



BOARD OF GOVERNORS MEETING

April 4, 2019 • 2:00 PM

L.A. Care Health Plan

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



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

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 two million members in five 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 \$170 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), four Coordinated Care Initiative Consumer Councils, 35 health promoters and five Family 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 Cal MediConnect Plan** – L.A. Care Cal MediConnect Plan provides coordinated care for Los Angeles County seniors and people with disabilities who are eligible for Medicare and Medi-Cal.
- **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 2019	
Medi-Cal	2,013,654
L.A. Care Covered	85,957
Cal MediConnect	16,393
PASC-SEIU	50,210
Total membership	2,166,214
L.A. Care Providers	
Physicians	5,466
Specialists	9,799
Both	419
Hospitals, clinics and other health care professionals	7,625
Financial Performance (FY 2018-2019 budget)	
Revenue	\$7.7B
Fund Equity	\$820.3M
Net Operating Surplus	\$121.4M
Administrative cost ratio	5.5%
Staffing highlights	
Full-time employees	1,940
Projected full-time employees (FY 2018-2019 budget)	2,156





AGENDA
BOARD OF GOVERNORS MEETING

Thursday, April 4, 2019, 2:00 PM

L.A. Care Health Plan, 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017

DRAFT

Teleconference Call-In Information/Site

Call (844) 907-7272 or (213) 438-5597

Participant Access Code #73259739

Robert H. Curry

Inter-Community Hospital

210 W. San Bernardino Road, Covina, CA 91723

Welcome

Hector De La Torre, *Chair*

- 1. Approve today's Agenda *Chair*
- 2. Public Comment *Chair*

ADJOURN TO CLOSED SESSION (Estimated time: 25 minutes) *Chair*

- 3. CONFERENCE WITH LABOR NEGOTIATOR
Section 54957.6 of the Ralph M. Brown Act
Agency Negotiator: Hector De La Torre
Unrepresented Employee: Chief Executive Officer

RECONVENE IN OPEN SESSION *Chair*

- 4. Executive Community Advisory Committee Hilda Perez/Layla Gonzalez-Delgado
Consumer member and Advocate member
- 5. Approve Consent Agenda Items *Chair*
 - Approve February 7, 2019 meeting minutes p.33
 - Revised Policy 603 (Grants) **(EXE 100)** p.51
 - Policy COMM 006 (Sponsorship) **(EXE 101)** p.58
 - TransUnion Contract Amendment **(FIN 100)** p.64
 - RCAC Membership **(ECA 100)** p.65
- 6. Motion for Consideration: Authorization to Contract with Ntootive for Traditional Media Buying services **(BOG 100)** p.66 Alex Gallegos
Senior Director, Sales & Marketing
- 7. Chairperson's Report *Chair*
- 8. **Chief Executive Officer Report** p.68 John Baackes
Chief Executive Officer
 - Community Health Investment Fund Report p.80
- 9. Chief Medical Officer Report p.92 Richard Seidman, MD, MPH
Chief Medical Officer
- 10. Executive Committee *Chair*
 - Government Affairs Update p.95 Cherie Compartore
Senior Director, Government Affairs
- 11. Finance & Budget Committee Robert H. Curry, *Chair*
 - Chief Financial Officer's Report Marie Montgomery
Chief Financial Officer
 - Financial Reports **(FIN 101)** p.172
 - Monthly Investment Transactions Report p.200
 - Authorization to survey Family Resource Center (FRC) locations and delegation of authority to Finance & Budget Committee **(FIN 102)** p.217 Lance MacLean
Director, Facilities Services

12. Compliance & Quality Committee Stephanie Booth, MD
Committee Chair
13. Children’s Health Consultant Advisory Committee Richard Seidman, MD, MPH
14. Public Comment *Chair*

ADJOURN TO CLOSED SESSION (Estimated time: 30 minutes)

Chair

15. CONTRACT RATES
Pursuant to Welfare and Institutions Code Section 14087.38(m)
- Plan Partner Rates
 - Provider Rates
 - DHCS Rates
 - Plan Partner Services Agreement
16. 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: *April 2021*
17. CONFERENCE WITH REAL PROPERTY NEGOTIATORS
Section 54956.8 of the Ralph M. Brown Act
Property: 3101 W. Pico, Los Angeles, CA. 90019
Agency Negotiator: John Baackes
Negotiating Parties: Eurostar, Inc. DBA (“WSS”), William Argueta
Under Negotiation: Price and Terms of Payment
18. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION
Pursuant to Section 54956.9 (d) (2) of the Ralph M. Brown Act
Two potential cases
19. PEER REVIEW
Welfare & Institutions Code Section 14087.38(n)
20. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
Section 54956.9(d)(1) of Ralph M. Brown Act
Case name is unspecified - disclosure of the case name would jeopardize service of process
21. PUBLIC EMPLOYEE PERFORMANCE EVALUATION
Section 54957 of the Ralph M. Brown Act
Title: Chief Executive Officer
22. CONFERENCE WITH LABOR NEGOTIATOR
Section 54957.6 of the Ralph M. Brown Act
Agency Negotiator: Hector De La Torre
Unrepresented Employee: Chief Executive Officer

RECONVENE IN OPEN SESSION

Chair

22. Consideration of Chief Executive Officer's Compensation

Chair

Adjournment

Chair

The next meeting is scheduled on Thursday, May 2, 2019 at 2:00 PM

Please keep public comments to three minutes or less.

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

If a teleconference location is listed at the top of this agenda, the public can participate in the meeting at that location or by calling the teleconference call in number provided. If teleconference arrangements are listed at the top of this Agenda, note that the arrangements may change prior to the meeting. To confirm details with L.A. Care Board Services staff prior to the meeting call (213) 694-1250, extension 4183 or 4184.

THE PUBLIC MAY ADDRESS THE BOARD OF GOVERNORS ON ALL MATTERS LISTED ON THE AGENDA BY FILLING OUT A "REQUEST TO ADDRESS" FORM AND SUBMITTING THE FORM TO L.A. CARE STAFF PRESENT AT THE MEETING BEFORE THE AGENDA ITEM IS ANNOUNCED. YOUR NAME WILL BE CALLED WHEN THE ITEM YOU ARE ADDRESSING IS DISCUSSED. THE PUBLIC MAY ALSO ADDRESS THE BOARD ON L.A. CARE MATTERS DURING PUBLIC COMMENT. AN AUDIO RECORDING OF THE MEETING IS MADE TO ASSIST IN WRITING THE MINUTES AND IS RETAINED FOR 30 DAYS.

NOTE: THE BOARD OF GOVERNORS CURRENTLY MEETS ON THE FIRST THURSDAY OF MOST MONTHS AT 2:00 P.M. POSTED AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT Board Services, 1055 W. 7th Street – 10th Floor, Los Angeles, CA 90017.

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at Board Services, L.A. Care Health Plan, 1055 W. 7th Street, 10th Floor, Los Angeles, CA 90017, during regular business hours, 8:00 a.m. to 5:00 p.m., Monday – Friday.

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) 694-1250. 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

April 2019

Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3	4 <i>Board of Governors</i> 2 pm (for approx. 3 hours)	5
8	9	10 <i>ECAC</i> 10 am (for approx. 3 hours)	11	12
15 <i>RCAC 2</i> 10:00 am (for approx. 2-1/2 hours) <i>RCAC 5</i> 2 pm (for approx. 2-1/2 hours)	16 <i>RCAC 3</i> 9:30 am (for approx. 2-1/2 hours)	17	18 <i>RCAC 10</i> 1:00 pm (for approx. 2-1/2 hours) <i>RCAC 6</i> 3:00 pm (for approx. 2-1/2 hours)	19 <i>RCAC 1</i> 10:00 am (for approx. 2-1/2 hours)
22 <i>Finance & Budget</i> 1 pm (for approx. 1 hour) <i>Executive Committee</i> 2 pm (for approx. 2 hours)	23 <i>CCI 4</i> 1:00 pm (for approx. 2-1/2 hours)	24 <i>CCI 3</i> 10:00 am (for approx. 2-1/2 hours)	25	26
29	30			



	MEETING DAY, TIME, & LOCATION	MEETING DATES	MEMBERS
Board of Governors General Meeting	<p>1st Thursday 2:00 PM <i>(for approximately 3 hours)</i> 1055 W. 7th Street, 10th Floor, Los Angeles, CA 90017</p> <p>*Offsite meeting - location TBA</p> <p>** All Day Retreat at Joan Palevsky Center 281 S. Figueroa Street, Los Angeles, CA 90012</p> <p>***tentative (placeholder meeting)</p>	<p>April 4 May 2 June 6 * July 25 <i>No meeting in August</i> September 5 ** October 3 *** November 7 December 5</p>	<p>Hector De La Torre, <i>Chairperson</i> Alvaro Ballesteros, MBA, <i>Vice Chairperson</i> Robert Curry, <i>Treasurer</i> Layla Gonzalez-Delgado, <i>Secretary</i> Stephanie Booth, MD Christina R. Ghaly, MD George W. Greene, Esq. Antonia Jimenez Hilda Perez Courtney Powers, JD Honorable Mark Ridley-Thomas G. Michael Roybal, MD, MPH Ilan Shapiro, MD</p> <p><u>Staff Contact:</u> John Baackes <i>Chief Executive Officer, x4102</i> Linda Merkens <i>Senior Manager, Board Services, x4050</i></p>

BOARD OF GOVERNORS & PUBLIC ADVISORY COMMITTEES
2019 MEETING SCHEDULE / MEMBER LISTING

Board of Governors - Standing Committees

	MEETING DAY, TIME, & LOCATION	MEETING DATES	MEMBERS
Executive Committee	<p>4th Monday of the month 2:00 PM <i>(for approximately 2 hours)</i> 1055 W. 7th Street, 10th Floor, Los Angeles, CA 90017</p> <p><i>*meeting on a Tuesday due to holiday</i></p>	<p>April 22 May 28 * June 24 <i>No meeting in July</i> August 26 September 23 October 28 November 18 <i>No meeting in December</i></p>	<p>Hector De La Torre, <i>Chairperson</i> Alvaro Ballesteros, MBA, <i>Vice Chairperson</i> Robert H. Curry, <i>Treasurer</i> Layla Gonzalez-Delgado, <i>Secretary</i> Stephanie Booth, MD Hilda Perez</p> <p>Staff Contact: Linda Merkens <i>Senior Manager, Board Services, x4050</i></p>
Compliance & Quality Committee	<p>3rd Thursday every 2 months 2:00 PM <i>(for approximately 2 hours)</i> 1055 W. 7th Street, 10th Floor, Los Angeles, CA 90017</p>	<p>May 16 <i>No meeting in July</i> August 15 September 19 November 21 <i>No meeting in December</i></p>	<p>Stephanie Booth, MD, <i>Chairperson</i> Alvaro Ballesteros, MBA Christina Ghaly, MD Hilda Perez Courtney Powers, JD Ilan Shapiro, MD</p> <p>Staff Contact: Victor Rodriguez <i>Board Specialist, Board Services/x 5214</i></p>
Finance & Budget Committee	<p>4th Monday of the month 1:00 PM <i>(for approximately 1 hour)</i> 1055 W. 7th Street, 10th Floor, Los Angeles, CA 90017</p> <p><i>*meeting on a Tuesday due to holiday</i></p>	<p>April 22 May 28 * June 24 <i>No meeting in July</i> August 26 September 23 October 28 November 18 <i>No meeting in December</i></p>	<p>Robert H. Curry, <i>Chairperson</i> Stephanie Booth, MD Hector De La Torre Hilda Perez G. Michael Roybal, MD, MPH</p> <p>Staff Contact: Malou Balones <i>Senior Board Specialist, Board Services/x 4183</i></p>

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.

BOARD OF GOVERNORS & PUBLIC ADVISORY COMMITTEES
2019 MEETING SCHEDULE / MEMBER LISTING

	MEETING DAY, TIME, & LOCATION	MEETING DATES	MEMBERS
Governance Committee	1055 W. 7th Street, 10th Floor Los Angeles, CA 90017 MEETS AS NEEDED		Hilda Perez, <i>Chairperson</i> Stephanie Booth, MD Layla Gonzalez-Delgado Antonia Jimenez Courtney Powers, JD <u>Staff Contact:</u> Malou Balones <i>Senior Board Specialist, Board Services/ x 4183</i>
Service Agreement Committee	1055 W. 7th Street, 10th Floor Los Angeles, CA 90017 MEETS AS NEEDED		Layla Gonzalez-Delgado, <i>Chairperson</i> Antonia Jimenez Hilda Perez Courtney Powers, JD <u>Staff Contact</u> Malou Balones <i>Senior Board Specialist, Board Services/ x 4183</i>
Audit Committee	1055 W. 7th Street, 10th Floor Los Angeles, CA 90017 MEETS AS NEEDED		Stephanie Booth, MD, <i>Chairperson</i> Alvaro Ballesteros, MBA Layla Gonzalez-Delgado <u>Staff Contact</u> Malou Balones <i>Senior Board Specialist, Board Services, x 4183</i>

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2019 MEETING SCHEDULE / MEMBER LISTING

	MEETING DAY, TIME, & LOCATION	MEETING DATES	MEMBERS
<p style="text-align: center;">L.A. Care Community Health</p>	<p style="text-align: center;">Meets Annually or as needed 1055 W. 7th Street, 10th Floor, Los Angeles, CA 90017</p>		<p>Hector De La Torre, <i>Chairperson</i> Alvaro Ballesteros, MBA, <i>Vice Chairperson</i> Robert Curry, <i>Treasurer</i> Layla Gonzalez-Delgado, <i>Secretary</i> Stephanie Booth, MD Christina R. Ghaly, MD George W. Greene, Esq. Antonia Jimenez Hilda Perez Courtney Powers, JD Honorable Mark Ridley-Thomas G. Michael Roybal, MD, MPH Ilan Shapiro, MD</p> <p><u>Staff Contact:</u> John Baackes <i>Chief Executive Officer, x4102</i> Linda Merkens <i>Senior Manager, Board Services, x4050</i></p>
<p style="text-align: center;">L.A. Care Joint Powers Authority</p>	<p style="text-align: center;">Meets as needed 1055 W. 7th Street, 10th Floor, Los Angeles, CA 90017</p>		<p>Hector De La Torre, <i>Chairperson</i> Alvaro Ballesteros, MBA, <i>Vice Chairperson</i> Robert Curry, <i>Treasurer</i> Layla Gonzalez-Delgado, <i>Secretary</i> Stephanie Booth, MD Christina R. Ghaly, MD George W. Greene, Esq. Antonia Jimenez Hilda Perez Courtney Powers, JD Honorable Mark Ridley-Thomas G. Michael Roybal, MD, MPH Ilan Shapiro, MD</p> <p><u>Staff Contact:</u> John Baackes <i>Chief Executive Officer, x4102</i> Linda Merkens <i>Senior Manager, Board Services, x4050</i></p>

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BOARD OF GOVERNORS & PUBLIC ADVISORY COMMITTEES
2019 MEETING SCHEDULE / MEMBER LISTING

Public Advisory Committees

	MEETING DAY, TIME, & LOCATION	MEETING DATES	STAFF CONTACT
Children’s Health Consultant Advisory Committee General Meeting	3rd Tuesday of every other month 8:30 AM <i>(for approximately 2 hours)</i> 1055 W. 7th Street, 10th Floor, Los Angeles, CA 90017	May 21 <i>No meeting in July</i> August 20 September 17 November 21	Lyndee Knox, PhD, Chairperson Staff Contact: Victor Rodriguez <i>Board Specialist, Board Services/x 5214</i>
Executive Community Advisory Committee	2nd Wednesday of the month 10:00 AM <i>(for approximately 3 hours)</i> 1055 W. 7th Street, 10th Floor, Los Angeles, CA 90017	April 10 May 8 June 12 July 10 <i>No meeting in August</i> September 11 October 9 November 13 December 11	AnaRomo, Chairperson Staff Contact: Idalia Chitica, <i>Community Outreach & Education, Ext. 4420</i>
Technical Advisory Committee	4th Thursdays every other month 9:00 AM <i>(for approximately 2 hours)</i> 1055 W. 7th Street, 10th Floor, Los Angeles, CA 90017	<i>This Committee is under restructure.</i>	Staff Contact: Victor Rodriguez <i>Board Specialist, Board Services/x 5214</i>

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BOARD OF GOVERNORS & PUBLIC ADVISORY COMMITTEES
2019 MEETING SCHEDULE / MEMBER LISTING

REGIONAL COMMUNITY ADVISORY COMMITTEES

REGION	MEETING DAY, TIME, & LOCATION	MEETING DATE	STAFF CONTACT
Region 1 Antelope Valley	<p>3rd Friday of every other month 10:00 AM <i>(for approximately 2-1/2 hours)</i> L.A. Care Family Resource Center-Palmdale 2072 E. Palmdale Blvd. Palmdale, CA 93550 (213) 438-5580</p>	<p>April 19 June 21 August 16 October 18 December 20</p>	<p>Russel Mahler, Chairperson</p> <p>Staff Contact: Kristina Chung <i>Community Outreach & Education, x5139</i></p>
Region 2 San Fernando Valley	<p>3rd Monday of every other month 10:00 AM <i>(for approximately 2-1/2 hours)</i> L.A. Care Family Resource Center-Pacoima 10807 San Fernando Road Pacoima, CA 91331 (844) 858-9942</p>	<p>April 15 June 17 August 19 October 21 December 16</p>	<p>Estela Lara, Chairperson</p> <p>Staff Contact: Kristina Chung <i>Community Outreach & Education, x5139</i></p>
Region 3 Alhambra, Pasadena and Foothill	<p>3rd Tuesday of every other month 9:30 AM <i>(for approximately 2-1/2 hours)</i> Rosemead Community Center 3936 N. Muscatel Avenue, Room 3 Rosemead, CA 91770 (626) 569-2160</p>	<p>April 16 June 18 August 20 October 15 December 17</p>	<p>Cynthia Contreas-Wood, Chairperson</p> <p>Staff Contact: Frank Meza <i>Community Outreach & Education, x4239</i></p>
Region 4 Hollywood- Wilshire, Central L.A. and Glendale	<p>3rd Tuesday of every other month 9:00 AM <i>(for approximately 2-1/2 hours)</i> Hope Street Family Center 1600 Hope Street, Rm 305 Los Angeles, CA 90015 (213) 742-6385</p>	<p>May 21 July 16 September 17 November 19</p>	<p>Sylvia Poz, Chairperson</p> <p>Staff Contact: Jose Rivas <i>Community Outreach & Education, x4090</i></p>

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BOARD OF GOVERNORS & PUBLIC ADVISORY COMMITTEES
2019 MEETING SCHEDULE / MEMBER LISTING

REGION	MEETING DAY, TIME, & LOCATION	MEETING DATE	STAFF CONTACT
Region 5 Culver City, Venice, Santa Monica, Malibu, Westchester	3rd Monday of every other month 2:00 PM <i>(for approximately 2-1/2 hours)</i> Veterans Memorial Building Garden Room 4117 Overland Avenue Culver City, CA 90230 (310) 253-6625	April 15 June 17 August 19 October 21 December 16	Maria Sanchez, Chairperson <u>Staff Contact:</u> Jose Rivas <i>Community Outreach & Education, x4090</i>
Region 6 Compton, Inglewood, Watts, Gardena, Hawthorne	3rd Thursday of every other month 3:00 PM <i>(for approximately 2-1/2 hours)</i> South LA Sports Activity Center 7020 S. Figueroa Street Los Angeles, CA 90003 (323) 758-8716	April 18 June 20 August 15 October 17 December 19	Andria McFerson, Chairperson <u>Staff Contact:</u> Jose Rivas <i>Community Outreach & Education, x4090</i>
Region 7 Huntington Park, Bellflower, Norwalk, Cudahy	3rd Thursday of every other month 2:00 PM <i>(for approximately 2-1/2 hours)</i> Community Empowerment Center 7515 Pacific Blvd. Walnut Park, CA 90255 (213) 516-3575	May 16 July 18 September 19 November 21	Fatima Vasquez, Chairperson <u>Staff Contact:</u> Martin Vicente <i>Community Outreach & Education, x 4423</i>
Region 8 Carson, Torrance, San Pedro, Wilmington	3rd Friday of every other month 10:30 AM <i>(for approximately 2-1/2 hours)</i> Providence Community Health Wellness and Activity Center 470 N. Hawaiian Ave. Wilmington, CA 90744 (424) 212-5699	May 17 July 19 September 20 November 15	Ana Romo – Chairperson <u>Staff Contact:</u> Martin Vicente <i>Community Outreach & Education, x 4423</i>

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BOARD OF GOVERNORS & PUBLIC ADVISORY COMMITTEES
2019 MEETING SCHEDULE / MEMBER LISTING

REGION	MEETING DAY, TIME, & LOCATION	MEETING DATE	STAFF CONTACT
Region 9 Long Beach	3rd Monday of every other month 9:30 AM <i>(for approximately 2-1/2 hours)</i> First Congressional Church of Long Beach 241 Cedar Avenue Long Beach, CA 90802 (562) 436-2256	May 20 July 15 September 16 November 18 <i>*rescheduled due to holiday</i>	Tonya Byrd, Chairperson <u>Staff Contact:</u> Kristina Chung <i>Community Outreach & Education, x5139</i>
Region 10 East Los Angeles, Whittier and Highland Park	3rd Thursday of every other month 1:00 PM <i>(for approximately 2-1/2 hours)</i> L.A. Care East L.A. Family Resource Center 4801 Whittier Blvd Los Angeles, CA 90022 (213) 438-5570	April 18 June 20 August 15 October 17 December 19	Damaris de Cordero, Chairperson <u>Staff Contact:</u> Frank Meza <i>Community Outreach & Education, x4239</i>
Region 11 Pomona and El Monte	3rd Thursday of every other Month 9:30 AM <i>(for approximately 2-1/2 hours)</i> Pomona Catholic High School - Auditorium 533 W. Holt Ave. Pomona, CA 91768 (909) 623-5297	May 16 July 18 September 19 November 21	Elda Sevilla, Chairperson <u>Staff Contact:</u> Frank Meza <i>Community Outreach & Education, x4239</i>

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BOARD OF GOVERNORS & PUBLIC ADVISORY COMMITTEES
2019 MEETING SCHEDULE / MEMBER LISTING

COORDINATED CARE INITIATIVE (CCI) CONSUMER COUNCIL

REGION	MEETING DAY, TIME, & LOCATION	MEETING DATE	STAFF CONTACT
Area 1 Antelope Valley	<p>4th Tuesday of every other month 10:00 AM <i>(for approximately 2-1/2 hours)</i> Palmdale Family Resource Center 2072 E. Palmdale Blvd, Palmdale, CA 93350 (661) 267-5656</p>	<p>March 26 May 28 July 23 September 24 November 19*</p> <p><i>*Meeting on a different week of the month due to holidays</i></p>	<p>Demetria Saffore, Chairperson</p> <p>Staff Contact: Mariah Walton <i>Communications and Community Relations,</i> x5956</p>
Area 2 San Fernando Valley	<p>4th Wednesday of every other month 10:00 AM <i>(for approximately 2-1/2 hours)</i> Pacoima Family Resource Center 10807 San Fernando Road Pacoima, CA 91331 (877) 287-6290</p>	<p>March 27 May 29 July 24 September 25 November 20*</p> <p><i>*Meeting on a different week of the month due to holidays</i></p>	<p>Wilma Ballew, Chairperson</p> <p>Staff Contact: Mariah Walton <i>Communications and Community Relations,</i> x5956</p>
Area 3 South Los Angeles	<p>4th Wednesday of every other month 10:00 AM <i>(for approximately 2-1/2 hours)</i> Inglewood Family Resource Center 3111 W. Century Boulevard, Suite 100 Inglewood, CA 90303 (310) 330-3130</p>	<p>April 24 June 26 August 28 October 23 December 18*</p> <p><i>*Meeting on a different week of the month due to holidays</i></p>	<p>Brenda White, Chairperson</p> <p>Staff Contact: Susan Ma <i>Communications and Community Relations, x</i> 4586</p>
Area 4 Long Beach	<p>4th Tuesday of every other month 1:00 PM <i>(for approximately 2-1/2 hours)</i> Mark Twain Branch Library 1325 E. Anaheim Street Long Beach, CA 90813 (562) 570-1046</p>	<p>April 23 June 25 August 27 October 22 December 17*</p> <p><i>*Meeting on a different week of the month due to holidays</i></p>	<p>Neisma Istrefi, Chairperson</p> <p>Staff Contact: Susan Ma <i>Communications and Community Relations,</i> x4586</p>

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Board of Governors

Executive Community Advisory Committee

Meeting Minutes – February 13, 2019

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



L.A. Care
HEALTH PLAN

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Staff
Russell Mahler, <i>RCAC 1 Chair</i> Estela Lara, <i>RCAC 2 Chair</i> Cynthia Conteas-Wood, <i>RCAC 3 Chair*</i> Silvia Poz, <i>RCAC 4 Chair</i> Maria Sanchez, <i>RCAC 5 Chair</i> Andria McFerson, <i>RCAC 6 Chair</i> Fátima Vázquez, <i>RCAC 7 Chair</i> Ana Romo, <i>RCAC 8 Chair</i> Tonya Byrd, <i>RCAC 9 Chair</i> Damares O Hernandez de Cordero, <i>RCAC 10 Chair</i> Elda Sevilla, <i>RCAC 11 Chair</i> Lluvia Salazar, <i>At-Large Member</i> Deaka McClain, <i>At Large Member</i> Demetria Saffore, <i>CCI Area 1 Chair</i> Wilma Ballew, <i>CCI Area 2 Chair</i> Brenda White, <i>CCI Area 3 Chair</i> Nesima Istrefi, <i>CCI Area 4 Chair*</i> * <i>Excused Absent</i> ** <i>Absent</i> *** <i>Via teleconference</i>	Antonia Rodas, <i>RCAC 1</i> Margaret Belton, <i>RCAC 3</i> Hercilia Salvatierra, <i>RCAC 4</i> Maria Mendez, <i>RCAC 5</i> Alba Perez, <i>RCAC 6</i> Maria Nunez, <i>RCAC 6</i> Dalia Cadena, <i>RCAC 7</i> Dorothy Lowery, <i>RCAC 8</i> Rita Sisowath, <i>RCAC 9</i> Fresia Paz, <i>RCAC 10</i> Gladys Alvarez, <i>RCAC 11</i> Marlene Paz, <i>RCAC 10</i> Elliot Bailiff, <i>CCI Area 2</i> Carmencita Fernandez, <i>CCI Area 4</i> Eduardo Kogan, <i>Interpreter</i> Paula Alvira, <i>Interpreter</i> Bo Uce, <i>Interpreter</i> Vesna Loek, <i>Interpreter</i>	Hilda Pérez, <i>Member, Board of Governors</i> Layla Gonzalez-Delgado, <i>Member Advocate, Board of Governors</i> Maricel Amurao, <i>Member Retention Unit, Member Services Department</i> Misty De Lamare, <i>Director, Communications Department</i> Idalia De La Torre, <i>Field Specialist Supervisor, CO&E</i> Auleria Eakins, <i>Manager, CO&E</i> Felicia Gray, <i>Community Outreach Liaison, CO&E</i> Susan Ma, <i>CCI Field Specialist, Communication and Community Relations</i> Malou Balones, <i>Senior Board Specialist, Board Services</i> Francisco Oaxaca, <i>Senior Director, Communications, Community Education and Outreach</i> Frank Meza, <i>Community Outreach Field Specialist, CO&E</i> Candace Nafissi, <i>Senior Communication Specialist, Communication and Community Relations</i> Jose Ricardo Rivas, <i>Community Outreach Field Specialist, CO&E</i> Victor Rodriguez, <i>Community Outreach Liaison, CO&E</i> Manuel Vizcarra, <i>Community Outreach Liaison CO&E</i> Prity Thanki, <i>Local Government Advisor, Government Affairs</i> Desiree Gutierrez, <i>Regional Center Liaison, Utilization Management</i>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Ana Romo, <i>ECAC Chairperson</i> , called the meeting to order at 10:05 a.m. She reviewed the ECAC meeting guidelines. Tanya Byrd, <i>RCAC 9 Chair</i> , asked for clarification on the meeting guidelines. Idalia De La Torre, <i>Field Specialist Supervisor, CO&E</i> , responded that each person (member of ECAC or public) can ask one question for each agenda item. If time is limited, not every person who would like to make a comment will get an opportunity to do so and will be asked to fill out the comments card, submit it to staff for proper action.	

<p>APPROVE MEETING AGENDA</p> <p>Ana Romo</p>	<p>The Agenda for today’s meeting was approved as submitted.</p>	<p>Approved. 16 AYES (Ballew, Belton, Byrd, Hernandez de Cordero, Lara, McClain, McFerson, Mahler, Poz, Romo, Saffore, Salazar, Sanchez, Sevilla, White and Vazquez)</p>
<p>APPROVE MEETING MINUTES</p> <p>Ana Romo</p>	<p>Estela Lara, <i>RCAC 2 Chair</i>, stated that she did not receive her meeting packet on time and asked where on the agenda is the best to address this issue. Ms. De La Torre replied she will address it with staff.</p> <p>Deaka McClain, <i>At Large Member</i>, noted on page 6, where it states, “she is not aware of any disability awareness event”. She did not mean that her committee did not have an event. She would like it to read, “Ms. McClain commented she is not aware of any disability awareness event for this year”.</p> <p>Hilda Pérez, <i>Member, Board of Governors</i>, noted:</p> <ul style="list-style-type: none"> • Page 10, in the Spanish version of the meeting minutes it does not state the question she asked. It only states “in response to Ms. Perez’s question...” it then provides an answer. Her question does not appear in the meeting minutes. She stated that in a previous ECAC meeting all ECAC members requested that the meeting minutes reflect questions as well as the response given to those questions. • Page 8, her comment is not written down correctly. Where it reads, “each RCAC represents roughly 10,000 L.A. Care members...” is incorrect. It should read, “each RCAC member represents roughly 10,000 L.A. Care members and it’s fair...” <p>Ms. Lara noted on page 12, paragraph 5, it should read that Torhon Barnes is the manager of Behavioral Health not Consumer Affairs. (<i>Note: Mr. Barnes’ official title at L.A. Care is Manager, Consumer Affairs.</i>)</p> <p>Lluvia Salazar, <i>At Large Member</i>, noted on page 8, where it reads “She was not invited to the Lynwood FRC grand re-opening”. It should read, “why weren’t all members invited to the Lynwood FRC grand re-opening? We are all L.A. Care and should have the opportunity to attend”.</p> <p>Maggie Belton abstained and stated that she was not present at the previous ECAC meeting and can’t vote on the meeting minutes.</p>	<p>Approved. 14 AYES (Ballew, Byrd, Hernandez de Cordero, Lara, McClain, Mahler, Poz, Romo, Saffore, Salazar, Sanchez, Sevilla, White and Vazquez)</p> <p>ABSTENTIONS: 2 (Belton & McFerson)</p>

	<p>Ms. Lara asked if there needs to be an explanation for an abstention. Ms. McClain responded that an explanation is not necessary when abstaining from voting on any agenda item.</p> <p>The meeting minutes for January 9, 2019 were approved, noting the above amendments.</p>																															
STANDING ITEMS																																
<p>ECAC CHAIR REPORT</p> <p>Ana Romo</p>	<p>Ms. Romo presented the following motion for approval:</p> <p>To recommend the approval of Manuela Castaneda, RCAC 1, Consumer, as member of the Regional Community Advisory Committee (RCAC).</p>	<p>Approved. 16 AYES (Ballew, Byrd, Belton, Hernandez de Cordero, Lara, McClain, McFerson, Mahler, Poz, Romo, Saffore, Salazar, Sanchez, Sevilla, White and Vazquez)</p>																														
<p>Board Member Report</p> <p>Board Members</p>	<p>Layla Gonzalez-Delgado, <i>Member, Board of Governors</i>, thanked everyone in attendance and also thanked the RCAC members who are in the public to take notes and report back to their committees. She reported the Board of Governors met on February 7, 2019 and thanked the following members for attending:</p> <table border="1" data-bbox="564 885 1619 1469"> <thead> <tr> <th>RCAC</th> <th>Member Name</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Maria Angeles Cruz / Rut Hernandez</td> </tr> <tr> <td>2</td> <td>Jacqueline Session / Ana Rodriguez</td> </tr> <tr> <td>3</td> <td>Shekeila Harvey / Maggie Belton</td> </tr> <tr> <td>4</td> <td>Theodora Parlanti / Rachel Rose Luckey</td> </tr> <tr> <td>5</td> <td>Marco Galindo / Gabriela Quintanilla</td> </tr> <tr> <td>6</td> <td>Celia Juarez / Maria E Nunez</td> </tr> <tr> <td>7</td> <td>Maria Sandoval</td> </tr> <tr> <td>8</td> <td>Maria Montes / Dioselina Garcia</td> </tr> <tr> <td>9</td> <td>Samouth Vonn / Arun Tes Yang</td> </tr> <tr> <td>10</td> <td>Sarai Angeles / Fresia Paz</td> </tr> <tr> <td>11</td> <td>Linda Resendez / Maria Angeles Refugio</td> </tr> <tr> <td>CCI Councils</td> <td></td> </tr> <tr> <td>1</td> <td>Demetria Saffore / Marcia Ramos</td> </tr> <tr> <td>2</td> <td>Elizabeth Cooper / Wilma Ballew</td> </tr> </tbody> </table>	RCAC	Member Name	1	Maria Angeles Cruz / Rut Hernandez	2	Jacqueline Session / Ana Rodriguez	3	Shekeila Harvey / Maggie Belton	4	Theodora Parlanti / Rachel Rose Luckey	5	Marco Galindo / Gabriela Quintanilla	6	Celia Juarez / Maria E Nunez	7	Maria Sandoval	8	Maria Montes / Dioselina Garcia	9	Samouth Vonn / Arun Tes Yang	10	Sarai Angeles / Fresia Paz	11	Linda Resendez / Maria Angeles Refugio	CCI Councils		1	Demetria Saffore / Marcia Ramos	2	Elizabeth Cooper / Wilma Ballew	
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3	Brenda White
4	Deaka McClain

Board Members Hector De La Torre and Al Ballesteros attended the East L.A. Family Resource Center grand opening event on February 9.

John Baackes, *Chief Executive Officer*, reported:

- The Governor is proposing to expand Medi-Cal coverage for all kids up to age 26 including those whose immigration status is pending. L.A. Care had its biggest gain of members: 26,000 new members in Covered California this year.
- Effective February 8, L.A. Care will use brokers to sell and enroll members in the Cal MediConnect (CMC) product. Previously, regulations would not allow the use of brokers and marketing to potential members was very restricted. L.A. Care is contracted with five broker agencies.
- Mr. Baackes announced that the minimum wage for L.A. Care employees has increased to \$16.50/hour. It was last raised from \$13.50 to \$15.00 in 2015.
- L.A. Care initiated a Recuperative Care Pilot Program at a facility on Pico for patients being discharged by hospitals who do not have a place or home to go. L.A. Care has procured 16 beds for L.A. Care members.
- L.A. Care has renewed grants to fund Know Your Rights workshops at both Central American Resource Center (CARECEN-LA) and the Coalition for Human Immigrant Rights (CHIRLA). Each organization will receive \$150,000.

Richard Seidman, *Chief Medical Officer*, provided the following updates:

- Occurrence of flu cases are still high. There have been 10 deaths this season in Los Angeles County due to the flu.
- L.A. Care's portion of auto assignment by Medi-Cal has decreased from 64% to 54% in 2018. The ration is partly determined by the results of the Health Effectiveness Data and Information Set (HEDIS) score. There will be more outreach and education to practitioners on HEDIS about the concerns expressed by L.A. Care's members.
- L.A. Care has developed 2018 Population Health Management Program. The program is under review and has received positive feedback from consultants.
- Partnerships have been developed to promote antibiotic stewardship. Quality Improvement staff will continue with webinars to discuss screening guidelines.
- L.A. Care has paid a total of \$22.2 million in incentives to 888 solo and small group physicians and 59 clinics who met the improvement criteria. There was a dinner held late January at L.A. Care headquarters to recognize top performers.
- There is new legislation which requires all managed care plans to develop a maternal mental health screening and treatment programs no later than July 2019. A platform

will be developed to provide a database that will be available to staff and the provider network that is comprised of organizations that offer services to address social determinants of health.

Ms. Perez reported on the CCI Council transition. She noted that CCI councils are receiving information sessions at the December 2018 and January 2019 meetings. On suggestion of Board Member Mark Ridley Thomas, staff prepared a written information about the transition and will be sent to all CCI Council and RCAC members.

The written information will outline the state requirements for the Cal MediConnect (CMC) contract, L.A. Care's demographic information by line of business and the process for the creation of a new Enrollee Advisory Committee (EAC). A contact information for Francisco Oaxaca, *Senior Director, Communications and Community Outreach & Education*, is included in the information sheet so that members will have the opportunity to express their concerns and provide input.

The final proposal will be presented to the Executive Committee at its March meeting. If the Executive Committee approves the proposal, it will be presented to the full Board for approval in April. The Board could also authorize staff to revise the Consumer Advisory Committee (CAC) Operating Rules and to implement the changes.

Ms. Perez stated that a copy of her report is available through CO&E staff. She thanked Ms. Lara for her comment that all CCI Council members are welcome to join the RCACs.

Ms. De La Torre noted that the CCI Council transition will be on the RCACs/CCIs agendas for February and March meetings.

Ms. McClain asked if the CCI Council members can attend the March Board meeting to share their thoughts on the restructure after their respective committees have met and before a decision has been made. Ms. Perez responded that concerns were documented at the December and January meetings, and Mr. Oaxaca has provided his email address so members can forward any additional concerns they may have about the restructure.

Ms. De La Torre further clarified that the Executive Committee in March is open to all.

Ms. Lara asked if the CCI Council restructure will be on future RCAC meeting agendas. Ms. De La Torre responded that discussions will be taking place during the February and March RCAC meetings.

Silvia Poz, *RCAC 4 Chair*, asked if the grant awarded to CHIRLA is for health services or immigration services. Ms. Gonzalez-Delgado replied it is to provide information on immigration rights.

**UPDATE FROM
GOVERNMENT
AFFAIRS
DEPARTMENT**

Prity Thanki

Prity Thanki, *Local Government Advisor*, provided the following updates:

- On January 25, President Trump and Congress reached a short-term deal to reopen the government through February 15 and allow 800,000 federal workers to receive back pay for the five weeks when the government was partially shut down. The House and Senate are currently in conference to discuss funding for the Department of Homeland Security, including border security and the President's request for money to build a wall. President Trump has said that the two sides would continue to negotiate on a long-term spending deal and demanded that it must include money for a wall otherwise he will declare a national emergency and use his executive powers to fund the wall without congressional approval.

The five-week shutdown had a small impact on the Department of Health and Human Services. Recipients continued to receive benefits for Medicare, Medi-Cal, Social Security, Supplemental Security Income (SSI), unemployment insurance, and Temporary Assistance for Needy Families (TANF). These programs received funding for the 2019 fiscal year last September and remained fully operational since their spending is not dependent on Congress's explicit funding. The food stamps program may be affected if the government shutdowns again. As of this moment, funding for food stamps will not continue past February. The federal government paid people for February already. It is unknown if the federal government will pay or if the state will fund the March benefits. Staff will continue to closely monitor both the federal and state governments.

- Senators Ricardo Lara and Maria Elena Durazo, and Assemblymembers Dr. Joaquin Arambula, Rob Bonta and David Chu introduced two #Health4All Bills on the first day of the new 2019 legislative session. The two bills, SB 29 and AB 4, are top priority for immigrant rights and health care advocates and would provide full-scope Medi-Cal to low income undocumented adults by removing immigration status as an eligibility exclusion. This proposal could cost about \$3 billion annually. More than half of the over 3 million California residents who currently lack health insurance aren't eligible for state coverage because of immigration status.

Budget Update - New Health Proposals

- On January 7, California Governor Gavin Newsom announced several executive orders and budget proposals to expand health coverage and improve affordability. He also sent a letter to President Trump and congressional leaders requesting that California and other states be allowed to create a single-payer system. While this request seems like a long shot in the Republican-controlled Senate who will not approve single payer due to the high cost to the federal government, it signals that health care is one of his

top priorities and he intends to position California as a national leader to expand coverage.

- On January 10, Governor Newsom released his 2019-2020 proposed State Budget. Over the course of the next five months, he must negotiate with the legislature to reach agreement on a final state budget by June 15.

Highlights:

- Expand Medi-Cal coverage to undocumented individuals up to age 26 (currently undocumented children are covered to age 19).
- Expand health insurance premium subsidies to people making up to 600 percent of the federal poverty level (about \$72,800 for an individual) – up from the Affordable Care Act’s current 400 percent (about \$48,500).
- Implement a state coverage requirement to have insurance to replace the Affordable Care Act mandate. The tax penalty for not having coverage would be the same as the federal mandate (\$695 per adult/\$2,085 family).
- Create a purchasing program for prescription drugs leading to a single payer system for prescription drugs in California. Currently state agencies negotiate individually with drug companies.
- Create a new position of California surgeon general, who will focus on combating the root causes of serious health conditions such as adverse childhood experiences and toxic stress.
- Invest \$100 million for Whole Person Care Pilot Programs that focus on supportive housing for individuals who are homeless or at risk of becoming homeless, with a focus on people with mental illness.
- Expedite allocation for \$2 billion in bond funding for the No Place like Home program which was approved by voters in the 2018 November election. This program is intended to fund permanent supportive housing for persons in need for mental health services who are homeless or at risk of becoming homeless.
- Proposition 56: This tobacco tax initiative was passed by California voters in 2016 and increased the state tax on tobacco products. Most of the new revenue created by this tax goes to Medi-Cal. The Governor’s budget proposes to increase supplemental payments for physicians and dental providers, increase developmental and trauma screenings, and Medi-Cal family planning services.

Ms. Byrd asked Ms. Thanki to explain what single payer means. Ms. Thanki responded that it is too broad of a subject and there would have to be a larger discussion to fully explain. She stated that it requires that there be a single payer in the state of California that covers health insurance for its’ residents.

	<p>Andria McFerson, <i>RCAC 6 Chair</i>, asked if there are certain stipulations for Medi-Cal coverage for children up to 26 years of age. Ms. Thanki replied that the information is not available at the moment.</p> <p>Ms. Lara asked for clarification on the creation of the new California surgeon general position. She asked if it also applies to adults. Ms. Thanki replied the main focus is children.</p> <p>Ms. Gonzalez-Delgado noted that food stamps would be affected by the government shutdown and asked if it will also affect housing. Ms. Thanki responded she does not have that information.</p> <p>Ms. McClain asked if food stamps benefits will go back to normal now that the shutdown is over or will they be affected again after February. Ms. Thanki replied that she does not have that information and will know more on February 15.</p> <p>Ms. Belton stated there is a dental component that will be included in the Medi-Cal coverage and recommended that everyone should pay attention to it. Ms. Thanki replied she will provide more information on Denti-Cal when it becomes available.</p>	
<p>COMMUNICATION AND COMMUNITY RELATIONS UPDATE</p> <p>Francisco Oaxaca</p>	<p>Mr. Oaxaca reminded everyone that staff tracks all members' requests, comments and committee motions. Update are provided at the following meeting or as they become available. Some motions may take longer to address because additional research is needed. He added that a section has been added to the agenda to hear issues in regards to members with disabilities.</p> <p>Mr. Oaxaca stated that there is shortage of services in the Antelope Valley. Members have to wait long periods of time before being seen by a medical professional and members being turned away when they arrive at urgent cares right before closing time. These are issues that are currently being worked on. Staff has called several urgent cares in the Antelope Valley to ask what their policies are when members arrive near closing time and they received different answers. Some urgent cares stop accepting walk-in patients three to four hours before they close and some will take in walk-in patients five minutes before closing time. There is currently no policy in place by L.A. Care that requires that contracted urgent cares continue to accept patients near their scheduled closing time.</p> <p><u>East L.A. Family Resource Center Grand Opening</u></p> <p>He thanked everyone who attended the East L.A. Family Resource Center Grand Opening. Nearly 100 people attended the opening on February 9 including representatives from offices of elected officials. A community event was also held on February 10 that hosted about 200 people. He thanked the Board members for attending.</p> <p><u>Provider Recognition Awards</u></p>	

L.A. Care held an annual Provider Recognition event last month to recognize its best performing providers. L.A. Care focuses on contracting with providers, clinics, and hospitals that provide great care to members.

L.A. Care Covered enrollment period ended

L.A. Care Covered enrollment has ended. L.A. Care had a goal of adding 10,000 members and ended up adding 27,000 members. Ninety percent of existing members were retained which increased the total to 90,000 members. This new enrollment helped make L.A. Care the number one health plan in the county that offers the Covered California commercial health coverage option.

Transportation update

L.A. Care has a new vendor called, Call the Car, a company founded by a former firefighter paramedic. Call the Car is contracted with other health plans and is very experienced in working with people with disabilities. L.A. Care will begin to transition within the next four months. Staff members on the transportation team will present information at a future ECAC meeting.

CCI Restructure

CCI council members will receive more information about the transition into a RCAC during March. All CCI Council members will be given the opportunity to join the RCAC that is in their geographic region.

L.A. Care and Black History Month

L.A. Care is holding activities for Black History month. African Americans who have contributed to health care in this country are highlighted on L.A. Care's social media page. L.A. Care has sponsored several events including Empowerment Congress Health Seminar, African American Leadership Organization annual breakfast, and the Martin Luther King Jr. Foundation Sharing the Dream luncheon.

Russel Mahler, RCAC 1 Chair, asked if there will be a training for the Chairs and CCI Council members who will transition into the RCACs. Mr. Oaxaca responded that it will take place at a later time.

Ms. McFerson stated she would like the advisory committee members to work together as a group for African American History month. She would like L.A. Care to have its own event to honor African Americans not just participate or sponsor outside organizations and events. Ms. McClain agreed with Ms. McFerson and recommended creating an Ad-Hoc committee to plan accordingly. Ms. Belton pointed out that Black History is meant to celebrate contributions made by people of color.

<p>GLOBAL MEMBER ISSUES</p>	<p>Ms. Lara reported that RCAC 2 members are experiencing excessive wait times. One member waited approximately five hours at Olive View Medical Center for an exam that took 15 minutes. A grievance was filed by the member at Olive View and the member will be submitting a grievance with L.A. Care.</p> <p>Ms. Saffore acknowledged that Bartz-Altadonna Community Health Center and Antelope Valley Community Clinic are working very hard to address the wait times at their facilities.</p> <p>Mr. Mahler stated that Olive View Medical Center is notorious for long wait times and disregarding patients such as persons with disability and seniors.</p> <p>Ms. McFerson stated that there is no follow through when RCAC members request information from L.A. Care staff. She is requesting a log that contains motions and requests made by RCAC members along with the status of those requests.</p> <p>Ms. McClain stated that Ms. Cooper has requested that certain issues involving access to Durable Medical Equipment be placed on the agenda and no one has taken action. Ms. De La Torre responded that it pertains to the CCI Councils and not the RCACs.</p> <p>Ms. Lara asked if she must present a motion to her RCAC first before it can be presented at ECAC. Ms. De La Torre responded yes.</p>	
OLD BUSINESS		
<p>2019 I-Speak Trainings update</p> <p>Auleria Eakins</p>	<p>Ms. Eakins provided an update in regards to the 2019 I-Speak Trainings:</p> <p>She acknowledged the I-Speak training participants in the audience. She noted that the first training of the year took place the previous Friday and the topic was “Right Voice, Right Time”. Members learned how to draft a mock presentation and present it to the Board. One hundred percent of members at the training participated in the exercise. The next topic of discussion will be Social Determinants of Health and the third training will be held in conjunction with the ECAC Leadership trainings. They will be preparing for the local legislator office visits taking place in the summer. She stated that I-Speak trainings are meant to give Consumer Advisory members who are not in a leadership role an opportunity to learn and develop leadership skills.</p> <p>Ms. McFerson asked if the I-Speak trainings can be opened up to all RCAC members even those holding a leadership position.</p> <p>Ms. Byrd asked if the new trainings being held in the Fall will still hold the same membership. Ms. Eakins stated that she hasn’t gotten to that part of the planning yet and will report back when she does.</p>	

	<p>Ms. McClain noted that I-Speak trainings are for members without a leadership roles and the ECAC Leadership trainings are for Chairs and Vice-Chairs. She reiterated that I-Speak trainings are for members who are not in Leadership roles.</p>	
<p>2019 Spring Conference: “Elevating Advocacy”</p> <p>Auleria Eakins</p>	<p>Auleria Eakins provided an update in regards to this year’s Spring Conference:</p> <p>She stated that the name of the conference is Elevating Advocacy. The conference will be held on Friday March 22, 2019 from 8:30 am to 3:00 pm at St. Anne’s Cathedral. She noted that this year’s conference will be celebrating the twenty-year anniversary of the RCACs. She referred members to their RCACs Field Specialists and Liaisons if they have questions or need transportation.</p> <p>Ms. Perez asked if the conference will be interactive or will it only be recognition. Ms. Eakins responded that the first part of the day will be education and the second part will be celebratory.</p> <p>Ms. Eakins noted that staff will make sure that the site is accessible and this conference will be the first time that the Chairs and Vice-Chairs will be assigned duties such as greeters. She recommended that members with disabilities bring their caregivers with them to ensure their needs are being met. She asked members who would like to give a testimony to see her after the meeting to plan accordingly.</p>	
<p>RCAC Membership Guidelines</p> <p>Idalia De La Torre</p>	<p>Ms. De La Torre reminded members that in order for them to be RCAC members the applicant must be a member of L.A. Care or have a child who has coverage with L.A. Care. Once that child turns eighteen that year will be considered a transition year. When the L.A. Care member is nineteen they will have to apply for RCAC membership themselves in order to continue being part of the RCACs. RCAC members can continue membership if they have another child that has coverage with L.A. Care.</p> <p>Ms. Poz asked once the child becomes an adult will they have to reapply in order to be a RCAC member. Ms. De La Torre replied yes, they will have to go through a six-month provisional membership just like every other applicant.</p> <p>Ms. McClain asked if there is an adult who has a disability can they be represented by someone else. Ms. De La Torre responded yes they can, but only if they are on the same case. She stated members must go to the Department of Social Services to get on the same case. Ms. McClain asked if this is in writing. Ms. De La Torre responded yes.</p> <p>Ms. Lara asked if there are exceptions to each rule. Ms. De La Torre responded yes, but they will be addressed on a case by case bases.</p>	
<p>2019 RCAC Work Plan</p>	<p>Ms. De La Torre provided a brief update in regards to this year’s RCAC Work Plans:</p>	

<p>Idalia De La Torre</p>	<p>Two topics were chosen based on a focus on Social Determinants of Health. The first is food security and the second is early childhood education. Organizations who apply for the sponsorship will have the choice of applying through each of those two topics. Discussions will take place at the February and March RCAC meetings. More details will be provided at a later time. Members will have an opportunity to participate at the Work Plans as volunteers or they can attend the events as participants.</p> <p>She noted that last year some members felt overwhelmed by all the training topics they received. This year the HEDIS scores were used to determine the health topic and Colorectal Cancer was chosen due to L.A. Care's low scores. RCAC members will be receiving education in regards to Colorectal Cancer during their February and March meetings.</p> <p>Ms. White stated that she is confused about the Work Plans and where the CCI Councils members fit into them. Ms. De La Torre responded that once a CCI member transitions into the RCACs they will be members of the RCACs and will be able to participate.</p> <p>Ms. Saffore noted that the new topics chosen for the work plans do not apply to the seniors and people with disabilities or CCI Council members. Ms. Eakins clarified that the topics chosen are based on Social Determinants of Health. Health disparities relate to everyone.</p> <p>Ms. Gonzalez-Delgado stated that last year members were tasked with attending two or three events. She would like to know if staff will let members know what their participation requirements are. Ms. De La Torre responded that staff will be going over this at their February and March meetings and members will not have as many tasks this year.</p> <p>Ms. Perez asked what are members going to be doing with the information they receive on Colorectal Cancer. She stated she has heard discussions between RCAC members who say they prefer to select their own topics and create their own events. Ms. Eakins replied members do have an opportunity to decide on their own topics and they are able to set up tables at events and pass out information.</p> <p>Ms. McFerson asked that L.A. Care apply state law ADA Title 2 to the CCI Council transition. This will ensure that members who are transitioning into the RCACs will know their rights under this law. She recommended it should be included as a future agenda item so everyone can have information pertaining to ADA Title 2.</p>	
<p>NEW BUSINESS</p>		
<p>Services and Support for Members with Disabilities</p>	<p>Desiree Gutierrez presented on services and supports available to members with disabilities:</p>	

Desiree Gutierrez

- Desiree Gutierrez, *Regional Center Liaison, Utilization Management*
- Regional Center Outreach: monthly visits to the seven regional centers in Los Angeles County. Including visits to the satellite offices of NLACRC and ELARC.

Regional Centers

North Los Angeles County (NLACRC) (818) 778-1900 Serves the health districts of East Valley, San Fernando, West Valley and Antelope Valley
San Gabriel/Pomona (SGPRC) (909) 620-7722 Serves the cities of El Monte, Monrovia, Pomona, and Glendora
Eastern Los Angeles (ELARC) (626) 299-4700 Serves the health districts of Alhambra, East Los Angeles, Northeast, and Whittier
South Central Los Angeles (SCLARC) (213) 744-7000 Serves the health districts of Compton, South, Southeast, and Southwest
Frank D. Lanterman (Lanterman) (213) 383-1300 Serves the health districts of Central, Glendale, Hollywood-Wilshire, and Pasadena
Westside (WRC) (310) 258-4000 Serves the health districts of Inglewood and Santa Monica-West
Harbor (HRC) (310) 540-1711 Serves the health districts of Bellflower, Harbor, Long Beach, and Torrance

- Care Coordination with Regional Centers.
- Address any access issues with health care services.
- Coordinate requests for BHT/ABA services.
- Assistance with transitions for members 20+ years of age.
- Provide guidance and follow up for access to services.
- Submit referrals to additional supportive services within LA Care (MLTSS, Care Management, Beacon) when necessary.
- Internal Care coordination is also completed with other departments within LA Care.

Additional Supportive Services

Managed Long-Term Services and Supports (MLTSS). MLTSS are services that help people at home and in their community. MLTSS is made up of service areas including: In-Home Supportive Services, Community-Based Adult Services, Long-Term Care, and Care Management Services. In-Home Supportive Services or IHSS are personal care services for people who need help to live safely in their homes. Community-Based Adult Services or CBAS is daytime health care at centers that provide nursing, therapy, activities and meals for people with certain chronic health conditions. Long-Term Care or LTC Nursing Facility services are available if you get care in a nursing home, your health plan will work with your doctor and nursing home to better coordinate your care. Care Management Services or CM services are for high risk/complex care members.

Nurses and Social Workers work with other health care providers and services to help you get the care you need:

- Help you understand your care if you have multiple health conditions.
- Avoiding frequent emergency room visits.
- Assist in understanding your medication.
- Navigating the Health Care System.
- Connecting you with your Health Plan benefits and resources in your community.

Transportation Services

- L.A. Care members are eligible for both emergency and non-emergency transportation benefits, depending on your line of business.
- Non-Emergency Medical Transportation (NEMT).
- Non-Medical Transportation (NMT) services.
- Talk to your doctor to find out what transportation is right for you. Your doctor must submit a referral certification form to request this service.

Important Contact information

- Managed Long-Term Services and Supports (MLTSS): 855-427-1223
- Care Management (CM): 844-200-0104
- Transportation Services: 866-529-2141
- Member Services: 888-839-9909

Ms. McClain thanked Ms. Gutierrez for her presentation. She asked Ms. Gutierrez if she can provide an explanation in regards to the waiver that prevents people from being able to join the Cal-MediConnect program. Ms. Gutierrez responded that if members are

	<p>Regional Center consumer they are not able to participate in the Cal-MediConnect due to the waiver. She would like to get more information and present it at a future ECAC meeting.</p> <p>Ms. Perez asked her to explain what she meant by case management services. She noted that the FRCs will now be hosting all the case managers and members will be able to visit them in person. She would like to know how case management services work now. Ms. Gutierrez responded that services can be accessed by calling their health plan or their medical group. Members will soon be able to have their case manager visit them at home.</p> <p>Ms. Belton noted there are two parts to IHSS if you have a line of insurance that includes Medi-Cal. There is a ninety-nine percent chance a member will get approved for County In-Home Support Services if they do. Using case management services will sometimes leave the members without their preferred doctor. She cautioned to be careful when recommending programs and services to others.</p> <p>Ms. Saffore asked if Case Managers are employed directly by health plans. Ms. Gutierrez confirmed that case managers are employed directly by health plans.</p> <p>Ms. Lowery stated she had a case manager and she had to file a complaint against him, because he was not able to get her an appointment with her doctor. Every time the case manager would call to set up an appointment for her the doctor's office would complain about her. She was told they do not believe her symptoms. She stated she would like to be assigned to a different case manager that will fight for her and not against her. Ms. Gutierrez referred her to the phone number in the presentation so she can call and change her case manager.</p>	
<p>FUTURE AGENDA ITEMS</p>	<p>Ms. McClain asked for clarification in regards to her CCI Council recommendation to change L.A. Care's mission statement. Ms. De La Torre responded she will speak with management and follow up at a future meeting.</p> <p>Ms. Perez stated RCAC 6 members do not think they are given enough time to speak or express themselves due to the meeting guidelines. The meeting guidelines should be revisited. She would like to put it on the agenda so ECAC members can meet with their RCACs and hear member's concerns in regards to the guidelines that are set in place. Ms. De La Torre responded that the meeting guidelines were created by ECAC members to be used only at ECAC. They are not permanent and can be revisited and changed if necessary.</p>	

	Ms. McFerson asked staff to create an Ad-Hoc committee to change the ECAC meeting guidelines. Ms. De La Torre responded this agenda item will be added to next month's agenda.	
PUBLIC COMMENTS	Ms. Perez acknowledged Ms. Salazar for her hard work as the At-Large member representative. She pointed out that Ms. Salazar has visited several RCAC meetings and also the FRC grand opening in East L.A. She also acknowledged Ms. Byrd for visiting RCAC 2 and RCAC 3 to welcome CCI Council members into the RCACs.	
ADJOURNMENT	The meeting adjourned at 1:00 pm.	

RESPECTFULLY SUBMITTED BY:

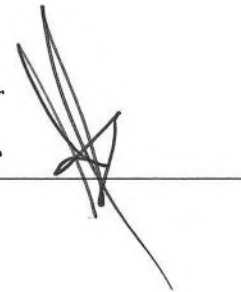
Malou Balones, *Senior Board Specialist, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY

Ana Romo, *ECAC Chair*

Date

3/13/19



Board of Governors
Regular Meeting Minutes #277
February 7, 2019

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



Members

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

Antonia Jimenez
 Hilda Perez
 Courtney Powers, JD
 Honorable Mark Ridley-Thomas
 G. Michael Roybal, MD, MPH
 Ilan Shapiro, MD

Management/Staff

John Baackes, *Chief Executive Officer*
 Terry Brown, *Chief of Human Resources*
 Augustavia Haydel, *General Counsel*
 Marie Montgomery, *Chief Financial Officer*
 Richard Seidman, MD, MPH, *Chief Medical Officer*

*Absent **Via teleconference

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>WELCOME Hector De La Torre</p>	<p>Hector De La Torre, <i>Chairperson</i>, called the meeting to order at 2:05 p.m.</p> <p>He welcomed everyone to the meeting and invited the members of the Board and senior staff to introduce themselves.</p> <p>He announced that members of the public are welcome to introduce themselves or can remain anonymous. The public may address the Board on matters listed on the agenda before or during the Board’s consideration of the item, and on any other topic in the public comment section on the agenda. He also announced that the Board is pleased that people are here to speak to the Board, and would like to ensure that everyone who would like to do so has the opportunity to speak today.</p> <p>He welcomed members of the CCIs and RCACs and informed them that members will be introduced later in this meeting during the ECAC report.</p>	
<p>APPROVAL OF MEETING AGENDA Hector De La Torre</p>	<p>The agenda was approved as submitted.</p>	<p>Approved unanimously. 9 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez- Delgado, Perez, Powers, Ridley- Thomas and Shapiro)</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>PUBLIC COMMENT</p>	<p>Elizabeth Cooper, <i>RCAC 2 and CCI 2 member</i>, noted that February is Black History month. It is not only for the black community but for all, thanks to the 14th Amendment of the Constitution, which grants citizenship to children born in the United States. This was a result of her forefathers who were brought here involuntarily over 400 years ago from Africa. She pointed out that African Americans have also succeeded in obtaining voting and civil rights with the passing of the Voting Rights Act and Civil Rights Act. Mrs. Cooper thanked John Baackes, <i>Chief Executive Officer</i>, for his concern, compassion and support of Black History month. She asked the Board to focus on health disparities that affect African Americans and children. She also thanked the Board members for their work and added that she is proud to be part of L.A. Care.</p> <p>Estela Lara, <i>RCAC 2 Chair</i>, wished everyone a Happy Lunar New Year and thanked Susan Ma, <i>CCI Field Specialist</i>, for the Lunar New Year treats. Ms. Lara commented that RCAC 2 members are eager to welcome the Coordinated Care Initiative (CCI) Council members who will transition to their RCAC. RCAC 2 is looking forward to hearing their ideas in regards to Seniors and People with Disabilities (SPDs). She invited board members to attend the RCAC meeting on February 11 at the L.A. Care Family Resource Center (FRC) in Pacoima.</p> <p>Andria McFerson, <i>RCAC 6 Chairperson</i>, wished everyone a Happy Black History month. She noted that there was no L.A. Care Black History month events offered to the community. African American communities have plenty of health issues so it's a great opportunity for L.A. Care to get feedback from the African American community. Chair De La Torre asked Ms. McFerson if there is a specific event she was referring to. Ms. McFerson responded that there are no events being sponsored by L.A. Care this month. L.A. Care could have participated in the MLK March on Martin Luther King Jr. Blvd. Member Ridley Thomas noted that this is something to think of in planning for 2020. It would be a good idea to partner with Charles Drew Univeristy or another entity for an event that recognizes African American pioneers in the health industry.</p> <p>Mr. Baackes responded that this year L.A. Care sponsored the Martin Luther King Jr. Community Hospital Sharing a Dream luncheon on January 18 held at the Dorothy Chandler Pavilion, the Community Health Councils Empowerment Health Congress Health Committee on January 19 held at the Charles R. Drew University and the African American Leadership Organization San Fernando Valley Healthfest on January 21 at the San Fernando Boys and Girls Club. Ms. McFerson asked that information be passed on to the members so they can participate.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>APPROVAL OF CONSENT AGENDA</p> <p>Hector De La Torre</p>	<p><i>(Members Jimenez and Roybal joined the meeting.)</i></p> <p>PUBLIC COMMENTS:</p> <p>Ms. Cooper asked for clarification on the motions for Compliance Work Plans, Appointment of Hector De La Torre as Labor Negotiator and Quarterly Investment Reports.</p> <p>Staff responded that:</p> <ul style="list-style-type: none"> • The Compliance Work Plan reflects L.A. Care’s audit activities and key initiatives and is reviewed annually. • The Chairperson is routinely appointed as Labor Negotiator for CEO employment issues. • The Quarterly Investment Report is a routine quarterly report on performance of L.A. Care’s investment portfolio. <p>Ms. McFerson commented that the American Disability Act (ADA) rights are not practiced by L.A. Care Community Outreach & Engagement department under the direction of Francisco Oaxaca, <i>Senior Director, Communications and Community Outreach & Education</i>. Volunteers are being forced to sign contracts to continue participating in certain programs. Mariah Walton and Mr. Oaxaca said it’s a privilege not a right for advisory committee members to volunteer. Ms. McFerson requested that L.A. Care launch a formal investigation into these allegations. Mr. Baackes responded that staff will look at Ms. McFerson’s concerns.</p> <p>Rachel Rose Luckey, <i>RCAC 4 Vice Chair</i>, commented that there are a number of items on the consent agenda that are new to her. She pointed out that the Quarterly Investment Report and Compliance Work Plan will be voted on and asked why the RCAC members are not given these reports to review and have a voice on these processes. She requested that these documents be provided to all RCAC members. Mr. Baackes responded that the Board of Governors has a fiduciary responsibility to regularly review administrative tasks, such as quarterly investment reports, compliance plans, etc. These administrative documents do not require RCAC member review or approval. They are on a consent agenda because a Board Committee has previously reviewed and approved them. Mr. Baackes added that the minutes of the Committee meetings are published on L.A. Care’s website and documents can be requested by the public. Chair De La Torre stated that these items are on the consent agenda because they have been reviewed and approved by the Executive Committee.</p> <p>Marcia Ramos, <i>CCI 1 Member</i>, thanked the Board for the opportunity to participate in the advisory committee meetings. Ms. Ramos commented that at a RCAC meeting Ms. Walton was called out for not being able to help some members with disabilities. She praised Ms. Walton for being helpful and going above and beyond her duties. She recommended that members</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>with disabilities or those who have special needs call ahead of time so staff can make accommodations. She thanked the Board for the opportunity for members to voice their concerns in regards to the lack of access to doctors in the Antelope Valley. She is happy she no longer has to come to Los Angeles for her doctor appointments.</p> <p>The minutes of the December 6, 2018 meeting have been amended to remove the first name of an individual who participated in the public comments section by telephone.</p> <ul style="list-style-type: none"> • Approve December 6, 2018 meeting minutes as amended • Appointment of Agency Negotiator <u>Motion EXE 100.0219*</u> To appoint Hector De La Torre as the Agency Negotiator for L.A. Care Health Plan for all terms and conditions of employment for John Baackes, Chief Executive Officer. • Quarterly Investment Report December 2018 <u>Motion FIN 100.0219*</u> To accept the Quarterly Investment Report for the quarter ending December 31, 2018, as submitted. • Compliance Work Plan <u>Motion COM 100.0219*</u> To approve the 2019 Compliance Work Plan, as submitted. • Enterprise Risk Management Plan and 2019 Risk Assessment <u>Motion COM 101.0219*</u> To approve the 2019 Enterprise Risk Management Plan and 2019 Risk Assessment, as submitted. • 2019 Audit Services Audit Plan including Delegation Oversight Audit (COM 102) <u>Motion COM 102.0219*</u> To approve the 2019 Audit Work Plan (Internal Audit and Delegation Oversight), as submitted. 	<p>The Consent Agenda was approved unanimously. 11 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez-Delgado, Jimenez, Perez, Powers, Ridley-Thomas, Roybal, and Shapiro)</p>
CHAIRPERSON'S REPORT	<p>Chair De La Torre announced the grand opening of the East LA Family Resource Center and encouraged Board members to participate. The grand opening for the press and VIPs will be held on Friday February 8 at 10:30 a.m. and the grand opening for the public will be held Saturday February 9 at 10 a.m.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>CHIEF EXECUTIVE OFFICER REPORT</p> <p>John Baackes</p>	<p><i>(Member Ridley-Thomas left the meeting.)</i></p> <p>John Baackes, <i>Chief Executive Officer</i>, reported the following:</p> <ul style="list-style-type: none"> • He acknowledged Black History Month and read a quote by Dr. Martin Luther King Jr.: <i>“Of all the forms of inequality, injustice in health care is the most shocking and inhumane, because it often results in physical death.”</i> • This week the L.A. Care website will rebroadcast a Ted Talk by Dr. Nadine Burke Harris. • Governor Newsom has proposed to expand Medi-Cal coverage to undocumented young adults. In Governor Brown’s administration, individuals were covered by Medi-Cal up to the age of 19. The Governor is proposing to expand coverage up to the age of 26. L.A. Care is in favor of this proposal. • The Governor is proposing the restoration of the penalty tax associated with the health care coverage mandate in California. The state penalty will mimic the federal penalty that was in place. There is premium assistance to make insurance more affordable for families in a wider economic spectrum. • The Governor is proposing to address the issue of prescription drug costs by carving out the prescription drug benefit from L.A. Care’s benefit package and have it administered by the state. The state believes it will be able to procure better pricing based on a much larger market share. L.A. Care is working cooperatively with the state to ensure that there are no unintended consequences for plan members. Whenever there is a service carved out of the benefit package it makes coordination of services more complex at the plan level. If enacted, the new pharmacy arrangement will take effect January 2021. Details of the proposal are still not available. • In December, the 60-day comment period ended on the proposed changes in language including health benefits in the Public Charge. There were 200,000 comments filed with Centers for Medicaid and Medicare Services (CMS) by people opposed to the change because it would cut off access to needed services. The federal government will make a final determination. There is no timeable available. • A new federal rule has been proposed by Health and Human Services Secretary Alex Azar related to prescription drug pricing. The proposal will change how the rebates received by health plans are used for Medicare and Medicaid beneficiaries. • The open enrollment period for Covered California has ended. L.A. Care added 26,000 members; 21,000 of whom have paid their premiums. L.A. Care retained 85% of its existing 	

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	<p>enrollees. Starting February 8 people can use a broker to enroll in L.A. Care’s Cal-MediConnect product line.</p> <p><i>(Member Greene joined the meeting.)</i></p> <ul style="list-style-type: none"> • The L.A. Care’s Fiscal Year 2018-19 budget included an increase in L.A. Care employee minimum wage, to \$16.15, effective in February 2019. • L.A. Care initiated a pilot program to help members who are discharged from a hospital but who are not healthy enough to go home. The National Health Foundation (NHF) has built a recuperative care facility on Pico Blvd in Downtown Los Angeles and L.A. Care has leased 16 beds for its members. Recuperative care programs onsite provide immediate housing, medical supervision, case management and supportive social services for patients experiencing homelessness who are transitioning out of an acute-care hospital. L.A. Care awarded NHF a \$150,000 grant to help develop the Pico Blvd. facility. • L.A. Care has awarded two separate grants of \$150,000 each to the Central American Resource Center (CARECEN-LA) and the Coalition for Human Immigrant Rights (CHIRLA) to support immigrant rights organizations. • L.A. Care will open its sixth Family Resource Center (FRC) on February 9. The next FRC opening is planned for Pomona and six others are currently being planned. The goal is to have 13 FRCs by 2020. Staff will present a comprehensive plan at the next Board meeting. • L.A. Care held a Provider Recognition Dinner on January 31 to honor the top performing providers in the Value Initiative for IPA Performance (VIIP). The awardees were chosen based on an internal performance rating system used by L.A. Care to determine quality of care that is being provided: <ul style="list-style-type: none"> Top Practitioner – Noel Torres, M.D. Top Clinic – Asian Pacific Health Care Venture Top Provider Group – Axminster Medical Group <p>Member Booth commented she sees an excellent opportunity for L.A. Care to be the unifying force for improved medical care in Los Angeles County. She noted that physicians have a really high administrative burden and the more L.A. Care does to lessen that burden the better it will be for all. She stated that L.A. Care receives a great amount of input from its providers. L.A. Care should continue to show providers the benefits of joining our network. This will help L.A. Care become the health plan that provides the highest quality care by supporting the providers.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Member Shapiro noted that as a pediatrician he has a different setting working for a Federally Qualified Health Center (FQHC), but he does agree that the hardship of a physician bringing quality under control and taking care of the patient is twice as much work. It is important that L.A. Care help the medical groups with the transition.</p> <p>Member Roybal suggested developing a template for nurse-based protocols for medical assistants and help providers implement them. If medical assistants have these tools it makes it much easier for doctors to spend more time with their patients, increasing the quality of care.</p> <p>Mr. Baackes thanked Board members for their input. Mr. Baackes noted that Richard Seidman, MD MPH, <i>Chief Medical Officer</i>, shares his experience working for clinics with L.A. Care.</p> <p>Dr. Seidman referred to his written CMO Report included in the meeting material which included a report on CMS' Transforming Clinical Practice Initiative (TCPI) national registry of exemplary practices. The Los Angeles Practice Transformation Network (LAPTN) identified 36 participants representing a combination of private practices, Federally Qualified Health Center clinics, and the LA County Department of Health Services clinic sites. These practices exceeded two goals for clinical quality measures and demonstrated strong transformation work in quality improvement and care management.</p> <p>L.A. Care has been selected to participate, although the value of the grant is still unknown. Staff will provide updates as they become available.</p> <p>PUBLIC COMMENTS:</p> <p>Mrs. Cooper commented that providers who come to the meeting should be acknowledged. She thanked Mr. Baackes for being sensitive to the prescription drug issue and for increasing the staff minimum wage. She supports Dr. Seidman and thanked him for the pilot program. She pointed out to Member Gonzalez-Delgado that the compensation for home care providers should also be considered. Home care workers are not compensated when they go to a hospital.</p> <p>Maggie Belton, <i>RCAC 3 Vice Chair</i>, expressed her concern with enrollment brokers. She stated that she has helped people who lost their doctors when using a broker to enroll. She added that people who are Medi/Medi need someone to help them understand that they may lose their doctor if they use a broker. Mr. Baackes responded that he'd rather not use brokers, and not all brokers can sell L.A. Care health coverage. The brokers have training, especially on using L.A. Care's provider directory. Ms. Belton added that many Medicare members do not</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>understand English and cannot interpret what brokers/providers may be saying. Mr. Baaackes reiterated that all contracted brokers and internal sales staff always inquire on who the prospective enrollees primary care doctor is before enrolling them in L.A. Care.</p> <p>Chair De La Torre noted that the provider relationship is very important. People should always prioritize their personal care.</p> <p>In response to Member Gonzalez-Delgado’s question, Mr. Baackes noted that brokers will focus on enrolling people who do not have an existing relationship with a doctor.</p> <p>Ms. Luckey expressed her concerns with the prior authorization process for prescription drugs, especially for the transgender community. She asked that what can be done to help providers avoid having to submit prior authorizations for treatments that are standard.</p> <p>Ms. McFerson expressed that the resource guide that was just approved should also provide resources for undocumented immigrants and people that do not have access to medical care.</p>	
1st Quarter FY 2018-19 Organizational Goals Progress Report	<p>This agenda item was not discussed. The 1st Quarter FY 2018-19 Organizational Goals Progress Report was included in the meeting materials. <i>(A copy of the report may be requested by contacting Board Services.)</i></p>	
CHIEF MEDICAL OFFICER REPORT Richard Seidman, MD, MPH	<p>Dr. Seidman referred to his written report <i>(a copy of his written report can be requested from Board Services)</i> and highlighted the following information:</p> <ul style="list-style-type: none"> • The flu season lasts until the end of March 2019 and everyone is encouraged to get a flu shot. Currently there are 10 recorded deaths in L.A. County this season. • L.A. Care has outperformed Health Net for four consecutive years (HEDIS Reporting Years 2015-2018), due to scores on the six HEDIS auto-assignment measures (Controlling Blood Pressure, Diabetes Screening, Prenatal Care, Cervical Cancer Screening, Well Child Care 3-6 Years, Childhood Immunizations Through Two Years). <p>The State uses a complex formula to calculate the auto assignment allocation using a combination of L.A. Care’s HEDIS performance relative to L.A. Care’s baseline and as compared to Health Net. For this past year, the outcome of the calculations has resulted in a decrease in auto assignment allocation for L.A. Care from 64% to 54% in 2018.</p> <ul style="list-style-type: none"> • DHCS uses a complex formula to calculate the auto assignment allocation using L.A. Care’s HEDIS performance compared to Health Net. L.A. Care’s overall HEDIS performance improved in 2018, but the specific measures and methodology used in the auto assignment algorithm resulted in a decrease in auto assignment allocation for L.A. Care from 64% to 54% in 2018 despite improved performance. The algorithm rewards improvement in the 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>various domains. Health Net improved significantly on cervical cancer screening over the last three years and was awarded an extra point.</p> <ul style="list-style-type: none"> • Provider incentives are paid in the fall of each year. Last year, L.A. Care paid \$22.2 million to 888 solo/small group physicians and 59 clinics. A provider recognition event was held at the end of January 2019. • A Request for Proposal was released to identify and contract with a vendor that offers a community resource platform to address Social Determinants of Health (SDOH). <p>Member Jimenez asked how the 60% of auto assignments impacts L.A. Care’s membership. Mr. Baackes noted that when people apply for Medi-Cal, they are asked to choose a provider. 40% of those do not choose a provider are auto assigned. L.A. Care is doing better in the area where people make a positive selection.</p> <p>Member Ballesteros asked how health plans put out guidelines for Lesbian, Gay, Bisexual, and Transgender (LGBT) community members receiving care and how individuals are classified as high risk and connected to programs. He is concerned that some practices are not identified, and asked how can we make sure members are getting access.</p> <p>Dr. Seidman noted that L.A. Care has no specific program today and staff will look into it. He added that L.A. Care has partnered with Los Angeles County and state representatives to help raise awareness of sexually transmitted diseases (STDs) and has increased screening for Hepatitis C and HIV. Mr. Baackes noted that L.A. Care has expanded the number of LGBT AIDS focused providers and is now contracted with AIDS Project Los Angeles Health.</p> <p>Member Powers noted that Medical Legal Partnerships addresses legal intervention and connects people to credible information, county investment, and improves the referral pathway to ensure patients have access to necessary resources.</p> <p>Dr. Seidman added that Medical Legal Partnerships assistance is available at L.A. Care’s FRCs. To comply with the NCQA requirements, L.A. Care has produced its 2018 Population Health Management Program Description and Member Assessment which will be reviewed in more detail at a future meeting. Feedback from L.A. Care’s consultants on the program description has been positive and the assessment of L.A. Care’s membership validates that L.A. Care is on track with the program.</p> <p>Member Roybal suggested screening patients for sexual orientation. He is not sure if this is a HEDIS measure, but perhaps think about it as an L.A. Care quality measure.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>PUBLIC COMMENTS:</p> <p>Frezia Paz, <i>RCAC 10 Vice Chair</i>, asked for clarification about the the provider incentive program. Dr. Seidman responded that there are incentives for providers based on their performance on clinical quality measures such as Cervical Cancer and Diabetes screening outcomes.</p> <p>Ms. McFerson thanked L.A. Care for the resource guide. She stated that low income people and seniors have no access or do not know how to use a computer and suggested that the guide be printed , with a summary and pictures. She suggested that ECAC create an Ad hoc committee to get RCAC/ECAC member feedback.</p> <p>Ms. Ramos asked why STD screening is not included for Seniors and People with Disabilities (SPDs). She recommended that it be made mandatory, because members do not know how they get STDs.</p> <p>Dr. Seidman explained that there are routine tests for certain screening that need to be focused and scientifically-based. Evidence does not support doing routine screenings for asymptomatic individuals. STDs are reportable conditions. If there is abuse, physicians are penalized. If it is brought to the attention of the Department of Public Health or L.A. Care there is a quality committee that looks at the issues.</p>	
STANDING COMMITTEE REPORTS		
<p>Executive Committee</p> <p>Hector De La Torre</p>	<p>The Executive Committee met on January 28 (<i>a copy of the minutes of the meeting can be obtained by contacting Board Services</i>).</p> <ul style="list-style-type: none"> • Previously, the Board delegated authority to the Executive Committee to approve advisory committee members in months where there is no Board meeting. The Committee approved motions for advisory committee members and officers, as recommended by the Executive Community Advisory Committee. • The Board delegated authority to the Executive Committee to approve expenditures for the program, <i>Elevating the Safety Net</i>. The Executive Committee approved a motion for expenditures of up to \$18,200,000. • The Executive Committee approved a motion to update human resources policies. • The appointment of Chairperson Hector De La Torre to act as labor negotiator for the CEO employment terms was approved on the Consent Agenda. 	
<p>Government Affairs Update</p>	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, presented L.A. Care’s 2019 State and Federal Policy Agenda.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Cherie Compartore	<p>Government Affairs presents a policy agenda to the Board for consideration every year. It contains principles and policies that serve as the basis for the development and advocacy of positions on legislative, administrative, and budget issues which allow L.A. Care to respond effectively to proposals that impact L.A. Care’s operational and strategic interests. Government Affairs provides the board with a monthly legislative matrix that contains all the key bills that L.A. Care staff is tracking, and L.A. Care’s formal positions on various bills. Staff also brings complete policy proposals to the Board for discussion before taking a position.</p> <p>Many of the principles are from prior years with some revisions to reflect the current or anticipated policy proposals being discussed in 2019. Staff continues to defend the Affordable Care Act (ACA) coverage expansion and to augment state policies in order to make the ACA work in California. Principles relating to pharmacy, behavioral health and substance abuse, safety net protection, hospital reimbursements, and quality measurement programs are included, along with social determinants of health and workforce development principles. Staff also added a brief nod to the Public Option concept in case it gets some momentum this year.</p> <p>Typically, staff do not include an “oppose” position in the agenda. Generally, if L.A. Care supports a principle and there is a policy that negates that principle, L.A. Care usually will oppose that policy. There are three items included in the document for which staff thought a clear “oppose” position was important to note.</p> <p>Member Ballesteros expressed that if the state pharmacy proposal is implemented, the impact on the 340B program will severely affect some clinics. Mr. Baackes responded that the state contends the proposal is supposed to lead to lower costs and transparency and that the state wants to receive all the supplemental rebates. Ms. Compartore stated that L.A. Care is aware of the potential impact 340B can have and will work with the various trade associations on this important piece</p> <p>PUBLIC COMMENT: Ms. Luckey commented that Navitus, L.A. Care’s Pharmacy Benefits Manager (PBM) is based in Wisconsin. She stated that Navitus has denied medication that she needs as a transgender person. She asked if they understand the needs of the transgender community. Mr. Baackes explained that the location of the PBM is irrelevant because the formulary establishes the benefits. Appeals for denied prescriptions are reviewed by L.A. Care because L.A. Care controls the formulary.</p> <p><u>Motion EXE 101.0219</u> To approve L.A. Care’s 2019 State and Federal Policy Agenda as submitted.</p>	<p>Approved unanimously. 11 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez-Delgado, Greene, Jimenez, Perez, Powers, Roybal, and Shapiro)</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Finance & Budget Committee	<p>Board Member Curry, <i>Treasurer</i>, reported that the Finance & Budget Committee met on January 28 (<i>Minutes of the meeting are available by contacting Board Services</i>). The Committee approved motions that do not require Board approval:</p> <ul style="list-style-type: none"> • Contract amendment with 3Key Consulting for professional services to support L.A. Care’s QNXT upgrade. • Authorization to procure equipment from ePlus for additional data storage capacity. 	
Chief Financial Officer Report Marie Montgomery	<p>Marie Montgomery, <i>Chief Financial Officer</i>, reported (<i>a copy of the report can be obtained by contacting Board Services</i>):</p> <ul style="list-style-type: none"> • The net surplus for FY 2017-18 was originally reported at \$91.3 million. At that time, estimated claims reserves were based on paid claims through September. Corrective actions were implemented to remediate high claims payments which significantly changed the claims payment pattern, including claims pending in June 2018 that did not have authorization information. Claims payment stabilized in August and September. Staff conservatively set claims reserves because of the high value of claims that were denied for no authorization earlier in the year, limited experience with the post remediation claims pattern and higher pending claims inventory levels. Reserves for incurred but not reported (IBNR) claims was adjusted lower by \$49.27 million, giving a revised net surplus of \$140.53 million for FY 2017-18. • The Audit Committee accepted the audited Financial Reports for FY 2017-18 at its January meeting. • Member enrollment level is unfavorable to budget for October and November 2018. Staff is projecting flat membership and a potential decrease in membership over the course of the fiscal year, except membership in L.A. Care Covered (LACC) and Cal MediConnect (CMC). • Year-to-date November 2018 consolidated financial performance showed a net surplus of \$13.5 million, \$1.9 million favorable to budget. The member months are unfavorable. The revenue is favorable primarily from the Temporary Assistance for Needy Families (TANF)/Medi-Cal Expansion (MCE) segment. Health care costs are unfavorable to budget primarily from skilled nursing facilities costs for the Seniors & Persons with Disabilities (SPD)/Coordinated Care Initiative (CCI) segment. Administrative expenses are favorable by almost \$6 million, due to timing of expenditures and there is a small favorable variance coming from non-operating income. • The medical cost ratio (MCR) is higher for the first months in the fiscal year. CMC is a small segment of members with a high MCR. MCR for the commercial lines of business (LACC and PASC-SEIU) reflects the low utilization of services by new members. • Overall MCR is 93.5% compared to the budgeted level of 93.1%. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> L.A. Care is approaching the 530% goal for tangible net equity (TNE), or reserves. The current level of reserves at 493% of TNE would cover about a month and a half of operating expenses. <p><u>Motion FIN 101.0219</u> To accept the Financial Report as submitted, for the periods:</p> <ul style="list-style-type: none"> ended September 2018, and ended November 2018. <p>PUBLIC COMMENTS: Ms. Cooper expressed a concern that she does not see ECAC making any recommendations to the Board. There are many issues she would like to address and provide input. There are no motions or recommendations coming from ECAC. The ECAC role is to advise the Board. She expressed her concerns regarding unfairness on behalf of staff to some CCI Council members. She would like to know when she can give her recommendations on the CCI restructure.</p> <p>Mr. Baackes explained that it was suggested by Member Ridley-Thomas at the December 7 board meeting that we draft a written memo for the Board to review and distribute to all RCAC and CCI Council members. The written recommendation will be discussed at the RCAC February and March 2019 meetings for feedback. The earliest it will be presented to the Board will be in April 2019.</p> <p>Member Booth noted that on page 165 of the meeting packet the name of the motion is not correct. It should read “FIN 101” instead of “FIN 100”. Ms. Haydel responded that the administrative change will be made.</p> <p>Ms. Luckey asked for clarification of the \$31 million grant given to providers. Mr. Baackes explained that it is funding for L.A. Care’s Elevating the Safety Net Initiative to support retention of providers in Los Angeles County. The programs offer grants to clinics and doctor’s offices, to doctors to pay off medical school debt and to provide scholarships to students studying to become doctors, to retain doctors and to attract new doctors to LA County.</p> <p>Ms. Luckey recommended that each RCAC be given funds for outreach activities. Ms. Perez explained that each RCAC receives \$5,000 annually for work plan partnerships.</p>	<p>Approved unanimously. 11 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez-Delgado, Greene, Jimenez, Perez, Powers, Roybal, and Shapiro)</p>
<p>Monthly Investment Transaction Report</p>	<p>Ms. Montgomery referred to the report on investment transactions included in the meeting materials for Board member review. <i>(A copy of the report can be obtained by contacting Board</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Services</i>). As of December 31, 2018, the market value of L.A. Care’s investments was \$1.1 billion.</p>	
<p>Compliance & Quality Committee</p>	<p>Board Member Ballesteros, <i>Committee Member</i>, reported that the Committee met on January 17. <i>(A copy of the minutes may be requested by contacting Board Services.)</i></p> <ul style="list-style-type: none"> • Dr. Seidman provided updates during his CMO report earlier today. • Thomas Mapp, <i>Chief Compliance Officer</i>, reported that in evaluating issues that occurred in 2015, the Department of Managed Health Care (DMHC) identified violations in utilization management, grievances and the DMHC compliant levels. These violations could compromise member access to quality medical care. L.A. Care is in the process of implementing corrective action plans which include updating policies and procedures, enhancing materials and increasing frequency of training, and development of more robust oversight and monitoring processes. • In December 2018 L.A. Care received a draft audit report on the 2018 Centers for Medicaid and Medicare Services (CMS) Program Audit. The report is very similar to the preliminary report received during the exit conference in October 2018. There were no new findings noted. CMS has classified its results as: Observations, Correction Action Required (CAR), and Immediate Corrective Action Required (ICAR). Four ICARs and 19 CARs were noted on the draft report. L.A. Care has implemented corrective action plans (CAPs) for the ICARs and is finalizing the CAPs for the CARs. ICARs and CAPS were submitted and accepted by CMS. CARs and CAPs will be due to CMS 30 days after the final report. • The exit conference for the 2018 Department of Health Care Services Medical Audits for Medi-Cal and Cal MediConnect (CMC), was held on January 8, 2019. The draft report outlined findings related to appeals, grievances, reporting of fraud cases to DHCS and pharmacy denial letters. The Medi-Cal findings decreased to 4 in 2018 (from 6 in 2017). The CMC audit, which occurs every 3 years, has also decreased to 4 in 2018 (from 11 in 2015). • The 2018 Risk Assessment was updated to reflect effective mitigation activity, and transferred to internal audit for validation of corrective actions. Any 2018 risks that were not effectively mitigated were included in the 2019 Preliminary Risk Assessment. Automation of risk assessment process is in progress. • In 2019, Audit Services will revamp the audit program. They are starting the year with internal training to support audit standards that align with professional standards. Internal auditors and delegation oversight auditors will undergo training on enhancements to the audit process and job specific training. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Internal audit will focus its 2019 efforts on mitigating regulatory deficiencies and identifying gaps in internal controls and process. ○ Delegation Oversight Auditors will focus on validating that previously identified deficiencies are corrected sufficiently. ● The Committee reviewed and approved the 2019 Compliance Work Plan, Enterprise Risk Management Plan and 2019 Risk Assessment, and the 2019 Audit Work Plan (Internal Audit and Delegation Oversight), which were earlier approved today under the Consent Agenda. 	
Audit Committee	<p>Member Booth, <i>Committee Chair</i>, reported that the Committee met on January 24 to discuss the draft audited financial report for FY 2017-18 prepared by outside independent auditors from Deloitte & Touche. <i>(A copy of the minutes may be requested by contacting Board Services.)</i></p> <ul style="list-style-type: none"> ● Board Member Booth was elected Chair of the Committee. ● Ms. Montgomery explained an adjustment to L.A. Care’s claims reserve. The audited net surplus for 2017-18 is \$140.53 million. ● Khurram Siddiqui, Partner, and Angelica Kocharova, Audit Manager, for Deloitte & Touche discussed with the committee the results of L.A. Care’s onsite audit for FY 2017-18. ● There were discussions of claims denial among L.A. Care and Deloitte actuaries. The reserves were adjusted based on trends in claims payments. In comparison to last year the incurred but not reported (IBNR) claims reserve has grown (\$100 million) due in part to increased enrollment (claims volume) and the claims payment process. ● There were no material weaknesses or deficiencies found in L.A. Care’s financial operations or internal controls. ● Mr. Siddiqui reported that the audit went smoothly, and 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.0119 to accept the audit findings. (The Board does not approve the audit report.) <i>(A copy of the final audit report can be obtained by contacting Board Services.)</i> ● At staff’s suggestion, the Committee directed staff to issue an RFP and bring recommendation for an audit firm for FY 2018-19. 	
ADVISORY COMMITTEE REPORT		
Executive Community Advisory Committee (ECAC)	<p>Members Gonzalez-Delgado and Perez reported that ECAC met on January 9.</p> <ul style="list-style-type: none"> ● Mr. Baackes updated the committee on issues that affect L.A. Care members that was reported today during his CEO report. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Hilda Perez/Layla Gonzalez-Delgado</p>	<ul style="list-style-type: none"> • The Committee received a report on the Health Promoters activities: <ul style="list-style-type: none"> ○ Eighteen Health Promoters and are now undergoing Health Promoter Certification training at Cal State Long Beach. ○ They participated in various L.A. Care focus groups, refresher trainings and team meetings for providing program detail clarification and updates along with feedback and Community Based Research Participation, as well L.A. Care’s sponsored events. ○ They participated in L.A. Care’s Family Resource Centers activities. ○ They are training on collaboration with American Cancer Society, City of Hope, Every Woman Counts and L.A. Care’s Health Education Department. • Francisco Oaxaca, <i>Senior Director, Communication & Community Relations</i>, provided updates on: <ul style="list-style-type: none"> ○ ECAC/RCAC work plans will focus on Social Determinants of Health. ○ There is a new vendor for transportation of L.A. Care members. Members will be notified in February 2019 regarding the transition. • The Committee received an update on Housing for Health and Whole Person Care Pilot. Whole Person Care Pilot is part of the 1115 Medi-Cal Waiver led by the Los Angeles County Department of Health Services. The goal of the program is to build infrastructure to improve care to the most vulnerable Medi-Cal members and address social and behavioral health needs. As of December 18, 2018, there are 381 currently enrolled in the program, 153 of which are L.A. Care enrollees. There are 195 that are currently housed, 49 are L.A. Care enrollees. • The Committee received information on the Expansion of Behavioral Health Treatment (BHT) and Early and Periodic Screening, Diagnosis and Treatment (EPSDT). On July 1, 2018, BHT services were expanded to all children under age 21. • The Committee received information on L.A. Care’s Cervical Cancer Awareness Initiative to raise awareness about how women can protect themselves from human papilloma virus (HPV) and cervical cancer. <p>Member Perez acknowledged the RCAC/CCI members at the meeting and thanked the CO&E staff for facilitating RCAC/CCI member attendance at Board meetings. Ms. Perez asked the RCAC/CCI members to take notes and report back issues that will affect their respective RCACs/CCIs region members. She reported that she attended RCACs 3, 5, 6 and 8 and CCI 3 and 4 meetings to let members know about the CCI Council members’ transition. The RCACs and CCIs are open to welcome the CCI members. Ms. Perez thanked L.A. Care for listening to consumers concerns.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Chair De La Torre instructed staff to move the public comments and Executive Community Advisory Committee report sections up on the agenda to give all RCAC and CCI Council members a chance to speak.	
Children’s Health Consultant Advisory Committee Richard Seidman, MD, MPH	Dr. Seidman reported that the members of the Children’s Health Consultant Advisory Committee met on December 4, 2018 and January 15, 2019. <ul style="list-style-type: none"> • The CMO report was presented at both CHCAC meetings. • In December, the Committee heard an update on Los Angeles Network for Enhanced Services (LANES). LANES is an independent, nonprofit organization which has developed a community-based health information exchange for all hospitals, clinics, IPAs and health plans that provide care to Los Angeles County residents. • L.A. Care’s work to address Social Determinants of Health (SDoH) presented at the September 2018 Board of Governors meeting was also presented to the CHCAC Committee in December. In order to focus its efforts, L.A. Care created an SDoH Steering Committee representing different L.A. Care departments. • At the January CHCAC meeting there was continued discussion about SDoH. • Dr. Maria Chandler, Medical Director with The Children’s Clinic, provided background on children with special healthcare needs, described resources available and the committee members discussed this area of care. 	
PUBLIC COMMENT	Ms. Lara thanked the Board Members for their patience and understanding. She noted that the RCAC 2 meeting date is on February 25 not February 28. She stated that RCAC members are here to make L.A. Care better. She expressed her concerns regarding a member who waited 5-1/2 hours at Olive View Hospital for an ophthalmologist appointment. She stated she helped the member file a grievance. Mr. Baackes commented that Ms. Lara always participates in the RCAC member legislative day in Sacramento. She is a very outgoing, energetic and well informed advocate.	
ADJOURN TO CLOSED SESSION Hector De La Torre	Ms. Haydel announced the following items to be discussed in closed session. A report is not expected in open session. The Board adjourned to closed session at 5:00 p.m. CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates 	

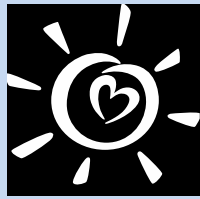
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning new Service, Program, Business Plan Estimated date of public disclosure: <i>February 2021</i></p> <p>CONFERENCE WITH REAL PROPERTY NEGOTIATORS Property: 1200 West 7th Street, Los Angeles Agency Negotiator: John Baackes Negotiating Parties: Rising Realty Partners, HRRP Garland, LLC. Under Negotiation: Price and Terms of Payment</p> <p>CONFERENCE WITH LABOR NEGOTIATOR Section 54957.6 of the Ralph M. Brown Act Agency Negotiator: Hector De La Torre Unrepresented Employee: Chief Executive Officer</p>	
RECONVENE IN OPEN SESSION	The Board reconvened in open session at 5:45 p.m. There was no report from the closed session.	
ADJOURNMENT	The meeting was adjourned at 5:45 p.m.	

Respectfully submitted by:

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

APPROVED BY:

Layla Delgado-Gonzalez, *Board Secretary*
Date Signed _____



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: April 4, 2019

Motion No. EXE 100.0419

Committee: Executive

Chairperson: Hector De La Torre

Issue: Approve changes to L.A. Care Policy 603 (Grants and Sponsorships).

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

Background: L.A. Care staff requests approval of changes to L.A. Care Policy 603 (Grants and Sponsorships), last updated on October 6, 2005. The most significant changes are updates to the funding amounts that L.A. Care staff may award without Board approval. For Sponsorships, the amount is being increased from \$20,000 to \$75,000. For Grants, the amount is being increased from \$100,000 to \$150,000. Upon approval of these policy changes, any individual sponsorship awards of \$75,000 or more, and Grant awards of \$150,000 or more, will require Board approval.

In addition, staff requests approval of enhancements to the frequency and content of reports to the board on Sponsorships and Grants to provide additional transparency.

These changes are necessary, as the current staff approval limits were set 14 years ago, and are not reflective of the increase in need from safety net organizations. Community based organizations (CBOs) are serving a significantly higher number of patients than they were 14 years ago; in that time, the Sponsorships and Grants budget has also increased significantly, as such, Sponsorships and Grants staff is processing over five times the volume of funding awards, increasing the award amounts will allow for increased operational efficiency.

Member Impact: The policy changes will lead to increased efficiency in the awarding of Grants and Sponsorships to organizations to expand access to quality care.

Budget Impact: There are no anticipated budget impacts.

Motion: To approve changes to L.A. Care Policy 603 (Grants and Sponsorships), as submitted.

	GRANTS AND SPONSORSHIPS	POLICY 603
DEPARTMENT	LEGAL SERVICES	

CATEGORY	DATES					
<input type="checkbox"/> PP-Mandated	Effective Date	10/6/2005	Review Date	<u>2/15/2019</u>	Next Annual Review Date	<u>1/15/20</u>
<input type="checkbox"/> PP-Non-Mandated	Legal Review Date		C&Q/BOG Review Date		BOG Motion # (if applicable)	
<input type="checkbox"/> PPG Applicable						
Supersedes Policy Number(s)						

LINES OF BUSINESS			
<input type="checkbox"/> Medi-Cal – Plan Partners	<input type="checkbox"/> MCLA	<input type="checkbox"/> Cal MediConnect	<input type="checkbox"/> L.A. Care Covered
<input type="checkbox"/> L.A. Care Covered Direct	<input type="checkbox"/> PASC-SEIU Plan	<input type="checkbox"/> Healthy Kids	<input checked="" type="checkbox"/> Internal Operations

ACCOUNTABILITY MATRIX			

ATTACHMENTS

ELECTRONICALLY APPROVED BY THE FOLLOWING		
	OFFICER	DIRECTOR
NAME	<u>Augustavia Haydel</u>	<u>Ellin Davtyan</u>
DEPARTMENT	<u>Legal Services</u>	<u>Legal Services</u>
TITLE	<u>General Counsel</u>	<u>Associate General Counsel</u>

AUTHORITIES

- California Constitution, Article 16, Section 6
- Welfare and Institution Code Sections 14087.9605 and 14087.967
- Government Code Sections 1090, et seq.; and 87100, et seq.
- California Code of Regulations, Title 2, Section 18700, et seq.

REFERENCES

603.1 GRANT MAKING
~~603.2~~ **COMM-006 SPONSORSHIPS REQUESTS**

POLICY HISTORY

REVIEW DATE	COMMENTS	NEXT ANNUAL REVIEW DATE
02/01/00	Origination Date	
10/06/05	Revision Date	
<u>02/15/19</u>	<u>Revision Date</u>	<u>1/15/20</u>

DESKTOP PROCEDURES

Desktop procedures are incorporated by reference in all L.A. Care policies

DEFINITIONS

In accordance with Legal Services, all terms capitalized within this policy are defined in the attached document, "Policy Definitions."



1.0 PURPOSE:

To establish clear and consistent guidelines for ~~grants~~ Grants and ~~sponsorships~~ Sponsorships to assure L.A. Care Health Plan's ("L.A. Care") compliance with applicable laws and regulations

2.0 DEFINITION(S):

2.1 Grant(s): In-kind or monetary programmatic support for an organization through L.A. Care’s Community Health Investment Fund (CHIF)~~in amount exceeding \$20,000 (twenty thousand dollars).~~ ~~General~~Specific grant making program goals and objectives are approved by the Board of Governors on a yearly basis. Examples of grants include, but are not limited to, infrastructure support, information technology, electronic health records, equipment, and clinical staff funding.-

2.2 Sponsorship(s): In-kind or monetary support for an organization, ~~in an amount equal to or less than \$20,000 (twenty thousand dollars).~~ ~~Sponsorships are~~ usually connected to a specific event and/or purpose. Examples of sponsorships include, but are not limited to, health fairs, conferences, fundraising events, outreach efforts, or contributions to health care programs.

2.3 Advertising and/or Promotional events~~Benefits:~~ Benefits~~Events~~ designed to build L.A. Care's name recognition and awareness, create and solidify beneficial partnerships, or build brand loyalty.

~~2.3.2~~ **2.4 Consumer Advisory Committees (CACs):** Committees comprised of L.A. Care consumer members, such as the Executive Community Advisory Committee (ECAC) and the Regional Community Advisory Committees (RCACs).

3.0 POLICY:

L.A. Care may approve Ggrants and Sponsorships for projects, events or activities or organizations if the expenditure of such funds furthers L.A. Care's legislative mandate of (1) establishing, implementing, maintaining and continuing the Local Initiative for Medi-Cal managed care beneficiaries in Los Angeles County; ~~or~~ (2) operating health plans for members of publicly funded health care programs, individuals employed by public agencies and businesses, and uninsured or indigent patients; and/or (3) furthers L.A. Care’s mission and strategic vision.-

4.0 IMPLEMENTATION GUIDELINES:

4.1 Grants and Sponsorships awarded under the following circumstances are deemed to further L.A. Care's legislative mandate, mission, or strategic vision:-



4.1.1 Awards to any organization or entity engaged in providing health care services consistent with the strategic plan (issued on March 31, 1993, as amended by the California State Department of Health Services) to Medi-Cal and other publicly funded health program members, employees of public agencies and private businesses, and uninsured indigent individuals ("target population").

4.1.2 Awards to provide health care or to support efforts relating to managed care for the target population directed to any organization or entity that supports the safety net.

4.1.3 Awards to any organization to provide ADVERTISING AND/OR other PROMOTIONAL BENEFITS for L.A. Care in order to build awareness, create or solidify partnerships, and build brand loyalty.

~~4.1.3~~ **4.1.4** Awards to strengthen social determinants of health indicators for target populations.

4.2 L.A. Care may award a Ggrant or Ssponsorship that does not meet the requirements of paragraphs 4.1.1, 4.1.2, ~~or 4.1.3,~~ or 4.1.4 above, only if approved by the Board of Governors.

4.3 In reviewing individual Ggrant or Ssponsorship requests, L.A. Care shall adhere to the following conflict of interest guidelines.

4.3.1 No Ggrant or Ssponsorship shall be awarded for a for-profit entity which is a source of income to a Board mMember or an eEmployee in which a Board mMember or an eEmployee has an investment, unless specifically approved by the Board.

4.3.2 No Ggrant or Ssponsorship shall be awarded to a non-profit entity which is a source of income to a Board mMember, if the Board mMember voted to approve the budget for L.A. Care's Ggrant making or Ssponsorship program; or if that mMember has contacted any Board mMember, eEmployee or officer of L.A. Care, either verbally or in writing, for the purpose of influencing L.A. Care's decision to award the Ggrant or Ssponsorship.

4.3.3 No Ggrant or Ssponsorship shall be awarded to a non-pro~~fit~~ entity which is a source of income to an eEmployee, if the eEmployee has contacted any Board mMember, eEmployee or officer of L.A. Care,



either verbally or in writing, for the purpose of influencing L.A. Care's decision to award the Ggrant or Ssponsorship.

4.4 In addition to the above-stated provisions, the following guidelines shall govern L.A. Care's awarding of Ggrants and Ssponsorships.

4.4.1 The cultural diversity of L.A. Care's membership should strive to be reflected in the total yearly expenditure of funds for sponsorship-Grant and ~~donation~~grantSponsorship awards.

4.4.2 Priority may be given to new and innovative activities.

4.4.3 No commitment shall be made or implied that a Ggrant or Ssponsorship, once given, will be continued beyond the initial award.

4.4.4 The total yearly expenditure for grant-Grants or Ssponsorships shall not exceed the approved budget amount without further specific approval from the Board.

4.4.5 Grant and Ssponsorship awards shall be made in compliance with the procedures established pursuant to this policy and developed in consultation with L.A. Care's legal counsel.

4.4.6 No ~~individual~~aggregate Ssponsorship in excess of ~~Seventy-Five~~ Twenty Thousand Dollars (~~\$2075,000~~), ~~per organization per fiscal year~~, may be awarded without the approval of the Executive Committee of the Board of Governors. No ~~individual~~aggregate Ggrant in excess of ~~the One-~~ Hundred and Fifty Thousand Dollars (~~\$1500,000~~) ~~per organization per fiscal year~~ may be awarded without the approval of the Board of Governors.

4.4.7 At the discretion of L.A. Care staff, Grant and Ssponsorship recipients which are Community Based Organizations (~~CBO's~~) shall be encouraged to work in conjunction with L.A. Care's COMMUNITY ADVISORY COMMITTEES (CACs), ~~the Executive Community Advisory Committee (ECAC) and the Regional Community Advisory Committee (RCAC) of L.A. Care~~ to expand community health education and facilitate health presentations, as appropriate.

4.4.7.4.8 Sponsorship awards shall be made in accordance with Communications' Sponsorship Guidelines to ensure that sponsored events benefit L.A. Care members and align with organizational priorities.



4.5 Staff shall develop and implement procedures to evaluate whether L.A. Care's expected outcomes are achieved by Ggrants and Sponsorships awarded pursuant to this policy. Reporting requirements shall be as follows:

4.5.1 ~~An Separate annual summary reports detailing all Ggrants and Sponsorships funded during the fiscal year to date shall be presented to the Board within one hundred twenty sixty (6120) days of the end of each fiscal year semiannually.~~

4.5.2 ~~A quarterly report detailing program outcomes of any grants or sponsorships awarded pursuant to Section 4.2, above, shall be presented to the Board on a quarterly basis~~ Annual reports detailing sponsorships and the outcomes and impacts of grants shall each be presented to the Board within one hundred twenty (120) days of the end of each fiscal year.

~~4.5.3 A quarterly report detailing all Ggrants and Sponsorship expenditures shall be presented to the Finance & Budget Committee of the Board within thirty (30) days of the end of each quarter.~~

~~5.0~~ AUTHORITY:

~~5.1~~ California Constitution, Article 16, Section 6

~~5.2~~ Welfare and Institution Code Sections 14087.9605 and 14087.967

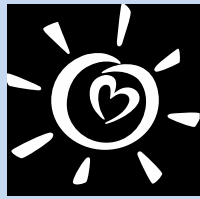
~~5.3~~ Government Code Sections 1090, et seq.; and 87100, et seq.

~~5.4~~ California Code of Regulations, Title 2, Section 18700, et seq.

~~6.0~~ REFERENCE:

~~6.1~~ 603.1 Grant Making

~~6.2~~ 603.2 Sponsorship Requests



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: April 4, 2019

Motion No. EXE 101.0419

Committee: Executive

Chairperson: Hector De La Torre

Issue: Approve changes to L.A. Care Policy 603.2 (Sponsorships).

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

Background: L.A. Care staff requests approval of changes to L.A. Care Policy 603.2 (Sponsorships), last updated on November 6, 2003. The changes reflect administrative updates to the Sponsorship review and approval process, deletion of the annual sponsorship reporting requirement which is now covered by L.A. Care Policy 603, and reflect organizational changes in the ownership of the policy and the Sponsorships program; the current policy indicates that Marketing manages Sponsorships, but this has not been the case for over five years. The Sponsorships program is now managed by the Communications and Community Relations Department, as such, edits include a change in the policy name from 603.2, to COMM 006.

Member Impact: There is no anticipated member impact.

Budget Impact: There are no anticipated budget impacts.

Motion: **To approve changes to L.A. Care Policy 603.2 (Sponsorships), and renaming policy to COMM 006 (Sponsorship), as submitted.**



SPONSORSHIP REQUESTS

**POLICY
603.2COMM
-006**

DEPARTMENT

LEGAL WITH MARKETING COMMUNICATIONS AND COMMUNITY RELATIONS

CATEGORY		DATES				
<input type="checkbox"/> PP-Mandated	Effective Date	11/6/2003	Review Date	<u>02/15/19</u>	Next Annual Review Date	<u>01/15/19</u>
<input type="checkbox"/> PP-Non-Mandated	Legal Review Date		C&Q/BOG Review Date		BOG Motion # (if applicable)	
<input type="checkbox"/> PPG Applicable						
Supersedes Policy Number(s)						

LINES OF BUSINESS			
<input type="checkbox"/> Medi-Cal – Plan Partners	<input type="checkbox"/> MCLA	<input type="checkbox"/> Cal MediConnect	<input type="checkbox"/> L.A. Care Covered
<input type="checkbox"/> L.A. Care Covered Direct	<input type="checkbox"/> PASC-SEIU Plan	<input type="checkbox"/> Healthy Kids	<input checked="" type="checkbox"/> Internal Operations

ACCOUNTABILITY MATRIX			

ATTACHMENTS

ELECTRONICALLY APPROVED BY THE FOLLOWING		
	OFFICER	DIRECTOR
NAME	<u>John Baackes</u>	<u>Misty De Lamare</u>
DEPARTMENT	<u>Executive Administration</u>	<u>Communications and Community Relations</u>
TITLE	<u>Chief Executive Officer</u>	<u>Director, Communications</u>



COMMUNICATIONS AND COMMUNITY RELATIONS

POLICY
~~603.2~~COMM-
006

AUTHORITIES

- Welfare and Institutions Code Sections 14087.9605 and 14087.967.

REFERENCES

603 GRANTS AND SPONSORSHIPS

POLICY HISTORY

REVIEW DATE	COMMENTS	NEXT ANNUAL REVIEW DATE
02/01/00	Origination Date	
<u>11/06/03</u>	<u>Revision Date</u>	
<u>02/15/19</u>	<u>Supersedes 603.2</u>	<u>01/15/20</u>

DESKTOP PROCEDURES

Desktop procedures are incorporated by reference in all L.A. Care policies

DEFINITIONS

In accordance with Legal Services, all terms capitalized within this policy are defined in the attached document, "Policy Definitions."



1.0 PURPOSE:

To establish clear and consistent guidelines for ~~responding to~~ sponsorships ~~requests~~ to assure L.A. Care Health Plan's ("L.A. Care") compliance with applicable laws and regulations.

2.0 DEFINITION(S):

2.1 Sponsorship: In-kind monetary support for an organization, usually connected to a specific event and/or purpose. Examples of sponsorships include, but are not limited to, health fairs, conferences, fundraising events, outreach efforts, or contributions to health care programs.

2.1.2 Sponsorship request: A request from an outside organization for monetary support or in-kind contribution for a specific event or purpose. Examples of sponsorship requests include, but are not limited to, sponsoring conferences and events, fundraising, purchasing tables at events for health related programs.

2.2.3 Booth fee: A request from an outside organization for a specific dollar amount that will cover the cost of L.A. Care participating in their event with a booth.

2.3 Advertising and/or Promotional eventsBenefits: These eventsBenefits designed to build name recognition and awareness, create and solidify beneficial partnerships or build brand loyalty.

3.0 PROCEDURES:

3.1 L.A. Care's Marketing Communications and Community Relations Department (Communications) provides SPONSORSHIP funds from the enterprise its annual operating budget.

3.1.1 A formal letter signed by a member of an organization soliciting sponsorship dollars or an in-kind donation must be submitted to the Marketing Communications Department for processing.

3.1.2 The letter must include a description of the organization, along with information on how the funds will be used. The letter must include a list of benefits that L.A. Care will receive for awarding the sponsorship.

3.1.3 L.A. Care's Marketing Communications Department will do an analysis of the SPONSORSHIP REQUEST using the Sponsorship Evaluation Criteria:

3.1.3.1 Determine if the request is for sponsorship of an event, donation of promotional items, or a booth fee, or a combination of these items.

3.1.3.2 If the request is for a BOOTH FEE, CommunicationsMarketing has an agreement in place with the FinanceLegal Department



to ensure that if appropriate, CommunicationsMarketing can approve the event and complete the check request process for funding. Other departments may work directly with Finance for the approval of a booth fee.

3.1.3.3 If the request is for sponsorship of an event, MarketingCommunications then ~~determines~~-assesses the name, date, time and location of the event, the type of event, the activities planned and how the requesting organization will use the funds provided.

3.1.3.4 Based on Policy 603-~~and Procedure 1001.1~~, MarketingCommunications determines which section of the policy the sponsorship request falls under.

3.1.3.5 MarketingCommunications also determines how and from whom the sponsorship request came to L.A. Care, if there is any relationship between the requesting organization and L.A. Care, and if the requesting organization is associated with an L.A. Care Board Member or employee.

3.1.3.6 MarketingCommunications will identify the tax status of the requesting organization, other endorsers, sponsors, participants, and anticipated attendees, potential staff required at the event, history of participation in previous events and the benefit of L.A. Care's participation.

~~3.1.3.6~~**3.1.3.7** Based in findings from 3.1.3.1 through 3.1.3.6, and Communications Department Sponsorship Guidelines, Communications makes a recommendation as to whether or not to proceed with sponsorship, and at what level of funding L.A. Care should sponsor.

3.2 Once the evaluation criteria form is completed, it is forwarded to the Communications Director for review.~~Marketing will write a proposal summarizing the sponsorship request that is forwarded to Marketing Director for review. If Marketing feels that the sponsorship funding is better served coming from another area of the organization, those recommendations are then forwarded in the same manner listed in 3.2.1.~~

3.2.1 The Marketing-Communications Director or appointed designee reviews the recommendation, and if the recommendation is approved, it is forwarded to the ~~Chief Operations Officer~~Senior Director of Communications and Community Relations (Senior Director) or appointed designee for approval and signature.

3.2.2 Once the ~~Officer~~Senior Director has approved the request, it is forwarded to L.A. Care Legal Counsel for review.

3.2.3 Once L.A. Care Legal Counsel has approved the request, it is forwarded to the CEO or appointed designee for approval and signature. All



sponsorship funding amounts are final unless the CEO makes a decision to decrease or increase recommended funding levels.

3.3 ~~Marketing~~Communications then coordinates logistics for the event, ensuring that all details of the sponsorship request are adhered to and that adequate staffing/attendance will be present to represent L.A. Care.

3.4 ~~Marketing~~Communications will receive a copy of the original proposal and completed ~~criteria~~evaluation form and will log the sponsorship information into a database.

3.4

~~**3.4.1**—An annual report detailing all donations and sponsorships funded during the year shall be presented to the Board within sixtyone hundred twenty (60120) days of the end of each fiscal year if allowed under applicable law.~~

4.0 ~~**AUTHORITY:**~~

~~Welfare and Institutions Code Sections 14087.9605 and 14087.967.~~

5.0 ~~REFERENCE~~

~~**5.1**—603 Grants and Sponsorships~~

~~**5.23.5** 603.1 Grant Making~~



L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: April 4, 2019

Motion No. FIN 100.0419

Committee: Finance & Budget

Chairperson: Robert H. Curry

Issue: To amend a contract with TransUnion to provide encounter collection and processing services. Request additional budget for current contract with Trans Union through May 31, 2020.

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

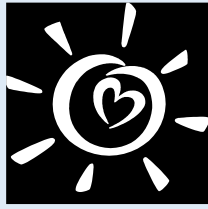
Background: L.A. Care is requesting approval for an additional \$1.316 Million to be added to the current Trans Union Contract which expires May 31, 2020. Trans Union collects and processes provider encounter data for Medi-Cal, IHSS, Healthy Kids, Covered California, and CMC lines of business, all of which use the data to determine health plan rates.

Trans Union was originally selected through an RFP process which considered encounter data processing experience, cost of data processing and coverage by vendors for L.A. Care's existing Participating Physician Group (PPG) and Capitated Hospital network. It remains the industry leader for Medi-Cal encounter data processing in the Los Angeles region.

Member Impact: Positively impacts all L.A. Care members by the collection of clinical information which in turn is used to drive analysis and programs to address members' needs.

Budget Impact: The cost was anticipated and included in the approved budget for the Shared Services/Encounters in this fiscal year. We will budget the balance in future fiscal years. Encounter data volumes are estimated to average approximately 33,000 Institutional (837i) per month, and 1.6 Million lines Professional (837p) per month.

Motion: **To authorize staff to amend a contract in the amount of \$1,316,000 not to exceed \$5,536,000 with TransUnion to provide encounter processing services for the period of July 1, 2019 to May 31, 2020.**



L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: April 4, 2019

Motion No. ECA 100.0419

Committee: Executive Community Advisory Committee **Chairperson:** Ana Romo

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

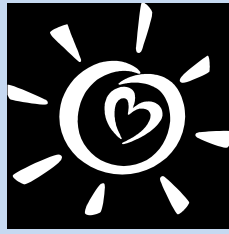
Background: Senate Bill 2092 requires that L.A. Care Health Plan ensure community involvement through a Community Advisory Committee.

Member Impact: None

Budget Impact: None.

Motion: To approve the following as members to the Regional Community Advisory Committee, as reviewed by the Executive Community Advisory Committee (ECAC) during its March 13, 2019 meeting:

- Maria Carmen Gutierrez, Consumer, RCAC 1
- Margarita Rodriguez, Consumer, RCAC 5
- Socorro Moreno, Consumer, RCAC 10



L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: April 4, 2019

Motion No. BOG 100.0419

Committee:

Chairperson: Hector De La Torre

Issue: To develop a new Master Services Agreement (MSA) with Ntootive and execute a new schedule of services to support the advertising and integrated marketing strategies for the Spring and Summer advertising campaigns for L.A. Care's direct lines of business from May 2019 through December of 2019.

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

Background: Funds are requested for the 2018-19 fiscal year contract in the amount of \$4,117,000 effective May 1, 2019 through December 31, 2019. L.A. Care would like to contract with Ntootive for a scope of work associated with Digital Marketing & Media Buying services with our entire portfolio of products and services including L.A. Care Covered (LACC), Cal MediConnect (CMC), Medi-Cal (MCLA), Family Resource Centers (FRCs) and the Parent Brand Initiative.

In early 2019 the Marketing Department conducted a Request for Proposal intended to review and select individual vendors which would offer the department specialized services in the form of: Media Buying, Digital Marketing Services, Creative Development Support and Strategy/Research consultation. Ntootive was among 8 agencies (and sub agencies) that responded to a Request for Proposal to provide Digital Marketing and Media Buying services for our lines of business including L.A. Care Covered (LACC), Cal MediConnect (CMC), Medi-Cal (MCLA), Family Resource Centers (FRCs) and the Parent Brand Initiative.

The funding allocation includes the following:

- \$4,117,000 for sustained product growth focused advertising for all Lines of Business. This funding is considered a "pass through" media cost that is managed by Ntootive at the direction of L.A. Care. The funding would provide advertising resources for campaigns that would launch in the Spring and Summer of 2019 and lead into the Fall/Winter marketing period for L.A. Care Covered. The campaigns are as follows:
 - Cal MediConnect Hot Zone and Broker Marketing Campaigns
 - Medi-Cal Advertising Campaign
 - Elevating Healthcare Parent Brand Campaign
 - L.A. Care Covered website upgrades and enhancements

The execution and launch of these campaigns would align with organizational and product objectives aimed at creating Brand and Product visibility in the Los Angeles market and driving product growth through increased enrollment in the aforementioned product lines. The duration of the proposed contract is intended to align with

Board of Governors
MOTION SUMMARY

the current budget cycle, a new request will be initiated in the Fall for services from this vendor in FY 2019-2020 once budgets and business objectives have been finalized.

Member Impact: This motion will allow L.A. Care to continue to have a positive impact as a trusted source of information for members and potential members. L.A. Care will leverage its marketing and advertising programs to support the growth of all lines of businesses and increase visitors at all Family Resource Centers.

Budget Impact: Sufficient funds have been requested in the FY 2018-19 budget for the Ntootive contract term May 1, 2019 through December 31, 2019.

Motion: To authorize staff to create a new Master Service Agreement with Ntootive in the amount of \$4,117,000 (total contract amount not to exceed \$4,117,000) for the period of May 1, 2019 through December 31, 2019.



March 29, 2019

TO: Board of Governors

FROM: John Baackes, *Chief Executive Officer*

SUBJECT: CEO Report – April 2019

This April marks 22 years since the L.A. Care story began. Many things have changed since our inception in 1997. However, one thing that has not changed is our mission to provide access to quality health care for Los Angeles County's vulnerable communities. This mission continues to drive us forward every day.

When I arrived at L.A. Care, I saw a clear opportunity for transformational change. L.A. Care had grown large enough in the L.A. County health care space that it could be an agent of change. But first, we had to rigorously pursue foundational and transformational improvements to become that agent of change – and rest assured, we are getting there.

From improving our NCQA scores and reducing audit findings to streamlining operations with new technology, and from launching our Elevating the Safety Net initiative to developing the L.A. Care Direct Network, we are firmly committed to executing major projects to elevate the health care we deliver.

Looking ahead, we are focused on becoming a high performing health plan and, at the same time, evolving and adapting to meet the needs of our members in an ever-changing health care landscape. I am incredibly excited about this journey and truly believe the best is yet to come.

As always, thank you for helping make L.A. Care a fantastic organization now and for decades to come.

Lastly, below is a snapshot of the progress we have made on some of our community- and provider-focused work.

	As of February 1, 2019 (last CEO report)	Total to date
Elevating the Safety Net Grants for primary care physicians	29	48
Elevating the Safety Net Grants for medical school loan repayment	8	14
Elevating the Safety Net Grants for medical school	8	8
Housing for Health Housing secured for homeless individuals	193	228
IHSS+ Home Care Training IHSS worker graduates from CLTCEC program	1,525	1,525

Below please find an update on organizational activities for the months of February and March.

February 2019

1. L.A. Care Opens its Newest Family Resource Center in East Los Angeles

I am remarkably proud to report we officially opened the doors of our newest – and sixth – Family Resource Center (FRC). The facility is located in East Los Angeles at 4801 Whittier Boulevard. The newly minted FRC offers a welcoming and engaging space for visitors to learn about healthy living and strategies to improve their health. To celebrate the grand opening, we held a ribbon cutting ceremony on February 8 with board members, L.A. Care staff and elected officials. The following day we hosted a community event to showcase the facility to the public. Approximately 300 community members came out to take part in tours of the FRC, health screenings and fun activities.

2. Use of Sales Brokers is Approved for L.A. Care's Cal MediConnect Product Line

As many of you know, we had worked with the Centers for Medicaid and Medicare Services and the California Department of Health Care Services for over a year to pilot a program in which L.A. Care could utilize brokers to enroll dual-eligible individuals into our Cal MediConnect (CMC) product. At long last, we rolled out partnerships with brokers in February to begin raising more awareness of the benefits and convenience offered by our CMC product. This will provide much-needed support in bringing more folks into the program, which began in 2014 and was designed to streamline delivery of comprehensive, coordinated services and benefits for dual eligibles.

Our CMC product has grown from 12,000 members in 2016 to more than 16,000 today. This is extraordinary growth considering L.A. Care was not using brokers prior to February. Now, L.A. Care will be even better positioned to tout the benefits of CMC.

3. U.S. Court of Federal Claims Rules in Favor of L.A. Care on CSR Case

As you are already aware, in February the U.S. Court of Federal Claims ruled in the favor of L.A. Care looking to recoup millions of dollars in cost sharing reduction (CSR) payments withheld by the Trump administration in 2017. L.A. Care, along with many other health insurers, fought vigorously against the cuts, which have contributed to rising premiums in the Affordable Care Act insurance marketplace. In our case, the court found the government liable for paying CSRs, framing the lack of payment as a breach of contract. We expect the federal government will appeal, and it may take months for a resolution to the ongoing fight around CSR payments – and much longer for any recovered funds to trickle down to consumers in a tangible way. This case, along with those of other insurers, have generated considerable media coverage. Attached to this report you will find one article that focuses on L.A. Care.

4. Physician Leadership Program Kicks Off Third Session

As part of our ongoing efforts to support the health care safety net, I am pleased to report our Physician Leadership Program kicked off its third session in February. While traditional medical education focuses on the clinical aspects of practice, this program prepares physicians for leadership responsibilities that will help accelerate change in their practices and ultimately improve patient experience and care. Twenty-two physicians are currently enrolled in the six-month program. Physicians who have been through earlier sessions of the program say it empowered them to ask for changes in their practice management and has led to better physician-patient relationships. The program consists of six in-person seminars and five webinars. Among the topics to be addressed: Leadership Style and Serving Underserved Communities, Leading Effective Teams, Managing Health Care Services and Finances, and Improving Services.

5. L.A. Care Celebrates Black History Month

In celebration of Black History Month, L.A. Care's Communications department partnered with Charles R. Drew University of Medicine and Science to launch a co-branded social media campaign recognizing contributions of the African American community in the health care space. The posts spotlighted the work of trailblazers like Dr. Charles Drew, Dr. Patricia Bath, Dr. James McCune Smith and Dr. Nadine Burke Harris. Overall, the campaign generated nearly 10,000 views.

6. Speaking Engagements

Below is a list of speaking engagements I participated in:

- February 5 – ITUP 23rd Annual Conference | Topic: Meeting the Future Health Workforce Needs of California
- February 26 – LHPC 2019 Legislative Briefing | Topic: Health Plans' Physician Recruitment Grant Programs

March 2019

1. L.A. Care Awards Another \$2.2 Million for Physician Recruitment

In March, we announced the second round of Provider Recruitment Program grants as part of our Elevating the Safety Net initiative. The goal, as you know, is to recruit primary care physicians to the L.A. County safety net. The Provider Recruitment Program, one of three programs in the initiative, sent grant award letters to 19 clinics and practices, which plan to have a new physician on board by August 2019. Sixteen were each approved for \$125,000 to be used for salary subsidies, sign-on bonuses, and/or relocation costs for new primary care physicians. The other three received smaller amounts to bring on physicians who will work part-time. Each new recruit could treat up to 2,000 new patients in L.A. County. Attached to this report you will find a HealthLeaders article which highlights our overall initiative, as well as a link to an interview I did with Spectrum News 1 where I discussed the looming physician shortage.

2. L.A. Care Rolls Out New Transportation Vendor

Recognizing there was significant room for improvement in our member transportation service, a cross-functional team at L.A. Care worked tirelessly to identify and select a new vendor with the capabilities to provide the quality service our members expect. On March 1, L.A. Care rolled out transportation services to members with a new vendor, Call the Car. For the first time, a fleet of L.A. Care-branded vehicles will be used for non-medical transportation (NMT) and non-emergency medical transportation (NEMT). Our partnership with Call the Car brings a number of improvements – from improved service level agreements to reduced rates to end-to-end technology – that will undoubtedly enhance the member experience.

3. Primary Care Providers Receive Training in Psychiatry

I am pleased to report that L.A. Care has awarded scholarships to five primary care medical providers for a year-long program that will help them recognize and treat mental health issues in their patients. This is a critical program seeing as primary care providers are often the first line of defense for mental health issues. The 2019 UC Irvine/UC Davis Train New Trainers Primary Care Psychiatry Fellowship will train fellows to:

- complete efficient psychiatric interviews in the busy primary care setting
- effectively diagnose and treat commonly encountered psychiatric conditions such as mood, anxiety, psychotic and substance misuse disorders

- teach these principles to primary care colleagues

L.A. Care awarded scholarships to two medical doctors, a physician's assistant, and two nurse practitioners this year. All of them work in clinics and health centers that serve vulnerable populations, including many L.A. Care members. Each received the full tuition of \$15,500 to complete the program. It is the second year L.A. Care has awarded scholarships for the fellowship.

Attachments:

- February/March 2019 sponsorship list
- Health Plan Weekly article
- HealthLeaders article
- Spectrum News 1 segment

February/March 2019 Sponsorship List

Date	Organization	Event	Location
2/1/2019	Health Consortium of Greater San Gabriel Valley	Behavioral Health Summit	Various
2/4/2019	Insure the Uninsured Project	Annual ITUP Conference, Mapping the Future of Health Reform	Sacramento Convention Center
2/9/2019	United Friends of the Children	College Within Reach	Various
2/19/19	Charles Drew University [grantee]	President's Breakfast	Marina del Rey Marriott Bayview Ballroom
3/1/2019	Move LA/ Community Partners	Move SoCal	Various
3/1/2019	Community Clinic Association of Los Angeles County	Health Care Symposium	Hilton Anaheim Hotel
3/8/2019	American Red Cross	Humanitarian Awards & Sound the Alarm	Dorothy Chandler Pavilion
3/15/2019	Community Clinic Association of Los Angeles County	Outreach and Enrollment Summit	Palevsky Center-California Community Foundation
3/17/2019	Telemundo 52 Los Angeles	Feria de la Salud	Los Angeles Convention Center
3/23/2019	The Wellness Center	Anniversary Day Event	LAC+USC Medical Center
3/23/2019	St. John's Well Child and Family Center	25 Year Anniversary Celebration	Union Station
3/25/2019	Venice Family Clinic [grantee]	Silver Circle Gala	Beverly Wilshire
3/28/2019	Justice In Aging	Celebrate Justice In Aging	City Club Los Angeles
3/30/2019	South Bay Family Health Care	Senior Health Fair	Nokaoka Center, Gardena

Health Plan Weekly

L.A. Care, Other Insurers Win Lawsuits Over Unpaid CSRs

By Judy Packer-Tursman
February 25, 2019

Amid health insurers' ongoing legal fight to recover billions of dollars in Affordable Care Act risk corridor payments, things remain up in the air over a related matter: whether insurers will recover a substantial sum from the federal government for unpaid cost-sharing reduction (CSR) reimbursement under the ACA. Several more insurers, including L.A. Care Health Plan, recently won lawsuits in the U.S. Court of Federal Claims to recover CSR payments — which had been distributed for several years to help exchange plans subsidize coverage costs for low-income enrollees, until President Trump halted them in October 2017.

The first insurer win came a year later, when the federal claims court ordered the federal government to pay about \$1.2 million in CSR reimbursement owed to Montana Health CO-OP. Sanford Health Plan also succeeded in its legal challenge over owed CSRs; the federal government appealed both cases and they were consolidated on appeal.

In a Feb. 17 post on her ACA blog for Health Affairs, attorney Katie Keith, a research professor at Georgetown University's Center on Health Insurance Reforms, says she is aware of at least a dozen separate lawsuits filed by insurers against HHS for unpaid CSRs, including a class action lawsuit joined by 91 insurers.

She notes the two federal claims court judges who issued four rulings in mid-February — in favor of L.A. Care, Community Health Choice, Inc., Maine Community Health Options and Common Ground Healthcare Co-operative, the last being the class action suit — both conclude the ACA has an "unambiguous mandate" requiring HHS to make timely CSR payments to insurers.

Keith tells AIS Health that despite ongoing CSR uncertainty, the bottom line is "more plans are winning" in the judicial system, which should encourage other health insurers to get involved. "If there are insurance companies either not part of the [Common Ground] class action or not filing [their own CSR lawsuits] yet, they're going to be pretty motivated to do it," Keith says, "because the courts are saying, 'You're entitled to payments.'"

Insurers Won't See Payouts Very Soon

Experts sum it up in this way: CSR payment cases favoring insurers are likely to slowly wend their way through the appeals process, and it probably would take significant time before any federal funds would be paid out to health plans even if they ultimately win. But the final legal outcome remains uncertain, especially given the practice of "silver loading" that many states allowed plans to begin in 2018 to increase government subsidies in response to unpaid CSRs.

In the latest legal decisions, Keith notes the judges said silver loading won't count toward calculating plans' damages. But some legal commentators predict that what they view as a potential payment windfall for health plans likely won't stand on appeal.

Says Chris Sloan, a director at Avalere Health who tracks ACA developments: "I don't necessarily think we have a better idea of where we're going to end up than a couple of months ago [since it's uncertain] what the upper courts will say." But he says one aspect is clear: "There's a lot of money at stake. It's billions of dollars...to be paid back to health plans."

Silver Loading Makes Claims 'Fuzzier'

Sloan says it is clear that exchange plans lost millions of dollars at the end of 2017 when CSR payments were halted. But insurers were able to reprice products for 2018 and incorporate "silver loading," in which insurers opt to load premium increases into popular silver-tier exchange plans, where premium tax credit subsidies rise with premiums, thus making up for unpaid CSRs. This strategy, he says, makes plans' argument for owed CSR payments in 2018 "fuzzier."

In the exchange marketplace itself, the people who bore the brunt of the CSR halt and silver loading are customers and would-be customers who don't qualify for federal subsidies and thus must pay the full premium or choose a different product. On the regulatory side, CMS said Jan. 17 in its 2020 Notice of Benefit and Payment Parameters (NBPP) for the ACA exchanges that the Trump administration "supports a legislative solution that would appropriate CSR payments and end silver loading." The agency said it seeks comment on how HHS might address silver loading if Congress doesn't act, "for potential action in future rulemaking applicable not sooner than plan year 2021."

After L.A. Care's favorable ruling on Feb. 14 from the federal claims court, its CEO John Baackes issued a statement saying his plan "is pleased that yet another court has ruled that the Trump Administration violated a statutory obligation of the [ACA] when it failed to provide full [CSR] payments for 2017."

"As the judge put it, L.A. Care should not be left 'holding the bag' just because the government decided to breach an implied contract with L.A. Care," Baackes said. "We strive to keep our plans affordable, and the CSRs helped us to do that."

After Covered California's 2019 enrollment period ended on Jan. 15, there were 92,000 enrollees in L.A. Care Covered Plan, the name of its plan on the state-based ACA exchange. That included 26,000-plus new enrollees, spokesperson Penny Griego says.

"In 2017, when CSRs were discontinued, we had 64 percent CSR eligible," Griego says. Of L.A. Care's current exchange plan enrollees, 63% would be CSR eligible, she adds.

L.A. Care Aims to Amend Its Complaint

Griego notes the court granted summary judgment on the federal government's liability for CSR amounts owed to L.A. Care for 2017 and held that the government's failure to pay from October 2017 and beyond constitutes a breach of contract. Thus, she says, L.A. Care "intends to amend its complaint to update the amount of judgment to account for advance CSR payments that were not made in 2018. We will then ask the Court to enter judgment for the full amount of CSR payments owed to L.A. Care Health" — totaling \$64 million: \$6 million to finish out 2017, and another \$58 million for full-year 2018.

"This is money that the government had promised to pay L.A. Care," she says when asked whether this would constitute "double dipping."

With respect to the ACA's risk corridor payment program, Moda Health Plan and three co-plaintiff insurers asked the U.S. Supreme Court on Feb. 4 to hear their case, an expected move. In November, a federal appeals court denied the insurers' request for a rehearing on their lawsuit, *Moda Health Plan v. U.S.*, seeking billions of dollars in unpaid claims.

Supreme Court Review Is 'Key'

According to Keith, a decision by the Supreme Court on Moda's risk-corridor payments could also "play a key role" in whether insurers are entitled to unpaid CSRs. The question right now is whether the nation's high court takes up the risk corridors case or not.

Moda is relevant to CSRs "because of the reasoning used by the Federal Circuit," Keith explains in an email. "The federal government definitely won in *Moda* — meaning insurers aren't entitled to risk corridor payments" because, the court reasoned, while the statute did require payment even in the absence of an appropriation, subsequent appropriations riders passed by Congress require risk corridors to be budget-neutral.

"The risk corridors statute and the CSR statute are separate but structured the same," Keith explains. "So every judge that has looked at this for CSRs has relied on the decision in *Moda* to say that the CSR statute requires payment. Because there is no follow-on appropriations issue for CSRs like there was for risk corridors, the statute controls and payments are owed."

If the Supreme Court doesn't take up *Moda*, "the Fed Circuit decision stands and I assume insurers would continue to win these CSR cases and the government will need to repay," Keith says. "If SCOTUS takes up risk corridors, there are a lot more potential outcomes to overturn *Moda* or parts of *Moda* that could affect the CSR decisions."

How Would Courts Measure Damages?

"It's not surprising to me the risk corridor cases are losing, and the CSR cases are winning," says attorney Christopher Condeluci, principal of CC Law & Policy in Washington, D.C., and a former Republican staffer for the Senate Finance Committee during the ACA's drafting.

Condeluci says he doesn't believe the ACA obligates the government to pay on the risk corridor side, given that congressional action "ties the hands of HHS from dipping into other [funding] buckets for a program that's budget neutral." However, he adds, "CSRs seems like a winning argument because the statute is clear" this reimbursement to carriers must be paid.

Yet insurers have no right to be "enriched or to double dip" by getting CSRs along with silver loading, he asserts, "so we need a [court] decision to parse out what insurers got for silver loading and what the government owes them."

As for the timeline, "I don't think the judicial process is going to run its course for at least a year or a year-and-a-half," Condeluci says, "and [the Dept. of Justice] will take time to settle...so carriers should

expect to silver load for 2020 while we all figure out how to parse out the mess associated with making everybody whole."

Nicholas Bagley, a law professor at the University of Michigan, in a Feb. 19 blog post described the daunting practical challenges to calculating damages: "It's hard to know what the world would have looked like if the [CSR] payments had been made, so it's hard to know whether any given insurer is better off or worse off now....Many insurers will doubtless claim that they lost market share because they couldn't cope as effectively with silver-loading as their competitors. Others will say that ending the [CSR] payments drove some of their customers away, silver-loading notwithstanding....Some of those claims will be true; others, not so much. And the right measure of damages will vary from state to state and insurer to insurer."

"It'll be a huge mess," Bagley asserts. "And it's not like the court can decide the mitigation question once and move on. The [federal claims court] would have to undertake a demanding inquiry for every single insurer on the exchanges — not once, but for each and every year until Congress fixes this mess."

Bagley predicts that the appeals court "will hold that the United States breached its payment obligation, but that it should still have a chance to demonstrate that insurers have mitigated their damages." He says it is also possible that the federal circuit court will simply say plans have fully mitigated their CSR damages, at least in the 43 states that adopted silver loading in 2018.

Congress must "stop the bleeding," Bagley says, noting, "Every year that the cost-sharing obligation stays on the books, the United States is accruing roughly \$12 billion in potential liability" — and, as he sees it, "there's no reason at all to funnel money to insurers that have adjusted to a world without cost-sharing payments."

In the end, Avalere's Sloan says, "It's going to take a while to figure out [unpaid CSR and risk corridor payments to exchange plans]. Right now, it doesn't seem we're anywhere close to a resolution on this issue."

HealthLeaders

L.A. Care Awards \$3.6M For Physician Recruitment

The nation's largest publicly operated health plan has begun its \$31 million initiative to recruit primary care physicians for safety net providers serving Los Angeles County.

By John Commins
January 30, 2019

L.A. Care Health Plan has given 29 community health clinics in Los Angeles County \$125,000 each to recruit and retain primary care physicians, in the first phase of a \$31 million drive to bolster the region's safety net.

L.A. Care CEO John Baackes says the publicly operated health plan's Elevating the Safety Net program, which started in mid-2018, should ultimately bring about 400 primary care physicians into the county over the next five years, through recruiting and compensation incentives, scholarships, and medical school debt relief.

"Part of our mission at L.A. Care is to support the safety net, and with estimates that California will face a shortage of nearly 9,000 primary care physicians by 2030, we were compelled to act," Baackes says.

Baackes calls L.A. Care's recruiting initiative "a good start" in a daunting challenge.

"We're making a dent, but to my knowledge, we're making the biggest dent that anyone is making," he says.

"It's well known that Kaiser (Permanente) pays more, and they suck up a lot of the new talent. The academic medical centers pay more too, and they get some of the talent," he says. "So this is trying to provide the safety nets with a level playing field for the recruitment of these primary care doctors.

"The clinics can use their \$125,000 award to either pay for a physician recruiter, or use it in an incentive package for prospective hires. "However they see fit," Baackes says.

The clinics must hire a physician from outside of L.A. County and bring them into the L.A. Care Medi-Cal network no later than June 30. to receive the money.

Once hired, the new physicians will be eligible for loan repayments of up to \$5,000 per month for up to 36 months, topping out at \$185,000, as long as they work within the safety net.

"Almost all of the awardees are federally qualified health centers, meaning that they have been in the safety net for 30 or 40 years, and they take care of about 300,000 of our lives," Baackes says.

"They're run by local community boards, and they provide generally a health center, a facility where the doctors work, and many of those facilities have ancillary services in there. When you go and visit, you can get a lot of services done in one place," he says.

The third part of the initiative is a scholarship program that awards eight full medical school each year. Four of the scholarships are for students attending the David Geffen School of Medicine at UCLA, and four are for those attending the Charles R. Drew University of Medicine and Science.

The first scholarships were awarded last July, and eight more will be awarded later this year.

L.A. Care Health Plan has more than 2.2 million members in Los Angeles County, making it the largest publicly-operated health plan in the country.



March 14, 2019

To view the segment, visit: <http://tiny.cc/JBonSpectrum>





April 4, 2019

To: Board of Governors

From: Wendy Schiffer, *Senior Director, Strategic Planning*
Roland Palencia, *Director, Community Benefit Programs*

Subject: **Community Health Investment Fund (CHIF) Summary for Fiscal Year 2017-18**

Introduction

This memo provides a summary of the 62 Community Health Investment Fund (CHIF) awards made during the 2017-18 fiscal year for a total of \$10 million.

Since the start of the CHIF program in 2001, L.A. Care has supported 221 unique organizations and 578 projects totaling more than \$76.0 million. When the Children's Health Initiative, sponsorship contributions, and the recently approved Elevating the Safety Net initiative are included, support to date surpasses \$211 million, making L.A. Care one of the largest health care safety net funders in Los Angeles County.

The CHIF budget, which is managed by the Community Benefits Department, is apportioned between L.A. Care defined initiatives that emerge from stakeholder feedback, and ad hoc grants, which are project requests that do not align with an initiative but meet the overall CHIF guidelines. For the initiatives, a Request for Applications (RFA) is released with specific instructions and criteria. Details for both types of awards can be found in *Attachment A: Awards Funded in Fiscal Year 2017-18*.

Impact Framework

CHIF awards align with four foundational overarching priorities:

1. Support safety net clinics' infrastructure to provide high quality and coordinated services and help community-based clinics to thrive in a managed care environment.
2. Expand access to high-barrier services for low-income and vulnerable populations.
3. Improve community health for underserved populations by addressing the social conditions that lead to poor health outcomes.
4. Provide housing resources to homeless individuals, including L.A. Care members.

These overarching priorities ensure that grants are targeted toward L.A. Care's mission of supporting the safety net and projects that have the greatest impact on the health and well-being of our members and underserved populations.

CHIF Initiatives FY 2017-18

In FY 2017-18, L.A. Care funded four initiatives. Two of them, the Robert E. Tranquada Safety Net Initiative and the Oral Health Initiative are long-standing initiatives, this being their ninth year and tenth year, respectively. As such, L.A. Care is well-known in the community for supporting safety net health care providers and oral health services for low-income populations. The other two initiatives,

Community Wellness and Licensed Practitioners for the Healing Arts, align with CHIF newer priority areas. The four initiatives are summarized below:

<i>Initiative</i>	<i>Funding and number of awards</i>	<i>Description</i>
Robert E. Tranquada Safety Net Initiative IX	16 awards \$1,500,000	Support quality improvement strategies that advance population health management, patient experience, and patient satisfaction that enhance targeted Healthcare Effectiveness Data and Information Set (HEDIS) measures and Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores. Expected outcome: Improve HEDIS and CAHPS scores, including clinical measures such as breast and cervical cancer screening, diabetic care retinal-eye exam, diabetic blood pressure, early childhood and adolescent immunizations, and HbA1c <8 blood levels. Also, improve patient satisfaction survey scores.
Oral Health Initiative X	8 awards \$800,000	Integrate medical and dental care by strengthening infrastructure and starting or expanding services in geographic regions that Health Resources and Services Administration (HRSA) has designated as Health Professional Shortage Areas (HPSA). Expected outcome: Strengthen dental clinic infrastructure that includes physical renovations, dental equipment, dental electronic health records, electronic interfaces, training to develop dental care capacity (pediatric dentists or those serving special populations), and increase provider capacity such as dentists and hygienists. Once infrastructure is completed, projects are expected to serve more than 6,677 unique patients.
Licensed Practitioners for the Healing Arts (LPHA) Initiative II	4 awards \$260,000	In a partnership with Los Angeles County Department of Public Health Substance Abuse Prevention and Control (LAC DPH-SAPC), provide support to substance abuse treatment providers to build sustainable long-term infrastructure, including hiring, recruiting or maintaining LPHAs, including physicians, licensed clinicians or other practitioners as outlined by California’s Medi-Cal 2020 1115(a) Waiver Demonstration Project. Expected outcome: Hire up to four LPHAs to provide a variety of services including drug use residential treatment to more than 100 patients and 584 bed days, develop bilingual curriculums to serve more Spanish-speaking patients, and enhance in-house quality assurance program that serves more than 200 patients.
Community Wellness Initiative III	11 awards \$805,000	Enroll families and individuals in programs that alleviate economic hardships, food insecurity, and that address poverty such as CalFresh and Earned Income Tax Credit (EITC).

		<p>Expected outcome: Secure approval of at least 2,975 CalFresh applications and to file at last 500 Semi Annual reports to maintain already secured eligibility. Additionally, file at least 2,500 EITC applications.</p>
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Member Story: Los Angeles Christian Health Center, Oral Health Initiative

“A 60-year old female dental patient was very thin and frail, and you could tell she was not eating well because all her teeth were decayed down to her gum line. She needed all her 25 teeth to be extracted, and it took four visits to complete all the extractions. After a couple of months, we were finally able to start the denture procedures; and eight months after first coming into the Watts site of Los Angeles Christian Health Center, the patient had full upper and lower dentures. She had also not seen a doctor in quite some time and so our dental department referred her to a medical provider. Soon after, we noticed that she was gaining weight and looking much healthier. We asked her if the dentures were helping her eat, and she gave me a resounding yes! These small successes make it totally worth it working here.”

Ad Hoc Grants

Like the initiatives, the ad hoc grants are guided by the four overarching priorities discussed above, with varying levels of impact. Some grants have impact at the individual patient level, such as increased access to health and social services, some at the organizational level, supporting infrastructure that ultimately results in improved services for the community, and other grants support integration of services for a fuller spectrum of needs to be addressed more efficiently. Below find a few examples, with *Attachment A* providing more detail about the 62 grants and their impact.

Individual Level Impact		
<i>Selected Ad Hoc Grants</i>	<i>Funding</i>	<i>Description</i>
Brilliant Corners	\$4,000,000	Housing support for homeless individuals. Expected outcome: 300 homeless individuals or families housed and integrated into a comprehensive system of care for at least a five-year period.
Central American Resources Center (CARECEN) Coalition for Humane Rights of Los Angeles (CHIRLA)	\$150,000 \$150,000	Immigration support to vulnerable families. Expected outcome: Education to more than 2,500 immigrants and refugees through Know Your Rights workshops, legal services to 50 unaccompanied minors, educate at least 80,000 individuals through mainstream electronic and social media, help eligible immigrant residents with the naturalization process, offer referrals to 600 individuals through a 24-hour hotline, and connect at least 150 families to health services.
Chrysalis Hospitality Industry Training & Educational Fund Housing Works	\$100,000 \$107,000 \$100,000	Job training and placement for low income individuals. Expected outcome: Train and place individuals with barriers to employment, including those experiencing homelessness.

Organizational Level Impact		
<i>Selected Ad Hoc Grants</i>	<i>Funding</i>	<i>Description</i>
National Health Foundation	\$150,000	Expansion of a Recuperative Care program Expected outcome: Adds 13,500 recuperative care bed days in the greater Downtown Los Angeles area.
MLK Health & Wellness Community Development Corporation	\$25,000	Strategic planning for organizational changes on campus, including the opening of a 500,000 square foot behavioral health center. Expected outcome: A plan for a program that will be integrated with other 70 clinical services, including an urgent care center, specialty and sub-specialty clinics, including dental services and a full range of diagnostic and ancillary services.
Southside Coalition of Community Health Centers	\$150,000	Professional development training program for Medical Assistants Expected outcome: Professional development for 80 Medical Assistants working at eight South Los Angeles FQHCs. This will assist with upgrading skills set and retention at the respective clinics.
Integration of Services		
<i>Selected Ad Hoc Grants</i>	<i>Funding</i>	<i>Description</i>
Community Clinic Association of Los Angeles County	\$150,000	Support policy and practice among clinic partners to integrate social determinants of health into clinical settings. Expected outcome: At least 15 clinic members will be part of the advisory body; 20 will implement recommended policies; create a blueprint for future clinic members to implement social determinant programs.
Occidental College		Integrate public health students into community health settings. Expected outcome: Place at least five public health students into summer community health internships to strengthen academic and community-based partnerships.
Los Angeles Trust for Children’s Health		Support development of a centralized data network to connect school based health centers and Los Angeles Unified School District (LAUSD) schools to link health outcomes and student achievement. Expected outcome: A data network project that could impact up to 640,000 LAUSD students.

Approval Process

All CHIF awards go through a review process that includes a formal application and internal vetting. The CHIF driven-initiatives are reviewed by a panel of community experts and staff members, sometimes of up to 15 to 20 reviewers. Awards above \$150,000 are brought to the Board Executive Committee for consideration and then to the Board of Governors for final approval.

Grant Support Acknowledgement and Recognition

In partnership with the Communications department, the Community Benefits department monitors recognition and acknowledgment activities. One key aspect of every CHIF award is that they double as sponsorships, allowing L.A. Care to receive enhanced recognition and acknowledgment for its long-standing grantmaking support. Grantee specific acknowledgement activities are included in the Project Purpose and Status sections of *Attachment A*.

There are varied and multiple types of recognition. They range from acknowledging CHIF grant contributions in electronic and hard copy newsletters, joint press releases to local and regional media, permanent signage in waiting rooms and clinical rooms, plaques and decals on equipment, prominently displayed wall donors recognition, websites and electronic articles, marketing and program related literature, recognition at public events such as ground breaking, ribbon cutting ceremonies, open houses and annual galas attended by community stakeholders that include elected officials. Some public events provide speaking opportunities and involvement for John Baackes, L.A. Care's CEO, Community Benefits staff, Sales and Marketing opportunities, and other L.A. Care staff.

Additionally, L.A. Care has been recognized at dozens of grantee sponsored events that include speaking opportunities for staff, including L.A. Care's CEO. Some examples include:

- Martin Luther King Community Health Foundation for the Advanced Care Clinic (Gala event, January 2018),
- Project Angel Food for the Food is Medicine program (Press Conference with John Baackes as speaker, May 2018),
- Southern CA Crossroads for a prevention program to break the cycle of violence (Gang Prevention and Intervention Conference, May 2018),
- Central American Resources Center to educate immigrants about their rights, provide legal assistance, and connect them to a system of care (Gala event, October 2018), Coalition for Humane Immigrant Rights to inform immigrants about their rights, provide legal assistance, and connect them to a system of care (Gala event, November 2018),
- Kheir Center for expansion of medical services (Anniversary dinner, September 2018), and
- Southbay Family Health Care for expansion of medical services (50th. Anniversary dinner, March 2019).

Challenges

Some new applicants and even some previous grantees are challenged in their ability to submit comprehensive proposals that lead to successful implementation. To address this, Community Benefits staff provides technical assistance (TA) before, during, and after proposal submissions. The TA includes hosting informational calls before application deadlines, providing feedback on the submitted application and related attachments, providing on-going guidance during the duration of their program, and conducting site visits. This has resulted in most projects being completed on time with all deliverables accomplished. We provide no-cost extensions for projects not completed on time, but that are nevertheless progressing. These type of support help grantees to strengthen their programs and

take them to the next level of performance that can help them to secure additional resources from other private and public funders.

Some grantees are delayed in their six-month reports. To address this, staff has provided more frequent progress reports orientations that review the reporting process and criteria. Additionally, staff has been sending more frequent reminders, including notices with warnings of withholding future support for those who are chronically late.

L.A. Kitchen is the first grantee organization that did not fully complete its project since the inception of CHIF in 2001. The organization only completed half of its scheduled project before closing its doors indefinitely. This first-time grantee was a recipient of an 18-month \$150,000 grant that started in July 2017. The purpose of the grant was to reduce food insecurity among low-income seniors, offer workforce training to transitional foster youth and formerly incarcerated adults, and increase health access for these three populations. L.A. Care made a first grant payment of \$75,000 for the first six months of operation, which paid for a nutrition coordinator and a truck driver to deliver food in Downtown and South Los Angeles areas. Funds also helped to purchase a multi-purpose cargo van and portable industrial kitchen carts. In its first six months, the organization secured 25 senior citizen agency partners to help in meal distribution, distributed more than 100,000 meals to seniors, provided culinary training to 56 foster youth, and secured employment for 36 of those youth.

In early October 2018, L.A. Care staff found out via a general distribution email that L.A. Kitchen was closing its doors. Later in the month, L.A. Kitchen approached L.A. Care requesting the second grant payment of an additional \$75,000. In December 2018, L.A. Care's legal department sent a termination letter to L.A. Kitchen for cause due to discontinuation of services, a violation of their grant agreement since those services were to be provided by L.A. Kitchen on an on-going basis. In addition, notwithstanding the fact that L.A. Kitchen performed services for the first six months of the agreement before closing its doors, in order to preserve L.A. Care's rights, the termination letter also demanded reimbursement of the first \$75,000 payment already paid to L.A. Kitchen. The grant agreement contractually requires L.A. Kitchen to return such payment in the event the agreement is terminated for cause. The organization indicated that it is in active bankruptcy proceedings.

Given that L.A. Kitchen performed some services under the agreement, coupled with the low likelihood of successfully recovering the first grant payment of \$75,000, since they are in bankruptcy proceedings, a decision was made to not expend any further legal resources in attempting to recover the first grant payment beyond the termination and demand letter sent to L.A. Kitchen in December 2018.

Conclusion

Through its four priority areas, L.A. Care's grantmaking activities for the reported fiscal year continue to address the challenges faced by the safety net, including social service agencies that address social determinants of health, and the low-income populations they serve. As in the previous year, an emphasis was made to support social determinants of health, address clinical issues such as the dearth of dental services (especially for low-income adults in dental desert areas), meet the complex needs of populations such as the developmentally disabled, provide critical funds to address the overwhelming issues of homelessness, and support efforts that enhance and improve quality of care such as care coordination and the improvement of HEDIS and CAHPS measures, while connecting clinical and social service providers to provide coordinated services to populations with multiple and complex needs. While the focus is on expanding access to services, every project presents the opportunity to improve internal and external systems that lead to increased access and improved quality of care.

Community Health Investment Fund (CHIF) Annual Summary Report - Attachment A

Awards Funded in Fiscal Year 2017-2018

	Organization Name	Priority	Amount	Ends	Project Purpose and Status
AD HOC GRANTS ~ TWENTY AWARDS FOR \$6,487,000					
1	Antelope Valley Community Clinic	INF	\$335,000	9/21/2019	Provide infrastructure and reorganization support to expand clinical services in the greater Antelope Valley area.
2	Brilliant Corners II – LAC DHS Flexible Housing Subsidy Pool	H	\$4,000,000	9/1/2020	House homeless individuals and families, including L.A. Care members. Project also supports the goals of the Whole Person Care initiative under the new California Medi-Cal waiver and enables DHS to draw down matching funds. Update: A total of 366 homeless individuals are currently enrolled and receiving services, including 212 who are currently housed. Recognition: Will recognize in all program literature and communications related to this grant, including website presence, newsletter, or upcoming event.
3	Central American Resources Center (CARECEN)	SD	\$150,000	3/15/2020	Educate and train 2,500 immigrants and refugees through Know Your Rights workshops, provide legal services to 50 unaccompanied minors and refugee families, make a minimum of 150 direct referrals for health and social services, and engage and educate 1,000 impacted immigrants to protect their families. Update: The first progress report is due by April 15, 2019.
4	The Chrysalis Center dba Chrysalis Enterprises	SD	\$100,000	3/14/2020	Train at least 40 low-income Medi-Cal recipients with substantial barriers for employment, including homelessness; and secure full-time, long-term employment for 15 training participants. Update: The first progress report is due by April 15, 2019.
5	Coalition for Humane Immigrant Rights of Los Angeles (CHIRLA)	SD	\$150,000	3/14/2020	Assist 200 eligible legal residents with completion of the N-400 naturalization form to begin the process of becoming naturalized U.S. citizens; educate 80,000 immigrants and their families through social and Spanish media about Know Your Rights and the public charge ruling, and provide information to at least 600 individuals through the hotline, with a focus on mixed status families. Update: The first progress report is due by April 15, 2019.
6	Community Clinic Association of Los Angeles County (CCALAC)	INF	\$150,000	3/15/2020	Create a Social Determinants of Health Roundtable (SDoH) to assess gap in service for social risk factors, host an SDoH Summit, develop comprehensive resource guide and establish policy and advocacy priorities intended to improve services in a managed care environment, particularly around the homeless. Update: The first progress report is due by April 15, 2019.
7	Hospitality Industry Training and Educational Fund (Hospitality Training Academy - HTA)	SD	\$107,000	3/15/2020	Train 95 and Place 78 of 95 recently trained clients in unionized jobs in the growing hospitality industry through language immersive job training program for Limited English speakers, including but not limited to Asian/Pacific Islander and Latino populations. Update: The first progress report is due by April 15, 2019.
8	Housing Works	SD	\$100,000	3/15/2020	In partnership with Corporation for Supportive Housing, train 25 formerly homeless individuals to be placed as Community Health Workers or Housing Navigators employees in a variety of non-profit agencies that serve homeless individuals and families. Update: The first progress report is due by April 15, 2019.
9	L.A. Family Housing	SD	\$150,000	10/15/2019	Support security-related staff and systems throughout The Campus, a building complex with collocated health and social service agencies, including Northeast Valley Healthcare Corporation, that will provide supportive housing and comprehensive services for homeless individuals and families in the San Fernando and Santa Clarita Valleys. Update: Implemented safety and security systems for the Campus, which includes 49 brand new units of permanent supportive housing for chronically homeless individuals in need of ongoing, intensive care and case management. Recognition: L.A. Care's support acknowledged in winter newsletter.
10	Maternal Mental Health Now (<i>fiscal agent Community Partners</i>)	HB	\$150,000	3/15/2020	Improve mental health awareness of at least 350 pregnant or postpartum African American women and enhance the acumen of 30 medical providers to detect and respond to perinatal mood disorders among African American women to positively impact African American infant mortality in partnership with Cedars Sinai Hospital and Watts Healthcare. Update: The first progress report is due by April 15, 2019.
11	MLK Health & Wellness Community Development Corporation (DHS MLK Outpatient Center)	INF	\$25,000	9/15/2019	Engage in a strategic planning process to address organizational changes on campus, including the opening of a behavioral health center. Update: The first progress report is due by April 15, 2019.

CHIF Summary Report - Attachment A
Awards Funded in FY 2017-2018

	Organization Name	Priority	Amount	Ends	Project Purpose and Status
12	National Health Foundation	INF	\$150,000	10/15/2019	Support the expansion of the Pathway Recuperative Care program to add 13,500 recuperative bed days in the greater downtown Los Angeles area. Update: Recognition: In April 2018, National Health Foundation hosted a groundbreaking event for the new recuperative care facility in Pico Union area where John Baackes, L.A. Care's CEO, addressed the audience.
13	National Medical Fellowships	INF	\$150,000	10/15/2019	Support an immersive summer program to expose four medical and 3 mid-level (Nursing/MA) clinical students to primary care through placement at Los Angeles County safety net clinics, including Federally Qualified Health Centers. Update: A total of 7 clinical students received scholarships, completed the 6-week summer immersion program and were placed at Community Health Centers in Los Angeles. Recognition: L.A. Care was acknowledged through electronic and printed program materials, during the 2018 NMF Los Angeles Champions of Health Awards and Gala and at the Primary Care Leadership Program Orientation. Closed
14	Occidental College	INF	\$75,000	3/15/2020	Place at least six Occidental College students enrolled in its Public Health minor in community public health internships, and provide capacity building funds to develop a financially sustainable long-term plan. Update: The first progress report is due by April 15, 2019.
15	Reclaiming America's Communities through Empowerment (R.A.C.E.)	SD	\$150,000	3/15/2020	Expand grantee's sports league to two new neighborhoods with high gang activity through the addition of 20 new Peace Ambassadors, conduct six mediation roundtables and make 50 case management referrals through gang intervention agencies. Hire development and office management staff to increase development activities and other infrastructure. Update: The first progress report is due by April 15, 2019.
16	Southern California Grantmakers (SCG)	INF	\$20,000	12/31/2019	Support philanthropic healthcare infrastructure in the Greater Los Angeles area. Update: Provided six cross-cutting programs exploring health and health equity issues with funders; provided a monthly "Public Policy Roundup" e-newsletter to more than 500 subscribers; and provided seven in-person and online Census 2020 programs. Recognition: SCG acknowledged L.A. Care as a sponsor at its Annual Conference in September 2018.
17	Southside Coalition of Community Health Centers	INF	\$150,000	3/15/2020	Implement a professional development training program for a minimum of 80 medical assistants working at eight federally qualified health centers (FQHCs) in South Los Angeles who will receive at least 30 hours of professional development training. Update: The first progress report is due by April 15, 2019.
18	The Los Angeles Trust for Children's Health	INF	\$150,000	10/15/2019	Develop a centralized data network and connect at least 14 school-based health centers and Los Angeles Unified School District schools to link health outcomes and student achievement. Update: Hosted five Wellness Network Data xChange reporting tool webinars with 5 community clinic partners; hosted stakeholder meeting with approximately 35 people in attendance; and worked with Essential Health Access to explore data extract options for Chlamydia screening across 15 Wellness Centers. Recognition: L.A. Care was acknowledged in project materials, including a one-page project summary and PowerPoint presentation.
19	Urban Voices	SD	\$75,000	3/15/2020	Build up the organizational infrastructure and hire professional staff of an organization that will engage at least 50 homeless individuals in its music programs while connecting them to a system of care to address their medical and social needs. Update: Hired organization's first paid staff, established 501(c)3 status, completed by-laws and begun building a governing board for the organization. Exploring a process with JWCH Institute to refer clients to the program. Recognition: L.A. Care is featured as a primary partner in organization's literature, on website, and in fall newsletter.
20	Watts Century Latino Organization	SD	\$150,000	3/15/2020	In partnership with law enforcement, reduce crime and build civic responsibility with a focus on immigrant communities and youth in South Los Angeles by enrolling at least 15 adults and 10 youth in Citizen Police Academies and Mediation trainings. Update: The first progress report is due by April 15, 2019.
AdHocs Total			\$6,487,000		
ORAL HEALTH INITIATIVE X ~ EIGHT AWARDS FOR \$800,000					

CHIF Summary Report - Attachment A
Awards Funded in FY 2017-2018

	Organization Name	Priority	Amount	Ends	Project Purpose and Status
21	Comprehensive Community Health Center	HB	\$100,000	11/15/2019	Enroll 1,500 pediatric patients and provide at least one dental visit within a year. Up to 400 primary care patients will be linked to dental care, and at least 35% of children, ages 6-9 at moderate to high risk for caries, will receive a sealant on a first permanent molar. Update: Within six months, 195 new dental patients were enrolled in clinic; 124 primary care patients were linked to dental services; and 35% for eligible patients 6-9 had sealants applied to a first permanent molar. Recognition: Acknowledged L.A. Care's contribution to expanded dental practice during recent interviews with Media stations. Grantee's Marketing and Outreach Department is developing materials to publicize the funded Miles of Smiles program to further recognize L.A. Care's contribution.
22	Garfield Health Center	HB	\$100,000	11/15/2019	Expand the pediatric clinic from two to five days per week, for a total of five days. Increase access for 937 unduplicated pediatric dentistry patients. Additionally, at least 800 pediatric patients and their parents receive oral health education. Update: At six months, Garfield Health Center provided 914 pediatric dental visits to 527 unique children and 95% of parents and children seen received oral health education. Recognition: L.A. Care funding was acknowledged in Garfield Health Center's newsletter.
23	Harbor Community Clinic, Inc.	HB	\$100,000	11/15/2019	Complete construction of new dental site, including licensing and furnishing. Provide a minimum of 2,500 pediatric dental visits, including mobile unit dental visits. Update: Conducted community needs assessment; environmental assessment, zoning, and consultation with city. Selected contractor and construction began in January 2019. Recognition: L.A. Care staff have been invited to the April 2019 Groundbreaking event and an art display is planned to recognize L.A. Care among the Clinic's donor.
24	JWCH Institute, Inc. (John Wesley Community Health)	HB	\$100,000	11/15/2019	Complete conversion of Lynwood primary care site to a dental clinic, and provide a minimum of 2,300 adult dental visits and a minimum of 300 pediatric dental visits. Update: As of November 2018, completed demolition and initiated construction to establish three adult and three pediatric operatories at the Lynwood building. Recognition: Will recognize in all program literature and communications related to this grant, including website presence, newsletter, or upcoming event.
25	Northeast Valley Healthcare Corporation	HB	\$100,000	11/15/2019	Complete construction and fully furnish the new dental clinic in North Hollywood in partnership with LA Family Housing. Provide comprehensive dental services to a minimum of 1,000 visits to at least 280 homeless patients. Update: The project was placed out to bid and contractor selected. Recognition: Will recognize in all program literature and communications related to this grant, including website presence, newsletter, or upcoming event.
26	St. John's Well Child and Family Center	HB	\$100,000	11/15/2019	At least 360 patients will receive treatment for dental decay, this includes a minimum of 200 adult patients and 85 pediatric patients, totaling 1,000 visits. This includes children and adults with developmental disabilities, people with HIV/AIDS, transgender individuals and other vulnerable populations. Update: 111 unique patients were seen through 236 dental visits; conducted in-reach and outreach to 535 SJWCFC patients and community members. Recognition: L.A. Care was recognized through internal newsletter and with a Spanish/English flyer.
27	T.H.E. Clinic, Inc. dba T.H.E. (To Help Everyone) Health & Wellness Centers	HB	\$100,000	11/15/2019	Provide comprehensive dental services to an additional 1,100 patients, and increase the number of primary care clinic patients who receive dental services by at least 20% per year. Update: Within six months, two x-ray sensors and a vitals cart were purchased. Grantee provided 681 visits to 435 unduplicated children under 12 years, and the pediatric, dental integration process was initiated. Recognition: L.A. Care funding was acknowledged through various social media channels and promotional flyers.
28	Coastal Developmental Services Foundation dba Westside Regional Center (WRC)	HB	\$100,000	11/15/2019	At least 500 current and new children and adults with developmental disabilities will receive oral hygiene services, including dental health assessments, cleaning and health education. A minimum of 200 clients will reduce the number of bleeding sites on their gums, and at least 300 patients will adopt proper dental intervention strategies. Also, educate at least 50 dental providers on providing dental services to persons with developmental disabilities. Update: At six months, 171 patients received oral hygiene services, two patients avoided cleaning under sedation and two provider trainings were held with 50 providers in attendance. Recognition: L.A. Care was recognized on provider training materials.
OHI X Total			\$800,000		
ROBERT E. TRANQUADA SAFETY NET INITIATIVE IX ~ SIXTEEN AWARDS FOR \$1,500,000					
Cohort I					
29	Central City Community Health Centers	INF	\$150,000	8/14/2020	To improve on one CAHPS question and three HEDIS measures: breast cancer screening, diabetic care-retinal eye exam, and diabetic care-blood pressure < 140/90. Update: The first progress report is due March 15, 2019

CHIF Summary Report - Attachment A
Awards Funded in FY 2017-2018

	Organization Name	Priority	Amount	Ends	Project Purpose and Status
30	Comprehensive Community Health Centers, Inc.	INF	\$150,000	8/14/2020	To improve on one CAHPS patient experience question and three chronic diabetic care HEDIS measures: retinal eye exam, HbA1c<8, and blood pressure < 140/90. Update: The first progress report is due March 15, 2019
31	JWCH Institute, Inc. (John Wesley Health Center)	INF	\$150,000	8/14/2020	To improve on one CAHPS patient experience question and three Child Health HEDIS measures: weight assessment, early childhood immunization, and adolescent immunization. Update: The first progress report is due March 15, 2019
32	Northeast Valley Health Corporation	INF	\$150,000	8/14/2020	To improve on one CAHPS patient experience question and three HEDIS measures: cervical cancer screening, postpartum care, and diabetic care - HbA1c<8. Update: The first progress report is due March 15, 2019
33	St. John's Well Child and Family Center	INF	\$150,000	8/14/2020	To improve on one CAHPS patient experience question and three diabetic care HEDIS measures: Retinal exam, HbA1c <8, and blood pressure <140/90. Update: The first progress report is due March 15, 2019
34	Watts Healthcare	INF	\$150,000	8/14/2020	To improve on one CAHPS patient experience question and three HEDIS measures: early childhood immunization, cervical cancer screening, and diabetic care - retinal exam. Update: The first progress report is due March 15, 2019
35	White Memorial Community Health Center	INF	\$150,000	8/14/2020	To improve on one CAHPS patient experience question and three Child Health HEDIS measures: weight assessment, early childhood immunization, and adolescent immunization. Update: The first progress report is due March 15, 2019
	Cohort II				
36	Asian Pacific Healthcare Venture	INF	\$50,000	6/15/2019	Design a quality improvement program plan to improve one CAHPS question and one HEDIS measures as determined through quality improvement training program. Update: Completed four workshops and one web-based training session facilitated by the Institute for High Quality Care (IHQC) and are in the process of completing their quality improvement plan.
37	Bartz Altadonna Community Health Center	INF	\$50,000	6/15/2019	Design a quality improvement program plan to improve one CAHPS question and one HEDIS measures as determined through quality improvement training program.
38	Central Neighborhood Health Foundation	INF	\$50,000	6/15/2019	Design a quality improvement program plan to improve one CAHPS question and one HEDIS measures as determined through quality improvement training program. Update: Participated in 4 trainings and one webinar facilitated by IHQC trainings. Recognition: L.A. Care acknowledged as funder during educational workshops.
39	Clinica Msgr. Oscar A. Romero	INF	\$50,000	6/15/2019	Design a quality improvement program plan to improve one CAHPS question and one HEDIS measures as determined through quality improvement training program. Update: Clinic staff completed four workshops and one webinar facilitated by IHQC and is on track to submit QI project to L.A. Care.
40	El Proyecto del Barrio	INF	\$50,000	6/15/2019	Design a quality improvement program plan to improve one CAHPS question and one HEDIS measures as determined through quality improvement training program.
41	Garfield Health Center	INF	\$50,000	6/15/2019	Design a quality improvement program plan to improve one CAHPS question and one HEDIS measures as determined through quality improvement training program. Update: Clinic staff completed 2 workshops and one webinar facilitated by the IHQC and is in the process of developing its Colorectal Cancer Screening QI project. Recognition: L.A. Care support is recognized in the clinic's internal newsletter.
42	T.H.E. Health and Wellness	INF	\$50,000	6/15/2019	To improve on one CAHPS question and three HEDIS measures related to diabetic care: Retinal exam, HbA1c <8, and blood pressure <140/90. Update: Clinic staff completed 4 workshops and one webinar facilitated by the Institute for High Quality Care (IHQC) to inform its diabetic care QI project. Recognition: L.A. Care support is recognized through social media, website and internal publications.
43	UMMA Community Clinic	INF	\$50,000	6/15/2019	Design a quality improvement program plan to improve one CAHPS question and one HEDIS measures as determined through quality improvement training program. Update: Staff completed 4 workshops and one webinar facilitated by the IHQC. Recognition: Will recognize in all program literature and communications related to this grant, including website presence, newsletter, or upcoming event.
44	South Bay Family Health Care	INF	\$50,000	6/15/2019	Design a quality improvement program plan to improve one CAHPS question and one HEDIS measures as determined through quality improvement training program. Update: Clinic staff participated in workshops and webinars facilitated by IHQC to inform its QI project. Recognition: Will recognize in all program literature and communications related to this grant, including website presence, newsletter, or upcoming event.
	Tranquada IX Total		\$1,500,000		

CHIF Summary Report - Attachment A
Awards Funded in FY 2017-2018

	Organization Name	Priority	Amount	Ends	Project Purpose and Status
LICENSED PRACTITIONERS OF THE HEALING ARTS II ~ FOUR AWARDS FOR \$260,000					
45	Alcoholism Center for Women	HB	\$60,000	3/24/2020	Serve an additional 100 women through the residential treatment program, conduct 720 American Society of Addiction Medicine (ASAM) assessments and treatment plan reviews and ensure 90 participants successfully complete the program. Grantee will also provide enhanced care through a new Family Therapy Program for 540 clients. Update: The first progress report is due April 24, 2019.
46	Fred Brown Recovery Services	HB	\$60,000	3/24/2020	Provide Drug Medi-Cal (DMC) participants an additional 20 hours per month of individual outpatient counseling. Augment group therapy by 75 hours per month. Provide 584 bed days of residential treatment services per month and recovery bridge housing for 118 additional DMC clients to maximize Drug Medi-Cal reimbursements and thereby sustain the START-ODS program. Update: The first progress report is due April 24, 2019.
47	Homeless Health Care Los Angeles	HB	\$70,000	3/24/2020	Develop curriculum and train staff in a Family Therapy Program (FTP) to serve 30 mono-lingual and bilingual Spanish families, while expanding the English FTP to an additional 30 families. This will result in behavioral compliance and successful program completion for up to 80% for all served clients. Update: The first progress report is due April 24, 2019.
48	Special Services for Groups, Inc	HB	\$70,000	3/24/2020	Hire a Quality Assurance Coordinator to reduce the rate of claim denials by 75% and serve a total of 195 clients. This grant will also increase successful program completion from 27% to 50%. All these activities will maximize Drug Medi-Cal reimbursement and sustain the program. Update: The first progress report is due April 24, 2019.
LPHA II Total			\$260,000		
COMMUNITY WELLNESS III ~ ELEVEN AWARDS FOR \$805,000					
49	APLA Health	SD	\$75,000	3/15/2020	Secure the approval of at least 210 electronic CalFresh applications, provide assistance to at least 120 SemiAnnual Report applicants, and re-certify a minimum of 67 applicants. Update: The first progress report is due April 15, 2019.
50	Asian Pacific Healthcare Venture	SD	\$75,000	3/15/2020	Secure the approval of at least 350 electronic CalFresh applications. Update: The first progress report is due April 15, 2019.
51	Chinatown Service Center	SD	\$75,000	3/15/2020	Secure the approval of at least 40 electronic CalFresh applications, provide assistance to at least 140 SemiAnnual Report applicants, and re-certify a minimum of 52 applicants. Additionally, receive accepted filing of at least 500 Earned Income Tax Credit (EITC) applications. Update: The first progress report is due April 15, 2019.
52	JWCH- Wesley	SD	\$75,000	3/15/2020	Secure the approval of at least 225 electronic CalFresh applications and re-certify a minimum of 30 applications. Update: The first progress report is due April 15, 2019.
53	Koreatown Youth and Community Center, Inc.	SD	\$75,000	3/15/2020	Achieve accepted filing status for at least 750 Earned Income Tax Credit (EITC) applications. Update: The first progress report is due April 15, 2019.
54	Maternal and Child Health Access	SD	\$80,000	3/15/2020	Secure the approval of at least 185 electronic CalFresh applications, provide assistance to at least 104 SemiAnnual Report applicants, and recertify a minimum of 106 applications. Additionally, will provide an in-service workshop for CalFresh enrollment grantees to increase the quality of submissions and enrollment approval ratio. Update: The first progress report is due April 15, 2019.
55	Pacific Asian Consortium in Employment (PACE)	SD	\$75,000	3/15/2020	Achieve accepted filing status for at least 750 Earned Income Tax Credit (EITC) applications. Update: The first progress report is due April 15, 2019.
56	Providence Little Company of Mary	SD	\$75,000	3/15/2020	Secure the approval of at least 230 electronic CalFresh applications, provide assistance to at least 20 SemiAnnual Report applicants, and recertify a minimum of 4 applicants. Update: The first progress report is due April 15, 2019.
57	Southside Coalition of Community Clinics	SD	\$50,000	3/15/2020	Increase to four the number of Southside Coalition members who provide onsite CalFresh enrollment assistance by providing clinics technical assistance to enroll at least 80 patients into CalFresh and strengthen clinics' relationship with DPSS to address systemic issues. Update: The first progress report is due April 15, 2019.
58	The Robert F. Kennedy of Community and Family Medicine	SD	\$75,000	3/15/2020	Secure the approval of at least 175 electronic and 50 paper CalFresh applications, provide assistance to at least 50 SemiAnnual Report applicants, and re-certify a minimum of 75 applicants. Update: The first progress report is due April 15, 2019.

CHIF Summary Report - Attachment A
Awards Funded in FY 2017-2018

	Organization Name	Priority	Amount	Ends	Project Purpose and Status
59	Youth Policy Institute	SD	\$75,000	3/15/2020	Secure the approval of at least 60 electronic CalFresh applications, provide assistance to at least 62 SemiAnnual Report applicants, and re-certify a minimum of 27 applicants. Additionally, achieve accepted filing status for at least 500 Earned Income Tax Credit (EITC) applications. Update: The first progress report is due April 15, 2019.
	CWI III Total		\$805,000		
GRANTEE SUPPORT ~ THREE AWARDS FOR \$148,000					
60	Institute for High Quality Care (Community Partners)	INF	\$55,000	9/1/2019	Train nine Robert E. Tranquada, MD, Safety Net Infrastructure Initiative IX grantees to leverage quality and process improvement tools and techniques to design a comprehensive Quality Improvement project or initiative linked to at least one Healthcare Effectiveness Data and Information Set (HEDIS) measure and one Consumer Assessment of Healthcare Providers and Systems (CAHPS) measure.
61	Qualis Health	INF	\$75,000	12/31/2019	Coach and provide technical assistance to seven Robert E. Tranquada, MD Safety Net Initiative IX grantees during project implementation to improve Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Healthcare Effectiveness Data and Information Set (HEDIS) scores and implement a Quality Improvement program to enhance these scores.
62	KED Consulting	INF	\$18,000	9/30/2018	Provide support to Community Benefits staff for projects that include grantee progress reports and other ad hoc projects.
	Grantee Support Total		\$148,000		
	CHIF GRAND TOTAL		\$10,000,000		



Chief Medical Officer Report March 2019

State Update

Aligned with our new Governor's health agenda and further pushed by recent legislative audit findings, the Department of Healthcare Services (DHCS) hosted a call with all of the Medi-Cal Managed Care Plans earlier this month to announce an increased focus on Pediatric screening and prevention services. Anticipated changes include an expansion of the External Accountability Set (EAS), the set of measures we are required to report to DHCS, further alignment with the Centers for Medicare & Medicaid Services (CMS) Core Measure Set, and an increase in the minimum performance level (MPL) up to the 50th percentile of the national Medicaid average. We are awaiting written notification with additional details and have started to assess the impact on our internal operations and our quality and incentive programs.

Drug Pricing Executive Order

On January 7, 2019 Governor Newsom issued an executive order directing California's Medicaid system (Medi-Cal) to negotiate prescription drug prices for all of its 13 million recipients, changing their benefits from a managed-care (HMO) approach to a Fee-For-Service (FFS) model. The purpose of this change is to decrease the price of drugs.

While details of the proposal are still emerging, Jennifer Kent, Director of DHCS explained that the State would create a preferred drug list and if the medication is on the list, doctors would not need to obtain a prior authorization to prescribe it. Therefore, manufacturers would have an incentive to compete on pricing to get their medication on this preferred drug list.

L.A. Care has been invited to participate in a conversation with DHCS and a small group of Plans to share our thoughts on the proposal. Cherie Compartore, L.A. Care's Senior Director, Government Affairs and Yana Paulson, L.A. Care's Chief Pharmacy Officer are scheduled to participate in this meeting in Sacramento on March 14, 2019. Other meetings are also being arranged to share our feedback while they are there.

340B Program

L.A. Care is currently developing a process to ensure accurate flagging of prescription claims of drugs purchased at the 340B discount. This is required by the contract we have with DHCS to prevent duplicate discounts. We are in negotiations with a vendor who would filter our Rx claim file against the 340B Covered Entities' (CE) claim files and correct our Rx claim file. There would be no cost to L.A. Care, an administration fee would be charged only to the CE which did not correctly flag all the Rx filled with 340B discounted drugs. We are working closely with several clinic partners and the Clinic Association to assure that we consider their input on this process and following the Governor's proposed changes closely due to its potential impact on 340b revenue for CEs.

Chief Medical Officer Report

March 2019

Quality Improvement (QI)

HEDIS 2019 Reporting

In February 2019, the QPM team hosted the onsite Healthcare Effectiveness Data and Information Set (HEDIS) compliance audit by National Commission on Quality Assurance (NCQA) and the State. Enrollment/Eligibility, Claims, Encounters, Pharmacy, ancillary service providers – labs, behavioral health, VSP (optometric care), IT, HEDIS software vendor, and our HEDIS Medical Records vendor were some of the departments and vendors that were interviewed. Overall, positive findings:

- Passed all auditor queries – review of source data for numerator compliant cases
- Auditors approved mapping of Planned Parenthood claims to OB-GYN provider specialty which should boost admin rates for Prenatal and Postpartum Care.

Incentives

Value Initiative for IPA Performance (VIIP)

The Incentives Team has finalized the MY 2019 program description and plan to send out a detailed announcement next month. Changes include removing Access and Availability as a separate domain due to the Department of Managed Health Care (DMHC) and data concerns, with the understanding that access to care is also measured and reported out in the Member Experience domain based on CG CAHPS survey findings. Other changes include:

- HEDIS and Member Experience will be weighted more heavily.
- The action plan process will be modified, focusing it more on groups falling below the 25th percentile in 2 or more domains.

IHA Align, Measure, Perform (AMP) Program

The incentives team continues to work IHA to participate in this program for MY 2018 for our Covered CA line of business. Participation in this program will fulfill a Covered CA contractual requirement to base at least some portion of revenue on performance (value based pay).

Behavioral Health and Social Services

L.A. Care hosted a statewide local-initiative health plan mental health collaborative in late February. In attendance were Behavioral Health Directors and Medical Directors from seven plans including Inland Empire Health Plan (IEHP), Partnership Health Plan, Health Plan of San Mateo, and CalOptima. The group discussed strategies to address a variety of statewide operational and access issues, including screening and access to mild-moderate mental health services, sharing of clinical information and utilization data and coordination with County Specialty Mental Health programs. The agenda also included a discussion of strategies to support medication-assisted therapy for substance use disorders, and preparing for new Federal and State mental health regulations. The attendees appreciated the leadership exhibited by L.A. Care and there was general consensus to continue this collaborative to improve behavioral health access and services for all Medi-Cal recipients statewide.

Utilization Management

L.A. Care has recently transitioned over 300 of its members care to a group of directly contracted skilled nursing providers, known as SNFists, who spend the majority of their time caring for patients in skilled nursing facilities. This new care model means that there is no medical group (IPA or PPG) in the middle of our relationship with our members and their provider or SNFist.

Chief Medical Officer Report

March 2019

The goals of this new approach is to ensure that our members receive the appropriate clinical resources needed to manage their health care needs; expedite discharge to the community and improve care coordination within SNF and between hospital and the SNF.

An example of our new care model is that we now have an increase direct relationship with our providers and member where our nurses and/or social workers round weekly with our SNFist. We now have a better understanding of our member's health and social service needs and can direct resources to mitigate risk factors for hospital admissions or readmissions. Over the next 2 months, we intend to transition another 500+ members to our SNFist and continue our weekly rounds.

Safety Net Initiatives

- **Health Homes**

Staff continue to prepare for the launch of the Health Homes Program on July 1. The Health Homes Program is a two-year pilot intensive case management program we are required to implement this summer. It seeks to connect members with complex conditions with care management teams primarily embedded in the practices where the members are receiving care known as Community Based-Care Management Entities (CB-CMEs). In addition to contracting with a network of CB-CMEs to which members are assigned, L.A. Care will also be serving as a Care Management Entity based out of our Family Resource Centers (FRCs). L.A. Care and our contracted CB-CMEs will receive an enhanced monthly capitation payment from the State once members are actively engaged in the program. The target population is approximately 60,000, and our goal is to engage approximately 6,000 or 10% based on previous Health Homes Program experience.

- **Re-Entry Program**

In January, L.A. Care launched a Re-entry technical assistance program for 5 Community Clinics to improve services and quality for members reentering the community from jail or prison. It's led by the Transitions Clinic Network and funded in partnership with the California Health Care Foundation.

- **Housing for Health**

- Currently Enrolled & Receiving Services: 265 LAC members & 101 Non-LAC member which comes out to a total of 366 members
- Currently Housed: 146 LAC members & 66 Non-LAC member which comes out to a total of 212 members

- **CCS Transitions of Care Workgroup:**

Health Services is leading a workgroup of agencies to improve L.A. Care's network, communications and workflows as children in the California Children's Services (CCS) program transition from pediatric to adult providers. The workgroup includes representatives from SNI, Medi-Cal Product, Case Management and CSC. External parties participating include Children's Hospital Los Angeles (CHLA), LA County's CCS Program staff, DHS and AltaMed. The group's first meeting will take place at L.A. Care next Friday.



2019 Legislative Matrix

Last Updated: March 12, 2019

Legislative Matrix

The following is a list of the priority legislation currently tracked by Government Affairs that has been introduced during the 2019-2020 Legislative Session and is of interest to L.A. Care. These top priority bills, if passed, could have a direct impact on L.A. Care. If there are any questions, please contact Cherie Compartore, Senior Director, Government Affairs at ccompartore@lacare.org or extension 5481.

Please note, Government Affairs also has a list of all the bills that may not have a direct impact, but do have the possibility to be amended in the future to do so. Some of the bills included are spot bills, legislative place holders, in code sections that could have a policy impact on L.A. Care. If you would like a copy of this list please contact Cherie Compartore.

This year Government Affairs has transitioned to a new legislative tracking system so please feel free to reach out to us with any questions. One of the changes to note is that the bill author is listed as "Primary Sponsor" - the same terminology as is used in Congress. If there is an organizational sponsor for the bill they are listed under "Organizational Notes." Additionally, each bill has a "Description" which is the legal summary of the bill drafted when the bill was written. Some of the bills on the matrix may also have a "Bill Summary," this has been created by staff to simplify or clarify the bill. Lastly, the "Labels" section is used to identify which product area the bill is likely to impact and topic(s) of the bill.

Direct Impact Bills

Bill State: CA (68)

Title

Medi-Cal: eligibility.

Description

AB 4, as introduced, Arambula. Medi-Cal: eligibility. 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. Federal law prohibits payment to a state for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Existing law requires that individuals under 19 years of age enrolled in restricted-scope Medi-Cal at the time the Director of Health Care Services makes a determination that systems have been programmed for implementation of these provisions, be enrolled in the full scope of Medi-Cal benefits, if otherwise eligible, pursuant to an eligibility and enrollment plan. Existing law makes the effective date of enrollment for those individuals the same day that systems are operational to begin processing new applications pursuant to the director's determination. Existing law requires the department, until the director makes the above-described determination, to provide monthly updates to specified legislative committees on the status of the implementation of these provisions. This bill would additionally extend eligibility for full-scope Medi-Cal benefits to individuals of all ages, if otherwise eligible for those benefits, but for their immigration status. The bill would delete provisions delaying eligibility and enrollment until the director makes the determination described above. The bill would require the department to provide, indefinitely, the above-described monthly updates to the legislative committees. Because counties are required to make Medi-Cal eligibility determinations and this bill would expand 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.

Primary Sponsors

Joaquin Arambula, Rob Bonta, David Chiu

Organizational Notes

Last edited by Joanne Campbell at Feb 21, 2019, 6:24 PM
Organizational Sponsor: California Immigrant Policy Center

Bill Summary: Last edited by Joanne Campbell at Feb 27, 2019, 5:39 PM
Expands Medi-Cal eligibility regardless of immigration status.

Labels: Care4All Medi-Cal

Title

Medi-Cal: Assisted Living Waiver program.

Description

AB 50, as introduced, Kalra. Medi-Cal: Assisted Living Waiver program. 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 State Department of Health Care Services to develop a federal waiver program, known as the Assisted Living Waiver program, to test the efficacy of providing an assisted living benefit to beneficiaries under the Medi-Cal program. Existing law requires that the benefit include, but not be limited to, the care and supervision activities specified for residential care facilities for the elderly. Existing law requires implementation of the program only to the extent federal financial participation is available and funds are appropriated or otherwise available for the program. This bill would require the department to submit, in 2019, to the federal Centers for Medicare and Medicaid Services a request for renewal of the Assisted Living Waiver program with specified amendments. The bill would require, as part of the amendments, the department to increase the number of participants in the program, as specified, in the 15 existing waiver counties, expansion of the program beyond those counties on a regional basis, and modification to the provider reimbursement tiers while also maintaining the program's budget-neutral provisions. The bill would require the department, before the submission of the waiver renewal request, to notify specified legislative committees about certain information relating to the increase in the participant population and the regional expansion, to conduct open in-person meetings with stakeholders, and to release a draft of the proposed waiver renewal for stakeholder comment, as specified. The bill would condition implementation of the waiver amendments on obtaining the necessary federal approvals and on the availability of federal financial participation. The bill would require implementation of the waiver amendments to commence within 6 months of the department's receipt of authorization for the necessary resources, as specified. The bill would also make legislative findings and declarations relating to the Assisted Living Waiver program.

Primary Sponsors

Ash Kalra

Title

Medi-Cal: violence preventive services.

Labels: Behavioral Health Medi-Cal

Description

AB 166, as amended, Gabriel. Medi-Cal: violence prevention counseling preventive 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 healthcare health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program, including various mental health services. Existing federal law authorizes, at the option of the state, preventive services, as defined, that are recommended by a physician or other licensed practitioner of the healing arts. This bill would state the intent of the Legislature to enact legislation relating to Medi-Cal reimbursement for violence prevention counseling services. This bill would, no later than July 1, 2020, make violence preventive services provided by a qualified violence prevention professional, as defined, a covered benefit under the Medi-Cal program, subject to utilization controls. The bill would make the benefit available to a Medi-Cal beneficiary who has received medical treatment for a violent injury and for whom a licensed health care provider has determined that the beneficiary is at elevated risk of reinjury or retaliation and has referred the beneficiary to participate in a violence preventive services program. The bill would require the department to approve at least one governmental or nongovernmental accrediting body with expertise in violence preventive services to review and approve training and certification programs. The bill would require an entity that employs or contracts with a qualified violence prevention professional to maintain specified documentation on, and to ensure compliance by, that professional. The bill would require the department to seek any federal approvals necessary to implement these provisions. The bill would be implemented only to the extent that federal financial participation is available and not otherwise jeopardized, and any necessary federal approvals have been obtained.

Primary Sponsors

Jesse Gabriel

State
CA

Bill Number
AB 174

Status
In Assembly

Position
Monitor

Title

Personal income taxes: credits: health insurance premiums.

Labels: Affordability Care4All Commercial

Description

AB 174, as introduced, Wood. Personal income taxes: credits: health insurance premiums. The Personal Income Tax Law allows various credits against the taxes imposed by that law. This bill, for each taxable year beginning on or after January 1, 2020, would allow a credit under the Personal Income Tax Law in an amount equal to the cost of health insurance premiums of the lowest cost bronze plan for the qualified individual, certified by the board of Covered California, or the qualified individual's dependent that exceeds 8%, but no more than ____%, of the qualified individual's modified adjusted gross income, as specified. The bill would, for a taxpayer with an allowable credit in excess of tax liability, allow a payment to the taxpayer in excess of that credit amount, upon appropriation by the Legislature, subject to the annual Budget Act or a bill providing for appropriations related to the Budget Act, as provided. The bill would require, on or before January 1, 2024, the Legislative Analyst's Office to report on the number of qualified individuals who claimed the credit, the average and median credit amounts claimed, and the effectiveness of the credit in reducing health care costs. This bill would take effect immediately as a tax levy.

Primary Sponsors

Jim Wood

Title

Health care service plans and health insurance: third-party payments.

Description

AB 290, as amended, Wood. Health care service plans and health insurance: third-party 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 a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. These provisions govern, among other things, procedures by health care service plans and insurers with respect to premium payments. This bill would require a health care service plan or an insurer that provides a policy of health insurance to accept payments from specified third-party entities, including an Indian tribe or a local, state, or federal government program. The bill would also require a financially interested entity, as defined, other than those entities, that is making a third-party premium payment to provide that assistance in a specified manner and to perform other related duties, including disclosing to the plan or the insurer the name of the enrollee or insured, as applicable, for each plan or policy on whose behalf a third-party premium payment will be made. The bill would require each plan or insurer to provide to the department information regarding premium payments by financially interested entities and reimbursement for services to providers, and would set forth standards governing the reimbursement of financially interested third parties. The bill would not alter existing obligations and requirements applicable to a health care service plan or health insurer relating to offering, marketing, selling, and issuing a health benefit plan, and cancellation or nonrenewal, as specified. 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.

Primary Sponsors

Jim Wood

Bill Summary: Last edited by Joanne Campbell at Mar 11, 2019, 8:50 PM
Requires a financially interested entity that is making a third-party premium payment to provide assistance in a specified manner including disclosing to the plan the name of the enrollee for each plan on whose behalf a third-party premium payment will be made.

Labels: Commercial Third Party Payer

Title

Medi-Cal: benefits: beneficiaries with special dental care needs.

Labels: Denti-Cal Medi-Cal

Description

AB 316, as introduced, Ramos. Medi-Cal: benefits: beneficiaries with special dental care needs. 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 provides for a schedule of benefits under the Medi-Cal program, including certain dental services that are referred to as Denti-Cal, and dental managed care plans. This bill would require the department to implement a payment adjustment to Medi-Cal providers who render dental services to Medi-Cal beneficiaries, as specified. The bill would not limit the provision or scope of Medi-Cal benefits covered under existing law. The bill would require the department to seek any necessary approvals from the federal Centers for Medicare and Medicaid Services to implement the bill. The bill would authorize the department to implement these provisions, by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions, without taking regulatory action, and would require the department to subsequently adopt regulations, as specified, by July 1, 2022. The bill would require the department, commencing January 1, 2020, to provide the Legislature with semiannual status reports to the Legislature until regulations have been adopted.

Primary Sponsors

James Ramos, Robert Rivas

Labels: Medi-Cal Translation

Title

Medi-Cal materials: readability.

Description

AB 318, as introduced, Chu. Medi-Cal materials: readability. 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 and funded by federal Medicaid program provisions. Existing law requires the department to notify Medi-Cal beneficiaries, prospective beneficiaries, and members of the public of the availability of language assistance services free of charge and in a timely manner, when those services are necessary to provide meaningful access to individuals with limited English proficiency (LEP). Existing law requires the department to require all managed care plans contracting with the department to provide Medi-Cal services to provide language assistance services to LEP Medi-Cal beneficiaries who are mandatorily enrolled in managed care. This bill would require the department and managed care plans, commencing January 1, 2020, to require field testing of all translated materials released by the department or the managed care plans, respectively, to Medi-Cal beneficiaries, as specified. The bill would define "field testing" as a review of translations for accuracy, cultural appropriateness, and readability. The bill would also require the department to establish a readability workgroup to identify at least 10 documents released by the department to Medi-Cal beneficiaries and to designate a readability expert to revise those documents, as specified. The bill would require the readability expert and workgroup to provide the department with specific recommendations for revising the selected documents to improve the readability of the documents. The bill would require the department to rerelease the documents with revisions based on those recommendations, and would require the translation and field testing of those documents. The bill would require the implementation of these provisions no later than January 1, 2021.

Primary Sponsors

Kansen Chu

Title

Narcotic treatment: medication-assisted treatment.

Labels: Behavioral Health MAT Medi-Cal Pharmacy

Description

AB 319, as introduced, Blanca Rubio. Narcotic treatment: medication-assisted treatment. Existing law requires the State Department of Health Care Services to license narcotic treatment programs to use narcotic replacement therapy and medication-assisted treatment in the treatment of addicted persons. Existing law specifies the medications a licensed narcotic treatment program may use for narcotic replacement therapy and medication-assisted treatment by licensed narcotic treatment programs. This bill would require the department to create reimbursement rates and rate billing codes for use by licensed narcotic treatment programs providing medication-assisted treatment using noncontrolled medications approved by the Food and Drug Administration for patients with a substance use disorder.

Primary Sponsors

Blanca Rubio, Marie Waldron

Title

CalHEERS: application for CalFresh.

Bill Summary: Last edited by Joanne Campbell at Mar 11, 2019, 8:55 PM Requires applicant information from the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) used at Covered California to be transferred to the county CalFresh systems for eligibility determinations for the CalFresh food program.

Description

AB 341, as introduced, Maienschein. CalHEERS: application for CalFresh. Existing federal law provides for the federal Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh, under which supplemental nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county. Existing law requires the eligibility of households to be determined to the extent permitted by federal law. Existing law, if a county has entered into a memorandum of understanding, requires the county to determine CalFresh program eligibility for children whose information is shared with the county on the National School Lunch Program application and to treat that application as an application for CalFresh if the pupil is not already enrolled in CalFresh. Existing law, the Health Care Reform Eligibility, Enrollment, and Retention Planning Act, requires the State Department of Health Care Services to develop a single, accessible, standardized electronic application for insurance affordability programs, now known as the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS), and would require, if CalHEERS has the ability to prepopulate an application form for insurance affordability programs with personal information from available electronic databases, an applicant to be given the option, with his or her informed consent, to have the application form prepopulated. Existing law establishes the Office of Systems Integration within the California Health and Human Services Agency and specifies the duties of that office, including implementing a statewide automated welfare system. This bill

Labels: CalFresh

would require the Office of Systems Integration to ensure that CalHEERS transfers an individual's application for health care benefits that is processed by CalHEERS to the county of residence of the individual if that individual is determined by CalHEERS to be potentially eligible for CalFresh benefits and the individual opts into applying for CalFresh benefits, as specified. The bill would require the county, upon receipt of the application received from CalHEERS, to treat the application as an application for CalFresh benefits and to process the application, as specified. To the extent that the bill would impose new duties on counties, the bill would impose a state-mandated local program. The bill would also require the department to issue guidance to county human services agencies regarding the process by which a county human services agency is to consider a CalHEERS application as a CalFresh application. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish pro... (click bill link to see more).

Primary Sponsors

Brian Maienschein

Organizational Notes

Last edited by Joanne Campbell at Mar 11, 2019, 8:55 PM

Organizational Sponsor: Coalition of California Welfare Rights Organizations (CCWRO)

Labels: Data Privacy

Title

Information privacy: digital health feedback systems.

Description

AB 384, as introduced, Chau. Information privacy: digital health feedback systems. Existing law, the Confidentiality of Medical Information Act, generally prohibits a provider of health care, a health care service plan, or a contractor from disclosing medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan without first obtaining an authorization, except as otherwise specified. Existing law defines "medical information" for purposes of these provisions to mean certain individually identifiable health information in possession of or derived from a provider of health care, among others. Existing law makes a violation of these provisions that results in economic loss or personal injury to a patient punishable as a misdemeanor. This bill would expand the definition of "medical information" for purposes of the act to include any information in possession of, or derived from, a digital health feedback system, which the bill would define. The bill would also require a manufacturer or operator that sells or offers to sell a device or software application that may be used with a digital health feedback system to a consumer in California to equip the device or software application, and the system, with reasonable security features that meet certain requirements, including that the measures be appropriate to the nature of the device, software application, or system. Because this bill would expand the definition of a crime, it would impose a state-mandated local program. The bill would make other related conforming changes. 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.

Primary Sponsors

Ed Chau

State
CA

Bill Number
AB 385

Status
In Assembly

Position
Monitor

Title

Medi-Cal: Early and Periodic Screening, Diagnosis, and Treatment mental health services: performance outcome system platform.

Labels: Behavioral Health EPSDT Medi-Cal

Description

AB 385, as introduced, Calderon. Medi-Cal: Early and Periodic Screening, Diagnosis, and Treatment mental health services: performance outcome system platform. 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 healthcare services, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for an individual under 21 years of age. The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid Program provisions. Existing law requires the department, in collaboration with the California Health and Human Services Agency and in consultation with the Mental Health Services Oversight and Accountability Commission, to create a plan for a performance outcome system for EPSDT mental health services, as specified. This bill would require the department to develop a platform, or integrate with an existing platform, to support the performance outcome system that will improve outcomes at the individual and system levels and will inform fiscal decision making related to the purchase of services. The bill would require the platform to, at a minimum, be capable of automating the collection of the required data, provide for secure access via a web-based system, and allow authorized individuals to complete the data collection and to retrieve up-to-date customized multi-rater reports.

Primary Sponsors

Ian Calderon

Title

Healthcare coverage: minimum essential coverage.

Description

AB 414, as introduced, Bonta. Healthcare coverage: minimum essential coverage. Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services and under which healthcare services are provided to qualified, low-income persons. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing law provides for the regulation of health care service plans by the Department of Managed Health Care and health insurers by the Department of Insurance. Existing law establishes the California Health Benefit Exchange (Exchange), also known as Covered California, for the purpose of facilitating the purchase of qualified health plans by qualified individuals and qualified small employers. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various healthcare coverage market reforms as of January 1, 2014. PPACA generally requires individuals, and any dependents of the individual, to maintain minimum essential coverage, as defined, and, if an individual fails to maintain minimum essential coverage, PPACA imposes on the individual taxpayer a penalty. This provision is referred to as the individual mandate. This bill would require a California resident to ensure that the resident and the resident's dependents are covered under minimum essential coverage for each month beginning after 2019. The bill would impose a penalty for the failure to maintain minimum essential coverage. The bill would require the Exchange to determine the penalty, if any, for a resident and would require the Franchise Tax Board to collect the penalty. The bill would require the Exchange to determine whether to grant a certification that a resident is exempt from the requirement to maintain minimum essential coverage, the penalty, or both, and would require the Exchange to notify the resident and the Franchise Tax Board of its determination. The bill would also establish the Health Care Coverage Penalty Fund, into which moneys collected from the above-described penalty would be deposited. Subject to an appropriation by the Legislature, the bill would require that moneys in the fund be used to improve the affordability of healthcare coverage for Californians.

Primary Sponsors

Rob Bonta

Bill Summary: Last edited by Joanne Campbell at Mar 7, 2019, 11:10 PM
Requires a California resident to ensure that the resident and the resident's dependents are covered under minimum essential coverage for each month beginning after 2019. The bill would impose a penalty for the failure to maintain minimum essential coverage.

Labels: Care4All Commercial Individual Mandate

Labels: IHSS

Title
In-Home Supportive Services program.

Description

AB 426, as amended, Maienschein. In-Home Supportive Services program: medical certification. program. Existing law provides for the county-administered In-Home Supportive Services (IHSS) program, under which qualified aged, blind, and disabled persons are provided with services to permit them to remain in their own homes. Under Existing law requires a county welfare department to assess each recipient's continuing monthly need for in-home supportive services at varying intervals, but at least once every 12 months. Existing law authorizes a county to reassess a recipient's need for services at a time interval of less than 12 months from a recipient's initial intake or last assessment if the county social worker has information indicating that the recipient's need for services is expected to decrease in less than 12 months. This bill would require a reduction of a recipient's monthly authorized number of service hours to be based solely on a verified change of a recipient's medical condition, a change in the recipient's living arrangements, a change in the recipient's functionality, a change in the recipient's circumstances, a change in the law, or an error in computing a recipient's monthly authorized number of service hours. Under existing law, the Medi-Cal program, similar services are provided program provides services similar to those offered through the IHSS program, to eligible individuals, with these services known as personal care option services. Existing law requires an applicant for, or recipient of, either of these in-home supportive services to, services, as a condition of receiving these services, to obtain a certification from a licensed health care professional, as specified, declaring that the applicant or recipient is unable to perform some activities of daily living independently, and that without services to assist the applicant or recipient with activities of daily living, the applicant or recipient is at risk of placement in out-of-home care. This bill would repeal that requirement to obtain a certification from a licensed health care professional as a condition of receiving in-home supportive services. To the extent that the bill would impose additional duties on counties, 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.

Primary Sponsors
Brian Maienschein

Title

Medi-Cal: specialty mental health services.

Labels: Behavioral Health Medi-Cal

Description

AB 512, as introduced, Ting. Medi-Cal: specialty mental health services. 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 healthcare services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department to implement managed mental healthcare for Medi-Cal beneficiaries through contracts with mental health plans, and requires mental health plans to be governed by various guidelines, including a requirement that a mental health plan assess the cultural competency needs of the program. This bill would require each mental health plan to prepare a cultural competency assessment plan to address, among other things, disparities in access, utilization, and outcomes by race, ethnicity, language, sexual orientation, gender identity, and immigration status. The bill would require a mental health plan to convene a committee for the purpose of reviewing and approving the cultural competency assessment plan, as described. The bill would require a mental health plan to submit its cultural competency assessment plan to the department every 3 years for technical assistance and implementation feedback, and would require the department to post the cultural competency assessment plan submitted by each plan to its internet website. The bill would require the department to consult with the Office of Health Equity and the California Surgeon General to review county assessments and statewide performance on disparities reductions. The bill would require the department to direct an external quality review organization to develop a protocol for monitoring performance of each mental health plan, as described, and would require the plan to meet specified disparities reduction targets every 3 years.

Primary Sponsors

Phil Ting

Title

Medi-Cal managed care: quality improvement and value-based financial incentive program.

Description

AB 537, as introduced, Arambula. Medi-Cal managed care: quality improvement and value-based financial incentive program. Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services and under which health care services are provided to qualified, low-income persons. 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 health plans, including through a county organized health system and geographic managed care. This bill would require, commencing January 1, 2022, a Medi-Cal managed care plan to meet a minimum performance level (MPL) that improves the quality of health care and reduces health disparities for enrollees, as specified. The bill would require the department to establish both a quality assessment and performance improvement program and a value-based financial incentive program to ensure that a Medi-Cal managed care plan achieves an MPL. The bill would, among other things, require the department to establish a public stakeholder process in the planning, development, and ongoing oversight of the programs. The bill would require the department to annually and publicly report the results of the quality assessment and performance improvement program on the department's internet website. The bill would require the department to utilize the results of the quality improvement and value-based financial incentive program to inform a publicly reported Quality Rating System for Medi-Cal managed care plans, subject to federal approval.

Primary Sponsors

Joaquin Arambula

Bill Summary: Last edited by Joanne Campbell at Feb 19, 2019, 9:22 PM a. Sponsored by WCLP and CPEHN, this year's iteration of AB 2275 (Arambula, 2018) b. Adds WIC Section 14310.1 and contains the following key provisions: i. Requires the Department to establish a quality assessment and performance improvement program. ii. Requires managed care plans to meet a specified MPL by January 1, 2022 that is developed by the Department and which improves quality and decreases disparities. iii. When creating and establishing the MPL, the Department must consult with stakeholders and consider the performance of various other products in California and national performance of Medicaid plans. iv. Requires the Department to establish quality improvement performance targets that improve quality of care and reduce disparities. Permits financial incentive payments to plans that meet performance targets. v. Requires plans to annually collect and report data based on established measures to be applied to the MPL and performance targets. vi. Requires the Department to provide validated translations of the CAHPS survey in all threshold languages and requires the Department to deem CAHPS survey data for NCQA accredited plans if the data meets specified requirements. vii. Requires the Department to develop a value-based financial incentive program to reward plans that meet targets. viii. Requires annual public reporting by the Department on plan performance.

Labels:

Medi-Cal

Quality

Title

Medi-Cal: maternal mental health.

Description

AB 577, as introduced, Eggman. Medi-Cal: maternal mental health. 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 healthcare services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, an individual is eligible for Medi-Cal benefits, to the extent required by federal law, as though the individual was pregnant, for all pregnancy-related and postpartum services for a 60-day period beginning on the last day of pregnancy. This bill would extend Medi-Cal postpartum care for up to one year beginning on the last day of the pregnancy for an eligible individual diagnosed with a maternal mental health condition. The bill would define maternal mental health condition for purposes of the bill.

Primary Sponsors

Susan Eggman, Anthony Portantino

Bill Summary: Last edited by Joanne Campbell at Mar 8, 2019, 5:27 PM
This bill would extend Medi-Cal postpartum coverage from 60 days to one-year. The bill specifically: Amends WIC Section 14005.18 to extend postpartum Medi-Cal eligibility from 60 days to up to one year for individuals diagnosed with a maternal mental health condition (definition includes, but is not limited to, postpartum depression).

Labels: Behavioral Health Medi-Cal

Title

Hearing aids: minors.

Description

AB 598, as introduced, Bloom. Hearing aids: minors. 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 specified benefits. This bill would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2020, to include coverage for hearing aids, as defined, for an enrollee or insured under 18 years of age, as specified. 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.

Primary Sponsors

Richard Bloom

Bill Summary: Last edited by Joanne Campbell at Mar 11, 2019, 9:00 PM
Mandates coverage for a hearing aid for individuals up to 18 years of age beginning January 1, 2020.

Labels: Commercial Medi-Cal

Title

Air ambulance services.

Description

AB 651, as introduced, Grayson. Air ambulance services. (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 also provides for the regulation of health insurers by the Department of Insurance. Existing law requires that health care service plans and health insurance policies, as specified, provide coverage for certain services and treatments, including emergency medical transportation services. This bill would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2020, to provide that if an enrollee, insured, or subscriber, as applicable, receives covered services from a noncontracting air ambulance provider, the enrollee, insured, or subscriber shall pay no more than the same cost sharing that the enrollee, insured, or subscriber would pay for the same covered services received from a contracting air ambulance provider, referred to as the in-network cost-sharing amount. The bill would specify that an enrollee, subscriber, or insured would not owe the noncontracting provider more than the in-network cost-sharing amount for services subject to the bill, as specified. The bill would allow a noncontracting provider to advance to collections only the in-network cost-sharing amount, as determined by the health care service plan or insurer, that the enrollee, insured, or subscriber has failed to pay. The bill would authorize a health care service plan, health insurer, or provider to seek relief in any court for the purpose of resolving a payment dispute, and would not prohibit a provider from using a health care service plan's or health insurer's existing dispute resolution processes. 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. (2) 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 and funded by federal Medicaid program provisions. Existing law provides for the federal 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. This bill would, commencing July 1, 2020, require the department to set and maintain the Medi-Cal fee rate for air ambulance services provided by either fixed or rotary wing aircraft that is equal to a percentage of the rural Medicare rates for those ... (click bill link to see more).

Bill Summary: Last edited by Joanne Campbell at Feb 19, 2019, 9:13 PM
Limits a health plan enrollee out of network air ambulance costs to an enrollee's out of pocket expenses for in-network providers. Also includes language regarding the Medi-Cal rate setting for air ambulance services.

Labels: Commercial Medi-Cal

Primary Sponsors

Tim Grayson

Organizational Notes

Last edited by Joanne Campbell at Mar 11, 2019, 10:15 PM
Organizational Sponsor: California Association of Air Medical Services (Cal-AAMS)

Title

Medi-Cal: podiatric services.

Description

AB 678, as introduced, Flora. Medi-Cal: podiatric services. 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 excludes certain optional Medi-Cal benefits, including, among others, podiatric services and chiropractic services, from coverage under the Medi-Cal program, except for specified beneficiaries. This bill would provide that the exclusion of podiatric services is effective only through December 31, 2019, and would restore podiatric services as a covered benefit of the Medi-Cal program as of January 1, 2020, or the effective date of federal approvals as specified. Existing law provides that prior authorization for podiatric services provided on an outpatient or inpatient basis is not required if specified conditions are met, including an urgent or emergency need for services at the time of service. This bill would repeal these provisions, and would instead prohibit the requirement of prior authorization for podiatric services provided by a doctor of podiatric medicine if a physician and surgeon rendering the same services would not be required to provide prior authorization. The bill would clarify that a doctor of podiatric medicine acting within their scope of practice and providing specified services is subject to the same Medi-Cal billing and services policies as required for a physician and surgeon.

Primary Sponsors

Heath Flora

Bill Summary: Last edited by Joanne Campbell at Feb 19, 2019, 9:14 PM
Provides that the exclusion of podiatric services is effective only through December 31, 2019, and would restore podiatric services as a covered benefit of the Medi-Cal program as of January 1, 2020, or the effective date of federal approvals as specified.

Labels: Medi-Cal

Title

Opioid prescription drugs: prescribers.

Description

AB 714, as introduced, Wood. Opioid prescription drugs: prescribers. Existing law requires a prescriber, as defined, to offer to a patient a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression when certain conditions are present, including if the patient presents with an increased risk for overdose or a history of substance use disorder, and to provide education on overdose prevention to patients receiving a prescription and specified other persons. This bill would make those provisions applicable only to a patient receiving a prescription for an opioid or benzodiazepine medication, and would make the provisions specific to opioid-induced respiratory depression, opioid overdose, opioid use disorder, and opioid overdose prevention, as specified. The bill would exclude from the above-specified provisions requiring prescribers to offer a prescription and provide education prescribers when prescribing, ordering, or administering medications to a patient in an inpatient health facility and prescribers prescribing to a patient in outpatient-based hospice care. The bill would define terms for purposes of those provisions. This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors

Jim Wood

Bill Summary: Last edited by Joanne Campbell at Feb 20, 2019, 6:45 PM
Current law requires a prescriber to offer to a patient a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression when certain conditions are present. This bill would make those provisions applicable only to a patient receiving a prescription for an opioid or benzodiazepine medication, and would make the provisions specific to opioid-induced respiratory depression, opioid overdose, opioid use disorder, and opioid overdose prevention.

Labels: Behavioral Health Commercial Medi-Cal
Opioids Pharmacy

Title

Medi-Cal: program for aged and disabled persons.

Description

AB 715, as introduced, Arambula. Medi-Cal: program for aged and disabled persons. 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 healthcare services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department to exercise its option under federal law to implement a program for aged and disabled persons, as described. Existing law requires an individual under these provisions to satisfy certain financial eligibility requirements, including, among other things, that the individual's countable income does not exceed an income standard equal to 100% of the applicable federal poverty level, plus an income disregard of \$230 for an individual, or \$310 in the case of a couple, except that the income standard determined shall not be less than the SSI/SSP payment level for a disabled individual or couple, as applicable. Existing law requires the department to implement this program by means of all-county letters or similar instructions without taking regulatory action and thereafter requires the department to adopt regulations. This bill would instead require, upon receipt of federal approval, all countable income over 100% of the federal poverty level, up to 138% of the federal poverty level, to be disregarded, after taking all other disregards, deductions, and exclusions into account for those persons eligible under the program for aged and disabled persons. The bill would require that provision to be implemented after the Director of Health Care Services determines, and communicates that determination in writing to the Department of Finance, that systems have been programmed for implementation of that provision, but no sooner than January 1, 2020. The bill would require the department to implement, interpret, or make specific the above-described program for aged and disabled persons by means of all-county letters, plan or provider bulletins, or similar instructions until regulations are adopted, and would require the department to adopt regulations by July 1, 2023. The bill would require the department to provide a status report on a semiannual basis to the Legislature until regulations are adopted. The bill would require the implementation of the program only if and to the extent that any necessary federal approvals have been obtained. Because counties are required to make Medi-Cal eligibility determinations, and this bill would expand Medi-Cal eligibility by increasing the income disregard amounts and would increase the responsibility of counties in determining Medi-Cal eligibility, the bill would impose a state-mandated local program. The California ... (click bill link to see more).

Primary Sponsors

Joaquin Arambula, Melissa Hurtado

Organizational Notes

Last edited by Joanne Campbell at Mar 8, 2019, 4:54 PM

Organizational Sponsor: Western Center on Law and Poverty, Disability Rights, Justice and Aging

Bill Summary: Last edited by Joanne Campbell at Feb 20, 2019, 6:46 PM
Requires, upon receipt of federal approval, all countable income over 100% of the federal poverty level, up to 138% of the federal poverty level, to be disregarded, after taking all other disregards, deductions, and exclusions into account for those persons eligible under the program for aged and disabled persons.

Labels:

Title

Healthcare coverage: telehealth.

Description

AB 744, as introduced, Aguiar-Curry. Healthcare coverage: telehealth. 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 healthcare services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for teleophthalmology, teledermatology, and teledentistry by store and forward. Existing law requires a Medi-Cal patient receiving teleophthalmology, teledermatology, or teledentistry by store and forward to be notified of the right to receive interactive communication with a distant specialist physician, optometrist, or dentist, and authorizes a patient to request that interactive communication. This bill would delete those interactive communication 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, 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 prohibits a health care service plan or health insurer from requiring that in-person contact occur between a healthcare provider and a patient, and from limiting the type of setting where services are provided, before payment is made for covered services provided appropriately through telehealth services. This bill would require a contract issued, amended, or renewed on or after January 1, 2020, between a health care service plan and a healthcare provider for the provision of healthcare services to an enrollee or subscriber, or a contract issued, amended, or renewed on or after January 1, 2020, between a health insurer and a healthcare provider for an alternative rate of payment to specify that the health care service plan or health insurer reimburse a healthcare provider for the diagnosis, consultation, or treatment of an enrollee, subscriber, insured, or policyholder delivered through telehealth services on the same basis and to the same extent that the health care service plan or health insurer is responsible for reimbursement for the same service through in-person diagnosis, consultation, or treatment. The bill would authorize a health care service plan or health insurer to offer a contract or policy containing a deductible, copayment, or coinsurance requirement for a healthcare service delivered through telehealth services, subject to specified limitations. The bill would prohibit a health care service plan contract or policy or health insurance issued, amended, or ren... (click bill link to see more).

Primary Sponsors

Cecilia Aguiar-Curry

Organizational Notes

Last edited by Joanne Campbell at Mar 11, 2019, 9:01 PM
Organizational Sponsor: CA Medical Association (CMA)

Bill Summary: Last edited by Joanne Campbell at Feb 20, 2019, 6:49 PM
Requires a contract between a health care service plan and a healthcare provider for the provision of healthcare services to an enrollee for an alternative rate of payment to specify that the plan reimburse a healthcare provider for the diagnosis, consultation, or treatment delivered through telehealth services on the same basis and to the same extent that the health care service plan is responsible for reimbursement for the same service through in-person diagnosis, consultation, or treatment. The bill authorizes a plan to offer a contract or policy containing a deductible, copayment, or coinsurance requirement for a healthcare service delivered through telehealth services, subject to specified limitations. The bill would prohibit a health care service plan contract from imposing an annual or lifetime dollar maximum for telehealth services, and would prohibit those contracts and policies from imposing a deductible, copayment, or coinsurance, or a plan year, calendar year, lifetime, or other durational benefit limitation or maximum for benefits or services that is not equally imposed on all terms and services covered under the contract.

Labels: Commercial Medi-Cal Telehealth

Title

Healthcare coverage: infertility.

Description

AB 767, as introduced, Wicks. Healthcare coverage: infertility. 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 imposes various requirements and restrictions on health care service plans and health insurers, including, among other things, a requirement that every group health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 1990, offers coverage for the treatment of infertility, except in vitro fertilization, under those terms and conditions as may be agreed upon between the group subscriber or the group policyholder and the health care service plans or the health insurers. Existing law provides that any employer that is a religious organization or health care service plans and health insurers which are a subsidiary of an entity whose owner or corporate member is a religious organization shall not be required to offer coverage for forms of treatment of infertility in a manner inconsistent with the religious organization's religious and ethical principles, as specified. This bill would require every health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 2020, to provide coverage for in vitro fertilization, as a treatment of infertility, and mature oocyte cryopreservation. The bill would delete the exemption for religiously affiliated employers, health care service plans, and health insurance policies, from the requirements relating to coverage for the treatment of infertility, thereby imposing these requirements on these employers, plans, and policies. The bill would also delete the requirement that a health care service plan contract and health insurance policy provide infertility treatment under agreed upon terms that are communicated to all group contractholders and prospective group contractholders. By expanding the duties of health care service plans, the bill would expand the scope of an existing crime, 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.

Primary Sponsors

Buffy Wicks, Autumn Burke, Evan Low, Henry Stern

Organizational Notes

Last edited by Joanne Campbell at Mar 11, 2019, 9:02 PM
Organizational Sponsor: Equality California and Planned Parenthood

Bill Summary: Last edited by Joanne Campbell at Feb 20, 2019, 6:50 PM
Requires health care service plan contract to provide coverage for in vitro fertilization, as a treatment of infertility, and mature oocyte cryopreservation. The bill would delete the exemption for health care service plans from the requirements relating to coverage for the treatment of infertility.

Labels: Commercial Mandate Medi-Cal

Labels: Commercial FQHC Medi-Cal Scope

Title

Federally qualified health centers and rural health clinics: licensed professional clinical counselor.

Description

AB 769, as introduced, Smith. Federally qualified health centers and rural health clinics: licensed professional clinical counselor. 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 healthcare services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides that federally qualified health center (FQHC) services and rural health clinic (RHC) 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. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals. Existing law allows an FQHC or RHC to apply for an adjustment to its per-visit rate based on a change in the scope of service it provides. This bill would additionally include a licensed professional clinical counselor within those health care professionals covered under that definition. The bill would require an FQHC or RHC that currently includes the cost of the services of a licensed professional clinical counselor for the purposes of establishing its FQHC or RHC rate to apply to the department for an adjustment to its per-visit rate, and, after the rate adjustment has been approved by the department, would require the FQHC or RHC to bill for these services as a separate visit, as specified. The bill would require an FQHC or RHC that does not provide the services of a licensed professional clinical counselor, and later elects to add this service and bill these services as a separate visit, to process the addition of these services as a change in scope of service.

Primary Sponsors

Christy Smith

Title

Medi-Cal: federally qualified health clinics: rural health clinics.

Description

AB 770, as introduced, Eduardo Garcia. Medi-Cal: federally qualified health clinics: rural health clinics. 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 (FQHC) services and rural health clinic (RHC) services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, in accordance with Medicare reasonable cost principles, and to the extent that federal financial participation is obtained, to providers on a per-visit basis that is unique to each facility. Existing law prescribes the reimbursement rate methodology for both establishing and adjusting the per-visit rate. Under existing law, if an FQHC or RHC is partially reimbursed by a 3rd-party payer, such as a managed care entity, the department is required to reimburse the FQHC or RHC for the difference between its per-visit rate programs on a contract-by-contract basis, as specified. Existing law authorizes an FQHC or RHC to apply for an adjustment to its rate based on a change in the scope of service that it provides within 150 days following the beginning of the FQHC's or RHC's fiscal year, and authorizes an FQHC or RHC to appeal a grievance of complaint concerning various matters, including ratesetting and scope of service change, as described. Existing law provides that the department's implementation of FQHC and RHC services is subject to federal approval and the availability of federal financial participation. This bill would require the methodology of the adjusted per-visit rate to exclude, among other things, a per-visit payment limitation, and a provider productivity standard. The bill would authorize an FQHC or RHC to apply for a rate adjustment for the adoption, implementation, or upgrade of a certified electronic health record system as a change in the scope of service. The bill would clarify, among other terms, the meaning of "scope of service." The bill would expand the meaning of "visit" to include FQHC and RHC services rendered outside of the facility location, as specified. The bill would modify how the department reimburses an FQHC or RHC that is partially reimbursed by a 3rd-party payer, as described. The bill would repeal the provisions authorizing an FQHC or RHC to apply for an adjustment to its rate based on a change in the scope of service that it provides within 150 days following the beginning of the FQHC's or RHC's fiscal year, and would instead extend the time frame for an FQHC or RHC to file a scope of service rate change to any time durin... (click bill link to see more).

Primary Sponsors

Eduardo Garcia, Devon Mathis

Bill Summary: Last edited by Joanne Campbell at Feb 20, 2019, 6:51 PM
Current law provides that federally qualified health center (FQHC) services and rural health clinic (RHC) services are covered benefits under the Medi-Cal program, to be reimbursed, in accordance with Medicare reasonable cost principles, and to the extent that federal financial participation is obtained, to providers on a per-visit basis that is unique to each facility. Current law prescribes the reimbursement rate methodology for both establishing and adjusting the per-visit rate. This bill would require the methodology of the adjusted per-visit rate to exclude, among other things, a per-visit payment limitation, and a provider productivity standard.

Labels:

Title

Medi-Cal: covered benefits: continuous glucose monitors.

Labels: Medi-Cal

Description

AB 848, as introduced, Gray. Medi-Cal: covered benefits: continuous glucose monitors. 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 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. Existing law also generally requires pharmaceutical manufacturers to provide to the department a state rebate for certain drug products that have been added to the Medi-Cal list of contract drugs, that are approved for the treatment of acquired immunodeficiency syndrome (AIDS), or an AIDS-related condition, or cancer, and that are reimbursed through the Medi-Cal outpatient fee-for-service drug program, as specified. This bill would, to the extent that federal financial participation is available and any necessary federal approvals have been obtained, add continuous glucose monitors and related supplies required for use with those monitors to the schedule of benefits under the Medi-Cal program for the treatment of diabetes mellitus when medically necessary, subject to utilization controls. The bill would also authorize the department to require the manufacturer of a continuous glucose monitor to enter into a rebate agreement with the department.

Primary Sponsors

Adam Gray

Title

Health care coverage.

Description

AB 876, as introduced, Flora. Health care coverage. 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. 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. PPACA also enacted various health care coverage market reforms that took effect January 1, 2014. Among other things, PPACA requires group health plans and group health insurance issuers that offer coverage of dependent children to make that coverage available for children until they reach 26 years of age. 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 willful violations of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law defines levels of coverage for the nongrandfathered individual and small group markets consistent with the definitions in PPACA. Existing law requires plans and insurers offering coverage in the individual market to offer coverage for a child, subject to specified requirements. This bill would state the intent of the Legislature to enact legislation requiring health care service plans and health insurance policies that offer coverage for dependents to make that coverage available to any person who is related to and living in the same household as the enrollee or insured.

Primary Sponsors

Heath Flora

Bill Summary: Last edited by Joanne Campbell at Feb 21, 2019, 7:03 PM
States the intent of the Legislature to enact legislation requiring health care service plans that offer coverage for dependents to make that coverage available to any person who is related to and living in the same household as the enrollee or insured.

Labels: Commercial

Title

California Health Benefit Exchange: data collection.

Description

AB 929, as introduced, Luz Rivas. California Health Benefit Exchange: data collection. 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 (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 prescribes the duties of the board of the Exchange, including requiring a health plan seeking certification as a qualified health plan to submit specified data to the board. This bill would require the board, if it requires or has previously required a qualified health plan to report on cost reduction efforts, quality improvements, or disparity reductions, to make public plan-specific data on cost reduction efforts, quality improvements, and disparity reductions. The bill would require the board to post that data to the internet website of the Exchange no less than annually and in a way that demonstrates the compliance and performance of a health plan, but protects the personal information of an enrollee.

Primary Sponsors

Luz Rivas

Organizational Notes

Last edited by Joanne Campbell at Mar 11, 2019, 8:57 PM
Organizational Sponsor: CA Pan-Ethnic Health Network (CPEHN) and Health Access

Bill Summary: Last edited by Joanne Campbell at Feb 21, 2019, 6:58 PM
Requires the board to report, data that is collected, on cost reduction efforts, quality improvements, or disparity reductions, to make public plan-specific data on cost reduction efforts, quality improvements, and disparity reductions. These results shall be posted on Exchange's website.

Labels: Commercial

Title

Dental services: third-party network access.

Description

AB 954, as introduced, Wood. Dental services: third-party network access. 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 authorizes a health care service plan or health insurer to contract with a provider for alternative rates of payment, and requires a plan or insurer to continuously review the quality of care and performance of providers contracting for alternative rates of payment. Existing law requires a health care service plan or health insurer to publish and maintain a directory of contracting providers. This bill would generally prohibit a health care service plan or health insurer that issues, sells, renews, or offers a contract or policy covering dental services, including a specialized health care service plan contract or specialized policy of health insurance, or a contracting entity, as defined, from granting a third party access to a provider network contract entered into, amended, or renewed on or after January 1, 2020, or access to services or discounts provided pursuant to that provider network contract. The bill would permit third-party access if certain criteria are met, including if a health care services plan's or health insurer's provider network contract clearly identifies the third-party access provision and the provider network contract allows a provider to opt out of third-party access. The bill would specify that a provider is not bound by or required to perform dental treatment or services under a provider network contract granted to a third party in violation of these provisions. 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.

Primary Sponsors

Jim Wood

Organizational Notes

Last edited by Joanne Campbell at Mar 11, 2019, 10:17 PM
Organizational Sponsor: CA Dental Association (CDA)

Bill Summary: Last edited by Joanne Campbell at Mar 11, 2019, 10:16 PM
Prohibits a health care service plan that covers dental services, including a specialized health care service plan contract, from granting a third party access to a provider network contract entered into, amended, or renewed on or after January 1, 2020, or access to services or discounts provided pursuant to that provider network contract.

Labels: Commercial

Labels: EPSDT Medi-Cal

Title
Medi-Cal: Early and Periodic Screening, Diagnosis, and Treatment.

Description
AB 977, as introduced, Mark Stone. Medi-Cal: Early and Periodic Screening, Diagnosis, and Treatment. 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 healthcare services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing law provides that Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for any individual under 21 years of age is covered under Medi-Cal consistent with the requirements of federal law. Under federal law, EPSDT services include screening services, vision services, dental services, hearing services, and other necessary services to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not the services are covered under the state plan. This bill would declare the intent of the Legislature to enact legislation to ensure that children enrolled in the Medi-Cal program receive timely access to care and preventative care services, based upon the findings of the California State Auditor, as specified.

Primary Sponsors
Mark Stone

Labels: Medi-Cal

Title
Medi-Cal: Medi-Cal managed care plans: financial incentives.

Description
AB 990, as introduced, Gallagher. Medi-Cal: Medi-Cal managed care plans: financial incentives. 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. Under existing law, one of the methods by which Medi-Cal services are provided is pursuant to contracts with various types of managed care health plans. Existing law authorizes a Medi-cal managed care contractor to offer nonmonetary incentives to promote good health practices by its Medi-cal enrollees. This bill would express the intent of the Legislature to enact legislation that would require Medi-Cal managed care plans to offer financial incentives to enrollees for their improved wellness activities, as specified.

Primary Sponsors
James Gallagher

Title

Health care coverage: HIV specialists.

Description

AB 993, as introduced, Nazarian. Health care coverage: HIV specialists. 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. A willful violation of the act is a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires the Department of Managed Health Care to adopt regulations to ensure that enrollees have access to needed health care services in a timely manner. Existing law requires the Department of Managed Health Care to develop indicators of timeliness of access to care, including waiting times for appointments with physicians, including primary care and specialty physicians. Existing law requires health care service plans to report annually to the Department of Managed Health Care on compliance with the standards developed pursuant to these provisions. Existing law also requires the Insurance Commissioner to promulgate regulations applicable to health insurers that contract with providers for alternative rates to ensure that insureds have the opportunity to access needed health care services in a timely manner. This bill would require a health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 2019, to permit an HIV specialist, as defined, to be an eligible primary care provider, as defined, if the provider requests primary care provider status and meets the plan's or the health insurer's eligibility criteria for all specialists seeking primary care provider status. The bill would provide that these provisions do not apply to a health insurance policy that does not require an insured to obtain a referral from his or her primary care physician prior to seeking covered health care services from a specialist. The bill would provide that these provisions do not include an HIV specialist as a primary care physician for the purposes of network adequacy requirements. Because a willful violation of these 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.

Primary Sponsors

Adrin Nazarian

Organizational Notes

Last edited by Joanne Campbell at Mar 11, 2019, 10:18 PM
Organizational Sponsor: AIDS Healthcare Foundation (AHF)

Bill Summary: Last edited by Joanne Campbell at Mar 11, 2019, 10:18 PM
Requires a health care service plan contract to permit an HIV specialist, as defined, to be an eligible primary care provider, as defined, if the provider requests primary care provider status and meets the plan's eligibility criteria for all specialists seeking primary care provider status.

Labels: Commercial Medi-Cal

Title

Developmental screening services.

Description

AB 1004, as introduced, McCarty. Developmental screening services. 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, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for any individual under 21 years of age who is covered under Medi-Cal consistent with the requirements under federal law. 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 federal law provides that EPSDT services include periodic screening services, vision services, dental services, hearing services, and other necessary services to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not the services are covered under the state plan. This bill would require, consistent with federal law, that screening services provided as an EPSDT benefit include developmental screening services for individuals zero to 3 years of age, inclusive. The bill would require the department to ensure a Medi-Cal managed care plan's ability and readiness to perform these developmental screening services, and would require the department to adjust a Medi-Cal managed care plan's capitation rate, as specified. Until July 1, 2023, the bill would require an external quality review organization entity to annually review, survey, and report on managed care plan reporting and compliance with specified developmental screening tools and schedules. The bill would also make legislative findings and declarations relating to child development.

Primary Sponsors

Kevin McCarty

Bill Summary: Last edited by Joanne Campbell at Mar 11, 2019, 8:49 PM

Requires that screening services provided as an EPSDT benefit include developmental screening services for individuals zero to 3 years of age, inclusive. Until July 1, 2023, the bill would require an external quality review organization entity to annually review, survey, and report on managed care plan reporting and compliance with specified developmental screening tools and schedules.

Labels: EPSDT Medi-Cal

State **CA** Bill Number **AB 1035** Status **In Assembly** Position **Monitor**

Labels: [Data](#) [Privacy](#)

Title
Personal information: data breaches.

Description
AB 1035, as introduced, Mayes. Personal information: data breaches. Existing law defines and regulates the use of personal information by businesses. Existing law requires a person or business, as defined, that owns or licenses computerized data that includes personal information to disclose, as specified, any breach of the security of the system following discovery or notification of the breach. Existing law requires the disclosure to be made in the most expedient time possible and without unreasonable delay consistent with the legitimate needs of law enforcement, as provided, and other security and investigative measures. This bill would, instead, require a person or business, as defined, that owns or licenses computerized data that includes personal information to disclose any breach of the security of the system within 72 hours following discovery or notification of the breach, subject to the legitimate needs of law enforcement, as provided. The bill would also make nonsubstantive changes.

Primary Sponsors
Chad Mayes

State **CA** Bill Number **AB 1058** Status **In Assembly** Position **Monitor**

Labels: [Behavioral Health](#) [Medi-Cal](#)

Title
Medi-Cal: specialty mental health services and substance use disorder treatment.

Description
AB 1058, as introduced, Salas. Medi-Cal: specialty mental health services and substance use disorder treatment. 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 healthcare services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides for various benefits under the Medi-Cal program, including mental health services and substance use disorder treatment. This bill would declare the intent of the Legislature to enact legislation to establish a pilot program in several counties to support the integration of specialty mental health services and substance use disorder treatment provided under the Medi-Cal program, as specified.

Primary Sponsors
Rudy Salas

Title

Medi-Cal: eligibility.

Description

AB 1088, as introduced, Wood. Medi-Cal: eligibility. 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 healthcare services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department to exercise its option under federal law to implement a program for aged and disabled persons, as described. Existing law requires an individual under these provisions to satisfy certain financial eligibility requirements. Existing law requires the department, to the extent required by federal law, to implement for Medi-Cal recipients who are qualified Medicare beneficiaries, the payment of Medicare premiums, deductibles, and coinsurance for elderly and disabled persons whose income does not exceed the federal poverty level or 200% of a specified Supplemental Security Income program standard. This bill would provide that an aged, blind, or disabled individual who would otherwise be eligible for Medi-Cal benefits, as described, would be eligible for Medi-Cal without a share of cost if their income and resources otherwise meet eligibility requirements. The bill would authorize the department to implement this provision by provider bulletins or similar instructions until regulations are adopted. The bill would require the department to adopt regulations by July 1, 2021, and to provide a status report to the Legislature on a semiannual basis until regulations have been adopted.

Primary Sponsors

Jim Wood

Organizational Notes

Last edited by Joanne Campbell at Mar 11, 2019, 8:55 PM
Organizational Sponsor: Disability Rights CA

Bill Summary: Last edited by Joanne Campbell at Mar 11, 2019, 8:54 PM
Provides that an aged, blind, or disabled individual who would otherwise be eligible for Medi-Cal benefits under Section 14005.40, if not for the state buy-in of their Medicare Part B premiums, shall be eligible for Medi-Cal without a share of cost if their income and resources otherwise meet all eligibility requirements.

Labels: Coverage Expansion Medi-Cal

Title

Health care: anesthesia services.

Description

AB 1174, as introduced, Wood. Health care: anesthesia 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 law requires a health care service plan contract or policy of health insurance to cover services provided at an in-network health facility by a noncontracting health professional with the same cost sharing as if the services were provided by a contracting health professional. Existing law creates the Managed Care Administrative Fines and Penalties Fund, into which certain health care service plans' fines and penalties are deposited. This bill would require a health care service plan, its delegated entity, or a health insurer to notify the Department of Managed Health Care or the Insurance Commissioner before the expiration or plan-, entity-, or insurer-initiated termination of a contract pursuant to which anesthesia services are provided. The bill would require the Department of Managed Health Care or the Insurance Commissioner to issue a finding that, at the expiration or termination of an anesthesia services contract initiated by a health care service plan, its delegated entity, or a health insurer, contracts are required to be in place with anesthesiologists so that specified requirements are met. This bill would authorize the Director of the Department of Managed Health Care or the Insurance Commissioner to assess an administrative penalty by order, after appropriate notice and opportunity for hearing, if the director or commissioner determines that a health care service plan, its delegated entity, or a health insurer has failed to comply with a finding. The bill would create the Managed Care Penalty Account, within the Managed Care Administrative Fines and Penalties Fund, which would be subject to appropriation by the Legislature, and into which administrative penalties for a health care service plan's noncompliance would be deposited. The bill would specify that administrative penalties assessed against a health insurer be deposited into the Insurance Fund. 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. 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 fin... (click bill link to see more).

Bill Summary: Last edited by Joanne Campbell at Mar 11, 2019, 10:19 PM Requires health plans to maintain contracts for anesthesia services and report contract changes to the Department of Managed Healthcare. Allows for fines of health plans that do not have contracts.

Labels: Commercial Medi-Cal

Primary Sponsors

Jim Wood

Labels: Commercial Medi-Cal

Title

Health care coverage: prospective review.

Description

AB 1268, as introduced, Rodriguez. Health care coverage: prospective 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 its provisions 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 health insurer to have written policies and procedures establishing the process by which the plan or insurer approves, modifies, delays, or denies requests for health care services based in whole or in part on medical necessity, including those plans or insurers that delegate these functions to medical groups, independent practice associations, or to other contracting providers. Existing law requires a plan or insurer to evaluate its criteria used to authorize, modify, or deny health care services at least annually. This bill would require a health care service plan or health insurer, on or before July 1, 2020, and annually on July 1 thereafter, to report to the appropriate department the number of times in the preceding calendar year that each health care service was prospectively approved, modified, delayed, or denied. The bill would require a plan or insurer to take the reported information into account when evaluating its criteria used to authorize, modify, or deny health care services. The bill would require each department to determine the form and manner of that reporting. 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.

Primary Sponsors

Freddie Rodriguez

Title

Health care coverage: enrollment periods.

Description

AB 1309, as introduced, Bauer-Kahan. Health care coverage: enrollment periods. 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. PPACA requires an American Health Benefit Exchange to provide for an annual open enrollment period for the individual market for policy years beginning on or after January 1, 2018, to begin on November 1 and extend through December 15 of the calendar year preceding the benefit year. Existing federal law establishes special enrollment periods during which a qualified individual may enroll in a qualified health plan when specified triggering events occur, such as when the qualified individual loses minimum essential coverage, as defined. Existing federal regulatory authority authorizes a state to establish additional special enrollment periods to supplement these special enrollment periods provided for under federal law under certain circumstances. 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, 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, for policy years beginning on or after January 1, 2019, to provide a special enrollment period to allow individuals to enroll in individual health benefit plans through the Exchange from October 15 to October 31 of the preceding calendar year, inclusive, and from December 16 of the preceding calendar year, to January 15 of the benefit year, inclusive. Existing law requires, with respect to individual health benefit plans offered outside of the Exchange, that the annual open enrollment period for policy years beginning on or after January 1, 2019, extend from October 15 of the preceding calendar year, to January 15 of the benefit year, inclusive. This bill would additionally require a health care service plan and a health insurer, for policy years beginning on or after January 1, 2020, to provide a special enrollment period to allow individuals to enroll in individual health benefit plans through the Exchange from December 16 of the preceding calendar year, to January 31 of the benefit year, inclusive. The bill would also addition... (click bill link to see more).

Bill Summary: Last edited by Joanne Campbell at Feb 25, 2019, 10:23 PM Requires a health care service plan for policy years beginning on or after January 1, 2020, to provide a special enrollment period to allow individuals to enroll in individual health benefit plans through the Exchange from December 16 of the preceding calendar year, to January 31 of the benefit year, inclusive.

Labels: Care4All Commercial Exchange

Primary Sponsors

Rebecca Bauer-Kahan

Organizational Notes

Last edited by Joanne Campbell at Mar 8, 2019, 5:16 PM
Organizational Sponsor: Health Access CA

Title

Personal information.

Description

AB 1355, as introduced, Chau. Personal information. Existing law, the California Consumer Privacy Act of 2018, operative January 1, 2020, grants a consumer various rights in connection with a business, as defined, that collects the consumer's personal information. The act defines various terms for these purposes. The act excludes publicly available information, as defined, from the definition of personal information and excludes both consumer information that is deidentified, as defined, and aggregate consumer information, as defined, from the definition of publicly available. Thus, the act does not exclude, as publicly available information, any either consumer information that is either deidentified or aggregated. This bill would, instead, exclude consumer information that is deidentified or aggregate consumer information from the definition of personal information. The bill would also make nonsubstantive changes to the definition provisions.

Primary Sponsors

Ed Chau

Bill Summary: Last edited by Joanne Campbell at Feb 25, 2019, 10:24 PM
Excludes consumer information that is identified or aggregate consumer information from the definition of personal information in the California Consumer Privacy Act of 2018.

Labels:

Title

Medi-Cal: telehealth: state of emergency.

Description

AB 1494, as introduced, Aguiar-Curry. Medi-Cal: telehealth: state of emergency. 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, in-person contact between a health care provider and a patient is not required under the Medi-Cal program for services appropriately provided through telehealth, as defined, subject to reimbursement policies adopted by the department to compensate a licensed health care provider who provides health care services through telehealth that are otherwise reimbursed pursuant to the Medi-Cal program. Existing law, for purposes of payment for covered treatment or services provided through telehealth, prohibits the department from limiting the type of setting where services are provided for the patient or by the health care provider. This bill would provide, only to the extent that federal financial participation is available, that neither face-to-face contact nor a patient's physical presence on the premises of an enrolled community clinic, is required for services provided by the clinic to a Medi-Cal beneficiary during or immediately following a state of emergency, as specified. The bill would authorize the department to apply this provision to services provided by another enrolled fee-for-service Medi-Cal provider, clinic, or facility. The bill would require that telehealth services, telephonic services, and other specified services be reimbursable when provided by one of those entities during or immediately following a state of emergency, as specified. This bill would require the department to seek federal approval of any necessary state plan amendments or waivers to implement these provisions, and would authorize the department to implement the provisions by all-county letters, provider bulletins, or similar instructions.

Primary Sponsors

Cecilia Aguiar-Curry

Bill Summary: Last edited by Joanne Campbell at Feb 25, 2019, 10:25 PM Provides, only to the extent that federal financial participation is available, that neither face-to-face contact nor a patient's physical presence on the premises of an enrolled community clinic, is required for services provided by the clinic to a Medi-Cal beneficiary during or immediately following a state of emergency. The bill would authorize the department to apply this provision to services provided by another enrolled fee-for-service Medi-Cal provider, clinic, or facility.

Labels: FQHC Medi-Cal Telehealth

Title

Emergency hospital services: costs.

Description

AB 1611, as introduced, Chiu. Emergency hospital services: costs. 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 requires the Department of Insurance to regulate health insurers. Existing law requires a health care service plan or health insurer offering a contract or policy to provide coverage for emergency services. Existing law prohibits a hospital from transferring a person needing emergency services and care to another hospital for any nonmedical reason unless prescribed conditions are met and makes a willful violation of this requirement a crime. This bill would require a health care service plan contract or insurance policy issued, amended, or renewed on or after January 1, 2020, to provide that if an enrollee or insured receives covered services from a noncontracting hospital, the enrollee or insured is prohibited from paying more than the same cost sharing that the enrollee or insured would pay for the same covered services received from a contracting hospital. The bill would require a health care service plan or insurer to pay a noncontracting hospital for emergency services rendered to an enrollee or insured pursuant to a specified formula, would require a noncontracting hospital to bill, collect, and make refunds in a specified manner, and would provide a dispute resolution procedure if any party is dissatisfied with payment. The bill would require health care service plans and insurers to document cost savings pursuant to these provisions. By expanding the duties of health care services plans and hospitals, this bill would expand existing crimes, 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.

Primary Sponsors

David Chiu, Scott Wiener

Bill Summary: Last edited by Joanne Campbell at Feb 25, 2019, 10:34 PM Requires a health care service plan to provide that if an enrollee receives covered services from a noncontracting hospital, the enrollee is prohibited from paying more than the same cost sharing that the enrollee would pay for the same covered services received from a contracting hospital. The bill would require a health care service plan to pay a noncontracting hospital for emergency services rendered to an enrollee pursuant to a specified formula (average contracted rate or 150 percent of the amount Medicare reimburses on a fee-for-service basis for the same or similar services in the general geographic region), would require a noncontracting hospital to bill, collect, and make refunds in a specified manner, and would provide a dispute resolution procedure if any party is dissatisfied with payment.

Labels: Commercial

State	Bill Number	Status	Position
CA	AB 1634	In Assembly	Monitor

Title

Medi-Cal: benefits: antirejection medication.

Description

AB 1634, as introduced, Gloria. Medi-Cal: benefits: antirejection medication. 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. Under existing law, a Medi-Cal beneficiary is eligible to receive coverage for antirejection medication for up to 2 years following an organ transplant, unless the beneficiary becomes eligible for Medicare or private health insurance during that period that would cover the medication. This bill would make technical, nonsubstantive changes to those provisions.

Primary Sponsors

Todd Gloria

Bill Summary: Last edited by Joanne Campbell at Feb 25, 2019, 10:58 PM
Spot bill regarding coverage for antirejection medication following an organ transplant.

Labels: Medi-Cal Pharmacy

State	Bill Number	Status	Position
CA	AB 1642	In Assembly	Monitor

Title

Medi-Cal: managed care plans.

Description

AB 1642, as introduced, Wood. Medi-Cal: managed care plans. Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which healthcare services are provided to qualified, low-income persons. 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 federal regulations, among other things, require a state that contracts with specified Medicaid managed care plans to develop and enforce network adequacy standards and requires each state to ensure that all services covered under the Medicaid state plan are available and accessible to enrollees of specified Medicaid managed care plans in a timely manner. Existing law, among other things, establishes, until January 1, 2022, certain time and distance and appointment time standards for specified services consistent with those federal regulations to ensure that all Medi-Cal managed care covered services are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner, as specified. This bill would make technical, nonsubstantive changes to these provisions.

Primary Sponsors

Jim Wood

Bill Summary: Last edited by Joanne Campbell at Feb 25, 2019, 10:59 PM
Spot bill regarding Medicaid managed care plans network adequacy, time and distance, and appointment time standards.

Labels: Medi-Cal

State
CA

Bill Number
AB 1670

Status
In Assembly

Position
Monitor

Title

Health care coverage.

Description

AB 1670, as introduced, Holden. 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, and makes a willful violation of its provisions a crime. Existing law requires a health care service plan to have written policies and procedures establishing the process by which the plan approves, modifies, delays, or denies requests for health care services based in whole or in part on medical necessity, including those plans that delegate these functions to medical groups, independent practice associations, or to other contracting providers. As part of that process, existing law requires health care service plans to communicate decisions to approve, modify, or deny requests to the enrollee and the requesting provider within a specified timeframe. This bill would make technical, nonsubstantive changes to those provisions.

Primary Sponsors

Chris Holden

Bill Summary: Last edited by Joanne Campbell at Feb 25, 2019, 11:01 PM
Spot bill regarding procedures by which the plan approves, modifies, delays, or denies requests for health care services based in whole or in part on medical necessity.

Labels: Commercial Medi-Cal

Title
Health care: mental health.

Description
AB 1676, as introduced, Maienschein. Health care: mental health. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of that 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 that provide hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses, as defined, of a person of any age. Existing law also requires health care service plans and health insurers, by July 1, 2019, to develop maternal mental health programs, as specified. This bill would require health care service plans and health insurers, by January 1, 2021, to establish a telehealth consultation program that provides providers who treat children and pregnant and postpartum persons with access to a psychiatrist, as specified, in order to more quickly diagnose and treat children and pregnant and postpartum persons suffering from mental illness. The bill would require health care service plans and insurers to communicate information relating to the telehealth program at least twice a year in writing. The bill would require health care service plans and health insurers to maintain records and data pertaining to the utilization of the program and the availability of psychiatrists in order to facilitate ongoing changes and improvements, as necessary. The bill would exempt certain specialized health care service plans and health insurers from these provisions. Because a willful violation of the bill's requirement 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.

Primary Sponsors
Brian Maienschein

Organizational Notes

Last edited by Joanne Campbell at Mar 11, 2019, 9:58 PM
Organizational Sponsor: 2020 Mom

Bill Summary: Last edited by Joanne Campbell at Feb 25, 2019, 11:03 PM
Requires health care service plans to establish a telehealth consultation program that provides providers who treat children and pregnant and postpartum persons with access to a psychiatrist in order to more quickly diagnose and treat children and pregnant and postpartum persons suffering from mental illness. The bill would require health care service plans to communicate information relating to the telehealth program at least twice a year in writing.

Labels: Behavioral Health Commercial Medi-Cal
Telehealth

Labels: Behavioral Health MAT

Title

Health care coverage: mental health parity.

Description

SB 11, as introduced, Beall. Health care coverage: mental health parity. 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 plan contracts or health insurance policies issued, amended, or renewed on or after July 1, 2000, to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses, as defined, and of serious emotional disturbances of a child, as specified, under the same terms and conditions applied to other medical conditions. Existing federal law, the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), requires group health plans and health insurance issuers that provides both medical and surgical benefits and mental health or substance use disorder benefits to ensure that financial requirements and treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical and surgical benefits. Existing state law subjects nongrandfathered individual and small group health care service plan contracts and health insurance policies that provide coverage for essential health benefits to those provisions of the MHPAEA. This bill would require a health care service plan and a health insurer to submit an annual report to the Department of Managed Health Care or the Department of Insurance, as appropriate, certifying compliance with state and federal mental health parity laws, as specified. The bill would require the departments to review the reports submitted by health care service plans to ensure compliance with state and federal mental health parity laws, and would require the departments to make the reports and the results of the reviews available upon request and to post the reports and the results of the reviews on the departments' Internet Web site. The bill would also require the departments to report to the Legislature the information obtained through the reports and the results of the review of the reports and on all other activities taken to enforce state and federal mental health parity laws. Existing law authorizes a health care service plan and a health insurer to utilize formularies, prior authorization, step therapy, or other reasonable medical management practices, as specified, in the provision of outpatient prescription drug coverage. The bill would prohibit a health care service plan and a health insurer that... (click bill link to see more).

Primary Sponsors

Jim Beall

Title
Medi-Cal: eligibility.

Description

SB 29, as amended, LaraDurazo. Medi-Cal: eligibility. 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. The federal Medicaid program provisions prohibit payment to a state for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Existing law requires individuals under 19 years of age enrolled in restricted-scope Medi-Cal at the time the Director of Health Care Services makes a determination that systems have been programmed for implementation of these provisions, provisions to be enrolled in the full scope of Medi-Cal benefits, if otherwise eligible, pursuant to an eligibility and enrollment plan, as specified. plan, which includes outreach strategies. Existing law makes the effective date of enrollment for those individuals the same day that systems are operational to begin processing new applications pursuant to the director's determination. determination, and requires the department to seek necessary federal approvals to obtain federal financial participation for purposes of implementing the requirements. This bill would extend eligibility for full-scope Medi-Cal benefits to individuals of all ages who are otherwise eligible for those benefits but for their immigration status. The bill would also status, and would delete provisions delaying implementation until the director makes the determination described above. The bill would expand the requirements of the eligibility and enrollment plan, such as ensuring that an individual maintains their primary care provider without disruption to their continuity of care, would require the department to collaborate with the counties and designated public hospitals to maximize federal financial participation, and would require the department to work with designated public hospitals to mitigate financial losses related to the implementation of these requirements. Because counties are required to make Medi-Cal eligibility determinations and this bill would expand 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 prov... (click bill link to see more).

Primary Sponsors
Maria Durazo

Bill Summary: Last edited by Joanne Campbell at Feb 27, 2019, 5:39 PM
Expands Medi-Cal eligibility regardless of immigration status.

Labels:

Title

California Health Benefit Exchange: financial assistance.

Description

SB 65, as introduced, Pan. California Health Benefit Exchange: financial assistance. Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), enacts various healthcare coverage market reforms. Among other things, the PPACA requires each state to establish an American Health Benefit Exchange that facilitates the purchase of qualified health plans by qualified individuals and qualified small employers and requires that state entity to meet certain other requirements. Existing law creates the California Health Benefit Exchange (the Exchange), also known as Covered California, for the purpose of facilitating the enrollment of qualified individuals and qualified small employers in qualified health plans as required under the PPACA. Existing law requires the Exchange, among other duties, to develop options for providing financial assistance to help low-income and middle-income Californians access healthcare coverage. Existing law also establishes the California Health Trust Fund, a continuously appropriated fund, in the State Treasury for purposes of providing funding for the duties carried out by the Exchange. This bill would require the Exchange, notwithstanding the provision establishing the California Health Trust Fund and only to the extent that the Legislature appropriates funding for these purposes, to administer financial assistance to help low-income and middle-income Californians access affordable healthcare coverage by requiring the Exchange to implement specified maximum premium contributions and to reduce copays and deductibles for individuals who meet specified income requirements. The bill would also require the Exchange to administer financial assistance in a manner that maximizes federally funded subsidies.

Primary Sponsors

Richard Pan

Bill Summary: Last edited by Joanne Campbell at Mar 11, 2019, 8:51 PM
Requires the California Health Benefit Exchange, to administer financial assistance to help low-income and middle-income Californians access affordable healthcare coverage by requiring the Exchange to implement specified maximum premium contributions and to reduce copays and deductibles for individuals who meet specified income requirements.

Labels: [Affordability](#) [Care4All](#) [Exchange](#)

Labels: FQHC Medi-Cal

Title

Medi-Cal: federally qualified health center and rural health clinic services.

Description

SB 66, as introduced, Atkins. Medi-Cal: federally qualified health center and rural health clinic services. 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 (FQHC) services and rural health clinic (RHC) 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. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including a physician. Under existing law, "physician," for these purposes, includes, but is not limited to, a physician and surgeon, an osteopath, and a podiatrist. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. The bill would authorize an FQHC or RHC that currently includes the cost of a medical visit and a mental health visit that take place on the same day at a single location as a single visit for purposes of establishing the FQHC's or RHC's rate to apply for an adjustment to its per-visit rate, and after the department has approved that rate adjustment, to bill a medical visit and a mental health visit that take place on the same day at a single location as separate visits, in accordance with the bill. This bill would also make an FQHC or RHC visit to a licensed acupuncturist reimbursable on a per-visit basis. The bill would require the department, by July 1, 2020, to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services to reflect certain changes described in the bill, and to seek necessary federal approvals. The bill would also make conforming and technical changes.

Primary Sponsors

Toni Atkins, Mike McGuire

Organizational Notes

Last edited by Joanne Campbell at Jan 29, 2019, 6:48 PM
L.A. Care supported the same bill, SB 1125 (Atkins) and will also support this bill.

State
CA

Bill Number
SB 129

Status
In Senate

Position
Monitor

Labels: Commercial

Title

Health care coverage reporting.

Description

SB 129, as amended, Pan. Health care coverage 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 insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer that covers individuals, small groups, large groups, or administrative services only business lines to report the number of covered lives by product type to the Department of Managed Health Care or the Department of Insurance. Existing law requires the Department of Managed Health Care and the Department of Insurance to publicly report that data, including posting that data on each department's Internet Web site. internet website. This bill would expand those health care service plan and health insurer reporting requirements to include association health plans and any other business lines. The bill would also require a multiple employer welfare arrangement or a plan or insurer that provides coverage through a multiple employer welfare arrangement to report that specified data to the Department of Managed Health Care or the Department of Insurance. Insurance, as appropriate, beginning March 1, 2020, and at least annually thereafter. The bill would require the Department of Managed Health Care and the Department of Insurance to make the reported data for the previous year available no later than April 15 of each year. 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.

Primary Sponsors

Richard Pan

Title

HIV: preexposure and postexposure prophylaxis.

Description

SB 159, as amended, Wiener. HIV: pre-exposure preexposure and post-exposure postexposure prophylaxis. Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy, and makes a violation of these requirements a crime. Existing law generally authorizes a pharmacist to dispense or furnish drugs only pursuant to a valid prescription, except as provided, such as furnishing emergency contraceptives, hormonal contraceptives, and naloxone hydrochloride, pursuant to standardized procedures. This bill would authorize a pharmacist to initiate and furnish preexposure prophylaxis and postexposure prophylaxis if a pharmacist completes a training program approved by the board, complies with specified requirements, such as assessing a patient and providing a patient with counseling and tests, and provides these services in a private and sanitary location. Because a violation of these requirements would be a crime, this bill would impose a state-mandated local program. 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 pursuant to a schedule of benefits, including pharmacist services, which are 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 expand the Medi-Cal schedule of benefits to include preexposure prophylaxis and postexposure prophylaxis as pharmacist 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 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. For combination antiretroviral drug treatments medically necessary for the prevention of AIDS/HIV, existing law prohibits plans and insurers, until January 1, 2023, from having utilization management policies or procedures that rely on a multitablet drug regimen instead of a single-tablet drug regimen, except as specified. This bill would additionally prohibit plans and insurers from subjecting those drug treatments, including preexposure prophylaxis or postexposure prophylaxis, to prior authorization or step therapy. Because a willful violation of these provisions would be a crime, this bi... (click bill link to see more).

Primary Sponsors

Scott Wiener, Mike Gipson, Todd Gloria

Bill Summary: Last edited by Joanne Campbell at Mar 11, 2019, 10:07 PM
Prohibits plans from subjecting drug treatments, including preexposure prophylaxis or postexposure prophylaxis, to prior authorization or step therapy.

Labels: Medi-Cal

Title

Healthcare coverage: pervasive developmental disorder or autism.

Description

SB 163, as introduced, Portantino. Healthcare coverage: pervasive developmental disorder or autism. Existing law, the Lanterman Developmental Disabilities Services Act, requires the State Department of Developmental Services to contract with regional centers to provide services and supports to individuals with developmental disabilities and their families. Existing law defines developmental disability for these purposes to include, among other things, autism. 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 a health care service plan contract or a health insurance policy to provide coverage for behavioral health treatment for pervasive developmental disorder or autism, and defines "behavioral health treatment" to mean specified services and treatment programs, including treatment provided pursuant to a treatment plan that is prescribed by a qualified autism service provider and administered either by a qualified autism service provider or by a qualified autism service professional or qualified autism service paraprofessional who is supervised as specified. Existing law defines a "qualified autism service provider" to refer to a person who is certified or licensed and a "qualified autism service professional" to refer to a person who meets specified educational, training, and other requirements and is supervised and employed by a qualified autism service provider. Existing law defines a "qualified autism service paraprofessional" to mean an unlicensed and uncertified individual who meets specified educational, training, and other criteria, is supervised by a qualified autism service provider or a qualified autism service professional, and is employed by the qualified autism service provider. Existing law also requires a qualified autism service provider to design, in connection with the treatment plan, an intervention plan that describes, among other information, the parent participation needed to achieve the plan's goals and objectives, as specified. Under existing law, these coverage requirements provide an exception for specialized health care service plans or health insurance policies that do not cover mental health or behavioral health services, accident only, specified disease, hospital indemnity, or Medicare supplement health insurance policies, and health care service plans and health insurance policies in the Medi-Cal program. Existing federal law, the federal Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity ... (click bill link to see more).

Primary Sponsors

Anthony Portantino

Organizational Notes

Last edited by Joanne Campbell at Mar 11, 2019, 10:08 PM
Organizational Sponsor: Autism Behavior Services

Bill Summary: Last edited by Joanne Campbell at Mar 11, 2019, 10:07 PM
Would revise the definition of behavioral health treatment to require the services and treatment programs provided to be based on behavioral, developmental, behavior-based, or other evidence-based models. The bill would remove the exception for health care service plans and health insurance policies in the Medi-Cal program, consistent with the MHPAEA.

Labels:

Behavioral Health

Commercial

Medi-Cal

Title

Healthcare coverage: minimum essential coverage.

Description

SB 175, as introduced, Pan. Healthcare coverage: minimum essential coverage. Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services and under which healthcare services are provided to qualified, low-income persons. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing law provides for the regulation of health care service plans by the Department of Managed Health Care and health insurers by the Department of Insurance. Existing law establishes the California Health Benefit Exchange (Exchange), also known as Covered California, for the purpose of facilitating the purchase of qualified health plans by qualified individuals and qualified small employers. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various healthcare coverage market reforms as of January 1, 2014. PPACA generally requires individuals, and any dependents of the individual, to maintain minimum essential coverage, as defined, and, if an individual fails to maintain minimum essential coverage, PPACA imposes on the individual taxpayer a penalty. This provision is referred to as the individual mandate. This bill would require a California resident to ensure that the resident, and any dependent of the resident, is covered under minimum essential coverage for each month beginning after 2019. The bill would impose a penalty for the failure to maintain minimum essential coverage. The bill would require the Exchange to determine the penalty, if any, for a resident and would require the Franchise Tax Board to collect the penalty. The bill would require the Exchange to determine whether to grant a certification that a resident is exempt from the requirement to maintain minimum essential coverage, the penalty, or both, and would require the Exchange to notify the resident and the Franchise Tax Board of its determination. The bill would also establish the Health Care Coverage Penalty Fund, into which moneys collected from the above-described penalty would be deposited. Subject to an appropriation by the Legislature, the bill would require that moneys in the fund be used to improve the affordability of healthcare coverage for Californians.

Primary Sponsors

Richard Pan

Bill Summary: Last edited by Joanne Campbell at Mar 7, 2019, 11:10 PM
Requires a California resident to ensure that the resident, and any dependent of the resident, is covered under minimum essential coverage for each month beginning after 2019. The bill would impose a penalty for the failure to maintain minimum essential coverage.

Labels: Care4All Commercial Individual Mandate

Title

Medi-Cal: asthma preventive services.

Description

SB 207, as introduced, Hurtado. Medi-Cal: asthma preventive services. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive healthcare benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing federal law authorizes, at the option of the state, preventive services, as defined, to be provided by practitioners other than physicians or other licensed practitioners. This bill would include asthma preventive services, as defined, as a covered benefit under the Medi-Cal program. The bill would require the department, in consultation with external stakeholders, to develop a coverage policy consistent with specified federal and clinically appropriate guidelines. The bill would require an entity or supervising licensed Medi-Cal provider and the Medi-Cal asthma services provider to satisfy specified requirements. The bill would authorize the department to implement, interpret, or make specific its provisions without taking regulatory action until regulations are adopted. The bill would require the department to adopt regulations by July 1, 2020, and to provide semiannual status reports to the Legislature until regulations have been adopted. The bill would require the department to seek any federal waivers or other state plan amendments as necessary, and would require these provisions to be implemented if federal approvals are obtained, as specified.

Primary Sponsors

Melissa Hurtado, David Chiu

Bill Summary: Last edited by Joanne Campbell at Feb 19, 2019, 9:23 PM
a. Adds WIC Section 14132.08 which includes the following key provisions: i. Instructs DHCS to develop and implement asthma preventive services in Medi-Cal which shall be a covered benefit by July 1, 2020. ii. Requires that an asthma preventive services provider provide asthma education, environmental trigger assessments, and minor to moderate environmental asthma trigger remediation to Medi-Cal beneficiaries. b. Adds WIC Section 14132.085 which requires the Department to approve at least two accrediting bodies to review and approve training curricula for asthma preventive services. The curricula shall align with the NIH 2007 Guidelines for Dx and Management of Asthma and be a minimum of 16 hours. Requires specific elements to be included in the curricula. c. Adds WIC Section 14132.09 which includes the following key provisions: i. Requires supervision of asthma prevention services providers to ensure the provider complies with outlined requirements and includes requirements for entities or providers that employ or contract with asthma prevention services providers to maintain specified documentation of services. ii. Requires DHCS to pursue funding opportunities to develop payment methodologies for minor and moderate remediation, seek any required federal approvals, and adopt regulations by July 1, 2020.

Labels: Asthma Commercial Medi-Cal

Title

Automatic healthcare coverage enrollment.

Description

SB 260, as introduced, Hurtado. Automatic healthcare coverage enrollment. 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 healthcare services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. 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 the federal Patient Protection and Affordable Care Act. Existing law requires a county to perform redeterminations of eligibility for Medi-Cal beneficiaries every 12 months. Under existing law, if a county determines that an individual is ineligible for Medi-Cal, the county is required to determine the individual's eligibility for other insurance affordability programs and transfer the individual's electronic account to insurance affordability programs, including the Exchange, for which the individual is eligible. This bill would require the Exchange to enroll an individual in the lowest cost silver plan or another plan, as specified, upon receiving the individual's electronic account from a county. The bill would require enrollment to occur before Medi-Cal coverage is terminated, and would prohibit the premium due date from being sooner than the 30th day of the first month of enrollment. The bill would require the Exchange to provide an individual who is automatically enrolled in the lowest cost silver plan with a notice that includes specified information, including the individual's right to select another available plan or to not enroll in the plan. 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 providing individual or group healthcare coverage or a health insurer to notify an enrollee, subscriber, policyholder, or certificate holder who ceases to be enrolled in coverage that the individual may be eligible for coverage through the Exchange or Medi-Cal. This bill would require a health care service plan providing individual or group healthcare coverage or a health insurer to notify an enrollee, subscriber, policyholder, or certificate holder that the health care service plan or health insurer will provide the individual's contact information to the Exchange if the individual ceases to be enrolled in coverage. The bill would all... (click bill link to see more).

Primary Sponsors

Melissa Hurtado

Organizational Notes

Last edited by Joanne Campbell at Mar 8, 2019, 5:14 PM

Organizational Sponsor: Health Access of California and Western Center on Law and Poverty

Bill Summary: Last edited by Joanne Campbell at Mar 11, 2019, 8:59 PM
Beginning January 1, 2021, a health plan shall provide to the Exchange the name, address, and other contact information of a policyholder or certificate holder who ceased to be enrolled in coverage and who did not opt out of the information transfer.

Labels: Care4All Commercial Exchange Medi-Cal

Title

Medi-Cal: home- and community-based services: military.

Description

SB 289, as introduced, Archuleta. Medi-Cal: home- and community-based services: military. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive healthcare services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing federal law provides for various home- and community-based services (HCBS), as part of a waiver or a state plan amendment under the Medicaid program, to promote coverage and services that enable an individual who would otherwise be institutionalized to live at home or in the community. This bill would require the continued Medi-Cal HCBS eligibility or waiting list status of a Medi-Cal beneficiary who is a dependent child or spouse of an active duty military service member, if the military service member receives a military order to transfer to another state, as long as the military service member retains California as the state of legal residence and the Medi-Cal beneficiary retains eligibility for those services. The bill would authorize an individual who is eligible for Medi-Cal HCBS to enroll for those services if the individual is a dependent child or spouse of an active duty military service member and either (1) the military service member receives a military order to transfer to this state, or (2) the individual was receiving similar Medicaid HCBS in the last state of residence. The bill would condition the implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation, and would require the department to seek federal waivers, or to submit an amendment of the state plan, as necessary to implement these provisions.

Primary Sponsors

Bob Archuleta

Bill Summary: Last edited by Joanne Campbell at Feb 19, 2019, 9:24 PM
i. A Medi-Cal beneficiary eligible or on the waiting list for HCBS and who is a child or spouse of an active duty military service member shall retain eligibility for those services if the service member receives a transfer to another state so long as the service member retains California as the state of legal residence and the Medi-Cal beneficiary retains eligibility. ii. Permits HCBS eligible dependent children or spouses of activity duty military service members to enroll in these services when the service member is transferred to California and provides the military order for transfer with the application for HCBS and the individual was receiving similar Medicaid HCBS in the last state of residence.

Title

Medi-Cal: Health Home Program.

Description

SB 361, as introduced, Mitchell. Medi-Cal: Health Home Program. 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. Existing law authorizes the department to create the Health Home Program (program) for enrollees with chronic conditions, as authorized under federal law. Existing law conditions the implementation of the program on federal approval and the availability of federal financial participation. Existing law prohibits the implementation of the program using additional General Fund moneys to fund the administration and costs of services, unless the department projects, as specified, that no net increase in ongoing General Fund costs for the Medi-Cal program would result. Existing law requires the nonfederal share for the program to be provided by funds from local governments, private foundations, or any other source permitted under state and federal law. This bill would remove the prohibition on the use of General Fund moneys for the implementation of the program. The bill would limit the above restriction on sources for the nonfederal share only to the first 8 quarters of implementation of each phase of the program. Existing law authorizes the department to revise or terminate the program any time after the first 8 quarters of implementation if the department finds that the program fails to demonstrate certain results. This bill would remove the department's authority to revise or terminate the program as described above. Existing law requires the department to select providers with a viable plan to reach out to and engage frequent hospital or emergency department users and chronically homeless eligible individuals. This bill would require the outreach and engagement to be in person. The bill would require the department to require administering Medi-Cal managed care plans to take specified actions, relating to provider rates, partnerships, and reports, for purposes of adult beneficiaries who have a level of severity in certain conditions based on chronic homelessness, to achieve the goal of 1/3 of program participants being from that population.

Primary Sponsors

Holly Mitchell

Organizational Notes

Last edited by Joanne Campbell at Feb 25, 2019, 10:05 PM

Organizational Sponsor: Corporation for Supportive Housing and the Western Center on Law and Poverty

Bill Summary: Last edited by Joanne Campbell at Feb 25, 2019, 10:05 PM
Expands the Health Home program to include outreach and engagement for homeless population. Removes existing general fund spending restrictions. i. Tier payment rates to health homes providers, using the highest rate for providers that serve the homeless HHP participants ii. Partner with local homeless Continuums of care or agencies to identify members experiencing homelessness and design a process for referring homeless members HHP eligibility assessment iii. Offer health homes providers an outreach rate that requires providers to outreach to the homeless population in person iv. Report to the department member-level data on the homeless population Removes conditions for extending HHP beyond eight quarters by striking subdivisions (b), (c), and (f) of WIC Section 14127.6 i. Removes requirement that HHP shall only continue beyond the first eight quarters if no additional GF is used. ii. Removes requirement that if program does not result in a net increase of ongoing GF costs in Medi-Cal, the department may use state funds for HHP. iii. Removes the authority for the department to revise or terminate HHP after the first eight quarters if it finds the program fails to meet certain requirements (e.g., reduce inpatient stays).

Labels: Medi-Cal

State	Bill Number	Status	Position
CA	SB 388	In Senate	Monitor

Title
Breast feeding.

Description
SB 388, as introduced, Galgiani. Breast feeding. Existing law requires the State Department of Public Health to promote the breastfeeding of infants in its public service campaign. Existing law vests authority for enforcing state laws governing health care service plans in the Department of Managed Health Care. This bill would express the intent of the Legislature to enact legislation that would provide that infant feeding of breast milk should be encouraged and that would require health care service plans to provide reimbursement for the widest variety of choices and styles of breast milk pumps to facilitate their use and acceptance. The bill would express the further intent of the Legislature to enact legislation that would give the Department of Managed Health Care the authority to require health care service plans to provide that reimbursement under a specified condition.

Primary Sponsors
Cathleen Galgiani

Bill Summary: Last edited by Joanne Campbell at Feb 21, 2019, 7:01 PM
Intent bill to require health care service plans to provide reimbursement for the widest variety of choices and styles of breast milk pumps to facilitate their use and acceptance.

Labels: Commercial Medi-Cal

State	Bill Number	Status	Position
CA	SB 446	In Senate	Monitor

Title
Medi-Cal: hypertension medication management services.

Description
SB 446, as introduced, Stone. Medi-Cal: hypertension medication management services. 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 for a schedule of benefits under the Medi-Cal program, which includes pharmacist services, subject to approval by the federal Centers for Medicare and Medicaid Services. Under existing law, covered pharmacist services include, but are not limited to, furnishing travel medications, initiating and administering immunizations, providing tobacco cessation counseling, and furnishing nicotine replacement therapy. This bill would additionally provide that hypertension medication management services are a covered pharmacist service under the Medi-Cal program, as specified.

Primary Sponsors
Jeff Stone

Labels: Medi-Cal Pharmacy

Title

Medi-Cal: managed care plan: subcontracts.

Description

SB 503, as introduced, Pan. Medi-Cal: managed care plan: subcontracts. 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 either through a fee-for-service or managed care delivery system. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law authorizes the department to enter into various types of contracts for the provision of services to beneficiaries, including contracts with prepaid health plans. Existing law requires the Director of Health Care Services, in accordance with specified procedures, to either terminate a contract with or impose one or more specified sanctions, including civil penalties pursuant to federal law, on a prepaid health plan or Medi-Cal managed care plan if the department makes a finding of noncompliance or for other good cause. Existing law defines "good cause" to include 3 repeated and uncorrected findings of serious deficiencies, which potentially endanger patient care and are identified in medical audits conducted by the department. This bill would instead authorize "good cause" to be based on findings of serious deficiencies that have the potential to endanger patient care and are identified in the specified medical audits, and would conform the civil penalties to federal law. Existing law requires subcontracts entered into by a prepaid health plan to meet specified requirements, including compliance with the Knox-Keene Health Care Service Plan Act of 1975. This bill would extend these requirements to all other types of Medi-Cal managed care plans. The bill would state that a Medi-Cal managed care plan contractor bears the ultimate responsibility for adherence to the contract, even if the contractor subcontracts with or delegates any duties to another entity.

Primary Sponsors

Richard Pan

Bill Summary: Last edited by Joanne Campbell at Feb 25, 2019, 9:54 PM a. This is Senator Pan's bill on delegation oversight b. Amends WIC Sections 14304 & 14452 c. Redefines "good cause" in subdivision (a) i. When defining grounds on which the director may terminate a managed care plan contract, redefines good cause as the following: "Good cause includes any findings of serious deficiencies that have the potential to endanger patient care...identified in the medical audits conducted by the department." ii. Previous definition stated "three repeated and uncorrected findings..." d. Subdivision (b) outlines the director's authority to implement sanctions in lieu of contract termination. New subparagraph (b)(A)(iv) adds failure to "comply with the requirements for physician incentive plans" (as set forth in federal regulations) as a fourth finding that may be subject to a fine of up to \$25,000. e. Adds subparagraph (a)(2) which states that the managed care plan must comply with applicable requirements in WIC and that this requirement is not waived under subcontracting or delegated arrangements. Also states that a plan "bears the ultimate responsibility for adherence to, and compliance with, the terms and conditions of the Medi-Cal managed care plan contract." f. Adds subdivision (f) to state that the requirements in this section apply to all Medi-Cal managed care plans

Labels:

Title
Clinical trials.

Description

SB 583, as introduced, Jackson. Clinical trials. 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 health insurer to provide coverage for routine patient care costs related to a clinical trial for cancer, including, among other things, health care services required for the clinically appropriate monitoring of the investigational item or service. Existing law requires the clinical trial to either be exempt from a federal new drug application or be approved by a specified federal agency. This bill would expand required coverage for clinical trials under a plan contract or insurance policy to include a clinical trial relating to the prevention, detection, or treatment of a life-threatening disease or condition, as defined, and include a trial funded by, among others, a qualified nongovernmental research entity. The bill would prohibit a plan contract or insurance policy from, among other things, discriminating against an enrollee or insured for participating in an approved clinical trial. The bill would authorize a plan or insurer to require a qualified enrollee or insured to participate in a clinical trial, as specified, and to restrict coverage to an approved clinical trial in this state, unless the clinical trial is not offered or available through a provider in this state. 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.

Primary Sponsors
Hannah-Beth Jackson

Bill Summary: Last edited by Joanne Campbell at Mar 7, 2019, 11:43 PM
The bill expands required coverage for clinical trials under a plan contract to include a clinical trial relating to the prevention, detection, or treatment of a life-threatening disease or condition and include a trial funded by, among others, a qualified nongovernmental research entity. The bill would prohibit a plan contract from discriminating against an enrollee for participating in an approved clinical trial.

Labels: Commercial Medi-Cal

Title

Healthcare coverage: fertility preservation.

Description

SB 600, as introduced, Portantino. Healthcare coverage: fertility preservation. 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 every group health care service plan contract and health insurance policy issued, amended, or renewed on or after January 1, 2017, to include, at a minimum, coverage for essential health benefits, including medically necessary basic health care services, as defined. This bill would clarify that an individual or group health care service plan contract or health insurance policy that covers hospital, medical, or surgical expenses includes coverage for standard fertility preservation services when a medically necessary treatment may cause iatrogenic infertility to an enrollee or insured. The bill would state that these provisions are declaratory of existing law. This bill would also prohibit a health care service plan or health insurer from denying coverage for standard fertility preservation services based on medical necessity when a provider of a treatment of a medical condition authorized by the plan or policy states that the treatment may cause iatrogenic infertility 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.

Primary Sponsors

Anthony Portantino

Organizational Notes

Last edited by Joanne Campbell at Mar 11, 2019, 10:10 PM

Organizational Sponsor: Alliance for Fertility Preservation, American Society for Reproductive Medicine and Fertile Action

Bill Summary: Last edited by Joanne Campbell at Feb 25, 2019, 11:14 PM
Clarifies that an individual or group health care service plan contract that covers hospital, medical, or surgical expenses includes coverage for standard fertility preservation services when a medically necessary treatment may cause iatrogenic infertility to an enrollee. The bill would state that these provisions are declaratory of existing law.

Labels: Commercial Medi-Cal

State
CA

Bill Number
SB 612

Status
In Senate

Position
Monitor

Title

Health care: data reporting.

Description

SB 612, as introduced, Pan. Health care: data 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 insurers by the Department of Insurance. Existing law establishes the Office of Statewide Health Planning and Development (OSHPD) in the California Health and Human Services Agency to regulate health planning and research development. This bill would require a health care service plan, health insurer, and medical group to report specified information to OSHPD on or before January 1, 2021, and on or before January 1 annually thereafter, on its participation in collaboratives and activities, including a program in which an enrollee or insured receives comprehensive transitional care or the supportive and therapeutic needs of an enrollee or insured are addressed in a holistic fashion. The bill would require OSHPD to compile and publish, on or before April 1, 2021, and on or before April 1 annually thereafter, the aggregate information received, organized by health care service plan, health insurer, and medical group, on its internet website. 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.

Primary Sponsors

Richard Pan

Bill Summary: Last edited by Joanne Campbell at Feb 25, 2019, 11:15 PM
Requires a health care service plan to report specified information to OSHPD on or before January 1, 2021, and on or before January 1 annually thereafter, on its participation in collaboratives and activities, including a program in which an enrollee receives comprehensive transitional care or the supportive and therapeutic needs of an enrollee are addressed in a holistic fashion.

Labels: Commercial Medi-Cal

State	Bill Number	Status	Position
CA	SB 639	In Senate	Monitor

Title

Medical services: credit or loan.

Description

SB 639, as introduced, Mitchell. Medical services: credit or loan. Existing law prohibits a healing arts licensee, as defined, or an employee or agent of that licensee from charging treatment or costs to a open-end credit or loan extended by a 3rd party that is arranged for or established in the licensee's office without first providing a specified written treatment plan, a specified written or electronic notice, and a specified list of which treatment and services are being charged. Existing law provides that a person who willfully violates these provisions is subject to specified civil liability. This bill would also prohibit a licensee or employee or agent of that licensee from charging treatment or costs to an open-end credit or loan that is extended by a third party and that is arranged for, or established in, that licensee's office without providing that plan or list. The bill would additionally prohibit a licensee or employee or agent of that licensee from offering an open-end credit or loan that contains a deferred interest provision, as defined. The bill would require a licensee, if the licensee accepts Medi-Cal, to indicate on the treatment plan if Medi-Cal would cover an alternate, medically appropriate service. The bill would also revise the content of the required written or electronic notice.

Primary Sponsors

Holly Mitchell

Bill Summary: Last edited by Joanne Campbell at Feb 25, 2019, 11:16 PM
Requires a healing arts licensee, if the licensee accepts Medi-Cal, to indicate on the treatment plan if Medi-Cal would cover an alternate, medically appropriate service.

Labels: Medi-Cal

State	Bill Number	Status	Position
CA	SB 653	In Senate	Monitor

Title

Telehealth.

Description

SB 653, as introduced, Chang. Telehealth. The Medical Practice Act establishes the Medical Board of California to regulate, among other things, the practice of telehealth, as defined. Existing law authorizes the board to establish a pilot program to expand the practice of telehealth and to convene a working group to implement the pilot program. This bill would make a nonsubstantive change to the pilot program provision.

Primary Sponsors

Ling Ling Chang

Bill Summary: Last edited by Joanne Campbell at Feb 25, 2019, 11:17 PM
Spot bill regarding a pilot program to expand the practice of telehealth.

Labels: Commercial Medi-Cal Telehealth

State
CA

Bill Number
SB 740

Status
In Senate

Position
Monitor

Title

Insurance: health care coverage: notice of termination.

Description

SB 740, as introduced, Mitchell. Insurance: health care coverage: notice of termination. Existing law prohibits an insurer or nonprofit hospital service plan from terminating a group master policy or contract providing hospital, medical, or surgical benefits, increasing premiums or charges, reducing or eliminating benefits, or restricting eligibility for coverage without providing prior notice of that action. This bill would make technical, nonsubstantive changes to that prohibition.

Primary Sponsors

Holly Mitchell

Bill Summary: Last edited by Joanne Campbell at Feb 25, 2019, 11:23 PM
Intent bill regarding private notice of action.

Labels: Commercial Medi-Cal

Title

Health care coverage: anticancer medical devices.

Description

SB 746, as introduced, Bates. Health care coverage: anticancer medical devices. 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 plan contracts and health insurance policies to cover certain medical services for particular types of cancer, including the screening, diagnosis, and treatment of breast cancer, and the screening and diagnosis of prostate cancer, if the contract or policy was issued, amended, or renewed after the applicable date. This bill would require health care service plan contracts and health insurance policies issued, amended, or renewed on or after January 1, 2020, that cover chemotherapy or radiation therapy for the treatment of cancer to also cover anticancer medical devices. The bill would define "anticancer medical device" as a medical device that has been approved for marketing by the federal Food and Drug Administration or is exempt from that approval, is primarily designed to be used outside of a medical facility, and has been prescribed by an authorized provider upon the provider's determination that the device is medically reasonable and necessary for the treatment of the patient's cancer. Because a violation of this 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.

Primary Sponsors

Pat Bates

Organizational Notes

Last edited by Joanne Campbell at Mar 11, 2019, 10:10 PM

Organizational Sponsor: Novocure

Bill Summary: Last edited by Joanne Campbell at Feb 25, 2019, 11:24 PM Mandates coverage for chemotherapy or radiation therapy for the treatment of cancer to also cover anticancer medical devices. The bill would define "anticancer medical device" as a medical device that has been approved for marketing by the federal Food and Drug Administration and is primarily designed to be used outside of a medical facility, and has been prescribed by an authorized provider upon the provider's determination that the device is medically reasonable and necessary for the treatment of the patient's cancer.

Labels: Commercial Medi-Cal Pharmacy

BOARD OF GOVERNORS
Executive Committee

Meeting Minutes – January 28, 2019

1055 West 7th Street, Los Angeles, CA 90017



L.A. Care
 HEALTH PLAN

Members

Hector De La Torre, *Chairperson*
 Al Ballesteros, *Vice Chairperson*
 Robert H. Curry, *Treasurer* *
 Layla Gonzalez-Delgado, *Secretary*
 Christina Ghaly, MD *
 Hilda Perez

Management/Staff

John Baackes, *Chief Executive Officer*
 Terry Brown, *Chief Human Resources Officer*
 Augustavia Haydel, Esq., *General Counsel*
 Dino Kasdagly, *Chief Operating Officer*
 Marie Montgomery, *Chief Financial Officer*
 Richard Seidman, MD, MPH, *Chief Medical Officer*
 *Absent ** Via Teleconference

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER Hector De La Torre	Hector De La Torre, <i>Board Chairperson</i> , called the meeting to order at 2:12 pm. He announced that members of the public may address the Committee on each matter listed on the agenda before or during the Committee’s consideration of the item, or on any other topic at the Public Comment section.	
APPROVE MEETING AGENDA Hector De La Torre	The Agenda for today’s meeting was approved as amended.	Approved unanimously 4 AYES (Ballesteros, De La Torre, Gonzalez-Delgado, and Perez)
PUBLIC COMMENTS	There were no public comments.	
APPROVE MEETING MINUTES Hector De La Torre	The minutes of the November 26, 2018 meeting were approved as submitted.	Approved unanimously 4 AYES
CHAIRPERSON’S REPORT Hector De La Torre	There was no Chairperson report.	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHIEF EXECUTIVE OFFICER REPORT John Baackes	There was no CEO report.	
COMMITTEE ISSUES		
Government Affairs Update Cherie Compartore	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported</p> <p><u>State budget update</u> The Governor is proposing:</p> <ul style="list-style-type: none"> • Medi-Cal expansion up to age 26 to include undocumented populations. This will have an impact on L.A. Care. • New state individual mandate modeled on the Affordable Care Act, along with increased subsidy for Covered California on top of the federal subsidy. • State subsidy for higher income individuals for Covered California to be paid for by penalty for new mandate. • Pharmacy carve out from managed Medi-Cal into fee-for service (FFS) to support a statewide formulary. There is not enough detail yet. This is a high priority item for L.A. Care. <p>Member Gonzalez-Delgado noted that members are scared about the pharmacy carve out. It would be nice to find out details.</p> <p>Member Booth asked about tobacco tax revenue. Ms. Compartore responded that the proposals for that revenue include a Value Based Payment Program. There is proposal for trauma screening for pregnant women and children under 21. There are no cuts on family planning supplemental payment.</p> <p>Member Gonzalez-Delgado asked if L.A. Care will be supporting programs to respond to homelessness.</p> <p>Ms. Compartore responded that L.A. Care will actively support homelessness programs. Many will fall into Los Angeles County Housing for Health (H4H) program.</p>	
2019 Legislative Agenda	<p>Ms. Compartore summarized the basic principles of L.A. Care's Legislative Agenda. The annual legislative agenda is developed in order that staff can move quickly when necessary. Staff provides monthly report on key bills to keep the Board apprised. Staff</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN												
	<p>will come back for approval on any policy or budget position that is not clearly within the guidelines.</p> <p>Included in the 2019 Legislative Agenda is a new principle related to pharmacy. Staff will continue to include social determinants on health policy. Ms. Compartore noted that this year for the first time are opposed policy proposals.</p> <p><u>Motion EXE 100.0219</u> To approve L.A. Care's 2019 State and Federal Policy Agenda as submitted.</p>	<p>Approved unanimously 4 AYES</p>												
<p>Agency Negotiator</p>	<p><u>Motion EXE 101.0219</u> To appoint Hector De La Torre as the Agency Negotiator for L.A. Care Health Plan for all terms and conditions of employment for John Baackes, Chief Executive Officer.</p>	<p>Approved unanimously 4 AYES</p> <p>The Committee approved placing this motion on the Consent Agenda for the February 7, 2019, Board of Governors meeting.</p>												
<p>Human Resources Policies</p>	<p>Terry Brown, <i>Chief Human Resources Officer</i>, summarized the policies being submitted for approval.</p> <p>L.A. Care Policy HR-501 requires that the Executive Committee annually review substantial changes to the HR Policies. In 2006 the Executive Committee was delegated the task of an annual review of the Human Resource Policies. Policies are revised or written to reflect desired changes to L.A. Care's practices, and to incorporate any changes necessitated by law.</p> <table border="1" data-bbox="499 1060 1581 1416"> <thead> <tr> <th>Policy Number</th> <th>Policy</th> <th>Section</th> <th>Description of Modification or Reason for Creation</th> </tr> </thead> <tbody> <tr> <td>HR-104</td> <td>Employee Benefits General Statement</td> <td>Benefits</td> <td>1) Temporary staff benefits included. 2) Regular and variable staff benefit coverage clearly defined.</td> </tr> <tr> <td>HR-221</td> <td>Transfer and Promotions</td> <td>Employee Relations</td> <td>1) Policy and procedures combined 2) Revisions made to procedures 3) Reclassification definition and procedures removed from policy</td> </tr> </tbody> </table>	Policy Number	Policy	Section	Description of Modification or Reason for Creation	HR-104	Employee Benefits General Statement	Benefits	1) Temporary staff benefits included. 2) Regular and variable staff benefit coverage clearly defined.	HR-221	Transfer and Promotions	Employee Relations	1) Policy and procedures combined 2) Revisions made to procedures 3) Reclassification definition and procedures removed from policy	
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HR-221	Transfer and Promotions	Employee Relations	1) Policy and procedures combined 2) Revisions made to procedures 3) Reclassification definition and procedures removed from policy											

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS				ACTION TAKEN
	HR-224	Food and/or Refreshments At L.A. Care Sponsored Meetings, Trainings or Other Activities	Employee Relations	1) Policy to be retired. Human Resources no longer has ownership of these functions. Each department is responsible for planning for refreshments at their own meetings. Information is sent by the requesting department to Finance for approval of the expenditure.	Approved unanimously. 4 AYES
<p><u>Motion EXE A.0119</u> To approve the revisions to Human Resources Policies: HR-104 (Employee Benefits General Statement); HR-221 (Transfer and Promotions); HR-224 (Food and/or Refreshments at L.A. Care Sponsored Meetings, Trainings or Other Activities).</p>					
Elevating the Safety Net	<p>Richard Seidman, MD, MPH, Chief Medical Officer, summarized the Elevating the Safety Net Program.</p> <p>Last year, the Board approved establishment of Elevating the Safety Net Program (Program) and designated the Executive Committee the duties for governance and oversight of the expenditures under the Program. The Board also approved:</p> <ul style="list-style-type: none"> • Designation of funds up to \$31,000,000 annually for five years to support the elements of Program; • Approved the Program Guiding Principles; • Authorize an additional expenditure of \$10,000,000 under the Program, including grants to establish a Loan Repayment Assistance Program, Physician Recruitment Program and additional medical school scholarships; • Delegated authority to the CEO or designee to take all steps necessary to implement these programs. • To seek opportunities to obtain supplemental matching funds from other organizations to support the program. • To name the recipients of the medical school scholarship program, L.A. Care Scholars. <p>Dr. Seidman presented a motion requesting authorization to move forward by inviting up to six institutions to submit proposals for residency training and faculty support.</p>				

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Appropriate funding will be requested when responses are received and the number of residency programs and faculty positions are known.</p> <p>\$12.8 million of the initial \$31 million has been authorized for expenditure. This motion seeks authorization for the CEO to approve expenditure of up to \$18.2 million in remaining funds to implement the Board approved elements to launch the Program.</p> <p>Member Gonzalez-Delgado asked how do we know that the selected scholars will stay in Los Angeles County. Also that members wants diversity.</p> <p>Dr. Seidman responded staff will bring to the Board the students to show the diversity. He added that L.A. Care is funding a slot, not an individual to foster diversity.</p> <p>Member Perez asked how the ECAC/RCAC can be part of the process and have input on L.A. Care's initiatives when funding is allocated. She added that she also wants to see results.</p> <p>Chair De La Torre thinks that this can be an ongoing discussion at ECAC/RCAC meetings, then bring to the full Board. It may also be worthwhile to have some data available before presenting it to ECAC/RCAC.</p> <p><u>Motion EXE B.0119</u> To delegate authority to the CEO for:</p> <ol style="list-style-type: none"> 1. Expenditure of up to \$18,200,000 in remaining unexpended funds for Elevating the Safety Net for existing programs including the Loan Repayment Assistance Program, Physician Recruitment Program and medical school scholarships; 2. Inviting to up to six institutions to submit proposals for primary care residency support and faculty support. 	<p>Approved unanimously. 4 AYES</p>
<p>Executive Community Advisory Committee motions</p>	<p><u>Motion ECA 100.0119</u> To approve the following as members to the Regional Community Advisory Committee as reviewed by the Executive Community Advisory Committee (ECAC) during its December 12, 2018 and January 9, 2019 meetings:</p> <ul style="list-style-type: none"> • Gary Steinn, Consumer, RCAC 2 • Maritza Lebron, Consumer, RCAC 8 • Vuthny Hor, Consumer, RCAC 9 	<p>Motions ECA 100, 101 and 102 were voted simultaneously.</p> <p>Approved unanimously. 4 AYES</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Motion ECA 101.0119</u> To ratify the election of Ana Romo as Chairperson and Elda Sevilla as Vice Chairperson of the Executive Community Advisory Committee (ECAC) for the calendar year 2019.</p> <p><u>Motion ECA 102.0119</u> To ratify the election of Fresia Paz as Vice Chairperson of Regional Community Advisory Committee (RCAC) Region 10 for the calendar year 2019.</p>	
<p>APPROVE CONSENT AGENDA FOR BOARD OF GOVERNORS MEETING</p>	<p>The Committee approved the following motions to be added to the Consent Agenda for the Board of Governors meeting on February 7, 2019:</p> <ul style="list-style-type: none"> • Appointment of Agency Negotiator • Quarterly Investment Report December 2018 • Compliance Work Plan • Enterprise Risk Management Plan and 2019 Risk Assessment • 2019 Audit Services Audit Plan including Delegation Oversight Audit 	<p>Approved unanimously. 4 AYES</p>
<p>ADJOURN TO CLOSED SESSION</p>	<p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. There was no public comment on the closed session items, and the meeting adjourned to closed session at 3:00 p.m.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Product Lines Estimated date of public disclosure: <i>January 2021</i></p> <p>CONFERENCE WITH REAL PROPERTY NEGOTIATORS Property: 1200 West 7th Street, Los Angeles Agency Negotiator: John Baackes Negotiating Parties: Rising Realty Partners, HRRP Garland, LLC.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Under Negotiation: Price and Terms of Payment CONFERENCE WITH LABOR NEGOTIATOR Section 54957.6 of the Ralph M. Brown Act Agency Negotiator: Hector De La Torre Unrepresented Employee: Chief Executive Officer	
RECONVENIE IN OPEN SESSION	The meeting reconvened in open session at 3:35 pm. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting adjourned at 3:35 pm.	

Respectfully submitted by:

Linda Merkens, *Senior Manager, Board Services*
 Malou Balones, *Senior Board Specialist, Board Services*

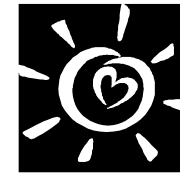
APPROVED BY:


 Hector De La Torre, *Chair*
 Date: 2-25-19

APPROVED

BOARD OF GOVERNORS
Executive Committee
Meeting Minutes – February 25, 2019

1055 West 7th Street, Los Angeles, CA 90017



L.A. Care
 HEALTH PLAN

Members

Hector De La Torre, *Chairperson*
 Al Ballesteros, *Vice Chairperson*
 Robert H. Curry, *Treasurer* *
 Layla Gonzalez-Delgado, *Secretary*
 Christina Ghaly, MD
 Hilda Perez

Management/Staff

John Baackes, *Chief Executive Officer*
 Terry Brown, *Chief Human Resources Officer*
 Marie Montgomery, *Chief Financial Officer*
 Richard Seidman, MD, MPH, *Chief Medical Officer*

*Absent ** Via Teleconference

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER Hector De La Torre	Hector De La Torre, <i>Board Chairperson</i> , called the meeting to order at 2:05 pm. He welcomed everyone to the meeting and invited the members of the Executive Committee, staff and guests to introduce themselves. He announced that members of the public may address the Committee on each matter listed on the agenda before or during the Committee’s consideration of the item, or on any other topic at the Public Comment section.	
APPROVE MEETING AGENDA Hector De La Torre	The Agenda for today’s meeting was approved as amended.	Approved unanimously 4 AYES (Ballesteros, De La Torre, Gonzalez-Delgado, and Perez)
PUBLIC COMMENTS	<i>(Member Ghaly joined the meeting.)</i> There were no public comments.	
APPROVE MEETING MINUTES Hector De La Torre	Member Perez asked for clarification on \$31 million in funding for the Elevating the Safety Net initiative. John Baackes, <i>Chief Executive Officer</i> , explained that the \$31 million is allocated for the Elevating the Safety Net program from L.A. Care’s reserve. Of that, \$10 million was authorized for expenditures. The program currently has 29 grants awarded for medical school loan repayments for eight scholars and 14 practicing providers. Staff will continue to provide updates at future meetings.	Approved unanimously 5 AYES (Ballesteros, De La Torre, Ghaly, Gonzalez-Delgado, and Perez)

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	The minutes of the January 28, 2019 meeting were approved as submitted.	
CHAIRPERSON'S REPORT Hector De La Torre	There was no Chairperson report.	
CHIEF EXECUTIVE OFFICER REPORT John Baackes	<p>Mr. Baackes reported:</p> <ul style="list-style-type: none"> • L.A. Care's FY 2018-19 budget included an increase in L.A. Care's minimum wage to \$16.15, effective February 2019. Four years ago, the minimum wage of L.A. Care employees was increased from \$13.50 to \$15 per hour. This is ahead of implementation of California's \$15 per hour minimum wage. In a recent L.A. Care Town Hall meeting, staff expressed that \$1-2 increase in wage helps a lot. L.A. Care will continue to advocate for its employees. • Department of Health and Human Services (HHS) Secretary Alex M. Azar, II, praised the administration's plan for bringing unprecedented transparency and competition to the prescription drug market, which includes requiring the disclosure of list prices in television ads for improved transparency. L.A. Care will continue to evaluate the potential impact of this proposal. • California's proposal to carve out prescription drugs will take effect January 2020. Mr. Baackes will meet with State officials next week to point out L.A. Care's concerns about the State taking over pharmacy benefits and its ability to handle grievances in a timely manner. Member Ghaly asked about transparency in the State's proposal. Mr. Baackes noted that the State is proposing to handle the administration of a statewide formulary. It may be a difficult task since state-run programs currently can take up to four days to authorize care. For formulary grievances, a response is required within 24 hours. L.A. Care will participate in discussions with state representatives and will closely monitor the details of the proposal. Cherie Compartore, <i>Senior Director, Government Affairs</i>, noted that L.A. Care will meet with DHCS and the Department of Finance representatives about the Governor's Executive Order to carve the pharmacy benefit out of managed care programs. <p>Dr. Booth asked Ms. Compartore if there are talking points available so the Los Angeles County Medical Association members can help with advocacy. Ms.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Compartore responded that as soon as more details become known on the proposal, talking points will be developed.</p> <ul style="list-style-type: none"> The Affordable Care Act (ACA) included a Cost Sharing Reduction (CSR) to help make health coverage premiums more affordable, a deal built out for insurance companies. L.A. Care last received CSR in 2014 and continues to have members. There was opportunity between December-January to adjust L.A. Care rates. <p>The Trump administration saved on advance payment which is \$49 billion/year, plus filed suits. There was partial judgment in L.A. Care's favor. It is expected that there will be appeals.</p> <ul style="list-style-type: none"> On February 8 and 9, 2019, L.A. Care opened its sixth Family Resource Center (FRC) in East Los Angeles. The celebration event was attended by elected officials, legislators and Board Members De La Torre, Ballesteros, Booth, Gonzalez-Delgado and Perez. Seven more FRCs are planned. FRCs in Pomona and Metro Los Angeles are under construction/negotiation. 	
COMMITTEE ISSUES		
<p>Government Affairs Update Cherie Compartore</p>	<p>Ms. Compartore reported:</p> <ul style="list-style-type: none"> The California Nurses Association (CAN), was not able to find a legislative author for its proposed single payer legislation. Instead, CNA will focus on the national level. The Governor has a proposal that would extend Medi-Cal coverage for eligible undocumented adults up to 26 years old. There are legislative proposals that would extend Medi-Cal coverage for all eligible undocumented people, regardless of age. Staff will resume providing a list of relevant proposed legislation starting with the April 2019 Executive Committee meeting. <p>In response to Chairperson De La Torre's comment regarding increasing MediCal rates as described in the Governor's health initiatives, Ms. Compartore added that she believes the funding is from Proposition 56, the Tobacco Tax Initiative.</p>	
<p>Policy 603 (Grants)</p>	<p>Francisco Oaxaca, <i>Senior Director, Communications and Community Outreach & Education</i>, presented the revisions to Policy 603 (Grants & Sponsorships).</p> <p>The most significant change is an update to the funding amount that L.A. Care staff can award without Board approval.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Sponsorships increased from \$20,000 to \$75,000. • Grants increased from \$100,000 to \$150,000. • Sponsorship awards of \$75,000 or more and Grant awards of \$150,000 or more, will require Board approval. <p>The current staff approval limits were set 14 years ago, and don't account for the increase in need for safety net organizations. Community-based organizations are serving a significantly higher number of patients than they were 14 years ago. Staff is processing over five times the volume of funding awards, increasing the award amounts will allow for increased operational efficiency.</p> <p><u>Motion EXE 100.0419</u> To approve changes to L.A. Care Policy 603 (Grants and Sponsorships).</p>	
<p>Policy COMM 006 (Sponsorships)</p>	<p>Mr. Oaxaca also presented revisions to Policy 603.2 (Sponsorships). This policy was last updated on November 6, 2003. The changes reflect administrative updates to the Sponsorship review and approval process, and reflect organizational changes in the ownership of the policy and the Sponsorships program. The current policy indicates that Marketing manages Sponsorships, but this has not been the case for over five years. The Sponsorships program is now managed by the Communications and Community Outreach & Education Department, as such, edits include a change in the policy name from 603.2, to COMM 006.</p> <p>Member Gonzalez-Delgado asked about the types of grants, specifically grants related to Social Determinants of Health organizations and reporting. Mr. Oaxaca responded that sponsorships support L.A. Care initiatives. The Board is provided with an annual sponsorship report.</p> <p>Dr. Booth expressed concerns about adequate reporting and accountability. Chairperson De La Torre agreed that once a year reporting may not be adequate. Mr. Baackes noted that staff will develop a mechanism for reporting.</p> <p>Member Perez asked how L.A. Care announces to community based organizations (CBOs) that sponsorships/grants are available. Mr. Baackes responded that the organizations regularly reach out to L.A. Care.</p> <p>Dr. Booth asked if Elevating the Safety Net is part of the budget for grants and sponsorship. Mr. Baackes clarified that the Community Health Initiative Fund (CHIF)</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN								
	<p>has a \$5 million budget for grants and sponsorships. The Board approved a separate funding of \$31 million for 5 years, for Elevating the Safety Net program.</p> <p>Chair De La Torre wants to have a trigger for accumulated grants awarded to the same place, even if less than the threshold, i.e., a rolling 18 months.</p> <p>Erika Estrada, <i>Supervisor, Community Relations</i>, asked if the accumulated amount is combined grants and sponsorship. Chair De La Torre suggested that if the combined accumulated amount is higher than the threshold, a request must have Board approval.</p> <p><u>Motion EXE 101.0419</u> To approve changes to L.A. Care Policy 603.2 (Sponsorships), and renaming policy to COMM 006 (Sponsorship).</p>	<p>Motions EXE 100 and EXE 101 were approved unanimously simultaneously. 5 AYES</p> <p>The Committee instructed staff to incorporate the suggested process to the revised policy for final approval of the Board.</p>								
RCAC Membership	<p><u>Motion ECA 100.0219A</u> To approve Manuela Castaneda, Consumer, as member to the Regional Community Advisory Committee (RCAC) 1, as reviewed by the Executive Community Advisory Committee (ECAC) during its February 13, 2019 meeting.</p>	<p>Approved unanimously 5 AYES</p>								
Human Resources Policies	<p>Terry Brown, <i>Chief Human Resources Officer</i>, presented revisions to the Human Resources policies below. L.A. Care Policy HR-501 requires that the Executive Committee review the substantial changes to the HR Policies. In 2006 the Executive Committee was delegated the task of annual review of the Human Resource Policies. Policies are revised or written to reflect desired changes to L.A. Care’s practices, and to incorporate any changes necessitated by law.</p> <table border="1" data-bbox="510 1024 1583 1403"> <thead> <tr> <th data-bbox="510 1024 663 1097">Policy Number</th> <th data-bbox="669 1024 921 1097">Policy</th> <th data-bbox="928 1024 1142 1097">Section</th> <th data-bbox="1148 1024 1583 1097">Description of Modification or Reason for Creation</th> </tr> </thead> <tbody> <tr> <td data-bbox="510 1102 663 1403">HR-110</td> <td data-bbox="669 1102 921 1403">Lactation Accommodation</td> <td data-bbox="928 1102 1142 1403">Benefits</td> <td data-bbox="1148 1102 1583 1403"> 1) Policy moved from Benefits to Employee Relations. 2) Policy changed from HR-110 to HR-236. 3) Time frame of up to 30 minutes (including rest period) added for non-exempt nursing mothers to express milk. </td> </tr> </tbody> </table>	Policy Number	Policy	Section	Description of Modification or Reason for Creation	HR-110	Lactation Accommodation	Benefits	1) Policy moved from Benefits to Employee Relations. 2) Policy changed from HR-110 to HR-236. 3) Time frame of up to 30 minutes (including rest period) added for non-exempt nursing mothers to express milk.	
Policy Number	Policy	Section	Description of Modification or Reason for Creation							
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AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS				ACTION TAKEN
	HR-210	Meal Breaks and Rest Periods	Employee Relations	1) Rest period increased to 15 minutes to allow 10 minutes of actual rest time after arriving and leaving break station. 2) Premium Pay defined.	
HR-401	Drug Free Workplace/ Fitness for Duty	Health and Safety	1) Fitness for Duty removed from policy and title. 2) Drug and/or alcohol suspicion verification added. 3) Under the Influence definition updated. 4) List of drug and/or alcohol suspicious behavior indicators updated.		
HR-706	Introductory Orientation and Mandatory Training	Organizational Excellence	1) Mandatory annual training added to policy.		
<p><u>Motion EXE A.0219</u> To approve the revisions to Human Resources Policies: HR-110 (Lactation Accommodation); HR-210 (Meal Breaks and Rest Periods); HR-401 (Drug Free Workplace/Fitness for Duty); and HR-706 (Introductory Orientation and Mandatory Training), as submitted.</p>					<p>Approved unanimously 5 AYES</p>
<p>ADJOURN TO CLOSED SESSION</p>	<p>Chairperson De La Torre announced the items to be discussed in closed session. He announced there is no report anticipated from the closed session. There was no public comment on the closed session items, and the meeting adjourned to closed session at 3:05 p.m.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates 				

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Product Lines Estimated date of public disclosure: <i>February 2021</i></p> <p>CONFERENCE WITH REAL PROPERTY NEGOTIATORS Section 54956.8 of the Ralph M. Brown Act Property: 3101 W. Pico, Los Angeles, CA. 90019 Agency Negotiator: John Baackes Negotiating Parties: Eurostar, Inc. DBA ("WSS"), William Argueta Under Negotiation: Price and Terms of Payment</p> <p>CONFERENCE WITH REAL PROPERTY NEGOTIATORS Section 54956.8 of the Ralph M. Brown Act Property: 696 W. Holt Avenue, Pomona, CA 91767 Agency Negotiator: John Baackes Negotiating Parties: BRASA Asset Management (690 Holt Pomona, LLC) Elliot Weinstock Under Negotiation: Price and Terms of Payment</p> <p>CONFERENCE WITH LABOR NEGOTIATOR Section 54957.6 of the Ralph M. Brown Act Agency Negotiator: Hector De La Torre Unrepresented Employee: Chief Executive Officer</p>	
RECONVENIE IN OPEN SESSION	The meeting reconvened in open session at 3:35 pm. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting adjourned at 3:35 pm.	

Respectfully submitted by:

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

Executive Committee Meeting Minutes
February 25, 2019
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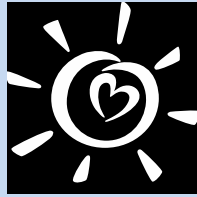
APPROVED BY:



Hector De La Torre, *Chair*

Date: 3-25-19

APPROVED



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: April 4, 2019

Motion No. FIN 101.0419

Committee: Finance & Budget

Chairperson: Robert H. Curry

New Contract Amendment Sole Source RFP/RFQ was conducted

Issue: Acceptance of the Financial Report for the period ended January and February 2019

Background: N/A

Member Impact: N/A

Budget Impact: N/A

Motion: To accept the Financial Report for the period ended January and February 2019, as submitted.



L.A. Care
HEALTH PLAN®

Financial Performance January 2019

Overall

The combined member months are 8.8 million year-to-date, which is 73,768 member months unfavorable to budget. The year-to-date performance is a surplus of \$108.2 million or 4.2 % of revenue and is \$83.2 million favorable to budget.

MediCal Plan Partners

The member months are 4 million, which is 32,165 member months unfavorable to budget. The performance is a surplus of \$44.1 million and is \$2.5 million favorable to budget.

MediCal SPD-CCI

The member months are 884,665, which is 11,239 member months favorable to budget. The performance is a surplus of \$34.1 million, which is \$48.6 million favorable to the budget primarily driven by favorable calendar year 2018 CCI rate adjustments.

MediCal TANF-MCE

The member months are 3.3 million, which is 47,249 member months unfavorable to budget. The performance is a surplus of \$21 million and is \$28.1 million favorable to budget. The favorable variance is driven primarily by higher than budgeted revenue and lower than expected healthcare and operating expenses.

Cal MediConnect (CMC)

The member months are 65,560 which is 2,009 member months favorable to budget. The performance is a deficit of \$0.9 million, which is \$ 3.3 million favorable to the budget expectations. Favorability is driven by higher than budgeted revenues due to calendar year 2018 rate adjustments for the Medi-Cal portion.

Commercial

L.A. Care Commercial consists of LACC and PASC-SEIU. The member months are 488,467, which is 7,602 member months unfavorable to budget. The performance is a surplus of \$16.6 million and is \$0.6 million unfavorable to budget driven by higher than budgeted operating expenses.



Consolidated Operations Income Statement (\$ in thousands)

January 2019

Current Actual		Current Budget		Fav<Unfav> Budget		YTD Actual		YTD Budget		Fav<Unfav> Budget		
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	
2,191,588		2,217,358		(25,770)								
						Membership						
						Member Months	8,785,075	8,858,843	(73,768)			
						Revenue						
\$ 637,062	\$ 290.68	\$ 636,301	\$ 286.96	\$ 761	\$ 3.72	Capitation	\$ 2,558,742	\$ 291.26	\$ 2,530,191	\$ 285.61	\$ 28,551	\$ 5.65
\$ 413	\$ 0.19	\$ 346	\$ 0.16	\$ 66	\$ 0.03	Pay for Performance	\$ 1,519	\$ 0.17	\$ 1,385	\$ 0.16	\$ 133	\$ 0.02
\$ 637,474	\$ 290.87	\$ 636,647	\$ 287.12	\$ 827	\$ 3.75	Total Revenues	\$ 2,560,261	\$ 291.43	\$ 2,531,576	\$ 285.77	\$ 28,685	\$ 5.66
						Healthcare Expenses						
\$ 319,632	\$ 145.84	\$ 335,888	\$ 151.48	\$ 16,256	\$ 5.64	Capitation	\$ 1,304,473	\$ 148.49	\$ 1,339,067	\$ 151.16	\$ 34,594	\$ 2.67
\$ 63,351	\$ 28.91	\$ 80,245	\$ 36.19	\$ 16,894	\$ 7.28	Inpatient Claims	\$ 300,214	\$ 34.17	\$ 320,008	\$ 36.12	\$ 19,794	\$ 1.95
\$ 53,019	\$ 24.19	\$ 51,554	\$ 23.25	\$ (1,464)	\$ (0.94)	Outpatient Claims	\$ 219,029	\$ 24.93	\$ 205,754	\$ 23.23	\$ (13,275)	\$ (1.71)
\$ 59,664	\$ 27.22	\$ 52,700	\$ 23.77	\$ (6,964)	\$ (3.46)	Skilled Nursing Facility	\$ 227,878	\$ 25.94	\$ 210,407	\$ 23.75	\$ (17,470)	\$ (2.19)
\$ 50,790	\$ 23.18	\$ 58,927	\$ 26.58	\$ 8,137	\$ 3.40	Pharmacy	\$ 223,715	\$ 25.47	\$ 234,941	\$ 26.52	\$ 11,227	\$ 1.06
\$ 2,684	\$ 1.22	\$ 10,861	\$ 4.90	\$ 8,177	\$ 3.67	Provider Incentives and Shared Risk	\$ 21,568	\$ 2.46	\$ 28,944	\$ 3.27	\$ 7,376	\$ 0.81
\$ 5,012	\$ 2.29	\$ 4,974	\$ 2.24	\$ (38)	\$ (0.04)	Medical Administrative Expenses	\$ 19,182	\$ 2.18	\$ 19,635	\$ 2.22	\$ 453	\$ 0.03
\$ 554,151	\$ 252.85	\$ 595,149	\$ 268.40	\$ 40,999	\$ 15.55	Total Healthcare Expenses	\$ 2,316,059	\$ 263.64	\$ 2,358,757	\$ 266.26	\$ 42,698	\$ 2.62
86.9%		93.5%		6.6%		MCR(%)	90.5%		93.2%		2.7%	
\$ 83,324	\$ 38.02	\$ 41,498	\$ 18.72	\$ 41,826	\$ 19.30	Operating Margin	\$ 244,203	\$ 27.80	\$ 172,820	\$ 19.51	\$ 71,383	\$ 8.29
\$ 37,248	\$ 17.00	\$ 35,909	\$ 16.19	\$ (1,339)	\$ (0.80)	Total Operating Expenses	\$ 142,785	\$ 16.25	\$ 145,382	\$ 16.41	\$ 2,597	\$ 0.16
5.8%		5.6%		-0.2%		Admin Ratio(%)	5.6%		5.7%		0.2%	
\$ 46,075	\$ 21.02	\$ 5,589	\$ 2.52	\$ 40,487	\$ 18.50	Income (Loss) from Operations	\$ 101,418	\$ 11.54	\$ 27,438	\$ 3.10	\$ 73,979	\$ 8.45
\$ (871)	\$ (0.40)	\$ (1,905)	\$ (0.86)	\$ 1,034	\$ 0.46	Other Income/(Expense), net	\$ (6,795)	\$ (0.77)	\$ (8,424)	\$ (0.95)	\$ 1,629	\$ 0.18
\$ 2,443	\$ 1.11	\$ 1,500	\$ 0.68	\$ 943	\$ 0.44	Interest Income, net	\$ 9,429	\$ 1.07	\$ 6,000	\$ 0.68	\$ 3,429	\$ 0.40
\$ (44)	\$ (0.02)	\$ -	\$ -	\$ (44)	\$ (0.02)	Realized Gain / Loss	\$ (82)	\$ (0.01)	\$ -	\$ -	\$ (82)	\$ (0.01)
\$ 2,304	\$ 1.05	\$ -	\$ -	\$ 2,304	\$ 1.05	Unrealized Gain / Loss	\$ 4,262	\$ 0.49	\$ -	\$ -	\$ 4,262	\$ 0.49
\$ 3,831	\$ 1.75	\$ (405)	\$ (0.18)	\$ 4,236	\$ 1.93	Total Non-Operating Income (Expense)	\$ 6,813	\$ 0.78	\$ (2,424)	\$ (0.27)	\$ 9,238	\$ 1.05
\$ 49,906	\$ 22.77	\$ 5,183	\$ 2.34	\$ 44,723	\$ 20.43	Net Surplus (Deficit)	\$ 108,231	\$ 12.32	\$ 25,014	\$ 2.82	\$ 83,217	\$ 9.50
7.8%		0.8%		7.0%		Margin(%)	4.2%		1.0%		3.2%	



MediCal Plan Partners Income Statement (\$ in thousands)

January 2019

Current Actual			Current Budget			Fav<Unfav> Budget			YTD Actual			YTD Budget			Fav<Unfav> Budget		
\$	PMPM		\$	PMPM		\$	PMPM		\$	PMPM		\$	PMPM		\$	PMPM	
1,000,193			1,014,274			(14,081)			4,029,176			4,061,341			(32,165)		
Membership																	
Member Months																	
Revenue																	
Capitation																	
\$ 222,933	\$ 222.89		\$ 237,138	\$ 233.80		\$ (14,205)	\$ (10.91)		\$ 919,647	\$ 228.25		\$ 948,048	\$ 233.43		\$ (28,402)	\$ (5.19)	
\$ 222,933	\$ 222.89		\$ 237,138	\$ 233.80		\$ (14,205)	\$ (10.91)		\$ 919,647	\$ 228.25		\$ 948,048	\$ 233.43		\$ (28,402)	\$ (5.19)	
Total Revenues																	
Healthcare Expenses																	
Capitation																	
\$ 206,208	\$ 206.17		\$ 217,671	\$ 214.61		\$ 11,464	\$ 8.44		\$ 851,111	\$ 211.24		\$ 870,064	\$ 214.23		\$ 18,953	\$ 2.99	
\$ (2)	\$ (0.00)		\$ -	\$ -		\$ 2	\$ 0.00		\$ (1)	\$ (0.00)		\$ -	\$ -		\$ 1	\$ 0.00	
\$ 141	\$ 0.14		\$ -	\$ -		\$ (141)	\$ (0.14)		\$ 140	\$ 0.03		\$ -	\$ -		\$ (140)	\$ (0.03)	
\$ -	\$ -		\$ 7,179	\$ 7.08		\$ 7,179	\$ 7.08		\$ 6,763	\$ 1.68		\$ 14,438	\$ 3.56		\$ 7,675	\$ 1.88	
\$ 708	\$ 0.71		\$ 773	\$ 0.76		\$ 65	\$ 0.05		\$ 2,694	\$ 0.67		\$ 2,981	\$ 0.73		\$ 287	\$ 0.07	
\$ 207,055	\$ 207.01		\$ 225,623	\$ 222.45		\$ 18,568	\$ 15.43		\$ 860,707	\$ 213.62		\$ 887,483	\$ 218.52		\$ 26,776	\$ 4.90	
92.9%			95.1%			2.3%			93.6%			93.6%			0.0%		
\$ 15,878	\$ 15.88		\$ 11,515	\$ 11.35		\$ 4,363	\$ 4.52		\$ 58,940	\$ 14.63		\$ 60,565	\$ 14.91		\$ (1,626)	\$ (0.28)	
\$ 5,365	\$ 5.36		\$ 5,220	\$ 5.15		\$ (145)	\$ (0.22)		\$ 20,993	\$ 5.21		\$ 21,402	\$ 5.27		\$ 409	\$ 0.06	
2.4%			2.2%			-0.2%			2.3%			2.3%			0.0%		
\$ 10,513	\$ 10.51		\$ 6,295	\$ 6.21		\$ 4,218	\$ 4.30		\$ 37,947	\$ 9.42		\$ 39,163	\$ 9.64		\$ (1,216)	\$ (0.22)	
\$ 2,133	\$ 2.13		\$ 630	\$ 0.62		\$ 1,503	\$ 1.51		\$ 6,201	\$ 1.54		\$ 2,520	\$ 0.62		\$ 3,681	\$ 0.92	
Total Operating Expenses																	
Admin Ratio(%)																	
Income (Loss) from Operations																	
Total Non-Operating Income (Expense)																	
Net Surplus (Deficit)																	
Margin(%)																	
\$ 12,647	\$ 12.64		\$ 6,925	\$ 6.83		\$ 5,721	\$ 5.82		\$ 44,148	\$ 10.96		\$ 41,683	\$ 10.26		\$ 2,464	\$ 0.69	
5.7%			2.9%			2.8%			4.8%			4.4%			0.4%		



MediCal Direct SPD-CCI Income Statement (\$ in thousands)

January 2019

Current Actual		Current Budget		Fav<Unfav> Budget		YTD Actual		YTD Budget		Fav<Unfav> Budget		
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	
220,375		218,626		1,749								
						Membership						
						Member Months	884,665		873,426		11,239	
						Revenue						
						Capitation	\$ 648,213	\$ 732.72	\$ 601,748	\$ 688.95	\$ 46,466	\$ 43.77
\$ 164,309	\$ 745.59	\$ 151,381	\$ 692.42	\$ 12,928	\$ 53.17	Total Revenues	\$ 648,213	\$ 732.72	\$ 601,748	\$ 688.95	\$ 46,466	\$ 43.77
\$ 164,309	\$ 745.59	\$ 151,381	\$ 692.42	\$ 12,928	\$ 53.17							
						Healthcare Expenses						
\$ 14,796	\$ 67.14	\$ 14,685	\$ 67.17	\$ (111)	\$ 0.03	Capitation	\$ 61,212	\$ 69.19	\$ 58,674	\$ 67.18	\$ (2,538)	\$ (2.02)
\$ 12,753	\$ 57.87	\$ 33,236	\$ 152.02	\$ 20,484	\$ 94.16	Inpatient Claims	\$ 107,839	\$ 121.90	\$ 132,787	\$ 152.03	\$ 24,947	\$ 30.13
\$ 28,572	\$ 129.65	\$ 27,733	\$ 126.85	\$ (839)	\$ (2.80)	Outpatient Claims	\$ 117,689	\$ 133.03	\$ 110,807	\$ 126.86	\$ (6,882)	\$ (6.17)
\$ 54,076	\$ 245.38	\$ 45,983	\$ 210.33	\$ (8,093)	\$ (35.05)	Skilled Nursing Facility	\$ 208,659	\$ 235.86	\$ 183,687	\$ 210.31	\$ (24,972)	\$ (25.56)
\$ 15,490	\$ 70.29	\$ 19,375	\$ 88.62	\$ 3,885	\$ 18.33	Pharmacy	\$ 68,547	\$ 77.48	\$ 77,410	\$ 88.63	\$ 8,864	\$ 11.15
\$ (756)	\$ (3.43)	\$ (617)	\$ (2.82)	\$ 140	\$ 0.61	Provider Incentives and Shared Risk	\$ (1,156)	\$ (1.31)	\$ (2,463)	\$ (2.82)	\$ (1,307)	\$ (1.51)
\$ 1,417	\$ 6.43	\$ 1,624	\$ 7.43	\$ 207	\$ 1.00	Medical Administrative Expenses	\$ 5,763	\$ 6.51	\$ 6,467	\$ 7.40	\$ 704	\$ 0.89
\$ 126,348	\$ 573.33	\$ 142,020	\$ 649.60	\$ 15,672	\$ 76.27	Total Healthcare Expenses	\$ 568,553	\$ 642.68	\$ 567,369	\$ 649.59	\$ (1,184)	\$ 6.91
76.9%		93.8%		16.9%		MCR(%)	87.7%		94.3%		6.6%	
\$ 37,961	\$ 172.26	\$ 9,361	\$ 42.82	\$ 28,601	\$ 129.44	Operating Margin	\$ 79,660	\$ 90.05	\$ 34,379	\$ 39.36	\$ 45,282	\$ 50.69
\$ 11,694	\$ 53.06	\$ 12,435	\$ 56.88	\$ 741	\$ 3.82	Total Operating Expenses	\$ 49,330	\$ 55.76	\$ 50,616	\$ 57.95	\$ 1,286	\$ 2.19
7.1%		8.2%		1.1%		Admin Ratio(%)	7.6%		8.4%		0.8%	
\$ 26,268	\$ 119.19	\$ (3,074)	\$ (14.06)	\$ 29,342	\$ 133.26	Income (Loss) from Operations	\$ 30,330	\$ 34.28	\$ (16,237)	\$ (18.59)	\$ 46,567	\$ 52.87
\$ 1,374	\$ 6.24	\$ 444	\$ 2.03	\$ 930	\$ 4.20	Total Non-Operating Income (Expense)	\$ 3,798	\$ 4.29	\$ 1,776	\$ 2.03	\$ 2,022	\$ 2.26
\$ 27,642	\$ 125.43	\$ (2,630)	\$ (12.03)	\$ 30,272	\$ 137.46	Net Surplus (Deficit)	\$ 34,128	\$ 38.58	\$ (14,461)	\$ (16.56)	\$ 48,589	\$ 55.13
16.8%		-1.7%		18.6%		Margin(%)	5.3%		-2.4%		7.7%	



MediCal Direct TANF-MCE Income Statement (\$ in thousands)

January 2019

Current Actual		Current Budget		Fav<Unfav> Budget		YTD Actual		YTD Budget		Fav<Unfav> Budget		
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	
823,848		842,036		(18,188)								
						Membership						
						Member Months	3,317,207	3,364,456	(47,249)			
						Revenue						
\$ 182,616	\$ 221.66	\$ 184,333	\$ 218.91	\$ (1,717)	\$ 2.75	Capitation	\$ 741,867	\$ 223.64	\$ 736,562	\$ 218.92	\$ 5,305	\$ 4.72
\$ 182,616	\$ 221.66	\$ 184,333	\$ 218.91	\$ (1,717)	\$ 2.75	Total Revenues	\$ 741,867	\$ 223.64	\$ 736,562	\$ 218.92	\$ 5,305	\$ 4.72
						Healthcare Expenses						
\$ 67,577	\$ 82.03	\$ 70,909	\$ 84.21	\$ 3,332	\$ 2.19	Capitation	\$ 270,571	\$ 81.57	\$ 283,354	\$ 84.22	\$ 12,784	\$ 2.65
\$ 41,680	\$ 50.59	\$ 39,843	\$ 47.32	\$ (1,837)	\$ (3.27)	Inpatient Claims	\$ 159,677	\$ 48.14	\$ 159,190	\$ 47.32	\$ (487)	\$ (0.82)
\$ 21,822	\$ 26.49	\$ 20,796	\$ 24.70	\$ (1,026)	\$ (1.79)	Outpatient Claims	\$ 87,732	\$ 26.45	\$ 83,099	\$ 24.70	\$ (4,633)	\$ (1.75)
\$ 3,812	\$ 4.63	\$ 5,177	\$ 6.15	\$ 1,365	\$ 1.52	Skilled Nursing Facility	\$ 12,867	\$ 3.88	\$ 20,685	\$ 6.15	\$ 7,818	\$ 2.27
\$ 30,050	\$ 36.47	\$ 33,011	\$ 39.20	\$ 2,961	\$ 2.73	Pharmacy	\$ 129,768	\$ 39.12	\$ 131,891	\$ 39.20	\$ 2,123	\$ 0.08
\$ 2,113	\$ 2.56	\$ 2,045	\$ 2.43	\$ (68)	\$ (0.14)	Provider Incentives and Shared Risk	\$ 9,805	\$ 2.96	\$ 8,168	\$ 2.43	\$ (1,637)	\$ (0.53)
\$ 2,234	\$ 2.71	\$ 2,095	\$ 2.49	\$ (139)	\$ (0.22)	Medical Administrative Expenses	\$ 8,473	\$ 2.55	\$ 8,307	\$ 2.47	\$ (166)	\$ (0.09)
\$ 169,288	\$ 205.48	\$ 173,876	\$ 206.50	\$ 4,589	\$ 1.01	Total Healthcare Expenses	\$ 678,894	\$ 204.66	\$ 694,695	\$ 206.48	\$ 15,801	\$ 1.82
92.7%		94.3%		1.6%		MCR(%)	91.5%	94.3%	2.8%			
\$ 13,328	\$ 16.18	\$ 10,457	\$ 12.42	\$ 2,871	\$ 3.76	Operating Margin	\$ 62,973	\$ 18.98	\$ 41,867	\$ 12.44	\$ 21,106	\$ 6.54
\$ 13,486	\$ 16.37	\$ 12,400	\$ 14.73	\$ (1,086)	\$ (1.64)	Total Operating Expenses	\$ 45,831	\$ 13.82	\$ 50,654	\$ 15.06	\$ 4,823	\$ 1.24
7.4%		6.7%		-0.7%		Admin Ratio(%)	6.2%	6.9%	0.7%			
\$ (158)	\$ (0.19)	\$ (1,944)	\$ (2.31)	\$ 1,785	\$ 2.12	Income (Loss) from Operations	\$ 17,142	\$ 5.17	\$ (8,787)	\$ (2.61)	\$ 25,929	\$ 7.78
\$ 1,321	\$ 1.60	\$ 426	\$ 0.51	\$ 895	\$ 1.10	Total Non-Operating Income (Expense)	\$ 3,835	\$ 1.16	\$ 1,704	\$ 0.51	\$ 2,131	\$ 0.65
\$ 1,163	\$ 1.41	\$ (1,518)	\$ (1.80)	\$ 2,681	\$ 3.21	Net Surplus (Deficit)	\$ 20,977	\$ 6.32	\$ (7,083)	\$ (2.11)	\$ 28,060	\$ 8.43
0.6%		-0.8%		1.5%		Margin(%)	2.8%	-1.0%	3.8%			



CMC Income Statement (\$ in thousands)

January 2019

Current Actual		Current Budget		Fav<Unfav> Budget		YTD Actual		YTD Budget		Fav<Unfav> Budget	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
16,364		16,213		151							
\$ 19,918	\$ 1,217.17	\$ 19,428	\$ 1,198.30	\$ 490	\$ 18.87						
<u>\$ 19,918</u>	<u>\$ 1,217.17</u>	<u>\$ 19,428</u>	<u>\$ 1,198.30</u>	<u>\$ 490</u>	<u>\$ 18.87</u>						
\$ 9,281	\$ 567.17	\$ 10,917	\$ 673.37	\$ 1,636	\$ 106.19						
\$ 2,320	\$ 141.79	\$ 3,357	\$ 207.06	\$ 1,037	\$ 65.27						
\$ 1,144	\$ 69.94	\$ 1,309	\$ 80.75	\$ 165	\$ 10.81						
\$ 1,724	\$ 105.37	\$ 1,540	\$ 94.96	\$ (185)	\$ (10.41)						
\$ 507	\$ 30.97	\$ 1,121	\$ 69.12	\$ 614	\$ 38.15						
\$ 609	\$ 37.23	\$ 312	\$ 19.25	\$ (297)	\$ (17.98)						
\$ 521	\$ 31.86	\$ 401	\$ 24.74	\$ (120)	\$ (7.12)						
<u>\$ 16,108</u>	<u>\$ 984.33</u>	<u>\$ 18,957</u>	<u>\$ 1,169.24</u>	<u>\$ 2,849</u>	<u>\$ 184.91</u>						
80.9%		97.6%		16.7%							
\$ 3,810	\$ 232.84	\$ 471	\$ 29.06	\$ 3,339	\$ 203.79						
\$ 1,717	\$ 104.90	\$ 1,456	\$ 89.82	\$ (260)	\$ (15.08)						
8.6%		7.5%		-1.1%							
\$ 2,094	\$ 127.95	\$ (985)	\$ (60.76)	\$ 3,079	\$ 188.71						
\$ 32	\$ 1.95	\$ -	\$ -	\$ 32	\$ 1.95						
\$ 2,126	\$ 129.89	\$ (985)	\$ (60.76)	\$ 3,111	\$ 190.66						
10.7%		-5.1%		15.7%							
Membership											
Member Months						65,560		63,551		2,009	
Revenue											
Capitation						\$ 80,160	\$ 1,222.70	\$ 76,017	\$ 1,196.16	\$ 4,143	\$ 26.54
Total Revenues						<u>\$ 80,160</u>	<u>\$ 1,222.70</u>	<u>\$ 76,017</u>	<u>\$ 1,196.16</u>	<u>\$ 4,143</u>	<u>\$ 26.54</u>
Healthcare Expenses											
Capitation						\$ 37,225	\$ 567.80	\$ 42,793	\$ 673.37	\$ 5,568	\$ 105.56
Inpatient Claims						\$ 15,035	\$ 229.33	\$ 13,159	\$ 207.06	\$ (1,876)	\$ (22.27)
Outpatient Claims						\$ 6,153	\$ 93.85	\$ 5,132	\$ 80.75	\$ (1,021)	\$ (13.10)
Skilled Nursing Facility						\$ 6,060	\$ 92.43	\$ 6,035	\$ 94.96	\$ (25)	\$ 2.53
Pharmacy						\$ 5,753	\$ 87.75	\$ 4,393	\$ 69.12	\$ (1,360)	\$ (18.63)
Provider Incentives and Shared Risk						\$ 3,152	\$ 48.07	\$ 1,243	\$ 19.55	\$ (1,909)	\$ (28.52)
Medical Administrative Expenses						\$ 1,433	\$ 21.86	\$ 1,560	\$ 24.55	\$ 128	\$ 2.70
Total Healthcare Expenses						<u>\$ 74,810</u>	<u>\$ 1,141.09</u>	<u>\$ 74,314</u>	<u>\$ 1,169.36</u>	<u>\$ (496)</u>	<u>\$ 28.27</u>
<i>MCR(%)</i>						93.3%		97.8%		4.4%	
Operating Margin						\$ 5,350	\$ 81.61	\$ 1,703	\$ 26.80	\$ 3,647	\$ 54.81
Total Operating Expenses						\$ 6,301	\$ 96.11	\$ 5,843	\$ 91.94	\$ (458)	\$ (4.18)
<i>Admin Ratio(%)</i>						7.9%		7.7%		-0.2%	
Income (Loss) from Operations						\$ (951)	\$ (14.51)	\$ (4,139)	\$ (65.14)	\$ 3,188	\$ 50.63
Total Non-Operating Income (Expense)						\$ 89	\$ 1.36	\$ -	\$ -	\$ 89	\$ 1.36
Net Surplus (Deficit)						\$ (862)	\$ (13.14)	\$ (4,139)	\$ (65.14)	\$ 3,278	\$ 51.99
<i>Margin(%)</i>						-1.1%		-5.4%		4.4%	



Commercial Income Statement (\$ in thousands)

January 2019

Current Actual		Current Budget		Fav<Unfav> Budget	
\$	PMPM	\$	PMPM	\$	PMPM
130,808		126,210		4,598	
\$ 47,285	\$ 361.49	\$ 44,021	\$ 348.79	\$ 3,265	\$ 12.70
\$ 47,285	\$ 361.49	\$ 44,021	\$ 348.79	\$ 3,265	\$ 12.70
\$ 21,770	\$ 166.43	\$ 21,705	\$ 171.98	\$ (65)	\$ 5.55
\$ 6,599	\$ 50.45	\$ 3,808	\$ 30.17	\$ (2,791)	\$ (20.28)
\$ 1,339	\$ 10.24	\$ 1,716	\$ 13.59	\$ 376	\$ 3.36
\$ 52	\$ 0.39	\$ -	\$ -	\$ (52)	\$ (0.39)
\$ 4,744	\$ 36.26	\$ 5,421	\$ 42.95	\$ 677	\$ 6.69
\$ 718	\$ 5.49	\$ 1,942	\$ 15.38	\$ 1,223	\$ 9.89
\$ 131	\$ 1.00	\$ 82	\$ 0.65	\$ (49)	\$ (0.35)
\$ 35,353	\$ 270.26	\$ 34,673	\$ 274.72	\$ (680)	\$ 4.46
74.8%		78.8%		4.0%	
\$ 11,933	\$ 91.22	\$ 9,348	\$ 74.07	\$ 2,585	\$ 17.16
\$ 4,148	\$ 31.71	\$ 3,538	\$ 28.03	\$ (611)	\$ (3.68)
8.8%		8.0%		-0.7%	
\$ 7,784	\$ 59.51	\$ 5,810	\$ 46.04	\$ 1,974	\$ 13.47
\$ (577)	\$ (4.41)	\$ (553)	\$ (4.38)	\$ (24)	\$ (0.03)
\$ 7,208	\$ 55.10	\$ 5,257	\$ 41.65	\$ 1,950	\$ 13.45
15.2%		11.9%		3.3%	

	YTD Actual		YTD Budget		Fav<Unfav> Budget	
	\$	PMPM	\$	PMPM	\$	PMPM
Membership						
Member Months	488,467		496,069		(7,602)	
Revenue						
Capitation	\$ 168,856	\$ 345.68	\$ 167,816	\$ 338.29	\$ 1,040	\$ 7.39
Total Revenues	\$ 168,856	\$ 345.68	\$ 167,816	\$ 338.29	\$ 1,040	\$ 7.39
Healthcare Expenses						
Capitation	\$ 84,355	\$ 172.69	\$ 84,181	\$ 169.70	\$ (173)	\$ (3.00)
Inpatient Claims	\$ 17,664	\$ 36.16	\$ 14,873	\$ 29.98	\$ (2,791)	\$ (6.18)
Outpatient Claims	\$ 7,316	\$ 14.98	\$ 6,716	\$ 13.54	\$ (600)	\$ (1.44)
Skilled Nursing Facility	\$ 292	\$ 0.60	\$ -	\$ -	\$ (292)	\$ (0.60)
Pharmacy	\$ 19,647	\$ 40.22	\$ 21,248	\$ 42.83	\$ 1,601	\$ 2.61
Provider Incentives and Shared Risk	\$ 3,004	\$ 6.15	\$ 7,558	\$ 15.24	\$ 4,554	\$ 9.09
Medical Administrative Expenses	\$ 819	\$ 1.68	\$ 320	\$ 0.64	\$ (499)	\$ (1.03)
Total Healthcare Expenses	\$ 133,096	\$ 272.48	\$ 134,896	\$ 271.93	\$ 1,800	\$ (0.55)
MCR(%)	78.8%		80.4%		1.6%	
Operating Margin	\$ 35,760	\$ 73.21	\$ 32,920	\$ 66.36	\$ 2,840	\$ 6.85
Total Operating Expenses	\$ 16,795	\$ 34.38	\$ 13,527	\$ 27.27	\$ (3,268)	\$ (7.11)
Admin Ratio(%)	9.9%		8.1%		-1.9%	
Income (Loss) from Operations	\$ 18,965	\$ 38.83	\$ 19,393	\$ 39.09	\$ (428)	\$ (0.27)
Total Non-Operating Income (Expense)	\$ (2,338)	\$ (4.79)	\$ (2,174)	\$ (4.38)	\$ (165)	\$ (0.41)
Net Surplus (Deficit)	\$ 16,627	\$ 34.04	\$ 17,219	\$ 34.71	\$ (593)	\$ (0.67)
Margin(%)	9.8%		10.3%		-0.4%	



Comparative Balance Sheet

January 2019

(Dollars in thousands)

ASSETS

CURRENT ASSETS

	Jan-18	Apr-18	Jul-18	Oct-18	Nov-18	Dec-18	Jan-19
Total Current Assets	4,240,912	5,187,126	4,362,384	4,177,030	3,778,499	3,828,181	3,809,146
Capitalized Assets - net	93,684	97,451	103,174	108,166	108,263	108,055	109,126

NON-CURRENT ASSETS

	2,305	1,593	1,939	2,463	2,172	1,902	2,861
TOTAL ASSETS	\$4,336,901	\$5,286,169	\$4,467,497	\$4,287,658	\$3,888,934	\$3,938,138	\$3,921,133

LIABILITIES AND FUND EQUITY

CURRENT LIABILITIES

Total Current Liability	3,598,014	4,488,183	3,700,044	3,453,164	3,055,313	3,059,560	2,992,769
Long Term Liability	3,251	3,108	2,995	2,794	2,722	2,767	2,647
Total Liabilities	\$3,601,265	\$4,491,291	\$3,703,039	\$3,455,957	\$3,058,035	\$3,062,327	\$2,995,416

FUND EQUITY

Invested in Capital Assets, net of related debt	93,684	97,451	103,174	108,166	108,263	108,055	109,126
Restricted Equity	300	300	300	300	300	300	300
Minimum Tangible Net Equity	202,011	194,132	185,557	169,383	168,403	164,287	163,320
Board Designated Funds	3,281	34,106	40,107	66,992	64,215	63,795	63,720
Unrestricted Net Assets	436,361	468,890	435,319	486,860	489,718	539,373	589,250
Total Fund Equity	\$735,636	\$794,879	\$764,458	\$831,701	\$830,899	\$875,810	\$925,717

TOTAL LIABILITIES AND FUND EQUITY

	\$4,336,901	\$5,286,169	\$4,467,497	\$4,287,658	\$3,888,934	\$3,938,138	\$3,921,133
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Solvency Ratios

Working Capital Ratio	1.18	1.16	1.18	1.21	1.24	1.25	1.27
Cash to Claims Ratio	0.52	0.76	0.32	0.57	0.40	0.45	0.48
Tangible Net Equity Ratio	3.64	4.09	4.12	4.91	4.93	5.33	5.67



Cash Flows Statement (\$ in thousands)

January 2019

	Oct-18	Nov-18	Dec-18	Jan-19	YTD
Cash Flows from Operating Activities:					
Capitation Revenue	\$ 638,407	\$ 406,972	\$ 596,708	\$ 713,150	\$ 2,355,237
Other Income (Expense), net	\$ 3,682	\$ (90)	\$ 241	\$ 1,254	\$ 5,087
Healthcare Expenses	\$ (566,253)	\$ (640,460)	\$ (462,734)	\$ (615,151)	\$ (2,284,598)
Operating Expenses	\$ (32,471)	\$ (41,276)	\$ (38,812)	\$ (29,411)	\$ (141,970)
Net Cash Provided By Operating Activities	\$ 43,365	\$ (274,854)	\$ 95,403	\$ 69,842	\$ (66,244)
Cash Flows from Investing Activities					
Purchase of investments - Net	\$ 149,067	\$ (179,656)	\$ 52,077	\$ 13,073	\$ 34,561
Purchase of Capital Assets	\$ (4,355)	\$ (1,591)	\$ (1,984)	\$ (2,892)	\$ (10,822)
Net Cash Provided By Investing Activities	\$ 144,712	\$ (181,247)	\$ 50,093	\$ 10,181	\$ 23,739
Cash Flows from Financing Activities:					
Gross Premium Tax (MCO Sales Tax) - Net	\$ (26,802)	\$ 11,908	\$ 11,770	\$ (26,959)	\$ (30,083)
Pass through transactions (AB 85, IGT, etc.)	\$ -	\$ -	\$ -	\$ -	\$ -
Net Cash Provided By Financing Activities	\$ (26,802)	\$ 11,908	\$ 11,770	\$ (26,959)	\$ (30,083)
Net Increase in Cash and Cash Equivalents	\$ 161,275	\$ (444,193)	\$ 157,266	\$ 53,064	\$ (72,588)
Cash and Cash Equivalents, Beginning	\$ 598,403	\$ 759,678	\$ 315,485	\$ 472,751	\$ 598,403
Cash and Cash Equivalents, Ending	\$ 759,678	\$ 315,485	\$ 472,751	\$ 525,815	\$ 525,815
Reconciliation of Income from Operations to Net Cash Provided By (Used In) Operating Activities:					
Excess of Revenues over Expenses	\$ 14,215	\$ (802)	\$ 44,912	\$ 49,906	\$ 108,231
Adjustments to Excess of Revenues Over Expenses:					
Depreciation	\$ 1,789	\$ 1,494	\$ 2,191	\$ 1,822	\$ 7,296
Realized and Unrealized (Gain)/Loss on Investments	\$ 639	\$ 7	\$ (2,567)	\$ (2,259)	\$ (4,180)
Deferred Rent	\$ (62)	\$ (71)	\$ 45	\$ (120)	\$ (208)
Gross Premium Tax provision	\$ 263	\$ 768	\$ 577	\$ 419	\$ 2,027
Total Adjustments to Excess of Revenues over Expenses	\$ 2,629	\$ 2,198	\$ 246	\$ (138)	\$ 4,935
Changes in Operating Assets and Liabilities:					
Capitation Receivable	\$ 1,122	\$ (12,349)	\$ (39,884)	\$ 77,849	\$ 26,738
Interest and Non-Operating Receivables	\$ 1,325	\$ (406)	\$ (1,068)	\$ (1,062)	\$ (1,211)
Prepaid and Other Current Assets	\$ (3,196)	\$ (2,402)	\$ 99,860	\$ (14,521)	\$ 79,741
Accounts Payable and Accrued Liabilities	\$ 3,602	\$ (5,923)	\$ (7,631)	\$ 7,420	\$ (2,532)
Subcapitation Payable	\$ 23,118	\$ (39,060)	\$ 30,434	\$ (38,957)	\$ (24,465)
MediCal Adult Expansion Payable	\$ (5,829)	\$ (244,519)	\$ (18,702)	\$ (4,221)	\$ (273,271)
Deferred Capitation Revenue	\$ 1,894	\$ 13,256	\$ (17,419)	\$ (1,761)	\$ (4,030)
Accrued Medical Expenses	\$ 7,611	\$ 441	\$ 4,411	\$ 2,455	\$ 14,918
Reserve for Claims	\$ 1,236	\$ 24,664	\$ 18,110	\$ (6,994)	\$ 37,016
Reserve for Provider Incentives	\$ (4,177)	\$ (10,567)	\$ (17,643)	\$ (46)	\$ (32,433)
Grants Payable	\$ (185)	\$ 615	\$ (223)	\$ (88)	\$ 119
Net Changes in Operating Assets and Liabilities	\$ 26,521	\$ (276,250)	\$ 50,245	\$ 20,074	\$ (179,410)
Net Cash Provided By Operating Activities	\$ 43,365	\$ (274,854)	\$ 95,403	\$ 69,842	\$ (66,244)



L.A. Care
HEALTH PLAN®

Financial Performance February 2019

Overall

The combined member months are 11.0 million year-to-date, which is 105,846 member months unfavorable to budget. The year-to-date performance is a surplus of \$171.1 million or 5.1% of revenue and is \$133.8 million favorable to budget.

MediCal Plan Partners

The member months are 5.0 million, which is 52,635 member months unfavorable to budget. The performance is a surplus of \$45.7 million and is \$8.2 million unfavorable to budget.

MediCal SPD-CCI

The member months are 1.1 million, which is 10,575 member months favorable to budget. The performance is a surplus of \$49.7 million, which is \$66.1 million favorable to the budget driven primarily by favorable calendar year 2018 CCI rate adjustments.

MediCal TANF-MCE

The member months are 4.1 million, which is 66,008 member months unfavorable to budget. The performance is a surplus of \$53.5 million and is \$61.2 million favorable to budget. The favorable variance is driven primarily by lower than expected healthcare and operating expenses.

Cal MediConnect (CMC)

The member months are 81,942 which is 1,946 member months favorable to budget. The performance is a deficit of \$0.6 million, which is \$4.5 million favorable to the budget expectations. Favorability is driven by higher than budgeted revenues due to calendar year 2018 rate adjustments for the MediCal portion.

Commercial

L.A. Care Commercial consists of LACC and PASC-SEIU. The member months are 622,667 million, which is 277 member months favorable to budget. The performance is a surplus of \$28.9 million and is \$6.4 million favorable to budget driven by increased revenue as a result of increased membership after open enrollment.



Consolidated Operations Income Statement (\$ in thousands)

February 2019

Current Actual		Current Budget		Fav<Unfav> Budget		YTD Actual		YTD Budget		Fav<Unfav> Budget		
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	
2,185,710		2,217,789		(32,079)								
						Membership						
						Member Months	10,970,785		11,076,631		(105,846)	
						Revenue						
\$ 759,835	\$ 347.64	\$ 636,639	\$ 287.06	\$ 123,195	\$ 60.58	Capitation	\$ 3,318,577	\$ 302.49	\$ 3,166,830	\$ 285.90	\$ 151,747	\$ 16.59
\$ 1,679	\$ 0.77	\$ 346	\$ 0.16	\$ 1,332	\$ 0.61	Pay for Performance	\$ 3,198	\$ 0.29	\$ 1,732	\$ 0.16	\$ 1,466	\$ 0.14
\$ 761,513	\$ 348.41	\$ 636,986	\$ 287.22	\$ 124,528	\$ 61.19	Total Revenues	\$ 3,321,775	\$ 302.78	\$ 3,168,562	\$ 286.06	\$ 153,213	\$ 16.73
						Healthcare Expenses						
\$ 443,794	\$ 203.04	\$ 336,086	\$ 151.54	\$ (107,708)	\$ (51.50)	Capitation	\$ 1,748,267	\$ 159.36	\$ 1,675,153	\$ 151.23	\$ (73,114)	\$ (8.12)
\$ 72,690	\$ 33.26	\$ 80,297	\$ 36.21	\$ 7,607	\$ 2.95	Inpatient Claims	\$ 372,904	\$ 33.99	\$ 400,305	\$ 36.14	\$ 27,401	\$ 2.15
\$ 49,549	\$ 22.67	\$ 51,576	\$ 23.26	\$ 2,027	\$ 0.59	Outpatient Claims	\$ 268,578	\$ 24.48	\$ 257,330	\$ 23.23	\$ (11,248)	\$ (1.25)
\$ 36,756	\$ 16.82	\$ 52,724	\$ 23.77	\$ 15,968	\$ 6.96	Skilled Nursing Facility	\$ 264,634	\$ 24.12	\$ 263,132	\$ 23.76	\$ (1,503)	\$ (0.37)
\$ 54,960	\$ 25.15	\$ 58,949	\$ 26.58	\$ 3,989	\$ 1.43	Pharmacy	\$ 278,675	\$ 25.40	\$ 293,891	\$ 26.53	\$ 15,216	\$ 1.13
\$ 2,683	\$ 1.23	\$ 6,085	\$ 2.74	\$ 3,402	\$ 1.52	Provider Incentives and Shared Risk	\$ 24,251	\$ 2.21	\$ 35,029	\$ 3.16	\$ 10,778	\$ 0.95
\$ 5,302	\$ 2.43	\$ 4,820	\$ 2.17	\$ (481)	\$ (0.25)	Medical Administrative Expenses	\$ 24,483	\$ 2.23	\$ 24,455	\$ 2.21	\$ (28)	\$ (0.02)
\$ 665,734	\$ 304.58	\$ 590,538	\$ 266.27	\$ (75,196)	\$ (38.31)	Total Healthcare Expenses	\$ 2,981,793	\$ 271.79	\$ 2,949,294	\$ 266.26	\$ (32,498)	\$ (5.53)
87.4%		92.7%		5.3%		MCR(%)	89.8%		93.1%		3.3%	
\$ 95,779	\$ 43.82	\$ 46,448	\$ 20.94	\$ 49,332	\$ 22.88	Operating Margin	\$ 339,982	\$ 30.99	\$ 219,268	\$ 19.80	\$ 120,714	\$ 11.19
\$ 34,827	\$ 15.93	\$ 33,816	\$ 15.25	\$ (1,011)	\$ (0.69)	Total Operating Expenses	\$ 177,612	\$ 16.19	\$ 179,198	\$ 16.18	\$ 1,585	\$ (0.01)
4.6%		5.3%		0.7%		Admin Ratio(%)	5.3%		5.7%		0.3%	
\$ 60,952	\$ 27.89	\$ 12,632	\$ 5.70	\$ 48,320	\$ 22.19	Income (Loss) from Operations	\$ 162,369	\$ 14.80	\$ 40,070	\$ 3.62	\$ 122,299	\$ 11.18
\$ (961)	\$ (0.44)	\$ (1,877)	\$ (0.85)	\$ 916	\$ 0.41	Other Income/(Expense), net	\$ (7,756)	\$ (0.71)	\$ (10,301)	\$ (0.93)	\$ 2,545	\$ 0.22
\$ 2,499	\$ 1.14	\$ 1,500	\$ 0.68	\$ 999	\$ 0.47	Interest Income, net	\$ 11,928	\$ 1.09	\$ 7,500	\$ 0.68	\$ 4,428	\$ 0.41
\$ (45)	\$ (0.02)	\$ -	\$ -	\$ (45)	\$ (0.02)	Realized Gain / Loss	\$ (127)	\$ (0.01)	\$ -	\$ -	\$ (127)	\$ (0.01)
\$ 379	\$ 0.17	\$ -	\$ -	\$ 379	\$ 0.17	Unrealized Gain / Loss	\$ 4,641	\$ 0.42	\$ -	\$ -	\$ 4,641	\$ 0.42
\$ 1,872	\$ 0.86	\$ (377)	\$ (0.17)	\$ 2,249	\$ 1.03	Total Non-Operating Income (Expense)	\$ 8,685	\$ 0.79	\$ (2,801)	\$ (0.25)	\$ 11,487	\$ 1.04
\$ 62,824	\$ 28.74	\$ 12,255	\$ 5.53	\$ 50,569	\$ 23.22	Net Surplus (Deficit)	\$ 171,055	\$ 15.59	\$ 37,269	\$ 3.36	\$ 133,786	\$ 12.23
8.2%		1.9%		6.3%		Margin(%)	5.1%		1.2%		4.0%	



MediCal Plan Partners Income Statement (\$ in thousands)

February 2019

Current Actual		Current Budget		Fav<Unfav> Budget		YTD Actual		YTD Budget		Fav<Unfav> Budget		
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	
993,846		1,014,316		(20,470)								
						Membership						
						Member Months	5,023,022	5,075,657		(52,635)		
						Revenue						
\$ 295,914	\$ 297.75	\$ 237,148	\$ 233.80	\$ 58,766	\$ 63.95	Capitation	\$ 1,215,560	\$ 242.00	\$ 1,185,196	\$ 233.51	\$ 30,364	\$ 8.49
\$ 295,914	\$ 297.75	\$ 237,148	\$ 233.80	\$ 58,766	\$ 63.95	Total Revenues	\$ 1,215,560	\$ 242.00	\$ 1,185,196	\$ 233.51	\$ 30,364	\$ 8.49
						Healthcare Expenses						
\$ 289,453	\$ 291.25	\$ 217,680	\$ 214.61	\$ (71,773)	\$ (76.64)	Capitation	\$ 1,140,564	\$ 227.07	\$ 1,087,744	\$ 214.31	\$ (52,820)	\$ (12.76)
\$ 8	\$ 0.01	\$ -	\$ -	\$ (8)	\$ (0.01)	Inpatient Claims	\$ 7	\$ 0.00	\$ -	\$ -	\$ (7)	\$ (0.00)
\$ 398	\$ 0.40	\$ -	\$ -	\$ (398)	\$ (0.40)	Outpatient Claims	\$ 538	\$ 0.11	\$ -	\$ -	\$ (538)	\$ (0.11)
\$ -	\$ -	\$ 2,416	\$ 2.38	\$ 2,416	\$ 2.38	Provider Incentives and Shared Risk	\$ 6,763	\$ 1.35	\$ 16,854	\$ 3.32	\$ 10,091	\$ 1.97
\$ 652	\$ 0.66	\$ 679	\$ 0.67	\$ 27	\$ 0.01	Medical Administrative Expenses	\$ 3,346	\$ 0.67	\$ 3,660	\$ 0.72	\$ 314	\$ 0.05
\$ 290,511	\$ 292.31	\$ 220,775	\$ 217.66	\$ (69,736)	\$ (74.65)	Total Healthcare Expenses	\$ 1,151,218	\$ 229.19	\$ 1,108,258	\$ 218.35	\$ (42,960)	\$ (10.84)
98.2%		93.1%		-5.1%		MCR(%)	94.7%		93.5%		-1.2%	
\$ 5,403	\$ 5.44	\$ 16,373	\$ 16.14	\$ (10,970)	\$ (10.71)	Operating Margin	\$ 64,343	\$ 12.81	\$ 76,939	\$ 15.16	\$ (12,596)	\$ (2.35)
\$ 5,136	\$ 5.17	\$ 4,843	\$ 4.77	\$ (294)	\$ (0.39)	Total Operating Expenses	\$ 26,129	\$ 5.20	\$ 26,245	\$ 5.17	\$ 116	\$ (0.03)
1.7%		2.0%		0.3%		Admin Ratio(%)	2.1%		2.2%		0.1%	
\$ 266	\$ 0.27	\$ 11,531	\$ 11.37	\$ (11,264)	\$ (11.10)	Income (Loss) from Operations	\$ 38,213	\$ 7.61	\$ 50,694	\$ 9.99	\$ (12,480)	\$ (2.38)
\$ 1,274	\$ 1.28	\$ 630	\$ 0.62	\$ 644	\$ 0.66	Total Non-Operating Income (Expense)	\$ 7,475	\$ 1.49	\$ 3,150	\$ 0.62	\$ 4,325	\$ 0.87
\$ 1,541	\$ 1.55	\$ 12,161	\$ 11.99	\$ (10,620)	\$ (10.44)	Net Surplus (Deficit)	\$ 45,689	\$ 9.10	\$ 53,844	\$ 10.61	\$ (8,155)	\$ (1.51)
0.5%		5.1%		-4.6%		Margin(%)	3.8%		4.5%		-0.8%	



MediCal SPD-CCI Income Statement (\$ in thousands)

February 2019

Current Actual		Current Budget		Fav<Unfav> Budget		YTD Actual		YTD Budget		Fav<Unfav> Budget	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
217,971		218,635		(664)							
						Membership					
						Member Months	1,102,636	1,092,061		10,575	
						Revenue					
\$ 156,593	\$ 718.41	\$ 151,387	\$ 692.42	\$ 5,206	\$ 25.99	Capitation	\$ 804,806	\$ 729.89	\$ 753,135	\$ 689.65	\$ 51,671 \$ 40.25
\$ 156,593	\$ 718.41	\$ 151,387	\$ 692.42	\$ 5,206	\$ 25.99	Total Revenues	\$ 804,806	\$ 729.89	\$ 753,135	\$ 689.65	\$ 51,671 \$ 40.25
						Healthcare Expenses					
\$ 21,226	\$ 97.38	\$ 14,686	\$ 67.17	\$ (6,540)	\$ (30.21)	Capitation	\$ 82,438	\$ 74.76	\$ 73,360	\$ 67.18	\$ (9,078) \$ (7.59)
\$ 31,191	\$ 143.10	\$ 33,238	\$ 152.02	\$ 2,047	\$ 8.93	Inpatient Claims	\$ 139,030	\$ 126.09	\$ 166,025	\$ 152.03	\$ 26,995 \$ 25.94
\$ 26,312	\$ 120.71	\$ 27,734	\$ 126.85	\$ 1,423	\$ 6.14	Outpatient Claims	\$ 144,001	\$ 130.60	\$ 138,541	\$ 126.86	\$ (5,459) \$ (3.73)
\$ 30,679	\$ 140.75	\$ 45,985	\$ 210.33	\$ 15,306	\$ 69.58	Skilled Nursing Facility	\$ 239,338	\$ 217.06	\$ 229,672	\$ 210.31	\$ (9,666) \$ (6.75)
\$ 16,297	\$ 74.77	\$ 19,376	\$ 88.62	\$ 3,079	\$ 13.85	Pharmacy	\$ 84,844	\$ 76.95	\$ 96,786	\$ 88.63	\$ 11,943 \$ 11.68
\$ (756)	\$ (3.47)	\$ (646)	\$ (2.95)	\$ 111	\$ 0.52	Provider Incentives and Shared Risk	\$ 2,507	\$ 2.27	\$ (3,109)	\$ (2.85)	\$ (5,616) \$ (5.12)
\$ 1,891	\$ 8.67	\$ 1,623	\$ 7.43	\$ (267)	\$ (1.25)	Medical Administrative Expenses	\$ 7,654	\$ 6.94	\$ 8,090	\$ 7.41	\$ 437 \$ 0.47
\$ 126,838	\$ 581.90	\$ 141,996	\$ 649.47	\$ 15,158	\$ 67.56	Total Healthcare Expenses	\$ 699,811	\$ 634.67	\$ 709,365	\$ 649.57	\$ 9,555 \$ 14.90
81.0%		93.8%		12.8%		MCR(%)	87.0%		94.2%		7.2%
\$ 29,755	\$ 136.51	\$ 9,391	\$ 42.95	\$ 20,364	\$ 93.56	Operating Margin	\$ 104,996	\$ 95.22	\$ 43,770	\$ 40.08	\$ 61,226 \$ 55.14
\$ 10,550	\$ 48.40	\$ 11,755	\$ 53.77	\$ 1,205	\$ 5.37	Total Operating Expenses	\$ 59,880	\$ 54.31	\$ 62,371	\$ 57.11	\$ 2,491 \$ 2.81
6.7%		7.8%		1.0%		Admin Ratio(%)	7.4%		8.3%		0.8%
\$ 19,205	\$ 88.11	\$ (2,364)	\$ (10.81)	\$ 21,569	\$ 98.92	Income (Loss) from Operations	\$ 45,116	\$ 40.92	\$ (18,601)	\$ (17.03)	\$ 63,717 \$ 57.95
\$ 758	\$ 3.48	\$ 444	\$ 2.03	\$ 314	\$ 1.45	Total Non-Operating Income (Expense)	\$ 4,556	\$ 4.13	\$ 2,220	\$ 2.03	\$ 2,336 \$ 2.10
\$ 19,964	\$ 91.59	\$ (1,920)	\$ (8.78)	\$ 21,884	\$ 100.37	Net Surplus (Deficit)	\$ 49,672	\$ 45.05	\$ (16,381)	\$ (15.00)	\$ 66,054 \$ 60.05
12.7%		-1.3%		14.0%		Margin(%)	6.2%		-2.2%		8.3%



MediCal TANF-MCE Income Statement (\$ in thousands)

February 2019

Current Actual		Current Budget		Fav<Unfav> Budget		YTD Actual		YTD Budget		Fav<Unfav> Budget		
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	
823,311		842,071		(18,760)								
						Membership						
						Member Months	4,140,518		4,206,526		(66,008)	
						Revenue						
						Capitation	\$ 979,226	\$ 236.50	\$ 920,903	\$ 218.92	\$ 58,323	\$ 17.58
\$ 237,359	\$ 288.30	\$ 184,341	\$ 218.91	\$ 53,018	\$ 69.38	Total Revenues	\$ 979,226	\$ 236.50	\$ 920,903	\$ 218.92	\$ 58,323	\$ 17.58
\$ 237,359	\$ 288.30	\$ 184,341	\$ 218.91	\$ 53,018	\$ 69.38							
						Healthcare Expenses						
\$ 100,836	\$ 122.48	\$ 70,912	\$ 84.21	\$ (29,924)	\$ (38.27)	Capitation	\$ 371,407	\$ 89.70	\$ 354,266	\$ 84.22	\$ (17,141)	\$ (5.48)
\$ 35,061	\$ 42.58	\$ 39,845	\$ 47.32	\$ 4,785	\$ 4.73	Inpatient Claims	\$ 194,738	\$ 47.03	\$ 199,035	\$ 47.32	\$ 4,297	\$ 0.28
\$ 20,498	\$ 24.90	\$ 20,797	\$ 24.70	\$ 299	\$ (0.20)	Outpatient Claims	\$ 108,230	\$ 26.14	\$ 103,896	\$ 24.70	\$ (4,334)	\$ (1.44)
\$ 4,180	\$ 5.08	\$ 5,178	\$ 6.15	\$ 997	\$ 1.07	Skilled Nursing Facility	\$ 17,047	\$ 4.12	\$ 25,863	\$ 6.15	\$ 8,815	\$ 2.03
\$ 31,747	\$ 38.56	\$ 33,012	\$ 39.20	\$ 1,265	\$ 0.64	Pharmacy	\$ 161,515	\$ 39.01	\$ 164,903	\$ 39.20	\$ 3,388	\$ 0.19
\$ 2,108	\$ 2.56	\$ 2,045	\$ 2.43	\$ (63)	\$ (0.13)	Provider Incentives and Shared Risk	\$ 7,494	\$ 1.81	\$ 10,213	\$ 2.43	\$ 2,719	\$ 0.62
\$ 2,215	\$ 2.69	\$ 2,060	\$ 2.45	\$ (154)	\$ (0.24)	Medical Administrative Expenses	\$ 10,688	\$ 2.58	\$ 10,368	\$ 2.46	\$ (320)	\$ (0.12)
\$ 196,645	\$ 238.85	\$ 173,849	\$ 206.45	\$ (22,796)	\$ (32.39)	Total Healthcare Expenses	\$ 871,120	\$ 210.39	\$ 868,544	\$ 206.48	\$ (2,575)	\$ (3.91)
82.8%		94.3%		11.5%		MCR(%)	89.0%		94.3%		5.4%	
\$ 40,714	\$ 49.45	\$ 10,492	\$ 12.46	\$ 30,222	\$ 36.99	Operating Margin	\$ 108,106	\$ 26.11	\$ 52,359	\$ 12.45	\$ 55,748	\$ 13.66
\$ 13,439	\$ 16.32	\$ 11,572	\$ 13.74	\$ (1,867)	\$ (2.58)	Total Operating Expenses	\$ 59,270	\$ 14.31	\$ 62,226	\$ 14.79	\$ 2,956	\$ 0.48
5.7%		6.3%		0.6%		Admin Ratio(%)	6.1%		6.8%		0.7%	
\$ 27,275	\$ 33.13	\$ (1,080)	\$ (1.28)	\$ 28,355	\$ 34.41	Income (Loss) from Operations	\$ 48,837	\$ 11.79	\$ (9,867)	\$ (2.35)	\$ 58,703	\$ 14.14
\$ 782	\$ 0.95	\$ 426	\$ 0.51	\$ 356	\$ 0.44	Total Non-Operating Income (Expense)	\$ 4,618	\$ 1.12	\$ 2,130	\$ 0.51	\$ 2,488	\$ 0.61
\$ 28,057	\$ 34.08	\$ (654)	\$ (0.78)	\$ 28,711	\$ 34.86	Net Surplus (Deficit)	\$ 53,454	\$ 12.91	\$ (7,737)	\$ (1.84)	\$ 61,191	\$ 14.75
11.8%		-0.4%		12.2%		Margin(%)	5.5%		-0.8%		6.3%	



CMC Income Statement (\$ in thousands)

February 2019

Current Actual		Current Budget		Fav<Unfav> Budget		YTD Actual		YTD Budget		Fav<Unfav> Budget	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
16,382		16,445		(63)							
Membership											
Member Months											
						81,942		79,996		1,946	
Revenue											
Capitation											
\$ 21,408	\$ 1,306.79	\$ 19,706	\$ 1,198.30	\$ 1,701	\$ 108.49	\$ 101,568	\$ 1,239.51	\$ 95,724	\$ 1,196.60	\$ 5,844	\$ 42.91
\$ 21,408	\$ 1,306.79	\$ 19,706	\$ 1,198.30	\$ 1,701	\$ 108.49	\$ 101,568	\$ 1,239.51	\$ 95,724	\$ 1,196.60	\$ 5,844	\$ 42.91
Total Revenues											
Healthcare Expenses											
Capitation											
\$ 10,269	\$ 626.86	\$ 11,074	\$ 673.37	\$ 805	\$ 46.51	\$ 47,494	\$ 579.61	\$ 53,867	\$ 673.37	\$ 6,373	\$ 93.76
\$ 2,674	\$ 163.23	\$ 3,405	\$ 207.06	\$ 731	\$ 43.83	\$ 17,709	\$ 216.11	\$ 16,564	\$ 207.06	\$ (1,145)	\$ (9.06)
\$ 1,131	\$ 69.07	\$ 1,328	\$ 80.75	\$ 197	\$ 11.68	\$ 7,284	\$ 88.89	\$ 6,460	\$ 80.75	\$ (824)	\$ (8.14)
\$ 1,862	\$ 113.67	\$ 1,562	\$ 94.96	\$ (301)	\$ (18.71)	\$ 7,922	\$ 96.68	\$ 7,596	\$ 94.96	\$ (326)	\$ (1.72)
\$ 3,008	\$ 183.59	\$ 1,137	\$ 69.12	\$ (1,871)	\$ (114.47)	\$ 8,761	\$ 106.91	\$ 5,529	\$ 69.12	\$ (3,231)	\$ (37.79)
\$ 619	\$ 37.80	\$ 329	\$ 19.98	\$ (291)	\$ (17.82)	\$ 3,771	\$ 46.02	\$ 1,571	\$ 19.64	\$ (2,200)	\$ (26.38)
\$ 410	\$ 25.00	\$ 377	\$ 22.91	\$ (33)	\$ (2.09)	\$ 1,843	\$ 22.49	\$ 1,937	\$ 24.22	\$ 95	\$ 1.73
\$ 19,973	\$ 1,219.21	\$ 19,211	\$ 1,168.14	\$ (763)	\$ (51.07)	\$ 94,783	\$ 1,156.71	\$ 93,525	\$ 1,169.11	\$ (1,258)	\$ 12.40
93.3%		97.5%		4.2%		93.3%		97.7%		4.4%	
\$ 1,435	\$ 87.58	\$ 496	\$ 30.16	\$ 939	\$ 57.43	\$ 6,785	\$ 82.80	\$ 2,199	\$ 27.49	\$ 4,586	\$ 55.31
\$ 1,170	\$ 71.40	\$ 1,394	\$ 84.76	\$ 224	\$ 13.36	\$ 7,471	\$ 91.17	\$ 7,236	\$ 90.46	\$ (234)	\$ (0.71)
5.5%		7.1%		1.6%		7.4%		7.6%		0.2%	
\$ 265	\$ 16.19	\$ (898)	\$ (54.60)	\$ 1,163	\$ 70.79	\$ (686)	\$ (8.37)	\$ (5,037)	\$ (62.97)	\$ 4,352	\$ 54.60
\$ 18	\$ 1.08	\$ -	\$ -	\$ 18	\$ 1.08	\$ 107	\$ 1.31	\$ -	\$ -	\$ 107	\$ 1.31
\$ 283	\$ 17.27	\$ (898)	\$ (54.60)	\$ 1,181	\$ 71.87	\$ (579)	\$ (7.06)	\$ (5,037)	\$ (62.97)	\$ 4,459	\$ 55.91
1.3%		-4.6%		5.9%		-0.6%		-5.3%		4.7%	
Operating Margin											
Total Operating Expenses											
Admin Ratio(%)											
Income (Loss) from Operations											
Total Non-Operating Income (Expense)											
Net Surplus (Deficit)											
Margin(%)											



Commercial Income Statement (\$ in thousands)

February 2019

Current Actual		Current Budget		Fav<Unfav> Budget		YTD Actual		YTD Budget		Fav<Unfav> Budget	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
134,200		126,322		7,878							
						Membership					
						Member Months	622,667	622,390		277	
						Revenue					
\$ 48,560	\$ 361.85	\$ 44,056	\$ 348.76	\$ 4,504	\$ 13.09	Capitation	\$ 217,416	\$ 349.17	\$ 211,872	\$ 340.42	\$ 5,544 \$ 8.75
\$ 48,560	\$ 361.85	\$ 44,056	\$ 348.76	\$ 4,504	\$ 13.09	Total Revenues	\$ 217,416	\$ 349.17	\$ 211,872	\$ 340.42	\$ 5,544 \$ 8.75
						Healthcare Expenses					
\$ 22,010	\$ 164.01	\$ 21,734	\$ 172.05	\$ (275)	\$ 8.05	Capitation	\$ 106,364	\$ 170.82	\$ 105,916	\$ 170.18	\$ (448) \$ (0.64)
\$ 3,757	\$ 27.99	\$ 3,809	\$ 30.15	\$ 52	\$ 2.16	Inpatient Claims	\$ 21,421	\$ 34.40	\$ 18,682	\$ 30.02	\$ (2,739) \$ (4.39)
\$ 1,210	\$ 9.01	\$ 1,717	\$ 13.59	\$ 507	\$ 4.58	Outpatient Claims	\$ 8,525	\$ 13.69	\$ 8,432	\$ 13.55	\$ (93) \$ (0.14)
\$ 35	\$ 0.26	\$ -	\$ -	\$ (35)	\$ (0.26)	Skilled Nursing Facility	\$ 327	\$ 0.52	\$ -	\$ -	\$ (327) \$ (0.52)
\$ 3,908	\$ 29.12	\$ 5,424	\$ 42.94	\$ 1,516	\$ 13.82	Pharmacy	\$ 23,555	\$ 37.83	\$ 26,672	\$ 42.85	\$ 3,116 \$ 5.02
\$ 712	\$ 5.31	\$ 1,942	\$ 15.37	\$ 1,230	\$ 10.06	Provider Incentives and Shared Risk	\$ 3,716	\$ 5.97	\$ 9,500	\$ 15.26	\$ 5,784 \$ 9.30
\$ 135	\$ 1.00	\$ 81	\$ 0.64	\$ (54)	\$ (0.36)	Medical Administrative Expenses	\$ 953	\$ 1.53	\$ 401	\$ 0.64	\$ (553) \$ (0.89)
\$ 31,766	\$ 236.71	\$ 34,706	\$ 274.75	\$ 2,940	\$ 38.04	Total Healthcare Expenses	\$ 164,862	\$ 264.77	\$ 169,602	\$ 272.50	\$ 4,740 \$ 7.73
65.4%		78.8%		13.4%		MCR(%)	75.8%	80.0%		4.2%	
\$ 16,794	\$ 125.14	\$ 9,350	\$ 74.02	\$ 7,444	\$ 51.13	Operating Margin	\$ 52,554	\$ 84.40	\$ 42,270	\$ 67.92	\$ 10,284 \$ 16.49
\$ 3,911	\$ 29.15	\$ 3,440	\$ 27.23	\$ (472)	\$ (1.91)	Total Operating Expenses	\$ 20,706	\$ 33.25	\$ 16,967	\$ 27.26	\$ (3,739) \$ (5.99)
8.1%		7.8%		-0.2%		Admin Ratio(%)	9.5%	8.0%		-1.5%	
\$ 12,883	\$ 96.00	\$ 5,910	\$ 46.78	\$ 6,973	\$ 49.21	Income (Loss) from Operations	\$ 31,848	\$ 51.15	\$ 25,302	\$ 40.65	\$ 6,545 \$ 10.49
\$ (577)	\$ (4.30)	\$ (553)	\$ (4.38)	\$ (23)	\$ 0.08	Total Non-Operating Income (Expense)	\$ (2,915)	\$ (4.68)	\$ (2,727)	\$ (4.38)	\$ (188) \$ (0.30)
\$ 12,306	\$ 91.70	\$ 5,356	\$ 42.40	\$ 6,950	\$ 49.30	Net Surplus (Deficit)	\$ 28,933	\$ 46.47	\$ 22,575	\$ 36.27	\$ 6,357 \$ 10.19
25.3%		12.2%		13.2%		Margin(%)	13.3%	10.7%		2.7%	



Comparative Balance Sheet

February 2019

(Dollars in thousands)	Feb-18	May-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
ASSETS									
CURRENT ASSETS									
Total Current Assets	4,491,385	4,664,287	4,135,489	4,015,955	4,177,030	3,778,499	3,828,181	3,809,146	4,055,003
Capitalized Assets - net	96,167	100,100	104,605	105,599	108,166	108,263	108,055	109,126	108,229
NON-CURRENT ASSETS	2,069	1,364	1,956	1,721	2,463	2,172	1,902	2,861	2,701
TOTAL ASSETS	\$4,589,621	\$4,765,752	\$4,242,049	\$4,123,276	\$4,287,658	\$3,888,934	\$3,938,138	\$3,921,133	\$4,165,933
LIABILITIES AND FUND EQUITY									
CURRENT LIABILITIES									
Total Current Liability	3,840,489	3,979,652	3,486,097	3,302,934	3,453,164	3,055,313	3,059,560	2,992,769	3,174,780
Long Term Liability	3,221	3,044	2,932	2,855	2,794	2,722	2,767	2,647	2,710
Total Liabilities	\$3,843,711	\$3,982,696	\$3,489,029	\$3,305,790	\$3,455,957	\$3,058,035	\$3,062,327	\$2,995,416	\$3,177,491
FUND EQUITY									
Invested in Capital Assets, net of related debt	96,167	100,100	104,605	105,599	108,166	108,263	108,055	109,126	108,229
Restricted Equity	300	300	300	300	300	300	300	300	300
Minimum Tangible Net Equity	197,296	190,508	182,766	174,088	169,383	168,403	164,287	163,320	161,904
Board Designated Funds	3,281	44,106	39,987	35,992	66,992	64,215	63,795	63,720	63,720
Unrestricted Net Assets	448,867	448,042	425,363	501,506	486,860	489,718	539,373	589,250	654,289
Total Fund Equity	\$745,910	\$783,056	\$753,020	\$817,486	\$831,701	\$830,899	\$875,810	\$925,717	\$988,442
TOTAL LIABILITIES AND FUND EQUITY	\$4,589,621	\$4,765,752	\$4,242,049	\$4,123,276	\$4,287,658	\$3,888,934	\$3,938,138	\$3,921,133	\$4,165,933
Solvency Ratios									
Working Capital Ratio	1.17	1.17	1.19	1.22	1.21	1.24	1.25	1.27	1.28
Cash to Claims Ratio	0.44	0.52	0.46	0.51	0.57	0.40	0.45	0.48	0.52
Tangible Net Equity Ratio	3.78	4.11	4.12	4.70	4.91	4.93	5.33	5.67	6.11



Cash Flows Statement (\$ in thousands)

February 2019

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	YTD
Cash Flows from Operating Activities:						
Capitation Revenue	\$ 638,407	\$ 406,972	\$ 596,708	\$ 713,150	\$ 745,293	\$ 3,100,530
Other Income (Expense), net	\$ 3,682	\$ (90)	\$ 241	\$ 1,254	\$ 2,286	\$ 7,373
Healthcare Expenses	\$ (566,253)	\$ (640,460)	\$ (462,734)	\$ (615,151)	\$ (508,155)	\$ (2,792,753)
Operating Expenses	\$ (32,471)	\$ (41,276)	\$ (38,812)	\$ (29,411)	\$ (30,246)	\$ (172,216)
Net Cash Provided By Operating Activities	\$ 43,365	\$ (274,854)	\$ 95,403	\$ 69,842	\$ 209,178	\$ 142,934
Cash Flows from Investing Activities						
Purchase of investments - Net	\$ 149,067	\$ (179,656)	\$ 52,077	\$ 13,073	\$ 26,570	\$ 61,131
Purchase of Capital Assets	\$ (4,355)	\$ (1,591)	\$ (1,984)	\$ (2,892)	\$ (1,319)	\$ (12,141)
Net Cash Provided By Investing Activities	\$ 144,712	\$ (181,247)	\$ 50,093	\$ 10,181	\$ 25,251	\$ 48,990
Cash Flows from Financing Activities:						
Gross Premium Tax (MCO Sales Tax) - Net	\$ (26,802)	\$ 11,908	\$ 11,770	\$ (26,959)	\$ 11,719	\$ (18,364)
Pass through transactions (AB 85, IGT, etc.)	\$ -	\$ -	\$ -	\$ -	\$ (92)	\$ (92)
Net Cash Provided By Financing Activities	\$ (26,802)	\$ 11,908	\$ 11,770	\$ (26,959)	\$ 11,627	\$ (18,456)
Net Increase in Cash and Cash Equivalents	\$ 161,275	\$ (444,193)	\$ 157,266	\$ 53,064	\$ 246,055	\$ 173,467
Cash and Cash Equivalents, Beginning	\$ 598,403	\$ 759,678	\$ 315,485	\$ 472,751	\$ 525,815	\$ 598,403
Cash and Cash Equivalents, Ending	\$ 759,678	\$ 315,485	\$ 472,751	\$ 525,815	\$ 771,870	\$ 771,870
Reconciliation of Income from Operations to Net Cash Provided By (Used In) Operating Activities:						
Excess of Revenues over Expenses	\$ 14,215	\$ (802)	\$ 44,912	\$ 49,906	\$ 62,725	\$ 170,956
Adjustments to Excess of Revenues Over Expenses:						
Depreciation	\$ 1,789	\$ 1,494	\$ 2,191	\$ 1,822	\$ 2,216	\$ 9,512
Realized and Unrealized (Gain)/Loss on Investments	\$ 639	\$ 7	\$ (2,567)	\$ (2,259)	\$ (334)	\$ (4,514)
Deferred Rent	\$ (62)	\$ (71)	\$ 45	\$ (120)	\$ 63	\$ (145)
Gross Premium Tax provision	\$ 263	\$ 768	\$ 577	\$ 419	\$ 577	\$ 2,604
Total Adjustments to Excess of Revenues over Expenses	\$ 2,629	\$ 2,198	\$ 246	\$ (138)	\$ 2,522	\$ 7,457
Changes in Operating Assets and Liabilities:						
Capitation Receivable	\$ 1,122	\$ (12,349)	\$ (39,884)	\$ 77,849	\$ (13,645)	\$ 13,093
Interest and Non-Operating Receivables	\$ 1,325	\$ (406)	\$ (1,068)	\$ (1,062)	\$ 91	\$ (1,120)
Prepaid and Other Current Assets	\$ (3,196)	\$ (2,402)	\$ 99,860	\$ (14,521)	\$ (10,600)	\$ 69,141
Accounts Payable and Accrued Liabilities	\$ 3,602	\$ (5,923)	\$ (7,631)	\$ 7,420	\$ 1,022	\$ (1,510)
Subcapitation Payable	\$ 23,118	\$ (39,060)	\$ 30,434	\$ (38,957)	\$ 121,337	\$ 96,872
MediCal Adult Expansion Payable	\$ (5,829)	\$ (244,519)	\$ (18,702)	\$ (4,221)	\$ 70,388	\$ (202,883)
Deferred Capitation Revenue	\$ 1,894	\$ 13,256	\$ (17,419)	\$ (1,761)	\$ (896)	\$ (4,926)
Accrued Medical Expenses	\$ 7,611	\$ 441	\$ 4,411	\$ 2,455	\$ (1,667)	\$ 13,251
Reserve for Claims	\$ 1,236	\$ 24,664	\$ 18,110	\$ (6,994)	\$ (20,490)	\$ 16,526
Reserve for Provider Incentives	\$ (4,177)	\$ (10,567)	\$ (17,643)	\$ (46)	\$ (10)	\$ (32,443)
Grants Payable	\$ (185)	\$ 615	\$ (223)	\$ (88)	\$ (1,599)	\$ (1,480)
Net Changes in Operating Assets and Liabilities	\$ 26,521	\$ (276,250)	\$ 50,245	\$ 20,074	\$ 143,931	\$ (35,479)
Net Cash Provided By Operating Activities	\$ 43,365	\$ (274,854)	\$ 95,403	\$ 69,842	\$ 209,178	\$ 142,934



L.A. Care
HEALTH PLAN®

Financial Performance
FY 2018-19 Budget vs. 4+8 Forecast



Consolidated Operations Income Statement (\$ in thousands) Fiscal Year 2018-19

	Budget		4+8 Forecast		Fav<Unfav> Budget	
	\$	PMPM	\$	PMPM	\$	PMPM
Membership						
Member Months	26,614,087		26,108,361		(505,726)	
Revenue						
Capitation	\$7,649,034	\$287.41	\$7,799,149	\$298.72	\$150,115	\$11.32
Pay for Performance	\$4,156	\$0.16	\$4,745	\$0.18	\$589	\$0.03
Total Revenues	\$7,653,190	\$287.56	\$7,803,894	\$298.90	150,703	\$11.34
Healthcare Expenses						
Capitation	\$4,040,412	\$151.81	\$4,140,594	\$158.59	(\$100,181)	(\$6.78)
Inpatient Claims	\$964,027	\$36.22	\$910,242	\$34.86	\$53,784	\$1.36
Outpatient Claims	\$619,037	\$23.26	\$672,035	\$25.74	(\$52,998)	(\$2.48)
Skilled Nursing Facility	\$632,959	\$23.78	\$618,994	\$23.71	\$13,965	\$0.07
Pharmacy	\$707,200	\$26.57	\$662,874	\$25.39	\$44,325	\$1.18
Provider Incentives and Shared Risk	\$78,803	\$2.96	\$75,817	\$2.90	\$2,985	\$0.06
Medical Administrative Expenses	\$58,407	\$2.19	\$63,644	\$2.44	(\$5,237)	(\$0.24)
Total Healthcare Expenses	\$7,100,845	\$266.81	\$7,144,201	\$273.64	(\$43,356)	(\$6.83)
<i>MCR(%)</i>		92.8%		91.5%		1.2%
Operating Margin	\$552,346	\$20.75	\$659,692	\$25.27	\$107,347	\$4.51
Total Operating Expenses	\$423,838	\$15.93	\$441,304	\$16.90	(\$17,466)	(\$0.98)
<i>Admin Ratio(%)</i>		5.5%		5.7%		-0.1%
Income (Loss) from Operations	\$128,507	\$4.83	\$218,388	\$8.36	\$89,881	\$3.54
Other Income/(Expense), net	(\$25,092)	(\$0.94)	(\$40,938)	(\$1.57)	(\$15,846)	(\$0.63)
Interest Income, net	\$18,000	\$0.68	\$28,569	\$1.09	\$10,569	\$0.42
Realized Gain / Loss	\$0	\$0.00	(\$82)	(\$0.00)	(\$82)	(\$0.00)
Unrealized Gain / Loss	0	\$0.00	(\$0)	(\$0.00)	(\$0)	(\$0.00)
Total Non-Operating Income (Expense)	(\$7,092)	(\$0.27)	(\$12,452)	(\$0.48)	(\$5,359)	(\$0.21)
Net Surplus (Deficit)	\$121,415	\$4.56	\$205,937	\$7.89	\$84,522	\$3.33
<i>Margin(%)</i>		1.6%		2.6%		1.1%



MediCal Plan Partners Income Statement (\$ in thousands)

Fiscal Year 2018-19

	Budget		4+8 Forecast		Fav<Unfav> Budget	
	\$	PMPM	\$	PMPM	\$	PMPM
Membership						
Member Months	12,177,052		11,921,143		(255,909)	
Revenue						
Capitation	\$2,852,660	\$234.27	\$2,880,741	\$241.65	\$28,081	\$7.38
Total Revenues	\$2,852,660	\$234.27	\$2,880,741	\$241.65	28,081	\$7.38
Healthcare Expenses						
Capitation	\$2,618,291	\$215.02	\$2,682,711	\$225.04	(\$64,420)	(\$10.02)
Inpatient Claims	\$0	\$0.00	(\$1)	(\$0.00)	\$1	\$0.00
Outpatient Claims	\$0	\$0.00	\$140	\$0.01	(\$140)	(\$0.01)
Provider Incentives and Shared Risk	\$33,767	\$2.77	\$28,549	\$2.39	\$5,218	\$0.38
Medical Administrative Expenses	\$8,805	\$0.72	\$9,050	\$0.76	(\$245)	(\$0.04)
Total Healthcare Expenses	\$2,660,864	\$218.51	\$2,720,449	\$228.20	(\$59,585)	(\$9.69)
<i>MCR(%)</i>		93.3%		94.4%		-1.2%
Operating Margin	\$191,796	\$15.75	\$160,292	\$13.45	(\$31,504)	(\$2.30)
Total Operating Expenses	\$61,676	\$5.06	\$65,187	\$5.47	(\$3,511)	(\$0.40)
<i>Admin Ratio(%)</i>		2.2%		2.3%		-0.1%
Income (Loss) from Operations	\$130,120	\$10.69	\$95,105	\$7.98	(\$35,016)	(\$2.71)
Other Income/(Expense), net	\$0	\$0.00	\$116	\$0.01	\$116	\$0.01
Interest Income, net	\$7,560	\$0.62	\$12,306	\$1.03	\$4,746	\$0.41
Realized Gain / Loss	\$0	\$0.00	(\$36)	(\$0.00)	(\$36)	(\$0.00)
Unrealized Gain / Loss	0	\$0.00	\$0	\$0.00	\$0	\$0.00
Total Non-Operating Income (Expense)	\$7,560	\$0.62	\$12,386	\$1.04	\$4,826	\$0.42
Net Surplus (Deficit)	\$137,680	\$11.31	\$107,491	\$9.02	(\$30,189)	(\$2.29)
<i>Margin(%)</i>		4.8%		3.7%		-1.1%



MediCal SPD-CCI Income Statement (\$ in thousands)

Fiscal Year 2018-19

	Budget		4+8 Forecast		Fav<Unfav> Budget	
	\$	PMPM	\$	PMPM	\$	PMPM
Membership						
Member Months	2,622,761		2,613,688		(9,073)	
Revenue						
Capitation	\$1,818,213	\$693.24	\$1,855,725	\$710.00	\$37,512	\$16.76
Total Revenues	\$1,818,213	\$693.24	\$1,855,725	\$710.00	37,512	\$16.76
Healthcare Expenses						
Capitation	\$176,178	\$67.17	\$186,651	\$71.41	(\$10,473)	(\$4.24)
Inpatient Claims	\$398,729	\$152.03	\$342,629	\$131.09	\$56,100	\$20.94
Outpatient Claims	\$332,715	\$126.86	\$354,290	\$135.55	(\$21,575)	(\$8.69)
Skilled Nursing Facility	\$551,621	\$210.32	\$553,169	\$211.64	(\$1,549)	(\$1.32)
Pharmacy	\$232,439	\$88.62	\$210,038	\$80.36	\$22,401	\$8.26
Provider Incentives and Shared Risk	(\$7,630)	(\$2.91)	(\$1,691)	(\$0.65)	(\$5,940)	(\$2.26)
Medical Administrative Expenses	\$19,177	\$7.31	\$20,545	\$7.86	(\$1,368)	(\$0.55)
Total Healthcare Expenses	\$1,703,228	\$649.40	\$1,665,632	\$637.27	\$37,596	\$12.13
<i>MCR(%)</i>		93.7%		89.8%		3.9%
Operating Margin	\$114,985	\$43.84	\$190,094	\$72.73	\$75,109	\$28.89
Total Operating Expenses	\$147,124	\$56.09	\$154,176	\$58.99	(\$7,052)	(\$2.89)
<i>Admin Ratio(%)</i>		8.1%		8.3%		-0.2%
Income (Loss) from Operations	(\$32,139)	(\$12.25)	\$35,918	\$13.74	\$68,056	\$26.00
Other Income/(Expense), net	\$0	\$0.00	\$68	\$0.03	\$68	\$0.03
Interest Income, net	\$5,328	\$2.03	\$8,180	\$3.13	\$2,852	\$1.10
Realized Gain / Loss	\$0	\$0.00	(\$23)	(\$0.01)	(\$23)	(\$0.01)
Unrealized Gain / Loss	0	\$0.00	\$0	\$0.00	\$0	\$0.00
Total Non-Operating Income (Expense)	\$5,328	\$2.03	\$8,225	\$3.15	\$2,897	\$1.12
Net Surplus (Deficit)	(\$26,811)	(\$10.22)	\$44,143	\$16.89	\$70,954	\$27.11
<i>Margin(%)</i>		-1.5%		2.4%		3.9%



MediCal TANF-MCE Income Statement (\$ in thousands)

Fiscal Year 2018-19

	Budget		4+8 Forecast		Fav<Unfav> Budget	
	\$	PMPM	\$	PMPM	\$	PMPM
Membership						
Member Months	10,102,004		9,835,534		(266,470)	
Revenue						
Capitation	\$2,214,410	\$219.21	\$2,279,214	\$231.73	\$64,804	\$12.53
Total Revenues	\$2,214,410	\$219.21	\$2,279,214	\$231.73	64,804	\$12.53
Healthcare Expenses						
Capitation	\$850,732	\$84.21	\$894,312	\$90.93	(\$43,580)	(\$6.71)
Inpatient Claims	\$477,998	\$47.32	\$465,837	\$47.36	\$12,161	(\$0.05)
Outpatient Claims	\$249,500	\$24.70	\$272,778	\$27.73	(\$23,278)	(\$3.04)
Skilled Nursing Facility	\$62,112	\$6.15	\$47,160	\$4.79	\$14,953	\$1.35
Pharmacy	\$396,028	\$39.20	\$371,088	\$37.73	\$24,940	\$1.47
Provider Incentives and Shared Risk	\$24,530	\$2.43	\$23,143	\$2.35	\$1,387	\$0.08
Medical Administrative Expenses	\$24,692	\$2.44	\$28,201	\$2.87	(\$3,509)	(\$0.42)
Total Healthcare Expenses	\$2,085,592	\$206.45	\$2,102,519	\$213.77	(\$16,926)	(\$7.31)
<i>MCR(%)</i>		94.2%		92.2%		1.9%
Operating Margin	\$128,818	\$12.75	\$176,696	\$17.97	\$47,878	\$5.21
Total Operating Expenses	\$146,937	\$14.55	\$149,781	\$15.23	(\$2,844)	(\$0.68)
<i>Admin Ratio(%)</i>		6.6%		6.6%		0.1%
Income (Loss) from Operations	(\$18,119)	(\$1.79)	\$26,915	\$2.74	\$45,034	\$4.53
Other Income/(Expense), net	\$0	\$0.00	\$97	\$0.01	\$97	\$0.01
Interest Income, net	\$5,112	\$0.51	\$8,023	\$0.82	\$2,911	\$0.31
Realized Gain / Loss	\$0	\$0.00	(\$22)	(\$0.00)	(\$22)	(\$0.00)
Unrealized Gain / Loss	0	\$0.00	\$0	\$0.00	\$0	\$0.00
Total Non-Operating Income (Expense)	\$5,112	\$0.51	\$8,098	\$0.82	\$2,986	\$0.32
Net Surplus (Deficit)	(\$13,007)	(\$1.29)	\$35,013	\$3.56	\$48,020	\$4.85
<i>Margin(%)</i>		-0.6%		1.5%		2.1%



CMC Income Statement (\$ in thousands)

Fiscal Year 2018-19

	Budget		4+8 Forecast		Fav<Unfav> Budget	
	\$	PMPM	\$	PMPM	\$	PMPM
Membership						
Member Months	202,467		203,024		557	
Revenue						
Capitation	\$242,480	\$1,197.63	\$247,512	\$1,219.13	\$5,032	\$21.50
Total Revenues	\$242,480	\$1,197.63	\$247,512	\$1,219.13	5,032	\$21.50
Healthcare Expenses						
Capitation	\$136,335	\$673.37	\$115,090	\$566.88	\$21,244	\$106.49
Inpatient Claims	\$41,922	\$207.06	\$49,473	\$243.68	(\$7,551)	(\$36.62)
Outpatient Claims	\$16,349	\$80.75	\$20,544	\$101.19	(\$4,195)	(\$20.44)
Skilled Nursing Facility	\$19,226	\$94.96	\$18,373	\$90.50	\$853	\$4.46
Pharmacy	\$13,995	\$69.12	\$16,408	\$80.82	(\$2,413)	(\$11.70)
Provider Incentives and Shared Risk	\$5,046	\$24.92	\$6,863	\$33.80	(\$1,817)	(\$8.88)
Medical Administrative Expenses	\$4,758	\$23.50	\$4,883	\$24.05	(\$125)	(\$0.55)
Total Healthcare Expenses	\$237,630	\$1,173.67	\$231,634	\$1,140.92	\$5,996	\$32.75
<i>MCR(%)</i>	98.0%		93.6%		4.4%	
Operating Margin	\$4,850	\$23.95	\$15,879	\$78.21	\$11,029	\$54.26
Total Operating Expenses	\$17,298	\$85.44	\$18,517	\$91.21	(\$1,220)	(\$5.77)
<i>Admin Ratio(%)</i>	7.1%		7.5%		-0.3%	
Income (Loss) from Operations	(\$12,448)	(\$61.48)	(\$2,639)	(\$13.00)	\$9,809	\$48.48
Other Income/(Expense), net	\$0	\$0.00	\$2	\$0.01	\$2	\$0.01
Interest Income, net	\$0	\$0.00	\$59	\$0.29	\$59	\$0.29
Realized Gain / Loss	\$0	\$0.00	(\$1)	(\$0.00)	(\$1)	(\$0.00)
Unrealized Gain / Loss	0	\$0.00	\$0	\$0.00	\$0	\$0.00
Total Non-Operating Income (Expense)	\$0	\$0.00	\$60	\$0.30	\$60	\$0.30
Net Surplus (Deficit)	(\$12,448)	(\$61.48)	(\$2,579)	(\$12.70)	\$9,870	\$48.78
<i>Margin(%)</i>	-5.1%		-1.0%		4.1%	



Commercial Income Statement (\$ in thousands) Fiscal Year 2018-19

	Budget		4+8 Forecast		Fav<Unfav> Budget	
	\$	PMPM	\$	PMPM	\$	PMPM
Membership						
Member Months	1,509,802		1,534,972		25,170	
Revenue						
Capitation	\$521,271	\$345.26	\$535,955	\$349.16	\$14,684	\$3.91
Total Revenues	\$521,271	\$345.26	\$535,955	\$349.16	14,684	\$3.91
Healthcare Expenses						
Capitation	\$258,877	\$171.46	\$261,829	\$170.58	(\$2,952)	\$0.89
Inpatient Claims	\$45,378	\$30.06	\$52,305	\$34.08	(\$6,927)	(\$4.02)
Outpatient Claims	\$20,473	\$13.56	\$24,284	\$15.82	(\$3,811)	(\$2.26)
Skilled Nursing Facility	\$0	\$0.00	\$292	\$0.19	(\$292)	(\$0.19)
Pharmacy	\$64,738	\$42.88	\$65,341	\$42.57	(\$603)	\$0.31
Provider Incentives and Shared Risk	\$23,091	\$15.29	\$18,953	\$12.35	\$4,138	\$2.95
Medical Administrative Expenses	\$975	\$0.65	\$965	\$0.63	\$10	\$0.02
Total Healthcare Expenses	\$413,530	\$273.90	\$423,968	\$276.21	(\$10,438)	(\$2.31)
<i>MCR(%)</i>	79.3%		79.1%		0.2%	
Operating Margin	\$107,741	\$71.36	\$111,987	\$72.96	\$4,246	\$1.60
Total Operating Expenses	\$40,875	\$27.07	\$43,737	\$28.49	(\$2,862)	(\$1.42)
<i>Admin Ratio(%)</i>	7.8%		8.2%		-0.3%	
Income (Loss) from Operations	\$66,866	\$44.29	\$68,250	\$44.46	\$1,384	\$0.18
Other Income/(Expense), net	(\$6,615)	(\$4.38)	(\$6,940)	(\$4.52)	(\$325)	(\$0.14)
Interest Income, net	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00
Realized Gain / Loss	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00
Unrealized Gain / Loss	0	\$0.00	\$0	\$0.00	\$0	\$0.00
Total Non-Operating Income (Expense)	(\$6,615)	(\$4.38)	(\$6,940)	(\$4.52)	(\$325)	(\$0.14)
Net Surplus (Deficit)	\$60,250	\$39.91	\$61,309	\$39.94	\$1,059	\$0.04
<i>Margin(%)</i>	11.6%		11.4%		-0.1%	



DATE: February 14, 2019
TO: Finance & Budget Committee
FROM: Marie Montgomery, *Chief Financial Officer*

SUBJECT: Monthly Investment Transaction Report for January 2019

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 January 1 to January 31, 2019.

L.A. Care's investment market value as of January 31, 2019 was \$1.2 billion. This includes our funds invested with the government pooled funds. L.A. Care has approximately \$60 million invested with the statewide Local Agency Investment Fund (LAIF), and approximately \$103 million invested with the Los Angeles County Pooled Investment Fund (LACPIF).

The remainder as of January 31, 2019, \$1.0 billion, respectively, 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.

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN
Account Number:

01/01/2019
through 01/31/2019

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
01/02/19	01/03/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/29/19 Cpn 912796UL1	(49,915,066.67)		0.00	0.00	(49,915,066.67)
01/02/19	01/03/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/29/19 Cpn 912796UL1	(49,915,066.67)		0.00	0.00	(49,915,066.67)
01/02/19	01/03/19	Buy	15,000,000.000	U.S. TREASURY BILL MAT 01/29/19 Cpn 912796UL1	(14,974,520.00)		0.00	0.00	(14,974,520.00)
01/07/19	01/07/19	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/08/19 Cpn 313384AH2	(49,996,763.89)		0.00	0.00	(49,996,763.89)
01/07/19	01/07/19	Buy	30,000,000.000	FHLB DISCOUNT NOTE MAT 01/08/19 Cpn 313384AH2	(29,998,058.33)		0.00	0.00	(29,998,058.33)
01/08/19	01/08/19	Buy	15,000,000.000	U.S. TREASURY BILL MAT 01/22/19 Cpn 912796UK3	(14,986,554.17)		0.00	0.00	(14,986,554.17)
01/09/19	01/09/19	Buy	3,000,000.000	NY LONG ISLAND POWER AUTH CP MAT 02/26/19 Cpn 2.70 54270XAF4	(3,000,000.00)		0.00	0.00	(3,000,000.00)
01/09/19	01/09/19	Buy	1,000,000.000	PA UNIV OF PITTSBURGH CP TXB MAT 02/15/19 Cpn 2.63 91481JBE4	(999,970.00)	(144.11)	0.00	0.00	(1,000,114.11)
01/15/19	01/16/19	Buy	40,000,000.000	U.S. TREASURY BILL MAT 01/22/19 Cpn 912796UK3	(39,984,433.33)		0.00	0.00	(39,984,433.33)
01/17/19	01/18/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/24/19 Cpn 912796QU6	(49,981,658.33)		0.00	0.00	(49,981,658.33)
01/17/19	01/18/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/24/19 Cpn 912796QU6	(49,981,658.33)		0.00	0.00	(49,981,658.33)
01/17/19	01/18/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/24/19 Cpn 912796QU6	(49,981,658.33)		0.00	0.00	(49,981,658.33)
01/17/19	01/18/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/24/19 Cpn 912796QU6	(49,981,658.33)		0.00	0.00	(49,981,658.33)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN
Account Number:

01/01/2019
through 01/31/2019

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
01/17/19	01/18/19	Buy	1,000,000.000	U.S. TREASURY BILL MAT 01/24/19 Cpn	912796QU6	(999,631.42)		0.00	0.00	(999,631.42)
01/17/19	01/18/19	Buy	1,000,000.000	U.S. TREASURY BILL MAT 01/24/19 Cpn	912796QU6	(999,632.67)		0.00	0.00	(999,632.67)
01/18/19	01/18/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/19/19 Cpn	912796UP2	(49,900,888.89)		0.00	0.00	(49,900,888.89)
01/18/19	01/18/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/19/19 Cpn	912796UP2	(49,900,888.89)		0.00	0.00	(49,900,888.89)
01/18/19	01/18/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/19/19 Cpn	912796UP2	(49,900,888.89)		0.00	0.00	(49,900,888.89)
01/18/19	01/18/19	Buy	25,000,000.000	U.S. TREASURY BILL MAT 02/19/19 Cpn	912796UP2	(24,950,444.44)		0.00	0.00	(24,950,444.44)
01/18/19	01/18/19	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/28/19 Cpn	313384BD0	(49,968,055.56)		0.00	0.00	(49,968,055.56)
01/18/19	01/18/19	Buy	30,000,000.000	FHLB DISCOUNT NOTE MAT 01/28/19 Cpn	313384BD0	(29,980,833.33)		0.00	0.00	(29,980,833.33)
01/18/19	01/18/19	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/11/19 Cpn	313384BT5	(49,923,000.00)		0.00	0.00	(49,923,000.00)
01/18/19	01/18/19	Buy	30,000,000.000	FHLB DISCOUNT NOTE MAT 02/11/19 Cpn	313384BT5	(29,953,800.00)		0.00	0.00	(29,953,800.00)
01/18/19	01/18/19	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/04/19 Cpn	313384BL2	(49,945,458.33)		0.00	0.00	(49,945,458.33)
01/18/19	01/18/19	Buy	30,000,000.000	FHLB DISCOUNT NOTE MAT 02/04/19 Cpn	313384BL2	(29,967,275.00)		0.00	0.00	(29,967,275.00)
01/16/19	01/18/19	Buy	2,000,000.000	TORONTO-DOMINION NY YCD FRN MAT 07/16/19 Cpn 2.91	89113X6M1	(2,000,424.00)	(323.22)	0.00	0.00	(2,000,747.22)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN
Account Number:

01/01/2019
through 01/31/2019

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
01/22/19	01/22/19	Buy	2,500,000.000	AMERICAN HONDA FINANCE CP MAT 04/22/19 Cpn 02665KRN9	(2,483,750.00)		0.00	0.00	(2,483,750.00)
01/22/19	01/23/19	Buy	2,500,000.000	US BANK CINCINNATI FRN CD MAT 05/13/19 Cpn 2.66 90333VYD6	(2,500,000.00)	(1,665.12)	0.00	0.00	(2,501,665.12)
01/22/19	01/24/19	Buy	2,728,256.300	NGN 2010-R3 2A 1MOFRN NCUA G MAT 12/08/20 Cpn 3.08 62888WAB2	(2,736,462.38)	(3,735.36)	0.00	0.00	(2,740,197.74)
01/22/19	01/24/19	Buy	1,465,557.070	NGN 2011-R1 1A 1MOFRN NCUA G MAT 01/08/20 Cpn 2.97 62888YAA0	(1,466,587.54)	(1,934.90)	0.00	0.00	(1,468,522.44)
01/24/19	01/25/19	Buy	20,000,000.000	U.S. TREASURY BILL MAT 02/21/19 Cpn 912796QY8	(19,966,010.00)		0.00	0.00	(19,966,010.00)
01/25/19	01/28/19	Buy	2,500,000.000	MIZUHO BANK YCD FRN MAT 07/26/19 Cpn 2.78 60700A6T6	(2,500,000.00)		0.00	0.00	(2,500,000.00)
01/25/19	01/28/19	Buy	2,500,000.000	SVENSKA HANDELSBANKEN NY Y MAT 10/21/19 Cpn 3.03 86958JC98	(2,504,230.50)	(1,262.92)	0.00	0.00	(2,505,493.42)
01/28/19	01/29/19	Buy	40,000,000.000	U.S. TREASURY BILL MAT 01/31/19 Cpn 912796PP8	(39,994,955.56)		0.00	0.00	(39,994,955.56)
01/28/19	01/29/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/21/19 Cpn 912796QY8	(49,926,607.64)		0.00	0.00	(49,926,607.64)
01/28/19	01/29/19	Buy	30,000,000.000	U.S. TREASURY BILL MAT 02/21/19 Cpn 912796QY8	(29,955,964.58)		0.00	0.00	(29,955,964.58)
01/23/19	01/30/19	Buy	2,310,000.000	MERCEDES 2019-A A2 LEASE MAT 02/16/21 Cpn 3.01 58772TAB6	(2,309,981.52)		0.00	0.00	(2,309,981.52)
			<u>1,029,503,813.370</u>		<u>(1,028,432,837.52)</u>	<u>(9,065.63)</u>	<u>0.00</u>	<u>0.00</u>	<u>(1,028,441,903.15)</u>

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN
Account Number:

01/01/2019
through 01/31/2019

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
01/09/19	01/09/19	Coupon		NY LONG ISLAND POWER AUTH CP MAT 01/09/19 Cpn 2.45 54270XAE7		18,375.00	0.00	0.00	18,375.00
01/01/19	01/15/19	Coupon		FHLMC #G15842 15YR MAT 04/01/19 Cpn 4.50 3128MEWB		21.43	0.00	0.00	21.43
01/01/19	01/15/19	Coupon		FHLMC #G15842 15YR MAT 04/01/19 Cpn 4.50 3128MEWB		1.57	0.00	0.00	1.57
01/15/19	01/15/19	Coupon		HONDA 2017-2 A2 CAR MAT 10/15/19 Cpn 1.46 43811BAB0		852.43	0.00	0.00	852.43
01/15/19	01/15/19	Coupon		NISSAN 2017-B A2A LEASE MAT 12/16/19 Cpn 1.83 65479BAB6		7,626.38	0.00	0.00	7,626.38
01/15/19	01/15/19	Coupon		NISSAN 2018-A A2A LEASE MAT 02/16/21 Cpn 3.03 65478BAB7		4,620.75	0.00	0.00	4,620.75
01/15/19	01/15/19	Coupon		TOYOTA 2017-B A2A CAR MAT 01/15/20 Cpn 1.46 89190BAB4		855.03	0.00	0.00	855.03
01/15/19	01/15/19	Coupon		TOYOTA 2018-A A2A CAR MAT 10/15/20 Cpn 2.10 89238BAB8		11,445.88	0.00	0.00	11,445.88
01/15/19	01/15/19	Coupon		USAA 2017-1 A3 CAR MAT 05/17/21 Cpn 1.70 90290AAC1		5,624.17	0.00	0.00	5,624.17
01/16/19	01/16/19	Coupon		FHLB MAT 01/16/19 Cpn 1.25 3130AAE46		175,000.00	0.00	0.00	175,000.00
01/16/19	01/16/19	Coupon		FHLB MAT 01/16/19 Cpn 1.25 3130AAE46		10,562.50	0.00	0.00	10,562.50
01/18/19	01/18/19	Coupon		HONDA 2017-3 A2 CAR MAT 01/21/20 Cpn 1.57 43814PAB6		3,361.54	0.00	0.00	3,361.54
01/20/19	01/20/19	Coupon		BMW 2017-2 A2A LEASE MAT 02/20/20 Cpn 1.80 05584PAB3		4,340.64	0.00	0.00	4,340.64

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN
Account Number:

01/01/2019
through 01/31/2019

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
01/01/19	01/25/19	Coupon		FHMS K504 A2 CMBS MAT 09/25/20 Cpn 2.57 3137BMLC8		3,251.07	0.00	0.00	3,251.07
01/01/19	01/25/19	Coupon		FHMS K708 A2 CMBS MAT 01/25/19 Cpn 2.13 3137AQT24		596.33	0.00	0.00	596.33
01/01/19	01/25/19	Coupon		FHMS K708 A2 CMBS MAT 01/25/19 Cpn 2.13 3137AQT24		445.02	0.00	0.00	445.02
01/01/19	01/25/19	Coupon		FHMS K710 A2 CMBS MAT 05/25/19 Cpn 1.88 3137ARPY6		2,747.79	0.00	0.00	2,747.79
01/01/19	01/25/19	Coupon		FHMS K710 A2 CMBS MAT 05/25/19 Cpn 1.88 3137ARPY6		316.50	0.00	0.00	316.50
01/25/19	01/25/19	Coupon		FHMS KI03 A 1MOFRN CMBS MAT 02/25/23 Cpn 2.75 3137FJXN4		4,248.88	0.00	0.00	4,248.88
01/25/19	01/25/19	Coupon		FHMS KI03 A 1MOFRN CMBS MAT 02/25/23 Cpn 2.75 3137FJXN4		1,744.28	0.00	0.00	1,744.28
01/01/19	01/25/19	Coupon		FNA 2015-M13 ASQ2 CMBS MAT 09/25/19 Cpn 1.65 3136AQDQ		385.71	0.00	0.00	385.71
01/01/19	01/25/19	Coupon		FNA 2016-M6 ASQ2 CMBS MAT 06/25/19 Cpn 1.79 3136ASPX8		56.56	0.00	0.00	56.56
01/31/19	01/31/19	Coupon		U.S. TREASURY FRN MAT 04/30/20 Cpn 2.44 9128284K3		154,848.24	0.00	0.00	154,848.24
01/31/19	01/31/19	Coupon		U.S. TREASURY NOTE MAT 01/31/19 Cpn 1.13 912828V56		23,934.38	0.00	0.00	23,934.38
						435,262.08	0.00	0.00	435,262.08

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN
Account Number:

01/01/2019
through 01/31/2019

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
01/01/19	01/01/19	Income	(172.850)	ADJ NET P&I MAT	Cpn USD		(172.85)	0.00	0.00	(172.85)
01/01/19	01/01/19	Income	16,320.750	STIF INT MAT	Cpn USD		16,320.75	0.00	0.00	16,320.75
			<u>16,147.900</u>				<u>16,147.90</u>	<u>0.00</u>	<u>0.00</u>	<u>16,147.90</u>
01/17/19	01/17/19	Contributn	200,000,000.000	NM MAT	Cpn USD	200,000,000.00		0.00	0.00	200,000,000.00
01/18/19	01/18/19	Contributn	420,000,000.000	NM MAT	Cpn USD	420,000,000.00		0.00	0.00	420,000,000.00
			<u>620,000,000.000</u>			<u>620,000,000.00</u>		<u>0.00</u>	<u>0.00</u>	<u>620,000,000.00</u>
01/04/19	01/07/19	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 01/10/19	Cpn 912796QS1	49,919,045.84	71,833.33	(141.66)	0.00	49,990,879.17
01/04/19	01/07/19	Sell Long	10,000,000.000	U.S. TREASURY BILL MAT 01/10/19	Cpn 912796QS1	9,983,809.16	14,366.67	(28.34)	0.00	9,998,175.83
01/11/19	01/14/19	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 01/15/19	Cpn 912796UJ6	49,899,500.01	97,305.55	(55.55)	0.00	49,996,805.56
01/11/19	01/14/19	Sell Long	30,000,000.000	U.S. TREASURY BILL MAT 01/15/19	Cpn 912796UJ6	29,939,699.99	58,383.34	(33.34)	0.00	29,998,083.33
01/16/19	01/17/19	Sell Long	3,000,000.000	NY LONG ISLAND POWER AUTH CP MAT 02/26/19	Cpn 2.70 54270XAF4	2,999,850.00	1,800.00	(150.00)	0.00	3,001,650.00
01/16/19	01/17/19	Sell Long	1,000,000.000	PA UNIV OF PITTSBURGH CP TXB MAT 02/15/19	Cpn 2.63 91481JBE4	999,970.00	720.55	(6.49)	0.00	1,000,690.55

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN
Account Number:

01/01/2019
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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
Fixed Income - cont.									
01/23/19	01/24/19	Sell Long	5,000,000.000	U.S. TREASURY BILL MAT 01/29/19 Cpn 912796UL1	4,991,586.53	6,860.00	79.86	0.00	4,998,446.53
			<u>149,000,000.000</u>		<u>148,733,461.54</u>	<u>251,269.43</u>	<u>(335.50)</u>	<u>0.00</u>	<u>148,984,730.97</u>
01/01/19	01/15/19	Pay Princpl	2,220.070	FHLMC #G15842 15YR MAT 04/01/19 Cpn 4.50 3128MEWB	2,220.07		0.00	(5.84)	2,220.07
01/01/19	01/15/19	Pay Princpl	163.110	FHLMC #G15842 15YR MAT 04/01/19 Cpn 4.50 3128MEWB	163.11		0.00	(0.43)	163.11
01/15/19	01/15/19	Pay Princpl	594,177.224	HONDA 2017-2 A2 CAR MAT 10/15/19 Cpn 1.46 43811BAB0	594,177.22		0.00	(0.00)	594,177.22
01/15/19	01/15/19	Pay Princpl	607,259.883	NISSAN 2017-B A2A LEASE MAT 12/16/19 Cpn 1.83 65479BAB6	607,259.88		0.00	(0.00)	607,259.88
01/15/19	01/15/19	Pay Princpl	365,718.097	TOYOTA 2017-B A2A CAR MAT 01/15/20 Cpn 1.46 89190BAB4	365,718.10		0.00	0.46	365,718.10
01/15/19	01/15/19	Pay Princpl	628,371.711	TOYOTA 2018-A A2A CAR MAT 10/15/20 Cpn 2.10 89238BAB8	628,371.71		29.90	0.00	628,371.71
01/15/19	01/15/19	Pay Princpl	23,190.613	USAA 2017-1 A3 CAR MAT 05/17/21 Cpn 1.70 90290AAC1	23,190.61		0.00	1.19	23,190.61
01/18/19	01/18/19	Pay Princpl	623,973.041	HONDA 2017-3 A2 CAR MAT 01/21/20 Cpn 1.57 43814PAB6	623,973.04		0.00	8.82	623,973.04
01/20/19	01/20/19	Pay Princpl	466,052.971	BMW 2017-2 A2A LEASE MAT 02/20/20 Cpn 1.80 05584PAB3	466,052.97		0.00	11.41	466,052.97
01/01/19	01/25/19	Pay Princpl	1,798.138	FHMS K504 A2 CMBS MAT 09/25/20 Cpn 2.57 3137BMLC8	1,798.14		10.57	0.00	1,798.14

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN
Account Number:

01/01/2019
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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
01/01/19	01/25/19	Pay Princpl	274,288.440	FHMS K710 A2 CMBS MAT 05/25/19 Cpn 1.88 3137ARPY6	274,288.44		0.00	(336.38)	274,288.44
01/01/19	01/25/19	Pay Princpl	31,593.430	FHMS K710 A2 CMBS MAT 05/25/19 Cpn 1.88 3137ARPY6	31,593.43		0.00	(68.96)	31,593.43
01/01/19	01/25/19	Pay Princpl	548.759	FNA 2015-M13 ASQ2 CMBS MAT 09/25/19 Cpn 1.65 3136AQDQ	548.76		0.00	(1.03)	548.76
01/01/19	01/25/19	Pay Princpl	56.920	FNA 2016-M6 ASQ2 CMBS MAT 06/25/19 Cpn 1.79 3136ASPX8	56.92		0.00	(0.11)	56.92
			<u>3,619,412.407</u>		<u>3,619,412.40</u>		<u>40.46</u>	<u>(390.86)</u>	<u>3,619,412.40</u>
01/03/19	01/03/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/03/19 Cpn 912796PK9	49,937,500.00	62,500.00	0.00	0.00	50,000,000.00
01/03/19	01/03/19	Mature Long	30,000,000.000	U.S. TREASURY BILL MAT 01/03/19 Cpn 912796PK9	29,962,500.00	37,500.00	0.00	0.00	30,000,000.00
01/03/19	01/03/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/03/19 Cpn 912796PK9	49,991,041.67	8,958.33	0.00	0.00	50,000,000.00
01/03/19	01/03/19	Mature Long	10,000,000.000	U.S. TREASURY BILL MAT 01/03/19 Cpn 912796PK9	9,998,208.33	1,791.67	0.00	0.00	10,000,000.00
01/08/19	01/08/19	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/08/19 Cpn 313384AH2	49,996,763.89	3,236.11	0.00	0.00	50,000,000.00
01/08/19	01/08/19	Mature Long	30,000,000.000	FHLB DISCOUNT NOTE MAT 01/08/19 Cpn 313384AH2	29,998,058.33	1,941.67	0.00	0.00	30,000,000.00
01/09/19	01/09/19	Mature Long	3,000,000.000	NY LONG ISLAND POWER AUTH CP MAT 01/09/19 Cpn 2.45 54270XAE7	3,000,000.00		0.00	0.00	3,000,000.00
01/10/19	01/10/19	Mature Long	40,000,000.000	U.S. TREASURY BILL MAT 01/10/19 Cpn 912796QS1	39,935,350.00	64,650.00	0.00	0.00	40,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN
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01/01/2019
through 01/31/2019

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
01/10/19	01/10/19	Mature Long	10,000,000.000	U.S. TREASURY BILL MAT 01/10/19 Cpn 912796QS1		9,983,837.50	16,162.50	0.00	0.00	10,000,000.00
01/16/19	01/16/19	Mature Long	28,000,000.000	FHLB MAT 01/16/19 Cpn 1.25 3130AAE46		28,000,000.00		0.00	0.00	28,000,000.00
01/16/19	01/16/19	Mature Long	1,690,000.000	FHLB MAT 01/16/19 Cpn 1.25 3130AAE46		1,690,000.00		0.00	0.00	1,690,000.00
01/22/19	01/22/19	Mature Long	40,000,000.000	U.S. TREASURY BILL MAT 01/22/19 Cpn 912796UK3		39,934,722.22	65,277.78	0.00	0.00	40,000,000.00
01/22/19	01/22/19	Mature Long	15,000,000.000	U.S. TREASURY BILL MAT 01/22/19 Cpn 912796UK3		14,986,554.17	13,445.83	0.00	0.00	15,000,000.00
01/22/19	01/22/19	Mature Long	40,000,000.000	U.S. TREASURY BILL MAT 01/22/19 Cpn 912796UK3		39,984,433.33	15,566.67	0.00	0.00	40,000,000.00
01/24/19	01/24/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/24/19 Cpn 912796QU6		49,981,658.33	18,341.67	0.00	0.00	50,000,000.00
01/24/19	01/24/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/24/19 Cpn 912796QU6		49,981,658.33	18,341.67	0.00	0.00	50,000,000.00
01/24/19	01/24/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/24/19 Cpn 912796QU6		49,981,658.33	18,341.67	0.00	0.00	50,000,000.00
01/24/19	01/24/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/24/19 Cpn 912796QU6		49,981,658.33	18,341.67	0.00	0.00	50,000,000.00
01/24/19	01/24/19	Mature Long	1,000,000.000	U.S. TREASURY BILL MAT 01/24/19 Cpn 912796QU6		999,631.42	368.58	0.00	0.00	1,000,000.00
01/24/19	01/24/19	Mature Long	1,000,000.000	U.S. TREASURY BILL MAT 01/24/19 Cpn 912796QU6		999,632.67	367.33	0.00	0.00	1,000,000.00
01/01/19	01/25/19	Mature Long	335,958.230	FHMS K708 A2 CMBS MAT 01/25/19 Cpn 2.13 3137AQT24		335,958.23		0.00	0.00	335,958.23

TRANSACTIONS BY TYPE

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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
01/01/19	01/25/19	Mature Long	250,715.090	FHMS K708 A2 CMBS MAT 01/25/19 Cpn 2.13	3137AQT24	250,715.09		0.00	0.00	250,715.09
01/28/19	01/28/19	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 01/28/19 Cpn	313384BD0	49,968,055.56	31,944.44	0.00	0.00	50,000,000.00
01/28/19	01/28/19	Mature Long	30,000,000.000	FHLB DISCOUNT NOTE MAT 01/28/19 Cpn	313384BD0	29,980,833.33	19,166.67	0.00	0.00	30,000,000.00
01/29/19	01/29/19	Mature Long	45,000,000.000	U.S. TREASURY BILL MAT 01/29/19 Cpn	912796UL1	44,923,560.00	76,440.00	(0.00)	0.00	45,000,000.00
01/29/19	01/29/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 01/29/19 Cpn	912796UL1	49,915,066.67	84,933.33	0.00	0.00	50,000,000.00
01/29/19	01/29/19	Mature Long	15,000,000.000	U.S. TREASURY BILL MAT 01/29/19 Cpn	912796UL1	14,974,520.00	25,480.00	0.00	0.00	15,000,000.00
01/31/19	01/31/19	Mature Long	40,000,000.000	U.S. TREASURY BILL MAT 01/31/19 Cpn	912796PP8	39,994,955.56	5,044.44	0.00	0.00	40,000,000.00
01/31/19	01/31/19	Mature Long	4,255,000.000	U.S. TREASURY NOTE MAT 01/31/19 Cpn 1.13	912828V56	4,255,000.00		0.00	0.00	4,255,000.00
			<u>834,531,673.320</u>			<u>833,923,531.29</u>	<u>608,142.03</u>	<u>(0.00)</u>	<u>0.00</u>	<u>834,531,673.32</u>
01/01/19	01/01/19	Withdrawal	(1,767.370)	CUSTODY FEE MAT Cpn	USD	(1,767.37)		(1,767.37)	0.00	(1,767.37)
01/08/19	01/08/19	Withdrawal	(70,000,000.000)	WD MAT Cpn	USD	(70,000,000.00)		(70,000,000.00)	0.00	(70,000,000.00)
01/10/19	01/10/19	Withdrawal	(50,000,000.000)	WD MAT Cpn	USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
01/14/19	01/14/19	Withdrawal	(70,000,000.000)	WD MAT Cpn	USD	(70,000,000.00)		(70,000,000.00)	0.00	(70,000,000.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN
Account Number:

01/01/2019
through 01/31/2019

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>			<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
01/22/19	01/22/19	Withdrawal	(80,000,000.000)	WD MAT	Cpn	USD	(80,000,000.00)		(80,000,000.00)	0.00	(80,000,000.00)
01/24/19	01/24/19	Withdrawal	(200,000,000.000)	WD MAT	Cpn	USD	(200,000,000.00)		(200,000,000.00)	0.00	(200,000,000.00)
01/28/19	01/28/19	Withdrawal	(60,000,000.000)	WD MAT	Cpn	USD	(60,000,000.00)		(60,000,000.00)	0.00	(60,000,000.00)
01/31/19	01/31/19	Withdrawal	(40,000,000.000)	WD MAT	Cpn	USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
			<u>(570,001,767.370)</u>				<u>(570,001,767.37)</u>		<u>(570,001,767.37)</u>	<u>0.00</u>	<u>(570,001,767.37)</u>

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT
 Account Number:

01/01/2019
 through 01/31/2019

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
01/16/19	01/18/19	Buy	430,000.000	FHLMC MAT 01/18/22 Cpn 3.00 3134GSQ57	(430,000.00)		0.00	0.00	(430,000.00)
01/18/19	01/23/19	Buy	860,000.000	U.S. TREASURY NOTE MAT 12/31/23 Cpn 2.63 9128285U0	(859,764.84)	(1,434.32)	0.00	0.00	(861,199.16)
01/23/19	01/24/19	Buy	2,000,000.000	U.S. TREASURY NOTE MAT 12/31/20 Cpn 2.50 9128285S5	(1,996,562.50)	(3,314.92)	0.00	0.00	(1,999,877.42)
01/25/19	01/29/19	Buy	355,000.000	CA LOS ANGELES DEPT AIRPORTS MAT 05/15/22 Cpn 2.62 544445BB4	(351,712.70)	(1,914.79)	0.00	0.00	(353,627.49)
01/31/19	02/04/19	Buy	350,000.000	CA STATE UNIVERSITY SYSTEM WI MAT 11/01/22 Cpn 3.05 13077DFD9	(351,578.50)	(5,403.88)	0.00	0.00	(356,982.38)
			<u>3,995,000.000</u>		<u>(3,989,618.54)</u>	<u>(12,067.91)</u>	<u>0.00</u>	<u>0.00</u>	<u>(4,001,686.45)</u>
01/01/19	01/01/19	Coupon		CA SAN FRANCISCO BART-SALES MAT 07/01/21 Cpn 2.39 797669XU7		10,144.75	0.00	0.00	10,144.75
01/15/19	01/15/19	Coupon		AMEX 2017-1 A CDT MAT 09/15/22 Cpn 1.93 02587AAJ3		2,412.50	0.00	0.00	2,412.50
01/15/19	01/15/19	Coupon		BACCT 2017-A1 A1 CDT MAT 08/15/22 Cpn 1.95 05522RCW6		1,950.00	0.00	0.00	1,950.00
01/15/19	01/15/19	Coupon		CHASE 2016-A2 A CDT MAT 06/15/21 Cpn 1.37 161571HC1		1,141.67	0.00	0.00	1,141.67
01/15/19	01/15/19	Coupon		CHASE 2016-A2 A CDT MAT 06/15/21 Cpn 1.37 161571HC1		570.83	0.00	0.00	570.83
01/15/19	01/15/19	Coupon		CAPITAL ONE 2016-A3 A3 CDT MAT 04/15/22 Cpn 1.34 14041NFE6		558.33	0.00	0.00	558.33
01/15/19	01/15/19	Coupon		CAPITAL ONE 2016-A6 A6 CDT MAT 09/15/22 Cpn 1.82 14041NFH9		1,506.05	0.00	0.00	1,506.05

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT
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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
01/15/19	01/15/19	Coupon		JOHN DEERE 2015-B A4 EQP MAT 06/15/22 Cpn 1.78 47787WAD1		297.58	0.00	0.00	297.58
01/15/19	01/15/19	Coupon		JOHN DEERE 2017-A A3 EQP MAT 04/15/21 Cpn 1.78 47787XAC1		1,306.37	0.00	0.00	1,306.37
01/15/19	01/15/19	Coupon		JOHN DEERE 2017-B A2A EQP MAT 04/15/20 Cpn 1.59 47788BAB0		126.94	0.00	0.00	126.94
01/15/19	01/15/19	Coupon		JOHN DEERE 2017-B A2A EQP MAT 04/15/20 Cpn 1.59 47788BAB0		181.34	0.00	0.00	181.34
01/15/19	01/15/19	Coupon		NISSAN 2017-B A3 LEASE MAT 09/15/20 Cpn 2.05 65479BAD2		632.08	0.00	0.00	632.08
01/15/19	01/15/19	Coupon		NISSAN 2017-B A3 LEASE MAT 09/15/20 Cpn 2.05 65479BAD2		854.17	0.00	0.00	854.17
01/15/19	01/15/19	Coupon		NISSAN 2018-A A3 LEASE MAT 09/15/21 Cpn 3.25 65478BAD3		893.75	0.00	0.00	893.75
01/15/19	01/15/19	Coupon		NISSAN 2018-C A3 CAR MAT 06/15/23 Cpn 3.22 65478NAD7		2,213.75	0.00	0.00	2,213.75
01/15/19	01/15/19	Coupon		TOYOTA 2017-A A3 CAR MAT 02/16/21 Cpn 1.73 89238MAD0		812.65	0.00	0.00	812.65
01/15/19	01/15/19	Coupon		TOYOTA 2017-B A3 CAR MAT 07/15/21 Cpn 1.76 89190BAD0		1,276.00	0.00	0.00	1,276.00
01/15/19	01/15/19	Coupon		TOYOTA 2018-A A3 CAR MAT 05/16/22 Cpn 2.35 89238BAD4		822.50	0.00	0.00	822.50
01/15/19	01/15/19	Coupon		USAA 2016-1 A3 CAR MAT 06/15/20 Cpn 1.20 90327CAC4		104.00	0.00	0.00	104.00
01/15/19	01/15/19	Coupon		USAA 2016-1 A3 CAR MAT 06/15/20 Cpn 1.20 90327CAC4		121.33	0.00	0.00	121.33

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT
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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
01/15/19	01/15/19	Coupon		USAA 2017-1 A3 CAR MAT 05/17/21 Cpn 1.70 90290AAC1		340.00	0.00	0.00	340.00
01/20/19	01/20/19	Coupon		BMW 2017-2 A2A LEASE MAT 02/20/20 Cpn 1.80 05584PAB3		335.58	0.00	0.00	335.58
01/23/19	01/23/19	Coupon		INTL BANK RECON & DEVELOP MAT 07/23/21 Cpn 2.75 459058GH0		10,605.83	0.00	0.00	10,605.83
01/25/19	01/25/19	Coupon		BMW 2016-A A3 CAR MAT 11/25/20 Cpn 1.16 05582QAD9		359.30	0.00	0.00	359.30
01/01/19	01/25/19	Coupon		FHMS J22F A1 MAT 05/25/23 Cpn 3.45 3137FJYA1		1,809.06	0.00	0.00	1,809.06
01/01/19	01/25/19	Coupon		FHMS K504 A2 CMBS MAT 09/25/20 Cpn 2.57 3137BMLC8		1,168.68	0.00	0.00	1,168.68
01/25/19	01/25/19	Coupon		FHMS KI03 A 1MOFRN CMBS MAT 02/25/23 Cpn 2.75 3137FJXN4		1,453.57	0.00	0.00	1,453.57
01/25/19	01/25/19	Coupon		FHMS KI02 A 1MOFRN CMBS MAT 02/25/23 Cpn 2.70 3137FGZN8		701.87	0.00	0.00	701.87
01/25/19	01/25/19	Coupon		FHMS KP04 AG1 1MOFRN CMBS MAT 07/25/20 Cpn 2.72 3137FBUV6		2,144.11	0.00	0.00	2,144.11
01/25/19	01/25/19	Coupon		FMPRE 2017-KT01 A 1MOFRN CMB MAT 02/25/20 Cpn 2.84 30258EAA3		1,653.46	0.00	0.00	1,653.46
01/01/19	01/25/19	Coupon		FNA 2011-M5 A2 MAT 07/25/21 Cpn 2.94 3136A07H4		388.36	0.00	0.00	388.36
01/01/19	01/25/19	Coupon		FNA 2015-M13 ASQ2 CMBS MAT 09/25/19 Cpn 1.65 3136AQDQ		36.73	0.00	0.00	36.73
01/25/19	01/25/19	Coupon		INTL FINANCE CORP MAT 01/25/21 Cpn 2.25 45950KCM0		4,500.00	0.00	0.00	4,500.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT
 Account Number:

01/01/2019
 through 01/31/2019

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
01/31/19	01/31/19	Coupon		U.S. TREASURY FRN MAT 07/31/20 Cpn 2.45 912828Y53		5,908.51	0.00	0.00	5,908.51
						<u>59,331.65</u>	<u>0.00</u>	<u>0.00</u>	<u>59,331.65</u>
01/01/19	01/01/19	Income	1,403.450	STIF INT MAT Cpn USD		1,403.45	0.00	0.00	1,403.45
01/22/19	01/23/19	Sell Long	400,000.000	U.S. TREASURY BILL MAT 01/24/19 Cpn 912796QU6	395,870.87	4,104.91	(0.49)	0.00	399,975.78
01/15/19	01/15/19	Pay Princpl	200,614.989	JOHN DEERE 2015-B A4 EQP MAT 06/15/22 Cpn 1.78 47787WAD1	200,614.99		0.00	0.00	200,614.99
01/15/19	01/15/19	Pay Princpl	73,220.459	JOHN DEERE 2017-A A3 EQP MAT 04/15/21 Cpn 1.78 47787XAC1	73,220.46		0.00	126.68	73,220.46
01/15/19	01/15/19	Pay Princpl	21,929.351	JOHN DEERE 2017-B A2A EQP MAT 04/15/20 Cpn 1.59 47788BAB0	21,929.35		0.00	(0.00)	21,929.35
01/15/19	01/15/19	Pay Princpl	31,327.645	JOHN DEERE 2017-B A2A EQP MAT 04/15/20 Cpn 1.59 47788BAB0	31,327.65		0.00	0.01	31,327.65
01/15/19	01/15/19	Pay Princpl	43,508.342	TOYOTA 2017-A A3 CAR MAT 02/16/21 Cpn 1.73 89238MAD0	43,508.34		0.00	1.98	43,508.34
01/15/19	01/15/19	Pay Princpl	29,971.165	USAA 2016-1 A3 CAR MAT 06/15/20 Cpn 1.20 90327CAC4	29,971.17		0.00	0.62	29,971.17
01/15/19	01/15/19	Pay Princpl	34,966.359	USAA 2016-1 A3 CAR MAT 06/15/20 Cpn 1.20 90327CAC4	34,966.36		0.00	23.63	34,966.36
01/15/19	01/15/19	Pay Princpl	1,401.951	USAA 2017-1 A3 CAR MAT 05/17/21 Cpn 1.70 90290AAC1	1,401.95		0.00	0.07	1,401.95

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT
 Account Number:

01/01/2019
 through 01/31/2019

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
01/20/19	01/20/19	Pay Princpl	36,030.986	BMW 2017-2 A2A LEASE MAT 02/20/20 Cpn 1.80 05584PAB3		36,030.99		0.00	0.89	36,030.99
01/25/19	01/25/19	Pay Princpl	45,786.067	BMW 2016-A A3 CAR MAT 11/25/20 Cpn 1.16 05582QAD9		45,786.07		0.00	123.73	45,786.07
01/01/19	01/25/19	Pay Princpl	6,856.162	FHMS J22F A1 MAT 05/25/23 Cpn 3.45 3137FJYA1		6,856.16		0.18	0.00	6,856.16
01/01/19	01/25/19	Pay Princpl	646.390	FHMS K504 A2 CMBS MAT 09/25/20 Cpn 2.57 3137BMLC8		646.39		0.30	0.00	646.39
01/01/19	01/25/19	Pay Princpl	278.600	FNA 2011-M5 A2 MAT 07/25/21 Cpn 2.94 3136A07H4		278.60		1.42	0.00	278.60
01/01/19	01/25/19	Pay Princpl	52.263	FNA 2015-M13 ASQ2 CMBS MAT 09/25/19 Cpn 1.65 3136AQDQ		52.26		0.00	(0.10)	52.26
			<u>526,590.729</u>			<u>526,590.74</u>		<u>1.90</u>	<u>277.50</u>	<u>526,590.74</u>
01/24/19	01/24/19	Mature Long	2,900,000.000	U.S. TREASURY BILL MAT 01/24/19 Cpn 912796QU6		2,870,067.41	29,932.59	0.00	0.00	2,900,000.00

LA CARE
Cash Activity by Transaction Type GAAP Basis
Accounting Period From 01/01/2019 To 01/31/2019

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
BUY										
01/11/19	01/09/19	01/11/19	BKAMER19	89236TFS9	TOYOTA MOTOR CREDIT CORP	5,000,000.00	(1,395.83)	(4,976,550.00)	0.00	(4,977,945.83)
01/22/19	01/22/19	01/22/19	BKAMER19	09248U718	BLACKROCK LIQ FUND T-FD-IN	12,917.61	0.00	(12,917.61)	0.00	(12,917.61)
01/23/19	01/18/19	01/23/19	BKAMER19	741531FA0	PRICOA GLOBAL FUNDING I	2,000,000.00	(27,983.33)	(1,996,240.00)	0.00	(2,024,223.33)
01/25/19	01/23/19	01/25/19	BKAMER19	02665WCT6	AMERICAN HONDA FINANCE	2,500,000.00	(2,465.28)	(2,513,450.00)	0.00	(2,515,915.28)
01/25/19	01/23/19	01/25/19	BKAMER19	17325FAS7	CITIBANK NA	7,300,000.00	(1,480.28)	(7,301,314.00)	0.00	(7,302,794.28)
01/25/19	01/23/19	01/25/19	BKAMER19	210518CV6	CONSUMERS ENERGY CO	2,500,000.00	(37,500.00)	(2,513,800.00)	0.00	(2,551,300.00)
TOTAL BUY						19,312,917.61	(70,824.72)	(19,314,271.61)	0.00	(19,385,096.33)
DIVIDEND										
01/02/19	01/02/19	01/02/19	BKAMER19	09248U718	BLACKROCK LIQ FUND T-FD-IN	831,528.89	4,064.64	0.00	0.00	4,064.64
TOTAL DIVIDEND						831,528.89	4,064.64	0.00	0.00	4,064.64
INTEREST										
01/10/19	01/10/19	01/10/19	BKAMER19	59217GAX7	MET LIFE GLOB FUNDING I	0.00	45,000.00	0.00	0.00	45,000.00
01/11/19	01/11/19	01/11/19	BKAMER19	06051GEU9	BANK OF AMERICA CORP	0.00	45,375.00	0.00	0.00	45,375.00
01/15/19	01/15/19	01/15/19	BKAMER19	26444HAB7	DUKE ENERGY FLORIDA LLC	0.00	33,281.50	0.00	0.00	33,281.50
01/15/19	01/15/19	01/15/19	BKAMER19	48128BAB7	JPMORGAN CHASE & CO	0.00	74,300.00	0.00	0.00	74,300.00
01/22/19	01/22/19	01/22/19	BKAMER19	95000U2B8	WELLS FARGO & COMPANY	0.00	131,250.00	0.00	0.00	131,250.00
01/29/19	01/29/19	01/29/19	BKAMER19	69353REX2	PNC BANK NA	0.00	1,812.50	0.00	0.00	1,812.50
TOTAL INTEREST						0.00	331,019.00	0.00	0.00	331,019.00
MATURITY										
01/22/19	01/22/19	01/22/19	BKAMER19	912796UK3	TREASURY BILL	800,000.00	0.00	800,000.00	0.00	800,000.00
TOTAL MATURITY						800,000.00	0.00	800,000.00	0.00	800,000.00
SELL										
01/11/19	01/11/19	01/11/19	BKAMER19	912796UK3	TREASURY BILL	4,200,000.00	0.00	4,196,998.28	0.00	4,196,998.28
01/22/19	01/22/19	01/22/19	BKAMER19	09248U718	BLACKROCK LIQ FUND T-FD-IN	831,528.89	0.00	831,528.89	0.00	831,528.89
01/23/19	01/23/19	01/23/19	BKAMER19	912796QY8	TREASURY BILL	1,000,000.00	0.00	998,141.18	0.00	998,141.18
01/24/19	01/22/19	01/24/19	BKAMER19	0258MOEK1	AMERICAN EXPRESS CREDIT	1,932,000.00	8,150.63	1,927,556.40	0.00	1,935,707.03
01/24/19	01/22/19	01/24/19	BKAMER19	17325FAF5	CITIBANK NA	5,140,000.00	33,281.50	5,104,739.60	0.00	5,138,021.10

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LA CARE

Cash Activity by Transaction Type GAAP Basis

Accounting Period From 01/01/2019 To 01/31/2019

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
01/24/19	01/22/19	01/24/19	BKAMER19	677050AE6	OGLETHORPE POWER CORP	3,365,000.00	73,553.29	3,379,671.40	0.00	3,453,224.69
01/25/19	01/25/19	01/25/19	BKAMER19	912796QY8	TREASURY BILL	1,700,000.00	0.00	1,697,100.01	0.00	1,697,100.01
TOTAL SELL						18,168,528.89	114,985.42	18,135,735.76	0.00	18,250,721.18
WITHDRAW										
01/07/19	01/07/19	01/07/19	BKAMER19	CASHCASH6	C-04 BANK FEES	0.00	0.00	0.00	(708.49)	(708.49)
TOTAL WITHDRAW						0.00	0.00	0.00	(708.49)	(708.49)
GRAND TOTAL						39,112,975.39	379,244.34	(378,535.85)	(708.49)	0.00

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DATE: March 25, 2019
TO: Finance & Budget Committee
FROM: Marie Montgomery, *Chief Financial Officer*

SUBJECT: Monthly Investment Transaction Report for February 2019

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 February 1 to February 28, 2019.

L.A. Care's investment market value as of February 28, 2019 was \$1.4 billion. This includes our funds invested with the government pooled funds. L.A. Care has approximately \$60 million invested with the statewide Local Agency Investment Fund (LAIF), and approximately \$103 million invested with the Los Angeles County Pooled Investment Fund (LACPIF).

The remainder as of February 28, 2019, \$1.3 billion, respectively, 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.

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN
Account Number:

02/01/2019
through 02/28/2019

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
02/01/19	02/04/19	Buy	1,200,000.000	CA LOS ANGELES MUNI IMPT BOA MAT 03/01/19 Cpn 2.54 54459L4S2	(1,200,000.00)	(250.52)	0.00	0.00	(1,200,250.52)
02/07/19	02/07/19	Buy	3,000,000.000	WISCONSIN GAS CP MAT 02/26/19 Cpn 97670SPS6	(2,995,851.67)		0.00	0.00	(2,995,851.67)
02/11/19	02/12/19	Buy	2,000,000.000	CANADIAN IMPERIAL BANK YCD FR MAT 09/20/19 Cpn 3.20 13606BUG9	(2,005,078.00)	(9,606.00)	0.00	0.00	(2,014,684.00)
02/05/19	02/13/19	Buy	2,400,000.000	NISSAN 2019-A A1 CAR MAT 02/18/20 Cpn 2.71 65479KAA8	(2,400,000.00)		0.00	0.00	(2,400,000.00)
02/05/19	02/13/19	Buy	1,160,000.000	TOYOTA 2019-A A2A CAR MAT 10/15/21 Cpn 2.83 89239AAB9	(1,159,894.67)		0.00	0.00	(1,159,894.67)
02/15/19	02/15/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/12/19 Cpn 912796US6	(49,917,500.00)		0.00	0.00	(49,917,500.00)
02/15/19	02/15/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/12/19 Cpn 912796US6	(49,917,500.00)		0.00	0.00	(49,917,500.00)
02/15/19	02/15/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/12/19 Cpn 912796US6	(49,917,500.00)		0.00	0.00	(49,917,500.00)
02/15/19	02/15/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/12/19 Cpn 912796US6	(49,917,500.00)		0.00	0.00	(49,917,500.00)
02/15/19	02/15/19	Buy	30,000,000.000	U.S. TREASURY BILL MAT 03/12/19 Cpn 912796US6	(29,950,500.00)		0.00	0.00	(29,950,500.00)
02/15/19	02/15/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/02/19 Cpn 912796UV9	(49,849,222.22)		0.00	0.00	(49,849,222.22)
02/15/19	02/15/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/02/19 Cpn 912796UV9	(49,849,222.22)		0.00	0.00	(49,849,222.22)
02/15/19	02/15/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/02/19 Cpn 912796UV9	(49,849,222.22)		0.00	0.00	(49,849,222.22)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN
Account Number:

02/01/2019
through 02/28/2019

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
02/15/19	02/15/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/02/19 Cpn	912796UV9	(49,849,222.22)		0.00	0.00	(49,849,222.22)
02/15/19	02/15/19	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/11/19 Cpn	313384CX5	(49,922,000.00)		0.00	0.00	(49,922,000.00)
02/15/19	02/15/19	Buy	30,000,000.000	FHLB DISCOUNT NOTE MAT 03/11/19 Cpn	313384CX5	(29,953,200.00)		0.00	0.00	(29,953,200.00)
02/15/19	02/15/19	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/08/19 Cpn	313384EB1	(49,826,666.67)		0.00	0.00	(49,826,666.67)
02/15/19	02/15/19	Buy	20,000,000.000	FHLB DISCOUNT NOTE MAT 04/08/19 Cpn	313384EB1	(19,930,666.67)		0.00	0.00	(19,930,666.67)
02/15/19	02/15/19	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/25/19 Cpn	313384CHO	(49,967,569.44)		0.00	0.00	(49,967,569.44)
02/15/19	02/15/19	Buy	30,000,000.000	FHLB DISCOUNT NOTE MAT 02/25/19 Cpn	313384CHO	(29,980,541.67)		0.00	0.00	(29,980,541.67)
02/15/19	02/15/19	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/04/19 Cpn	313384CQ0	(49,944,750.00)		0.00	0.00	(49,944,750.00)
02/15/19	02/15/19	Buy	20,000,000.000	FHLB DISCOUNT NOTE MAT 03/04/19 Cpn	313384CQ0	(19,977,900.00)		0.00	0.00	(19,977,900.00)
02/15/19	02/19/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/21/19 Cpn	912796QY8	(49,993,527.78)		0.00	0.00	(49,993,527.78)
02/15/19	02/19/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/21/19 Cpn	912796QY8	(49,993,527.78)		0.00	0.00	(49,993,527.78)
02/15/19	02/19/19	Buy	35,000,000.000	U.S. TREASURY BILL MAT 02/21/19 Cpn	912796QY8	(34,995,469.44)		0.00	0.00	(34,995,469.44)
02/07/19	02/21/19	Buy	1,140,000.000	HI STATE GO/ULT TXB MAT 04/01/19 Cpn 2.55	419792YM2	(1,140,000.00)		0.00	0.00	(1,140,000.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN
Account Number:

02/01/2019
through 02/28/2019

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
02/26/19	02/26/19	Buy	10,000,000.000	WISCONSIN GAS CP MAT 03/06/19 Cpn 97670SQ63	(9,994,377.78)		0.00	0.00	(9,994,377.78)
02/27/19	02/28/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/23/19 Cpn 912796UY3	(49,821,050.00)		0.00	0.00	(49,821,050.00)
02/27/19	02/28/19	Buy	20,000,000.000	U.S. TREASURY BILL MAT 04/23/19 Cpn 912796UY3	(19,928,420.00)		0.00	0.00	(19,928,420.00)
02/28/19	03/01/19	Buy	2,500,000.000	TOYOTA MOTOR CREDIT CP MAT 05/29/19 Cpn 89233HSV7	(2,483,930.56)		0.00	0.00	(2,483,930.56)
			<u>958,400,000.000</u>		<u>(956,631,811.01)</u>	<u>(9,856.52)</u>	<u>0.00</u>	<u>0.00</u>	<u>(956,641,667.53)</u>
02/01/19	02/01/19	Coupon		CA SAN FRANCISCO REDEV AGY-T MAT 08/01/19 Cpn 1.75 79770GGL4		61,556.25	0.00	0.00	61,556.25
02/06/19	02/06/19	Coupon		NGN 2010-R3 2A 1MOFRN NCUA G MAT 12/08/20 Cpn 3.07 62888WAB2		6,770.34	0.00	0.00	6,770.34
02/06/19	02/06/19	Coupon		NGN 2011-R1 1A 1MOFRN NCUA G MAT 01/08/20 Cpn 2.96 62888YAA0		3,507.01	0.00	0.00	3,507.01
02/13/19	02/13/19	Coupon		US BANK CINCINNATI FRN CD MAT 05/13/19 Cpn 2.65 90333VYD6		5,550.40	0.00	0.00	5,550.40
02/01/19	02/15/19	Coupon		FHLMC #G15842 15YR MAT 04/01/19 Cpn 4.50 3128MEWB		13.10	0.00	0.00	13.10
02/01/19	02/15/19	Coupon		FHLMC #G15842 15YR MAT 04/01/19 Cpn 4.50 3128MEWB		0.96	0.00	0.00	0.96
02/15/19	02/15/19	Coupon		HONDA 2017-2 A2 CAR MAT 10/15/19 Cpn 1.46 43811BAB0		129.51	0.00	0.00	129.51
02/15/19	02/15/19	Coupon		MERCEDES 2019-A A2 LEASE MAT 02/16/21 Cpn 3.01 58772TAB6		2,897.13	0.00	0.00	2,897.13

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN
Account Number:

02/01/2019
through 02/28/2019

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
02/15/19	02/15/19	Coupon		NISSAN 2017-B A2A LEASE MAT 12/16/19 Cpn 1.83 65479BAB6		6,700.31	0.00	0.00	6,700.31
02/15/19	02/15/19	Coupon		NISSAN 2018-A A2A LEASE MAT 02/16/21 Cpn 3.03 65478BAB7		4,620.75	0.00	0.00	4,620.75
02/15/19	02/15/19	Coupon		TOYOTA 2017-B A2A CAR MAT 01/15/20 Cpn 1.46 89190BAB4		410.07	0.00	0.00	410.07
02/15/19	02/15/19	Coupon		TOYOTA 2018-A A2A CAR MAT 10/15/20 Cpn 2.10 89238BAB8		10,346.23	0.00	0.00	10,346.23
02/15/19	02/15/19	Coupon		USAA 2017-1 A3 CAR MAT 05/17/21 Cpn 1.70 90290AAC1		5,591.31	0.00	0.00	5,591.31
02/18/19	02/18/19	Coupon		HONDA 2017-3 A2 CAR MAT 01/21/20 Cpn 1.57 43814PAB6		2,545.18	0.00	0.00	2,545.18
02/20/19	02/20/19	Coupon		BMW 2017-2 A2A LEASE MAT 02/20/20 Cpn 1.80 05584PAB3		3,641.56	0.00	0.00	3,641.56
02/21/19	02/21/19	Coupon		IBRD FRN SOFR+22 MAT 08/21/20 Cpn 2.59 459058GK3		7,883.87	0.00	0.00	7,883.87
02/01/19	02/25/19	Coupon		FHMS K504 A2 CMBS MAT 09/25/20 Cpn 2.57 3137BMLC8		3,247.22	0.00	0.00	3,247.22
02/01/19	02/25/19	Coupon		FHMS K710 A2 CMBS MAT 05/25/19 Cpn 1.88 3137ARPY6		2,317.38	0.00	0.00	2,317.38
02/01/19	02/25/19	Coupon		FHMS K710 A2 CMBS MAT 05/25/19 Cpn 1.88 3137ARPY6		266.92	0.00	0.00	266.92
02/25/19	02/25/19	Coupon		FHMS KI03 A 1MOFRN CMBS MAT 02/25/23 Cpn 2.76 3137FJXN4		4,503.71	0.00	0.00	4,503.71
02/25/19	02/25/19	Coupon		FHMS KI03 A 1MOFRN CMBS MAT 02/25/23 Cpn 2.76 3137FJXN4		1,848.89	0.00	0.00	1,848.89

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN
Account Number:

02/01/2019
through 02/28/2019

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
02/01/19	02/25/19	Coupon		FNA 2015-M13 ASQ2 CMBS MAT 09/25/19 Cpn 1.65 3136AQDQ		384.96	0.00	0.00	384.96
02/01/19	02/25/19	Coupon		FNA 2016-M6 ASQ2 CMBS MAT 06/25/19 Cpn 1.79 3136ASPX8		56.48	0.00	0.00	56.48
02/28/19	02/28/19	Coupon		U.S. TREASURY NOTE MAT 02/28/19 Cpn 1.13 912828W30		281,250.00	0.00	0.00	281,250.00
						<u>416,039.54</u>	<u>0.00</u>	<u>0.00</u>	<u>416,039.54</u>
02/01/19	02/01/19	Income	(172.850)	ADJ NET P&I MAT Cpn USD		(172.85)	0.00	0.00	(172.85)
02/01/19	02/01/19	Income	31,561.130	STIF INT MAT Cpn USD		31,561.13	0.00	0.00	31,561.13
			<u>31,388.280</u>			<u>31,388.28</u>	<u>0.00</u>	<u>0.00</u>	<u>31,388.28</u>
02/14/19	02/14/19	Contributn	240,000,000.000	NM MAT Cpn USD	240,000,000.00		0.00	0.00	240,000,000.00
02/15/19	02/15/19	Contributn	510,000,000.000	NM MAT Cpn USD	510,000,000.00		0.00	0.00	510,000,000.00
			<u>750,000,000.000</u>		<u>750,000,000.00</u>		<u>0.00</u>	<u>0.00</u>	<u>750,000,000.00</u>
02/28/19	03/01/19	Sell Long	25,000,000.000	U.S. TREASURY BILL MAT 04/23/19 Cpn 912796UY3	24,910,929.87	1,656.94	404.87	0.00	24,912,586.81

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN
Account Number:

02/01/2019
through 02/28/2019

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
02/06/19	02/06/19	Pay Princpl	23,202.417	NGN 2010-R3 2A 1MOFRN NCUA G MAT 12/08/20 Cpn 3.07 62888WAB2	23,202.42		(68.46)	0.00	23,202.42
02/06/19	02/06/19	Pay Princpl	43,179.779	NGN 2011-R1 1A 1MOFRN NCUA G MAT 01/08/20 Cpn 2.96 62888YAA0	43,179.78		(29.23)	0.00	43,179.78
02/01/19	02/15/19	Pay Princpl	1,889.930	FHLMC #G15842 15YR MAT 04/01/19 Cpn 4.50 3128MEWB	1,889.93		0.00	(3.26)	1,889.93
02/01/19	02/15/19	Pay Princpl	138.850	FHLMC #G15842 15YR MAT 04/01/19 Cpn 4.50 3128MEWB	138.85		0.00	(0.24)	138.85
02/15/19	02/15/19	Pay Princpl	106,450.123	HONDA 2017-2 A2 CAR MAT 10/15/19 Cpn 1.46 43811BAB0	106,450.12		0.00	(0.00)	106,450.12
02/15/19	02/15/19	Pay Princpl	690,479.790	NISSAN 2017-B A2A LEASE MAT 12/16/19 Cpn 1.83 65479BAB6	690,479.79		0.00	0.00	690,479.79
02/15/19	02/15/19	Pay Princpl	337,044.401	TOYOTA 2017-B A2A CAR MAT 01/15/20 Cpn 1.46 89190BAB4	337,044.40		0.00	(0.00)	337,044.40
02/15/19	02/15/19	Pay Princpl	642,636.694	TOYOTA 2018-A A2A CAR MAT 10/15/20 Cpn 2.10 89238BAB8	642,636.69		0.00	27.45	642,636.69
02/15/19	02/15/19	Pay Princpl	368,392.247	USAA 2017-1 A3 CAR MAT 05/17/21 Cpn 1.70 90290AAC1	368,392.25		0.00	17.60	368,392.25
02/18/19	02/18/19	Pay Princpl	642,405.700	HONDA 2017-3 A2 CAR MAT 01/21/20 Cpn 1.57 43814PAB6	642,405.70		0.00	5.95	642,405.70
02/20/19	02/20/19	Pay Princpl	496,404.193	BMW 2017-2 A2A LEASE MAT 02/20/20 Cpn 1.80 05584PAB3	496,404.19		0.00	10.01	496,404.19
02/01/19	02/25/19	Pay Princpl	1,803.330	FHMS K504 A2 CMBS MAT 09/25/20 Cpn 2.57 3137BMLC8	1,803.33		10.08	0.00	1,803.33
02/01/19	02/25/19	Pay Princpl	438,255.940	FHMS K710 A2 CMBS MAT 05/25/19 Cpn 1.88 3137ARPY6	438,255.94		0.00	(421.76)	438,255.94

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN
Account Number:

02/01/2019
through 02/28/2019

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
02/01/19	02/25/19	Pay Princpl	50,479.740	FHMS K710 A2 CMBS MAT 05/25/19 Cpn 1.88 3137ARPY6	50,479.74		0.00	(86.46)	50,479.74
02/01/19	02/25/19	Pay Princpl	60,992.101	FNA 2015-M13 ASQ2 CMBS MAT 09/25/19 Cpn 1.65 3136AQDQ	60,992.10		0.00	(101.08)	60,992.10
02/01/19	02/25/19	Pay Princpl	57.210	FNA 2016-M6 ASQ2 CMBS MAT 06/25/19 Cpn 1.79 3136ASPX8	57.21		0.00	(0.09)	57.21
			<u>3,903,812.446</u>		<u>3,903,812.44</u>		<u>(87.61)</u>	<u>(551.87)</u>	<u>3,903,812.44</u>
02/04/19	02/04/19	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/04/19 Cpn 313384BL2	49,945,458.33	54,541.67	0.00	0.00	50,000,000.00
02/04/19	02/04/19	Mature Long	30,000,000.000	FHLB DISCOUNT NOTE MAT 02/04/19 Cpn 313384BL2	29,967,275.00	32,725.00	0.00	0.00	30,000,000.00
02/11/19	02/11/19	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/11/19 Cpn 313384BT5	49,923,000.00	77,000.00	0.00	0.00	50,000,000.00
02/11/19	02/11/19	Mature Long	30,000,000.000	FHLB DISCOUNT NOTE MAT 02/11/19 Cpn 313384BT5	29,953,800.00	46,200.00	0.00	0.00	30,000,000.00
02/19/19	02/19/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/19/19 Cpn 912796UP2	49,900,888.89	99,111.11	0.00	0.00	50,000,000.00
02/19/19	02/19/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/19/19 Cpn 912796UP2	49,900,888.89	99,111.11	0.00	0.00	50,000,000.00
02/19/19	02/19/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/19/19 Cpn 912796UP2	49,900,888.89	99,111.11	0.00	0.00	50,000,000.00
02/19/19	02/19/19	Mature Long	25,000,000.000	U.S. TREASURY BILL MAT 02/19/19 Cpn 912796UP2	24,950,444.44	49,555.56	0.00	0.00	25,000,000.00
02/21/19	02/21/19	Mature Long	20,000,000.000	U.S. TREASURY BILL MAT 02/21/19 Cpn 912796QY8	19,966,010.00	33,990.00	0.00	0.00	20,000,000.00

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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
02/21/19	02/21/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/21/19 Cpn	912796QY8	49,926,607.64	73,392.36	0.00	0.00	50,000,000.00
02/21/19	02/21/19	Mature Long	30,000,000.000	U.S. TREASURY BILL MAT 02/21/19 Cpn	912796QY8	29,955,964.58	44,035.42	0.00	0.00	30,000,000.00
02/21/19	02/21/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/21/19 Cpn	912796QY8	49,993,527.78	6,472.22	0.00	0.00	50,000,000.00
02/21/19	02/21/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/21/19 Cpn	912796QY8	49,993,527.78	6,472.22	0.00	0.00	50,000,000.00
02/21/19	02/21/19	Mature Long	35,000,000.000	U.S. TREASURY BILL MAT 02/21/19 Cpn	912796QY8	34,995,469.44	4,530.56	0.00	0.00	35,000,000.00
02/25/19	02/25/19	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 02/25/19 Cpn	313384CH0	49,967,569.44	32,430.56	0.00	0.00	50,000,000.00
02/25/19	02/25/19	Mature Long	30,000,000.000	FHLB DISCOUNT NOTE MAT 02/25/19 Cpn	313384CH0	29,980,541.67	19,458.33	0.00	0.00	30,000,000.00
02/26/19	02/26/19	Mature Long	3,000,000.000	WISCONSIN GAS CP MAT 02/26/19 Cpn	97670SPS6	2,995,851.67	4,148.33	0.00	0.00	3,000,000.00
02/28/19	02/28/19	Mature Long	50,000,000.000	U.S. TREASURY NOTE MAT 02/28/19 Cpn 1.13	912828W30	50,000,000.00		0.00	0.00	50,000,000.00
			<u>703,000,000.000</u>			<u>702,217,714.44</u>	<u>782,285.57</u>	<u>0.00</u>	<u>0.00</u>	<u>703,000,000.00</u>
02/01/19	02/01/19	Withdrawal	(1,767.370)	CUSTODY FEE MAT Cpn USD		(1,767.37)		(1,767.37)	0.00	(1,767.37)
02/04/19	02/04/19	Withdrawal	(80,000,000.000)	WD MAT Cpn USD		(80,000,000.00)		(80,000,000.00)	0.00	(80,000,000.00)
02/11/19	02/11/19	Withdrawal	(70,000,000.000)	WD MAT Cpn USD		(70,000,000.00)		(70,000,000.00)	0.00	(70,000,000.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN
Account Number:

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<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>			<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
02/19/19	02/19/19	Withdrawal	(45,000,000.000)	WD MAT	Cpn	USD	(45,000,000.00)		(45,000,000.00)	0.00	(45,000,000.00)
02/21/19	02/21/19	Withdrawal	(235,000,000.000)	WD MAT	Cpn	USD	(235,000,000.00)		(235,000,000.00)	0.00	(235,000,000.00)
02/25/19	02/25/19	Withdrawal	(80,000,000.000)	WD MAT	Cpn	USD	(80,000,000.00)		(80,000,000.00)	0.00	(80,000,000.00)
			<u>(510,001,767.370)</u>				<u>(510,001,767.37)</u>		<u>(510,001,767.37)</u>	<u>0.00</u>	<u>(510,001,767.37)</u>

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT
 Account Number:

02/01/2019
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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
02/04/19	02/06/19	Buy	2,810,000.000	U.S. TREASURY NOTE MAT 01/15/22 Cpn 2.50 9128285V8	(2,808,353.52)	(4,269.34)	0.00	0.00	(2,812,622.86)
02/04/19	02/06/19	Buy	865,000.000	U.S. TREASURY NOTE MAT 01/31/24 Cpn 2.50 9128285Z9	(863,682.23)	(358.43)	0.00	0.00	(864,040.66)
02/05/19	02/13/19	Buy	540,000.000	NISSAN 2019-A A3 CAR MAT 10/16/23 Cpn 2.90 65479KAD2	(539,918.19)		0.00	0.00	(539,918.19)
02/05/19	02/13/19	Buy	560,000.000	TOYOTA 2019-A A3 CAR MAT 07/17/23 Cpn 2.91 89239AAD5	(559,897.97)		0.00	0.00	(559,897.97)
02/07/19	02/21/19	Buy	310,000.000	HI STATE GO/ULT TXB MAT 01/01/22 Cpn 2.77 419792YL4	(310,000.00)		0.00	0.00	(310,000.00)
02/21/19	02/22/19	Buy	433,000.000	U.S. TREASURY NOTE MAT 01/31/24 Cpn 2.50 9128285Z9	(432,830.86)	(657.87)	0.00	0.00	(433,488.73)
			<u>5,518,000.000</u>		<u>(5,514,682.77)</u>	<u>(5,285.64)</u>	<u>0.00</u>	<u>0.00</u>	<u>(5,519,968.41)</u>
02/01/19	02/01/19	Coupon		CA ST HSG FIN AGY REV-TXBL MAT 08/01/23 Cpn 2.93 13034PZM2		3,660.00	0.00	0.00	3,660.00
02/01/19	02/01/19	Coupon		GA STATE GO/ULT TXB MAT 02/01/19 Cpn 2.00 3733844P8		7,000.00	0.00	0.00	7,000.00
02/01/19	02/01/19	Coupon		CA SAN FRANCISCO REDEV AGY-T MAT 08/01/22 Cpn 2.38 79770GGP5		11,875.00	0.00	0.00	11,875.00
02/01/19	02/01/19	Coupon		CA SAN JOSE REDEV AGY TAB TX MAT 08/01/20 Cpn 2.26 798170AC0		3,614.40	0.00	0.00	3,614.40
02/01/19	02/01/19	Coupon		CA SAN JOSE REDEV AGY TAB TX MAT 08/01/21 Cpn 2.48 798170AD8		12,028.00	0.00	0.00	12,028.00
02/01/19	02/01/19	Coupon		CA VERNON ELEC SYS REV-TXBL MAT 08/01/22 Cpn 4.50 924397DD1		5,625.00	0.00	0.00	5,625.00

TRANSACTIONS BY TYPE

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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
02/01/19	02/01/19	Coupon		CA VERNON ELEC SYS REV-TXBL MAT 08/01/22 Cpn 4.50 924397DD1		11,250.00	0.00	0.00	11,250.00
02/15/19	02/15/19	Coupon		AMEX 2017-1 A CDT MAT 09/15/22 Cpn 1.93 02587AAJ3		2,412.50	0.00	0.00	2,412.50
02/15/19	02/15/19	Coupon		BACCT 2017-A1 A1 CDT MAT 08/15/22 Cpn 1.95 05522RCW6		1,950.00	0.00	0.00	1,950.00
02/15/19	02/15/19	Coupon		CHASE 2016-A2 A CDT MAT 06/15/21 Cpn 1.37 161571HC1		1,141.67	0.00	0.00	1,141.67
02/15/19	02/15/19	Coupon		CHASE 2016-A2 A CDT MAT 06/15/21 Cpn 1.37 161571HC1		570.83	0.00	0.00	570.83
02/15/19	02/15/19	Coupon		CAPITAL ONE 2016-A3 A3 CDT MAT 04/15/22 Cpn 1.34 14041NFE6		558.33	0.00	0.00	558.33
02/15/19	02/15/19	Coupon		CAPITAL ONE 2016-A6 A6 CDT MAT 09/15/22 Cpn 1.82 14041NFB9		1,506.05	0.00	0.00	1,506.05
02/15/19	02/15/19	Coupon		JOHN DEERE 2017-A A3 EQP MAT 04/15/21 Cpn 1.78 47787XAC1		1,197.76	0.00	0.00	1,197.76
02/15/19	02/15/19	Coupon		JOHN DEERE 2017-B A2A EQP MAT 04/15/20 Cpn 1.59 47788BAB0		97.88	0.00	0.00	97.88
02/15/19	02/15/19	Coupon		JOHN DEERE 2017-B A2A EQP MAT 04/15/20 Cpn 1.59 47788BAB0		139.83	0.00	0.00	139.83
02/15/19	02/15/19	Coupon		NISSAN 2017-B A3 LEASE MAT 09/15/20 Cpn 2.05 65479BAD2		632.08	0.00	0.00	632.08
02/15/19	02/15/19	Coupon		NISSAN 2017-B A3 LEASE MAT 09/15/20 Cpn 2.05 65479BAD2		854.17	0.00	0.00	854.17
02/15/19	02/15/19	Coupon		NISSAN 2018-A A3 LEASE MAT 09/15/21 Cpn 3.25 65478BAD3		893.75	0.00	0.00	893.75

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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
02/15/19	02/15/19	Coupon		NISSAN 2018-C A3 CAR MAT 06/15/23 Cpn 3.22 65478NAD7		2,012.50	0.00	0.00	2,012.50
02/15/19	02/15/19	Coupon		TOYOTA 2017-A A3 CAR MAT 02/16/21 Cpn 1.73 89238MAD0		749.92	0.00	0.00	749.92
02/15/19	02/15/19	Coupon		TOYOTA 2017-B A3 CAR MAT 07/15/21 Cpn 1.76 89190BAD0		1,276.00	0.00	0.00	1,276.00
02/15/19	02/15/19	Coupon		TOYOTA 2018-A A3 CAR MAT 05/16/22 Cpn 2.35 89238BAD4		822.50	0.00	0.00	822.50
02/15/19	02/15/19	Coupon		USAA 2016-1 A3 CAR MAT 06/15/20 Cpn 1.20 90327CAC4		74.02	0.00	0.00	74.02
02/15/19	02/15/19	Coupon		USAA 2016-1 A3 CAR MAT 06/15/20 Cpn 1.20 90327CAC4		86.36	0.00	0.00	86.36
02/15/19	02/15/19	Coupon		USAA 2017-1 A3 CAR MAT 05/17/21 Cpn 1.70 90290AAC1		338.01	0.00	0.00	338.01
02/15/19	02/15/19	Coupon		U.S. TREASURY NOTE MAT 08/15/20 Cpn 1.50 9128282Q2		27,525.00	0.00	0.00	27,525.00
02/20/19	02/20/19	Coupon		BMW 2017-2 A2A LEASE MAT 02/20/20 Cpn 1.80 05584PAB3		281.53	0.00	0.00	281.53
02/21/19	02/21/19	Coupon		IBRD FRN SOFR+22 MAT 08/21/20 Cpn 2.59 459058GK3		5,388.98	0.00	0.00	5,388.98
02/25/19	02/25/19	Coupon		BMW 2016-A A3 CAR MAT 11/25/20 Cpn 1.16 05582QAD9		315.04	0.00	0.00	315.04
02/01/19	02/25/19	Coupon		FHMS J22F A1 CMBS MAT 05/25/23 Cpn 3.45 3137FJYA1		1,789.33	0.00	0.00	1,789.33
02/01/19	02/25/19	Coupon		FHMS K504 A2 CMBS MAT 09/25/20 Cpn 2.57 3137BMLC8		1,167.30	0.00	0.00	1,167.30

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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
02/25/19	02/25/19	Coupon		FHMS KI03 A 1MOFRN CMBS MAT 02/25/23 Cpn 2.76 3137FJXN4		1,540.74	0.00	0.00	1,540.74
02/25/19	02/25/19	Coupon		FHMS KI02 A 1MOFRN CMBS MAT 02/25/23 Cpn 2.71 3137FGZN8		744.79	0.00	0.00	744.79
02/25/19	02/25/19	Coupon		FHMS KP04 AG1 1MOFRN CMBS MAT 07/25/20 Cpn 2.73 3137FBUV6		2,274.20	0.00	0.00	2,274.20
02/25/19	02/25/19	Coupon		FMPRE 2017-KT01 A 1MOFRN CMB MAT 02/25/20 Cpn 2.80 30258EAA3		1,662.39	0.00	0.00	1,662.39
02/01/19	02/25/19	Coupon		FNA 2011-M5 A2 CMBS MAT 07/25/21 Cpn 2.94 3136A07H4		387.68	0.00	0.00	387.68
02/01/19	02/25/19	Coupon		FNA 2015-M13 ASQ2 CMBS MAT 09/25/19 Cpn 1.65 3136AQDQ		36.66	0.00	0.00	36.66
02/27/19	02/27/19	Coupon		FHLMC BERM C 11/27/18 MAT 08/27/21 Cpn 2.90 3134GSWC		5,582.50	0.00	0.00	5,582.50
						<u>121,062.70</u>	<u>0.00</u>	<u>0.00</u>	<u>121,062.70</u>
02/01/19	02/01/19	Income	1,338.000	STIF INT MAT Cpn USD		1,338.00	0.00	0.00	1,338.00
02/04/19	02/06/19	Sell Long	1,510,000.000	U.S. TREASURY NOTE MAT 12/15/21 Cpn 2.63 9128285R7	1,514,718.75	5,771.39	7,028.59	0.00	1,520,490.14
02/04/19	02/06/19	Sell Long	1,200,000.000	U.S. TREASURY NOTE MAT 09/30/19 Cpn 1.38 9128282X7	1,191,093.75	5,847.53	0.00	(7,128.63)	1,196,941.28
02/11/19	02/12/19	Sell Long	950,000.000	U.S. TREASURY FRN MAT 07/31/20 Cpn 2.46 912828Y53	949,595.15	772.51	(404.85)	0.00	950,367.66

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT
 Account Number:

02/01/2019
 through 02/28/2019

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
02/21/19	02/22/19	Sell Long	433,000.000	U.S. TREASURY NOTE MAT 12/31/20 Cpn 2.50 9128285S5	432,694.10	1,584.88	407.79	0.00	434,278.98
02/26/19	02/27/19	Call	385,000.000	FHLMC BERM C 11/27/18 MAT 08/27/21 Cpn 2.90 3134GSWC	385,000.00		0.00	0.00	385,000.00
			<u>4,478,000.000</u>		<u>4,473,101.75</u>	<u>13,976.31</u>	<u>7,031.54</u>	<u>(7,128.63)</u>	<u>4,487,078.06</u>
02/15/19	02/15/19	Pay Princpl	87,997.850	JOHN DEERE 2017-A A3 EQP MAT 04/15/21 Cpn 1.78 47787XAC1	87,997.85		0.00	146.49	87,997.85
02/15/19	02/15/19	Pay Princpl	33,535.855	JOHN DEERE 2017-B A2A EQP MAT 04/15/20 Cpn 1.59 47788BAB0	33,535.86		0.00	0.01	33,535.86
02/15/19	02/15/19	Pay Princpl	47,908.365	JOHN DEERE 2017-B A2A EQP MAT 04/15/20 Cpn 1.59 47788BAB0	47,908.37		0.00	0.00	47,908.37
02/15/19	02/15/19	Pay Princpl	44,146.036	TOYOTA 2017-A A3 CAR MAT 02/16/21 Cpn 1.73 89238MAD0	44,146.04		0.00	1.87	44,146.04
02/15/19	02/15/19	Pay Princpl	6,654.813	TOYOTA 2017-B A3 CAR MAT 07/15/21 Cpn 1.76 89190BAD0	6,654.81		0.00	0.23	6,654.81
02/15/19	02/15/19	Pay Princpl	31,643.406	USAA 2016-1 A3 CAR MAT 06/15/20 Cpn 1.20 90327CAC4	31,643.41		0.00	0.48	31,643.41
02/15/19	02/15/19	Pay Princpl	36,917.307	USAA 2016-1 A3 CAR MAT 06/15/20 Cpn 1.20 90327CAC4	36,917.31		0.00	18.51	36,917.31
02/15/19	02/15/19	Pay Princpl	22,270.564	USAA 2017-1 A3 CAR MAT 05/17/21 Cpn 1.70 90290AAC1	22,270.56		0.00	1.06	22,270.56
02/20/19	02/20/19	Pay Princpl	38,377.467	BMW 2017-2 A2A LEASE MAT 02/20/20 Cpn 1.80 05584PAB3	38,377.47		0.00	0.78	38,377.47
02/25/19	02/25/19	Pay Princpl	45,645.701	BMW 2016-A A3 CAR MAT 11/25/20 Cpn 1.16 05582QAD9	45,645.70		0.00	110.34	45,645.70

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT
 Account Number:

02/01/2019
 through 02/28/2019

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
02/01/19	02/25/19	Pay Princpl	28,464.904	FHMS J22F A1 CMBS MAT 05/25/23 Cpn 3.45 3137FJYA1	28,464.90		0.73	0.00	28,464.90
02/01/19	02/25/19	Pay Princpl	648.256	FHMS K504 A2 CMBS MAT 09/25/20 Cpn 2.57 3137BMLC8	648.26		0.29	0.00	648.26
02/25/19	02/25/19	Pay Princpl	11,035.329	FHMS KI02 A 1MOFRN CMBS MAT 02/25/23 Cpn 2.71 3137FGZN8	11,035.33		0.00	0.00	11,035.33
02/01/19	02/25/19	Pay Princpl	279.840	FNA 2011-M5 A2 CMBS MAT 07/25/21 Cpn 2.94 3136A07H4	279.84		1.38	0.00	279.84
02/01/19	02/25/19	Pay Princpl	5,808.772	FNA 2015-M13 ASQ2 CMBS MAT 09/25/19 Cpn 1.65 3136AQDQ	5,808.77		0.00	(9.63)	5,808.77
			<u>441,334.465</u>		<u>441,334.48</u>		<u>2.40</u>	<u>270.14</u>	<u>441,334.48</u>
02/01/19	02/01/19	Mature Long	700,000.000	GA STATE GO/ULT TXB MAT 02/01/19 Cpn 2.00 3733844P8	700,000.00		0.00	0.00	700,000.00

LA CARE
Cash Activity by Transaction Type GAAP Basis
Accounting Period From 02/01/2019 To 02/28/2019

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
BUY										
02/04/19	01/31/19	02/04/19	BKAMER19	210518CV6	CONSUMERS ENERGY CO	1,000,000.00	(15,843.75)	(1,012,250.00)	0.00	(1,028,093.75)
02/05/19	02/01/19	02/05/19	BKAMER19	59217GCT4	MET LIFE GLOB FUNDING I	1,000,000.00	(2,400.00)	(1,010,990.00)	0.00	(1,013,390.00)
02/11/19	02/11/19	02/11/19	BKAMER19	09248U718	BLACKROCK LIQ FUND T-FD-IN	3,810,271.51	0.00	(3,810,271.51)	0.00	(3,810,271.51)
02/21/19	02/19/19	02/21/19	BKAMER19	693475AV7	PNC FINANCIAL SERVICES	5,250,000.00	(14,291.66)	(5,302,207.50)	0.00	(5,316,499.16)
02/22/19	02/20/19	02/22/19	BKAMER19	05565EAW5	BMW US CAPITAL LLC	3,000,000.00	(37,375.00)	(3,015,330.00)	0.00	(3,052,705.00)
TOTAL BUY						14,060,271.51	(69,910.41)	(14,151,049.01)	0.00	(14,220,959.42)
DIVIDEND										
02/01/18	02/01/19	02/01/19	BKAMER19	09248U718	BLACKROCK LIQ FUND T-FD-IN	0.00	0.00	0.00	0.00	0.00
02/02/19	02/01/19	02/01/19	BKAMER19	09248U718	BLACKROCK LIQ FUND T-FD-IN	12,917.61	1,419.08	0.00	0.00	1,419.08
TOTAL DIVIDEND						12,917.61	1,419.08	0.00	0.00	1,419.08
INTEREST										
02/01/19	02/01/19	02/01/19	BKAMER19	05531FAZ6	BB&T CORPORATION	0.00	43,000.00	0.00	0.00	43,000.00
02/01/19	02/01/19	02/01/19	BKAMER19	907818DGO	UNION PACIFIC CORP	0.00	80,000.00	0.00	0.00	80,000.00
02/04/19	02/04/19	02/04/19	BKAMER19	037833CB4	APPLE INC	0.00	2,310.00	0.00	0.00	2,310.00
02/07/19	02/07/19	02/07/19	BKAMER19	40428HPV8	HSBC USA INC	0.00	55,000.00	0.00	0.00	55,000.00
02/08/19	02/08/19	02/08/19	BKAMER19	594918BN3	MICROSOFT CORP	0.00	2,420.00	0.00	0.00	2,420.00
02/15/19	02/15/19	02/15/19	BKAMER19	210518CV6	CONSUMERS ENERGY CO	0.00	59,062.50	0.00	0.00	59,062.50
02/15/19	02/15/19	02/15/19	BKAMER19	25468PCT1	WALT DISNEY COMPANY/THE	0.00	63,750.00	0.00	0.00	63,750.00
02/15/19	02/15/19	02/15/19	BKAMER19	46625HJC5	JPMORGAN CHASE & CO	0.00	43,500.00	0.00	0.00	43,500.00
TOTAL INTEREST						0.00	349,042.50	0.00	0.00	349,042.50
SELL										
02/04/19	02/04/19	02/04/19	BKAMER19	912796QY8	TREASURY BILL	2,300,000.00	0.00	2,297,472.08	0.00	2,297,472.08
02/08/19	02/06/19	02/08/19	BKAMER19	02665WBZ3	AMERICAN HONDA FINANCE	5,000,000.00	23,611.11	4,970,950.00	0.00	4,994,561.11
02/08/19	02/06/19	02/08/19	BKAMER19	191216BV1	COCA-COLA CO/THE	4,100,000.00	10,648.61	4,084,420.00	0.00	4,095,068.61
02/08/19	02/06/19	02/08/19	BKAMER19	863667AK7	STRYKER CORP	2,452,000.00	20,433.33	2,450,798.52	0.00	2,471,231.85
02/11/19	02/11/19	02/11/19	BKAMER19	09248U718	BLACKROCK LIQ FUND T-FD-IN	12,917.61	0.00	12,917.61	0.00	12,917.61
TOTAL SELL						13,864,917.61	54,693.05	13,816,558.21	0.00	13,871,251.26

3/6/2019
2:48:42PM
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LA CARE

Cash Activity by Transaction Type GAAP Basis

Accounting Period From 02/01/2019 To 02/28/2019

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
WITHDRAW										
02/07/19	02/07/19	02/07/19	BKAMER19	CASHCASH6	C-04 BANK FEE	0.00	0.00	0.00	(753.42)	(753.42)
TOTAL WITHDRAW						0.00	0.00	0.00	(753.42)	(753.42)
GRAND TOTAL						27,938,106.73	335,244.22	(334,490.80)	(753.42)	0.00
Avg Date 12										



Board of Governors
MOTION SUMMARY

Date: April 4, 2019

Motion No. FIN 102.0419

Committee: Finance & Budget

Chairperson: Robert H. Curry

Issue: Request for approval for staff to locate 6 new Family Resource Centers (FRC) in the remaining Regional Community Advisory Committee Regions (RCAC) and delegate approval for final lease terms and leasehold improvement design and construction to the Finance & Budget Committee.

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

Background: L.A. Care leadership has prioritized and approved establishing a physical presence by opening and operating FRC’s in communities where large numbers of our members reside. The master plan is to establish 12 FRC’s in select communities to deliver integrated health education and other services in each of our defined RCAC regions. L.A. Care has opened and is currently operating 6 FRC’s with 6 new FRC’s to be developed over the next two years. Below are the communities and RCAC regions that we intend to establish an FRC:

FRC Schedule

Year	Location
2019	Pomona (RCAC 11) * already approved
2019	Metro L.A. (RCAC 4)
2019	Long Beach (RCAC 9)
2020	The Westside (RCAC 5)
2020	San Gabriel Valley (RCAC 3)
2020	Gateway Cities (RCAC 7)
2020	South Bay (RCAC 8)

Staff is requesting authority to survey the real estate market in each of the remaining 6 RCAC regions to locate an FRC, select the most appropriate location and negotiate lease terms. Final lease terms as well as leasehold improvement design and construction budgets will be delegated to the Finance & Budget Committee for approval.

Member Impact: L.A. Care members will benefit by receiving conveniently well-integrated health education resources and services in the communities in which they live.

Budget Impact: The Appropriate fiscal year budget will include sufficient capital funds for one-time capital leasehold improvements and operating funds for lease costs.

- Motion:**
- 1. To authorize L.A. Care staff to survey the real estate market for the remaining 6 Family Resource Centers (FRCs) in the Regional Community Advisory Committee (RCAC) regions, negotiate lease terms and perform leasehold improvement design and construction.**
 - 2. To delegate authority to the Finance & Budget Committee approval of final lease terms and approval of capital improvement design and construction budgets.**

BOARD OF GOVERNORS

Finance & Budget Committee

Meeting Minutes – January 28, 2019

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

Members

Robert H. Curry, *Chairperson* *
 Hector De La Torre
 Antonia Jimenez *
 Hilda Perez
 G. Michael Roybal, MD

Management/Staff

John Baackes, *Chief Executive Officer* *
 Terry Brown, *Chief Human Resources Officer*
 Augustavia J. Haydel, Esq., *General Counsel*
 Dino Kasdagly, *Chief Operating Officer*
 Marie Montgomery, *Chief Financial Officer*
 Richard Seidman, MD, *Chief Medical Officer*
 Tom Schwaninger, *Chief Information Officer*

*Absent ** Via Teleconference



L.A. Care
 HEALTH PLAN

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER Hector De La Torre	Hector De La Torre, <i>Board Chairperson</i> , called the meeting to order at 1:06 p.m. He announced that members of the public may address the Committee on each matter listed on the agenda before or during the Committee’s consideration of the item, or on any other topic at the Public Comment section.	
APPROVE MEETING AGENDA Hector De La Torre	The Agenda for today’s meeting was approved.	Approved unanimously. 3 AYES (De La Torre, Perez and Roybal)
PUBLIC COMMENTS	There were no public comments.	
APPROVE MEETING MINUTES Hector De La Torre	The minutes of the November 26, 2018 meeting were approved as submitted.	Approved unanimously. 3 AYES
APPROVE CONSENT AGENDA	<ul style="list-style-type: none"> • 3Key Consulting Inc. <u>Motion FIN A.0119</u> To authorize staff to amend a contract with 3Key Consulting Inc., in the amount of \$325,000, total contract not to exceed \$1,527,560 through December 31, 2019 to provide professional services to support work on L.A. Care’s QNXT upgrade. 	Approved unanimously. 3 AYES

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> Expansion of Disk Storage Space (FIN B) <u>Motion FIN B.0119</u> To authorize staff to procure equipment, software, and installation services from ePlus in an amount not to exceed \$955,000 for the purpose of adding data storage capacity. 	
CHAIRPERSON'S REPORT	There was no report by the Chairperson.	
CHIEF EXECUTIVE OFFICER REPORT	There was no report by the CEO.	
COMMITTEE ITEMS		
Chief Financial Officer's Report Marie Montgomery	Marie Montgomery, Chief Financial Officer, referred to the reports included in the meeting material. (A copy of her report may be requested by contacting Board Services.) Highlights: <ul style="list-style-type: none"> The net surplus for FY 2017-18 was originally reported at \$91.3 million. At that time, estimated claims reserves were based on paid claims through September. Corrective actions were implemented to remediate high claims payments which significantly changed the claims payment pattern, including claims pending in June 2018 that did not have authorization information. Claims payment stabilized in August and September. Staff conservatively set claims reserves because of the high value of claims that were denied for no authorization earlier in the year, limited experience with the post remediation claims pattern and higher pending claims inventory levels. Reserves for incurred but not reported (IBNR) claims was adjusted lower by \$49.27 million, giving a revised net surplus of \$140.53 million for FY 2017-18. The Audit Committee accepted the audited Financial Reports for FY 2017-18 at its January meeting. Membership is unfavorable to budget for October and November 2018. Staff is projecting flat membership and a potential decrease in membership over the course of the fiscal year, except membership in L.A. Care Covered (LACC) and Cal MediConnect (CMC). 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Chairperson De La Torre asked about the risk of delayed or retroactive negative adjustments in payments to L.A. Care. Ms. Montgomery noted that there will likely be potential retroactive adjustments for dis-enrolled members.</p> <ul style="list-style-type: none"> • Year-to-date November 2018 consolidated financial performance showed a net surplus of \$13.5 million, \$1.9 million favorable to budget. The member months are unfavorable. The revenue is favorable primarily from the Temporary Assistance for Needy Families (TANF)/Medi-Cal Expansion (MCE) segment. Health care costs are unfavorable to budget primarily from skilled nursing facilities costs for the Seniors & Persons with Disabilities (SPD)/Coordinated Care Initiative (CCI) segment. Administrative expenses are favorable by almost \$6 million, due to timing of expenditures and there is a small favorable variance coming from non-operating income. • The medical cost ratio (MCR) is higher for the early months in the fiscal year. CMC MCR looks high but this is a small segment. MCR for the commercial lines of business (a combination of LACC and PASC-SEIU) reflects the low utilization rate for new members. • Overall MCR is 93.5% vs a budgeted 93.1%. • L.A. Care is approaching the 530% goal for tangible net equity (TNE). The current level of reserves at 493% of TNE covers about a month and a half of operating expenses. <p><u>Motion FIN 100.0219</u> To accept the Financial Report as submitted, for the periods:</p> <ul style="list-style-type: none"> • ended September 2018, and • ended November 2018. 	<p>Approved unanimously. 3 AYES</p>
<p>Quarterly Investment Report</p>	<p>Ms. Montgomery referred to the reports included in the meeting material. The quarterly Investment report provides an overview of the types of investment holdings, performance information for each investment manager and for the pooled investment funds.</p> <p><u>Motion FIN 101.0219</u> To accept the Quarterly Investment Report for the quarter ending December 31, 2018, as submitted.</p>	<p>Approved unanimously. 3 AYES The Committee approved placing this motion on the Consent Agenda for the February 7, 2019, Board of Governors meeting.</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Investment Monthly Transactions Report Marie Montgomery	Ms. Montgomery referred to the report on investment transactions included in the meeting materials for Committee member review. <i>(A copy of the report can be obtained by contacting Board Services).</i> As of December 31, 2018, the market value of L.A. Care’s investments was \$1.1 billion. <ul style="list-style-type: none"> • \$1 billion managed by Paydel & Rygel and New England Asset Management • \$60 million in Local Agency Investment Fund • \$103 million in Los Angeles County Pooled Investment Fund 	
ADJOURN TO CLOSED SESSION	Augustavia J. Haydel, Esq., <i>General Counsel</i> , 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 1:30 pm. CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rate REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Product Lines Estimated date of public disclosure: <i>January 2021</i> CONFERENCE WITH REAL PROPERTY NEGOTIATORS Property: 1200 West 7th Street, Los Angeles Agency Negotiator: John Baackes Negotiating Parties: Rising Realty Partners, HRRP Garland, LLC. Under Negotiation: Price and Terms of Payment	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 2:05 pm. No reportable actions were taken during the closed session.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting was adjourned at 2:05 pm.	

Respectfully submitted by:
Linda Merkens, *Senior Manager, Board Services*
Malou Balones, *Senior Board Specialist, Board Services*

APPROVED BY:

H. Curry, *Chair*
Date Signed

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – January 17, 2019



L.A. Care
HEALTH PLAN

L.A. Care Health Plan CR 1025, 1055 W. Seventh Street, Los Angeles, CA 90017

Members

Christina R. Ghaly, MD, *Chairperson**
Al Ballesteros, MBA
Stephanie Booth, MD
Hilda Perez
Courtney Powers, JD
Ilan Shapiro, MD *

Management

John Baackes, *Chief Executive Officer*
Thomas Mapp, *Chief Compliance Officer*
Richard Seidman, MD, MPH *Chief Medical Officer*
Augustavia J. Haydel, *General Counsel*

* *Absent* ** *Teleconference*

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Al Ballesteros, <i>Acting Committee Chairperson</i> , called the meeting to order at 2:09 pm. He announced that members of the public may address the Committee on each matter listed on the agenda before or during the Committee's consideration of the item, or on any other topic at the Public Comment section.	
APPROVAL OF MEETING AGENDA	The Agenda was approved as submitted.	Approved unanimously. 4 AYES (Ballesteros, Booth, Perez and Powers)
PUBLIC COMMENT	There was no public comment.	
APPROVAL OF MEETING MINUTES	The November 15, 2018 meeting minutes were approved as submitted. <i>Member Powers was not present at the November 15, 2018 meeting and abstained from voting on the approval of the minutes.</i>	Approved unanimously. 3 AYES (Ballesteros, Booth, and Perez) 1 ABSTENTION: Powers
CHIEF MEDICAL OFFICER'S REPORT Richard Seidman, MD, MPH	Richard Seidman, MD, MPH, <i>Chief Medical Officer</i> , referred to his written report (<i>a copy of his written report can be requested from Board Services</i>):	

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • As of last week, there were 10 flu related deaths in Los Angeles County. Flu season will end in March. He encouraged everyone to get a flu shot. L.A. Care is also reaching out to members to remind them to get a flu shot. • The result of Department of Health Care Services' (DHCS) annual auto assignment was awarded in L.A. Care's favor although at a lower rate. This is largely due to increases in six Health Effectiveness Data and Information Set (HEDIS) auto assignment measures. DHCS uses a complex formula to calculate the auto assignment allocation comparing L.A. Care's HEDIS performance to Health Net's. The calculation resulted in a decrease in auto assignment allocation for L.A. Care from 64% to 54% in 2018 despite improved performance (Health Net receives 46%). Health Net improved significantly in cervical cancer screening measure over the last three years and the algorithm rewards improvement with additional points. • L.A. Care is now in the midst of HEDIS data collection. HEDIS staff visited 1,675 primary care physician (PCP) offices, representing nearly 60% of L.A. Care's total PCPs and more than one million L.A. Care members, to conduct HEDIS measure education to improve HEDIS outcomes. • To comply with National Commission on Quality Assurance (NCQA) requirements in 2018, L.A. Care produced a 2018 Population Health Management Program Description and Member Assessment, which will be reviewed in more detail at the next Committee Meeting. Feedback from L.A. Care's consultants on the program description has been positive and the assessment of L.A. Care's members validates that L.A. Care is on track with the program. • Last year, L.A. Care paid \$22.2 million to 888 solo/small group physicians and 59 clinics. A provider recognition event is planned for end of January. • The Los Angeles Practice Transformation Network (LAPTIN) has identified 36 program participants representing a combination of private practices, Federally Qualified Health Center clinics, and Los Angeles County Department of Health Services clinic sites, to showcase in the Centers for Medicare and Medicaid Services (CMS)/Transforming Clinical Practice Initiative (TCPI) national registry of exemplary practices. Two of the practices will attend the CMS Quality Conference in January. • L.A. Care is working with other plans and organizations in Los Angeles County and statewide on an initiative to improve maternal mental health and identification of behavioral health conditions. Post-partum depression is significantly under- 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>diagnosed and undertreated. New California legislation (AB 1293) mandates that all managed care plans develop a maternal mental health screening and treatment program no later than July 2019.</p> <p>Member Booth asked about health information technology (HIT) provider contracts. Dr. Seidman responded that L.A. Care applied and is a finalist, and has scored well and is one of the top three performers in TCPI nationally. Dr. Seidman added that L.A. Care should hear from CMS by end of January 2019.</p>	
<p>CHIEF COMPLIANCE OFFICER REPORT</p> <p>Thomas Mapp</p> <p>• 2019 Compliance Work Plan</p>	<p>Thomas Mapp, <i>Chief Compliance Officer</i>, referred to his written report included in the meeting materials. <i>(A copy of his written report can be requested from Board Services)</i>. Mr. Mapp announced the promotion of Elysse Palomo from Senior Manager to <i>Director, Regulatory Affairs</i>.</p> <ul style="list-style-type: none"> • Department of Managed Health Care (DMHC) Enforcement Matter 16-227. In evaluating issues that occurred in 2015, DMHC identified violations in utilization management, grievance and the DMHC compliant levels. These violations compromised a member's access to quality medical care. To address these gaps, L.A. Care is in the process of implementing corrective action plans (CAPs), which includes updating its policies and procedures, enhancing training materials and frequency and development of more robust oversight and monitoring process. <p>Ms. Palomo reported:</p> <ul style="list-style-type: none"> • L.A. Care received the draft 2018 CMS Program Audit report in December. The content is similar to the preliminary report received during the exit conference in October. There were no new findings noted. CMS has classified the conditions as Observations, Corrective Action Required (CAR), and Immediate Corrective Action Required (ICAR). Each classification allows CMS to calculate an audit score. Four ICARs and 19 CARs were noted in the draft report. L.A. Care has implemented corrective action plans (CAPs) for the ICARs and is in the process of finalizing CAPs for the CARs. ICAR CAPs were submitted and accepted by CMS. CARs CAPs will be due to CMS 30 days after the issuance of the final audit report. Member Booth asked for a copy of the report and if most findings are on the risk assessment plan. Mr. Mapp noted that a copy of the final report will be provided to the Committee. • Ms. Palomo summarized the 2019 Compliance Work Plan. <i>(A copy of the plan can be requested from Board Services)</i>. The plan includes strategic initiatives with timelines to 	

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<ul style="list-style-type: none"> <li data-bbox="92 402 445 500">• Enterprise Risk Management Plan and 2019 Risk Assessment <li data-bbox="92 857 445 954">• 2019 Audit Work Plan (Internal Audit and Delegation Oversight) 	<p data-bbox="583 217 1625 354">enhance the compliance program, and plans to correct deficiencies found during the CMS audit. Staff will provide updates to the committee throughout the year on the initiatives. Mr. Mapp added that improving monitoring activities are key, as they support internal audit activities and enhance risk assessment.</p> <p data-bbox="533 396 1604 535">Yasamin Hafid, <i>Senior Director, Compliance (Risk Management and Operations Oversight)</i>, presented the Enterprise Risk Management Plan and 2019 Risk Assessment. <i>(A copy of the documents can be requested from Board Services)</i>. She added that the plan lays out framework and staff is developing a tool to automate the process.</p> <p data-bbox="533 558 1617 698">Member Booth asked if L.A. Care performs exit interviews for employees or members. Ms. Hafid responded that Human Resources Department conducts staff exit interviews and shares relevant results with compliance staff. Mr. Baackes noted that L.A. Care does not follow up on members who leave the plan due to regulatory restrictions.</p> <p data-bbox="533 721 1625 828">Member Booth asked about risk alignment, and Ms. Hafid responded that the automated system will have a tool for that. Member Booth requested to review the tool for automated process once it is implemented.</p> <p data-bbox="533 850 1608 1023">Mr. Mapp presented the 2019 Audit Work Plan for Internal Audit and Delegation Oversight. <i>(A copy of the plan can be requested from Board Services)</i>. The plan was driven by risk management activities and assesses audit requirements based on past experience in previous audits. Mr. Mapp estimated that there could be 28 internal audits conducted this fiscal year.</p> <p data-bbox="533 1045 1625 1153">Member Booth asked how much overlap there will be. Ms. Hafid responded that staff will ensure there is an internal process to control responses to regulatory changes and to make sure the process is implemented correctly.</p> <p data-bbox="533 1175 1617 1347">Member Booth asked if L.A. Care obtains and keeps legal documents related to health care such as powers of attorney, authorizations for representative, etc.. Ms. Hafid responded that documents are kept in the Customer Solution Center. Mr. Mapp added that it is kept at Customer Solution Center so the representatives have access to the documents when they talk to members' authorized representatives.</p> <p data-bbox="533 1370 1562 1435">Member Booth asked if doctors have access to advanced directives. Mr. Mapp will check and get back to Member Booth.</p>	

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	<p>Member Booth asked about L.A. Care’s view of audits as an educational process or as enforcement. In her experience, audits can be terrifying for providers/groups. Mr. Baackes responded that when he first joined L.A. Care, there was no dedicated internal audit function, which he feels is vital to improve business processes. He added that he worked with plan partners in creating the Value Initiative for IPA Performance (VIIP) program to inform and help providers improve assessment scores. He collaborated also with plan partners to conduct joint Facility Site Reviews (FSRs) and to simplify audits w here practical.</p> <p>Dr. Seidman noted that the process can help providers attain certification for National Commission on Quality Assurance (NCQA) for Utilization Management and Credentialing.</p> <p>Member Ballesteros asked about staffing for internal audits. Mr. Mapp responded that there is a collaborative approach among L.A. Care departments.</p> <p>Member Booth asked if it would be useful to have an audit newsletter. Ms. Palomo responded that there are regular meetings and good communication among staff throughout the organization, including sharing best practices.</p> <p>On page 19 of the internal audit plan, Mr. Mapp wants to amend the reference to Department of Managed Health Care (DMHC) to Department of Health Care Services (DHCS). The plan covers all delegated activities. This correction will be made in the final document.</p> <p><u>Motion COM 100.0219</u> To approve the 2019 Compliance Work Plan, as submitted.</p> <p><u>Motion COM 101.0219</u> To approve the 2019 Enterprise Risk Management Plan and 2019 Risk Assessment, as submitted.</p> <p><u>Motion COM 102.0219</u> To approve the 2019 Audit Work Plan (Internal Audit and Delegation Oversight), as submitted.</p>	<p>COM 100, 101 and 102 were simultaneously approved unanimously. 4 AYES</p> <p>The Committee approved placing this motion on the Consent Agenda for the February 7, 2019 Board of Governors meeting.</p>
<p>ADJOURN TO CLOSED SESSION</p>	<p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. There was no public comment on the closed session items, and the meeting adjourned to closed session at 3:00 p.m.</p>	

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	<p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9 of Ralph M. Brown Act: one case</p> <p>PEER REVIEW Welfare & Institution Code Section 14087.38(n)</p>	
<p>RECONVENE IN OPEN SESSION</p>	<p>The meeting reconvened in open session at 3:06 pm. No reportable actions were taken during the closed session.</p> <p>Public Comment: Alex Yarijanian, of Carenodes, commented that he has experience in health facility management and the common theme is complexity. He left a job at Humana to start a company called Carenodes. They are working on continuity of information and proactive tracking. He has used L.A. Care's great transparency to develop his platform.</p>	
<p>ADJOURNMENT</p>	<p>The meeting was adjourned at 3:10 p.m.</p>	

Respectfully submitted by:

Malou Balones, *Senior Board Specialist, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY:



Christina Ghaly, MD, *Chairperson*
Date Signed: 3/21/19