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

BOARD OF GOVERNORS MEETING

June 6, 2019 • 2:00 PM

Hillcrest Remarkable Retirement Community Meeting House
2705 Mountain View Drive, La Verne, CA 91750

ELEVATING HEALTHCARE IN LOS ANGELES COUNTY SINCE 1997

About L.A. Care Health Plan

Statement

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

Overview

Committed to the promotion of accessible, affordable and high quality health care, L.A. Care Health Plan (Local Initiative Health Authority of Los Angeles County) is an independent local public agency created by the State of California to provide health coverage to low-income Los Angeles County residents. Serving more than 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 March 2019	
Medi-Cal	**2,008,116**
L.A. Care Covered	**87,040**
Cal MediConnect	**16,339**
PASC-SEIU	**50,437**
Total membership	**2,161,932**
L.A. Care Providers	
Physicians	**4,926**
Specialists	**19,024**
Both	**1,537**
Hospitals, clinics and other health care professionals	**8,778**
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, June 6, 2019, 2019, 2:00 PM
Hillcrest Remarkable Retirement Community Meeting House
2705 Mountain View Drive, La Verne, CA 91750

DRAFT

Welcome — Hector De La Torre, *Chair*

1. Approve today's Agenda — *Chair*
2. Public Comment — *Chair*
3. Approve Consent Agenda Items — *Chair*
   - Approve May 2, 2019 meeting minutes p.15
   - RCAC Membership **(ECA 100)** p.26
4. Chairperson's Report — *Chair*
5. Chief Executive Officer Report p.27 — John Baackes, *Chief Executive Officer*
   - Grants & Sponsorship Report April 2019 p.30
6. Chief Medical Officer Report p.43 — Richard Seidman, MD, MPH, *Chief Medical Officer*
7. Executive Community Advisory Committee — Hilda Perez/Layla Gonzalez-Delgado, *Consumer member and Advocate member*
8. Children's Health Consultant Advisory Committee — Richard Seidman, MD, MPH
9. Executive Committee — *Chair*
   - Government Affairs Update p.60 — Cherie Compartore, *Senior Director, Government Affairs*
10. Finance & Budget Committee — Robert H. Curry, *Committee Chair*
    - Chief Financial Officer's Report — Marie Montgomery, *Chief Financial Officer*
      - Financial Reports (**motion FIN 100**) p.118
      - Monthly Investment Transactions Report p.129
11. Compliance & Quality Committee — Stephanie Booth, MD, *Committee Chair*
12. Public Comment — *Chair*

ADJOURN TO CLOSED SESSION (Estimated time: 30 minutes) — *Chair*

10. CONTRACT RATES
    Pursuant to Welfare and Institutions Code Section 14087.38(m)
    - Plan Partner Rates
    - Provider Rates
    - DHCS Rates
    - Plan Partner Services Agreement
11. REPORT INVOLVING TRADE SECRET
    Pursuant to Welfare and Institutions Code Section 14087.38(n)
    Discussion Concerning new Service, Program, Technology, Business Plan
    Estimated date of public disclosure: *June 2021*

RECONVENE IN OPEN SESSION *Chair*

Adjournment *Chair*

The next meeting is scheduled on Thursday, July 25, 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 BEFORE DISCUSSION OF EACH ITEM 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 WILL BE DISCUSSED. THE PUBLIC MAY ALSO ADDRESS THE BOARD ON OTHER L.A. CARE MATTERS DURING PUBLIC COMMENT.

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.

AN AUDIO RECORDING OF THE MEETING IS MADE TO ASSIST IN WRITING THE MINUTES AND IS RETAINED FOR 30 DAYS.

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats – i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care's Board Services Department at (213) 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.

L.A. Care HEALTH PLAN

Schedule of Meetings
June 2019

Monday	Tuesday	Wednesday	Thursday	Friday
3	**4**	**5**	**6** ***Board of Governors*** *2 pm* *(for approx. 3 hours)* *Hillcrest Remarkable Retirement Community* *2705 Mountain View Drve* *La Verne, CA 91750*	**7**
10	**11**	**12** ***ECAC*** *10 am* *(for approx. 3 hours)*	**13**	**14**
17 ***RCAC 2*** *10:00 am* *(for approx. 2-1/2 hours)* ***RCAC 5*** *2:00 pm* *(for approx. 2-1/2 hours)*	**18** ***RCAC 3*** *9:30 am* *(for approx. 2-1/2 hours*	**19**	**20** ***RCAC 10*** *1:00 pm* *(for approx. 2-1/2 hours)* ***RCAC 6*** *3:00 pm* *(for approx. 2-1/2 hours)*	**21** ***RCAC 1*** *10:30 am* *(for approx. 2-1/2 hours)*
24 ***Finance & Budget*** *1 pm* *(for approx. 1hour)* ***Executive Committee*** *2 pm* *(for approx. 2 hours)*	**25**	**26**	**27**	**28**

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Prepared by mhbalones/printed on 05/31/19

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

Board of Governors & Public Advisory Committees
2019 Meeting Schedule / Member Listing

	MEETING DAY, TIME, & LOCATION	MEETING DATES	MEMBERS
Board of Governors General Meeting	**1st Thursday** 2:00 PM *(for approximately 3 hours)* 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 * Hillcrest Remarkable Retirement Community, 2705 Mountain View Drive, La Verne, CA 91750 ** All Day Retreat at Joan Palevsky Center 281 S. Figueroa Street, Los Angeles, CA 90012 ***tentative (placeholder meeting)	June 6 * July 25 *No meeting in August* September 5 ** October 3 *** November 7 December 5	Hector De La Torre, *Chairperson* Alvaro Ballesteros, MBA, *Vice Chairperson* Robert Curry, *Treasurer* Layla Gonzalez-Delgado, *Secretary* Stephanie Booth, MD Christina R. Ghaly, MD George W. Greene, Esq. Antonia Jimenez Hilda Perez Courtney Powers, Esq. Honorable Mark Ridley-Thomas G. Michael Roybal, MD, MPH Ilan Shapiro, MD **Staff Contact:** John Baackes *Chief Executive Officer, x4102* Linda Merkens *Senior Manager, Board Services, x4050*

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Board of Governors - Standing Committees

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

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	MEETING DAY, TIME, & LOCATION	MEETING DATES	MEMBERS
Governance Committee	1055 W. 7th Street, 1st Floor Los Angeles, CA 90017 **MEETS AS NEEDED**		Hilda Perez, *Chairperson* Stephanie Booth, MD Layla Gonzalez-Delgado Antonia Jimenez Courtney Powers, Esq. **Staff Contact:** Malou Balones *Senior Board Specialist, Board Services/x 4183*
Service Agreement Committee	1055 W. 7th Street, 1st Floor Los Angeles, CA 90017 **MEETS AS NEEDED**		Layla Gonzalez-Delgado, *Chairperson* Antonia Jimenez Hilda Perez Courtney Powers, Esq. **Staff Contact** Malou Balones *Senior Board Specialist, Board Services/x 4183*
Audit Committee	1055 W. 7th Street, 1st Floor Los Angeles, CA 90017 **MEETS AS NEEDED**		Stephanie Booth, MD, *Chairperson* Alvaro Ballesteros, MBA Layla Gonzalez-Delgado **Staff Contact** Malou Balones *Senior Board Specialist, Board Services, x 4183*

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	MEETING DAY, TIME, & LOCATION	MEETING DATES	MEMBERS
L.A. Care Community Health	**Meets Annually or as needed** 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017		Hector De La Torre, *Chairperson* Alvaro Ballesteros, MBA, *Vice Chairperson* Robert Curry, *Treasurer* Layla Gonzalez-Delgado, *Secretary* Stephanie Booth, MD Christina R. Ghaly, MD George W. Greene, Esq. Antonia Jimenez Hilda Perez Courtney Powers, Esq. Honorable Mark Ridley-Thomas G. Michael Roybal, MD, MPH Ilan Shapiro, MD **Staff Contact:** John Baackes *Chief Executive Officer, x4102* Linda Merkens *Senior Manager, Board Services, x4050*
L.A. Care Joint Powers Authority	**Meets as needed** 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017		Hector De La Torre, *Chairperson* Alvaro Ballesteros, MBA, *Vice Chairperson* Robert Curry, *Treasurer* Layla Gonzalez-Delgado, *Secretary* Stephanie Booth, MD Christina R. Ghaly, MD George W. Greene, Esq. Antonia Jimenez Hilda Perez Courtney Powers, Esq. Honorable Mark Ridley-Thomas G. Michael Roybal, MD, MPH Ilan Shapiro, MD **Staff Contact:** John Baackes *Chief Executive Officer, x4102* Linda Merkens *Senior Manager, Board Services, x4050*

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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 *(for approximately 2 hours)* 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017	May 21 *No meeting in July* August 20 September 17 November 21	**Lyndee Knox, PhD,** *Chairperson* **Staff Contact:** Victor Rodriguez *Board Specialist, Board Services/x 5214*
Executive Community Advisory Committee	**2nd Wednesday of the month** 10:00 AM *(for approximately 3 hours)* 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017	May 8 June 12 July 10 *No meeting in August* September 11 October 9 November 13 December 11	**Ana Romo,** *Chairperson* **Staff Contact:** Idalia Chitica, *Community Outreach & Education, Ext. 4420*
Technical Advisory Committee	4th Thursdays every other month 9:00 AM *(for approximately 2 hours)* 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017	*This Committee is under restructure.*	**Staff Contact:** Victor Rodriguez *Board Specialist, Board Services/x 5214*

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REGIONAL COMMUNITY ADVISORY COMMITTEES

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

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

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

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Board of Governors
Regular Meeting Minutes #279
May 2, 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, Esq.
Honorable Mark Ridley-Thomas
G. Michael Roybal, MD, MPH
Ilan Shapiro, MD *

Absent* ****Via teleconference*

Management/Staff

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

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
WELCOME Alvaro Ballesteros, MBA	Alvaro Ballesteros, *Vice Chairperson*, called the meeting to order at 2:06 p.m. He announced that members of 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. He welcomed members of the CCIs and RCACs and informed them that members will be introduced later in this meeting during the ECAC report.	
APPROVAL OF MEETING AGENDA Alvaro Ballesteros	The agenda was approved as submitted.	**Approved unanimously by roll call. 8 AYES (Ballesteros, Booth, Curry, Ghaly, Gonzalez-Delgado, Perez, Powers, and Roybal)**
PUBLIC COMMENT	There was no public comment.	
APPROVAL OF CONSENT AGENDA Alvaro Ballesteros	• Approve April 4, 2019 meeting minutes • Alchemy Contract Amendment **Motion BOG 100.0519*** **To authorize staff to procure three server racks, upgrade electric power and amend the lease service agreement with Alchemy Communications Inc. for additional**	**The Consent Agenda were approved unanimously by roll call. 8 AYES (Ballesteros, Booth,**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	datacenter cage space in an amount not to exceed $200,000 for a grand total not to exceed amount of $3,444,282 to upgrade and strengthen L.A. Care's datacenter infrastructure. • Quarterly Investment Report **Motion FIN 100.0519*** **To accept the Quarterly Investment Report for the quarter ending March 31, 2019, as submitted.** • Marsh & McLennan Contract Renewal **Motion FIN 101.0519*** **To authorize staff to approve the corporate insurance renewal in the amount of $3,275,973 with insurance broker Marsh and McLennan to provide insurance coverage for the period of April 1, 2019 to April 1, 2020.** • HealthCare Fraud Shield Contract **Motion FIN 102.0519*** **To authorize staff to execute a contract in the amount estimated at $2,335,000 with HealthCare Fraud Shield to provide Fraud & Abuse analytics for the period of May 1, 2019 to December 31, 2022.** • RCAC Membership **Motion ECA 100.0519*** **To approve the following as members to the Regional Community Advisory Committee, as reviewed by the Executive Community Advisory Committee (ECAC) during its April 10, 2019 meeting:** o **Scott Clapson RCAC 4** o **Ana Maria Uc-Batum RCAC 8** o **Maribel Vizcarra RCAC 11** • Ratify Election of RCAC 7 Vice Chair **Motion ECA 101.0519*** **To ratify the election of Norma Angelica Alvarez as Vice Chairperson of Regional Community Advisory Committee (RCAC) Region 7 for the calendar year 2019.**	**Curry, Ghaly, Gonzalez-Delgado, Perez, Powers, and Roybal)**
CHAIRPERSON'S REPORT	There was no report from the Chairperson.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHIEF EXECUTIVE OFFICER REPORT John Baackes	John Baackes, *Chief Executive Officer,* reported: • The Elevating the Safety Net (ESN) initiative has brought 49 new physicians to L.A. County. There were 24 applications for grants by safety net providers to support physicians. The program is becoming known to the community and there is a lot of activity. Eight students are doing well in medical school and there will be an announcement of eight more scholarships awarded over the summer for classes starting in the fall. • A contract to train 3,000 In Home Supportive Services (IHSS) workers is culminating in graduations for caregivers this week. This program, implemented in a partnership with the California Long-Term Care Education Center (CLTCEC), is exceeding expectations to train IHSS workers. The 10-week course helps workers who care for L.A. Care members understand how best to use the resources available to them and become integrated into L.A. Care's care management system in order to consistently deliver the best care to L.A. Care members. There are an estimated 240,000 IHSS workers in L.A. County. The speaker at this morning's graduation, Rhonda Green, said "in home care workers have the most demanding, compassionate and personal jobs on Earth. Whether it is a relative, a friend or a neighbor, we treat every consumer with kindness and care. We as a class appreciate the effort L.A. Care Health Plan has taken to give us, as providers, the knowledge and new skill sets to help us give better care for the consumer and for L.A. Care understanding the effort, time and seriousness we providers have for taking care of our consumers. Most of all my consumer feels less helpless because we have a backup plan, and feels more self-sufficient." • Mr. Baackes would like to continue and expand this important program to further support and educate the workers. Of particular note is the new ability of the caregivers to communicate among each other and form support groups. • Board Member Hilda Perez reported that she attended a recent CLTCEC graduation in Bell Gardens. It was a great pleasure for her to attend the graduation, and she felt a high energy level among the graduates and their gratitude for the program. She emphasized that this is a very important program – this is a reason L.A. Care is here. • Mr. Baackes continued his report by announcing that L.A. Care has, for the fourth time, received distinction from the National Committee on Quality Assurance as a multicultural health plan, recognizing L.A. Care's work to improve culturally and linguistically appropriate services and reduce disparity in delivery of care. The staff of the Culture and Linguistics department was recognized for their strong knowledge and dedication, implementing a program that provides translation and interpreting services for members, conducts cultural competency training for staff, and provides technical assistance to plan partners, along with other services. He congratulated the Cultural and Linguistics department.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• California is pursuing an aggressive program under Governor Newsom with four major components that will affect L.A. Care: o Expand Medi-Cal benefits to undocumented adults to the age of 26 o Implement a state mandate to mimic the tax penalty that was formerly part of Affordable Care Act but eliminated in the federal budget of 2017 o Expand premium subsidies up to 600% of FPL to cover a gap in benefits for eligible beneficiaries o Carve pharmacy benefits out of benefits administered by managed care plans to achieve greater cost savings. While L.A. Care applauds efforts to reduce prescription drug costs, there is concern about how this will be implemented. L.A. Care staff is working with state administrators to discuss implementation strategies and protect patients. Also concerned about potential elimination of 340B program which will affect funding for Federally Qualified Health Centers. • Board Member Booth commented that the state contracts with managed care plans for comprehensive services and then carves out benefits. It does not make sense to her. • Mr. Baackes reported that there is concern at the federal level that though it is not likely that anything will change in next two years because of the divided congress, L.A. Care is monitoring legislative proposals on health care coverage. The concern is for continuation of coverage through the Medi-Cal program, which is vital to enrollees, and quality improvements and cost savings have been built in over the years. • L.A. Care will continue to monitor proposed changes. He noted that the proposed changes federal regulations related to the "public charge" have not materialized, and more than 200,000 public comments were submitted. A proposal to eliminate the rebates for pharmacy services was also made, which could result in price increases if not properly implemented. • L.A. Care is one of just two plans in California with continued growth in membership for Cal MediConnect (CMC), a program for dually eligible beneficiaries. This pilot program originally scheduled to end in 2019 but has been extended to December 31, 2022. This program offers a comprehensive and comprehendible way to manage the complex set of benefits which these members receive from Medicare, Medi-Cal and a third party managing pharmacy benefits. CMC organizes all those benefits and adds care management services under one health plan for the member. • L.A. Care will hold its June meeting at the Hillcrest Retirement Community in La Verne. • Board Member Courtney Powers asked how CVS Minute Clinics will fit in with coordination of care for L.A. Care members. Mr. Baackes noted that L.A. Care continues to	

<table>
<tr><th>AGENDA ITEM/PRESENTER</th><th>MOTIONS / MAJOR DISCUSSIONS</th><th>ACTION TAKEN</th></tr>
<tr><td></td><td>see high rates of inappropriate ER use and is seeking to expand urgent care opportunities for members.
• Member Powers clarified that she is curious about integrating reports on member visits to Minute Clinics into the network for continuity of care.
• Richard Seidman, MD, MPH, Chief Medical Officer, noted that a leading issue among the complaints from members is access to care. The utilization of urgent care sites is low, and members complain they are turned away from urgent care centers and go to the emergency room (ER) instead. L.A. Care urges members to use their primary care physician (PCP) or the nurse advice line (NAL), and is planning to launch a telehealth option to provide options for members. He noted that ER use by members doesn't usually get communicated to PCPs. There is a contractual expectation for minute clinics to provide clinical records to PCPs.
• Board Member Roybal asked if Minute Clinic will be in the health information exchange (HIE) so the member information can be provided electronically. Dr. Seidman reported that L.A. Care is encouraging all clinics to join LANES.
• Board Member Booth commended L.A. Care for adding in the contract the clinical report back to PCPs, as she thinks that piece is missing for urgent care products.
(Member Ridley Thomas joined the meeting.)</td><td></td></tr>
<tr><td>Executive Community Advisory Committee (ECAC)
Hilda Perez/Layla Gonzalez-Delgado</td><td>Board Member Gonzalez-Delgado acknowledged the RCAC / CCI Members in attendance:
<table>
<tr><th>RCAC</th><th>Member Name</th></tr>
<tr><td>1</td><td>Alicia Flores / Rut Hernandez</td></tr>
<tr><td>2</td><td>Socrates Rodriguez / Ana Rodriguez</td></tr>
<tr><td>3</td><td>Lidia Parra / Maggie Belton</td></tr>
<tr><td>4</td><td>Rachel Rose Luckey / Phyllis Coto</td></tr>
<tr><td>5</td><td>Carmen Delgado / Gabriela Quintanilla</td></tr>
<tr><td>6</td><td>Bridgitte Green / María Núñez</td></tr>
<tr><td>7</td><td>Guadalupe Perez / Norma Angélica Álvarez</td></tr>
<tr><td>8</td><td>Mario Mosqueda / Dioselina Garcia</td></tr>
<tr><td>9</td><td>Ichnarin Chea / Arun Tes Yang</td></tr>
<tr><td>10</td><td>Norma Flores / Fresia Paz</td></tr>
<tr><td>11</td><td>Marina Garcia / Maria Angeles Refugio</td></tr>
</table>
She reported that ECAC met on April 10.</td><td></td></tr>
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AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Due to the CCI Council restructure, the ECAC approved meeting minutes for the final CCI Council meetings held in February and March. • ECAC approved Norma Angelica Alvarez as the new Vice Chair for RCAC 7. • Dr. Seidman informed ECAC of a new Community Resource Platform that can be accessed through the internet. Members will be able to access the platform to look up targeted resources such as service providers that can help meet their needs. • Mr. Baackes reported on current and possible actions related to the ACA. • Marie Mercado Grivalja, *Manager, Cultural and Linguistics*, presented the goals of the C&L program and the services they provide to members. Goals include meeting language assistance needs of members and train L.A. Care staff and doctors to be culturally sensitive. Services provided include over the phone interpreting services, California Relay Services for deaf or hard of hearing members, translation of materials in other languages, and in-person interpreting services for medical visits. L.A. Care had 6,377 requests for interpreters in 32 languages and 170,369 calls during fiscal year 2017 and 2018 and managed 1,350 documents, totaling over 4.7 million words. • Sylvona Boler, *Manager of Regulatory Analysis & Communication, Compliance Department,* presented L.A. Care's Code of Conduct, which is adhered to by anyone affiliated or doing business with L.A. Care. She also provided members with examples of ways to file a complaint with L.A. Care. • AJ Lopez, *Director, Provider Contracts & Relationship Management, Provider Network Management* and Karla Salmon, *Manager, Provider Contracts & Relationship Management, Provider Network Management,* presented on the new vendor for medical and non-emergency medical transportation for L.A. Care members, *Call The Car*. • Care Harbor occurred in Pomona on April 27 and 28 and we hope that many members on the East side of the county were able to take advantage of this opportunity to get free healthcare. • Board Member Gonzalez Delgado had the opportunity, along with Hilda Perez, to visit RCAC 2 in the San Fernando Valley, and was pleased to see the members welcome CCI members with open arms. Members were able to take time to listen to their needs and concerns. She hopes that all RCACs will be just as accepting and welcoming to their fellow members in future meetings. Board Member Perez asked for an update for members in the Antelope Valley who may still have access issues. She also asked for an update on the tax forms.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Marie Montgomery, *Chief Financial Officer,* indicated that the forms were reviewed and she noted that stipend income is reportable on 1099, and is correctly included in Box 7. She agreed to report to ECAC on this issue. Mr. Baackes noted that L.A. Care recognizes that there are continuing challenges with providers in the Antelope Valley. L.A. Care has engaged providers through several programs, and he offered to report this to ECAC.	
STANDING COMMITTEE REPORTS		
Executive Committee Alvaro Ballesteros	The Executive Committee met on April 22 *(a copy of the minutes of the meeting can be obtained by contacting Board Services).* The Executive Committee approved a motion to update human resources policies. The committee also received an update on CCI Council restructure and L.A. Care advisory committee members provided input on the restructure. This was an update. Staff will bring revised Advisory Committee Operating Rules for discussion and approval at a future meeting to formalize the restructure.	
Government Affairs Update Cherie Compartore	Cherie Compartore, *Senior Director Government Affairs,* reported that: <u>Single Payer Commission</u> Governor Newsom recently announced that he wants to overhaul an existing health care council to study the feasibility and the steps needed for a single payer system in California. The existing council was focused more broadly on health care issues and not solely on single payer. Assembly member Wood, who prompted the existing council, has signaled his support for the change in focus. Under the Governor's proposal, the council membership would be increased from five to 13 members, with new members appointed by the Governor, the Senate, and the Assembly. Health and Human Services Secretary Ghaly would serve as chair. Other non-voting members would include the directors of Health Care Services and Covered California, and the Public Employee Retirement System Chief Executive Officer. The new commission would be responsible for submitting two reports to the Legislature: one report to be released in July 2020 would analyze the existing health care system and provide options on initial steps towards transitioning to a single payer system. The second report would contain a deeper analysis of how the state could fully achieve single payer health care, and would propose a structure and potential financing mechanisms including possible tax increases.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	The Governor's proposal requires legislative approval, likely to be negotiated in the budget process. Speaker Rendon has so far been the only legislator to publicly say he is not supportive, although his opinion could change during budget negotiations. <u>Medi-Cal Expansion</u> Of particular interest to L.A. Care is a discussion of the further expansion of Medi-Cal coverage to income-eligible undocumented adults. Undocumented children to age 19 are currently eligible for Medi-Cal. Governor Newsome proposes limiting expansion up to age 26, while Democratic lawmakers have introduced legislation to cover all undocumented adults age 19 and older. The estimated cost to cover everyone, including IHSS workers, is $3.2 billion annually. Governor Newsom stated in his January budget proposal that he is not prepared to cover all undocumented adults due to the high cost. The Governor and Legislative Leadership will continue their discussions on coverage expansion during budget negotiations. <u>Restoration of Medi-Cal Optional Benefits</u> About ten years ago the state cut optional benefits in the Medi-Cal program. Some of those benefits have been restored, such as adult dental services, acupuncture, and psychology. In 2017, legislative Democrats tried to restore the remaining optional Medi-Cal benefits, but were unsuccessful for the most part. Then Governor Brown approved the restoration of optometry but it was contingent upon legislative approval to fund. Governor Newsome did not include funding for the restoration of optometry benefits in his January 2019 Budget proposal. As a result, Senator Holly Mitchell is leading an effort in the budget committee process proposing to restore not just optometry but also to restore coverage for incontinence creams and washes, podiatry, and speech therapy. Restoration of these benefits will likely be part of the budget negotiations. Board Member Gonzalez-Delgado asked about the recent release of the CMS draft Rule on non emergency medical transportation benefits and the impact on the state. Ms. Compartore indicated she would look into the issue and respond. Board Member Perez asked about *Health for All*. Ms. Compartore indicated that L.A. Care has taken formal support positions on many of the bills in the Health for All legislative package. She referred to information in the legislative matrix included in materials for this meeting. Member Booth asked how the Governor defines single payer. Ms. Compartore indicated that Governor Newson has not yet provided a formal definition of this term.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Finance & Budget Committee	Robert Curry, *Treasurer,* reported that the Finance & Budget Committee met on April 22. (*The minutes of that meeting are available by contacting Board Services.).* The Committee approved the following motions that do not require Board approval: • Contract with Newgen Software, and • Contract Extension with Verizon Business Network.	
Chief Financial Officer Report Marie Montgomery	Marie Montgomery, *Chief Financial Officer,* reported (*a copy of the report can be obtained by contacting Board Services)* on financial results for the fiscal year through March, 2019: • The revised budget forecast reflects a slight decline in membership forecast. March results are favorable in comparison to that forecast. Board Member Ghaly asked if the forecast was revised due to lower initial enrollment or was redetermination of eligibility a cause. Ms. Montgomery responded that the enrollment rate has been declining since August, 2018; it is likely due to eligibility redetermination. • Membership in commercial lines of business is also favorable to forecast. There are 82,000 members in L.A. Care Covered. • Net surplus is $29 million, mostly due to lower administrative and non-operating expenses. • Member months are favorable. • Revenue is favorable due to retroactive rate increases (Prop 56 funds). • Health care costs are unfavorable because of the Prop 56 rate adjustments. • Operating margin is favorable by $11 million; administrative expenses are lower than forecast by $14 million due to timing of expenses budgeted programs. • Net surplus for the year is $200 million, favorable to forecast by $37 million. • Medical cost ratios for all product lines are close to forecast. • Key financial ratios are positive. The cash to claims ratio is positive due to receipt of $590 million for the hospital quality assurance fee program. The funds were paid to the hospitals in April. • March 2019 fund balance is $1 billion, representing 629% of the tangible net equity (TNE) required, and 50 days' operating expenses, including the hospital quality assurance fees. Mr. Baackes noted that 50 days is very low. The largest source of income for L.A. Care is Medi-Cal payments, and there may be times that the state does not send funds. While tolerable, 50 days is not ideal. **<u>Motion FIN 103.0519</u>** **To accept the Financial Report for the period ended March 2019, as submitted.**	**Approved unanimously by roll call. 9 AYES (Ballesteros, Booth, Curry, Ghaly, Gonzalez-Delgado, Perez, Powers, Ridley-Thomas, and Roybal)**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Monthly Investment Transaction Report	Ms. Montgomery referred to the report on investment transactions included in the meeting materials for Board member review. (*A copy of the report can be obtained by contacting Board Services).* As of March 31, 2019, the market value of L.A. Care's investments was $2.3 billion. Board Member Booth commented on the discussion of TNE and how L.A. Care makes sure that providers get paid. She remembered when the state issued IOUs. That information may be useful in discussions of the state's proposal to carve pharmacy benefits out of Medi-Cal.	
PUBLIC COMMENT	There was no public comment.	
ADJOURN TO CLOSED SESSION Alvaro Ballesteros	Augustavia J. Haydel, Esq., *General Counsel,* announced the following items to be discussed in closed session. A motion will be considered in open session after this closed session. The Board adjourned to closed session at 3:02 p.m. CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates • Plan Partner Services Agreement 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: *May 2021* 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 PEER REVIEW Welfare & Institutions Code Section 14087.38(n)	
RECONVENE IN OPEN SESSION	The Board reconvened in open session at 4:02 p.m. Board approved a motion to extend the Plan Partner Services Agreements for Anthem Blue Cross and Blue Shield of California Promise Health Plan through September, 2025.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting was adjourned at 4:02 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: June 6, 2019 **Motion No. ECA 100.0619**

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 (RCAC), as reviewed by the Executive Community Advisory Committee (ECAC) during its April 10, 2019 meeting:**

- **Roger William T. Rabaja, Consumer, RCAC 1**
- **Carolyn Ruano, Consumer, RCAC 1**
- **Valerie Small, Consumer, RCAC 1**

May 31, 2019

TO: Board of Governors

FROM: John Baackes, *Chief Executive Officer*

SUBJECT: CEO Report – June 2019

Whoever thought summer was a period of slowdown likely never worked in managed care. As we head into mid-year, we are busy as ever working to improve our members' health while simultaneously creating operational efficiencies to become the best health plan we can be.

Attached to this report you will find a summary of the various policy proposals from the federal administration that, in some way or another, negatively impact our most vulnerable communities. As always, we will closely monitor activity at the federal level to ensure we speak up and take action on behalf of those who are marginalized.

Following is a snapshot of the progress we are making on some of our community- and provider-focused work.

	Since last CEO report on 4/25/19	As of 5/31/19
Elevating the Safety Net Grants for primary care physicians	23	72
Elevating the Safety Net Grants for medical school loan repayment	—	18
Elevating the Safety Net Grants for medical school	8	16
Housing for Health Housing secured for homeless individuals	8	240
IHSS+ Home Care Training IHSS worker graduates from CLTCEC program	359	1,884

Below please find an update on organizational activities for the month of May.

May 2019

1. <u>L.A. Care Releases its 2017-2018 Annual Report</u>
   I am pleased to share that our 2017-2018 annual report – which showcases accomplishments of the last fiscal year – has been released. Some highlights include:
   - Launched Elevating the Safety Net, a $31 million initiative to recruit highly-qualified primary care physicians to the Los Angeles County safety net.

- Enhanced the member experience by signing the first Medi-Cal contract between L.A. Care and UCLA, allowing members who need advanced and specialized care to receive care at two world-class UCLA Medical Centers.

- Extended a training program for in-home caregivers that will ensure they have the skills to be an effective part of our members' health care team.

We are proud of these efforts to transform health care while ensuring L.A. Care members have access to quality care now and in the future. While you may have already received a print copy, you can also check out a video version by visiting: http://www.lacare.org/2018annualreport

2. New Ad Campaign Aims to Increase Diabetes Awareness Among African Americans

As part of ongoing efforts to improve population health, our Quality Improvement (QI) team identified a significant need to raise awareness of the seriousness of diabetes within the 90047 zip code given the largest concentration of people in a target population who are non-adherent for their diabetes mediations. To reach this target audience – African Americans in their late 30 through 40s – QI teamed up with our Marketing team to launch an ad campaign.

The campaign – which includes 10 bus shelter ads, one billboard and social media ads – aims to promote the importance of exercise, healthy eating, and medication as a means to manage diabetes, which can lead to negative health outcomes if left unmanaged. The campaign launched in early May and will run through the end of June.

3. L.A. Care Supports Care Harbor's First-Ever Clinic in Pomona

In late April, L.A Care staff rolled up their sleeves to support Care Harbor's free clinic, which was held in Pomona for the first time, enabling greater access to residents living in the eastern part of Los Angeles County. Throughout the two-day event, thousands of uninsured or under-insured residents (along with their furry friends) were able to access medical and dental services, provided by over 800 volunteer physicians, nurses, dentists, and veterinarians. A special thank you to the L.A. Care staff who assisted at the L.A. Care booth or performed other services to make L.A. Care's involvement a success.

4. L.A. Care Signs Lease to Consolidate Downtown LA Office Space

As many of you already know, L.A. Care has signed a 370,000 square foot office lease at 1200 West 7th Street, which will commence in 2024. When the space is occupied, L.A. Care staff will be consolidated into one building. While we already lease space within 1200 West 7th, the majority of our 2,000 employees are located at 1055 West 7th Street. By consolidating all of our employees under one roof, we will see significant cost savings and improve collaboration. The 1200 building has a much more user-friendly floorplan that will let us operate in 63,000 fewer square feet and that will result in millions of dollars in savings each year.

5. Recognition from the UCLA Fielding School of Public Health

I am humbled to report that on May 16, the UCLA Fielding School of Public Health recognized me with its Leader of Today award at their annual Leaders of Today, Leaders of Tomorrow awards dinner, which honors alumni and friends of the Fielding School for outstanding leadership and service in health care. Two particular achievements that were highlighted include our collaboration with the UCLA David Geffen School of Medicine as part of L.A. Care's Elevating the Safety Net initiative which, among other things, provides full medical school scholarships to students expressing

interest in serving low-income communities in Los Angeles County. Also recognized was our work with UCLA Health to sign – for the first time – a three-year contract that allows nearly 2.2 million L.A. Care members to receive advanced and highly specialized care at the world-class Ronald Reagan UCLA Medical Center and the UCLA Medical Center in Santa Monica. I am honored to be the recipient of this award, but acknowledge that I am only as good as my team.

6. Recognition from Eisner Health

   To keep the awards momentum going, I was also recognized as a Community Health Champion at Eisner Health's 2nd Annual Promise of Care Community Health Champions luncheon which honors individuals who have greatly impacted the health and well-being of all Angelenos. One of the various achievements highlighted was L.A. Care's $20 million commitment over five years to Brilliant Corners, an agency that finds housing for the county's Housing for Health program. Again, I am humbled to be chosen for this award, particularly as it comes from one of our valued providers and community partners.

7. Speaking Engagements

   In May, I participated in the following speaking engagements:

   - May 22 – WEDI 2019 Spring Conference | Topic: Interoperability and Data Exchange: A CEO's Perspective
   - May 23 – SoCal HIMSS Chapter 2019 Annual Healthcare IT Conference | Topic: Overall State of Affairs with Health Disparities

Attachments:

- April 2019 CHIF grants and sponsorships report
- Summary of federal policy proposals
- Provider Recruitment Program (PRP) data by categories
- Provider Recruitment Program (PRP) data by award cycles
- The Hill op-ed
- The Wall Street Journal article
- Los Angeles Business Journal article

April 2019
Grants & Sponsorships Report
June 6, 2019 Board of Governors Meeting

	Organization Name	Project Description	Grant Start Date/ Sponsorship Aproval Date	Grant Category/Sponsorship	Grant Amount*	April 2019 Sponsorship Amount	FY CHIF & Sponsorships Cummulative Total
1	AIDS Project Los Angeles (APLA)	InSight Luncheon	4/12/2019	Sponsorship	$ -	$ 5,000	$ 5,000
2	AltaMed Health Services Corporation	Hire a Dental Hygienist for schools and mobile units. Will provide cleanings, sealants,and interim therapeutic restorations to at least 1,250 dental patients in the greater East L. A. area.	4/1/2019	Oral Health Initiative XI	$ 100,000	$ -	$ 100,000
3	Antelope Valley Community Clinic	Hire a general dentist and provide complete treatment plans, plus preventive dental care to approximately 1,500 dental patients in the Antelope	4/1/2019	Oral Health Initiative XI	$ 125,000	$ -	$ 125,000
4	Chinatown Service Center	Hire a general dentist and provide comprehensive prevention and treatment services to at least 650 patients in the San Gabriel Valley.	4/1/2019	Oral Health Initiative XI	$ 125,000	$ -	$ 125,000
5	City of San Fernando Department of Recreation and Community Services	Senior Expo 2019	4/12/2019	Sponsorship	$ -	$ 210	$ 210
6	Community Clinic Association of Los Angeles County	Provide financial technical assistance support through the Advancing the Financial Strength program to a minimum of 45 Los Angeles County Federally Qualified Health Centers (FQHCs), FQHC Look-alikes, or licensed community clinics.	4/1/2019	Ad Hoc	$ 30,000	$ -	$ 54,000
7	Community Health Councils	Train a minimum of 25 community residents in a 12 session Community Based Leadership Training series to ready participants to govern community-based entities in South Los Angeles. Implement at least two health priorities identified by over 500 residents.	4/15/2019	Ad Hoc	$ 125,000	$ -	$ 130,000
8	CSULB Research Foundation	Provide health care services to a minimum of 800 patients, including 120 Child Health and Disability Prevention Well Child examinations and vaccination to children and their families in the Norwalk La Mirada Unified School District.	4/1/2019	Ad Hoc	$ 70,000	$ -	$ 70,000
9	Eisner Health	Promise of Care Luncheon	4/22/2019	Sponsorship	$ -	$ 15,000	$ 15,000
10	El Nido Family Centers	Teen and Young Families Program	4/12/2019	Sponsorship	$ -	$ 3,000	$ 3,000
11	Farmworker Justice	Farmworker Justice Awards	4/12/2019	Sponsorship	$ -	$ 1,500	$ 1,500

April 2019
Grants & Sponsorships Report
June 6, 2019 Board of Governors Meeting

	Organization Name	Project Description	Grant Start Date/ Sponsorship Aproval Date	Grant Category/Sponsorship	Grant Amount*	April 2019 Sponsorship Amount	FY CHIF & Sponsorships Cummulative Total
12	Hospital Association of Southern California	HASC Annual Meeting	4/12/2019	Sponsorship	$ -	$ 10,990	$ 10,990
13	KJLH-taxi Production	Women's Health Expo	4/22/2019	Sponsorship	$ -	$ 10,000	$ 30,000
14	L.A. Christian Health Center	Hire a general dentist and provide preventive education and treatment forover 250 primarily homeless population in the Downtown L.A., Skid Row, and Watts areas.	4/1/2019	Oral Health Initiative XI	$ 125,000	$ -	$ 125,000
15	L.A. Pride	L.A. Pride Parade and Festival	4/22/2019	Sponsorship	$ -	$ 20,360	$ 20,360
16	Los Angeles Community Garden Council	Cinco de Mayo Fiesta Fundraiser	4/22/2019	Sponsorship	$ -	$ 5,000	$ 5,000
17	Los Angeles Urban League	Whitney M. Young, Jr. Annual Awards Dinner	4/12/2019	Sponsorship	$ -	$ 2,000	$ 2,000
18	Meet Each Need with Dignity (MEND)	Dignity Awards Gala	4/12/2019	Sponsorship	$ -	$ 5,000	$ 5,000
19	National Medical Fellowships	Champions of Health Awards	4/22/2019	Sponsorship	$ -	$ 6,300	$ 6,300
20	Pacoima Beautiful	Environmental Justice Awards	4/22/2019	Sponsorship	$ -	$ 1,500	$ 1,500
21	Park Tree Community Health Center	Hire a dentist and provide diagnostic, preventive and restorative dental services to over 500 dental patients in the Pomona area.	4/1/2019	Oral Health Initiative XI	$ 125,000	$ -	$ 130,000
22	Positive Results Corporation	Promoting Healthy Manhood	4/22/2019	Sponsorship	$ -	$ 2,500	$ 2,500
23	San Fernando Community Health Center	Hire part-time, general dentist and registered dental hygenist. Provide prophylactic and restorative dental care to at least 380 dental patients in the City of San Fernando, Pacoima, Sylmar, Panorama City, Van Nuys, and North Hollywood areas.	4/1/2019	Oral Health Initiative XI	$ 115,000	$ -	$ 115,000
24	Special Needs Network	Pink Pump Gala	4/22/2019	Sponsorship	$ -	$ 10,000	$ 15,000
25	The Achievable Foundation	Conduct a feasibility study and create an actionable business plan for the development of the second health care site. Components of the plan include marketing strategies, development of policies and procedures, staff recruitment, financial viability, and key service partnerships.	4/1/2019	Ad Hoc	$ 75,000	$ -	$ 80,000
26	UCLA Fielding School of Public Health	Leaders of Today, Leaders of Tomorrow	4/12/2019	Sponsorship	$ -	$ 10,000	$ 10,000

April 2019
Grants & Sponsorships Report
June 6, 2019 Board of Governors Meeting

	Organization Name	Project Description	Grant Start Date/ Sponsorship Aproval Date	Grant Category/Sponsorship	Grant Amount*	April 2019 Sponsorship Amount	FY CHIF & Sponsorships Cummulative Total
27	Valley Community Healthcare	Hire a dental hygenist. Hygenist will provide prophylaxis, sealant application, flouride treatment, and non-surgical periodontal therapy to over 550 dental patients in the greater North Hollywood and	4/1/2019	Oral Health Initiative XI	$ 125,000	$ -	$ 125,000
28	Valley Presbyterian Hospital Foundation	Celebration of Excellence Gala	4/12/2019	Sponsorship	$ -	$ 2,500	$ 2,500
29	Venice Family Clinic	Hire a dentist, provide preventive, rehabilitative, and oral surgery services to at least 720 patients in the general West L.A. and Culver City areas.	4/1/2019	Oral Health Initiative XI	$ 125,000	$ -	$ 125,000
30	Via Care Community Health Center	Hire a general dentist. Provide preventive and rehabilitative services to at least to 1,500 dental patients due to a newly purchase dental practice in the greater East L.A. area.	4/1/2019	Oral Health Initiative XI	$ 125,000	$ -	$ 125,000
				Total of grants and sponsorships approved in April 2019	**$ 1,390,000**	**$ 110,860**	

* Per the Community Health Investment Fund (CHIF) grant agreements, the first half of the grant award is released upon receipt of a fully executed agreement. The second half of grant award is released upon completion of at least half of the entire project objectives, which are detailed in the progress reports submitted every six months. Grantee must also have spent all funds from the first payment.

Summary of Federal Policy Proposal Changes

The Trump administration has recently released several policy proposals that could significantly harm our country's most vulnerable populations. Following is a brief summary of the various proposals.

- Rollback of Series of Protections for LGBTQ People
    - The Trump administration has finalized a rule (scheduled to take effect on 7/22/19) that would allow medical staff to deny treatment to LGBTQ patients because of religious or moral objections. Essentially, this rule would allow any health care staff member (doctor, nurse, receptionist, etc.) to refuse services based on their religious or moral objections. California has filed a lawsuit on this issue, along with other states, advocacy groups, as well as doctor groups. In addition to the ability to deny care for LGBTQ patients, the rule also focuses on abortion, sterilization and physician assistance in dying.
    - In addition, a draft federal rule was recently released that would rewrite an existing Obamacare regulation that bars health care discrimination based on sex, including eliminating protections for LGBTQ patients. The proposed rule also contains language that would make it clear that health care workers could deny care based on a religious or moral objection. It is anticipated that California will also file a lawsuit if/when the proposed rule is finalized. The Trump administration stated it is cleaning up various regulations to make the rules consistent.
    - A draft federal rule is expected to be released soon that would allow homeless shelters that receive federal housing money the ability to discriminate against transgender people by refusing them the ability to stay at the shelter altogether or requiring them to sleep and bathe alongside others of their birth sex – thus, refusing them to share facilities with those people of the same gender identity.

- Recalculation of Consumer Inflation Measures
    - In early May, the federal Office of Management and Budget (OMB) issued a notice requesting public comment on revising the methodology that would result in a change to how the federal poverty level is calculated. Simply put, how inflation is calculated in the federal poverty level amounts would be revised. The potential revision appears to be another effort by the Trump administration to make it harder for low-income individuals to access federally funded programs, such as Medicaid, CHIP, Medicaid Part D low-income subsidies, Head Start, Low-Income Home Energy Assistance Program, SNAP, and an additional 25 federally funded programs.

- Non-Emergency Transportation Services (NEMT)
    - It is rumored that CMS will soon be issuing a rule that would make it optional for states to cover non-emergency transportation services. This approach is being done to cut $143 billion from the Medicaid budget. While the rule has not yet been issued, Congressional leaders are hoping to prevent this from happening by introducing an amendment to the proposed 2020 budget. The amendment has the support from both parties as well as the Black Caucus and other important advocacy organizations.

L.A. Care continues to be deeply disturbed by the continued attempts that would harm our members and the overall community. As such, we are closely engaged with advocacy organizations, and state and federal trade associations on all of these harmful proposals. In addition, L.A. Care will be weighing in on each of the proposals with comments.

Provider Recruitment Program (PRP)
Grants Awards by Categories
(as of 5/30/19)

Provider Type	Cycle I Awards	Cycle II Awards	Cycle III Awards	TOTAL Awards	Cycle I PCPs Hired	Cycle II PCPs Hired	Cycle III PCPs Hired	TOTAL PCPs Hired
Family Medicine	9	6	13	**28**	6	5	2	**13**
Internal Medicine	1	1	4	**6**	5	2	1	**8**
OB-Gyn	16	12	1	**29**	2	0	1	**3**
Pediatrician	3	1	5	**9**	7	4	2	**13**
TOTAL	**29**	**20**	**23**	**72**	**20**	**11**	**6**	**37**
Org Type (FQ/501/Private)	**Cycle I Awards**	**Cycle II Awards**	**Cycle III Awards**	**TOTAL Awards**	**Cycle I PCPs Hired**	**Cycle II PCPs Hired**	**Cycle III PCPs Hired**	**TOTAL PCPs Hired**
FQHC/Look-Alike	24	19	18	**61**	18	11	5	**34**
501c3 Licensed Clinic	1	0	1	**2**	0	0	0	**0**
Independent Private Provider	4	1	4	**9**	2	0	1	**3**
TOTAL	**29**	**20**	**23**	**72**	**20**	**11**	**6**	**37**
RCAC	**Cycle I Awards**	**Cycle II Awards**	**Cycle III Awards**	**TOTAL Awards**	**Cycle I PCPs Hired**	**Cycle II PCPs Hired**	**Cycle III PCPs Hired**	**TOTAL PCPs Hired**
RCAC 1 - Antelope Valley	1	1	1	**3**	1	1	1	**3**
RCAC 2 - San Fernando Valley/Santa Clarita Valley	6	3	4	**13**	4	2	2	**8**
RCAC 3 - West San Gabriel Valley	1	1	1	**3**	1	1	0	**2**
RCAC 4 - Metro Los Angeles/Glendale	6	5	2	**13**	3	2	1	**6**
RCAC 5 - West Los Angeles	2	1	0	**3**	1	1	0	**2**
RCAC 6 - South Los Angeles	5	3	7	**15**	6	1	1	**8**
RCAC 7 - Southeast Los Angeles	1	1	0	**2**	1	1	0	**2**
RCAC 8 - South Bay	1	2	2	**5**	1	1	0	**2**
RCAC 9 - Long Beach	2	0	1	**3**	0	0	0	**0**
RCAC 10 - East Los Angeles/Northeast Los Angeles	2	1	2	**5**	1	0	1	**2**
RCAC 11 - East San Gabriel Valley	2	2	3	**7**	1	1	0	**2**
TOTAL	**29**	**20**	**23**	**72**	**20**	**11**	**6**	**37**

NOTE: Under Cycle 2, two PT Family Medicine PCPs were hired for one FQHC clinic (NEVHC) in RCAC 2.

Provider Recruitment Program (PRP)

Grant Awards by Cycle

(as of 5/30/19)

Thirty-seven (37) confirmed hires to date.

CODING KEY:

PCP hired

Approved; No PCP hired to date

Did not apply

#	Applicant/Agency Name	Cycle I	Cycle II	Cycle III
1	AAA Comprehensive Healthcare			
2	Achievable Foundation			
3	All for Health, Health for All			
4	AltaMed Health Services Corp.			
5	Angeles Community Health Center			
6	Antelope Valley Community Clinic			
7	Anthony Cardillo, MD*			
8	APLA Health			
9	Arroyo Vista Family Health Center			
10	Bartz-Altadonna Community Health Center			
11	Center for Family Health and Education, Inc. (CFHE)			
12	Chinatown Service Center			
13	Citrus Valley Physician Partners*			
14	Clinica Romero			
15	Comprehensive Community Health Centers (CCHC)			

16	Community Health Alliance of Pasadena (CHAP)			
17	Eisner Health			
18	Family Care Specialists (FCS) Medical Corporation*			
19	Fariborz Satey, MD*			
20	Garfield Health Center			
21	Hanaa Hanna*			
22	Harbor Community Clinic			
23	Kedren Health Community Center			
24	KHEIR Center			
25	Kids and Teens Medical Group*			
26	Krishan Vashistha*			
27	L.A. Christian Health Centers			
28	Lesbian, Gay, Bisexual Center (LGBT)			
29	Los Angeles Community Clinic#			
31	MLK Community Health Foundation#			
32	Northeast Valley Health Corporation (NEVHC)		X	
33	Park Tree Community Health Center			
34	QueensCare Health Centers			
35	Saban Community Clinic			
36	Saman Ghalili, MD*			
37	San Fernando Community Health Center			
38	South Bay Family Health Care			
39	South Central Family Health Center			
40	Southern California Medical Center			
41	St. John's Well Child and Family Center			

42	The Children's Clinic (TCC)			
43	T.H.E. Health and Wellness			
44	UMMA			
45	Universal Community Health Center			
46	Uptimum Medical Group*			
47	Valley Community Healthcare			
48	Venice Family Clinic			
49	Via Care			
50	Watts Healthcare Corporation			
51	Westside Family Health Center			
52	Wilmington Community Clinic			

NOTE: NEVHC hired two part-time PCPs under Cycle 2 as indicated by (X)

NOTE: Independent Private Providers indicated by asterisk (*)

NOTE: 501c3 Licensed Community Clinic indicated by hashtag (#)

A public option for health care is viable — DC should take note

By John Baackes, opinion contributor
May 15, 2019

In the endless debate about health care among politicians, the public option gets passing comment but not much in the way of serious discussion.

In 2010 when the Affordable Care Act was being considered, the House of Representatives passed their version which included a public option. The public option was to be created in each state to compete in the individual market place with commercial insurers. The theory was that the public option, without shareholders, would offer robust competition for private insurers to keep rates more affordable.

Unfortunately, then-Sen. Joe Lieberman (D-Conn.) of Connecticut threatened to filibuster the bill unless the public option was removed, defending the private commercial insurers headquartered in his state. To get the ACA over the finish line it was agreed to drop the public option.

Therefore we have not seen whether the public option on a national scale would have provided the competition its advocates thought would help reduce health-care costs. However in one corner of the United States the public option as envisioned is thriving and providing competition for the benefit of consumers.

In Los Angeles County, Calif. there is a public health plan that was created in the 1990s under state legislation and a county ordinance to provide a non-profit public entity that would provide managed care health insurance to Medicaid beneficiaries. California, like the majority of states, have moved their Medicaid program, the public health insurance plan for people living and working in poverty, into managed care health plans as a way to control costs and measure quality performance.

We have been operating since 1997. When the ACA became effective in 2014 L.A Care applied to be offered on the ACA individual market exchange Covered California. The motivation was that people who became ineligible for Medicaid because their income exceed the maximum, 138 percent of the Federal Poverty Level FPL, might be in employment situations where there was no health insurance. Since Covered California offers subsidies under the ACA those people would be able to maintain their insurance at a very low cost.

L.A. Care entered the Los Angeles County market through Covered California competing against five established commercial plans that were household names. Fast forward to 2019 and my organization is now the largest of the six HMO plans available in Los Angeles County through Covered California with 86,000 covered lives.

I welcome the competitive environment. I appreciated that I have to look over my shoulder to see what the commercial plans are doing so we can remain competitive. And I am sure my commercial counterparts are looking at L.A. Care with a wary eye now that we have moved up in market share. Competition is critical to innovation. I am concerned about single player or "Medicare for all" proposals because they imply a single public utility solution without the benefits of healthy innovative competition.

Let's craft a solution for health care that is based on our shared values of equal opportunity for all and an even playing field for commerce, including health insurance.

We can do health care better in the United States. Winston Churchill once observed that the Americans will always do the right thing after they have tried everything else first. It is time to try the public option. It may be just what the doctor ordered.

John Baackes is the CEO of L.A. Care Health Plan, the nation's largest publicly operated health plan serving over two million members. He currently serves on the boards of America's Health Insurance Plans (AHIP), Medicaid Health Plans of America (MHPA), California Association of Health Plans (CAHP) and Local Health Plans of California (LHPC).

THE WALL STREET JOURNAL.

California Democrats Face Off Over Health Care for Illegal Immigrants

Governor wants state to cover only those under 26, while legislators push to provide Medicaid to all

By Alejandro Lazo
May 21, 2019

California lawmakers are headed for a showdown over how many illegal immigrants should qualify for government-subsidized health care.

Democratic Gov. Gavin Newsom has proposed allowing unauthorized immigrants under 26 to enroll in Medi-Cal, the state's Medicaid program. Some members of the legislature, which is dominated by Democrats, have proposed that low-income people of all ages be eligible, regardless of their immigration status.

Both would be first-in-the-nation expansions and represent another step by California to enact economic and social policies in defiance of the Trump administration, including support for those in the country illegally.

The rare point of disagreement between the governor and members of his party comes as the state is flush with tax revenue from a booming economy. But Mr. Newsom has said expanding Medi-Cal to all adults over 25, who typically have higher health care costs than the young, could be financially unsustainable, particularly if the economy slows and state revenue declines.

There are "3.4 billion reasons why it's a challenge," he said at a recent press conference, referring to the estimated annual dollar cost for covering all unauthorized immigrants in California.

Expanding Medi-Cal only to all people in the state under 26 would cost $98 million annually by contrast, the governor's office estimated.

With Democrats controlling about 75% of the seats in California's legislature, there has been no vocal opposition to including illegal immigrants in Medi-Cal. The debate is only over how many and how quickly. Mr. Newsom's opponents argue that not only can the state afford to cover older illegal immigrants now, but doing so is a moral imperative.

"They work in our hotels, they work picking the fruit and vegetables, they work as landscapers, they work in hospitals," said Sen. Maria Elena Durazo, a Los Angeles Democrat and author of the broader expansion. "I don't think they should be treated differently from other Californians."

California already provides Medi-Cal for children under 18 and pregnant women regardless of legal status, as do five other states and the District of Columbia, according to the National Immigration Law Center.

John Baackes, the executive of the L.A. Care Health Plan, the nation's largest publicly operated health-insurance program, said that even if the state could afford a full expansion now, it might have to change course in a future economic downturn.

"I think we should be prudent, so we don't pull the rug out from under them at some point in the future," he said.

The federal government doesn't subsidize health care for people in the country illegally, meaning California would bear all the cost. For citizens and legal residents, the state and federal government typically split costs equally for Medi-Cal, which covers 11.8 million of California's 39 million people, according to the Kaiser Family Foundation

The issue is a sensitive one for Mr. Newsom, who has frequently criticized the Trump administration for its immigration and health-care policies. He has made universal health care a signature issue, with a package of proposals including a penalty for those who don't buy insurance, subsidies for middle-income families to buy insurance and a state-run program to negotiate prescription drug prices.

On Monday, hundreds of immigration activists crowded the state capitol, carrying "Health4All" signs and rallying for coverage of all immigrants regardless of their status.

Karina Guzman, an unauthorized immigrant from Mexico, said she hasn't been able to get epilepsy treatments recommended by her doctor.

"He has told me, 'Well you really need to do this, but you don't qualify, your insurance doesn't cover the costs,' " the 39-year-old said.

Ms. Durazo's bill and a similar one in the state assembly have passed key fiscal committees, though Ms. Durazo's bill was amended to cover young adults and seniors this year and phase in coverage for those between 26 and 64. The fates of the two measures will be decided in coming weeks as the legislature prepares to pass a budget by a June 15 deadline. The assembly bill could be debated on the floor as early as this week.

"All adults should be covered, and we should cover them all this year," said Democratic Assemblyman Rob Bonta, author of the plan in his house of the legislature.

Democrats pushing the measures say extending insurance to the undocumented makes financial sense, because undiagnosed issues that afflict the uninsured tend to be more costly later with expensive emergency-room visits.

Mr. Newsom two weeks ago proposed a $147 billion budget for the fiscal year beginning July 1. Democrats in the legislature have praised his calls to increase spending on education, homelessness and natural-disaster preparedness.

Some of the new spending comes in the form of one-time infusions. Mr. Newsom has said he prefers temporary increases, while also building up the state's reserve and paying down debts, to avoid the types of unpopular cuts made during past recessions. California tax revenue is volatile and closely tied to the incomes of high earners.

LOS ANGELES BUSINESS JOURNAL

L.A. Care Taking 370K SF Downtown

By Hannah Madans
May 16, 2019

L.A. Care Health Plan has signed a 370,000-square-foot lease for an office building downtown, the company announced May 16.

The building is at 1200 W. 7th St. City employees currently in the building will move into a new office building being built nearby for city workers, according to 1200 W. 7th St. landlord Rising Realty Partners.

L.A. Care plans to save money by consolidating its employees in the building. The lease will start in 2024.

Right now, L.A. Care has some employees at 1200 W. 7th St. Most of its 2,000 employees are a few blocks away.

“By consolidating all of our employees under one roof, we will see significant cost savings and improve collaboration,” said John Baackes, chief executive of L.A. Care, in a statement. “The 1200 building has a much more user-friendly floorplan that will let us operate in 63,000 fewer square feet and that will result in millions of dollars in savings each year.”

CBRE Group Inc.’s Clay Hammerstein represented L.A. Care in the lease. Jones Lang La Salle Inc.’s John McAniff represented Rising Realty Partners.

Chief Medical Officer Report
May 2019

In late April, the Los Angeles County Department of Public Health (DPH) issued an alert notifying the provider community of an outbreak of 5-6 measles cases. To date, control efforts included messaging reminding the public and provider community that the best way to prevent the spread of measles is to get vaccinated, and to inform people to call their doctor if they think they have the measles, rather than walking in to the office or going to an Emergency Room. Hundreds of individuals who were potentially exposed to an individual with the measles were quarantined until they were able to provide proof of immunization or the results of a blood test documenting immunity. Most of these individuals have since been released from quarantine. We have provided information to our call center agents, our providers, and employees to help cascade the information coming to us from DPH.

Quality Improvement (QI)

New Managed Care Accountability Set (MCAS)

As previously reported, DHCS announced that it would be introducing significant changes in their quality management and oversight process and the set of measures Plans are required to report, formerly known as the External Accountability Set (EAS). The latest information we have from the State is that the new required measures called the Managed Care Accountability Set (MCAS) increases the number of measures from 12 to 21, and increases the minimum performance level (MPL) from the 25th to the 50th percentile of the National Medicaid performance levels. The State's current plan is to make these changes effective retroactively to January, 2019. Despite the retroactive effective date, increase in measures, and higher MPLs, the State has also announced the imposition of a more aggressive compliance posture including corrective action plans, required performance improvement projects, and financial penalties for failure to meet the MPL.

The nine new measures include measures for Well Child visits in the first 15 months of life and Adolescent well care visits which had been previously retired and have not been reported to the State or to NCQA in the past four years. Both of the measures just mentioned are hybrid measures which require chart retrieval for medical record review which adds time and cost at the Plan and is disruptive to practices having to provide access to their medical records.

Our analysis of our recent performance on the new proposed measures indicates that our performance fell below the 50th percentile in seven of the measures.

We support all efforts to improve the quality of care provided to our members, we have actively participated in providing feedback directly to DHCS and through our trade associations and have introduced our suggestions we think would improve the implementation and timeline for these changes.

Chief Medical Officer Report
May 2019

HEDIS 2019 Reporting

Our HEDIS team is hard at work finalizing our data collection and validation efforts before we submit our final results to NCQA. Preliminary results indicate that we will surpass our performance last year for all lines of business.

Incentives

Provider Incentives
The final metrics and changes for the 2019 programs have been decided and the program descriptions are currently being finalized.

- Aiming to have the 2019 program descriptions distributed early May

Behavioral Health and Social Services

- One of our Behavioral Health Specialists, Emmi Monsour, presented "Development of the Transgender Health Program (THP) at a Public Sector California Health Plan" at the UCSF National Transgender Health Summit April 12-14, 2019. The poster shared lessons learned in the formation and maintenance of the THP, as well as the program's future goals and takeaways for providers and consumers. L.A. Care was the only managed care plan represented at the conference.

- Rose Kosyan from Behavioral Health was an invited Panelist at the Cal Medi Connect Convening on Behavioral Health Best Practices in Sacramento on March 13, 2019. L.A. Care presented its data sharing model and countywide screening tool for mental health and substance use assessment. Based on the panel presentations, Harbage Consulting prepared a Summary Report of Best Practices for consideration and dissemination by CMS and DHCS.

Development Screening

L.A. Care and First 5 are partnering to help medical practices improve child development by implementing screening tools for developmental delay and autism and facilitating access to community resources. Contracting is in process with anticipated program start this summer. This partnership resulted from our participation in the Help Me Grow collaborative.

Pharmacy

- **Ambulatory Care Clinical Pharmacy Proposal**
    - Just as some staff model medical groups and Community Clinics offer Clinical Pharmacy Programs, L.A. Care's Pharmacy Department is developing a proposal to engage a small number of practices in a pilot program to develop collaborative agreements between L.A. Care pharmacists and our network providers to assist in managing their L.A. Care members with chronic conditions such as diabetes and high blood pressure. Our plan is to evaluate the outcomes of the pilot to determine its impact on quality performance and utilization, including any impact on emergency room visits and inpatient admissions.

- **DHCS' Proposal to care out the outpatient pharmacy benefit for Medi-Cal beneficiaries**

  - As previously reported, L.A. Care supports to Governor's efforts to reduce drug costs and we have been actively involved in providing feedback and alternative proposals that can also achieve the State's goals with less adverse impact on Plans, Providers and beneficiaries. Some of our concerns include:

    - Adverse impact on the integrated care model of care and would result in a significant detriment to case management and coordination of care efforts due to lack of access to real time prescription information.
    - Delay in the addition of generic drugs to the formulary extending the time brand products are used leading to high drug costs.
    - Slow utilization management criteria changes leading to inappropriate use and unnecessary waste (e.g. hepatitis C guidelines update delays).
    - Less flexibility to tailor drug utilization management to local populations.

Board of Governors

Executive Community Advisory Committee

Meeting Minutes – April 10, 2019

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

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Staff
Russell Mahler, *RCAC 1 Chair* Estela Lara, *RCAC 2 Chair* Cynthia Conteas-Wood, *RCAC 3 Chair* Silvia Poz, *RCAC 4 Chair* Maria Sanchez, *RCAC 5 Chair* Andria McFerson, *RCAC 6 Chair* Fátima Vázquez, *RCAC 7 Chair* Ana Romo, *RCAC 8 Chair* ** Tonya Byrd, *RCAC 9 Chair* Damares O Hernandez de Cordero, *RCAC 10 Chair* Elda Sevilla, *RCAC 11 Chair* Lluvia Salazar, *At-Large Member* Deaka McClain, *At Large Member* Demetria Saffore, *CCI Area 1 Chair* Wilma Ballew, *CCI Area 2 Chair* Brenda White, *CCI Area 3 Chair* Nesima Istrefi, *CCi Area 4 Chair* * * *Excused Absent* ** *Absent* *** *Via teleconference*	Maria Lourdes Caballero, *RCAC 1* Chun Choe, *RCAC 2* Daniel Kwong, *RCAC 3* Fung Ha Leung Kwong, *RCAC 3* Maggie Belton, *RCAC 3* Rachel Rose Luckey, *RCAC 4* Esther Rivas, *RCAC 6* Maria Nunez, *RCAC 6* Dorothy Lowery, *RCAC 8* Maria Cruz, *RCAC 9* Ana Rubio, *RCAC 10* Evangelina Candelario, *RCAC 11* Elizabeth Cooper, *CCI Area 2* Paula Alvira, *Interpreter* Ruth Nuno, *Interpreter* Ivan Ho, *Interpreter* Henry Tung, *Interpreter*	Hilda Pérez, *Member, Board of Governors* Layla Gonzalez-Delgado, *Member Advocate, Board of Governors* John Baackes, *Chief Executive Officer* Richard Seidman, MD, *Chief Medical Officer* Malou Balones, *Senior Board Specialist, Board Services* Sylvona Boler, *Manager, Regulatory Analysis and Communications, Compliance* Idalia De La Torre, *Field Specialist Supervisor, CO&E* Auleria Eakins, *Manager, CO&E* Sylvia Gochuico, *Member Advocate, Customer Solution Center* Felicia Gray, *Community Outreach Liaison, CO&E* AJ Lopez, *Director, Provider Contracts and Relationship Management, Provider Network Management* Susan Ma, *Senior Community Relations Specialist, Communication and Community Relations* Marie Mercado Grijalva, *Manager Cultural & Linguistic Services, C&L Department* Frank Meza, *Community Outreach Field Specialist, CO&E* Candace Nafissi, *Senior Communication Specialist, Communication and Community Relations* Francisco Oaxaca, *Senior Director, Communications, Community Education and Outreach* Jose Ricardo Rivas, *Community Outreach Field Specialist, CO&E* Blanca Rivas, *Management Associate, CO&E* Victor Rodriguez, *Board Specialist, Board Services* Gracie Rojas, *Member Advocate, Customer Solution Center* Karla Salmon, *Manager, Provider Contracts and Relationship Management, Provider Network Management* Martin Vicente, *Community Outreach Field Specialist, CO&E* Manuel Vizcarra, *Community Outreach Liaison CO&E*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER Elda Sevilla	Elda Sevilla, *ECAC Vice Chairperson*, called the meeting to order at 10:10 a.m. She reviewed the ECAC meeting guidelines.	
APPROVE MEETING AGENDA Elda Sevilla	Silvia Poz, *RCAC 4 Chair,* stated that the ECAC meeting packets were distributed to ECAC members that attended the April Board meeting and she did not receive a meeting packet because she was not present. She asked that they be mailed to the members who do not attend the Board meeting. Idalia De La Torre, *Field Specialist Supervisor, CO&E,* responded that the packets were mailed also to those who did not attend the BOG meeting. **The Agenda for today's meeting was approved as submitted.**	**Approved.** **16 AYES (Conteas-Wood, Ballew, Byrd, Hernandez de Cordero, Istrefi, Lara, Mahler, McClain, McFerson, Poz, Saffore, Salazar, Sanchez, Sevilla, White and Vazquez)**
APPROVE MEETING MINUTES Elda Sevilla	Hilda Perez, *Member Representative, Board of Governors,* noted that on page 11 of the minutes, Layla Gonzalez-Delgado's name was written incorrectly. Estela Lara, *RCAC 2 Chair,* stated that the RCAC 2 motions should not be taken back to her RCAC for discussion. She expects an update from staff. Andria McFerson, *RCAC 6 Chair,* stated she is having the same issue. There was a motion filed at RCAC 6, but the motion was not on the agenda and it could not be voted on or discussed. Auleria Eakins, *Manager, CO&E,* responded that the wording for the motion was not clear. There were many items on the agenda which staff was not able to address during the meeting. Items were placed on the RCAC agenda for the next meeting. Staff will be held accountable. Ms. Lara also stated: • She is not satisfied with the fact that her RCAC 2 motions must be taken back to her RCAC for discussion. The motion should have been placed on the agenda for a vote. • On page 6 of the minutes where it stated, "that she and Elda Sevilla sent a letter out to National Alliance of Mental Illness…" it should read, "that she and Elda Sevilla sent an email to Valley Care Community Consortium regarding Care Harbor in Pomona…" • Where it states, "…information in regard to installation of *fire* detectors…" it should read, "…information in regard to the installation of *smoke* detectors…" Ms. Perez asked if RCAC 6 presented a motion or if it was just a discussion as noted on page 7. Ms. De La Torre responded that the motion was not properly presented and the	

	correct process to vote for a motion made clear to Ms. McFerson. It has been placed on the agenda for the next RCAC 6 meeting. **The amended meeting minutes for the March 13, 2019 ECAC meeting were approved.** Coordinated Care Initiative (CCI) Councils held last meetings in February and March 2019 due to the restructure. ECAC will approve the last meeting minutes of CCI Councils. Approval of CCI Council Area 1 March 26, 2019 meeting minutes Ms. Perez noted that not all the CCI Council meeting minutes stated the names of the speaker and title. The meeting minutes should be consistent. Ms. McFerson stated that she was not present at the meeting and has not heard the recording so she can't approve the minutes. Ms. McClain stated she can't vote to approve meeting minutes for CCI Council meetings that she did not attend. Ms. De La Torre stated that those who wish to abstain or vote against the approval of the meeting minutes can do so. Ms. Perez congratulated the CCI Councils members for their suggestions regarding the CCI restructure. She asked if their suggestions will be included in the report to the Executive Committee meeting on April 22. Ms. Eakins responded that she does not belong to the CCI staff and can't answer with certainty on any issues involving the CCI Councils. She asked if there are any CCI Council staff in the room that can answer Ms. Perez's question. Susan Ma, *Senior Community Relations Specialist, Communication and Community Relations,* stated that she is not able to provide an answer, because Erika Estrada, *Supervisor, Community Relations, Communications,* has all the notes pertaining to the discussion. Ms. Perez asked that the suggestions of the CCI members regarding the restructure be presented to the Executive Committee. **There was not a motion to approve the meeting minutes for CCI Council Area 1 meeting on March 26, 2019.** Ms. McFerson stated she can't vote on any motion to approve CCI Council Area 2 meeting minutes, because she was not present at the meeting. She stated she agrees with reaching out to seniors, inviting City Council members to the RCACs, disability sensitivity training for staff, and RCAC chairs should receive training to engage all committee members.	**Approved.** **16 AYES (Conteas-Wood, Ballew, Byrd, Hernandez de Cordero, Istrefi, Lara, Mahler, McClain, McFerson, Poz, Saffore, Salazar, Sanchez, Sevilla, White and Vazquez)**

	Ms. De La Torre responded that there needs to be a motion to approve the meeting minutes in order to have a discussion. Wilma Ballew, *CCI Council Area 2 Chair,* stated it is not right for ECAC to vote on the meeting minutes for CCI Councils. Ms. De La Torre explained the process for approving the meeting minutes and stated that all meeting minutes must be approved separately. A motion is needed to approve the meeting minutes before the committee can have a discussion on them. Ms. McClain stated she does not feel it is fair for the committee to approve the meeting minutes for CCI Council 2 and not CCI Council 1. She added there was confusion as to what was being presented for a vote. Ms. De La Torre stated that the meeting minutes have to approved separately and the same process must be followed for each. Fátima Vázquez, *RCAC 7 Chair,* stated that the committee should not doubt the contents of the meeting minutes. The chairs of the CCIs are present and can be questioned about the contents of their meeting minutes. Ms. Gonzalez-Delgado stated that voting to approve the meeting minutes does not reflect how they feel in regards to the CCI Council restructure. Tonya Byrd, *RCAC 9 Chair,* stated she received the ECAC packet, but it does not mean they understand what is in the packet. She stated a staff member called her to go over the contents of the meeting packets. Ms. McClain asked the committee to start over with approval of the CCI Council 1 minutes. Lluvia Salazar, *At-Large Member,* asked Demetria Saffore, *CCI Council 1 Chair,* if she noted anything that needs to be changed or corrected to the CCI Council 1 meeting minutes. Ms. Saffore responded that the meeting minutes are correct. **The meeting minutes for the CCI Council Area 1 on March 26, 2019 were approved as submitted.** <u>Approval of CCI Council Area 2 March 27, 2019 meeting minutes</u> Ms. Lara stated she made a public comment that is missing from the CCI Council 2 meeting minutes. Ms. De La Torre asked if she would like for them to be included in the meeting minutes. Ms. Ballew responded that she would like her comment to be included.	**CCI Area 1 meeting minutes were approved. 12 AYES (Ballew, Byrd, Hernandez de Cordero, Istrefi, Mahler, Poz, Saffore, Salazar, Sanchez, Sevilla, White and Vazquez)** **4 Abstentions (Conteas-Wood, Lara, McClain, McFerson)** **CCI Area 2 meeting minutes were**

	Ms. Lara noted that page 3 lists Ana Romo, *ECAC Chair,* as the person who will sign the meeting minutes and she is not present. Ms. De La Torre stated that Ms. Sevilla will sign all the meeting minutes that are approved at today's meeting. **The meeting minutes for the CCI Council Area 2 on March 27, 2019 were approved as submitted.** <u>Approval of CCI Council Area 3 February 19, 2019 meeting minutes</u> **The meeting minutes for the CCI Council Area 3 on February 19, 2019 were approved as submitted.** <u>Approval of CCI Council Area 4 February 20, 2019 meeting minutes</u> **The meeting minutes for the CCI Council Area 4 on February 20, 2019 were approved as submitted.**	**approved. 13 AYES (Ballew, Byrd, Hernandez de Cordero, Istrefi, Lara,Mahler, McClain, Poz, Saffore, Salazar, Sanchez, Sevilla, White and Vazquez)** **2 Abstentions (Conteas-Wood and McFerson)** **CCI Area 3 meeting minutes were approved. 13 AYES (Ballew, Byrd, Hernandez de Cordero, Istrefi, Mahler, McClain, Poz, Saffore, Salazar, Sanchez, Sevilla, White and Vazquez)** **3 Abstentions (Conteas-Wood, Lara, McFerson)** **CCI Area 4 meeting minutes were approved. 13 AYES (Ballew, Byrd, Hernandez de Cordero, Istrefi, Mahler, McClain, Poz, Saffore, Salazar, Sanchez, Sevilla, White and Vazquez)**

<table>
<tr><td></td><td></td><td>3 Abstentions (Conteas-Wood, Lara, McFerson)</td></tr>
<tr><td>STANDING ITEMS</td><td></td><td></td></tr>
<tr><td>ECAC CHAIR REPORT

Elda Sevilla</td><td>Ms. Sevilla presented the following motion for approval:

To recommend the approval of Scott Clapson RCAC 4, Ana Maria Uc-Batum RCAC 8 and Maribel Vizcarra RCAC 11 as members of the Regional Community Advisory Committee (RCAC).

Motion to recommend approval of the following candidate for RCAC Vice Chair position: Norma Angelica Alvarez RCAC 7.

Ms. Gonzalez-Delgado asked why are they are voting to approve a Vice chair for RCAC 7.

Ms. De La Torre responded that the RCAC 7 Vice Chair lost eligibility and a new Vice Chair has been elected.</td><td>Unanimously approved. 16 AYES (Ballew, Conteas-Wood, Byrd, Hernandez de Cordero, Istrefi, Lara, McClain, McFerson, Mahler, Poz, Saffore, Salazar, Sanchez, Sevilla, White and Vazquez)

Approved.
16 AYES (Ballew, Conteas-Wood, Byrd, Hernandez de Cordero, Istrefi, Lara, McClain, McFerson, Mahler, Poz, Saffore, Salazar, Sanchez, Sevilla, White and Vazquez)</td></tr>
<tr><td>BOARD MEMBER REPORT

Layla Gonzalez-Delgado and Hilda Perez</td><td>Ms. Gonzalez-Delgado reported on the April 4 Board meeting:
• The following RCAC and CCI members represented their committees at the Board Meeting:
<table><tr><th>RCAC</th><th>Member Name</th></tr><tr><td>1</td><td>Maria Teresa Caballero/ Irene Cuevas / Russel Mahler</td></tr><tr><td>2</td><td>Elizabeth Cooper / Estela Lara</td></tr><tr><td>3</td><td>Roberto Santos / Cynthia Conteas-Wood</td></tr><tr><td>4</td><td>Herceys Donis / Rachel Rose Luckey</td></tr><tr><td>5</td><td>Blanca Folgar / Maria Sanchez</td></tr><tr><td>6</td><td>Celia Hernandez / Andria McFerson</td></tr><tr><td>7</td><td>Maria Toscano / Fatima Vasquez</td></tr></table></td><td></td></tr>
</table>

8	Maria Tamayo / Ana Romo	
9	Sheila Thach / Tonya Byrd	
10	Blanca Villagran / Damares 0 Hernandez de Cordero	
11	Rosa Pastrana / Elda Sevilla	
CCI Councils		
1	Demetria Saffore	
2	Wilma Ballew	
4	Nesima Istrefi / Tina Johnson	

- She thanked all the RCAC members who participated in the RCAC Spring Conference held on March 22, 2019.
- The Consumer Advisory Leadership met on March 29, 2019 for a training.
- John Baackes, *Chief Executive Officer*, announced that Care Harbor will hold an event in Pomona on April 27 and 28. The next L.A. Care Family Resource Center (FRC) will open in Pomona later this year.
- A copy of the Board approved motions are included in the meeting packet.

Ms. Perez reported on the following:
The CCI Council members received information regarding the CCI restructure at their December 2019 and January 2019 meetings.

- A written summary about the CCI restructure was sent to all CCI Council and RCAC members. It outlined the requirements in the the Cal MediConnect (CMC) contract with California Department of Health Care Services, L.A. Care's demographic information by line of business and the process for creation of a new Cal MediConnect Enrollee Advisory Committee to meet the contractual requirements.
- Contact information for Francisco Oaxaca, *Senior Director, Communications and Community Relations,* was provided to members so they can provide input and express their concerns.
- Discussions regarding the CCI restructure were held at the February and March RCAC meetings.
- Information about the feedback process will be presented to the Executive Committee at its April 22 meeting.

Cynthia Conteas-Wood, *RCAC 3 Chair*, asked for a copy of the report. Ms. De La Torre stated that a copy of the report was included in the ECAC meeting packet. Ms. Perez responded that she will try to provide the talking points before the meeting begins.

GLOBAL MEMBER ISSUES	Ms. McClain asked if there is any update on the concerns regarding disabled members not receiving prescribed durable medical equipment on time.	

SPD Member issues **Update on ECAC Motions**	Candace Nefissi, *Senior Communication Specialist, Communication and Community Relations,* stated that the motions and issues being brought up at the ECAC and RCAC meetings are being tracked by staff. It takes time to research the issues involving multiple departments. She will report back to the committee. If anyone would like an update on any motion they can reach out to her. Ms. Lara asked Ms. Nefissi if she can ask her individually for status updates in regards to motions passed by RCAC 2. Ms. Nefissi responded that she may and provided Ms. Lara with her email address.	
Update from Chief Medical Officer	Richard Seidman, MD, MPH, *Chief Medical Officer,* informed ECAC members that the Community Resource Platform will be accessed through a computer or smart mobile device. Members will access the platform to look up targeted resources such as service providers that can help meet their needs. It can be accessed with an internet connection. Once a vendor has been seleted, a demonstration will be given to ECAC at a future meeting. The platform is intended to serve providers, community based organizations and LA Care members. Ms. McClain thanked Dr. Seidman for his report. She stated she is waiting for an answer to her question regarding L.A. Care's contract with UCLA. Members with disabilities can receive services depending on the complexity of their case. Dr. Seidman responded that it is taking longer to activate that contract and assign members to UCLA. He is not fully prepared to speak on this subject and will provide an update at a future meeting. Ms. McFerson pointed out that two years ago she made a proposal for a community resource guide and thanked Dr. Seidman for making it easier for people in the community to get access to resources. Ms. Eakins recommended that L.A. Care get end users to provide input on the Community Resource Platform.	
Update from Chief Executive Officer John Baackes	Mr. Baackes informed ECAC members that at the federal level there are three current issues to be aware of. • There has not been a real threat to the Affordable Care Act (ACA) since the 2017 effort to repeal the law. • The President has proposed a replacement presented after the 2020 election. He has asked three Senators to draft legislation. The Democratic candidates are leaning on a single payer healthcare system. • The important thing to remember about the proposals from both the President and Democratic candidates is that both are predicated on eliminating the ACA. The ACA was passed 10 years ago when there were 50 million people in the country without	

health insurance. Today there are 29 million uninsured. Many more have been covered by Medicaid. ACA has been subject to Executive and Administrative order, but it has survived.

There are Administrative issues such as the Executive order to eliminate cost reduction subsidies. Legislation has been proposed to eliminate the tax penalty for not having insurance and two other proposals to change the public charge; potentially affecting Medi-Cal services.

The most important legal issue facing L.A. Care is the 19 attorneys general from states who have sued to end the ACA and declare it unconstitutional. A lower court granted the ruling which is currently in appeal. When the suit was filed, the federal government stated that they would not join the suit; because it is the law of the land they would defend it.

Two weeks ago, President Trump changed that stance and joined the case against the ACA declaring it unconstitutional. L.A. Care Board Chairman, Hector De La Torre stated at the April 4, 2019 Board meeting that members should not panic, any change to the ACA is years away. Mr. Baackes asked RCAC members to pay attention to the changes that may come. There is no current health insurance replacement plan on the table. There should be a proposal to make the ACA work better. The ACA is a construct that everyone has gotten used to. Providers, patients and health plans are used to the way the ACA works. It has a 60% approval rating from the public. He will provide an update as information becomes available.

Ms. McFerson thanked Ms. Baackes for his update. She pointed out that the ACA should be revised and made better. She stated that her medication is not being approved with a subsidy by L.A. Care. People like her need to voice their concerns to call attention to the L.A. Care issues with their insurance. Mr. Baackes responded that the most powerful tool that L.A. Care has is its membership. He likes member stories, because it puts a face on health care.

Brenda White, *CCI Council 3 Chair,* stated that she attended the seminar on aging at the Los Angeles Convention center on Saturday April 6 and L.A. Care did not have a booth at the event. She asked that L.A. Care have a booth at the next event.

Ms. Cooper stated that she is worried, because members are not asked to communicate to legislators. She recommends that L.A. Care and its advisory members start engaging them now.

Mr. Baackes responded that she has the right to reach out to elected officials at any time to express her concerns. He understands Ms. Coopers concern, but there is currently no clear direction.

	PUBLIC COMMENT Richard Shelsy stated that he will be the first African American in the United States to receive a face transplant. He noted that there is a great need for donors. One eye can benefit eight different people. He asked Mr. Baackes to add donor information on L.A. Care's agenda. Ms. Baackes thanked Mr. Shelsy and he agreed that this issue is not in the public eye. He stated that there should be expansion for these services. It is very complicated expense to transport organs. Transplant services should be covered under by health insurance. Dorothy Lowery, *RCAC 8 Member,* asked if it is possible to have a guideline for visitors or new RCAC members to distinguish the difference between a RCAC and ECAC. She noted it can be confusing for visitors or new members. She had trouble understanding what was going on in the meeting when it started. Ms. Baackes requested that staff create a one-page summary explaining the difference between the two, and describing the order of business.	
NEW BUSINESS		
Cultural & Linguistics Department Presentation Marie Mercado Grijalva	Marie Mercado Grijalva, *Manager Cultural & Linguistic Services, C&L Department,* presented on the Cultural & Linguistics (C&L)Program *(A copy of the presentation can be obtained from CO&E.)* The overall goals of the C&L Program are to: • Meet the cultural and language needs of L.A. Care members. • Make sure members have access to services, such as language assistance. • Train L.A. Care staff and doctors to be culturally sensitive and educate members. • Meet regulatory requirements. • Review and improve C&L programs and services. L.A. Care tries to match members with doctors who speak your language: • Doctors who speak a language other than English must be assessed and qualified. • If doctors do not speak their language, L.A. Care offers language assistance services. Services available: • In-person interpreter for medical visits • Over the phone encounters or if face-to-face interpreting is not available • California Relay Services (711) for deaf and hard of hearing members over the phone • Translation of materials in members language • Materials in other formats, such as large print and audio Utilizations last year	

	• L.A. Care provided 6,377 interpreters in 32 languages. • Telephonic interpreting services was provided for 170,369 calls and 2,528,418 minutes in 92 languages. • C&L Services Unit managed 1,350 documents totaling over 4.7 million words. • Over 1.2 million words were converted into alternative formats. Health Disparities Initiatives • L.A. Care works to address health disparities and the cultural needs of members. • Last year, disparities were identified for childhood vaccination, diabetes, and prenatal and postpartum visits. • Data showed that medication adherence was lowest with the African American population. L.A. Care called members who have missed at least one refill to help the member get a refill and explain how to get refills in the future. • Chinese members were identified as having poor immunization rates. They received a health education packet and robocalls to remind them of their child's needed shots and help them schedule their next Well Child Visit. Ms. McClain noted there is a need for sensitivity training for providers serving Seniors and People with Disability. Ms. Grijalva responded that there is a tool kit available for doctors serving communities that are more diverse. Ms. Perez asked how members can be made aware of services they may need. She noted that there strategies currently being undertaken to make members aware, but she would like to know what else could be done. Ms. Grijalva responded that sometimes there are interpreting staff in provider offices but the services are not requested. There are newsletters and welcome packets sent to members that include information about how to access these services. Ms. Perez suggested showing a video in the waiting areas at LA Care Family Resource Centers. Margaret Belton, *RCAC 3 Vice Chair*, stated that when she travels abroad she wears a medical I.D. bracelet that says English Speaker. She suggested that people be provided a bracelet that notes the language the person speaks. Not having one can make it difficult for people in a different country to provide care. Ms. Grijalva stated that she will note her suggestion. Maria Nunez, *RCAC 6 Vice Chair,* asked and Ms. De La Torre confirmed that this presentation will be provided to the RCAC members.	

Compliance Department Presentation Sylvona Boler	Sylvona Boler, *Manager Regulatory Analysis & Communication, Compliance Department*, informed the Committee that L.A. Care's Code of Conduct is managed by L.A. Care's Compliance Department. Anyone affiliated with L.A. Care Health Plan is expected to adhere to it. L.A. Care's Code of Conduct can be found on L.A. Care's website in the provider section. Contact information is also available for communicating compliance issues such as fraud, waste and abuse. Examples of fraud include using another member's identity, using false documentation that shows eligibility to obtain services, or failing to report other health coverage. Examples of fraud by providers includes billing for services not rendered, providing rebates for referring other members and providing services to members while unlicensed. Anyone can contact the Compliance department to anonymously report issues. L.A. Care has a special investigations unit to review emails and anonymous tips. Ms. McFerson stated that she filed a complaint to which the Compliance department did not respond. She tried several times to reach Thomas Mapp, *Chief Compliance Officer,* and he has not called her back. She believes it is retaliation for a harassment allegation she made against a staff member. She asked what other avenue she can take to get that issue addressed. Ms. Boler responded that she cannot speak on her particular situation, but she recommends that she speak to ECAC staff or to Human Resources.	
OLD BUSINESS		
Update on Transportation Services Vendor for Health Care Services	AJ Lopez, *Director, Provider Contracts and Relationship Management, Provider Network Management* and Karla Salmon, *Manager, Provider Contracts and Relationship Management, Provider Network Management*, gave a presentation on Call the Car (CTC): Mr. Lopez noted that L.A. Care provides medical transportation services to its members. L.A. Care will stop working with Logisticare and will transition to a new vendor, Call the Car. • L.A. Care partnered with Look Ahead Consulting Firm to conduct member focus groups to obtain member feedback on transportation. The feedback was used to improve transportation services. • Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) Request for Proposal (RFP) was issued in 2018 • Call the Car (CTC) was selected as the new vendor and contract negotiations were completed in December 2018 • LA Care and CTC Contract was executed in early January 2019 and will last until December 2022	

	• Improved service level agreements, reduced rates, branded vehicle fleet, end-to-end technology, improved fraud, waste and abuse program, transportation experience manager Member Experience Case Study Objectives: • To move from managing transportation as a delegated benefit, to designing to deliver a new level of service. • Help inform the scope of work for the member transportation vendor procurement and identify discrete segments of members with similar needs for targeting certain low cost/high impact improvements to transportation service. • Designed to provide guidance on implementing a user-centric approach to maximize the member experience with the transportation benefit. • Personalized Service - the right ride, at the right time, for the right cost. • The member experience is managed to improve access to care. • Redesign Member Experience - Members accessing care. Providers supporting at care locations. New levels of service and technology. Transportation Vendor Phasing Plan: • Currently, L.A. Care is operating a two-vendor model where transportation services are being rendered by both LogistiCare and CTC based on geographic region. o Transition will be implemented by geographic region and by program. Ms. Gonzalez-Delgado asked what is being done to ensure that members do not have the issues they had with Logisticare. Mr. Lopez responded that accountability is in the contract. Service level agreements are looked at daily. It is managed through his department so that there is no drop in service. Ms. Poz asked if the services are provided for dually eligible members. Ms. Salmon noted that transportation services are being provided through Medi-Cal benefits for dually eligible members. Russel Mahler, *RCAC 1 Chair,* stated that he has seen CTC pick up L.A. Care members in his area and has heard positive feedback in regards to their service. Damaris O Hernandez de Cordero, *RCAC 10 Chair,* asked how many days before an appointment must a member call to request transportation services. Mr. Lopez responded the member must call two days before the appointment. L.A. Care will provide a one-time courtesy trip if it is less than two days before the appointment.	

	Ms. Belton asked is it door to door service or curb to curb. She would like to know if she will be in a car with someone else including children. Mr. Lopez responded that the only people that L.A. Care members will ride with are other L.A. Care members. This will save taxpayers money and will allow L.A. Care to provide this service to more LAC members. The driver will escort the member when it is necessary.	
FUTURE AGENDA ITEMS	Ms. McFerson asked that the topic of increasing stipends be added to the agenda.	
PUBLIC COMMENTS	Ms. Cooper thanked CO&E staff for celebrating the anniversary of the RCACs. She noted that Ms. Belton has been a great friend and highlighted the need for RCAC members to interact with each other. Fuang Lung Kwong, *RCAC 3 Member,* stated that the Alhambra Senior Center checked her insurance policy and because she has Blue Shield, the center will no longer be able to provide her the services she has been receiving. Ms. De La Torre recommended that she speak to the Member Advocate. Rachel Rose Luckey, *RCAC 4 Member,* stated that L.A. Care should give the RCACs a budget to conduct outreach or to host their own events. She would like everyone to follow Robert's Rules of orders to ensure motions are placed properly on the agenda. Ms. Perez informed the committee that Care Harbor event being held in Pomona on April 27 and 28 will have a wrist band distribution on April 20 at 10:00 a.m. at 18601 Valley Blvd., Bloomington, CA 92316. Ms. Nefissi stated that information will be given to all interested members.	
ADJOURNMENT	The meeting adjourned at 1:05 pm.	

RESPECTFULLY SUBMITTED BY:
Victor Rodriguez, *Board Specialist, Board Services*
Malou Balones, *Senior Board Specialist, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY

Ana Romo, *ECAC Chair*
Date 6/8/19

2019 Legislative Matrix

Last Updated: May 20, 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 on 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 of 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. To access the bill language, click n the bill number listed at the top left corner of each bill section. 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 "Lables" 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 (49)

State	Bill Number	Status	Position
CA	**AB 4**	**In Assembly**	**Support**

Title
Medi-Cal: eligibility.

Description
AB 4, as amended, 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 to be enrolled in the full scope of Medi-Cal benefits, if otherwise eligible, pursuant to an eligibility and enrollment 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, and requires the department to seek any necessary federal approvals to obtain federal financial participation for purposes of implementing the requirements. Existing law requires that benefits for services under these provisions be

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

provided with state-only funds only if federal financial participation is not available for those services. 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 extend eligibility for full-scope Medi-Cal benefits to individuals of all ages, if otherwise eligible for those benefits, but for their immigration status, and 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. 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. disruption, as specified. The bill would require the department to collaborate with the counties and designated public hospitals to maximize federal financial participation, participation and to work with designated public hospitals to mitigate any financial losses related to the implementation of these requirements. Because The bill would condition the implementation of its provisions on an appropriation by the Legislature in the annual ... (click bill link to see more).

Primary Sponsors
Joaquin Arambula, Rob Bonta, David Chiu, Lorena Gonzalez Fletcher, Miguel Santiago

Organizational Notes

Last edited by Joanne Campbell at Feb 21, 2019, 6:24 PM
Organizational Sponsor: California Immigrant Policy Center Local Health Plans of California - Support California Association of Health Plans - Support

State	Bill Number	Status	Position
CA	AB 174	In Assembly	Monitor

Labels: Affordability | Care4All | Commercial

Title
Health care coverage: financial assistance.

Description
AB 174, as amended, Wood. Health care coverage: financial assistance. 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 defines a "qualified health plan" as a plan that, among other requirements, provides an essential health benefits package. Existing state law creates the California Health Benefit Exchange, also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law specifies the powers of the Exchange's executive board, including the power to assist in the administration of subsidies for individuals with coverage made available through the Exchange.This bill would require the board board, contingent on an appropriation in the 2019–20 Budget Act, to administer enhanced premium assistance to individuals with household incomes below 400% of the federal poverty level, reduce premiums to zero for individuals with household incomes at or below 138% of the federal poverty level, reduce premiums for individuals with household incomes at or between 401% and 800% of the federal poverty level and who are ineligible for federal advanced premium tax credits so their premiums do not exceed a specified percentage of their household incomes, and administer specified additional cost-sharing financial assistance for individuals with household incomes below 400% of the federal poverty level and who are eligible for premium tax credits. The bill would authorize the board to proportionally reduce enhanced premium assistance if the projected cost for a fiscal year exceeds the amount appropriated in the Budget Act for that fiscal year. If the federal government reduces or eliminates funding for the advanced premium tax credit, the bill would end the administration of enhanced premium assistance 6 months after that change in federal funding.

Primary Sponsors
Jim Wood

Organizational Notes

Last edited by Joanne Campbell at Mar 28, 2019, 5:09 PM
Local Health Plans of California - Support

State	Bill Number	Status	Position
CA	AB 290	In Assembly	Support

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

Organizational Notes

Last edited by Joanne Campbell at Mar 26, 2019, 7:58 PM
California Association of Health Plans - Support

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

State	Bill Number	Status	Position
CA	AB 316	In Assembly	Monitor

Labels: Denti-Cal, Medi-Cal

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

Description
AB 316, as amended, 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, and dental managed care plans.This bill would require the department to implement a special needs treatment and management benefit, which benefit that would be provided for 4 visits in a 12-month period for a Medi-Cal dental program beneficiary with special dental care needs, as defined. The bill would require a Medi-Cal dental program provider to document specified information, including the need for additional time to treat a Medi-Cal dental program beneficiary with special dental care needs. needs, for purposes of reimbursement. 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, various means, including plan or provider bulletins, or similar instructions, without taking regulatory action, and would require the department department, by July 1, 2022, to subsequently adopt regulations, as specified, by July 1, 2022. regulations. 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

Organizational Notes

Last edited by Joanne Campbell at Mar 26, 2019, 7:33 PM
Organizational Sponsor: West Health Institute

State	Bill Number	Status	Position
CA	**AB 318**	**In Assembly**	**Monitor**

Labels Translation

Title
Medi-Cal materials: readability.

Description
AB 318, as amended, 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 health care 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, would, commencing January 1, 2020, require the field testing of all beneficiary materials, and informing materials, as defined, that are translated into threshold languages and released by the department and managed care plans, respectively, except as specified. The bill would define "field testing" as a review of translations for accuracy, cultural appropriateness, and readability. The bill would also define a "managed care plan" for these purposes. The bill would also require the department to establish a readability workgroup to identify at least 10 documents that are released to Medi-Cal beneficiaries, including certain documents, 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

Organizational Notes

Last edited by Joanne Campbell at Mar 26, 2019, 7:40 PM
Organizational Sponsor: California Pan-Ethnic Health Network and Western Center on Law & Poverty Local Health Plans of California - Oppose
California Association of Health Plans - Oppose

State	Bill Number	Status	Position
CA	AB 319	In Assembly	Monitor

Labels: Behavioral Health | MAT | Medi-Cal | Pharmacy

Title
Narcotic treatment: medication-assisted treatment: Drug Medi-Cal.

Description
AB 319, as amended, Blanca Rubio. Narcotic treatment: medication-assisted treatment. treatment: Drug Medi-Cal. 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.Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income persons receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes the Drug Medi-Cal Treatment Program (Drug Medi-Cal), under which the department is authorized to enter into contracts with each county, or enter into contracts directly with certified providers, for the provision of various alcohol and drug use treatment services to Medi-Cal beneficiaries. Existing law limits reimbursement for narcotic treatment program services to services specified in state and federal regulations governing the licensing and administration of narcotic treatment programs, as specified.This bill would require the department to create reimbursement rates and rate billing codes for use by authorized medications that are provided by licensed narcotic treatment programs providing medication-assisted treatment using electing to provide noncontrolled medications approved by the United States Food and Drug Administration for patients with a substance use disorder.

Primary Sponsors
Blanca Rubio, Marie Waldron

State	Bill Number	Status	Position
CA	AB 341	In Assembly	Monitor

Title
CalHEERS: application for CalFresh.

Description
AB 341, as amended, 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

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.

Labels:

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 their 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 would require the Office of Systems Integration to ensure that CalHEERS transfers an individual's 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 office to collaborate with the State Department of Social Services to ensure that the application transferred via CalHEERS to a county for purposes of treatment as a CalFresh application meets all state and federal requirements necessary to qualify as a CalFresh application. 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... (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)

State	Bill Number	Status	Position
CA	AB 384	In Assembly	Monitor

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	Bill Number	Status	Position
CA	AB 385	In Assembly	Monitor

Labels: Behavioral Health | EPSDT | Medi-Cal

Title

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

Description

AB 385, as amended, Calderon. Medi-Cal: Early and Periodic Screening, Diagnosis, and Treatment mental health services: performance outcome system platform. outcomes system: platform. Existing law provides for establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive healthcare health care 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 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 outcomes 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.This bill would require the department to develop a platform, update an existing platform, or integrate with an existing platform, capable of automating the collection of data from a functional assessment tool that is established pursuant to the department's performance outcomes system plan. The bill would require the platform to, among other things, allow authorized individuals to complete the functional assessment tool, provide access via a web-based system, and avoid unnecessary duplication and overassessment.

Primary Sponsors

Ian Calderon

State	Bill Number	Status	Position
CA	AB 414	In Assembly	Monitor

Title
Health care coverage: minimum essential coverage.

Description
AB 414, as amended, Bonta. Healthcare Health care coverage: minimum essential coverage. Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services and under which healthcare 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. 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 health care 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 resident, would reduce the amount of the penalty by the amount of the federal shared responsibility penalty during a taxable year in which it applies, 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 health care 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

State	Bill Number	Status	Position
CA	AB 577	In Assembly	Monitor

Title
Health care coverage: postpartum period.

Description
AB 577, as amended, Eggman. Medi-Cal: maternal mental health. Health care coverage: postpartum period. 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 establishes the Medi-Cal Access Program, which provides health care services to a woman who is pregnant or in her postpartum period and whose household income is within specified thresholds of the federal poverty level, and to a child under 2 years of age who is delivered by a mother enrolled in the program, as specified.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 eligibility for a pregnant individual who is receiving health care coverage under the Medi-Cal program, or another specified program, and who has been diagnosed with a maternal mental health condition, for a period of one year following the last day of the individual's pregnancy if the individual complies with certain requirements. The bill would define "maternal mental health condition" for purposes of the bill.Under this bill, if the above-described individual has a household income below 138% of the federal poverty level, continues to reside in the state, and would otherwise not be eligible for full-scope Medi-Cal coverage, the individual would remain eligible for coverage under the Medi-Cal program for up to one year beginning on the last day of the pregnancy.This bill would, for the above-described individual, or an individual under the Medi-Cal Access Program, who is disenrolling from coverage after the 60-day period, require the department to assist the individual in applying for and purchasing a qualified health plan in the California Health Benefit Exchange, also known as Covered California, if the individual is eligible for that coverage.Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance.Existing law requires a health care service plan and a health insurer, at the request of an enrollee or insured, to provide for the completion of services by a terminated or nonparticipating provider if the enrollee or insured is undergoing a course of treatment for one... (click bill link to see more).

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

State	Bill Number	Status	Position
CA	AB 598	In Assembly	Monitor

Title
Hearing aids: minors.

Description
AB 598, as amended, 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, Ben Allen

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

State	Bill Number	Status	Position
CA	AB 651	In Assembly	Monitor

Title
Air ambulance services.

Description
AB 651, as amended, 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 plan contracts and health insurance policies, as specified, policies 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, subscriber (individual) receives covered services from a noncontracting air ambulance provider, the enrollee, insured, or subscriber individual shall pay no more than the same cost sharing that the enrollee, insured, or subscriber individual 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 provide that an enrollee, subscriber, or insured individual would not owe the noncontracting provider more than the in-network cost-sharing amount for services subject to the bill, as specified. services. The bill would allow authorize 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 amount that the individual 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. health care services, including medical transportation services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law authorizes the Director of Health Care Services to limit rates of payment for health care services, and requires the director to adopt regulations as are necessary for carrying out these provisions. Existing regulations provide for the maxim... (click bill link to see more).

Primary Sponsors
Tim Grayson

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

Organizational Notes

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

State	Bill Number	Status	Position
CA	AB 678	In Assembly	Monitor

Title
Medi-Cal: podiatric services.

Description
AB 678, as amended, 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. surgeon, including a maximum numerical service limitation in any one calendar month.

Primary Sponsors
Heath Flora

Organizational Notes

Last edited by Joanne Campbell at Mar 26, 2019, 7:33 PM
Organizational Sponsor: California Podiatric Medical Association

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

State	Bill Number	Status	Position
CA	AB 714	In Senate	Monitor

Title
Opioid prescription drugs: prescribers.

Description
AB 714, as amended, 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 bill, among other exclusions, would exclude from the above-specified provisions requiring prescribers to offer a prescription and provide education prescribers when prescribing, ordering, or administering ordering medications to be administered to a patient in an inpatient health facility and prescribers prescribing to a patient in outpatient-based hospice care. or outpatient setting. 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

State	Bill Number	Status	Position
CA	AB 715	In Assembly	Support

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

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:

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, Jim Wood, 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 Local Health Plans of California - Support California Association of Health Plans - Support

State	Bill Number	Status	Position
CA	AB 744	In Assembly	Monitor

Title
Health care coverage: telehealth.

Description
AB 744, as amended, Aguiar-Curry. Health care 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 health care 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 health care 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. Existing law requires the Department of Managed Health Care to periodically conduct an onsite medical survey of the health delivery system of each plan and to publicly report the results of that survey no later than 180 days after its completion.This bill would require a contract issued, amended, or renewed on or after January 1, 2020, between a health care service plan and a health care provider for the provision of health care 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 health care provider for an alternative rate of payment to specify that the health care service plan or health insurer reimburse a health care 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... (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

State	Bill Number	Status	Position
CA	AB 767	In Assembly	Monitor

Title
Health care coverage: essential health benefits: infertility.

Description
AB 767, as amended, Wicks. Health care coverage: essential health benefits: infertility. Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act), 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 certain group health care service plan contracts and health insurance policies issued, amended, or renewed on or after January 1, 1990, to offer 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 exempts any employer that is a religious organization or health care service plan or health insurer that is a subsidiary of an entity whose owner or corporate member is a religious organization from the requirement 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 state the intent of the Legislature to consider the inclusion of infertility treatment in the definition of essential health benefits.Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act), 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 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. The Knox-Keene Act specifies that a health care service plan that is a health maintenance organization (HMO) is required to provide this coverage to a group contractholder with at least 20 employees. Existing law provides that any employer that is a religious organization or health care service plans and health insurers that 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 manne... (click bill link to see more).

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-Ca

State	Bill Number	Status	Position
CA	AB 769	In Assembly	Monitor

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

State	Bill Number	Status	Position
CA	AB 770	In Assembly	Monitor

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

Description
AB 770, as amended, 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 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. 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. 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 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 specified terms, including the meaning of "scope of "service," would expand the meaning of "visit" to include FQHC and RHC services rendered outside of the facility location, and would modify how the department reimburses an FQHC or RHC that is partially reimbursed by a 3rd-party payer. The bill would require a health care provider who contracts with an FQHC or RHC to provide services outside of the facility on behalf of the facility, and for which the facility bills for those services, to comply with specified requirements, including actively serving patients in the same county as, or a county adjacent to, the physical location of the billing FQHC or RHC. 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... (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) servicesare 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: FQHC Medi-Cal

State	Bill Number	Status	Position
CA	AB 848	In Assembly	Monitor

Labels: Medi-Cal

Title
Medi-Cal: covered benefits: continuous glucose monitors.

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

State	Bill Number	Status	Position
CA	AB 914	In Assembly	Support

Labels: Medi-Cal

Title
Medi-Cal: inmates: eligibility.

Description
AB 914, as amended, Holden. Medi-Cal: inmates: 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. Existing law requires Medi-Cal benefits of an individual who is an inmate of a public institution to be suspended effective the date the individual becomes an inmate of a public institution. Existing law requires the suspension to end on the date that the individual is no longer an inmate of a public institution or one year from the date they become an inmate of a public institution, whichever is sooner. Existing law generally requires a county to redetermine a Medi-Cal beneficiary's eligibility to receive Medi-Cal benefits every 12 months and whenever the county receives information about changes in a beneficiary's circumstances that may affect their eligibility for Medi-Cal benefits.This bill would, subject to federal approval, for individuals under 26 years of age, instead require the suspension of Medi-Cal eligibility to end either on the date that the individual is no longer an inmate of the public institution or is no longer otherwise eligible for benefits under the Medi-Cal program, whichever is sooner, and would require the department, in consultation with specified stakeholders, to develop and implement a simplified annual redetermination of eligibility for individuals under 26 years of age whose eligibility is suspended pursuant to these provisions. Because counties are required to make Medi-Cal eligibility determinations, and the bill would expand Medi-Cal annual redetermination of eligibility for certain inmates of public institutions, 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
Chris Holden

State	Bill Number	Status	Position
CA	AB 990	In Assembly	Monitor

Labels: Medi-Cal

Title
Medi-Cal managed care plans: financial incentives.

Description
AB 990, as amended, Gallagher. Medi-Cal: Medi-Cal managed care plans: financial incentives. Existing law provides for establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, 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 Medi-Cal managed care contractor to offer nonmonetary incentives to promote good health practices by its Medi-cal 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.This bill would require a Medi-Cal managed care plan contract entered into, or amended, on or after January 1, 2021, to require the contracting Medi-Cal managed care plan to offer financial incentives to its existing enrollees for the purpose of promoting participation in preventive health or wellness activities, as specified, for a value of at least $100 annually per participating enrollee.The bill would require the Medi-Cal managed care plan to annually evaluate its financial incentive programs and to submit an annual report to the department. The bill would require the department to submit a report to the Legislature detailing those financial incentive programs, as specified.The bill would require that its provisions be implemented only if all necessary federal approvals have been obtained, and only to the extent permitted by federal law.The bill would repeal these provisions on January 1, 2026.

Primary Sponsors
James Gallagher

State	Bill Number	Status	Position
CA	AB 993	In Senate	Monitor

Title
Health care coverage: HIV specialists.

Description
AB 993, as amended, 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, 2020, 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 the 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

State	Bill Number	Status	Position
CA	AB 1004	In Assembly	Monitor

Title
Developmental screening services.

Description
AB 1004, as amended, 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. plans, and existing law requires the department to pay capitation rates to the 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. inclusive, and would require Medi-Cal managed care plans to ensure that providers who contract with these plans render those services in conformity with specified standards. 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. rate. 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

Organizational Notes

Last edited by Joanne Campbell at Mar 26, 2019, 7:34 PM
Organizational Sponsor: First 5 LA

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 Quality

State	Bill Number	Status	Position
CA	AB 1035	In Senate	Monitor

Labels: Data Privacy

Title
Personal information: data breaches.

Description
AB 1035, as amended, Mayes. Personal information: data breaches.
(1)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 a breach of the security of the system in the most expedient time possible and without unreasonable delay, but in no case more than 45 days, following discovery or notification of the breach, subject to the legitimate needs of law enforcement, as provided. The bill would make other conforming changes.
(2)Existing law, the Information Practices Act of 1977, requires a public agency, as defined, that owns or licenses computerized data that includes personal information to disclose a breach of the security of the system in the most expedient time possible and without unreasonable delay following discovery or notification of the breach, as specified. This bill would, instead, require an agency that owns or licenses computerized data that includes personal information to disclose a breach of the security of the system in the most expedient time possible and without unreasonable delay, but in no case longer than 45 days, following discovery or notification of the breach.(3)Existing law requires a business that owns, licenses, or maintains personal information about a California resident to implement and maintain reasonable security procedures and practices appropriate to the nature of the information, to protect the personal information from unauthorized access, destruction, use, modification, or disclosure. Existing law, the California Consumer Privacy Act of 2018, beginning on January 1, 2020, grants a consumer various rights with regard to personal information relating to that consumer that is held by a business, including the right to know what personal information is collected by a business and to have information held by that business deleted, as specified. The act specifically authorizes a consumer whose nonencrypted or nonredacted personal information, as defined, is subject to unauthorized access and exfiltration, theft, or disclosure as a result of the business’s failure to maintain reasonable security procedures and practices appropriate to the nature o... (click bill link to see more).

Primary Sponsors
Chad Mayes

State	Bill Number	Status	Position
CA	AB 1088	In Assembly	Support

Title
Medi-Cal: eligibility.

Description
AB 1088, as amended, 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 health care 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, but for the state's contribution to their Medicare premium, would be eligible for Medi-Cal without a share of cost if their income and resources they 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

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

Organizational Notes

Last edited by Joanne Campbell at Mar 11, 2019, 8:55 PM
Organizational Sponsor: Disability Rights CA Local Health Plans of California - Support California Association of Health Plans - Support

State	Bill Number	Status	Position
CA	AB 1175	In Assembly	Monitor

Labels: Behavioral Health Commercial Medi-Cal

Title
Medi-Cal: mental health services.

Description
AB 1175, as amended, Wood. Medi-Cal: mental health services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including specialty mental health services and nonspecialty mental health 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 health care for Medi-Cal beneficiaries through contracts with county mental health plans. Under existing law, the

county mental health plans are responsible for providing specialty mental health services to enrollees, and Medi-Cal managed care health plans deliver nonspecialty mental health services to enrollees. Existing law requires county mental health plans and Medi-Cal managed care health plans to be governed by various guidelines, including network adequacy standards and a requirement that an external quality review organization (EQRO) annually review these plans. Existing law requires the department to consult with stakeholders, including subject matter experts who represent providers, to inform the updates to the performance outcomes reports for specialty mental health services. Existing law requires the department to ensure that contracts for county mental health plans and the Medi-Cal managed care health plans include a process for screening, referral, and coordination with necessary services, and to require a county mental health plan that provides Medi-Cal specialty mental health services to enter into a memorandum of understanding (MOU) with a Medi-Cal managed care health plan that provides Medi-Cal health services to some of the same Medi-Cal recipients served by the county mental health plan. Existing regulations provide for a dispute resolution process to be used to resolve matters between a Medi-Cal managed care health plan and a county mental plan.This bill would require the department, as part of its consultation with stakeholders concerning updates to the performance outcomes reports for specialty mental health services, to include additional data in these reports, including the Healthcare Effectiveness Data and Information Set measures. The bill would require the department, by January 1, 2021, and annually thereafter, to publish on its internet website a performance outcome report that addresses specified information, including language capacity and utilization by service type. The bill would require the department to require the EQRO to report, by specified dates, various information concerning the county mental health plan and the Medi-Cal managed care health plan, such as the average expenditure per individual provi... (click bill link to see more).

Primary Sponsors
Jim Wood

Organizational Notes

Last edited by Joanne Campbell at Mar 26, 2019, 7:42 PM
Organizational Sponsor: National Health Law Program and Western Center on Law & Poverty

State	Bill Number	Status	Position
CA	AB 1229	In Assembly	Support

Title

End Foster Youth Student Hunger in California Act of 2019.

Description

AB 1229, as amended, Wicks. End Foster Youth Student Hunger in California Act of 2019. Existing federal law provides for the federal Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh, under which nutrition assistance benefits are distributed to eligible individuals by the counties. Existing law establishes eligibility and benefit level requirements for receipt of CalFresh benefits.Existing law establishes the Aid to Families with Dependent Children-Foster Care (AFDC-FC) program, under which counties provide payments to foster care providers on behalf of qualified children in foster care. The program is funded by a combination of federal, state, and county funds. In order to be eligible for AFDC-FC, existing law requires a child or nonminor dependent to be placed in one of several specified placements, including, for nonminor dependents, a supervised independent living setting. Existing law authorizes a nonminor dependent to receive all of the AFDC-FC payment directly if the nonminor dependent is living in a supervised independent living placement and complies with certain requirements.Existing law establishes the Student Aid Commission as the primary state agency for the administration of state-authorized student financial aid programs available to students attending all segments of postsecondary education. Existing law requires the commission to work cooperatively with the State Department of Social Services to develop an automated system to verify a student's status as a foster youth to aid in the processing of applications for federal financial aid. Under existing law, the commission, through an interagency agreement with the State Department of Social Services, operates the Chafee Educational and Training Vouchers Program, to provide federal grants to current and former foster youth with access to postsecondary education.This bill would enact the End Foster Youth Student Hunger in California Act of 2019. The act would establish the require the Student Aid Commission to report to the Legislature, no later than March 1, 2020, the amount of funding and the authority it would need to establish a Transition Age Foster Youth Meal Plan Program, to be administered by the California Student Aid Commission, pursuant to which an eligible transition-age foster youth studying for a higher education degree at a public postsecondary educational institution would receive an award equal to the amount of the cost of a meal plan that would cover 10 meals per week and the cost of all campus fees. The bill would prescribe the duties of the commission with respect to the program, and would specify that the program does not require a public postsecondary educational institution to provide a student meal plan to a student... (click bill link to see more).

Primary Sponsors

Buffy Wicks

State	Bill Number	Status	Position
CA	AB 1309	In Assembly	Monitor

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).

Primary Sponsors
Rebecca Bauer-Kahan

Organizational Notes

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

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

State	Bill Number	Status	Position
CA	AB 1377	In Assembly	Support

Title
CalFresh.

Description
AB 1377, as amended, Wicks. CalFresh. Existing federal law provides for the 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 each school district or county superintendent of schools maintaining kindergarten or any of grades 1 to 12, inclusive, to provide for each needy pupil one nutritionally adequate free or reduced-price meal during each schoolday, as specified. 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. Existing law provides for the establishment of a statewide electronic benefits transfer system, administered by the State Department of Social Services, for the purpose of providing financial and food assistance benefits.Existing law requires each school district or county superintendent of schools maintaining kindergarten or any of grades 1 to 12, inclusive, to provide for each needy pupil one nutritionally adequate free or reduced-price meal during each schoolday, as specified, and authorizes a school district or county office of education to use funds available through any federal or state program for those purposes, as specified. Existing law authorizes each school district or county office of education to enter into a memorandum of understanding (MOU) with the local agency that determines CalFresh program eligibility to share information regarding the School Lunch Program. If a county has entered into that MOU, existing law requires the county to enroll the child in CalFresh if the child is eligible.This bill would require, on and after July 1, 2020, except as specified, if a county is informed that a child meets federal eligibility criteria for free and reduced-price meals, the child to be deemed automatically eligible for the CalFresh program, unless federal law makes that child ineligible, and the parent or guardian to be notified of this determination. The bill would require the State Department of Education and the State Department of Social Services to work together with stakeholders, including, but not limited to, representatives of school nutrition programs and representatives of the local agencies that determine CalFresh program eligibility, to develop a statewide process for implementing the Automatic Student Eligibility for CalFresh Program as described by the bill. By imposing a higher level of service on county officials, the bill would impose a state-mandated local program.The bill would also require the State Department of Social Services to issu... (click bill link to see more).

Primary Sponsors
Buffy Wicks

State	Bill Number	Status	Position
CA	AB 1494	In Assembly	Monitor

Title
Medi-Cal: telehealth: state of emergency.

Description
AB 1494, as amended, 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 and federal approval is obtained, 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 proclamation declaring 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. facility during or immediately following a state of emergency. 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.The bill would require the department, on or before March 1, 2020, to establish a stakeholder process to assist the department in developing guidance for those entities to facilitate reimbursement for the above-described services, and, on or before July 1, 2020, to issue the specified guidance, including certain instructions on the submission of claims for telehealth or telephonic services. The bill would authorize the department to implement the provisions by various means, including provider bulletins, and would require the department to adopt regulations, for purposes of the guidance, by January 1, 2024.

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

State	Bill Number	Status	Position
CA	AB 1611	In Assembly	Monitor

Title
Emergency hospital services: costs.

Description
AB 1611, as amended, 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, except as specified, 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

Organizational Notes

Last edited by Joanne Campbell at Mar 26, 2019, 7:27 PM
Organizational Sponsor: California Labor Federation and Health Access

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 1642	In Assembly	Monitor

Title
Medi-Cal: managed care plans.

Description
AB 1642, as amended, Wood. Medi-Cal: managed care plans. (1) Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which health care services are provided to qualified, low-income persons through various health care delivery systems, including managed care pursuant to Medi-Cal managed care plan contracts. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing federal regulations require a state that contracts with specified Medicaid managed care plans to develop and enforce network adequacy standards, to ensure that services covered under the Medicaid state plan are available and accessible to enrollees of specified Medicaid managed care plans in a timely manner, and to contract with a qualified external quality review organization (EQRO) to annually produce an external quality review technical report that summarizes findings on access and quality of care. Existing state law establishes, until January 1, 2022, certain time and distance and appointment time standards for specified services consistent with those federal regulations to ensure that Medi-Cal managed care covered services are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner, and authorizes a Medi-Cal managed care plan to request approval from the department to use alternative access standards for the time and distance standards if specified conditions are met, including that the Medi-Cal managed care plan has exhausted all reasonable options to obtain providers to meet the applicable standard. Existing state law requires a Medi-Cal managed care plan to annually provide to the department, or upon the department's request, a report that demonstrates the Medi-Cal managed care plan's compliance with time and distance standards, and requires the EQRO to compile various data, by plan and by county, related to time and distance standards, including the number of requests for alternative access standards in the plan service area for time and distance.This bill would require a Medi-Cal managed care plan to provide to the department additional information in its request for the alternative access standards, including a description of the reasons justifying the alternative access standards, and to report to the department on how the Medi-Cal managed care plan arranged for the delivery of Medi-Cal covered services to Medi-Cal enrollees, such as through the use of Medi-Cal covered transportation. The bill would require a Medi-Cal managed care plan that has received approval from the department to utilize an alternative access standard to assist an enrollee who would travel farther than the established time and distance standards in obta... (click bill link to see more).

Primary Sponsors
Jim Wood

Bill Summary: Last edited by Joanne Campbell at Apr 4, 2019, 7:46 PM

Labels: EPSDT Medi-Cal Quality Telehealth

State	Bill Number	Status	Position
CA	SB 29	In Senate	Support

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

Organizational Notes

Last edited by Joanne Campbell at Mar 26, 2019, 7:20 PM
Organizational Sponsor: California Immigrant Policy Center and Health Access

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

State	Bill Number	Status	Position
CA	SB 65	In Senate	Monitor

Title
Health care coverage: financial assistance.

Description
SB 65, as amended, Pan. California Health Benefit Exchange: Health care coverage: 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 a program of financial assistance assistance, to be known as the Affordable Care Access Plus Program, 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. health care coverage with respect to individual coverage that is made available through the Exchange. The bill would require the program to provide financial assistance to California residents with household incomes below 600% of the federal poverty level, and would authorize the program to provide other appropriate subsidies designed to make health care more accessible and affordable for individuals and households. The bill would require the Exchange to adopt a program design to implement these provisions by resolution of the board of the Exchange, as specified. The bill would require the Exchange to promulgate rules and regulations to implement these provisions, and would authorize any rules and regulations necessary to implement these provisions to be adopted as emergency regulations, as specified.

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

State	Bill Number	Status	Position
CA	SB 66	In Senate	Support

Labels: FQHC, Medi-Cal

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

Description
SB 66, as amended, 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. physician and marriage and family therapist. 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 include a licensed acupuncturist within those health care professionals covered under the definition of "visit." 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
Organizational Sponsor: Local Health Plans of California, California Association of Public Hospitals and Health Systems, California Health + Advocates, and Steinberg Institute California Association of Health Plans - Support

State	Bill Number	Status	Position
CA	SB 159	In Senate	Monitor

Title
HIV: preexposure and postexposure prophylaxis.

Bill Summary: Last edited by Joanne Campbell at Mar 11, 2019, 10:07 PM
Prohibits plans from subjecting drug treatments, including preexposure

Description

SB 159, as amended, Wiener. HIV: preexposure and postexposure prophylaxis. Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy, 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 furnish preexposure prophylaxis and postexposure prophylaxis, in specified amounts, if the pharmacist completes a training program approved by the board and complies with specified requirements, such as assessing a patient and providing a patient with counseling and tests. 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. The bill would also prohibit plans and insurers from prohibiting, or allowing a pharmacy benefit manager to prohibit, a pharmacy provider fr... (click bill link to see more).

Primary Sponsors

Scott Wiener, Mike Gipson, Todd Gloria

Organizational Notes

Last edited by Joanne Campbell at Mar 26, 2019, 7:24 PM
Organizational Sponsor: APLA Health, California Pharmacists Association, Equality CA, Los Angeles LGBT Center, and San Francisco AIDS Foundation

prophylaxis or postexposure prophylaxis, to prior authorization or step therapy.

Labels:

State	Bill Number	Status	Position
CA	SB 163	In Senate	Monitor

Title

Bill Summary: Last edited by Joanne Campbell at Mar 11, 2019, 10:07 PM

Health care coverage: pervasive developmental disorder or autism.

Description

SB 163, as amended, Portantino. Healthcare Health care 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 Add... (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 California Association of Health Plans - Oppose

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

State	Bill Number	Status	Position
CA	SB 175	In Senate	Monitor

Title
Health care coverage: minimum essential coverage.

Description
SB 175, as amended, Pan. Healthcare Health care coverage: minimum essential coverage. Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services and under which healthcare health care services are provided to qualified, qualified low-income persons. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program 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 law establishes the California Health Trust Fund and continuously appropriates moneys in the fund for these purposes. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various healthcare health care coverage market reforms as of January 1, 2014. PPACA generally requires individuals, an individual, 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.This bill would create the Minimum Essential Coverage Individual Mandate to require a California resident to ensure that the resident, and any dependent of the resident, is covered under minimum essential coverage, as defined, for each month beginning on January 1, 2020, except as specified. The bill would require the E... (click bill link to see more).

Primary Sponsors
Richard Pan

Organizational Notes

Last edited by Joanne Campbell at Mar 28, 2019, 5:11 PM
Local Health Plans of California - Support California Association of Health Plans - Support

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

State	Bill Number	Status	Position
CA	SB 207	In Senate	Monitor

Title
Medi-Cal: asthma preventive services.

Description
SB 207, as amended, 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 health care 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 approve 2 accrediting bodies with expertise in asthma to review and approve training curricula for asthma preventive services providers, and would require the curricula to be consistent with specified federal and clinically appropriate guidelines. The bill would require a supervising licensed Medi-Cal provider and the Medi-Cal asthma preventive services provider to satisfy specified requirements, including the Medi-Cal asthma preventive services provider's completion of a training program approved by one of the accrediting bodies. The bill would authorize the department to implement, interpret, or make specific these provisions without taking regulatory action until regulations are adopted. The bill would require the department to adopt regulations by July 1, 2020, 2023, 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 previsions: 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

Organizational Notes

Last edited by Joanne Campbell at Mar 26, 2019, 7:39 PM
Organizational Sponsor: California Pan-Ethnic Health Network, Children Now, Regional Asthma Management and Prevention

State	Bill Number	Status	Position
CA	SB 260	In Senate	Monitor

Title
Automatic health care coverage enrollment.

Description
SB 260, as amended, Hurtado. Automatic health care 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 health care 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 Exchange, beginning no later than July 1, 2020, 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, or upon receiving information from the State Department of Health Care Services regarding an individual terminated from department-administered health coverage. The bill would require enrollment to occur before Medi-Cal coverage or coverage administered by the State Department of Health Care Services is terminated, and would prohibit the premium due date from being sooner than the 30th last 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 health care 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 healt... (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

State	Bill Number	Status	Position
CA	SB 276	In Senate	Support

Title
Immunizations: medical exemptions.

Description
SB 276, as amended, Pan. Immunizations: medical exemptions. Existing law prohibits the governing authority of a school or other institution from admitting for attendance any pupil who fails to obtain required immunizations within the time limits prescribed by the State Department of Public Health. Existing law exempts from those requirements a pupil whose parents have filed with the governing authority a written statement by a licensed physician to the effect that immunization is not considered safe for that child, indicating the specific nature and probable duration of their medical condition or circumstances, including, but not limited to, family medical history.This bill would instead require the State Department of Public Health, by July 1, 2020, to develop and make available for use by licensed physicians and surgeons a statewide standardized medical exemption request form, which, commencing January 1, 2021, would be the only medical exemption documentation that a governing authority may accept. The bill would require the State Public Health Officer or the public health officer's designee to approve or deny a medical exemption request, upon determining that the request provides sufficient medical evidence that the immunization is contraindicated or that a specific precaution regarding a particular immunization exists, based on guidelines of the federal Centers for Disease Control and Prevention (CDC). The bill would specify the information to be included in the medical exemption form. The bill would, commencing January 1, 2021, require a physician and surgeon to inform a parent or guardian of the bill's requirements and to examine the child and submit a completed medical exemption request form to the department, as specified. The bill would require the State Public Health Officer or designee to review the completed exemption request form and notify the physician and surgeon of the approval or denial of the request. The bill would require the reason for denial of a request to be included in the notification, and would authorize the physician and surgeon to submit additional information to the department for further review for purposes of filing an appeal if an exemption request is denied.This bill would require the department, by December 31, 2020, to create and maintain a database of approved medical exemption requests, and to make the database accessible to local health officers. The bill would require a copy of a medical exemption granted prior to the availability of the standardized form to be submitted to the department for inclusion in the database by December 31, 2021, 2020, in order for the medical exemption to remain valid after the statewide standardized form has been adopted. The bill would authorize the State ... (click bill link to see more).

Primary Sponsors
Richard Pan, Lorena Gonzalez Fletcher

State	Bill Number	Status	Position
CA	SB 361	In Senate	Monitor

Title
Medi-Cal: Health Home Program.

Description
SB 361, as amended, 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. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. 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 if additional General Fund moneys are used to fund the administration and costs of services, unless the department projects that the implementation of the program would not result in any net increase in ongoing General Fund costs for the Medi-Cal program. Existing law requires the nonfederal share for the program to be provided by funds from specified entities, including local governments.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 would, subject to an appropriation, 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 increase program participation 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 446	In Senate	Monitor

Labels: Medi-Cal Pharmacy

Title
Medi-Cal: hypertension medication management services.

Description
SB 446, as amended, 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

State	Bill Number	Status	Position
CA	SB 503	In Senate	Monitor

Title
Medi-Cal: managed care plan: subcontracts.

Description
SB 503, as amended, 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 contain the amount of compensation or other consideration that a subcontractor will receive under the terms of the subcontract with the prepaid health plan, and 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.This bill would require a Medi-Cal managed care plan to conduct specified audits of its subcontractors, including an annual medical audit of any subcontract involving medical or administrative services. The bill would authorize a Medi-Cal managed care plan to conduct additional medical audits of a subcontract, for good cause, and to contract with a professional organization to perform medical audits. The bill would require a Medi-Cal managed care plan to report to the department the findings of the finalized annual medical audit, and would require the department to post the annual medical report on its internet website.

Primary Sponsors
Richard Pan

Organizational Notes

Last edited by Joanne Campbell at Mar 26, 2019, 6:02 PM
Organizational Sponsor: Western Center on Law & Poverty and the National Health Law Program

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 Sub-Delegation

State	Bill Number	Status	Position
CA	SB 583	In Senate	Monitor

Title
Clinical trials.

Description
SB 583, as amended, 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

State	Bill Number	Status	Position
CA	SB 600	In Senate	Monitor

Title
Health care coverage: fertility preservation.

Description
SB 600, as amended, Portantino. Healthcare Health care 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.Existing law provides for the Medi-Cal program, 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 comprehensive perinatal services, subject to utilization controls.This bill would add to the schedule of benefits standard fertility preservation services when a medically necessary treatment may cause iatrogenic infertility to a beneficiary.

Primary Sponsors
Anthony Portantino

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

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

State	Bill Number	Status	Position
CA	SB 746	In Senate	Monitor

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 – April 22, 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*
Stephanie Booth, MD **
Hilda Perez

*Absent ** *Via Teleconference*

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

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER Hector De La Torre	Hector De La Torre, *Board Chairperson*, called the meeting to order at 2:01 pm. He welcomed everyone to the meeting and invited the members of the 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 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 by roll call. 5 AYES (Booth, Curry, De La Torre, Gonzalez-Delgado, and Perez)**
PUBLIC COMMENTS	Estela Lara, *RCAC 2 Chair,* extended post Easter greetings to all. She stated that wristbands were distributed on Saturday for Care Harbor. She feels like a prisoner. She had a choice of either dental or vision service. Last year she had the opportunity for both in addition to medical care. She expressed that the wristband is embarrassing to wear for a week. She had her band put on her ankle. She stated that it feels humiliating to wear a label and suggested finding another way to identify people. She does not want it done this way again. Some people cannot wear the wristband because of work. She thanked the Board for supporting the Care Harbor. John Baackes, *Chief Executive Officer,* noted that Care Harbor is run by another organization and he will pass along her observations to the organizers.	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Andria McFerson, *RCAC 6 Chair,* asked each Board member if L.A. Care can acknowledge how important the volunteers are to the organization and to the community. Volunteers give back to the community, with a small stipend. The validity of the stipend is in question, as if the years are worth so little. The stipends save lives. Some volunteers use the funds to pay for medication to save lives in their families. It makes L.A. Care look good to have volunteers. Ismael Maldonado commented on a Treatment Authorization Request (TAR) and Proposition 63 funding for pharmacies. He had a panic attack recently and was not provided with medication. He has reported this to representatives in Washington DC and to local authorities. Mr. Baackes noted that Proposition 63 is a mental health act that was passed years ago. This was a carve out and is outside of L.A. Care purview or control. A significant amount of funds under Prop 63 remain unspent. Chairperson De La Torre offered that L.A. Care will see how it can engage mental health agencies to help with this. *(Member Ballesteros joined the meeting.)* Elizabeth Cooper, *RCAC 2 member,* stated her son has seizure disorder. He remains on prescription drug benefits only through his doctor's recommendation. The drugs keep his seizures from progressing. The enrollment fee for drug benefits is expensive for her. She requested that L.A. Care review the costs of Part D prescription drug plan co-payments. She also asked if customer solutions would be at meetings to help with durable medical equipment. Eliott Bailiff requested more seating for members waiting for the meetings to start. Deaka McClain stated that when she had her taxes done, she was told that the stipend amount is placed in the wrong box on form 1099 by L.A. Care. Marie Montgomery, *Chief Financial Officer,* will look into this issue.	
APPROVE MEETING MINUTES Hector De La Torre	The minutes of the March 25, 2019 meeting were approved as submitted.	**Approved unanimously by roll call. 6 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez-Delgado, and Perez)**

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHAIRPERSON'S REPORT	There was no report from the Chairperson.	
CHIEF EXECUTIVE OFFICER REPORT John Baackes **Coordinated Care Initiative Councils Transition Update**	PUBLIC COMMENT Alma Whitehurst withdrew her request for public comment. Ms. Cooper stated that she is trusting each board member to take notice of her comment before they vote on the Coordinated Care Initiative Councils (CCI) transition. She asked for larger font for printed meeting materials. Mrs. Cooper does not agree that the CCI Chairs remain members of ECAC through September 2019. The CCI members have been moved to RCACs. There should be a task force to track the transition of people who were on the CCI Councils. Chairperson De La Torre clarified that the Committee is not voting on the CCI restructure item. The revised consumer advisory committee operating rules will be drafted and presented to the Board at a later date. Mr. Baackes noted that keeping the CCI Chairs on ECAC will allow time to get the new operating rules in place. Mary Jo Fernando would like information about the vision plan because right now she does not belong to Kaiser and she does not know where to get her eyeglasses. Ms. Fernando stated that she is diabetic and has glaucoma. She is very concerned where she can get her eyeglasses. Mr. Baackes responded that Board Services will assist her. Ms. McClain commented that she does not understand why CCI members are here when the process for the CCI transition is already going forward. Mr. Baackes responded that in November 2018, staff requested public comment regarding the CCI restructure. Staff went to every advisory committee meeting to ask for member input. Mr. Baackes is reporting today on the advisory committee member input. Ms. McClain stated that what she is wondering is why the members are giving comments today when a transition is already underway. Mr. Baackes responded that the Committee is hearing the comments. The next steps are being planned. Ms. McClain asked why CCI members are being sent to RCACs. Mr. Baackes noted that this is what was agreed to months ago. To comply with contractual requirements, L.A. Care has begun holding quarterly meetings of the new Cal MediConnect Consumer Committee. The CCI Councils do not meet the state requirements and are being disbanded. Members of CCI Councils will become members of their nearest RCACs.	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Marcia Ramos thanked the Committee for the opportunity to participate and for adding specialists in the Antelope Valley to care for everyone; it's getting better. She added that she has concerns that some specialists have left the Antelope Valley. Mr. Baackes responded that he appreciates that members recognized improvements in the provider network in the Antelope Valley. He congratulated Member Ballesteros who runs JWCH Institute, which has taken over administration of the Antelope Valley Clinic. Member Perez noted that she understands there is still a lack of services in the Antelope Valley. She acknowledged Member Ballesteros, and noted that members are grateful for what his organization has done in the Antelope Valley. Ms. McFerson stated that she feels that L.A. Care, a non-profit organization, has turned into a for profit organization. Members did not have the right to vote to continue the CCI Council program. During the process, CCI Council members held secret meetings and other members were not allowed to know about those meetings. The decision was to disband CCI Councils was made by staff, ignoring member opinion. L.A. Care needs to acknowledge that the CCI members are important. Wilma Ballew, *CCI 2 Chair*, asked how many CCI chairs and vice chairs are in the audience. She stated that these are members that have stepped up and become very strong advocates in the community. They work hard to make sure that people can get care. She understands when people make comments about the CCI Chairs. She also understands that there is a person who had both CCI and RCAC membership at the same time. Chairperson De La Torre stated that the concept of Seniors and Persons with Disabilities (SPD) members having a say in what L.A. Care does is important. But government programs come and go. Members asked for more discussion about the CCI transition and staff took time to gather member input. As L.A. Care moves forward, SPDs will be embedded in the fabric of what L.A. Care does. That is the result that this board wanted, and what the members wanted. The consumer program will be different, but voices of L.A. Care's SPD members will be heard throughout L.A. Care. Mr. Baackes provided an update on the CCI Council Member transition into RCACs. *(A copy of the report may be requested by contacting Board Services.)* • California passed Coordinated Care legislation for people eligible for both Medicare and Medicaid benefits, that created Cal MediConnect (CMC). The original contract	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	did not dictate specific guidelines for getting feedback from members. L.A. Care created the ad hoc CCI Councils. • L.A. Care is the only public plan in California that has a standing committee of the Board to represent its members and has two board members elected by health plan members. • California revised the CMC contract and required that a member advisory committee be comprised of CMC members or family members of a CMC member, advocates, and providers. The existing ad hoc CCI councils did not meet that criteria. • L.A. Care currently has 16,000 members in the CMC program. • Staff proposed changes in the program, which drew push back from public. The Board expanded dissemination of information about the changes to plan members. • SPDs made up nearly 40% of RCAC members before the transition. After the transition, SPDS now make up 45% of RCAC membership. This is significant, as this population represents 17% of all L.A. Care membership. • CCI Council members transitioning into the RCACs received Code of Conduct training. Former CCI Council members have attended their first RCAC meetings as RCAC members in RCAC 1, 2 and 6. The remaining group will attend their first RCAC meeting on May 20 at RCAC 9 in Long Beach. Member Perez thanked Mr. Baackes for listening and thanked the members for the pleasure and the honor to represent them. L.A. Care listens to the members. Sometimes the answer is no but it does not mean they are not listening. She is proud of the feedback from members. She thanked Chairperson De La Torre for his involvement and concern.	
2nd Quarter FY 2018-19 Vision 2021 Progress Report	Mr. Baackes reported that the quarterly update on L.A. Care's strategic vision is included in the meeting materials provided. *(A copy of the report may be requested by contacting Board Services.)*	
Government Affairs Update	<u>PUBLIC COMMENT</u> Ms. Cooper stated that the government is by the people. She is a parent of a developmentally disabled person. She feels this has been unfair. She asked for people to listen to her comments. She is not speaking against good members. She objects that CCI Council members stay on ECAC to September 2019. She was disrespected at the Council meeting.	

<table>
<tr><th>AGENDA ITEM/PRESENTER</th><th>MOTIONS / MAJOR DISCUSSIONS</th><th>ACTION TAKEN</th></tr>
<tr><td></td><td>Cherie Compartore, Senior Director, Government Affairs, reported:
The Legislature is back in session. April 26 is the deadline for bills with a fiscal impact to be heard in policy committee. There are approximately 200 bills that must be heard in Senate and Assembly health committees this week.
The Senate Budget Subcommittee on Health and Human Services is scheduled to hear the Governor's Bulk Purchasing Executive Order that moves the pharmacy benefit out of Medi-Cal managed care and into fee-for-service. As updated at the last Board meeting, L.A. Care and its trade associations are very involved in this issue.</td><td></td></tr>
<tr><td>Human Resources Policies</td><td><u>PUBLIC COMMENT</u>
Ms. McFerson doesn't understand specifically about public comment. When Mr. Baackes spoke, she didn't get a chance to speak after the discussion. L.A. Care needs to have empathy training for staff and providers. She has advocated for this for years. Stanford has virtual training to virtually experience being handicapped.

Terry Brown, Chief Human Resources Officer, presented revisions to the Human Resources (HR) 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.

<table>
<tr><th>Policy Number</th><th>Policy</th><th>Section</th><th>Description of Modification or Reason for Creation</th></tr>
<tr><td>HR-105</td><td>Employee Group Insurance Plan</td><td>Benefits</td><td>1) Policy name changed to "Employee Benefit Plans".
2) Revision, eligible employees updated and defined;
3) Benefits offered by L.A. Care updated;
4) Procedure for benefit enrollment updated.</td></tr>
<tr><td>HR-106</td><td>Employee Recruitment Referral Bonus Program</td><td>Benefits</td><td>1) Revision, policy moved from Benefits to Employment department;
2) Policy number changed from HR-106 to HR-323;
3) 90-day time limit added for referrals;</td></tr>
</table></td><td></td></tr>
</table>

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<table><tr><td></td><td></td><td></td><td>4) Procedure for referring candidates to the CSC department added.</td></tr><tr><td>HR-216</td><td>**Recording of Time**</td><td>Employee Relations</td><td>1) Reference to Payroll's Time Exception Report removed as it is no longer valid.</td></tr></table> **Motion EXE A.0419** **To approve the revisions to Human Resources Policies: HR-105 (Employee Group Insurance Plan); HR-106 (Employee Recruitment Referral Bonus Program); and HR-216 (Recording of Time).**	**Approved unanimously by roll call. 6 AYES**
Approve Consent Agenda for the Board of Governors Meeting	The Committee approved the following motions to be added to the Consent Agenda for the Board of Governors meeting on May 2, 2019: • Quarterly Investment Report • Marsh & McLennan Contract Renewal • HealthCare Fraud Shield Contract • RCAC Membership • Ratify Election of RCAC 7 Vice Chair	**Approved unanimously by roll call. 6 AYES**
ADJOURN TO CLOSED SESSION	PUBLIC COMMENT Mr. Maldonado commented that there were prescription rate changes and members were not advised. He noted that members should be informed whenever there are changes in pharmacy rates. Mr. Baackes directed staff to speak with Mr. Maldonado regarding this issue. Ms. McFerson stated that L.A. Care was created by the public. L.A. Care staff should have empathy training. She added that it makes more sense if members of the public are able to comment on an issue after it is presented. She is a dually eligible for Medicare and Medi-Cal. She receives a subsidy for her pharmacy costs, but has less coverage, so she pays for her medications each month. Ms. Haydel announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 3:30 p.m. CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Product Lines Estimated date of public disclosure: *April 2021*	
RECONVENIE IN OPEN SESSION	The meeting reconvened in open session at 3:40 pm. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting adjourned at 3:40 pm.	

Respectfully submitted by:

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

APPROVED BY:

Hector De La Torre

Hector De La Torre, *Chair*
Date: 5-28-19

APPROVED

L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: June 6, 2019 **Motion No. FIN 100.0619**

Committee: Finance & Budget **Chairperson:** Robert H. Curry

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

Issue: Acceptance of the Financial Reports.

Background: N/A

Member Impact: N/A

Budget Impact: N/A

Motion: **To accept the Financial Report as submitted, for the period ended April 2019, as submitted.**

Financial Performance
April 2019

Overall

The combined member months are 15.3 million year-to-date, which is 23,436 member months favorable to forecast. The year-to-date performance is a surplus of $214.5 million or 4.6% of revenue and is $55.7 million favorable to forecast.

MediCal Plan Partners

The member months are 7.0 million, which is 541 member months favorable to forecast. The performance is a surplus of $63.9 million and is $3.1 million favorable to forecast.

MediCal SPD-CCI

The member months are 1.5 million, which is 1,843 member months favorable to forecast. The performance is a surplus of $80.8 million, which is $33.7 million favorable to forecast driven by higher revenues and lower healthcare expenses primarily in skilled nursing facilities and lower operating expenses.

MediCal TANF-MCE

The member months are 5.8 million, which is 14,314 member months favorable to forecast. The performance is a surplus of $51.0 million and is $13.2 million favorable to forecast. The favorable variance is driven primarily by higher revenues, but offset by higher-than-expected healthcare expenses.

Cal MediConnect (CMC)

The member months are 114,577 which is 658 member months unfavorable to forecast. The performance is a surplus of $3.1 million, which is $4.0 million favorable to forecast driven by higher than expected revenue.

Commercial

L.A. Care Commercial consists of LACC and PASC-SEIU. The member months are 888,328, which is 7,396 member months favorable to forecast. The performance is a surplus of $24.0 million and is $9.0 million unfavorable to forecast driven primarily by higher than expected healthcare expenses primarily in capitation.

L.A. Care HEALTH PLAN

Consolidated Operations Income Statement ($ in thousands)

April 2019

Current Actual $	Current Actual PMPM	Current Forecast $	Current Forecast PMPM	Fav<Unfav> Forecast $	Fav<Unfav> Forecast PMPM		YTD Actual $	YTD Actual PMPM	YTD Forecast $	YTD Forecast PMPM	Fav<Unfav> Forecast $	Fav<Unfav> Forecast PMPM
						Membership						
2,187,479		2,172,555		14,924		Member Months	15,340,796		15,317,360		23,436	
						Revenue						
$ 674,359	$ 308.28	$ 644,887	$ 296.83	$ 29,472	$ 11.45	Capitation	$ 4,642,819	$ 302.65	$ 4,585,074	$ 299.34	$ 57,745	$ 3.31
$ 500	$ 0.23	$ 406	$ 0.19	$ 95	$ 0.04	Pay for Performance	$ 4,108	$ 0.27	$ 2,722	$ 0.18	$ 1,386	$ 0.09
$ 674,859	**$ 308.51**	**$ 645,293**	**$ 297.02**	**$ 29,567**	**$ 11.49**	**Total Revenues**	**$ 4,646,927**	**$ 302.91**	**$ 4,587,797**	**$ 299.52**	**$ 59,130**	**$ 3.40**
						Healthcare Expenses						
$ 363,498	$ 166.17	$ 343,521	$ 158.12	$ (19,977)	$ (8.05)	Capitation	$ 2,453,648	$ 159.94	$ 2,426,920	$ 158.44	$ (26,728)	$ (1.50)
$ 86,285	$ 39.44	$ 77,159	$ 35.52	$ (9,126)	$ (3.93)	Inpatient Claims	$ 556,775	$ 36.29	$ 525,207	$ 34.29	$ (31,568)	$ (2.01)
$ 62,106	$ 28.39	$ 57,813	$ 26.61	$ (4,294)	$ (1.78)	Outpatient Claims	$ 388,945	$ 25.35	$ 384,497	$ 25.10	$ (4,449)	$ (0.25)
$ 46,129	$ 21.09	$ 50,863	$ 23.41	$ 4,734	$ 2.32	Skilled Nursing Facility	$ 342,289	$ 22.31	$ 366,117	$ 23.90	$ 23,828	$ 1.59
$ 48,832	$ 22.32	$ 54,975	$ 25.30	$ 6,143	$ 2.98	Pharmacy	$ 390,537	$ 25.46	$ 388,863	$ 25.39	$ (1,674)	$ (0.07)
$ 15,967	$ 7.30	$ 19,648	$ 9.04	$ 3,681	$ 1.74	Provider Incentives and Shared Risk	$ 43,265	$ 2.82	$ 45,183	$ 2.95	$ 1,918	$ 0.13
$ 5,240	$ 2.40	$ 5,644	$ 2.60	$ 403	$ 0.20	Medical Administrative Expenses	$ 34,544	$ 2.25	$ 35,792	$ 2.34	$ 1,248	$ 0.08
$ 628,057	**$ 287.11**	**$ 609,622**	**$ 280.60**	**$ (18,435)**	**$ (6.51)**	**Total Healthcare Expenses**	**$ 4,210,003**	**$ 274.43**	**$ 4,172,579**	**$ 272.41**	**$ (37,424)**	**$ (2.02)**
93.1%		*94.5%*		*1.4%*		*MCR(%)*	*90.6%*		*90.9%*		*0.4%*	
$ 46,803	**$ 21.40**	**$ 35,671**	**$ 16.42**	**$ 11,132**	**$ 4.98**	**Operating Margin**	**$ 436,924**	**$ 28.48**	**$ 415,218**	**$ 27.11**	**$ 21,707**	**$ 1.37**
$ 35,676	$ 16.31	$ 37,258	$ 17.15	$ 1,582	$ 0.84	**Total Operating Expenses**	$ 240,047	$ 15.65	$ 256,010	$ 16.71	$ 15,964	$ 1.07
5.3%		*5.8%*		*0.5%*		*Admin Ratio(%)*	*5.2%*		*5.6%*		*0.4%*	
$ 11,127	**$ 5.09**	**$ (1,587)**	**$ (0.73)**	**$ 12,714**	**$ 5.82**	**Income (Loss) from Operations**	**$ 196,878**	**$ 12.83**	**$ 159,207**	**$ 10.39**	**$ 37,670**	**$ 2.44**
$ (1,354)	$ (0.62)	$ (4,235)	$ (1.95)	$ 2,881	$ 1.33	Other Income/(Expense), net	$ (10,101)	$ (0.66)	$ (19,542)	$ (1.28)	$ 9,442	$ 0.62
$ 5,140	$ 2.35	$ 2,393	$ 1.10	$ 2,747	$ 1.25	Interest Income, net	$ 20,681	$ 1.35	$ 16,606	$ 1.08	$ 4,075	$ 0.26
$ (14)	$ (0.01)	$ -	$ -	$ (14)	$ (0.01)	Realized Gain / Loss	$ (191)	$ (0.01)	$ (82)	$ (0.01)	$ (109)	$ (0.01)
$ 87	$ 0.04	$ (533)	$ (0.25)	$ 620	$ 0.28	Unrealized Gain / Loss	$ 7,267	$ 0.47	$ 2,664	$ 0.17	$ 4,603	$ 0.30
$ 3,859	**$ 1.76**	**$ (2,375)**	**$ (1.09)**	**$ 6,234**	**$ 2.86**	**Total Non-Operating Income (Expense)**	**$ 17,656**	**$ 1.15**	**$ (355)**	**$ (0.02)**	**$ 18,011**	**$ 1.17**
$ 14,986	**$ 6.85**	**$ (3,962)**	**$ (1.82)**	**$ 18,948**	**$ 8.67**	**Net Surplus (Deficit)**	**$ 214,534**	**$ 13.98**	**$ 158,853**	**$ 10.37**	**$ 55,681**	**$ 3.61**
2.2%		*-0.6%*		*2.8%*		*Margin(%)*	*4.6%*		*3.5%*		*1.2%*	

L.A. Care HEALTH PLAN

MediCal Plan Partners Income Statement ($ in thousands)

April 2019

Current Actual $	Current Actual PMPM	Current Forecast $	Current Forecast PMPM	Fav<Unfav> Forecast $	Fav<Unfav> Forecast PMPM		YTD Actual $	YTD Actual PMPM	YTD Forecast $	YTD Forecast PMPM	Fav<Unfav> Forecast $	Fav<Unfav> Forecast PMPM
						Membership						
991,770		989,667		2,103		Member Months	7,005,009		7,004,468		541	
						Revenue						
$ 246,403	$ 248.45	$ 240,072	$ 242.58	$ 6,331	$ 5.87	Capitation	$ 1,697,988	$ 242.40	$ 1,685,529	$ 240.64	$ 12,459	$ 1.76
$ 246,403	**$ 248.45**	**$ 240,072**	**$ 242.58**	**$ 6,331**	**$ 5.87**	**Total Revenues**	**$ 1,697,988**	**$ 242.40**	**$ 1,685,529**	**$ 240.64**	**$ 12,459**	**$ 1.76**
						Healthcare Expenses						
$ 233,012	$ 234.95	$ 222,757	$ 225.08	$ (10,254)	$ (9.86)	Capitation	$ 1,594,065	$ 227.56	$ 1,573,460	$ 224.64	$ (20,605)	$ (2.92)
$ -	$ -	$ -	$ -	$ -	$ -	Inpatient Claims	$ 7	$ 0.00	$ (1)	$ (0.00)	$ (8)	$ (0.00)
$ (1)	$ (0.00)	$ -	$ -	$ 1	$ 0.00	Outpatient Claims	$ 535	$ 0.08	$ 140	$ 0.02	$ (395)	$ (0.06)
$ 5,730	$ 5.78	$ 10,144	$ 10.25	$ 4,413	$ 4.47	Provider Incentives and Shared Risk	$ 12,704	$ 1.81	$ 16,907	$ 2.41	$ 4,203	$ 0.60
$ 700	$ 0.71	$ 825	$ 0.83	$ 125	$ 0.13	Medical Administrative Expenses	$ 4,694	$ 0.67	$ 5,060	$ 0.72	$ 366	$ 0.05
$ 239,441	**$ 241.43**	**$ 233,726**	**$ 236.17**	**$ (5,715)**	**$ (5.26)**	**Total Healthcare Expenses**	**$ 1,612,005**	**$ 230.12**	**$ 1,595,566**	**$ 227.79**	**$ (16,440)**	**$ (2.33)**
97.2%		*97.4%*		*0.2%*		*MCR(%)*	*94.9%*		*94.7%*		*-0.3%*	
$ 6,962	**$ 7.02**	**$ 6,345**	**$ 6.41**	**$ 616**	**$ 0.61**	**Operating Margin**	**$ 85,982**	**$ 12.27**	**$ 89,964**	**$ 12.84**	**$ (3,981)**	**$ (0.57)**
$ 5,012	$ 5.05	$ 5,498	$ 5.56	$ 486	$ 0.50	**Total Operating Expenses**	$ 34,926	$ 4.99	$ 37,691	$ 5.38	$ 2,765	$ 0.40
2.0%		*2.3%*		*0.3%*		*Admin Ratio(%)*	*2.1%*		*2.2%*		*0.2%*	
$ 1,950	**$ 1.97**	**$ 848**	**$ 0.86**	**$ 1,102**	**$ 1.11**	**Income (Loss) from Operations**	**$ 51,056**	**$ 7.29**	**$ 52,273**	**$ 7.46**	**$ (1,216)**	**$ (0.17)**
$ 2,634	**$ 2.66**	**$ 773**	**$ 0.78**	**$ 1,860**	**$ 1.87**	**Total Non-Operating Income (Expense)**	**$ 12,834**	**$ 1.83**	**$ 8,520**	**$ 1.22**	**$ 4,314**	**$ 0.62**
$ 4,584	**$ 4.62**	**$ 1,621**	**$ 1.64**	**$ 2,963**	**$ 2.98**	**Net Surplus (Deficit)**	**$ 63,891**	**$ 9.12**	**$ 60,793**	**$ 8.68**	**$ 3,098**	**$ 0.44**
1.9%		*0.7%*		*1.2%*		*Margin(%)*	*3.8%*		*3.6%*		*0.2%*	

L.A. Care HEALTH PLAN

MediCal SPD-CCI Income Statement ($ in thousands)

April 2019

Current Actual $	Current Actual PMPM	Current Forecast $	Current Forecast PMPM	Fav<Unfav> Forecast $	Fav<Unfav> Forecast PMPM		YTD Actual $	YTD Actual PMPM	YTD Forecast $	YTD Forecast PMPM	Fav<Unfav> Forecast $	Fav<Unfav> Forecast PMPM
						Membership						
216,475		216,874		(399)		Member Months	1,538,731		1,536,888		1,843	
						Revenue						
$ 163,600	$ 755.74	$ 150,470	$ 693.81	$ 13,129	$ 61.93	Capitation	$ 1,124,089	$ 730.53	$ 1,106,936	$ 720.25	$ 17,152	$ 10.28
$ 163,600	**$ 755.74**	**$ 150,470**	**$ 693.81**	**$ 13,129**	**$ 61.93**	**Total Revenues**	**$ 1,124,089**	**$ 730.53**	**$ 1,106,936**	**$ 720.25**	**$ 17,152**	**$ 10.28**
						Healthcare Expenses						
$ 14,950	$ 69.06	$ 14,909	$ 68.75	$ (41)	$ (0.32)	Capitation	$ 113,370	$ 73.68	$ 111,728	$ 72.70	$ (1,643)	$ (0.98)
$ 34,839	$ 160.94	$ 29,340	$ 135.29	$ (5,498)	$ (25.65)	Inpatient Claims	$ 210,700	$ 136.93	$ 196,258	$ 127.70	$ (14,441)	$ (9.23)
$ 30,892	$ 142.70	$ 30,209	$ 139.29	$ (682)	$ (3.41)	Outpatient Claims	$ 206,011	$ 133.88	$ 204,211	$ 132.87	$ (1,799)	$ (1.01)
$ 42,076	$ 194.37	$ 45,048	$ 207.72	$ 2,973	$ 13.35	Skilled Nursing Facility	$ 308,853	$ 200.72	$ 329,590	$ 214.45	$ 20,738	$ 13.73
$ 15,614	$ 72.13	$ 17,693	$ 81.58	$ 2,079	$ 9.45	Pharmacy	$ 118,816	$ 77.22	$ 121,668	$ 79.17	$ 2,852	$ 1.95
$ 1,360	$ 6.28	$ (132)	$ (0.61)	$ (1,492)	$ (6.89)	Provider Incentives and Shared Risk	$ 3,188	$ 2.07	$ 1,549	$ 1.01	$ (1,639)	$ (1.06)
$ 1,632	$ 7.54	$ 1,865	$ 8.60	$ 233	$ 1.06	Medical Administrative Expenses	$ 10,933	$ 7.10	$ 11,302	$ 7.35	$ 369	$ 0.25
$ 141,363	**$ 653.02**	**$ 138,933**	**$ 640.61**	**$ (2,430)**	**$ (12.41)**	**Total Healthcare Expenses**	**$ 971,870**	**$ 631.60**	**$ 976,307**	**$ 635.25**	**$ 4,437**	**$ 3.64**
86.4%		*92.3%*		*5.9%*		*MCR(%)*	*86.5%*		*88.2%*		*1.7%*	
$ 22,237	**$ 102.72**	**$ 11,538**	**$ 53.20**	**$ 10,699**	**$ 49.52**	**Operating Margin**	**$ 152,219**	**$ 98.92**	**$ 130,630**	**$ 85.00**	**$ 21,589**	**$ 13.93**
$ 11,028	$ 50.94	$ 13,117	$ 60.48	$ 2,089	$ 9.54	**Total Operating Expenses**	$ 79,281	$ 51.52	$ 88,983	$ 57.90	$ 9,702	$ 6.37
6.7%		*8.7%*		*2.0%*		*Admin Ratio(%)*	*7.1%*		*8.0%*		*1.0%*	
$ 11,209	**$ 51.78**	**$ (1,579)**	**$ (7.28)**	**$ 12,788**	**$ 59.06**	**Income (Loss) from Operations**	**$ 72,938**	**$ 47.40**	**$ 41,647**	**$ 27.10**	**$ 31,291**	**$ 20.30**
$ 1,635	**$ 7.55**	**$ 553**	**$ 2.55**	**$ 1,081**	**$ 5.00**	**Total Non-Operating Income (Expense)**	**$ 7,824**	**$ 5.08**	**$ 5,458**	**$ 3.55**	**$ 2,366**	**$ 1.53**
$ 12,844	**$ 59.33**	**$ (1,026)**	**$ (4.73)**	**$ 13,870**	**$ 64.06**	**Net Surplus (Deficit)**	**$ 80,762**	**$ 52.49**	**$ 47,105**	**$ 30.65**	**$ 33,657**	**$ 21.84**
7.9%		*-0.7%*		*8.5%*		*Margin(%)*	*7.2%*		*4.3%*		*2.9%*	

MediCal TANF-MCE Income Statement ($ in thousands)

April 2019

Current Actual $	Current Actual PMPM	Current Forecast $	Current Forecast PMPM	Fav<Unfav> Forecast $	Fav<Unfav> Forecast PMPM		YTD Actual $	YTD Actual PMPM	YTD Forecast $	YTD Forecast PMPM	Fav<Unfav> Forecast $	Fav<Unfav> Forecast PMPM
						Membership						
830,054		818,442		11,612		Member Months	5,794,151		5,779,837		14,314	
						Revenue						
$ 201,040	$ 242.20	$ 188,052	$ 229.77	$ 12,988	$ 12.43	Capitation	$ 1,369,875	$ 236.42	$ 1,345,447	$ 232.78	$ 24,428	$ 3.64
$ 201,040	**$ 242.20**	**$ 188,052**	**$ 229.77**	**$ 12,988**	**$ 12.43**	**Total Revenues**	**$ 1,369,875**	**$ 236.42**	**$ 1,345,447**	**$ 232.78**	**$ 24,428**	**$ 3.64**
						Healthcare Expenses						
$ 72,549	$ 87.40	$ 74,176	$ 90.63	$ 1,627	$ 3.23	Capitation	$ 517,846	$ 89.37	$ 525,455	$ 90.91	$ 7,609	$ 1.54
$ 41,306	$ 49.76	$ 39,193	$ 47.89	$ (2,113)	$ (1.88)	Inpatient Claims	$ 284,899	$ 49.17	$ 271,315	$ 46.94	$ (13,583)	$ (2.23)
$ 29,359	$ 35.37	$ 23,662	$ 28.91	$ (5,697)	$ (6.46)	Outpatient Claims	$ 160,541	$ 27.71	$ 155,456	$ 26.90	$ (5,085)	$ (0.81)
$ 2,300	$ 2.77	$ 4,313	$ 5.27	$ 2,013	$ 2.50	Skilled Nursing Facility	$ 22,031	$ 3.80	$ 25,725	$ 4.45	$ 3,694	$ 0.65
$ 29,715	$ 35.80	$ 30,272	$ 36.99	$ 556	$ 1.19	Pharmacy	$ 228,333	$ 39.41	$ 220,809	$ 38.20	$ (7,524)	$ (1.20)
$ 6,134	$ 7.39	$ 6,573	$ 8.03	$ 438	$ 0.64	Provider Incentives and Shared Risk	$ 15,829	$ 2.73	$ 13,322	$ 2.30	$ (2,507)	$ (0.43)
$ 2,282	$ 2.75	$ 2,499	$ 3.05	$ 217	$ 0.30	Medical Administrative Expenses	$ 15,105	$ 2.61	$ 15,855	$ 2.74	$ 750	$ 0.14
$ 183,645	**$ 221.24**	**$ 180,687**	**$ 220.77**	**$ (2,958)**	**$ (0.47)**	**Total Healthcare Expenses**	**$ 1,244,585**	**$ 214.80**	**$ 1,227,938**	**$ 212.45**	**$ (16,647)**	**$ (2.35)**
91.3%		*96.1%*		*4.7%*		*MCR(%)*	*90.9%*		*91.3%*		*0.4%*	
$ 17,395	**$ 20.96**	**$ 7,365**	**$ 9.00**	**$ 10,030**	**$ 11.96**	**Operating Margin**	**$ 125,291**	**$ 21.62**	**$ 117,509**	**$ 20.33**	**$ 7,782**	**$ 1.29**
$ 13,147	$ 15.84	$ 12,961	$ 15.84	$ (186)	$ (0.00)	**Total Operating Expenses**	$ 82,340	$ 14.21	$ 85,197	$ 14.74	$ 2,857	$ 0.53
6.5%		*6.9%*		*0.4%*		*Admin Ratio(%)*	*6.0%*		*6.3%*		*0.3%*	
$ 4,247	**$ 5.12**	**$ (5,597)**	**$ (6.84)**	**$ 9,844**	**$ 11.96**	**Income (Loss) from Operations**	**$ 42,950**	**$ 7.41**	**$ 32,312**	**$ 5.59**	**$ 10,639**	**$ 1.82**
$ 1,679	**$ 2.02**	**$ 533**	**$ 0.65**	**$ 1,146**	**$ 1.37**	**Total Non-Operating Income (Expense)**	**$ 8,004**	**$ 1.38**	**$ 5,434**	**$ 0.94**	**$ 2,570**	**$ 0.44**
$ 5,926	**$ 7.14**	**$ (5,064)**	**$ (6.19)**	**$ 10,990**	**$ 13.33**	**Net Surplus (Deficit)**	**$ 50,954**	**$ 8.79**	**$ 37,745**	**$ 6.53**	**$ 13,209**	**$ 2.26**
2.9%		*-2.7%*		*5.6%*		*Margin(%)*	*3.7%*		*2.8%*		*0.9%*	

L.A. Care HEALTH PLAN

CMC Income Statement ($ in thousands)

April 2019

Current Actual $	Current Actual PMPM	Current Forecast $	Current Forecast PMPM	Fav<Unfav> Forecast $	Fav<Unfav> Forecast PMPM		YTD Actual $	YTD Actual PMPM	YTD Forecast $	YTD Forecast PMPM	Fav<Unfav> Forecast $	Fav<Unfav> Forecast PMPM
						Membership						
16,305		16,763		(458)		Member Months	114,577		115,235		(658)	
						Revenue						
$ 22,491	$ 1,379.39	$ 20,408	$ 1,217.43	$ 2,083	$ 161.97	Capitation	$ 144,813	$ 1,263.90	$ 140,636	$ 1,220.42	$ 4,178	$ 43.47
$ 22,491	**$ 1,379.39**	**$ 20,408**	**$ 1,217.43**	**$ 2,083**	**$ 161.97**	**Total Revenues**	**$ 144,813**	**$ 1,263.90**	**$ 140,636**	**$ 1,220.42**	**$ 4,178**	**$ 43.47**
						Healthcare Expenses						
$ 10,048	$ 616.27	$ 9,495	$ 566.44	$ (553)	$ (49.83)	Capitation	$ 67,072	$ 585.39	$ 65,363	$ 567.22	$ (1,709)	$ (18.18)
$ 3,526	$ 216.25	$ 4,280	$ 255.33	$ 754	$ 39.07	Inpatient Claims	$ 26,872	$ 234.54	$ 27,058	$ 234.81	$ 185	$ 0.27
$ 1,288	$ 79.02	$ 1,812	$ 108.08	$ 523	$ 29.06	Outpatient Claims	$ 10,054	$ 87.75	$ 11,056	$ 95.95	$ 1,003	$ 8.20
$ 1,646	$ 100.96	$ 1,502	$ 89.58	$ (145)	$ (11.38)	Skilled Nursing Facility	$ 10,875	$ 94.91	$ 10,509	$ 91.20	$ (365)	$ (3.71)
$ (1,703)	$ (104.47)	$ 1,299	$ 77.51	$ 3,003	$ 181.98	Pharmacy	$ 8,909	$ 77.76	$ 9,603	$ 83.34	$ 694	$ 5.58
$ 1,312	$ 80.44	$ 537	$ 32.01	$ (775)	$ (48.44)	Provider Incentives and Shared Risk	$ 5,686	$ 49.63	$ 4,269	$ 37.05	$ (1,417)	$ (12.58)
$ 501	$ 30.71	$ 436	$ 25.99	$ (65)	$ (4.72)	Medical Administrative Expenses	$ 2,594	$ 22.64	$ 2,702	$ 23.45	$ 108	$ 0.80
$ 16,618	**$ 1,019.18**	**$ 19,360**	**$ 1,154.92**	**$ 2,742**	**$ 135.74**	**Total Healthcare Expenses**	**$ 132,063**	**$ 1,152.61**	**$ 130,561**	**$ 1,133.00**	**$ (1,502)**	**$ (19.62)**
73.9%		*94.9%*		*21.0%*		*MCR(%)*	*91.2%*		*92.8%*		*1.6%*	
$ 5,873	**$ 360.22**	**$ 1,048**	**$ 62.51**	**$ 4,825**	**$ 297.71**	**Operating Margin**	**$ 12,750**	**$ 111.28**	**$ 10,075**	**$ 87.43**	**$ 2,676**	**$ 23.86**
$ 1,574	$ 96.52	$ 1,517	$ 90.52	$ (56)	$ (6.00)	**Total Operating Expenses**	$ 9,808	$ 85.60	$ 11,074	$ 96.10	$ 1,267	$ 10.50
7.0%		*7.4%*		*0.4%*		*Admin Ratio(%)*	*6.8%*		*7.9%*		*1.1%*	
$ 4,300	**$ 263.70**	**$ (469)**	**$ (28.01)**	**$ 4,769**	**$ 291.70**	**Income (Loss) from Operations**	**$ 2,943**	**$ 25.68**	**$ (1,000)**	**$ (8.68)**	**$ 3,942**	**$ 34.36**
$ 32	**$ 1.94**	**$ (4)**	**$ (0.22)**	**$ 35**	**$ 2.16**	**Total Non-Operating Income (Expense)**	**$ 176**	**$ 1.54**	**$ 78**	**$ 0.68**	**$ 98**	**$ 0.86**
$ 4,331	**$ 265.64**	**$ (473)**	**$ (28.22)**	**$ 4,804**	**$ 293.86**	**Net Surplus (Deficit)**	**$ 3,119**	**$ 27.22**	**$ (921)**	**$ (8.00)**	**$ 4,040**	**$ 35.22**
19.3%		*-2.3%*		*21.6%*		*Margin(%)*	*2.2%*		*-0.7%*		*2.8%*	

L.A. Care HEALTH PLAN

Commercial Income Statement ($ in thousands)

April 2019

Current Actual $	Current Actual PMPM	Current Forecast $	Current Forecast PMPM	Fav<Unfav> Forecast $	Fav<Unfav> Forecast PMPM		YTD Actual $	YTD Actual PMPM	YTD Forecast $	YTD Forecast PMPM	Fav<Unfav> Forecast $	Fav<Unfav> Forecast PMPM
						Membership						
132,875		130,808		2,067		Member Months	888,328		880,932		7,396	
						Revenue						
$ 40,826	$ 307.25	$ 45,886	$ 350.79	$ (5,060)	$ (43.54)	Capitation	$ 306,054	$ 344.53	$ 306,526	$ 347.96	$ (472)	$ (3.43)
$ 40,826	**$ 307.25**	**$ 45,886**	**$ 350.79**	**$ (5,060)**	**$ (43.54)**	**Total Revenues**	**$ 306,054**	**$ 344.53**	**$ 306,526**	**$ 347.96**	**$ (472)**	**$ (3.43)**
						Healthcare Expenses						
$ 32,939	$ 247.89	$ 22,183	$ 169.58	$ (10,756)	$ (78.31)	Capitation	$ 161,294	$ 181.57	$ 150,914	$ 171.31	$ (10,379)	$ (10.26)
$ 6,615	$ 49.78	$ 4,346	$ 33.22	$ (2,269)	$ (16.56)	Inpatient Claims	$ 34,297	$ 38.61	$ 30,577	$ 34.71	$ (3,721)	$ (3.90)
$ 568	$ 4.28	$ 2,130	$ 16.28	$ 1,562	$ 12.01	Outpatient Claims	$ 11,805	$ 13.29	$ 13,633	$ 15.48	$ 1,828	$ 2.19
$ 107	$ 0.81	$ -	$ -	$ (107)	$ (0.81)	Skilled Nursing Facility	$ 530	$ 0.60	$ 292	$ 0.33	$ (238)	$ (0.27)
$ 5,206	$ 39.18	$ 5,712	$ 43.66	$ 506	$ 4.48	Pharmacy	$ 34,479	$ 38.81	$ 36,783	$ 41.75	$ 2,304	$ 2.94
$ 1,430	$ 10.76	$ 2,527	$ 19.32	$ 1,097	$ 8.56	Provider Incentives and Shared Risk	$ 5,858	$ 6.59	$ 9,136	$ 10.37	$ 3,278	$ 3.78
$ 125	$ 0.94	$ 19	$ 0.14	$ (106)	$ (0.80)	Medical Administrative Expenses	$ 1,217	$ 1.37	$ 873	$ 0.99	$ (344)	$ (0.38)
$ 46,990	**$ 353.64**	**$ 36,916**	**$ 282.22**	**$ (10,074)**	**$ (71.43)**	**Total Healthcare Expenses**	**$ 249,480**	**$ 280.84**	**$ 242,208**	**$ 274.95**	**$ (7,272)**	**$ (5.90)**
115.1%		*80.5%*		*-34.6%*		*MCR(%)*	*81.5%*		*79.0%*		*-2.5%*	
$ (6,165)	**$ (46.39)**	**$ 8,970**	**$ 68.57**	**$ (15,134)**	**$ (114.97)**	**Operating Margin**	**$ 56,574**	**$ 63.69**	**$ 64,318**	**$ 73.01**	**$ (7,744)**	**$ (9.33)**
$ 3,971	$ 29.89	$ 3,352	$ 25.63	$ (619)	$ (4.26)	**Total Operating Expenses**	$ 28,463	$ 32.04	$ 27,201	$ 30.88	$ (1,263)	$ (1.16)
9.7%		*7.3%*		*-2.4%*		*Admin Ratio(%)*	*9.3%*		*8.9%*		*-0.4%*	
$ (10,136)	**$ (76.28)**	**$ 5,617**	**$ 42.94**	**$ (15,753)**	**$ (119.22)**	**Income (Loss) from Operations**	**$ 28,111**	**$ 31.64**	**$ 37,118**	**$ 42.13**	**$ (9,007)**	**$ (10.49)**
$ (577)	**$ (4.34)**	**$ (575)**	**$ (4.40)**	**$ (1)**	**$ 0.06**	**Total Non-Operating Income (Expense)**	**$ (4,069)**	**$ (4.58)**	**$ (4,064)**	**$ (4.61)**	**$ (4)**	**$ 0.03**
$ (10,712)	**$ (80.62)**	**$ 5,042**	**$ 38.55**	**$ (15,755)**	**$ (119.17)**	**Net Surplus (Deficit)**	**$ 24,042**	**$ 27.06**	**$ 33,053**	**$ 37.52**	**$ (9,011)**	**$ (10.46)**
-26.2%		*11.0%*		*-37.2%*		*Margin(%)*	*7.9%*		*10.8%*		*-2.9%*	

L.A. Care HEALTH PLAN

Comparative Balance Sheet

April 2019

(Dollars in thousands)	Apr-18	Jul-18	Oct-18	Jan-19	Feb-19	Mar-19	Apr-19
ASSETS							
CURRENT ASSETS							
Total Current Assets	5,187,126	4,362,384	4,177,030	3,809,146	4,055,003	4,745,141	4,607,521
Capitalized Assets - net	97,451	103,174	108,166	109,126	108,229	110,451	110,181
NON-CURRENT ASSETS	1,593	1,939	2,463	2,861	2,701	2,578	2,468
TOTAL ASSETS	**$5,286,169**	**$4,467,497**	**$4,287,658**	**$3,921,133**	**$4,165,933**	**$4,858,170**	**$4,720,171**
LIABILITIES AND FUND EQUITY							
CURRENT LIABILITIES							
Total Current Liability	4,488,183	3,700,044	3,453,164	2,992,769	3,174,780	3,838,394	3,685,387
Long Term Liability	3,108	2,995	2,794	2,647	2,710	2,742	2,764
Total Liabilities	**$4,491,291**	**$3,703,039**	**$3,455,957**	**$2,995,416**	**$3,177,491**	**$3,841,136**	**$3,688,151**
FUND EQUITY							
Invested in Capital Assets, net of related debt	97,451	103,174	108,166	109,126	108,229	110,451	110,181
Restricted Equity	300	300	300	300	300	300	300
Minimum Tangible Net Equity	194,132	185,557	169,383	163,320	161,904	161,811	160,510
Board Designated Funds	34,106	40,107	66,992	63,720	63,720	73,720	72,595
Unrestricted Net Assets	468,890	435,319	486,860	589,250	654,289	670,753	688,434
Total Fund Equity	**$794,879**	**$764,458**	**$831,701**	**$925,717**	**$988,442**	**$1,017,034**	**$1,032,020**
TOTAL LIABILITIES AND FUND EQUITY	**$5,286,169**	**$4,467,497**	**$4,287,658**	**$3,921,133**	**$4,165,933**	**$4,858,170**	**$4,720,171**
Solvency Ratios							
Working Capital Ratio	1.16	1.18	1.21	1.27	1.28	1.24	1.25
Cash to Claims Ratio	0.76	0.32	0.57	0.48	0.52	0.85	0.77
Tangible Net Equity Ratio	4.09	4.12	4.91	5.67	6.11	6.29	6.43

L.A. Care HEALTH PLAN

Cash Flows Statement ($ in thousands)

April 2019

	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	YTD
Cash Flows from Operating Activities:								
Capitation Revenue	$ 638,407	$ 406,972	$ 596,708	$ 713,150	$ 745,293	$ 926,643	$ 562,020	$ 4,589,193
Other Income (Expense), net	$ 3,682	$ (90)	$ 241	$ 1,254	$ 2,286	$ 3,149	$ 4,228	$ 14,750
Healthcare Expenses	$ (566,253)	$ (640,460)	$ (462,734)	$ (615,151)	$ (508,155)	$ (547,646)	$ (518,545)	$ (3,858,944)
Operating Expenses	$ (32,471)	$ (41,276)	$ (38,812)	$ (29,411)	$ (30,246)	$ (29,377)	$ (31,819)	$ (233,412)
Net Cash Provided By Operating Activities	**$ 43,365**	**$ (274,854)**	**$ 95,403**	**$ 69,842**	**$ 209,178**	**$ 352,769**	**$ 15,884**	**$ 511,587**
Cash Flows from Investing Activities								
Purchase of investments - Net	$ 149,067	$ (179,656)	$ 52,077	$ 13,073	$ 26,570	$ 66,471	$ (3,779)	$ 123,823
Purchase of Capital Assets	$ (4,355)	$ (1,591)	$ (1,984)	$ (2,892)	$ (1,319)	$ (4,347)	$ (1,855)	$ (18,343)
Net Cash Provided By Investing Activities	**$ 144,712**	**$ (181,247)**	**$ 50,093**	**$ 10,181**	**$ 25,251**	**$ 62,124**	**$ (5,634)**	**$ 105,480**
Cash Flows from Financing Activities:								
Gross Premium Tax (MCO Sales Tax) - Net	$ (26,802)	$ 11,908	$ 11,770	$ (26,959)	$ 11,719	$ 11,998	$ (26,337)	$ (32,703)
Pass through transactions (AB 85, IGT, etc.)	$ -	$ -	$ -	$ -	$ (92)	$ 587,558	$ (190,372)	$ 397,094
Net Cash Provided By Financing Activities	**$ (26,802)**	**$ 11,908**	**$ 11,770**	**$ (26,959)**	**$ 11,627**	**$ 599,556**	**$ (216,709)**	**$ 364,391**
Net Increase in Cash and Cash Equivalents	**$ 161,275**	**$ (444,193)**	**$ 157,266**	**$ 53,064**	**$ 246,055**	**$ 1,014,449**	**$ (206,459)**	**$ 981,457**
Cash and Cash Equivalents, Beginning	$ 598,403	$ 759,678	$ 315,485	$ 472,751	$ 525,815	$ 771,870	$ 1,786,319	$ 598,403
Cash and Cash Equivalents, Ending	**$ 759,678**	**$ 315,485**	**$ 472,751**	**$ 525,815**	**$ 771,870**	**$ 1,786,319**	**$ 1,579,860**	**$ 1,579,860**
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**	**$ 28,592**	**$ 14,986**	**$ 214,534**
Adjustments to Excess of Revenues Over Expenses:								
Depreciation	$ 1,789	$ 1,494	$ 2,191	$ 1,822	$ 2,216	$ 2,124	$ 2,125	$ 13,761
Realized and Unrealized (Gain)/Loss on Investments	$ 639	$ 7	$ (2,567)	$ (2,259)	$ (334)	$ (2,489)	$ (73)	$ (7,076)
Deferred Rent	$ (62)	$ (71)	$ 45	$ (120)	$ 63	$ 32	$ 22	$ (91)
Gross Premium Tax provision	$ 263	$ 768	$ 577	$ 419	$ 577	$ 576	$ (187)	$ 2,993
Total Adjustments to Excess of Revenues over Expenses	**$ 2,629**	**$ 2,198**	**$ 246**	**$ (138)**	**$ 2,522**	**$ 243**	**$ 1,887**	**$ 9,587**
Changes in Operating Assets and Liabilities:								
Capitation Receivable	$ 1,122	$ (12,349)	$ (39,884)	$ 77,849	$ (13,645)	$ 275,361	$ (117,451)	$ 171,003
Interest and Non-Operating Receivables	$ 1,325	$ (406)	$ (1,068)	$ (1,062)	$ 91	$ (460)	$ 35	$ (1,545)
Prepaid and Other Current Assets	$ (3,196)	$ (2,402)	$ 99,860	$ (14,521)	$ (10,600)	$ (9,817)	$ 48,455	$ 107,779
Accounts Payable and Accrued Liabilities	$ 3,602	$ (5,923)	$ (7,631)	$ 7,420	$ 1,022	$ (7,273)	$ 2,524	$ (6,259)
Subcapitation Payable	$ 23,118	$ (39,060)	$ 30,434	$ (38,957)	$ 121,337	$ 22,025	$ 55,261	$ 174,158
MediCal Adult Expansion Payable	$ (5,829)	$ (244,519)	$ (18,702)	$ (4,221)	$ 70,388	$ 10,133	$ 3,623	$ (189,127)
Deferred Capitation Revenue	$ 1,894	$ 13,256	$ (17,419)	$ (1,761)	$ (896)	$ 1,398	$ 5,111	$ 1,583
Accrued Medical Expenses	$ 7,611	$ 441	$ 4,411	$ 2,455	$ (1,667)	$ 5,006	$ 3,783	$ 22,040
Reserve for Claims	$ 1,236	$ 24,664	$ 18,110	$ (6,994)	$ (20,490)	$ 27,161	$ (15,479)	$ 28,208
Reserve for Provider Incentives	$ (4,177)	$ (10,567)	$ (17,643)	$ (46)	$ (10)	$ 400	$ 13,055	$ (18,988)
Grants Payable	$ (185)	$ 615	$ (223)	$ (88)	$ (1,599)	$ -	$ 94	$ (1,386)
Net Changes in Operating Assets and Liabilities	**$ 26,521**	**$ (276,250)**	**$ 50,245**	**$ 20,074**	**$ 143,931**	**$ 323,934**	**$ (989)**	**$ 287,466**
Net Cash Provided By Operating Activities	**$ 43,365**	**$ (274,854)**	**$ 95,403**	**$ 69,842**	**$ 209,178**	**$ 352,769**	**$ 15,884**	**$ 511,587**

DATE: May 28, 2019

TO: Finance & Budget Committee

FROM: Marie Montgomery, *Chief Financial Officer*

SUBJECT: Monthly Investment Transaction Report for April 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 April 1 to April 30, 2019.

L.A. Care's investment market value as of April 30, 2019 was $2.2 billion. This includes our funds invested with the government pooled funds. L.A. Care has approximately $61 million invested with the statewide Local Agency Investment Fund (LAIF), and approximately $104 million invested with the Los Angeles County Pooled Investment Fund (LACPIF).

The remainder as of April 30, 2019, $2.0 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.

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

04/01/2019
through 04/30/2019

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*
04/01/19	04/02/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/28/19 Cpn 912796VD8	(49,815,627.78)		0.00	0.00	(49,815,627.78)
04/01/19	04/02/19	Buy	30,000,000.000	U.S. TREASURY BILL MAT 05/28/19 Cpn 912796VD8	(29,889,376.67)		0.00	0.00	(29,889,376.67)
04/03/19	04/04/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/18/19 Cpn 912796RH4	(49,954,480.56)		0.00	0.00	(49,954,480.56)
04/03/19	04/04/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/18/19 Cpn 912796RH4	(49,954,480.56)		0.00	0.00	(49,954,480.56)
04/03/19	04/04/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/18/19 Cpn 912796RH4	(49,954,480.56)		0.00	0.00	(49,954,480.56)
04/03/19	04/04/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/18/19 Cpn 912796RH4	(49,954,480.56)		0.00	0.00	(49,954,480.56)
04/03/19	04/04/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/18/19 Cpn 912796RH4	(49,954,480.56)		0.00	0.00	(49,954,480.56)
04/03/19	04/04/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/18/19 Cpn 912796RH4	(49,954,480.56)		0.00	0.00	(49,954,480.56)
04/03/19	04/04/19	Buy	2,050,000.000	JPMORGAN SECURITIES CP MAT 07/08/19 Cpn 46640QU82	(2,036,205.21)		0.00	0.00	(2,036,205.21)
04/04/19	04/04/19	Buy	4,900,000.000	WISCONSIN GAS CP MAT 04/11/19 Cpn 97670SRB1	(4,897,579.94)		0.00	0.00	(4,897,579.94)
04/08/19	04/09/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/07/19 Cpn 912796VA4	(49,907,152.78)		0.00	0.00	(49,907,152.78)
04/08/19	04/09/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/07/19 Cpn 912796VA4	(49,907,152.78)		0.00	0.00	(49,907,152.78)
04/08/19	04/09/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/07/19 Cpn 912796VA4	(49,907,152.78)		0.00	0.00	(49,907,152.78)

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

04/01/2019
through 04/30/2019

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
04/08/19	04/09/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/07/19 Cpn	912796VA4	(49,907,152.78)		0.00	0.00	(49,907,152.78)
04/08/19	04/09/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/07/19 Cpn	912796VA4	(49,907,152.78)		0.00	0.00	(49,907,152.78)
04/08/19	04/09/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/07/19 Cpn	912796VA4	(49,907,152.78)		0.00	0.00	(49,907,152.78)
04/10/19	04/11/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/25/19 Cpn	912796QC6	(49,954,402.78)		0.00	0.00	(49,954,402.78)
04/10/19	04/11/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/25/19 Cpn	912796QC6	(49,954,402.78)		0.00	0.00	(49,954,402.78)
04/10/19	04/11/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/25/19 Cpn	912796QC6	(49,954,402.78)		0.00	0.00	(49,954,402.78)
04/10/19	04/11/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/25/19 Cpn	912796QC6	(49,954,402.78)		0.00	0.00	(49,954,402.78)
04/10/19	04/11/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/25/19 Cpn	912796QC6	(49,954,402.78)		0.00	0.00	(49,954,402.78)
04/10/19	04/11/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/25/19 Cpn	912796QC6	(49,954,402.78)		0.00	0.00	(49,954,402.78)
04/10/19	04/11/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/25/19 Cpn	912796QC6	(49,954,402.78)		0.00	0.00	(49,954,402.78)
04/10/19	04/11/19	Buy	25,000,000.000	U.S. TREASURY BILL MAT 04/25/19 Cpn	912796QC6	(24,977,201.39)		0.00	0.00	(24,977,201.39)
04/10/19	04/11/19	Buy	30,000,000.000	U.S. TREASURY BILL MAT 05/09/19 Cpn	912796RP6	(29,945,166.67)		0.00	0.00	(29,945,166.67)
04/10/19	04/11/19	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/22/19 Cpn	313384ER6	(49,964,708.33)		0.00	0.00	(49,964,708.33)

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

04/01/2019
through 04/30/2019

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*
04/10/19	04/11/19	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/22/19 Cpn	313384ER6	(49,964,708.33)		0.00	0.00	(49,964,708.33)
04/10/19	04/11/19	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/22/19 Cpn	313384ER6	(49,964,708.33)		0.00	0.00	(49,964,708.33)
04/10/19	04/11/19	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/22/19 Cpn	313384ER6	(49,964,708.33)		0.00	0.00	(49,964,708.33)
04/10/19	04/11/19	Buy	20,000,000.000	FHLB DISCOUNT NOTE MAT 04/22/19 Cpn	313384ER6	(19,985,883.33)		0.00	0.00	(19,985,883.33)
04/10/19	04/11/19	Buy	3,300,000.000	KAISER FOUNDATION CP MAT 06/05/19 Cpn	48306BT54	(3,287,295.00)		0.00	0.00	(3,287,295.00)
04/11/19	04/11/19	Buy	3,400,000.000	YALE UNIVERSITY CP-TXBL MAT 07/10/19 Cpn	98459SUA4	(3,378,325.00)		0.00	0.00	(3,378,325.00)
04/11/19	04/12/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/07/19 Cpn	912796VA4	(49,918,003.47)		0.00	0.00	(49,918,003.47)
04/11/19	04/12/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/07/19 Cpn	912796VA4	(49,918,003.47)		0.00	0.00	(49,918,003.47)
04/11/19	04/12/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/07/19 Cpn	912796VA4	(49,918,003.47)		0.00	0.00	(49,918,003.47)
04/11/19	04/12/19	Buy	30,000,000.000	U.S. TREASURY BILL MAT 05/07/19 Cpn	912796VA4	(29,950,802.08)		0.00	0.00	(29,950,802.08)
04/12/19	04/12/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/14/19 Cpn	912796VB2	(49,896,444.44)		0.00	0.00	(49,896,444.44)
04/12/19	04/12/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/14/19 Cpn	912796VB2	(49,896,444.44)		0.00	0.00	(49,896,444.44)
04/12/19	04/12/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/14/19 Cpn	912796VB2	(49,896,444.44)		0.00	0.00	(49,896,444.44)

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

04/01/2019
through 04/30/2019

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
04/12/19	04/12/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/14/19 Cpn	912796VB2	(49,896,444.44)		0.00	0.00	(49,896,444.44)
04/12/19	04/12/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/14/19 Cpn	912796VB2	(49,896,444.44)		0.00	0.00	(49,896,444.44)
04/12/19	04/12/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/14/19 Cpn	912796VB2	(49,896,444.44)		0.00	0.00	(49,896,444.44)
04/12/19	04/12/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/14/19 Cpn	912796VB2	(49,896,444.44)		0.00	0.00	(49,896,444.44)
04/12/19	04/12/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/14/19 Cpn	912796VB2	(49,896,444.44)		0.00	0.00	(49,896,444.44)
04/12/19	04/12/19	Buy	30,000,000.000	U.S. TREASURY BILL MAT 05/14/19 Cpn	912796VB2	(29,937,866.67)		0.00	0.00	(29,937,866.67)
04/11/19	04/12/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/09/19 Cpn	912796RP6	(49,912,700.00)		0.00	0.00	(49,912,700.00)
04/11/19	04/12/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/09/19 Cpn	912796RP6	(49,912,700.00)		0.00	0.00	(49,912,700.00)
04/11/19	04/12/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/09/19 Cpn	912796RP6	(49,912,700.00)		0.00	0.00	(49,912,700.00)
04/11/19	04/12/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/09/19 Cpn	912796RP6	(49,912,700.00)		0.00	0.00	(49,912,700.00)
04/11/19	04/12/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/09/19 Cpn	912796RP6	(49,912,700.00)		0.00	0.00	(49,912,700.00)
04/11/19	04/12/19	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/09/19 Cpn	912796RP6	(49,912,700.00)		0.00	0.00	(49,912,700.00)
04/11/19	04/12/19	Buy	20,000,000.000	U.S. TREASURY BILL MAT 05/09/19 Cpn	912796RP6	(19,965,080.00)		0.00	0.00	(19,965,080.00)

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

04/01/2019
through 04/30/2019

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*
04/09/19	04/15/19	Buy	790,000.000	NISSAN 2019-A A1 LEASE MAT 04/15/20 Cpn 2.60 65479PAA7	(790,000.00)		0.00	0.00	(790,000.00)
04/16/19	04/16/19	Buy	25,000,000.000	U.S. TREASURY BILL MAT 05/23/19 Cpn 912796QH5	(24,939,309.72)		0.00	0.00	(24,939,309.72)
04/16/19	04/16/19	Buy	25,000,000.000	U.S. TREASURY BILL MAT 05/30/19 Cpn 912796RR2	(24,928,118.06)		0.00	0.00	(24,928,118.06)
04/25/19	04/25/19	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/29/19 Cpn 313384EY1	(49,987,055.56)		0.00	0.00	(49,987,055.56)
04/25/19	04/25/19	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/29/19 Cpn 313384EY1	(49,987,055.56)		0.00	0.00	(49,987,055.56)
04/25/19	04/25/19	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/29/19 Cpn 313384EY1	(49,987,055.56)		0.00	0.00	(49,987,055.56)
04/25/19	04/25/19	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 05/01/19 Cpn 313384FA2	(49,980,583.33)		0.00	0.00	(49,980,583.33)
04/25/19	04/25/19	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 05/01/19 Cpn 313384FA2	(49,980,583.33)		0.00	0.00	(49,980,583.33)
04/25/19	04/25/19	Buy	4,000,000.000	CA LOS ANGELES MTA CP TXB MAT 07/09/19 Cpn 2.54 54531HAA5	(4,000,000.00)		0.00	0.00	(4,000,000.00)
04/30/19	04/30/19	Buy	4,000,000.000	CA STATE GO/ULT CP TXB MAT 07/23/19 Cpn 2.70 13068BEC7	(4,000,000.00)		0.00	0.00	(4,000,000.00)
04/30/19	04/30/19	Buy	15,000,000.000	FHLB DISCOUNT NOTE MAT 05/01/19 Cpn 313384FA2	(14,999,020.83)		0.00	0.00	(14,999,020.83)

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

04/01/2019
through 04/30/2019

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
Fixed Income - cont.									
04/30/19	05/08/19	Buy	1,670,000.000	FIFTH THIRD 2019-1 A1 CAR MAT 05/15/20 Cpn 2.58 31680YAA5	(1,670,000.00)		0.00	0.00	(1,670,000.00)
			2,574,110,000.000		(2,570,426,410.44)		0.00	0.00	(2,570,426,410.44)
04/01/19	04/01/19	Coupon		CA STATE GO/ULT TXB MAT 10/01/19 Cpn 2.25 13063DDD7		28,125.00	0.00	0.00	28,125.00
04/01/19	04/01/19	Coupon		HI STATE GO/ULT TXB MAT 04/01/19 Cpn 2.55 419792YM2		3,230.00	0.00	0.00	3,230.00
04/01/19	04/01/19	Coupon		CA SAN MARCOS REDEV AGY TAB MAT 10/01/19 Cpn 2.00 79876CBP2		25,900.00	0.00	0.00	25,900.00
04/04/19	04/04/19	Coupon		NGN 2010-R3 2A 1MOFRN NCUA G MAT 12/08/20 Cpn 3.04 62888WAB2		6,230.64	0.00	0.00	6,230.64
04/04/19	04/04/19	Coupon		NGN 2011-R1 1A 1MOFRN NCUA G MAT 01/08/20 Cpn 2.93 62888YAA0		3,154.73	0.00	0.00	3,154.73
04/01/19	04/15/19	Coupon		FHLMC #G15842 15YR MAT 04/01/19 Cpn 4.50 3128MEWB		1.26	0.00	0.00	1.26
04/01/19	04/15/19	Coupon		FHLMC #G15842 15YR MAT 04/01/19 Cpn 4.50 3128MEWB		0.09	0.00	0.00	0.09
04/15/19	04/15/19	Coupon		JOHN DEERE 2019-A A1 EQP MAT 03/16/20 Cpn 2.63 47789JAA4		6,030.82	0.00	0.00	6,030.82
04/15/19	04/15/19	Coupon		MERCEDES 2019-A A2 LEASE MAT 02/16/21 Cpn 3.01 58772TAB6		5,794.25	0.00	0.00	5,794.25
04/15/19	04/15/19	Coupon		NISSAN 2017-B A2A LEASE MAT 12/16/19 Cpn 1.83 65479BAB6		4,588.37	0.00	0.00	4,588.37

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

04/01/2019
through 04/30/2019

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
04/15/19	04/15/19	Coupon		NISSAN 2018-A A2A LEASE MAT 02/16/21 Cpn 3.03 65478BAB7		4,620.75	0.00	0.00	4,620.75
04/15/19	04/15/19	Coupon		NISSAN 2019-A A1 CAR MAT 02/18/20 Cpn 2.71 65479KAA8		4,811.14	0.00	0.00	4,811.14
04/15/19	04/15/19	Coupon		TOYOTA 2018-A A2A CAR MAT 10/15/20 Cpn 2.10 89238BAB8		8,191.04	0.00	0.00	8,191.04
04/15/19	04/15/19	Coupon		TOYOTA 2019-A A2A CAR MAT 10/15/21 Cpn 2.83 89239AAB9		2,735.67	0.00	0.00	2,735.67
04/15/19	04/15/19	Coupon		USAA 2017-1 A3 CAR MAT 05/17/21 Cpn 1.70 90290AAC1		4,587.75	0.00	0.00	4,587.75
04/15/19	04/15/19	Coupon		US BANK CINCINNATI FRN CD MAT 05/13/19 Cpn 2.62 90333VYD6		6,070.35	0.00	0.00	6,070.35
04/16/19	04/16/19	Coupon		TORONTO-DOMINION NY YCD FRN MAT 07/16/19 Cpn 2.91 89113X6M1		14,544.70	0.00	0.00	14,544.70
04/18/19	04/18/19	Coupon		BNP PARIBAS YCD FRN MAT 09/18/19 Cpn 2.62 05586FYA9		4,244.32	0.00	0.00	4,244.32
04/18/19	04/18/19	Coupon		HONDA 2017-3 A2 CAR MAT 01/21/20 Cpn 1.57 43814PAB6		903.55	0.00	0.00	903.55
04/20/19	04/20/19	Coupon		BMW 2017-2 A2A LEASE MAT 02/20/20 Cpn 1.80 05584PAB3		2,201.84	0.00	0.00	2,201.84
04/20/19	04/20/19	Coupon		BMW 2019-1 A2 LEASE MAT 03/22/21 Cpn 3.16 05586VAB8		4,266.00	0.00	0.00	4,266.00
04/23/19	04/23/19	Coupon		SVENSKA HANDELSBANKEN NY Y MAT 10/21/19 Cpn 2.86 86958JC98		19,154.24	0.00	0.00	19,154.24
04/01/19	04/25/19	Coupon		FHMS K504 A2 CMBS MAT 09/25/20 Cpn 2.57 3137BMLC8		3,238.88	0.00	0.00	3,238.88

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

04/01/2019
through 04/30/2019

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
04/01/19	04/25/19	Coupon		FHMS K710 A2 CMBS MAT 05/25/19 Cpn 1.88 3137ARPY6		1,255.08	0.00	0.00	1,255.08
04/01/19	04/25/19	Coupon		FHMS K710 A2 CMBS MAT 05/25/19 Cpn 1.88 3137ARPY6		144.56	0.00	0.00	144.56
04/25/19	04/25/19	Coupon		FHMS KI03 A 1MOFRN CMBS MAT 02/25/23 Cpn 2.74 3137FJXN4		4,483.57	0.00	0.00	4,483.57
04/25/19	04/25/19	Coupon		FHMS KI03 A 1MOFRN CMBS MAT 02/25/23 Cpn 2.74 3137FJXN4		1,840.62	0.00	0.00	1,840.62
04/01/19	04/25/19	Coupon		FNA 2015-M13 ASQ2 CMBS MAT 09/25/19 Cpn 1.65 3136AQDQ		251.25	0.00	0.00	251.25
04/01/19	04/25/19	Coupon		FNA 2016-M6 ASQ2 CMBS MAT 06/25/19 Cpn 1.79 3136ASPX8		56.29	0.00	0.00	56.29
04/26/19	04/26/19	Coupon		MIZUHO BANK YCD FRN MAT 07/26/19 Cpn 2.61 60700A6T6		17,017.92	0.00	0.00	17,017.92
04/30/19	04/30/19	Coupon		U.S. TREASURY FRN MAT 04/30/20 Cpn 2.45 9128284K3		150,983.83	0.00	0.00	150,983.83
						338,658.51	0.00	0.00	338,658.51
04/01/19	04/01/19	Income	236.750	ADJ NET P&I MAT Cpn USD		236.75	0.00	0.00	236.75
04/01/19	04/01/19	Income	56,499.110	STIF INT MAT Cpn USD		56,499.11	0.00	0.00	56,499.11
			56,735.860			56,735.86	0.00	0.00	56,735.86

Account Name: L.A. CARE HEALTH PLAN **04/01/2019**
Account Number: **through 04/30/2019**

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
04/11/19	04/11/19	Contributn	500,000,000.000	NM MAT Cpn USD	500,000,000.00		0.00	0.00	500,000,000.00
04/12/19	04/12/19	Contributn	435,000,000.000	NM MAT Cpn USD	435,000,000.00		0.00	0.00	435,000,000.00
			935,000,000.000		935,000,000.00		0.00	0.00	935,000,000.00
04/15/19	04/16/19	Call	2,000,000.000	TORONTO-DOMINION NY YCD FRN MAT 07/16/19 Cpn 2.91 89113X6M1	2,000,000.00		(215.55)	0.00	2,000,000.00
04/04/19	04/04/19	Pay Princpl	24,419.365	NGN 2010-R3 2A 1MOFRN NCUA G MAT 12/08/20 Cpn 3.04 62888WAB2	24,419.36		(65.94)	0.00	24,419.36
04/04/19	04/04/19	Pay Princpl	41,908.088	NGN 2011-R1 1A 1MOFRN NCUA G MAT 01/08/20 Cpn 2.93 62888YAA0	41,908.09		(23.55)	0.00	41,908.09
04/15/19	04/15/19	Pay Princpl	523,943.282	JOHN DEERE 2019-A A1 EQP MAT 03/16/20 Cpn 2.63 47789JAA4	523,943.28		(0.00)	0.00	523,943.28
04/15/19	04/15/19	Pay Princpl	858,819.979	NISSAN 2017-B A2A LEASE MAT 12/16/19 Cpn 1.83 65479BAB6	858,819.98		0.00	0.00	858,819.98
04/15/19	04/15/19	Pay Princpl	357,145.509	NISSAN 2019-A A1 CAR MAT 02/18/20 Cpn 2.71 65479KAA8	357,145.51		0.00	0.00	357,145.51
04/15/19	04/15/19	Pay Princpl	619,259.928	TOYOTA 2018-A A2A CAR MAT 10/15/20 Cpn 2.10 89238BAB8	619,259.93		0.00	20.74	619,259.93
04/15/19	04/15/19	Pay Princpl	343,363.007	USAA 2017-1 A3 CAR MAT 05/17/21 Cpn 1.70 90290AAC1	343,363.01		0.00	14.12	343,363.01
04/18/19	04/18/19	Pay Princpl	630,988.417	HONDA 2017-3 A2 CAR MAT 01/21/20 Cpn 1.57 43814PAB6	630,988.42		0.00	0.00	630,988.42
04/20/19	04/20/19	Pay Princpl	547,106.786	BMW 2017-2 A2A LEASE MAT 02/20/20 Cpn 1.80 05584PAB3	547,106.79		0.00	6.55	547,106.79

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

04/01/2019
through 04/30/2019

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
04/01/19	04/25/19	Pay Princpl	1,814.598	FHMS K504 A2 CMBS MAT 09/25/20 Cpn 2.57 3137BMLC8	1,814.60		9.15	0.00	1,814.60
04/01/19	04/25/19	Pay Princpl	799,838.550	FHMS K710 A2 CMBS MAT 05/25/19 Cpn 1.88 3137ARPY6	799,838.55		0.00	(367.83)	799,838.55
04/01/19	04/25/19	Pay Princpl	92,128.000	FHMS K710 A2 CMBS MAT 05/25/19 Cpn 1.88 3137ARPY6	92,128.00		0.00	(75.41)	92,128.00
04/01/19	04/25/19	Pay Princpl	44,968.769	FNA 2015-M13 ASQ2 CMBS MAT 09/25/19 Cpn 1.65 3136AQDQ	44,968.77		0.00	(55.89)	44,968.77
04/01/19	04/25/19	Pay Princpl	15,843.170	FNA 2016-M6 ASQ2 CMBS MAT 06/25/19 Cpn 1.79 3136ASPX8	15,843.17		0.00	(14.29)	15,843.17
			4,901,547.448		4,901,547.46		(80.35)	(472.00)	4,901,547.46
04/01/19	04/01/19	Mature Long	45,000,000.000	FHLB DISCOUNT NOTE MAT 04/01/19 Cpn 313384DU0	44,991,750.00	8,250.00	0.00	0.00	45,000,000.00
04/01/19	04/01/19	Mature Long	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
04/02/19	04/02/19	Mature Long	10,000,000.000	U.S. TREASURY BILL MAT 04/02/19 Cpn 912796UV9	9,969,844.44	30,155.56	(0.00)	0.00	10,000,000.00
04/02/19	04/02/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/02/19 Cpn 912796UV9	49,849,222.22	150,777.78	0.00	0.00	50,000,000.00
04/04/19	04/04/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/04/19 Cpn 912796RD3	49,980,491.67	19,508.33	0.00	0.00	50,000,000.00
04/04/19	04/04/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/04/19 Cpn 912796RD3	49,980,491.67	19,508.33	0.00	0.00	50,000,000.00
04/04/19	04/04/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/04/19 Cpn 912796RD3	49,980,491.67	19,508.33	0.00	0.00	50,000,000.00

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

04/01/2019
through 04/30/2019

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
04/04/19	04/04/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/04/19 Cpn	912796RD3	49,980,491.67	19,508.33	0.00	0.00	50,000,000.00
04/04/19	04/04/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/04/19 Cpn	912796RD3	49,980,491.67	19,508.33	0.00	0.00	50,000,000.00
04/04/19	04/04/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/04/19 Cpn	912796RD3	49,980,491.67	19,508.33	0.00	0.00	50,000,000.00
04/04/19	04/04/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/04/19 Cpn	912796RD3	49,980,491.67	19,508.33	0.00	0.00	50,000,000.00
04/04/19	04/04/19	Mature Long	4,900,000.000	WISCONSIN GAS CP MAT 04/04/19 Cpn	97670SR47	4,897,541.83	2,458.17	0.00	0.00	4,900,000.00
04/08/19	04/08/19	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/08/19 Cpn	313384EB1	49,826,666.67	173,333.33	0.00	0.00	50,000,000.00
04/08/19	04/08/19	Mature Long	20,000,000.000	FHLB DISCOUNT NOTE MAT 04/08/19 Cpn	313384EB1	19,930,666.67	69,333.33	0.00	0.00	20,000,000.00
04/09/19	04/09/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/09/19 Cpn	912796UW7	49,907,133.33	92,866.67	0.00	0.00	50,000,000.00
04/09/19	04/09/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/09/19 Cpn	912796UW7	49,907,133.33	92,866.67	0.00	0.00	50,000,000.00
04/09/19	04/09/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/09/19 Cpn	912796UW7	49,913,856.94	86,143.06	0.00	0.00	50,000,000.00
04/09/19	04/09/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/09/19 Cpn	912796UW7	49,913,856.94	86,143.06	0.00	0.00	50,000,000.00
04/09/19	04/09/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/09/19 Cpn	912796UW7	49,913,856.94	86,143.06	0.00	0.00	50,000,000.00
04/09/19	04/09/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/09/19 Cpn	912796UW7	49,913,856.94	86,143.06	0.00	0.00	50,000,000.00

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

04/01/2019
through 04/30/2019

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
04/11/19	04/11/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/11/19 Cpn	912796RG6	49,910,693.75	89,306.25	0.00	0.00	50,000,000.00
04/11/19	04/11/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/11/19 Cpn	912796RG6	49,910,693.75	89,306.25	0.00	0.00	50,000,000.00
04/11/19	04/11/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/11/19 Cpn	912796RG6	49,910,693.75	89,306.25	0.00	0.00	50,000,000.00
04/11/19	04/11/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/11/19 Cpn	912796RG6	49,910,693.75	89,306.25	0.00	0.00	50,000,000.00
04/11/19	04/11/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/11/19 Cpn	912796RG6	49,910,693.75	89,306.25	0.00	0.00	50,000,000.00
04/11/19	04/11/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/11/19 Cpn	912796RG6	49,910,693.75	89,306.25	0.00	0.00	50,000,000.00
04/11/19	04/11/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/11/19 Cpn	912796RG6	49,910,693.75	89,306.25	0.00	0.00	50,000,000.00
04/11/19	04/11/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/11/19 Cpn	912796RG6	49,910,693.75	89,306.25	0.00	0.00	50,000,000.00
04/11/19	04/11/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/11/19 Cpn	912796RG6	49,910,693.75	89,306.25	0.00	0.00	50,000,000.00
04/11/19	04/11/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/11/19 Cpn	912796RG6	49,910,693.75	89,306.25	0.00	0.00	50,000,000.00
04/11/19	04/11/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/11/19 Cpn	912796RG6	49,910,693.75	89,306.25	0.00	0.00	50,000,000.00
04/11/19	04/11/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/11/19 Cpn	912796RG6	49,910,693.75	89,306.25	0.00	0.00	50,000,000.00
04/11/19	04/11/19	Mature Long	4,900,000.000	WISCONSIN GAS CP MAT 04/11/19 Cpn	97670SRB1	4,897,579.94	2,420.06	0.00	0.00	4,900,000.00

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

04/01/2019
through 04/30/2019

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*
04/15/19	04/15/19	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/15/19 Cpn	313384EJ4	49,948,055.56	51,944.44	0.00	0.00	50,000,000.00
04/15/19	04/15/19	Mature Long	30,000,000.000	FHLB DISCOUNT NOTE MAT 04/15/19 Cpn	313384EJ4	29,968,833.33	31,166.67	0.00	0.00	30,000,000.00
04/01/19	04/15/19	Mature Long	334.860	FHLMC #G15842 15YR MAT 04/01/19 Cpn 4.50	3128MEWB	334.86		0.00	0.00	334.86
04/01/19	04/15/19	Mature Long	24.590	FHLMC #G15842 15YR MAT 04/01/19 Cpn 4.50	3128MEWB	24.59		0.00	0.00	24.59
04/18/19	04/18/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/18/19 Cpn	912796RH4	49,954,480.56	45,519.44	0.00	0.00	50,000,000.00
04/18/19	04/18/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/18/19 Cpn	912796RH4	49,954,480.56	45,519.44	0.00	0.00	50,000,000.00
04/18/19	04/18/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/18/19 Cpn	912796RH4	49,954,480.56	45,519.44	0.00	0.00	50,000,000.00
04/18/19	04/18/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/18/19 Cpn	912796RH4	49,954,480.56	45,519.44	0.00	0.00	50,000,000.00
04/18/19	04/18/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/18/19 Cpn	912796RH4	49,954,480.56	45,519.44	0.00	0.00	50,000,000.00
04/18/19	04/18/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/18/19 Cpn	912796RH4	49,954,480.56	45,519.44	0.00	0.00	50,000,000.00
04/22/19	04/22/19	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/22/19 Cpn	313384ER6	49,920,666.67	79,333.33	0.00	0.00	50,000,000.00
04/22/19	04/22/19	Mature Long	30,000,000.000	FHLB DISCOUNT NOTE MAT 04/22/19 Cpn	313384ER6	29,952,400.00	47,600.00	0.00	0.00	30,000,000.00
04/22/19	04/22/19	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/22/19 Cpn	313384ER6	49,964,708.33	35,291.67	0.00	0.00	50,000,000.00

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

04/01/2019
through 04/30/2019

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
04/22/19	04/22/19	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/22/19 Cpn 313384ER6	49,964,708.33	35,291.67	0.00	0.00	50,000,000.00
04/22/19	04/22/19	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/22/19 Cpn 313384ER6	49,964,708.33	35,291.67	0.00	0.00	50,000,000.00
04/22/19	04/22/19	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/22/19 Cpn 313384ER6	49,964,708.33	35,291.67	0.00	0.00	50,000,000.00
04/22/19	04/22/19	Mature Long	20,000,000.000	FHLB DISCOUNT NOTE MAT 04/22/19 Cpn 313384ER6	19,985,883.33	14,116.67	0.00	0.00	20,000,000.00
04/22/19	04/22/19	Mature Long	2,500,000.000	AMERICAN HONDA FINANCE CP MAT 04/22/19 Cpn 02665KRN9	2,483,750.00	16,250.00	0.00	0.00	2,500,000.00
04/23/19	04/23/19	Mature Long	25,000,000.000	U.S. TREASURY BILL MAT 04/23/19 Cpn 912796UY3	24,910,525.00	89,475.00	0.00	0.00	25,000,000.00
04/23/19	04/23/19	Mature Long	20,000,000.000	U.S. TREASURY BILL MAT 04/23/19 Cpn 912796UY3	19,928,420.00	71,580.00	0.00	0.00	20,000,000.00
04/25/19	04/25/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/25/19 Cpn 912796QC6	49,954,402.78	45,597.22	0.00	0.00	50,000,000.00
04/25/19	04/25/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/25/19 Cpn 912796QC6	49,954,402.78	45,597.22	0.00	0.00	50,000,000.00
04/25/19	04/25/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/25/19 Cpn 912796QC6	49,954,402.78	45,597.22	0.00	0.00	50,000,000.00
04/25/19	04/25/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/25/19 Cpn 912796QC6	49,954,402.78	45,597.22	0.00	0.00	50,000,000.00
04/25/19	04/25/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/25/19 Cpn 912796QC6	49,954,402.78	45,597.22	0.00	0.00	50,000,000.00
04/25/19	04/25/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/25/19 Cpn 912796QC6	49,954,402.78	45,597.22	0.00	0.00	50,000,000.00

Account Name: L.A. CARE HEALTH PLAN | **04/01/2019**
Account Number: | **through 04/30/2019**

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
04/25/19	04/25/19	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/25/19	Cpn	912796QC6	49,954,402.78	45,597.22	0.00	0.00	50,000,000.00
04/25/19	04/25/19	Mature Long	25,000,000.000	U.S. TREASURY BILL MAT 04/25/19	Cpn	912796QC6	24,977,201.39	22,798.61	0.00	0.00	25,000,000.00
04/29/19	04/29/19	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/29/19	Cpn	313384EY1	49,987,055.56	12,944.44	0.00	0.00	50,000,000.00
04/29/19	04/29/19	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/29/19	Cpn	313384EY1	49,987,055.56	12,944.44	0.00	0.00	50,000,000.00
04/29/19	04/29/19	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/29/19	Cpn	313384EY1	49,987,055.56	12,944.44	0.00	0.00	50,000,000.00
			2,688,440,359.450				2,685,068,530.43	3,371,829.02	(0.00)	0.00	2,688,440,359.45
04/01/19	04/01/19	Withdrawal	(35,000,000.000)	WD MAT	Cpn	USD	(35,000,000.00)		(35,000,000.00)	0.00	(35,000,000.00)
04/01/19	04/01/19	Withdrawal	(2,562.430)	CUSTODY FEE MAT	Cpn	USD	(2,562.43)		(2,562.43)	0.00	(2,562.43)
04/04/19	04/04/19	Withdrawal	(40,000,000.000)	WD MAT	Cpn	USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
04/08/19	04/08/19	Withdrawal	(60,000,000.000)	WD MAT	Cpn	USD	(60,000,000.00)		(60,000,000.00)	0.00	(60,000,000.00)
04/15/19	04/15/19	Withdrawal	(50,000,000.000)	WD MAT	Cpn	USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
04/18/19	04/18/19	Withdrawal	(250,000,000.000)	WD MAT	Cpn	USD	(250,000,000.00)		(250,000,000.00)	0.00	(250,000,000.00)
04/22/19	04/22/19	Withdrawal	(40,000,000.000)	WD MAT	Cpn	USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)

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

04/01/2019
through 04/30/2019

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*
04/25/19	04/25/19	Withdrawal	(40,000,000.000)	WD MAT	Cpn	USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
04/22/19	04/25/19	Withdrawal	(300,000,000.000)	WD MAT	Cpn	USD	(300,000,000.00)		(300,000,000.00)	0.00	(300,000,000.00)
04/25/19	04/25/19	Withdrawal	(120,000,000.000)	WD MAT	Cpn	USD	(120,000,000.00)		(120,000,000.00)	0.00	(120,000,000.00)
04/29/19	04/29/19	Withdrawal	(150,000,000.000)	WD MAT	Cpn	USD	(150,000,000.00)		(150,000,000.00)	0.00	(150,000,000.00)
			(1,085,002,562.430)				(1,085,002,562.43)		(1,085,002,562.43)	0.00	(1,085,002,562.43)

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

04/01/2019 through 04/30/2019

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
04/02/19	04/04/19	Buy	2,830,000.000	U.S. TREASURY NOTE MAT 03/31/24 Cpn 2.13 912828W71	(2,808,001.17)	(657.24)	0.00	0.00	(2,808,658.41)
04/05/19	04/09/19	Buy	2,810,000.000	U.S. TREASURY NOTE MAT 03/15/22 Cpn 2.38 9128286H8	(2,816,146.88)	(4,533.80)	0.00	0.00	(2,820,680.68)
04/10/19	04/15/19	Buy	2,615,000.000	U.S. TREASURY NOTE MAT 03/31/24 Cpn 2.13 912828W71	(2,596,306.84)	(2,277.41)	0.00	0.00	(2,598,584.25)
04/10/19	04/15/19	Buy	1,960,000.000	U.S. TREASURY NOTE MAT 04/15/22 Cpn 2.25 9128286M7	(1,958,775.00)		0.00	0.00	(1,958,775.00)
04/12/19	04/18/19	Buy	870,000.000	U.S. TREASURY NOTE MAT 03/31/24 Cpn 2.13 912828W71	(860,215.41)	(909.22)	0.00	0.00	(861,124.63)
04/25/19	04/30/19	Buy	655,000.000	U.S. TREASURY NOTE MAT 11/30/19 Cpn 1.75 9128283H1	(652,236.72)	(4,755.05)	0.00	0.00	(656,991.77)
04/30/19	05/08/19	Buy	320,000.000	FIFTH THIRD 2019-1 A3 CAR MAT 12/15/23 Cpn 2.64 31680YAD9	(319,929.66)		0.00	0.00	(319,929.66)
			12,060,000.000		(12,011,611.68)	(13,132.72)	0.00	0.00	(12,024,744.40)
04/01/19	04/01/19	Coupon		CA STATE GO/ULT TXB MAT 10/01/19 Cpn 2.25 13063DDD7		4,781.25	0.00	0.00	4,781.25
04/01/19	04/01/19	Coupon		CA STATE GO/ULT-TXB MAT 04/01/22 Cpn 2.37 13063DAD0		5,680.80	0.00	0.00	5,680.80
04/01/19	04/01/19	Coupon		CA STATE GO/ULT TXBL MAT 04/01/21 Cpn 2.80 13063DGA0		11,200.00	0.00	0.00	11,200.00
04/01/19	04/01/19	Coupon		CA SAN MARCOS REDEV AGY TAB MAT 10/01/22 Cpn 2.25 79876CBS6		5,793.75	0.00	0.00	5,793.75
04/07/19	04/07/19	Coupon		CITI 2017-A3 A3 CDT MAT 04/07/22 Cpn 1.92 17305EGB5		4,800.00	0.00	0.00	4,800.00

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

04/01/2019
through 04/30/2019

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
04/15/19	04/15/19	Coupon		AMEX 2017-1 A CDT MAT 09/15/22 Cpn 1.93 02587AAJ3		2,412.50	0.00	0.00	2,412.50
04/15/19	04/15/19	Coupon		BACCT 2017-A1 A1 CDT MAT 08/15/22 Cpn 1.95 05522RCW6		1,950.00	0.00	0.00	1,950.00
04/15/19	04/15/19	Coupon		CHASE 2016-A2 A CDT MAT 06/15/21 Cpn 1.37 161571HC1		1,141.67	0.00	0.00	1,141.67
04/15/19	04/15/19	Coupon		CHASE 2016-A2 A CDT MAT 06/15/21 Cpn 1.37 161571HC1		570.83	0.00	0.00	570.83
04/15/19	04/15/19	Coupon		CAPITAL ONE 2016-A3 A3 CDT MAT 04/15/22 Cpn 1.34 14041NFE6		558.33	0.00	0.00	558.33
04/15/19	04/15/19	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
04/15/19	04/15/19	Coupon		JOHN DEERE 2017-A A3 EQP MAT 04/15/21 Cpn 1.78 47787XAC1		989.43	0.00	0.00	989.43
04/15/19	04/15/19	Coupon		JOHN DEERE 2017-B A2A EQP MAT 04/15/20 Cpn 1.59 47788BAB0		23.88	0.00	0.00	23.88
04/15/19	04/15/19	Coupon		JOHN DEERE 2017-B A2A EQP MAT 04/15/20 Cpn 1.59 47788BAB0		34.12	0.00	0.00	34.12
04/15/19	04/15/19	Coupon		NISSAN 2017-B A3 LEASE MAT 09/15/20 Cpn 2.05 65479BAD2		632.08	0.00	0.00	632.08
04/15/19	04/15/19	Coupon		NISSAN 2017-B A3 LEASE MAT 09/15/20 Cpn 2.05 65479BAD2		854.17	0.00	0.00	854.17
04/15/19	04/15/19	Coupon		NISSAN 2018-A A3 LEASE MAT 09/15/21 Cpn 3.25 65478BAD3		893.75	0.00	0.00	893.75
04/15/19	04/15/19	Coupon		NISSAN 2018-C A3 CAR MAT 06/15/23 Cpn 3.22 65478NAD7		2,012.50	0.00	0.00	2,012.50

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

04/01/2019
through 04/30/2019

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
04/15/19	04/15/19	Coupon		NISSAN 2019-A A3 CAR MAT 10/16/23 Cpn 2.90 65479KAD2		1,305.00	0.00	0.00	1,305.00
04/15/19	04/15/19	Coupon		CA SAN DIEGO CITY PUB FACS LE MAT 10/15/22 Cpn 3.23 797299LU6		13,731.75	0.00	0.00	13,731.75
04/15/19	04/15/19	Coupon		TOYOTA 2017-A A3 CAR MAT 02/16/21 Cpn 1.73 89238MAD0		628.08	0.00	0.00	628.08
04/15/19	04/15/19	Coupon		TOYOTA 2017-B A3 CAR MAT 07/15/21 Cpn 1.76 89190BAD0		1,181.51	0.00	0.00	1,181.51
04/15/19	04/15/19	Coupon		TOYOTA 2018-A A3 CAR MAT 05/16/22 Cpn 2.35 89238BAD4		822.50	0.00	0.00	822.50
04/15/19	04/15/19	Coupon		TOYOTA 2019-A A3 CAR MAT 07/17/23 Cpn 2.91 89239AAD5		1,358.00	0.00	0.00	1,358.00
04/15/19	04/15/19	Coupon		U.S. TREASURY NOTE MAT 10/15/20 Cpn 1.63 9128282Z2		68,250.00	0.00	0.00	68,250.00
04/15/19	04/15/19	Coupon		USAA 2016-1 A3 CAR MAT 06/15/20 Cpn 1.20 90327CAC4		12.74	0.00	0.00	12.74
04/15/19	04/15/19	Coupon		USAA 2016-1 A3 CAR MAT 06/15/20 Cpn 1.20 90327CAC4		14.86	0.00	0.00	14.86
04/15/19	04/15/19	Coupon		USAA 2017-1 A3 CAR MAT 05/17/21 Cpn 1.70 90290AAC1		277.35	0.00	0.00	277.35
04/19/19	04/19/19	Coupon		INTER-AMERICAN DEVELOPMENT MAT 04/19/21 Cpn 2.63 4581X0DB1		6,168.75	0.00	0.00	6,168.75
04/20/19	04/20/19	Coupon		BMW 2017-2 A2A LEASE MAT 02/20/20 Cpn 1.80 05584PAB3		170.23	0.00	0.00	170.23
04/25/19	04/25/19	Coupon		BMW 2016-A A3 CAR MAT 11/25/20 Cpn 1.16 05582QAD9		232.36	0.00	0.00	232.36

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

04/01/2019
through 04/30/2019

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
04/01/19	04/25/19	Coupon		FHMS J22F A1 CMBS MAT 05/25/23 Cpn 3.45 3137FJYA1		1,673.04	0.00	0.00	1,673.04
04/01/19	04/25/19	Coupon		FHMS K504 A2 CMBS MAT 09/25/20 Cpn 2.57 3137BMLC8		1,164.30	0.00	0.00	1,164.30
04/25/19	04/25/19	Coupon		FHMS KI03 A 1MOFRN CMBS MAT 02/25/23 Cpn 2.74 3137FJXN4		1,533.85	0.00	0.00	1,533.85
04/25/19	04/25/19	Coupon		FHMS KI02 A 1MOFRN CMBS MAT 02/25/23 Cpn 2.69 3137FGZN8		715.83	0.00	0.00	715.83
04/25/19	04/25/19	Coupon		FHMS KP04 AG1 1MOFRN CMBS MAT 07/25/20 Cpn 2.71 3137FBUV6		2,263.92	0.00	0.00	2,263.92
04/25/19	04/25/19	Coupon		FMPRE 2017-KT01 A 1MOFRN CMB MAT 02/25/20 Cpn 2.80 30258EAA3		1,645.78	0.00	0.00	1,645.78
04/01/19	04/25/19	Coupon		FNA 2011-M5 A2 CMBS MAT 07/25/21 Cpn 2.94 3136A07H4		376.36	0.00	0.00	376.36
04/01/19	04/25/19	Coupon		FNA 2015-M13 ASQ2 CMBS MAT 09/25/19 Cpn 1.65 3136AQDQ		23.93	0.00	0.00	23.93
04/30/19	04/30/19	Coupon		U.S. TREASURY NOTE MAT 10/31/21 Cpn 1.25 912828T67		51,250.00	0.00	0.00	51,250.00
04/30/19	04/30/19	Coupon		U.S. TREASURY NOTE MAT 10/31/19 Cpn 1.50 912828F62		6,412.50	0.00	0.00	6,412.50
04/30/19	04/30/19	Coupon		U.S. TREASURY NOTE MAT 10/31/19 Cpn 1.50 912828F62		14,400.00	0.00	0.00	14,400.00
04/30/19	04/30/19	Coupon		U.S. TREASURY NOTE MAT 10/31/22 Cpn 2.00 9128283C2		3,100.00	0.00	0.00	3,100.00

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT **04/01/2019**
Account Number: **through 04/30/2019**

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
Fixed Income - cont.										
04/30/19	04/30/19	Coupon		U.S. TREASURY NOTE MAT 10/31/22 Cpn 2.00	9128283C2		46,050.00	0.00	0.00	46,050.00
							270,597.75	0.00	0.00	270,597.75
04/01/19	04/01/19	Income	1,644.480	STIF INT MAT Cpn	USD		1,644.48	0.00	0.00	1,644.48
04/02/19	04/04/19	Sell Long	1,175,000.000	U.S. TREASURY NOTE MAT 10/31/19 Cpn 1.50	912828F62	1,168,895.51	7,546.62	0.00	(5,329.72)	1,176,442.13
04/02/19	04/04/19	Sell Long	1,567,000.000	U.S. TREASURY NOTE MAT 02/28/21 Cpn 2.50	9128286D7	1,572,141.72	3,725.88	6,316.97	0.00	1,575,867.60
04/05/19	04/09/19	Sell Long	2,810,000.000	U.S. TREASURY NOTE MAT 01/15/22 Cpn 2.50	9128285V8	2,823,610.94	16,301.10	15,162.37	0.00	2,839,912.04
04/10/19	04/15/19	Sell Long	3,050,000.000	U.S. TREASURY NOTE MAT 10/31/19 Cpn 1.50	912828F62	3,034,273.44	20,979.28	0.00	(13,820.80)	3,055,252.72
04/10/19	04/15/19	Sell Long	1,490,000.000	U.S. TREASURY NOTE MAT 12/15/21 Cpn 2.63	9128285R7	1,503,503.13	13,001.68	15,633.78	0.00	1,516,504.81
04/18/19	04/18/19	Call	430,000.000	FHLMC BERM 4/19 MAT 01/18/22 Cpn 3.00	3134GSQ57	430,000.00	3,225.00	0.00	0.00	433,225.00
			10,522,000.000			10,532,424.74	64,779.56	37,113.12	(19,150.52)	10,597,204.30

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

04/01/2019
through 04/30/2019

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
04/15/19	04/15/19	Pay Princpl	65,968.390	JOHN DEERE 2017-A A3 EQP MAT 04/15/21 Cpn 1.78 47787XAC1	65,968.39		0.00	101.62	65,968.39
04/15/19	04/15/19	Pay Princpl	18,025.228	JOHN DEERE 2017-B A2A EQP MAT 04/15/20 Cpn 1.59 47788BAB0	18,025.23		0.00	0.00	18,025.23
04/15/19	04/15/19	Pay Princpl	25,750.323	JOHN DEERE 2017-B A2A EQP MAT 04/15/20 Cpn 1.59 47788BAB0	25,750.32		0.00	(0.00)	25,750.32
04/15/19	04/15/19	Pay Princpl	41,687.390	TOYOTA 2017-A A3 CAR MAT 02/16/21 Cpn 1.73 89238MAD0	41,687.39		0.00	1.50	41,687.39
04/15/19	04/15/19	Pay Princpl	58,306.019	TOYOTA 2017-B A3 CAR MAT 07/15/21 Cpn 1.76 89190BAD0	58,306.02		0.00	1.84	58,306.02
04/15/19	04/15/19	Pay Princpl	12,739.429	USAA 2016-1 A3 CAR MAT 06/15/20 Cpn 1.20 90327CAC4	12,739.43		0.00	0.07	12,739.43
04/15/19	04/15/19	Pay Princpl	14,862.666	USAA 2016-1 A3 CAR MAT 06/15/20 Cpn 1.20 90327CAC4	14,862.67		0.00	2.52	14,862.67
04/15/19	04/15/19	Pay Princpl	20,757.461	USAA 2017-1 A3 CAR MAT 05/17/21 Cpn 1.70 90290AAC1	20,757.46		0.00	0.85	20,757.46
04/20/19	04/20/19	Pay Princpl	42,297.331	BMW 2017-2 A2A LEASE MAT 02/20/20 Cpn 1.80 05584PAB3	42,297.33		0.00	0.51	42,297.33
04/25/19	04/25/19	Pay Princpl	42,044.603	BMW 2016-A A3 CAR MAT 11/25/20 Cpn 1.16 05582QAD9	42,044.60		0.00	78.83	42,044.60
04/01/19	04/25/19	Pay Princpl	51,974.732	FHMS J22F A1 CMBS MAT 05/25/23 Cpn 3.45 3137FJYA1	51,974.73		1.29	0.00	51,974.73
04/01/19	04/25/19	Pay Princpl	652.307	FHMS K504 A2 CMBS MAT 09/25/20 Cpn 2.57 3137BMLC8	652.31		0.26	0.00	652.31
04/25/19	04/25/19	Pay Princpl	20,747.881	FHMS KI02 A 1MOFRN CMBS MAT 02/25/23 Cpn 2.69 3137FGZN8	20,747.88		(0.00)	0.00	20,747.88

Account Name: L.A. CARE HEALTH PLAN-LOW DURATION PORT **04/01/2019**
Account Number: **through 04/30/2019**

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*
04/01/19	04/25/19	Pay Princpl	275.650	FNA 2011-M5 A2 CMBS MAT 07/25/21 Cpn 2.94 3136A07H4	275.65		1.27	0.00	275.65
04/01/19	04/25/19	Pay Princpl	4,282.740	FNA 2015-M13 ASQ2 CMBS MAT 09/25/19 Cpn 1.65 3136AQDQ	4,282.74		0.00	(5.32)	4,282.74
			420,372.150		420,372.15		2.82	182.40	420,372.15

LA CARE

Cash Activity by Transaction Type GAAP Basis

Accounting Period From 04/01/2019 To 04/30/2019

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/ Withdrawals	Total Amount
BUY										
04/01/19	03/28/19	04/01/19	BKAMER19	02665WCT6	AMERICAN HONDA FINANCE	2,000,000.00	(14,988.89)	(2,064,080.00)	0.00	(2,079,068.89)
04/01/19	03/28/19	04/01/19	BKAMER19	06051GHF9	BANK OF AMERICA CORP	7,000,000.00	(17,947.22)	(7,114,520.00)	0.00	(7,132,467.22)
04/01/19	03/28/19	04/01/19	BKAMER19	459200HU8	IBM CORP	2,000,000.00	(9,868.06)	(2,060,980.00)	0.00	(2,070,848.06)
04/09/19	04/09/19	04/09/19	BKAMER19	09248U718	BLACKROCK LIQ FUND T-FD-IN	1,077,500.83	0.00	(1,077,500.83)	0.00	(1,077,500.83)
04/15/19	04/11/19	04/15/19	BKAMER19	20030NBJ9	COMCAST CORP	1,000,000.00	(4,400.00)	(1,028,750.00)	0.00	(1,033,150.00)
04/24/19	04/22/19	04/24/19	BKAMER19	05565EBH7	BMW US CAPITAL LLC	6,000,000.00	(3,150.00)	(6,002,460.00)	0.00	(6,005,610.00)
TOTAL BUY						19,077,500.83	(50,354.17)	(19,348,290.83)	0.00	(19,398,645.00)
DIVIDEND										
04/01/19	04/01/19	04/01/19	BKAMER19	09248U718	BLACKROCK LIQ FUND T-FD-IN	6,767,873.34	6,819.97	0.00	0.00	6,819.97
TOTAL DIVIDEND						6,767,873.34	6,819.97	0.00	0.00	6,819.97
INTEREST										
04/01/19	04/01/19	04/01/19	BKAMER19	20030NCQ2	COMCAST CORP	0.00	16,866.67	0.00	0.00	16,866.67
04/01/19	04/01/19	04/01/19	BKAMER19	63946BAE0	NBCUNIVERSAL MEDIA LLC	0.00	164,062.50	0.00	0.00	164,062.50
04/01/19	04/01/19	04/01/19	BKAMER19	677415CP4	OHIO POWER COMPANY	0.00	53,750.00	0.00	0.00	53,750.00
04/01/19	04/01/19	04/01/19	BKAMER19	911312BP0	UNITED PARCEL SERVICE	0.00	92,250.00	0.00	0.00	92,250.00
04/04/19	04/04/19	04/04/19	BKAMER19	713448DJ4	PEPSICO INC	0.00	10,698.75	0.00	0.00	10,698.75
04/08/19	04/07/19	04/07/19	BKAMER19	459058DW0	INTL BK RECON & DEVELOP	5,650,000.00	52,997.00	0.00	0.00	52,997.00
04/08/19	04/08/19	04/08/19	BKAMER19	89236TCZ6	TOYOTA MOTOR CREDIT CORP	0.00	47,500.00	0.00	0.00	47,500.00
04/12/19	04/12/19	04/12/19	BKAMER19	05565EAW5	BMW US CAPITAL LLC	0.00	51,750.00	0.00	0.00	51,750.00
04/13/19	04/13/19	04/13/19	BKAMER19	64952WCE1	NEW YORK LIFE GLOBAL FDG	0.00	45,000.00	0.00	0.00	45,000.00
04/15/19	04/15/19	04/15/19	BKAMER19	4581X0CR7	INTER-AMERICAN DEVEL BK	5,700,000.00	35,625.00	0.00	0.00	35,625.00
04/15/19	04/15/19	04/15/19	BKAMER19	67021CAG2	NSTAR ELECTRIC CO	0.00	59,375.00	0.00	0.00	59,375.00
04/15/19	04/15/19	04/15/19	BKAMER19	91324PDD1	UNITEDHEALTH GROUP INC	0.00	57,593.75	0.00	0.00	57,593.75
04/17/19	04/17/19	04/17/19	BKAMER19	36962G5J9	GENERAL ELECTRIC CO	0.00	201,112.50	0.00	0.00	201,112.50
04/21/19	04/21/19	04/21/19	BKAMER19	982526AQ8	WM WRIGLEY JR CO	0.00	40,500.00	0.00	0.00	40,500.00
04/23/19	04/23/19	04/23/19	BKAMER19	742718FA2	PROCTER & GAMBLE CO/THE	0.00	47,500.00	0.00	0.00	47,500.00
04/23/19	04/23/19	04/23/19	BKAMER19	90331HNG4	US BANK NA CINCINNATI	0.00	82,000.00	0.00	0.00	82,000.00
TOTAL INTEREST						11,350,000.00	1,058,581.17	0.00	0.00	1,058,581.17
SELL										

LA CARE

Cash Activity by Transaction Type GAAP Basis

Accounting Period From 04/01/2019 To 04/30/2019

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/ Withdrawals	Total Amount
03/29/19	03/27/19	03/29/19	BKAMER19	14913Q2F5	CATERPILLAR FINL SERVICE	4,500,000.00	30,000.00	4,479,840.00	0.00	4,509,840.00
04/09/19	04/09/19	04/09/19	BKAMER19	09248U718	BLACKROCK LIQ FUND T-FD-IN	6,767,873.34	0.00	6,767,873.34	0.00	6,767,873.34
04/10/19	04/08/19	04/10/19	BKAMER19	02665WBZ3	AMERICAN HONDA FINANCE	2,000,000.00	16,333.33	1,992,200.00	0.00	2,008,533.33
04/15/19	04/11/19	04/15/19	BKAMER19	61761JB32	MORGAN STANLEY	5,000,000.00	46,277.78	5,001,400.00	0.00	5,047,677.78
TOTAL SELL						18,267,873.34	92,611.11	18,241,313.34	0.00	18,333,924.45
WITHDRAW										
04/08/19	04/08/19	04/08/19	BKAMER19	CASHCASH6	C-04 BANK FEES	0.00	0.00	0.00	(680.59)	(680.59)
TOTAL WITHDRAW						0.00	0.00	0.00	(680.59)	(680.59)
GRAND TOTAL						55,463,247.51	1,107,658.08	(1,106,977.49)	(680.59)	0.00

Avg Date 12

BOARD OF GOVERNORS

Finance & Budget Committee

Meeting Minutes – April 22, 2019

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

Members

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

Absent* * Via Teleconference*

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*
Tom Schwaninger, *Chief Information Officer*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER Robert H. Curry	Robert H. Curry, *Chairperson,* called the meeting to order at 1:05 p.m. He welcomed everyone to the meeting and 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 Robert H. Curry	The Agenda for today's meeting was approved.	**Approved unanimously. 5 AYES by roll call (Booth, Curry, De La Torre, Perez, and Roybal)**
PUBLIC COMMENTS	There were no public comments.	
APPROVE MEETING MINUTES Robert H. Curry	The minutes of the March 25, 2019 meeting were approved as submitted.	**Approved unanimously by roll call. 5 AYES**
APPROVE CONSENT AGENDA Robert H. Curry	• Quarterly Investment Report **Motion FIN 100.0519** **To accept the Quarterly Investment Report for the quarter ending March 31, 2019, as submitted.**	**Motions FIN 100.0519, FIN 101.0519 and FIN 102.0519 were approved unanimously by roll call. 5 AYES.**

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Marsh & McLennan Contract Renewal **(FIN 101)** **Motion FIN 101.0519** **To authorize staff to approve the corporate insurance renewal in the amount of $3,275,973 with insurance broker Marsh and McLennan to provide insurance coverage for the period of April 1, 2019 to April 1, 2020.** • HealthCare Fraud Shield Contract **Motion FIN 102.0519** **To authorize staff to execute a contract in the amount estimated at $2,335,000 with HealthCare Fraud Shield to provide Fraud & Abuse analytics for the period of May 1, 2019 to December 31, 2022.** Member Booth requested that FIN A.0419 and FIN B.0419 be taken off the Consent Agenda. She asked about memorandum of understanding (MOUs) or letters of agreement (LOAs) with non-participating providers. John Baackes, *Chief Executive Officer,* explained that there are circumstances where L.A. Care members are cared for by providers that do not have existing contracts with the plan. Dino Kasdagly, *Chief Operating Officer,* stated that L.A. Care is moving away from these single use contracts. This vendor will allow flexibility to automate the process. • Newgen Software Contract **Motion FIN A.0419** **To approve:** **1) Authorization for staff to execute a three year services agreement with Newgen Software, Inc. for L.A. Care's automated provider contract management system, not to exceed $1,155,364, to cover vendor travel, software subscription, pre-implementation discovery fees, implementation license fees, maintenance, support, and hosting for a period of three years; and** **2) Approve an additional $344,636 for supplemental vendor expenses related to implementation and/or required additional user licenses, which will be identified during product implementation or as a result of the quarterly assessment of license usage, as appropriate.** **Total amount not to exceed $1,500,000.** Member Booth asked about the 30% overage included in the approval. Mr. Kasdagly stated that there are unknowns that this is intended to cover.	**The Committee approved placing these motions on the Consent Agenda for the May 2, 2019, Board of Governors meeting.** **Motions FIN A.0419 and FIN B.0419 were approved unanimously by roll call. 5 AYES.**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Member Booth asked about the remaining balance that will be budgeted in future fiscal years. Tom Schwaninger, *Chief Information Officer,* explained it is because this contract amendment will take effect in the middle of the fiscal year and L.A. Care is paying the vendor on a monthly basis. Marie Montgomery, *Chief Financial Officer,* added that the issue is the timing. • Verizon Business Network Contract Amendment **Motion FIN B.0419** **To authorize staff to amend the telephone trunking service contract with Verizon Business Network to continue to provide phone line services for L.A. Care in an amount not to exceed $1,400,000 for one year.**	
CHAIRPERSON'S REPORT	There was no report from the Chairperson.	
CHIEF EXECUTIVE OFFICER REPORT	John Baackes, *Chief Executive Officer,* noted that contract motions are brought individually although, collectively, they will further the efficiency of the organization and further the development of a direct provider network without increasing the number of staff. It is planned to be able to manage more with the same number of staff in preparation of L.A. Care's ability to weather future economic challenges with the lowest overhead as possible, so the bulk of revenue will be available to keep the provider network intact. Each motion has a place in the puzzle of how the future business processes of the organization are carried out. Mr. Kasdagly noted that the goal is to unravel challenges and simplify data management. Mr. Baackes added that in this industry there has never been as many options available through technology. L.A. Care is careful to sort through the software available and to wisely pick them so they integrate into the current structure.	
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 Service)* Highlights: • March 2019 membership is 2,182,532, favorable to the forecast for the month and year to date. The forecast assumes a 3% decrease in membership for MCLA and Plan Partners.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Surplus variance for March is almost $29 million. This is due to the $11 million favorable variance in administrative expense and $8 million favorable variance in non-operating. Year to date surplus is $200 million, $37 million ahead of forecast. • Revenue is favorable by almost $30 million, driven by updated Prop 56 rates that are retro to July 2018. • Pharmacy is unfavorable likely due to timing of rebates. • The administrative expense is favorable by $14 million for YTD March. • Non-operating income is favorable by $12 million for YTD March, driven by grant timing and unrealized gains on investments. • Overall surplus is $37 million favorable to forecast year to date. • The medical cost ratio (MCR) overall is 90.2%, in line with the forecast of 90.4% • Key financial ratios are positive, including cash to claims ratio, a temporary situation due to receipt of the cash for the Hospital Quality Assurance Fee program. These funds were paid out to the hospitals in April. **Motion FIN 100.0419** **To accept the Financial Report for the periods ended March 2019, as submitted.**	Approved unanimously by roll call. 5 AYES
Investment Monthly Transactions Report Marie Montgomery	Ms. Montgomery referred to the report on investment transactions included in the meeting materials for Committee member review. *(A copy of the report can be obtained by contacting Board Services).* As of March 31, 2019, the market value of L.A. Care's investments was $2.3 billion. • $2.2 billion managed by Paydel & Rygel and New England Asset Management • $61 million in Local Agency Investment Fund • $104 million in Los Angeles County Pooled Investment Fund	
ADJOURN TO CLOSED SESSION	Augustavia J. Haydel, Esq., *General Counsel*, announced the items that the Committee will discuss in closed session. There was no public comment on the Closed Session items, and the meeting adjourned to closed session at 1:27 pm. CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rate	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	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*	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 1:35 pm. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting was adjourned at 1:35 pm.	

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

APPROVED BY:

Robert H. Curry, *Chair*
Date Signed 5/28/19

APPROVED

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – March 21, 2019

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

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	Christina R. Ghaly, *Chairperson*, called the meeting to order at 2:10 pm. She 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. 6 AYES (Ballesteros, Booth, Ghaly, Perez, Powers and Shapiro)**
PUBLIC COMMENT	There was no public comment.	
APPROVAL OF MEETING MINUTES	The January 17, 2019 meeting minutes were approved as submitted. Member Stephanie Booth asked Thomas Mapp, *Chief Compliance Officer,* if L.A. Care shares with providers' members advance directives. Mr. Mapp responded that he will follow up at a future meeting.	**Approved unanimously. 6 AYES**
CHIEF MEDICAL OFFICER'S REPORT Richard Seidman, MD, MPH	Richard Seidman, MD, MPH, *Chief Medical Officer,* referred to his written report *(a copy of the report can be requested from Board Services)*:	

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• California Department of Healthcare Services (DHCS) hosted a call with all of the California 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, the set of measures plans are required to report to DHCS, further alignment with the Centers for Medicare and Medicaid Services (CMS) Core Measure Set, and an increase in the minimum performance level up to the 50th percentile of the national Medicaid average. Member Booth asked if the metric is set or can they be adjusted. Dr. Seidman responded that John Baackes, *Chief Executive Officer,* requested that this be handled as an expectation. Mr. Mapp stated that the DHCS representative said that comments and questions can be sent to their office. Dr. Seidman stated that California compares poorly to other states in quality measures and outcomes in Medicaid and California also pays poorly. California's Governor has asked for L.A. Care's input on the issue. Member Booth asked if DHCS developed these new ways to evaluate care. Dr. Seidman responded that the measures are new to California as the state is adopting measures used by the CMS. <u>Drug Pricing Executive Order</u> • 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. • The purpose of this change is to decrease the cost of drugs and the price for beneficiaries. • Jennifer Kent, Director of DHCS, explained that a preferred drug list would be used, and if the medication is on the list, doctors would not need to obtain prior authorization to prescribe it. • L.A. Care has been invited to participate in a conversation with DHCS and a small group of plans to share thoughts on the proposal. • Cherie Compartore, *Senior Director, Government Affairs* and Yana Paulson, *Chief Pharmacy Officer,* are scheduled to participate in a meeting in Sacramento on March 14.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	340 B Program • L.A. Care is currently developing a process to ensure accurate flagging of prescription claims for drugs purchased at the 340B discount. • Negotiations are underway with a vendor who would filter the pharmacy claims file against the 340B Covered Entities' claim files and correct the claim file data. • 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 prescriptions filled with 340B discounted drugs. Member Booth asked how the state will get the necessary data to L.A. Care to be aware that a patient has not refilled a prescription. Dr. Seidman stated it has not been determined. Member Ballesteros noted that the cost savings realized through this process supports and enhances care coordination and clinical care, and the delivery system for services will be weakened if the funding is removed. He questioned what mechanism the state will use to fill the resulting funding gap. Dr. Seidman responded that it seems DHCS does not have confidence that the cost savings are always used appropriately. Utilization Management • L.A. Care has recently transitioned care for over 300 of its members to a group of directly contracted skilled nursing providers, known as SNFists. • This new care model means that there is no medical group (IPA or PPG) in the middle of the relationship between members and their provider, or SNFist. • The goals of this new approach are 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 SNFs and between hospital and the SNFs. • We have a better understanding of member health and social service needs and can direct resources to mitigate risk factors for hospital admissions or readmissions.	
CHIEF COMPLIANCE OFFICER REPORT Thomas Mapp	Mr. Mapp referred to his written report included in the meeting materials. *(A copy of his written report can be requested from Board Services).* Elysse Palomo, *Director of Regulatory Affairs,* reported on the 2018 CMS Program Audit	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• L.A. Care received the final report with a score of 1.93 (0 is the best score possible). L.A. Care has submitted corrective action plans for the non-ICAR findings on February 8, and were accepted on March 5. CMS requires L.A. Care to hire a vendor to conduct a validation audit within 180 calendar days of CAP acceptance. The validation audit is to measure whether the CAPs achieved its intended result by remediating the non-compliance, *not* to evaluate whether a CAP was fully implemented. L.A. Care is conducting ongoing monitoring and remediation of the findings. • CMS Division of Compliance Enforcement requested additional information for the following audit findings in order to calculate the civil monetary penalties: o Misclassification of coverage determinations/appeals/grievances and failure to initiate o Inappropriate denials o Denial letter language o Grievance resolution letters – rights to file with QIO o Misclassification of SARs/appeals/grievances and failure to initiate • 218 members were affected and were fined $200 for each resulting in a $43,600 fine. Mr. Mapp stated that they were expecting a significantly higher number of members affected, and CMS was assured that LA Care took action to ensure that those members got the services they needed. Chair Ghaly asked if they identified the issues prior to the audit. Mr. Mapp responded that some of the issues were addressed before the audit took place. Ms. Palomo added that in the process the members that needed services were identified and L.A. Care conducted outreach to ensure that members were helped. Dr. Seidman stated that when a member calls L.A. Care to request a service that they may or may not need, CMS requires the health plan to open a Service Authorization Request (SAR). It is then determined by the health plan whether or not it is a medical necessity. Mr. Mapp pointed out that the process starts at the member services level. L.A. Care must then determine if it will be addressed by the call center or through Utilization Management. Member Booth asked if the SARs typically get approved. Dr. Seidman responded that many of the SARs do get approved. The medical groups first get the opportunity to approve the authorization.	

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

	Audit Timeline
	• L.A. Care was notified of the Cal MediConnect (CMC) CMS Program Audit on August 20, 2018
	• Webinar reviews were held October 1-5, 2018
	• On-site review for Compliance Program effectiveness was October 15-18, 2018
	• Clean Period will be April 1 – June 30, 2019; must be 100% compliant.
	Validation Audit overview
	• Limited-scope audit that tests the audit findings
	• Conducted by outside vendor ATTAC
	• Audit review period: April 1 – June 30, 2019
	• Does not measure or evaluate whether a Corrective Action Plan (CAP) was fully implemented
	• Measures whether the CAP achieved its intended result by remediating the noncompliance.
	Risks:
	• Failure to pass will require additional validation audits and consulting fees
	• During the course of the validation audit, the auditors could find additional conditions that were not previously identified during the initial audit.
	Overall Remediation Status
	Corrective Action Plans:
	• Training (internal and delegates) completed
	• Documentation of new processes through work flows, revised policies and procedures completed
	• Monitoring implemented/enhanced oversight
	  o Increased frequency
	  o Increased sample size
	  o Live reviews versus reviewing case files
	Risks:
	• Delay in care coordination remediation	

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	o IT dependencies; health information sharing between plan and provider groups • Review of denials is not current – reviewing December 2018 • Retroactive delegate reviews – non-compliance is identified after the fact o Oversight of Delegates' quality assurance programs <u>Lessons Learned</u> Mr. Baackes convened senior leadership remediation teams to lead strategic initiatives targeting the overall themes in the CMS Audit: • Improve delegation oversight program and performance monitoring • Improve regulatory knowledge and develop regulatory library • Clear lines of accountability A new monitoring program (that mirrors the CMS Audit Protocol) will prepare L.A. Care and its delegates for the validation audit. The program will ensure readiness in the following areas: • Pull a complete universe • Validate universe accuracy • Test compliance: sample selection, auditing • Communicate, report, and remediate non-compliance <u>Next Steps</u> 1. Build Validation Audit Work Plan with ATTAC (selected vendor). 2. Prepare for Validation Audit and conduct validation audit July/August 2019 3. Complete CAP Implementation by clean period • Continue to engage consultants for assistance with work plans, processes, and quality assurance activities. 4. Implement audit area-specific monitoring plans (internally and with delegates) to prepare and test for clean period. 5. Use monitoring results to remediate/improve/meet compliance. Member Perez pointed out there were four Immediate Corrective Action Required (ICARs) findings and 19 Corrective Action Required (CARs) that needed immediate attention. She asked when the Board will receive the final report. Ms. Palomo stated a final report is ready and will be provided to the Board. There were no significant changes when the final was compared to the draft report. The overall score was not affected.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Mr. Mapp noted that one of the ICARs was in regards to SARs and three others were in the process of being remediated. Member Booth asked if L.A. Care is sure that everything that was found in the audit was cleared. Mr. Mapp noted that slide 8 of the presentation outlines what L.A. Care needs to do operationally to address the issues.	
APPROVE QUALITY IMPROVEMENT PROGRAMS DOCUMENTS Richard Seidman, MD, MPH. • **2018 Quality Improvement Program Evaluation**	Dr. Seidman introduced Maria Casias, RN, BSN, MPH, *Director, Quality Improvement Accreditation.* Ms. Casias summarized the 2018 Quality Improvement Program Evaluation and 2019 Quality Improvement Program Description and Work Plan *(a copy of the presentation can be requested from Board Services)*: Regulatory Compliance/Audits/Accreditation • Department of Health Care Services (DHCS) o For Medi-Cal Seniors and People with Disabilities (SPD) & Non-SPD, total of three findings compared to six findings in 2017 o For Cal MediConnect (CMC), total of three findings compared to 11 findings in 2015 • Center for Medicare Services (CMS) final score: 1.93; improvement from 2014 score of 2.39 • Department of Managed Healthcare (DMHC): Fourteen new findings • National Committee for Quality Assurance (NCQA) ratings o Medi-Cal – "Commendable status" o CMC – "Accredited status" o L.A. Care Covered – "Accredited status" Consumer Assessment of Healthcare Providers and Systems (CAHPS) Performance • Adult scores remained low in 2018 o NCQA points: 3.29 o Dissatisfaction is traceable to the Medicaid expansion population • Pediatric scores continued moderately rising in 2018 o NCQA points: 6.54 o Enrollee Experience: 1 star, down from 2 stars in 2017 o CMC: NCQA Points 3.25 (below 25th percentile) o Opportunity: To improve access measures for all lines of business	

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN

	Member Shapiro asked how the measurements are conducted. Ms. Casias responded it is a health plan survey for members who have seen their provider in the last six months. Surveys will be conducted at the medical group level to gather necessary data. Consultants will be contracted to look into low performing providers to retrain them and their staff to improve member experience.
	
	Member Shapiro asked if there are any CAHPS incentives being provided to medical groups. Dr. Seidman responded that for the NCQA accreditation, L.A. Care is required to conduct a plan survey and submit the results. He pointed out that one of the VIIP program domains is member experience and surveys are conducted at the medical group level.
	
	<u>Healthcare Effectiveness Data and Information Set (HEDIS) Performance</u>
	• Medicaid
	  o HEDIS: 24.95
	  o Significant improvement in 10 measures
	  o Significant decline in 4 measures
	• Medicare
	  o HEDIS: 17.38
	• LACC/Marketplace Quality Rating System (QRS)
	• Four stars, up from 3 stars in 2017
	• DHCS Auto Assignment
	• 54% is a drop from 64% previous year
	
	<u>Population Health Management</u>
	• L.A. Care developed a coordinated Population Health Management Program.
	• Population Health Management Strategy
	• Population Assessment
	• A Cross-Functional Team
	
	<u>Clinical Practice Guidelines</u>
	• Joint Performance Improvement Collaborative Committee and Physician Quality Committee (PICC/PQC) approved new and revised clinical practice and preventive health guidelines.
	• Links posted on website to support providers in their practice.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Provider Continuing Education (PCE) Program • L.A. Care continues to be accredited as a CME/CE provider • In 2018, L.A. Care implemented • 32 directly provided CME/CE activities • 47 jointly provided CME/CE activities with other healthcare organizations • L.A. Care received 88% to 95% on level of satisfaction with each CME/CE activity Cultural and Linguistics Services • Top requested languages: Spanish, Khmer, Chinese • Processed 6,377 face-to-face interpreting requests • 6,116 were for medical appointments • Telephonic interpreting services provided 170,369 requests Health Education • *Healthy Moms program*: outreach to 6,108 post-partum members • *Healthy Pregnancy program*: 5,902 pregnant members identified • *Healthy Baby program*: 28,711 immunization packets mailed • The Youth Empowerment Campaign sent 15,080 letters to increase awareness about and improve chlamydia screening rates. Member Perez asked if the TEXT4BABY program is still in effect. Dr. Seidman the program is still active. Member Shapiro asked what percentage of L.A. Care members received interpreting services. He noted that the number seems low. Ms. Casias responded that the number only reflects the L.A. Care's direct line of business. Member Perez requested data showing how many times interpreters were used for each language. Patient Safety • For Pharmaceutical Safety Program: • Concurrent Drug Utilization Review/Retrospective Drug Use Evaluation. • Over 12,000 letters were mailed to prescribers for Drug-Drug Interactions. • Medication Adherence Program:	

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Pharmacy Technicians calls to members, pharmacies and prescribers to investigate barriers to adherence and remedies. • In July 2018, providers started receiving a non-adherence scorecard letter. • Potential Quality Issues • Provider quality track and trend process enhanced • Critical Incident Reporting • Compliance with quarterly submission at 100% • Facility Site Review • Needle stick safety rate increased to 73% from 70% • Spore testing of autoclaves at 79% down from 81% Member Booth asked how many critical incidents were reported. Ms. Casias responded that she did not have that information. CMS requires that L.A. Care is reporting these incidents. <u>Addressing Disparities</u> • African Americans have lowest rates for A1c testing, Asthma Medication Ratio, and Antidepressant Medication Management • American Indians have the lowest rates for hospital admissions for long-term diabetes complications and hypertension <u>Access to Care, After Hours and Appointment Availability</u> • Did not meet performance goals for urgent and routine appointments • Met most of the goals for all other appointment types • Did not meet performance goals for after-hour access • There was an improvement in the performance for all after-hours access standards. <u>Member Participation, Community Outreach and Engagement</u> • Advisory Member Outreach • RCAC members reached 4,297 community members • Community Partnerships • Outreach focused on Women's health, diabetes and heart health <u>Provider Incentive Programs</u> • L.A. Care's Physician P4P Program (Measurement Year 2017)	

APPROVED

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2019 Quality Improvement Program Description and Work Plan	• L.A. Care's VIIP+P4P Program (MY 2017)
	• L.A. Care's Plan Partner Incentive Program (MY 2017)
	
	Member Incentive Programs (2018)
	As of November 2018:
	• Cervical Cancer Screening ($50 gift card)
	• Breast Cancer Screening - L.A. Care Covered ($50 gift card)
	• Follow-Up for Hospitalization after Mental Illness
	• Comprehensive Diabetes Care (CMC members)
	
	2019 Program Description Revisions
	• Strategic Priorities: Updated to 2018-2021.
	• Language and membership numbers were updated for SB75, which provides eligibility regardless of immigration status.
	• CMC demonstration authorized through December 31, 2019.
	• Incorporated language that the MLTSS clinical teams, Long Term Care Nursing Facilities and Community Based Adult Services are part of Case Management's Interdisciplinary Care Team.
	• The Quality Improvement Department went through a restructure in 2018 to align functions.
	• Several positions had revisions to the responsibilities to align with the changes in structure. Some positions were removed and others added.
	• Population Health Management (PHM) was updated to reflect that the PHM Program is up and running.
	• Language modifications to clearly state the goals, functions, structure, and reporting responsibilities for several committees.
	
	Significant Program Changes
	• Included the Safety Net Programs and Partnerships:
	  o Health Homes Program
	  o The Whole Person Care Program (WPC)
	  o Homeless Program Duals program updated to include program objectives, framework, and key components
	• Revised Pharmacy Management processes for Medication Therapy Management, Comprehensive Medication Review, and the Quality Assurance programs	

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Availability of Practitioners includes high impact specialists, and the use of alternative access standards. • Comprehensively detailed the Value Initiative for IPA Performance (VIIP+ P4P) Program. Member Perez thanked Ms. Casias for her hard work on presentation. Member Booth asked if the motion can be split into two. A motion to approve the 2018 Quality Improvement Annual Report & Evaluation and a motion to approve the 2019 Quality Improvement Program & Work Plan. **Motion COM A.0319** **To approve Quality Improvement documents:** • **2018 Quality Improvement Annual Report & Evaluation – All lines business** • **2019 Quality Improvement Program & Work Plan – All lines of business.**	**Approved unanimously. 6 AYES**
ANNUAL COMMITTEE CHAIR ELECTION Augustavia J. Haydel, Esq.	Augustavia J. Haydel, Esq., *General Counsel,* reminded the committee that there was an election held on September 8, 2018 due to the previous chair terming out. She reviewed the process for Committee Chair election and asked for nominations for Committee Chair. Member Booth nominated herself. Member Perez nominated Member Booth. Member Ballesteros nominated Member Ghaly. Member Ghaly nominated Member Booth. Member Ghaly declined her nomination. **Member Booth was elected Committee Chair by unanimous vote.**	**Approved unanimously. 6 AYES**
ADJOURNMENT	The meeting was adjourned at 3:10 p.m.	

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

APPROVED BY:

Stephanie Booth

Stephanie Booth, MD, *Chairperson*
Date Signed: 5/16/2019

APPROVED