT FOLLOW the REQUEST OF INFORMATION TODAY DURING THE BOG MEETING TODAY ABOUT THE ADVISORY COMMITTEES RIGHTS IN 2023? CAN WE HAVE REGULAR RCAC MEETINGS UNTIL THE STATE MANDATES ANY CHANGES TO STAKEHOLDER MEETINGS IN 2024? DID STATE MANDATE ANY CHANGES BEFORE THE CHANGES WERE MADE TO THE COMMITTEE MEETINGS? WERE THESE CHANGES BY STAFF IN 2023 AND RIGHT NOW ARE WE SUPPOSED TO HAVE MEETINGS? RIGHT NOW UNTIL THE GOVERNMENT OR STATE MANDATES ANY CHANGES CAN WE CONTINUE TO HAVE PUBLIC MEETINGS IN 2024? IF WE CONTINUE TO NOT HAVE PUBLIC MEETINGS WITH THIS IMPLEMENTATION FROM LA CARE I WOULD LIKE TO KNOW WHO MADE THIS DECISION? IF OUR RIGHTS WERE VIOLATED DID THE BOARD KNOW OUR RIGHTS WERE TAKEN AWAY TO NOW PRACTICE PROPER PROTOCOL HAVING FULL MEETINGS NOT JUST LISTENING SESSIONS WITH ACCESS TO THE BROWN ACT AND ROBERTS RULE OF ORDER FOR 2023 AND 2024?

PROVIDER RELATIONS ADVISORY COMMITTEE

BOARD OF GOVERNORS

Provider Relations Advisory Committee

Meeting Minutes – December 6, 2023

1055 W. 7th Street, Los Angeles, CA 90017

Members

George Greene, Esq., *Chairperson*
Richard Ayoub **
Stephanie Booth, MD
Warren Brodine*
Hector Flores, MD **
Sabra Matovsky
Ashkan Moazzez, MD, MPH, FACS, CHCQM
Zahra Movaghar
John Raffoul
Amanda Ruiz, MD *
David Silver, MD
David Topper
Michelle Tyson, MD *
Haig Youredjian

Management/Staff

John Baackes, *Chief Executive Officer*
Augustavia Haydel, Esq., *General Counsel*
Sameer Amin, MD, *Chief Medical Officer*
Noah Paley, *Chief of Staff*
Acacia Reed, *Chief Operating Officer*

**Absent ** Via Teleconference*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	George Greene, Esq., *Committee Chairperson*, welcomed everyone and called the L.A. Care and JPA Provider Relations Advisory Committee (PRAC) meetings to order at 9:38 A.M. The meetings were held simultaneously. Mr. Greene thanked John Baackes, *Chief Executive Officer,* and his team for creating this committee that allows providers to raise issues and work together collaboratively to align in creating solutions for the issues identified. Mr. Greene described the process for public comment.	
APPROVE MEETING AGENDA	The Agenda for today's meeting was approved.	**Approved unanimously by roll call. 11 AYES (Ayoub, Booth, Flores, Greene, Matovsky, Moazzez, Movaghar, Raffoul, Silver, Topper, and Youredjian)**
PUBLIC COMMENTS	There was no public comment.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVE MEETING MINUTES	An amendment was made to the August 1, 2023 meeting minutes to change the word "bariatric" to "psychiatric". The minutes of the August 1, 2023 meeting were approved as amended.	**Approved unanimously by roll call. 11 AYES**
CHAIRPERSON'S REPORT	Chairperson Greene is encouraged that Mr. Baackes and the L.A. Care leadership team are working to address the concerns of hospitals and a quality pool is being considered. Feedback from hospitals is positive. He continues to work with the L.A. Care leadership team on a draft dashboard for this committee that will include metrics important to hospitals and providers. He would like to hear from providers across the continuum of care about the information to be included in the dashboard. It would be very positive for providers to see the progress and public commitments made by L.A. Care to improve interaction with and among the provider community. The dashboard is a great way to continue dialogue, identify issues, and collaboratively work toward solutions, and for L.A. Care to demonstrate improvements underway. He expressed his appreciation to those participating on this committee.	
2024 MEETINGS SCHEDULE	Chairperson Greene asked committee members to please add to their schedules the 2024 meetings: February 21 May 15 August 21 November 20	
CHIEF EXECUTIVE OFFICER'S REPORT	Mr. Baackes thanked Chairperson Greene for his generous comments at the opening of the meeting. A number of issues will be coming up in 2024. California Department of Health Care Services (DHCS) contract with Medi-Cal managed care plans will affect L.A. Care's relationships with providers because there are new regulations that health plans will have a responsibility to cascade down to contracted providers. For example, new level of administrative reporting will be required with IPAs, hospitals. There will be a transition of care mandate. L.A. Care has already been working with some hospitals on that. Of most concern is how rates are determined here in Los Angeles County, because of countywide averaging (CWA). DHCS began using CWA in 2011, starting with 20% of the rate determined by averaging it with Health Net. In 2024, it will expand to 100%. The consequence is that up to and including this year, $1.2 billion has been diverted from L.A. Care to Health Net, a for-profit company owned by Centene	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Corporation, based in Pennsylvania. The CWA methodology drives to the lowest common denominator for medical cost. To maintain its share of revenue, L.A. Care would have to pay providers at the same (lower) rate as Health Net. L.A. Care currently pays providers more than Health Net. L.A. Care is trying to engage DHCS leadership, including the Secretary of Health and Human Services, in policy discussion on the purpose of CWA and what goal is achieved. As the public plan, L.A. Care has an obligation to support safety net providers and to give providers as many resources as necessary. Even with the managed care organization (MCO) tax reinstated, provider rates are lower than Medicare, and are lower than commercial health plan reimbursement. DHCS is also applying more quality measures on health care and review of disparities in health care. L.A. Care has pointed out that more measures and financial sanctions can be applied, but it will not incentivize health plans to do anything that that has not already been tried. What is needed is more resources. Mr. Baackes would like to discuss this issue with the committee because, at some point, a coalition will be needed to pressure DHCS into looking carefully at this policy; it is not good for providers. Sameer Amin, MD, *Chief Medical Officer,* commented on the increased administrative burden for the providers and for the care facilities. The number of quality metrics applied are ever expanding. No one challenges quality improvement, but how many different things can one focus on at one time? There is rapid change occurring in quality mandates; there is now a litany of items that health plans must track, not only for quality improvement and corrective action plans (CAPs). Health plan quality scores affect the auto assignment of members. A quality withhold as a percentage of premium is taken out of revenue at the beginning of the year. Medi-Cal applies the Managed Care Accountability Sets (MCAS) performance measures, which are quality metrics for health plans to track for equity and for a number of other important quality items. This is a whole new set of requirements, and financial sanctions are applied if minimum levels are not achieved by a health plan. There are also requirements for the Star rating for the Duals Special Needs Plan (D-SNP) and a quality transformation initiative (QTI) in California Covered as well as the 2023-25 Qualified Health Plan metrics. Some requirements are the same across the product lines but there are a lot that are not. L.A. Care has a joint responsibility with providers, delegated entities and facilities to come together on these very important quality metrics. If we can come together, it would be important to advocate for a focus on a few things that can be done well rather than 75 things that can be done marginally well. Each and every quality measure has associated sanctions	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	that include financial penalties. The financial penalties take money away from safety net providers and take away money from the health plans. It affects how much health plans can invest in the system to improve quality. This is a significant change in how the health plans are tracked and sanctioned. This will affect providers in pay for performance plans, and health plans will have to address operations and health plans will need a very heavy focus on quality. As a community, we do need to come together and focus on a few things that must be done well and avoid tracking and jumping after 500 things.	
COMMITTEE ISSUES		
DISCUSSION OF SUGGESTED ADDITIONAL MEMBER CATEGORIES	At the last L.A. Care Board meeting, Supervisor Hilda Solis suggested that this committee consider including a community member, a consumer or promotora, and Board Member Vaccaro suggested including a seat for a clinician from a federally qualified health center (FQHC). At the creation of this committee, Chairperson Greene viewed it as a committee for providers to have conversations about clinical and operational issues. There are forums for patient advocates to bring issues to L.A. Care. This Committee will discuss detailed topics focused on clinical and operational issues and there might be more appropriate forums for a promotora or consumer to represent the patient base. The Committee might be able to create an opportunity at those forums. With regard to a seat for a clinician from FQHC, the work and the dialogue at this committee might be appropriate for a clinician. Mr. Baackes noted that L.A. Care has an Executive Community Advisory Committee, which is comprised of the chairs of L.A. Care's 11 regional community advisory committees. L.A. Care members receive a stipend to represent consumers in their region. It is a forum to receive feedback from members of the health plan. L.A. Care has a Children's Health Consultant Advisory Committee, another forum that focuses on children's health issues. There is a Technical Advisory Committee, under the guidance of Dr. Alex Li, *Chief Health Equity Officer*, and focused on health disparity issues. All of these are open to the public. A consumer could attend these meetings and make public comments. There may not be a need to designate a seat at this committee. Mr. Baackes noted with regard to a seat for an FQHC clinician, it was noted that Los Angeles County Department of Health Services (DHS) sites and the FQHCs provide care for almost 40% of L.A. Care's membership. There was discussion about the feedback provided to L.A. Care from providers, particularly about the quality metrics, and it is insightful. There was a meeting yesterday with clinicians to discuss increasing cervical cancer screening rates. They noted that patients receive multiple invitations for screening and incentives. However, the patients do not come in, they do not	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	want a screening. It was asked of L.A. Care, how many times do they need to ask the patient and how much do we need to pay them to get them in for these services so sanctions are not imposed. It is a real issue, and L.A. Care has asked for data from providers. Mr. Baackes suggested joint messaging to the regulators, because the regulators have decided that health plans could receive a financial sanction if any measure is below the national 50th percentile. Dr. Amin commented that adding a physician representative would be great because there are a lot of things physicians do not know about, such as how health plans are sanctioned and the basis for imposing sanctions. The measures are based on national performance, not state or regional performance. There are great differences nationally in Medicaid. Another important point is that the measures and sanctions are based not on the number of patients treated for the minimum performance level (MPL) but is compared to 100% of the health plan member population. This is stunning, because it does not allow for even one person to decline care. Clinicians know that does not make sense, because some people will decline the vaccination, a mammogram or cervical cancer screening. Those who decline are still counted for the denominator, and a health plan would be sanctioned based on those members. There is agreement on adding a seat for a clinician from a federally qualified health center.	**The Committee approved a motion to add a clinician from a federally qualified health center.** **Approved unanimously by roll call. 11 AYES**
OPEN FORUM	Mr. Baackes noted there were two items that people wanted to discuss in the open forum, and if there are other items, the Committee will hopefully be able to discuss those as well. The first is a request from Sabra Matovsky, representing Healthcare L.A., about changes in contracts for community-based organizations including FQHCs that participate in the Enhanced Care Management (ECM) benefit under the California Advancing and Improving Medi-Cal (CalAIM) initiative. L.A. Care contracts with community based organizations to provide ECM additional care and it is the first time funding has been specifically earmarked for this. The second year of this program will close at the end of the month, and L.A. Care was proposing changes for next year based on new requirements from DHCS. Mr. Baackes invited Dr. Amin, Steven Chang, LCSW, CCM *Senior Director, Care Management*, and Noah Ng, LCSW, *Director, Enhanced Care Management*, to comment on proposed changes. Dr. Amin commented that there was not much information about ECM initially. L.A. Care began building the infrastructure and creating some distinction between ECM and complex case management, which occurs in secure accredited process here at the health plan, and general case management conducted by providers. In so doing, there was a real push for funding up front to build the resources to do work. Providing funding monthly to establish the program seemed like a good idea. A provider reporting a new ECM patient to L.A. Care would begin receiving a monthly payment. It became very difficult to track the quality of	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	care, the number of visits, how those visits are going, which is important data for the health plan. There was no general push to send encounter data to L.A. Care when paying the providers monthly. L.A. Care operated like this for a while, it helped build the provider network for ECM benefits and L.A. Care is happy with how that went. Now, as the program matures there is a general sense that the program needs to move toward making sure that patients who need more care management are seen more often and in person and that the care is of a high quality. Providers need to spend a lot of time with those members, and not just a few minutes over the telephone. Not to imply that is happening, but it is hard to document. The method proposed is to pay the same amount in a different way; more closely tied to the actual visits that are occurring. This could be characterized more as capitation versus fee for service. In discussions with DHCS, it was not actually pure capitation. Pure capitation relates to a geographic area, and funding on a per-member-per-month basis for all the members in that area, whether or not care is provided in that month. L.A. Care is conducting this differently. A provider sends information about a patient that meets the ECM criteria and the provider will receive monthly funding. The prior process incurred a lot of effort to gather data afterwards on whether the patients were being seen or still in the program created acrimony. It was not true capitation. When the program started, Dr. Amin visited community clinics and all of them said they knew reconciliation was coming. There is a concern about it because the funding is in question without appropriate data. L.A. Care will not know if there has been an issue. L.A. Care must track data carefully to properly reconcile funding. L.A. Care determined that there must be a more organized way to do this that allows the providers and health plan to better support the community. The methodology that is proposed will serve the ECM population. L.A. Care will have a good sense of the clinical quality, of the number of touches that are happening and L.A. Care will pay similar to current funding, particularly if the provider is putting in a lot of effort. L.A. Care will make sure to align with the ECM provider community in implementing the change. The change is not to save money and is not to upend the process. This is a collaborative effort to make sure the patients are getting the right quality of care with support of the ECM community. L.A. Care has received feedback that there has not been enough time to have a discussion about the change and it will be delayed for as long as needed to get on the same page. There will be more discussion about it to gather input and then move forward in March or April. This should not be taken as a unilateral change to save money, this is about getting to a mature state, so it can grow moving forward and to understand who is in the program.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Dr. Amin invited Mr. Chang and Mr. Ng to correct any misstatement and provide more information. It was commented that there was very little guidance. There has been massive confusion and rewrites of rules, with programs in flight nonstop. Different health plans operate on different strategies about how providers should care for members, what kinds of reports must be submitted and how the programs are supposed to function with changing rules at different time periods. Not everyone is changing at the same time that regulators change the requirements. It is confusing and difficult to build the steep infrastructure requirements for this program. The health centers have now been able, post COVID, to hire some of the staff necessary for these programs. Valley Community Healthcare just hired a director and at this point they need to know if they need to let that person go, because they were at a capitation of closer to $400 dollars a month and that is now down to $12. It is not sustainable for this work. There is a reporting problem for health centers that have been providing services, as they have not been asked to send reports since the first visit. That is a direct feedback from a provider. It was asked if there is an expectation that the case manager is going to be on their end or for an LCSW to do the social service arrangements for these patients. Providers have difficulty finding available LCSWs. These are issues for brainstorming a program that will actually support the community better. Dr. Amin responded that the problems will not be solved today. It is important to address issues that were brought up. Getting health plans to align with requirements is important. L.A. Care has been speaking with regulators about how it is practiced in other counties, and none is comparable to Los Angeles County with 2.9 million Medi-Cal members. It is L.A. Care's responsibility to try to collaborate and align with other health plans. He has instructed the L.A. Care ECM team to go out and talk to other health plans about how they are doing it. L.A. Care has learned that financial models have changed several times in this one year period. They are not one hundred percent solid in what they are doing either. L.A. Care will try to get one process established. L.A. Care has historically set precedent and organized the community. In terms of asking for information, it is a significant issue, internally and externally, L.A. Care will get this right when it can get current data. IT infrastructure will need to be established in the community and in L.A. Care's systems to facilitate reporting. Regarding the significant decrease in reimbursement, it is likely L.A. Care has not explained that well. The intent was not to decrease funding, but to implement funding for individual care. L.A. Care will review cases where there is a significant drop in compensation.	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Regarding the delivery of care, it needs to be very clear that ECM services are over and above what the health plan or providers would do for general case management. There is a concern bubbling, particularly as clinical audits get underway – and this is not to say it is pervasive – that to start getting capitation, a provider only has to have one touch for one minute. Eventually the health plan would reconcile and take back that money. That is not ECM. Health plans must be very careful about how it is paying to prevent abuse in the system. Dr. Amin does not personally feel that ECM providers are abusing the system. They are trying their best to take care of ECM members. Providers and health plans need to work together so that the services are over and above and are special care management. Care should be mostly in person, and in the community. Outside of the clinic walls and then it should mostly be clinical. There is space for some non-clinical work and the health plan will pay for it. There is also space for some telephonic work, and the health plan will pay for that. Predominantly the care needs to be highly intense case management that happens in the community. Mr. Ng commented that Dr. Amin captured the significant issues as L.A. Care moves to change its payment model. This is a unique program trying to do something different here in California to show the federal government and other states how intensive case management can look. This program is not just complex care management or basic case management at the primary care provider. Unfortunately, the small amount of data that L.A. Care has received shows that was happening. Providers were going back to telephonic, non-clinical interventions. L.A. Care needs providers to be with us in this move, and L.A. Care wants to support providers. The delay in implementation will allow time to meet with providers individually to understand their needs and how L.A. Care can help them through the transition so that the goals of the providers and health plan align. L.A. Care has listened to feedback about clinical support and challenges in hiring staff. There are opportunities for LVNs and others that can be also be incorporated into the clinical model. Recognizing that service delivery is not limited to para professionals, many providers were using capitated payments to support para professional telephonic interventions. L.A. Care is trying to move into what the spirit of ECM is supposed to be about. The language DHCS uses in describing ECM is that it breaks down to the walls of the clinic, takes it out of the clinic setting. That is what L.A. Care hopes to achieve, and support the clinics and providers in being able to get there. L.A. Care will take the time needed to inform and support providers. There is currently a contract amendment for providers, that is very specific about supporting providers in outreach to members to bring more members into the program. That was not part of the current model. L.A. Care is looking to enhance payment to providers to allow	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	reimbursement for outreach to any L.A. Care member who may be eligible for ECM. We want providers to feel comfortable in reaching out to members to try to engage and enroll them in ECM. L.A. Care wants to compensate providers for that and it is in the contract amendment sent out for signature by providers. Mr. Chang commented about clinical and the non-clinical services. L.A. Care has providers that want to go out into the field more often. Right now, the capitation puts a ceiling on sending clinical teams out, and they actually probably do need to receive more than the current capitation rate. L.A. Care is trying to address this. With a sense of fairness, a provider making phone calls each month should not receive the same capitation as a provider sending clinical staff out to the member three to five times per month or even more often because of the acuity of the member. It was commented that clinics may be shy about doing more outreach to enroll more members without a good sense that there is a functional program for the member. Dr. Amin responded that L.A. Care is working to be much clearer about finances, and is scheduling time with FQHCs, community clinics, and with ECM providers for a brain storming session. As mentioned previously, meetings will be held with other health plans about how they are doing their financial model. A meeting will be held with DHCS to talk about best practices and their experience with the different health plans in terms of what worked and what did not work. Dr. Amin thanked providers for their feedback. He hopes it is recognized that the change is well-intentioned and L.A. Care will take the time to make sure there is opportunity for a full discussion. Hector Flores appreciates this discussion and he supported adding a clinician seat because these types of conversations need that perspective among others. He suggested recasting L.A. Care's approach to CalAIM, to the extent that DHCS oversight allows it, because there is a lot of variability among providers. Many are disproportionately serving the unhoused, and they need resources immediately to do the work that their mission calls them to do. While at the other end of the spectrum, in his observation, there is a lot of FQHCs and private offices seeing most women and children. In reference to earlier discussion about how an equitable distribution of these funds can be made in a way that makes sense and achieves the goals of CalAIM. He suggested that the committee set up a work group that recasts how we approach CalAIM. The challenges for FQHCs are significant. For L.A. Care, almost two thirds of primary care visits and the L.A. Care network are with private solo and small practices. Many of them are not familiar with CalAIM or how to use it on behalf of their patients.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Dr. Amin responded that he wishes that regulators were aware of provider opinion and heard it more loudly and clearly. The regulators want health plans to grow the program, enroll members despite not having details worked out. L.A. Care has told regulators that time is needed to make sure the programs are set up properly, and that there is an infrastructure in the provider community to do this, the health plan needs to make sure it is funding the right things, is it unhoused, women and children? Are community supports programs going to improve quality for members? Their response is, grow the program. This is challenging. A report was released this week regarding issues with CalAIM in general being built on the fly, and a new auditors report out regarding how DHCS has conducted the implementation of CalAIm. The push to have a larger and larger program is not concordant with health plans operating a higher quality program. Dr. Flores added that regarding performance of the constituent provider networks, the last thing an unhoused person wants to do is get colorectal cancer screening. They have 100 other priorities to survive. Providers need to be able to account for that and understand patient priorities. On the other hand, there may be opportunities to provide screening for patients who come to a provider with a sore throat or a prescription refill. Providers can look at the equity pathway that would engage a patient's in care. It takes resources and a lot of counseling for some patients. Providers need to challenge themselves to move the needle from just quality measures to equity. Dr. Amin noted that the member who is unhoused and may have mental health issues might prioritize getting a roof over their head or having access to food before completing a health screening. That is a really good point and it speaks to how quality measures and the minimum performance level for a patient population at a state and a regional basis compared to a national basis with varied populations in other states. You will see that L.A. Care and every other health plan perform well when compared to California performance levels. At the national minimum performance level, the performance is significantly lower because there are very different challenges in Los Angeles County than in other states. Mr. Greene acknowledged that L.A. Care works with recuperative care providers for members being discharged from hospitals, to ensure that they are assisted in the transition to permanent housing or at least interim housing. L.A. Care has programs to address food insecurity. L.A. Care is working with an organization called Bento, which addresses food insecurity through a technology platform as simple as the most simple cell phone that there is. The efforts are there and CalAIM can create a pathway. He is confident that L.A. Care	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	will continue to find creative ways to utilize the flexibility in CalAIM to address some of social determinants of health. Stephanie Booth, MD, member of the L.A. Care Board of Governors and is a pediatrician. She would like L.A. Care to report to this Committee about solo and small group providers to find out how much they do know about CalAIM and ECM. She suggested asking these providers to help communicate with regulators directly about their experience with the programs. Dr. Amin responded that for ECM and Community Supports programs, a main task is education. There is a significant effort starting up to train providers and hospitals on the available resources. Mr. Ng noted that training is currently underway. All six health plans joined together to provide education to providers and hospitals across the network. Providers contracted with any of the six health plans have been invited and multiple sessions are held in person. Plans are providing information and want to make sure that providers can ask questions. Dr. Booth noted the training is great, but could they write a letter to the Governor or to DHCS. Chairperson Greene suggested asking leadership to present an update at a future meeting. Zahra Movaghar, Preferred IPA, commented that for the last year, Preferred has made efforts to refer patients to ECM that qualify to enroll. The challenge is lack of information sharing, as they do not receive data on the member. In their community, there is about maybe 60 ECM providers, and each is working with 30 IPAs or medical groups. Mr. Baackes responded that he has badgered DHCS about using community-based organizations for ECM. L.A. Care has been doing complex care management internally. L.A. Care has 75-85 community-based organizations, half of which do not have the administrative capability to do the reporting needed. DHCS insisted that community based organizations be used for ECM. Mr. Baackes will continue to push back. Some ECMs perform well, particularly those embedded in the practices. L.A. Care should be able to do the enhanced care management. L.A. Care has a plan to use the community resource centers to base community health workers so they will be closer to where the patient is, and can go to their homes and see them. But right now L.A. Care is being stonewalled by DHCS insisting ECM has to be provided through community based organizations. Ms. Movaghar stated it is a challenge to even to get a report from L. A. Care too. A comment was made in agreement with Ms. Movaghar. There may not be information on patients being discharged from the hospital. It would be helpful to know which organization is a partner when conducting discharge planning.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Mr. Ng noted that data is usually the first topic of conversations around ECM. He invited suggestions from the committee members. LANES is key to having strong HIE. There is a lot of work to integrate data from the CalAIM programs in Los Angeles County and provide access to IPAs and other primary care providers. He noted there are challenges in alignment, especially in a county that has six health plans. He recognizes what providers are feeling. ECM was designed without a lot of clear direction, which allowed for and encouraged variability. DHCS was telling plans to try it a little bit differently. In July, DHCS realized that may have been a bad idea, and started providing more clarity on alignment across the state. There is discussion at the state level to align payment, which can impact the today's conversations. The six health plans have begun standardizing forms and processes to simplify administrative tasks for providers, but Mr. Ng recognizes that it does not solve all the problems with standardization. Richard Ayoub, CEO of Project Angel Food noted that there were statements about reporting from community based organizations. Project Angel Food contracts with L.A. Care for medically tailored meals, and in that process the organization was carefully vetted and had to go through a lot of scrutiny. He asked if other community based organizations cannot fulfill the requirements of the contract. Mr. Baackes responded that he was speaking about the 75 community based organizations that specifically are doing enhanced care management. It was a different process. A comment was made in reference to Dr. Amin's statements about the national versus regional benchmarks. In talking to FQHCs across the country, there are different requirements for becoming a primary care provider. In New York, a patient must be seen three times at the clinic, and then that clinic is responsible for the quality metrics. In Oregon, it is two times. In California, that patient becomes your patient at enrollment, and may have never come to your clinic and may go elsewhere even after outreach attempts. The clinic may carry the member on the roll, but they have no intention of ever coming in and getting any of services from the clinic. Asian Pacific called every single new patient for a year, 27% of the contact information at enrollment was not valid. For a clinic to reach the national minimum performance level, it must be perfect with every member. Providers are starting with a 27% deficit and running as hard as possible. This contributes to provider burn out. It is hard to recruit physicians. It is a lack of understanding at the state level or a lack of acknowledgment of these issues at the state level is creating pressures that fray the system. Mr. Baackes agreed her point, and noted that information needs to DHCS. L.A. Care could convey it, but it would have more impact if many providers joined to convey. The 27%	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	invalid information came from DHCS. Medi-Cal enrollment forms are completed by the beneficiary. DHCS needs to recognize that when providers are not able to contact 27% of enrollees, the metrics cannot be achieved. Dr. Amin noted that the initial visit requirement is called retroactive claims based assignment attribution. California is such a highly delegated system that members are assigned in advance. It works well for Medicare advantage, because there is a very tight connection between the primary care doctor and the member. It does not work so great for Medicaid when there are people who are unhoused or have many social determinants of health. ` It also does not work very well for the health benefit exchange population (California Covered). Many exchange providers have left California, and one of the reasons is the expectation for quality and the national metrics. Chairperson Greene reported that the hospital community engagement with L.A. Care over the past couple of years, to raise issues and challenges from the hospital perspective contributed to the creation of this committee. As part of that dialogue, Mr. Baackes and the L.A. Care team have made six commitments to support provider partners. • investment in utilization management • updating the provider dispute resolution procedure and process while looking at root cause analysis to reduce first pass claims denials • alternative reimbursements such as administrative day rates • single point of contact team for resolving claims, authorization and discharge issues • enhancements to the provider portal, and • non emergent medical transportation Of those issues, utilization management provider, dispute resolution procedures, claims denials and the non-emergent medical transportation issues continue to be brought to the attention of the leadership of the hospital association. A request has been made that L.A. Care consider a baseline dashboard that could be shared at these committee meetings. L.A. Care leadership could share the work being done to move towards collaborative improvement. He appreciates that Mr. Baackes and the leadership team continue working on the issues and hopeful that the committee can agree on what a dashboard might look like. Mr. Baackes noted that Mr. Greene sent a model for a dashboard. The committee should know that for the last six or seven months, a draft dashboard has been reviewed by the Board of Governors. Improvements continue in a number of the items. Following the vetting process with the Board, the goal is to have a public dashboard. L.A. Care is not there yet. Mr. Baackes suggested a report on some of the items mentioned, because L.A. Care has made great progress on most of them. A separate report can be made on the status of the	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

public dashboard. Mr. Baackes noted that a dashboard with internal operations data in public gives him pause when L.A. Care's competition does not provide the same information. Mr. Greene appreciates the commitment to exploring what that might look like and stated that they will be pushing the competition to do the same thing.

Abraham Rivera, *Provider Network Account Manager,* presented a Call the Car performance summary for August, September and October 2023 (*a copy of the data reviewed is available by contacting Board Services).*

Indicator	Aug-23	Sep-23	Oct-23
Calls Answered in 30 Seconds (Telecom)	83%	82%	92%
Abandonment Rate on Incoming Calls (Telecom)	3%	3%	1%
Scheduled On Time Performance: Scheduled routine trips	96%	97%	97%
Will Call On Time Performance: Scheduled return trips without a specific pick-up time	100%	100%	100%
Discharge On Time Performance: Facility discharge to home	97%	98%	97%
Transfer On Time Performance: Facility to facility transfer	91%	91%	90%
Provider Cancellations and/or Provider Missed Pick-Ups	0.06%	0.07%	0.09%
Member Complaints and Grievances (Substantiated)	0.05%	0.05%	0.05%
CTC Call and Trip Volume			
Calls Offered: Number of calls received by CTC call center	144,603	142,487	162,081
Total Trips: Number of reservations created	295,540	286,553	308,822

AJ Lopez, *Director, Provider Contracts and Relationship Management,* commented that there were more than 250,000 transports per month, or about 8,300+members per day. This is an A grade program in its fifth year. There may be complaints to the Board hears about occasionally but the overall performance is very high.

Chairperson Green asked the source of the data. Mr. Lopez responded that the numbers come from multiple streams. Call the Car, as broker and manager of the transportation service, works with a subcontractor network, with thousands of drivers and vehicles in their

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	fleet on a punch-type system. The punch detail has a range of plus or -15 minutes. In addition, the advanced analytics team is working on more of a dashboard type system. The numbers are based on as good as real time information as we know it right now. There was a question about member complaints and grievances and the meaning of substantiated allegations. Mr. Rivera noted that the data is only showing substantiated allegations to remove the complaints that can be proven not to be 100% factual. Acacia Reed, *Chief Operating Officer,* noted that when the appeals and grievances team conducts research, the complaint is validated. David Silver, of Rockport Healthcare skilled nursing, commented that the report does not reflect the experience Rockport has. There are many more challenges with transportation and Call the Car. Chairperson Greene noted that this is not what he has heard from the hospital community, and is aware that improvements are being sought. He asked if member complaints and grievances could be viewed as a measure of member satisfaction. The provider community needs to hear from patients about how satisfied they are with the care being provided. For hospitals there are metrics used that can impact revenue. He asked about the protocol used to measure client satisfaction. Mr. Baackes responded that for Medi-Cal it is the annual Consumer Assessment of Healthcare Providers & Systems (CAHPS). The survey is conducted by a third party, and results are compared among all the plans. There are similar surveys for D-SNP and other product lines. There is not a specific component of the surveys that relates to transportation. The survey is standardized and run by contractors hired by Centers for Medicare and Medicaid Services (CMS). Ms. Reed noted that grievances are member complaints. The experience on the provider side may be different. Grievance data reflects only the grievances filed by members, and would not include provider concerns discussed in a joint operations meeting or something like that. Mr. Baackes asked that a work group be formed to find out how the feedback from trusted providers can be reconciled. Mr. Baackes sees the numbers, but also hears people saying that this is not the experience they're having.	
ADJOURNMENT	The meeting adjourned at 11:05 a.m.	

Respectfully submitted by:
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY:

APPROVED

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

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George Greene, Esq., *Chairperson*
Date Signed _____

APPROVED