



L.A. Care
HEALTH PLAN

For All of L.A.

BOARD OF GOVERNORS MEETING

July 30, 2020 • 2:00 PM

L.A. Care Health Plan

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



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

Statement

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

Overview

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

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

L.A. Care advances individual and community health through a variety of targeted activities including a Community Health Investment Fund and sponsorships program that have awarded more than \$180 million throughout the years to support the health care safety net and expand health coverage. The patient-centered health plan has a robust system of consumer advisory groups, including 11 Regional Community Advisory Committees (governed by an Executive Community Advisory Committee), 35 health promoters and six Family Resource Centers and one Community Resource Center 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 April 2020	
Medi-Cal	1,988,041
L.A. Care Covered	84,457
Cal MediConnect	16,624
PASC-SEIU	51,592
Total membership	2,140,714
L.A. Care Providers – As of September 2018	
Physicians	4,926
Specialists	19,024
Both	1,537
Hospitals, clinics and other health care professionals	8,778
Financial Performance (FY 2019-2020 budget)	
Revenue	\$8B
Fund Equity	\$1.2B
Net Operating Surplus	\$152.9M
Administrative cost ratio	5.6%
Staffing highlights	
Full-time employees (Actual as of November 2019)	2,343
Projected full-time employees (FY 2019-2020 budget)	2,362





AGENDA
BOARD OF GOVERNORS MEETING
L.A. Care Health Plan
Thursday, July 30, 2020, 2:00 PM
 L.A. Care Health Plan, 1055 W. 7th Street, 10th Floor, Los Angeles, CA 90017

DRAFT

California Governor issued Executive Order N-25-20 and N-29-20, which, among other provisions, amend the Ralph M. Brown Act. Accordingly, members of the public should now listen to this meeting via teleconference as follows:

<https://lacare.webex.com/lacare/onstage/g.php?MTID=e9a907b30a46b3c294cce15337faf9367>

English Audio Call (415) 655-0002, Access Code 146 550 9470

Spanish Audio Call (844) 907-7272, Access Code 23555233

Members of the Board of Governors or staff may also participate in this meeting via teleconference. *The public is encouraged to submit public comments or comments on Agenda items in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420.*

The text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.

Comments received by voicemail, email or text by 2:00 pm on July 30, 2020 will be provided in writing to the members of the Board of Governors at the meeting.

Once the meeting has started, emails and texts for public comment should be submitted before the item is called by the meeting Chair. If you wish to submit public comment on an item, you must submit it at any time prior to the time the Chair starts consideration of the item. The Chair will ask for public comment and will announce the item. The Chair will announce when public comment period is over for the item.

Public comments will be read for up to 3 minutes at the meeting.

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

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

Welcome

Hector De La Torre, *Chair*

1. Approve today’s Agenda *Chair*
2. Public Comment (*Please read instructions above.*) *Chair*
3. Consent Agenda Items *Chair*
 - Minutes of June 4, 2020 Board of Governors meeting p.15
 - NTT American Solutions, Inc. (FIN 100) p.77
 - Ratify elected Technical Advisory Committee Chair and Vice Chair (TAC 100) p.78
4. Chairperson’s Report *Chair*
 - Nomination process for Board Member Terms ending October 31, 2020
 - 2021 Officer Election process
5. Chief Executive Officer Report p.79 John Baackes
Chief Executive Officer
 - COVID-19 Update
 - Equity Council Steering Committee p.89
 - Support for a new medical school being developed by the Keck Graduate Institute of Claremont Colleges 0.93
 - 3rd Quarter FY 2019-20 Vision 2021 Progress Report p.96
 - Cal MediConnect Enrollee Advisory Committee p.109
 - Monthly Grants & Sponsorship report p.110

6. Motions for Consideration *Chair*
- L.A. Care Health Plan Statement of Principles on Social Justice and Systemic Racism (**BOG 100**) p.114 John Baackes
 - Renomination of Hector De La Torre to the L.A. Care Board of Governors (**BOG 101**) p.116 Al Ballesteros
Vice Chairperson
7. Chief Medical Officer Report Richard Seidman, MD, MPH
Chief Medical Officer

Advisory Committee Reports

8. Executive Community Advisory Committee Hilda Perez / Layla Gonzalez
Consumer member and Advocate member
9. Children's Health Consultant Advisory Committee Richard Seidman, MD, MPH

Committee Reports

10. Executive Committee *Chair*
- Government Affairs Update p.138 Cherie Compartore
Senior Director, Government Affairs
11. Finance & Budget Committee Robert H. Curry, *Committee Chair*
- Financial Reports (**FIN 101**) p.175 Marie Montgomery
Chief Financial Officer
 - Monthly Investments Transactions Report p.195
12. Audit Committee Report Al Ballesteros, MBA, *Committee Chair*
13. Public Comment *Chair*

ADJOURN TO CLOSED SESSION (Estimated time: 50 minutes)

14. CONTRACT RATES *Chair*
Pursuant to Welfare and Institutions Code Section 14087.38(m)
- Plan Partner Rates
 - Provider Rates
 - DHCS Rates
15. 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: *July 2022*
16. CONFERENCE WITH LABOR NEGOTIATOR
Pursuant to Section 54957.6 of the Ralph M. Brown Act
Agency Designated Representative: John Baackes
Unrepresented Employee: All L.A. Care Employees
17. CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION
Pursuant Section 54956.9(d)(1) of Ralph M. Brown Act
LogistiCare Solutions, LLC v. L.A. Care (AAA Case No. 01-20-0003)

18. CONFERENCE WITH LEGAL COUNSEL –PENDING LITIGATION
Significant exposure to litigation pursuant to Section 54956.9(d) (4) of Ralph M. Brown Act
19. CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION
Initiation of litigation pursuant to Section 54956.9(d) (4) of Ralph M. Brown Act
One Potential Case
20. 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: *July 2022*
21. PUBLIC EMPLOYEE PERFORMANCE EVALUATION
Section 54957 of the Ralph M. Brown Act
Title: Chief Executive Officer

RECONVENE IN OPEN SESSION

Chair

Adjournment

Chair

**The next meeting is scheduled on Thursday, September 3, 2020 at 9:00 AM
and may be conducted as a teleconference meeting.**

Public comments will be read for up to three minutes.

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 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.

THE PUBLIC MAY SUBMIT COMMENTS TO THE BOARD OF GOVERNORS BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT BY VOICE MESSAGE OR IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO BoardServices@lacare.org. Please follow additional instructions on the first page of this Agenda.

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

NOTE: THE BOARD OF GOVERNORS CURRENTLY MEETS ON THE FIRST THURSDAY OF MOST MONTHS AT 2:00 P.M. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT <http://www.lacare.org/about-us/public-meetings/board-meetings> and by email request to BoardServices@lacare.org

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at <http://www.lacare.org/about-us/public-meetings/board-meetings> and can be requested by email to BoardServices@lacare.org.

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

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats - i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care's Board Services Department at (213) 628 6420. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.



Schedule of Meetings August 2020

Monday	Tuesday	Wednesday	Thursday	Friday
3	4 <i>Technical Advisory Committee</i> 2 pm (for approx. 2 hours)	5	6 <i>No Board of Governors meeting for the month</i>	7
10	11	12	13	14
17	18	19	20 <i>Compliance & Quality</i> 2 pm (for approx. 2 hours)	21
24 <i>Finance & Budget</i> 1 pm (for approx. 1 hour) <i>Executive Committee</i> 2 pm (for approx. 2 hours)	25	26	27	28
31				

Due to COVID 19 pandemic, California Governor issued Executive Order N-25-20, N-29-20, which among other provisions amends the Ralph M. Brown Act and Executive Order N 33-20, ordering all residents to stay in their homes, except for specific essential functions.

L.A. Care has temporarily suspended some of its public meetings.



	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
BOARD OF GOVERNORS	<p>1st Thursday 2:00 PM <i>(for approximately 3 hours)</i> L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250</p> <p><i>*Board of Governors Retreat</i> <i>**Placeholder meeting date</i></p>	<p>July 30 <i>No meeting in August</i> September 3 * October 1 ** November 5 December 3</p>	<p>Hector De La Torre, <i>Chairperson</i> Alvaro Ballesteros, MBA, <i>Vice Chairperson</i> Robert Curry, <i>Treasurer</i> Layla Gonzalez, <i>Secretary</i> Stephanie Booth, MD Christina R. Ghaly, MD George W. Greene, Esq. Antonia Jimenez Hilda Perez Honorable Mark Ridley-Thomas G. Michael Roybal, MD, MPH Ilan Shapiro, MD Nina Vaccaro</p> <p>Staff Contact: John Baackes <i>Chief Executive Officer, x4102</i> Linda Merkens <i>Senior Manager, Board Services, x4050</i></p>
BOARD COMMITTEES			
EXECUTIVE COMMITTEE	<p>4th Monday of the month 2:00 PM <i>(for approximately 2 hours)</i> L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250</p>	<p>August 24 September 28 October 26 November 16 <i>No meeting in December</i></p>	<p>Hector De La Torre, <i>Chairperson</i> Alvaro Ballesteros, MBA, <i>Vice Chairperson</i> Robert H. Curry, <i>Treasurer</i> Layla Gonzalez, <i>Secretary</i> Stephanie Booth, MD Hilda Perez</p> <p>Staff Contact: Linda Merkens <i>Senior Manager, Board Services, x4050</i> Malou Balones <i>Board Specialist III, Board Services x4183</i></p>

**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES
AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2020 MEETING SCHEDULE / MEMBER LISTING**

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
COMPLIANCE & QUALITY COMMITTEE	<p>3rd Thursday every 2 months 2:00 PM <i>(for approximately 2 hours)</i> L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250</p>	<p>August 20 September 17 November 19 <i>No meeting in December</i></p>	<p>Stephanie Booth, MD, <i>Chairperson</i> Alvaro Ballesteros, MBA Hilda Perez Ilan Shapiro, MD Nina Vaccaro</p> <p>Staff Contact: Victor Rodriguez <i>Board Specialist II, Board Services x 5214</i></p>
FINANCE & BUDGET COMMITTEE	<p>4th Monday of the month 1:00 PM <i>(for approximately 1 hour)</i> L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250</p>	<p>August 24 September 28 October 26 November 16 <i>No meeting in December</i></p>	<p>Robert H. Curry, <i>Chairperson</i> Stephanie Booth, MD Hector De La Torre Hilda Perez G. Michael Roybal, MD, MPH</p> <p>Staff Contact: Malou Balones <i>Board Specialist III, Board Services x4183</i></p>
GOVERNANCE COMMITTEE	<p>L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250</p> <p>MEETS AS NEEDED</p>		<p>Hilda Perez, <i>Chairperson</i> Stephanie Booth, MD Layla Gonzalez Antonia Jimenez Nina Vaccaro</p> <p>Staff Contact: Malou Balones <i>Board Specialist III, Board Services/x 4183</i></p>
SERVICE AGREEMENT COMMITTEE	<p>L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250</p> <p>MEETS AS NEEDED</p>		<p>Layla Gonzalez, <i>Chairperson</i> George W. Greene Antonia Jimenez Hilda Perez</p> <p>Staff Contact Malou Balones <i>Board Specialist III, Board Services/x 4183</i></p>

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AUDIT COMMITTEE	L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250 MEETS AS NEEDED		Alvaro Ballesteros, MBA, <i>Interim Chairperson</i> Stephanie Booth, MD, Layla Gonzalez Staff Contact Malou Balones <i>Board Specialist III, Board Services, x 4183</i>
L.A. CARE COMMUNITY HEALTH PLAN	Meets Annually or as needed L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250		Hector De La Torre, <i>Chairperson</i> Alvaro Ballesteros, MBA, <i>Vice Chairperson</i> Robert Curry, <i>Treasurer</i> Layla Gonzalez, <i>Secretary</i> Stephanie Booth, MD Christina R. Ghaly, MD George W. Greene, Esq. Antonia Jimenez Hilda Perez Honorable Mark Ridley-Thomas G. Michael Roybal, MD, MPH Ilan Shapiro, MD Nina Vaccaro Staff Contact: John Baackes, <i>Chief Executive Officer, x4102</i> Linda Merkens, <i>Senior Manager, Board Services, x4050</i>
L.A. CARE JOINT POWERS AUTHORITY	Meets as needed L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250		Hector De La Torre, <i>Chairperson</i> Alvaro Ballesteros, MBA, <i>Vice Chairperson</i> Robert Curry, <i>Treasurer</i> Layla Gonzalez, <i>Secretary</i> Stephanie Booth, MD Christina R. Ghaly, MD George W. Greene, Esq. Antonia Jimenez Hilda Perez Honorable Mark Ridley-Thomas G. Michael Roybal, MD, MPH Ilan Shapiro, MD Nina Vaccaro Staff Contact: John Baackes, <i>Chief Executive Officer, x4102</i> Linda Merkens, <i>Senior Manager, Board Services, x4050</i>

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2020 MEETING SCHEDULE / MEMBER LISTING**

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PUBLIC ADVISORY COMMITTEES			
CHILDREN'S HEALTH CONSULTANT ADVISORY COMMITTEE GENERAL MEETING	3rd Tuesday of every other month 8:30 AM <i>(for approximately 2 hours)</i> L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250	August 18 September 15 November 19	Tara Ficek, MPH, Chairperson Staff Contact: Victor Rodriguez <i>Board Specialist II, Board Services/x 5214</i>
EXECUTIVE COMMUNITY ADVISORY COMMITTEE	2nd Wednesday of the month 10:00 AM <i>(for approximately 3 hours)</i> L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250	<i>No meeting in August</i> September 9 October 14 November 11 December 9	Fatima Vasquez, Chairperson Staff Contact: Idalia Chitica, <i>Community Outreach & Education, Ext. 4420</i>
TECHNICAL ADVISORY COMMITTEE	L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250	August 4 2 pm	Richard Seidman, MD, MPH, Chairperson Staff Contact: Victor Rodriguez <i>Board Specialist II, Board Services/x 5214</i>

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REGIONAL COMMUNITY ADVISORY COMMITTEES			
REGION 1 ANTELOPE VALLEY	3rd Friday of every other month 10:00 AM <i>(for approximately 2-1/2 hours)</i> L.A. Care Family Resource Center- Palmdale 2072 E. Palmdale Blvd. Palmdale, CA 93550 (213) 438-5580	October 16 December 18	Russel Mahler, Chairperson Staff Contact: Kristina Chung <i>Community Outreach & Education, x5139</i>
REGION 2 SAN FERNANDO VALLEY	3rd Monday of every other month 10:00 AM <i>(for approximately 2-1/2 hours)</i> L.A. Care Family Resource Center- Pacoima 10807 San Fernando Road Pacoima, CA 91331 (844) 858-9942	October 19 December 21	Estela Lara, Chairperson Staff Contact: Martin Vicente <i>Community Outreach & Education, x 4423</i>
REGION 3 ALHAMBRA, PASADENA AND FOOTHILL	3rd Tuesday of every other month 9:30 AM <i>(for approximately 2-1/2 hours)</i> Robinson Park Recreation Center 1081 N. Fair Oaks Avenue Pasadena, CA 91103 (626) 744-7330	October 20 December 15	Cynthia Conteas-Wood, Chairperson Staff Contact: Frank Meza <i>Community Outreach & Education, x4239</i>

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REGION 4 HOLLYWOOD- WILSHIRE, CENTRAL L.A. AND GLENDALE	3rd Wednesday of every other month 9:30 AM <i>(for approximately 2-1/2 hours)</i> L.A. Care Health Plan Conference Room 100 1055 W. 7 th Street Los Angeles, CA 90017 (213) 694-1250	September 16 November 18	Sylvia Poz, Chairperson Staff Contact: Kristina Chung <i>Community Outreach & Education, x5139</i>
REGION 5 CULVER CITY, VENICE, SANTA MONICA, MALIBU, WESTCHESTER	3rd Monday of every other month 2:00 PM <i>(for approximately 2-1/2 hours)</i> Veterans Memorial Building Garden Room 4117 Overland Avenue Culver City, CA 90230 (310) 253-6625	October 19 December 21	Maria Sanchez, Chairperson Staff Contact: Jose Rivas <i>Community Outreach & Education, x4090</i>
REGION 6 COMPTON, INGLEWOOD, WATTS, GARDENA, HAWTHORNE	3rd Thursday of every other month 3:00 PM <i>(for approximately 2-1/2 hours)</i> South LA Sports Activity Center 7020 S. Figueroa Street Los Angeles, CA 90003 (323) 758-8716	October 15 December 17	Andria McFerson, Chairperson Staff Contact: Frank Meza <i>Community Outreach & Education, x4239</i>
REGION 7 HUNTINGTON PARK, BELLFLOWER, NORWALK, CUDAHY	3rd Thursday of every other month 2:00 PM <i>(for approximately 2-1/2 hours)</i> Community Empowerment Center 7515 Pacific Blvd. Walnut Park, CA 90255 (213) 516-3575	September 17 November 19	Fatima Vasquez, Chairperson Staff Contact: Martin Vicente <i>Community Outreach & Education, x 4423</i>

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REGION 8 CARSON, TORRANCE, SAN PEDRO, WILMINGTON	3rd Friday of every other month 10:30 AM <i>(for approximately 2-1/2 hours)</i> Providence Community Health Wellness and Activity Center 470 N. Hawaiian Ave. Wilmington, CA 90744 (424) 212-5699	September 18 November 20	Ana Romo – Chairperson Staff Contact: Jose Rivas <i>Community Outreach & Education, x4090</i>
REGION 9 LONG BEACH	3rd Monday of every other month 10:00 AM <i>(for approximately 2-1/2 hours)</i> Albert Jewish Community Center 9801 E. Willow Street Long Beach, CA 90815 (562) 426-7601	September 21 November 16	Tonya Byrd, Chairperson Staff Contact: Kristina Chung <i>Community Outreach & Education, x5139</i>
REGION 10 EAST LOS ANGELES, WHITTIER AND HIGHLAND PARK	3rd Thursday of every other month 2:00 PM <i>(for approximately 2-1/2 hours)</i> L.A. Care East L.A. Family Resource Center 4801 Whittier Blvd Los Angeles, CA 90022 (213) 438-5570	October 15 December 17	Damaris de Cordero, Chairperson Staff Contact: Jose Rivas <i>Community Outreach & Education, x4090</i>
REGION 11 POMONA AND EL MONTE	3rd Thursday of every other Month 10:00 AM <i>(for approximately 2-1/2 hours)</i> Pomona Community Resource Center 696 W. Holt Street Pomona, CA 91768 (909) 620-1661	September 17 November 19	Maria Angel Refugio, Chairperson Staff Contact: Frank Meza <i>Community Outreach & Education, x4239</i>

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Board of Governors
Regular and Special Supplemental Meeting Minutes #288
June 4, 2020

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



Members

Hector De La Torre, <i>Chairperson</i>	Antonia Jimenez *
Alvaro Ballesteros, MBA, <i>Vice Chairperson</i>	Hilda Perez
Robert H. Curry, <i>Treasurer</i>	Honorable Mark Ridley-Thomas *
Layla Gonzalez, <i>Secretary</i>	G. Michael Roybal, MD, MPH
Stephanie Booth, MD	Ilan Shapiro, MD
Christina R. Ghaly, MD	Nina Vaccaro, MPH
George W. Greene, Esq.	

**Absent **All via teleconference (COVID-19)*

Management/Staff

John Baackes, *Chief Executive Officer*
 Terry Brown, *Chief of Human Resources*
 Augustavia Haydel, *General Counsel*
 Dino Kasdagly, *Chief Operating Officer*
 Alex Li, MD, *Deputy Chief Medical Officer*
 Thomas Mapp, *Chief Compliance Officer*
 Marie Montgomery, *Chief Financial Officer*

California Governor issued Executive Order Nos. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can listen to this meeting via teleconference, and can share their comments via voicemail, email, or text.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
WELCOME	<p>Hector De La Torre, <i>Chairperson</i>, called the meeting to order at 2:07 p.m. for the regular and Special Supplemental Agendas for L.A. Care and L.A. Care Health Plan Joint Powers Authority. The L.A. Care Board of Governors regular and special supplemental meetings and the L.A. Care Health Plan Joint Powers Authority regular and special supplemental meetings were held simultaneously.</p> <p>He welcomed members of the public and thanked those who have submitted public comment by voice mail, text or email. Board Members have already received voice messages and written comments that were sent before the meeting. Comments that are sent during the meeting will also be read for up to three minutes. Just as at any other meeting, public comments on any topic that are not listed on the Agenda will be heard at the Public Comment section of the Agenda, and comments on the items listed on the Agenda will be heard before the item is discussed by the Board.</p> <p>For those with access to the internet, the materials for today’s meeting are available on the L.A. Care website. If you need information about how to locate the materials, please let us know.</p>	
APPROVAL OF MEETING AGENDA	<p>PUBLIC COMMENT</p> <p>Text message received on May 7, 2020, 3:54 p.m. from Carolyn Navarro <i>I’m able to hear your meeting right now , I did just come on ,I will be verifying my</i></p>	

DRAFT

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>public comments and will pursue my Brown act rights</i></p> <p><i>Why aren't up allowing people to call in public comment , I believe its to suppress people from commenting . You ARE able to take phone calls</i></p> <p><i>I don't believe LA Care ever did an investigation of what was done to Vanessa and we were lied to. I have my letter from March 2014 that proves she was your responsibility!</i></p> <p><i>I noticed my cell call seemed to be blocked but not my landline ‘</i></p> <p><i>Since my three minutes ran out JUNE 2020 public comment More of 3 MINUTE comment , I don't believe LA Care did an investigation or peer review regarding the abuses against Vanessa, if you did show me the records that I don't believe exist , I believe LA Care lied to us and wanted to cover up the abuses going on. I know you can't comment on individual patients but as a mother I CAN!</i></p> <p><i>Public comment June 2020 Why aren't up allowing people to call in public comment , I believe its to suppress people from commenting . You ARE able to take phone calls , I have called in before, also in Jan I was told I couldn't make a phone comment at all, I saved proof of this which forced me to come in person when I didn't feel up for it!</i></p> <p><i>Public comment June or MAY 2020 Vanessa was forced to go up Pacific Alliance after an induced coma she never had to be in , caused by delay and denial of care and they told us they only had one neurosurgeon for a DEADLY brain issue, I alerted LA care to this in March 2014, do I don't believe LA Care was not aware of Synermed committing fraud!</i></p> <p><i>You're supposed to be back why can't we hear you?</i></p> <p><i>Text message received on May 7, 2020, 11:06 p.m., from Carolyn Navarro Why aren't April Board meeting minutes on pg , already a month!</i></p> <p><i>Text message received on May 8, 2020, 8:43 a.m. from Carolyn Navarro Public comment for June 2020 You need to post your minutes in a timely manner , how can anyone see if their comments were noted and further you are messing with peoples rights to comment by not allowing them to call in and reading their comments instead of allowing them to state their comments on their own! Public Comment, I requested a copy of Dr. Carters comment that you had fulfilled your obligation to Vanessa Navarro because you did not. [3 minutes expired]</i></p>	<p>Unanimously approved by roll call. 8 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Perez, Roybal and Vaccaro)</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	The agenda was approved as submitted.	
PUBLIC COMMENT	<p><i>Given current public health guidelines and orders, public comments received have been provided to Board Members in writing. Public comment received was read during the meeting for three minutes for each person submitting comments. Additional comments not read due to time will be printed as an addendum at the end of these minutes.</i></p> <p>Text message received on May 8, 2020, 8:43 a.m. from Carolyn Navarro <i>(continued from previous item)</i> <i>When we told L.A. Care in 2014 that Synermed committed fraud you acted like you didn't believe us and then failed to make sure Vanessa was getting proper follow up and access to doctor which was your fiduciary duty , instead you discriminate d against her and us and didn't help her re enroll when she had the right to do so. I believe this did contribute to her death.</i></p> <p>Text message received on May 9, 2020, 3:34 a.m. from Carolyn Navarro <i>Public comment June 2020, I just located another parent of a special needs Synermed victim who had no idea who Synermed is, this tells me LA Care is not telling victims of Synermed they are victims and LA Care has something to hide regarding Synermed and the people who worked there.</i></p> <p>Text message received on May 9, 2020, 10:35 a.m. from Carolyn Navarro <i>Public comment for June 2020 I found out Vanessa's personal info (Social security #, etc) was breached and Synermed and Care 1st just happened to both have a data breaches because they are stupid. She never had credit or a job so I find it bizarre that her info was compromised but I have never received any notification from LA Care about these Synermed weirdos disrupting my child's care and identity!</i></p> <p>Text message received on May 12, 2020, 6:01 a.m. from Carolyn Navarro <i>To be verified Public comment June 2020, Mr. Baackes if you "never used Synermed/EHS" why did DMHC fine LA Care \$350,000 for lack of oversight over Synermed / EHS, the enforcement action is signed by Ms. Haydel, Care 1st (who is REALLY Blue Shield) who you claim had a contract with them only got fined about \$20,000 for their BS and it all goes back to us notifying LA Care there WAS A PROBLEM with Care 1st in 2014. Why did you make it a point to assist Synermed /EHS affected doctors ? I saw all of this in your own documents ! You get paid about \$800 K a yr to get your facts straight so you need to earn it or leave, go back to that</i></p>	

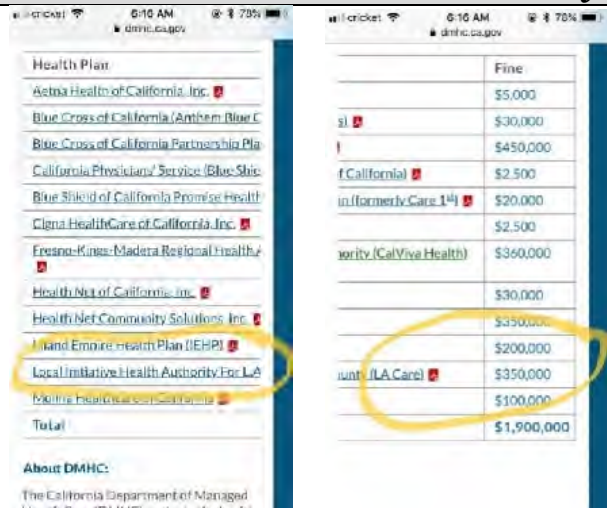
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>rinky dink , equally dysfunctional HMO you came from, however you define your association with Synermed they affected patients, killed some of them and patients complained enough for your office to take it seriously! Enclosed is enforcement your lawyer signed!</i></p> <p><i>Oddly I can't see the letter signed by Ms. Haydel but I believe I did save a screenshot , this pg at DMHC site shows LA Care paid \$350 K for lack of oversight over Synermed who they had "no contract with" but they are assisting affected doctors, which is stated in LA Cares board notes from around March 2018.</i> [3 minutes expired].</p> <p>Telephone message received on June 4, 2020 at 11:03 a.m. from Elizabeth Cooper <i>My name is Elizabeth Cooper, RCAC member, advocate and a parent and of an L.A. Care member. I wish to voice my concern to the Board of Governors today Thursday, June 4 under public comment.</i></p> <p><i>First I would like address the board on the issue about the COVID-19 health disparities. My goal is to pursuit actions by L.A. Care on any activity develop to address disparities. I feel that the members, specially L.A. Care advisory members should have access to participating on conferences, town hall meetings or any other activities organized by L.A. Care addressing disparities. We need to hear from the community at large since we are the front line and are the eyes and ears in the community, who better to represent and provide feedback on activities organized by L.A. Care than us. I would like L.A. Care Board President Mr. De La Torre and the two consumer board representative, Hilda Perez and Layla Gonzales, Mr. John C. Baackes Chief Executive Officer and representatives of the L.A. Board of Supervisors, leader of the Local Initiative and Board members to please hear my concerns and be more inclusive of community input at any L.A. Care activities concerning the Covid-19 disparities affecting L.A. Care consumer members etc. I request that L.A. Care should fund and respond!</i></p> <p><i>I would like a response from the board on what actions they will take regarding my concerns before their next Board of Governor's meeting. Please contact me through the Community Outreach and Engagement Department. Additionally I would like to comment the following, In the month of July the 4th 1776 the U.S. constitution was drafted and completed, our beautiful constitution and California constitution! the reason I am mentioning this is because it has given me the freedom to voice my concerns through the first amendment.</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Text message received on June 4, 2020, 1:05 p.m. from Rachael Rose Luckey <i>Rachael Rose Luckey, Vice Chair RCAC 4, Item 2 - General Public Comment: What is the plan for holding Member BOG elections during Covid 19 stay at home? The election is supposed to happen next month and as a candidate, as of today I have not heard anything one way or the other. Also, it is anticipated that we will be under stay at home to some degree or another for the foreseeable future. Is there a plan for RCACs to start meeting either virtually or in- person with social distancing protocols? Thank you.</i></p> <p>Chair De La Torre noted that John Baackes, <i>Chief Executive Officer</i>, will address some of the public comments during his report. He thanked those who sent public comment for participating. The structure of the meetings under the COVID crisis complies with the Governor’s Executive Orders modifying the Brown Act. This is absolutely under what is allowed under the Brown Act and L.A. Care is taking public comment as it has been asked to do and has not curtailed anyone’s ability to communicate in this time with the limits of technology. The important thing is that you have a chance to express your views in a public meeting in a public forum as laid out by law. Hopefully we will get past this at some point and we will be able to gather in person for a public meeting and you will be welcome to speak at a microphone to address the Board as was done before. He thanked the contributors for their public comment.</p>	
<p>CONSENT AGENDA ITEMS APPROVED BY A COMMITTEE</p>	<p>PUBLIC COMMENT: Text message received on May 12, 2020, 6:01 a.m. from Carolyn Navarro <i>(continued from previous item)</i> <i>It’s noted at DMHC oddly hard to see all screen on phone, Ms. Haydel should remember what signed , ask her.</i></p>	

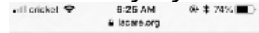
**AGENDA
ITEM/PRESENTER**

MOTIONS / MAJOR DISCUSSIONS

ACTION TAKEN



“LA Care never had a contract with Synermed but this article I guess you forgot about says you terminated your contract with Synermed, really ?



L.A. Care Offers Help to Physicians Post-SynerMed Fraud



Date: Wednesday, February 7, 2018

L.A. Care Offers Help to 'Orphan' Physicians After SynerMed Irregularities Discovered

LOS ANGELES — L.A. Care Health Plan, in an effort to protect its members from unethical activities at SynerMed, a healthcare management firm, has launched a full-fledged effort to contract directly with individual physicians who were inadvertently impacted by the

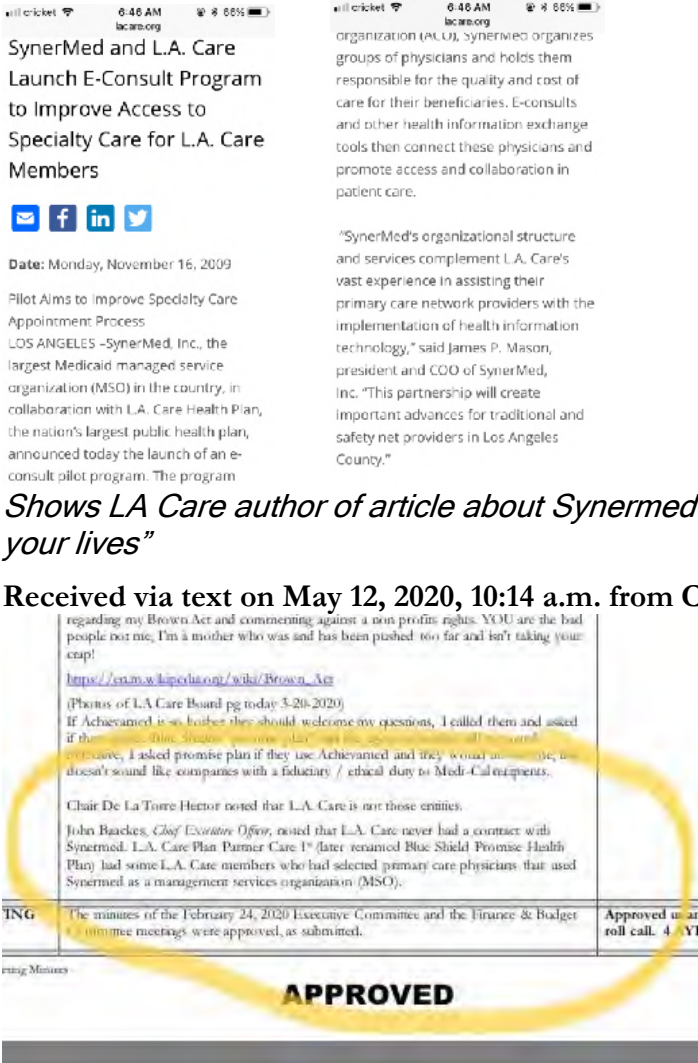

Saved a copy in case it's removed , LOL!!

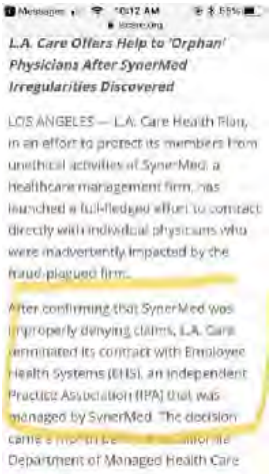

EHS and Synermed are same people , good try!



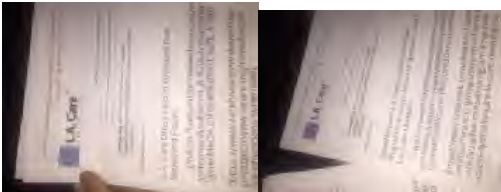
<https://www.lacare.org/news/la-care-help-for-physicians-synermed>

Bet this is going to be taken down but I saved it anyway!

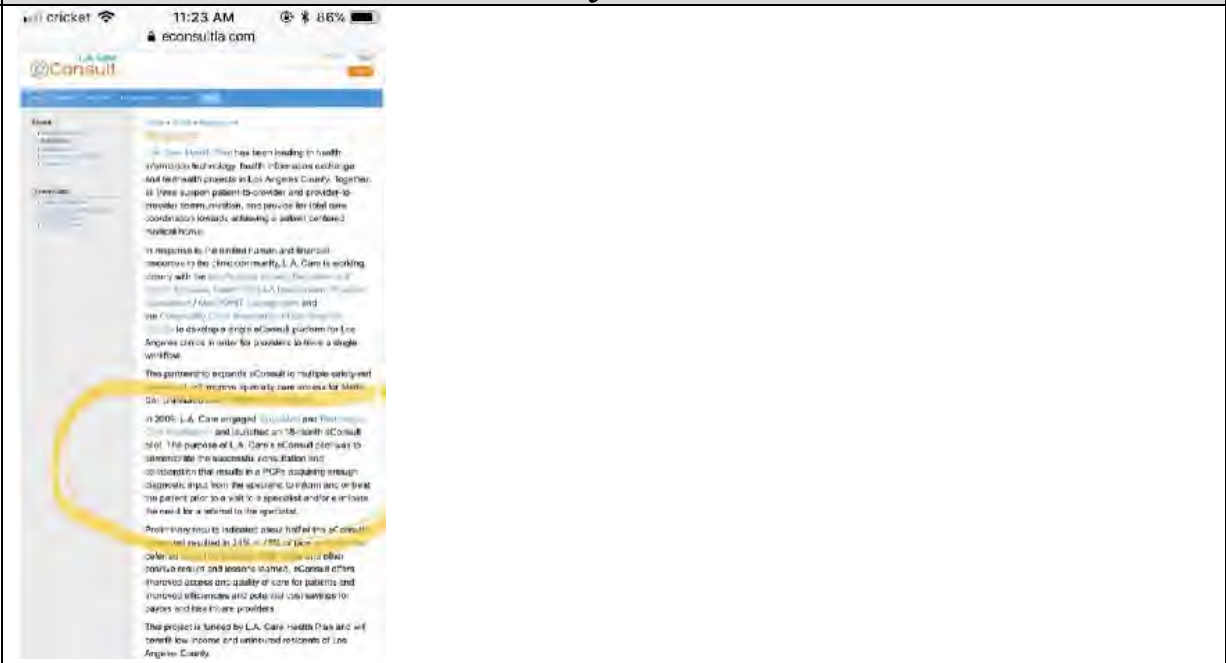
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<div data-bbox="443 185 737 714"> <p>Messages • 6:31 AM • 72% lacare.org</p> <p>L.A. Care Offers Help to Physicians Post-SynerMed Fraud</p> <p>✉ f in t</p> <p>Date: Wednesday, February 7, 2018</p> <p>L.A. Care Offers Help to 'Orphan' Physicians After SynerMed Irregularities Discovered</p> <p>LOS ANGELES — L.A. Care Health Plan, in an effort to protect its members from unethical activities at SynerMed, a healthcare management firm, has launched a full-fledged effort to contract directly with individual physicians who were inadvertently impacted by the fraud-infused firm.</p> </div> <div data-bbox="793 185 1087 714"> <p>Messages • 6:31 AM • 72% lacare.org</p> <p>physicians. To ensure continuity of care for members, L.A. Care is actively recruiting these physicians into its direct network and thereby eliminating the need for them to contract with another IPA. By joining L.A. Care's direct network — Community Access Network (CAN) — they will support efforts to enhance access and availability to quality health care in Los Angeles County.</p> <p>All affected physicians are being contacted by mail this week, and physicians interested in joining CAN will be offered various options to find out more about the program. They can:</p> <ul style="list-style-type: none"> • Schedule a one-on-one meeting with an L.A. Care representative by emailing PNMlettersofinterest@lacare.org </div> <p><i>I can't see the letter signed by Ms. Haydel at DMHC pg but it's listed online just the same and she knows what I'm talking about.</i></p> <div data-bbox="443 816 737 1323"> <p>cricket • 6:37 AM • 69%</p> <p>synermed Dept of managed care call August 14, 2018 Los Angeles, California. Prior to that position...</p> <p>Mailing: synermed Must include: synermed</p> <p>Letter of Agreement - CA.gov Aug 14, 2018 August 14, 2018 The Office of Enforcement within the Department of Managed Health Care (the...</p> <p>CA.gov The... 8/14/2018</p> <p>California Department of Managed Health Care > About the DMHC...</p> <p>Dec 18, 2010 The DMHC's investigation found SynerMed, and therefore EHS and...</p> <p>More results from vjpsu.dmdnet.ca...</p> <p>LA.Care - January 10, 2018</p> </div> <p><i>I'm sure this will be taken down but this gets even better , article from you website touting your relationship with Synermed you now are denying!</i></p> <p>http://lacare.org/news/synermed-and-la-care-launch-e-consult-program-improve-access-specialty-care-la-care-members</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>  </p> <p> SynerMed and L.A. Care Launch E-Consult Program to Improve Access to Specialty Care for L.A. Care Members </p> <p>  </p> <p> Date: Monday, November 16, 2009 </p> <p> Pilot Aims to Improve Specialty Care Appointment Process LOS ANGELES –SynerMed, Inc., the largest Medicaid managed service organization (MSO) in the country, in collaboration with L.A. Care Health Plan, the nation's largest public health plan, announced today the launch of an e-consult pilot program. The program </p> <p> organization (ALOU), SynerMed organizes groups of physicians and holds them responsible for the quality and cost of care for their beneficiaries. E-consults and other health information exchange tools then connect these physicians and promote access and collaboration in patient care. </p> <p> "SynerMed's organizational structure and services complement L.A. Care's vast experience in assisting their primary care network providers with the implementation of health information technology," said James P. Mason, president and COO of SynerMed, Inc. "This partnership will create important advances for traditional and safety net providers in Los Angeles County." </p> <p> <i>Shows LA Care author of article about Synermed who you've "never seen before in your lives"</i> </p> <p> Received via text on May 12, 2020, 10:14 a.m. from Carolyn Navarro </p> <p> regarding my Brown Act and commenting against a non profits rights. YOU are the bad people not me, I'm a mother who was and has been pushed too far and isn't taking your crap! https://en.m.wikipedia.org/wiki/Brown_Act (Photos of L.A Care Board pg today 3-20-2020) If Achievamed is so better they should welcome my questions, I called them and asked if they would be open to my questions and they would not answer me, I asked promise plan if they use Achievamed and they would not answer me, it doesn't sound like companies with a fiduciary / ethical duty to Medi-Cal recipients. </p> <p> Clair De La Torre Hector noted that L.A. Care is not those entities. </p> <p> John Baackes, Chief Executive Officer, noted that L.A. Care never had a contract with Synermed. L.A. Care Plan Partner Care 1* (later renamed Blue Shield Promise Health Plan) had some L.A. Care members who had selected primary care physicians that used Synermed as a management services organization (MSO). </p> <p> ING The minutes of the February 24, 2020 Executive Committee and the Finance & Budget Committee meetings were approved, as submitted. </p> <p> APPROVED </p> <p> Approved in an roll call. 4 YI </p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	 <p>Board Member Booth asked which Consent Agenda item this comment referred to. Staff responded that the comment does not specify.</p> <p><i>Your our article on YOUR webpage states you terminated your contract with EHS /Synermed, any way you put it, in 2014 , I alerted LA Care about Synermed also known as EHS was blocking patients access to doctors and care. I never said LA Care was Synermed but I did alert you to exactly what they were doing and I also complained about Care 1st that I believed they also knew there was a problem and ignored it!</i></p>  <p><i>On your own webpage you terminated contract</i></p> <p><i>Article posted by Penny Griego</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	 <p>L.A. Care is a leader in developing new programs through innovative partnerships designed to provide health coverage to vulnerable populations and to support the safety net. With more than 2 million members, L.A. Care is the nation's largest publicly operated health plan.</p> <p>Penny Griego 213.594.1250 x 4560 310.613.6209 Mobile pgriego@lacare.org Facebook Twitter LinkedIn</p>  <p>How? Question? Contact us Health Coverage</p> <p><i>I went ahead and printed the article in case it's removed .</i></p> <p><i>Also printed "Synermed " e launch article in case that's removed, since LA Care people lie.</i></p> <p><i>Both articles printed in entirety, each text is documented public comment that will be confirmed pursuant to Brown Act regardless of "time constraints " Carolyn Navarro</i></p>  <p><i>Articles printed today May 12, 2020 from LA Care website.</i></p>	


AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
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Look! A Jan 2018 article stating LA Care contracted with Synermed/EHS.




Look! A DMHC cease and desist stating LA care contracted with Synermed/EHS!


AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	 <p><i>I went ahead and followed up with the federal office I've complained to about the conflicting statements about a contract between LA Care and Synemed, as stated the article on your own pg in 2018 states you cancelled your contract with them!</i></p> <p><i>I told the federal office about EHS/Synermed for all intents and purposes being the SAME people !</i></p> <p><i>I'm saving this screenshot in case the remarks are taken down, regardless of any "contract " which your own article states you cancelled(DMHC ordered you to cancel the contract) , I alerted you to what Synermed was doing to patients and you treated me like I was lying and just supposed to go away when I don't have to!</i> [3 minutes expired]</p> <p>Chairperson De La Torre stated that again, to Member Booth's point, we allowed this public comment but it is clear it was not related to any of the five items that are on the Consent Agenda today. Because the claim has been made repeatedly, he repeated what he said at the last meeting which is that L.A. Care no longer has a contractual relationship with EHS for health care services and did not have a contractual relationship with Synermed. He said that last month and it still stands today. Obviously at some point L.A. Care had an arrangement with EHS and has never denied that. Hence, the press release that was referenced right now. And it won't be taken off the web site because it happened. He wants to make that very clear for those folks who are listening in today: we did have one, we no longer have one for health services</p>	

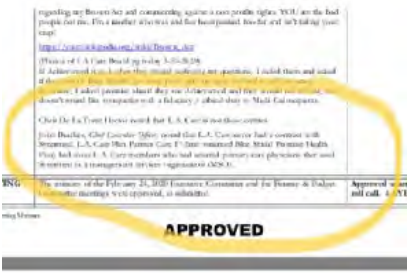
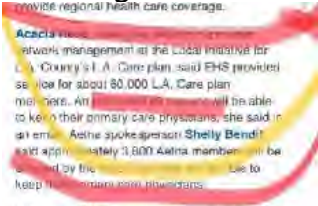
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>and that we've acknowledged several times and its even in the press release that she has acknowledged. There is no dispute at all on that.</p> <p>Member Gonzalez commented that in the minutes for May meeting, Chair De La Torre's remarks following the public comment by Cleo Clotill Ray, should be corrected from "him" to "her", as Ms. Ray is female.</p> <p>Mr. Baackes noted that he has gone over this several times and he would like it on record. L.A. Care had a contract with three different medical organizations who in turn had contracts with Synermed to provide managed service organization (MSO) services: Angeles IPA, Crown City, and Employee Health Services (EHS). All three were notified in November 2017 that L.A. Care would cancel the contract because of their subcontract with Synermed, based on what L.A. Care was learning about the activities of Synermed. L.A. Care did that voluntarily and only one other health plan acted in the same way, and that was Inland Empire Health Plan. Subsequently, L.A. Care reversed the cancellation with Angeles IPA and Crown City, because they found another vendor to provide the same services, and with which there were no known issues. L.A. Care did not reinstate EHS because the ownership of EHS and ownership of Synermed were the same people, and the entities were two separate corporations. A month later, in December 2017, the California Department of Managed Health Care (DMHC) issued a cease and desist order to all the health plans in California that did business with any medical group that used Synermed. L.A. Care was ahead of the cease and desist order. DMHC then asked the nine health plans to appoint a lead health plan who would work with EHS to clear up old claims. Health plans had suspended capitation payments to EHS, but services had been rendered and the plans wanted to ensure that medical care providers were paid for those services. Health Net acted as the lead health plan, engaged a company called Optum, and Optum did the work with what was left of Synermed. L.A. Care never had a contract with Synermed, even in that circumstance. Ultimately Synermed was sold to a local investor who specializes in distressed properties. So, if the company exists today under another name, L.A. Care has no business with the surviving company. He would like this in the record so we have those facts straight.</p> <p>Mr. Baackes further noted that the \$350,000 fine was part of a fine that DMHC levied against all nine health plans involved, and the amount was determined based on the number of members in the plan that were affected. L.A. Care was not fined more or less than other plans for each member. The fine was issued without taking under consideration that L.A. Care had voluntarily cancelled its contract with EHS prior to the time the cease and desist order was issued.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Chairperson De La Torre thanked Mr. Baackes for his comments. This topic keeps coming up and it is important to remind people about what the situation entails.</p> <ul style="list-style-type: none"> Minutes of May 7, 2020 Board of Governors meeting Covered California Contract Extension <u>Motion BOG 100.0620*</u> To ratify the Chief Executive Officer’s execution of an amendment to the contract with Covered California, the California Health Benefit Exchange, to define reporting requirements as required by AB 929. Edifecs Contract Amendment <u>Motion FIN 100.0620*</u> To authorize staff to execute on the extension of additional capabilities of the Edifecs platform to address risk adjustment data processing modernization. This will include contracts totaling \$5,500,000. This will include new software modules, licensing, implementation services, and maintenance for the period June 15, 2020 to September 30, 2022. Change Healthcare Contract Amendment <u>Motion FIN 101.0620*</u> To authorize staff to amend a contract with Change Healthcare Resources for Affordable Care Act risk adjustment functions in the amount of \$1,250,000 for a new contract total of \$3,520,000 and to extend the contract through December 31, 2021. Cognizant Contract Amendment (FIN 102) <u>Motion FIN 102.0620*</u> To authorize staff to amend the existing contract with Cognizant to continue providing Healthcare Effectiveness Data and Information Set (HEDIS) & The Align. Measure. Perform (AMP) software and services for the period of September 2020 through September 2021 with fees not to exceed \$1,050,000 for a contract total of \$4,093,761. 	<p>The Consent Agenda items were unanimously approved by roll call. 10 AYES (Ballesteros, Booth, Curry, De La Torre, Ghaly, Gonzalez, Greene, Perez, Roybal and Vaccaro)</p>
CHAIRPERSON’S REPORT	<p>Chairperson De La Torre expressed his personal thoughts on the recent and continuing crises in America, California and Los Angeles County that have impacted L.A. Care members. In terms of the COVID-19 crisis and its disproportionate impact on people of color, our members, know that L.A. Care is very well aware of it, attuned to it, and is trying to adapt what we do in order to provide better care to our members under these circumstances. On top of that, we</p>	

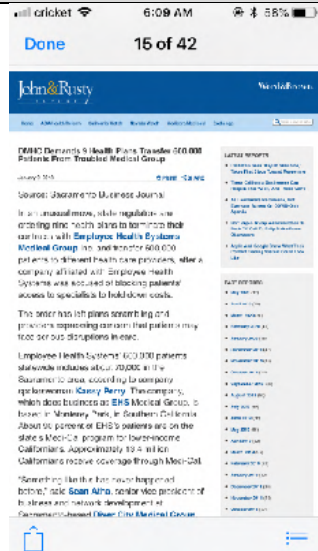
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>have the movement to try to make America live up to its promise of opportunity for all Americans. Our Black brothers and sisters have suffered for so long, and all they are asking is for America’s promise of life, liberty and the pursuit of happiness to include them. Especially life, in light of recent events. This aspiration has been deferred and denied for too long based on the color of someone’s skin. It is America’s original sin. It goes against our humane high-minded premise as a Country. We all should acknowledge it. We should be offended that inequality continues to this day. We need to correct it with freedom and equity now. These protests must lead to open dialogue among all of us, responsive politics among all levels of government, and policies, laws, procedures and accountability, that are inclusive and just, and live up to Americas promise to all of its people and not just to some. This is his personal view, and he knows that L.A. Care feels the same way as an organization. We have all been through a very rough few months here, and we need to keep our eye on having change at the health care level, at the humanitarian level, at the legal level and at the law enforcement level, for all of our members and for all of the people in the United States. We have what we can control locally, so we will engage as best we can on these because it all impacts people’s health. When we talk about social determinants of health, being afraid to walk the streets, being afraid to be arrested, being afraid to be mishandled, is something that should not happen. To the extent that we can weigh in on these issues, we will.</p> <p>PUBLIC COMMENT Text message received June 4, 2020, 2:25 p.m. from Andria McFerson <i>Hello Chairperson De La Torre, My name is Andria McFerson and I am a LA care member that is suffering through this pandemic. Throughout this pandemic and civil unrest as well in LA county I have not heard directly from LA Care about available resources or anything of that matter. Certain people's finances have been taken so there's no access to any services like, preventive care, food banks & testing and also access to gloves mask and antibacterial hand sanitizer or at least access to where they have been distributed. My question is where's La care? As the largest Healthcare organization in the nation I need to know why is there no General communication to the members about available resources in able to survive. I asked that the chairperson hector de la Tora please answer my question because I feel my other comment during the last meeting was completely denounced just asking if our own committee members can be more involved by making phone calls two organizations in the neighborhood.</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Chairperson De La Torre noted that Mr. Baackes will answer this question about resources available to L.A. Care members. He knows that L.A. Care is making resources available and is communicating with members about food distribution and other resources for our members.</p> <p>Text message received May 13, 2020, at 5:25 a.m. from Carolyn Navarro <i>This enforcement letter clearly states that LA Care used or contracted to get Synermed/EHS services so why is Mr. Baackes now stating they never had a contract? Also , all that really matters is I alerted LA Care to the fraud that was going on!</i></p> <p><i>If there was no contract or “delegation “ between LA Care and Synermed why did LA Care get fined \$350K for not paying attention to to what Synermed was doing?</i></p>  <p><i>LA Care acknowledged having a contract with Synermed/EHS in DMHC enforcement.</i></p> <p>Text message received May 13, 2020, 1:05 p.m. from Carolyn Navarro <i>I contacted DMHC and sent them Mr. Baackes 's comment stating there was never any contract between LA Care and Synermed when your own board members notes state LA Care cancelled contracts with EHS/Synermed in early 2018, even if it was just Care 1st who had a contract as claimed (and not true) , I still alerted you in 2014 to what was going on and you let it fester until 2017 . Mr De La Torre I don't care if you're not the same entities , all that matters to me is LA Care had a fiduciary duty to protect enrollees and instead enabled the people who harmed enrollees, that show in the huge fine you paid for brushing off grievances, that's all I care about , the harmed people have the right to know WHO harmed them, LA Care deflecting</i></p>	

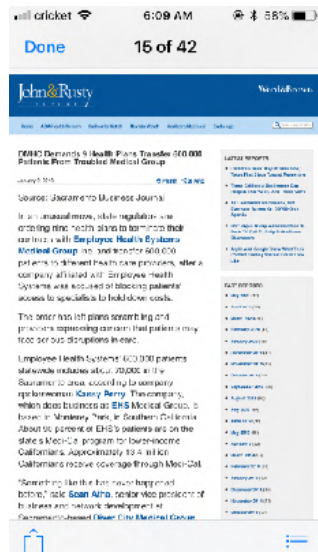
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>blame in any way they can creatively deflect it , thinking I haven't thoroughly investigates what happened to my child, makes LA Care agents look defensive and pathetic when they know perfectly well patients were harmed and how it happened !</i></p> <p>Text message received May 13, 2020, 8:38 p.m. from Carolyn Navarro</p>  <p><i>2018 minutes clearly state EHS/Synermed contract cancelled but I complain at meeting and suddenly there never was a contract! Contract or not , enrollees were harmed , some died , I saw a woman who looked like she was dying in Vanessa's room at hospital, the woman looked fine , then drugged out of her mind , then like she was dying, really?</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	 <p>Liar! [3 minutes expired]</p> <p>Member Booth asked if the comment was directed to the Compliance & Quality Committee or to Chairperson De La Torre. Chairperson De La Torre responded that this was public comment for the Chairperson's report. Mr. Baackes and Chairperson De La Torre addressed this topic during the previous public comment.</p>	
<p>CHIEF EXECUTIVE OFFICER REPORT</p>	<p>PUBLIC COMMENT</p> <p>Text message received on May 14, 2020, 6:06 a.m. from Carolyn Navarro</p> <p><i>You're own employee (see photo) stated in an article EHS / Synermed affected at least 60,000 LA Care enrollees, I saw it in this article , I believe it affected more in people, I heard 650,000 people in California , that's not just "some people"! No one is going to distort any facts over my kids dead body and get away with it! I'll get people supeonad (Note: the previous word was read as "suspended" at the meeting. Please see text messages from Ms. Navarro on June 4, included at the end of these Minutes.) and they can just try distorting this is court!</i></p>  <p><i>All of this is documented comments under the Brown act and will be verified .</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
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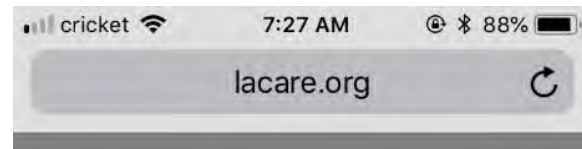
I doubt many of your employees , probably some board members can actually read and just sit there and wing it but facts are facts no matter how much they're distorted

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
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! You people distort statements you individually have said, LA County deserves much better than your entitled overpaid BS!

Text message received May 14, 2020, 7:28 a.m. from Carolyn Navarro

http://www.lacare.org/sites/default/files/012218%20Approved%20Audit%20Minutes.pdf?fbclid=IwAR3ov2oUd5S4hRcLkZyICCa_giwVTXSFzpyD8_FBNpaKZcGEYtzQmXYN4KQ

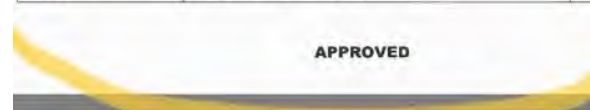


BOARD OF GOVERNORS
Audit Committee Meeting Minutes – January 22, 2018
403 W. 7th Street, Los Angeles, CA 90017

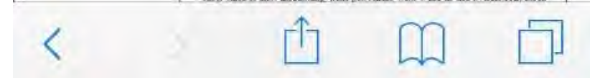
Members Hector De La Torre, <i>Chairperson</i> Alvaro Ballesteros, <i>MBA</i> Stephanie Booth, <i>MD</i> *	Management/Staff John Baackes, <i>Chief Executive Officer</i> Augustavia J. Flaydel, <i>Esq., General Counsel</i> Marie Montgomery, <i>Chief Financial Officer</i>	Guests Khurram Siddiqui, <i>Partner, D</i> Angelica Kochanova, <i>Audit S</i>
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* Absent ** Telepresent

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	
CALL TO ORDER Hector De La Torre	Hector De La Torre, <i>Committee Chair</i> , called the meeting to order at 10:10 am. He announced that members of the public may address the Committee on each matter listed on the agenda before or during the Committee's consideration of the item, or on any other topic at the Public Comment section.	
APPROVE MEETING AGENDA Hector De La Torre	Today's Agenda was approved as submitted.	App 2A La'
PUBLIC COMMENTS	There were no public comments.	
APPROVE MEETING MINUTES Hector De La Torre	The July 20, 2017 meeting minutes were approved as submitted.	App 2A
CHAIRPERSON'S REPORT	There was no report from the Chairperson.	
CHIEF EXECUTIVE OFFICER/CHIEF FINANCIAL OFFICER REPORT	John Baackes, <i>Chief Executive Officer</i> , provided an update regarding the termination of SynerMed contract with L.A. Care. <ul style="list-style-type: none"> L.A. Care's contract with EHS and 2 other IPAs were also terminated because they have the same ownership as SynerMed. 	



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	
	<ul style="list-style-type: none"> The Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS) has revised their Corrective Action Plan (CAP) to include cease and desist order. A whistleblower has reported an additional fraud, through SynerMed that EHS has removed certain "high-cost" providers which is a violation of economic profiling. No additional action is required from L.A. Care. Affected members will be migrated to IPAs/providers contracted with L.A. Care. L.A. Care is also discussing with providers who were in the SynerMed/EHS. 	



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Text message received May 16, 2020, 10:55 a.m. from Carolyn Navarro <i>Public comment June to July (if I exceed minutes) 2020 agenda item COMPLIANCE board meeting : In your own documents posted online that I saved copies of that Mr. De La Torre signed board papers regarding Synermed aka non existent EHS cancelled contract but then states LA Care is not "these entities) (Synermed, etc) in response to my grievances, when your board is well aware of what went down with Synermed, if some board members are not, that would attest to how poorly run LA Care really is. You people think you can pretend no one suffered actual harm when I know of special needs, disabled and elderly were indeed harmed deliberately and their families have/ or had no idea Synermed was involved in this harm and LA Care isn't telling them! I had to remove Synermed to protect my special needs child, this caused us great distress and expense , my husband took off about 3 months of work because he had to help me deal with them. LA Care doesn't give a damn about that , it caused the same for lots of other people who don't have to shut up and go away.</i> [3 minutes expired]</p> <p>Email message received June 4, 2020, 2:21 p.m. from Estela Lara <i>This public comment is from Estela Lara, Chair RCAC 2, San Fernando Valley. It is disheartening and devastating to read that the Governor's May Budget Revise will have a two-fold negative impact for Family Caregivers / IHSS providers and vulnerable seniors. It is imperative that the LA Care Board of Governors and Executive Management address this potential financial crisis for our members. What can members do to thwart these aggregious threats to our families? See the following threats.</i> <i>Future Rate Calculation Changes [pages 6-8].</i> <i>* IHSS: this cut is triggered - Service hours to IHSS beneficiaries will be cut by 7%. </i> <i>6</i> <i>* Community Based Adult Services (CBAS) & Multipurpose Senior Services (MSSP)</i> <i>Programs.</i> <i>State Budget: Proposed Medi-Cal Budget 7</i> <i>These cuts are triggered: CBAS eliminated 1/1/2021 and MSSP eliminated</i> <i>7/1/2020.</i> <i>* Benefits Eliminated For Adult Medi-Cal Beneficiaries, Provider Network Town Hall </i> <i>8</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>These cuts are triggered: Physical therapy • Podiatry • Occupational therapy • Acupuncture • Speech therapy • Diabetes prevention program • Audiology • Nurse anesthetist services • Optometry • Intervention and referrals for opioid treatment • Incontinence creams and washes • Some dental services</i></p> <p>Mr. Baackes referred to his written report in the meeting materials (<i>a copy of his report and related attachments is available by contacting Board Services</i>).</p> <ul style="list-style-type: none"> • L.A. Care’s workforce is working from home. • A return to work policy is being formed. <ul style="list-style-type: none"> ○ Will follow Los Angeles County public health guidelines. ○ Will not bring employees back until public health officials provide guidance. ○ May extend to the end of July, most likely August. • When L.A. Care does return to work, it is likely that not all employees will work in the office all the time. <p>L.A. Care Consumer Advisory Committees</p> <ul style="list-style-type: none"> • Same resumption of activities process will apply to L.A. Care’s consumer advisory committees. • A virtual Executive Community Advisory Committee meeting will be held on June 10. • Will survey members to determine ability to participate in virtual meetings. • No in person meetings will be held until the public health officials advise it can be done. <p>Board Member Election</p> <ul style="list-style-type: none"> • The election for consumer representative Board Members was to be held in July and has been postponed with no new date scheduled. • Waiting for clear direction from public health officials on large assembly of people. • It is important to hold the election in person. • The current members will remain in their seats on the Board if an election and appointment of new members is not possible before the end of the current terms. <p>Social Justice Statement</p> <ul style="list-style-type: none"> • All L.A. Care members may be victims of social injustice. • L.A. Care has endeavored to begin to identify social determinants of health and address them. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • A resolution is being drafted to address the social injustice issues. • Will review the resolution with ECAC on June 10 and will bring to the Board in July. • Many employees also affected. • It is important that L.A. Care provide a statement on social justice for the members and for the employees. 	
<ul style="list-style-type: none"> • 2020-21 Governor’s May Budget Revise Summary 	<p>Mr. Baackes noted that there is a lot to cover, based on the comments, and he would like to start with the State Budget proposal and the implications for L.A. Care, which is a serious matter. The Governor presented his May Revise to the State Budget on May 14. In it, he had a \$14 billion cut in Medicaid expenses based on the shortfall in revenue the State is projecting to receive as a result of the recession into which we are plunging.</p> <p>The Governor’s approach is to assume there would be no additional federal aid to the states other than the aid received in the three stimulus bills passed by the federal government. He divided those cuts into two buckets:</p> <ol style="list-style-type: none"> 1. In the event there is a fourth stimulus package and there are sufficient funds, the cuts he identified as triggered would not go forward. 2. Benefits that he intends to stand regardless of any additional federal aid. <p>The May Revise is a proposal by the Governor that has to be vetted by the legislature and a balanced budget must be passed by June 15.</p> <p>Since May 14, the Senate and the Assembly have each passed their own version of the Budget which they will discuss with the Governor. In the State Assembly and Senate versions, the opposite approach was taken in that they assumed there will be federal aid. The legislative budget proposal reverses almost all of the cuts the Governor proposed. The state budget needs to be produced by June 15, and we will have to wait to see if Congress will produce another round of federal aid.</p> <p>Mr. Baackes serves on the board of America’s Health Insurance Plans (AHIP) and participated in a board meeting this morning. The opinion from the AHIP in Washington DC is that there will be a fourth stimulus bill which will not be voted on until July. Nancy Pelosi’s Heroes Act is the House of Representative’s version of the fourth stimulus bill, but the U.S. Senate has already indicated it would not vote on this bill. There will need to be a process for the Congress to decide what to do.</p> <p>If there is a fourth stimulus bill, and whether or not it contains enough money, California basically “kicked the can down the road” and discussion about what cuts will actually go</p>	

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	<p>through will be dependent on whether the funds appropriated can meet the target that the Senate and Assembly have penciled into the budget.</p> <p><u>Increased Medi-Cal Enrollment Expected</u> The State has forecast enrollment growth in Medicaid as a result of the recession and high unemployment. The new Budget estimates there will be 14.5 million eligible for Medi-Cal by July 2020. Board Member Antonia Jimenez, <i>Director of the Los Angeles County Department of Public Social Services</i>, could confirm that we have yet to see a material increase in applications for Medi-Cal, so the increase will not come by July, but expect that it will by the end of the year. Ms. Jimenez told this Board previously that the number of applications for CalFresh in Los Angeles County has gone up by 200%. That is a leading indicator and we can expect people to be applying for Medi-Cal. It is estimated that L.A. Care’s share of additional enrollment could be 200,000 to 400,000 additional members in L.A. Care.</p> <p><u>Budget on Medi-Cal Programs and Benefits</u> Mr. Baackes reviewed the proposed changes to Medi-Cal programs and benefits in the budgets to be discussed by the Governor and the legislature.</p> <ul style="list-style-type: none"> • A proposal to retroactively reduce Medi-Cal rates by 1.5% from July 2019 to December 2020. The California Senate and Assembly have agreed to this reduction in the budget and it will apply to major aid categories. A risk corridor is under negotiation between the Senate and Assembly. L.A. Care has concluded it will not seek to recover revenue from providers for the 1.5% rate reduction, and this message has been conveyed to providers. • The reduction of the margin allowed for profit will be reduced from 2% to 1.5% for the next rating period. The state legislature has rejected this proposal. • The Governor has proposed a 10% retroactive rate increase for Skilled Nursing Facilities (SNF). The California Senate and Assembly have agreed with this so it remains in effect. • The Governor had originally proposed to withdraw the supplemental payment pool from Federally Qualified Health Centers (FQHC), but that is now not triggered. • A change in allowing carve out of certain services by FQHCs will be triggered in the Governor’s proposal. The State Assembly and Senate have rejected this proposal. • A 7% cut in hours for In Home Supportive Services workers was proposed to be cut unless triggered by additional federal aid. This proposal was rejected by the Assembly and the Senate. • The Governor proposed a cut to Community Based Adult Services and the Multipurpose Senior Services Program and identified them as triggered should there be additional federal aid. The Senate and Assembly have rejected these cuts. 	

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	<ul style="list-style-type: none"> The Governor proposed a larger list of cuts to adult benefits than those cut in the last recession. All cuts were rejected by the State Assembly and Senate. <p><u>Other Medi-Cal Programs</u></p> <p>The state's proposed modernization of Medicaid in California, called CalAIM, has been postponed indefinitely. The Health Homes and Whole Person Care initiatives were scheduled to end but will probably be extended. A letter is pending from CMS on the extension of the Whole Person Care program. The proposed prescription drug carve out program is scheduled to be implemented on January 1, 2021. L.A. Care is concerned about the carve out because it may affect member health care.</p> <p><u>L.A. Care's Actions to Date</u></p> <ul style="list-style-type: none"> Accelerated claims payment process to help facilities. Advanced pay for performance incentive payments to clinics and providers. Accelerated grant funds to assist homeless people and redirected general grant funds to address homelessness and hunger. L.A. Care has determined there will be no retroactive provider reimbursement cuts to accommodate the 1.5% plan retroactive rate reduction. L.A. Care has taken a leadership role in advocating for another federal stimulus or relief funding advocating for: <ul style="list-style-type: none"> Up to \$190B in funding to State Medicaid programs for recession relief. Elimination of Medicaid Fiscal Accountability Regulation (MFAR) proposed rules. Presumptive eligibility for Medi-Cal enrollees at point of application. Rollback of Public Charge rules that went into effect 2/24/20. <p>Mr. Baackes stated that the Governor made a budget proposal with massive cuts, assuming no federal aid. The state legislature responded with budget proposals that assume there will be additional federal aid. There will be cuts to Medi-Cal. He encouraged people to write to the leadership in the U.S. Senate and House of Representatives to urge them to approve an additional federal stimulus bill to fund Medicaid, which is desperately needed to help the most vulnerable people in the community.</p>	
<ul style="list-style-type: none"> COVID-19 Medicaid Relief Letter to Congress 	<p><i>(A copy of the letter was included in the meeting materials and can be requested by contacting Board Services.)</i></p>	
Grants & Sponsorship Report	Mr. Baackes referred Board Members to the report included in the meeting materials. <i>(A copy of the report may be requested by contacting Board Services.)</i>	


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From the Supplemental Special Meeting Agenda

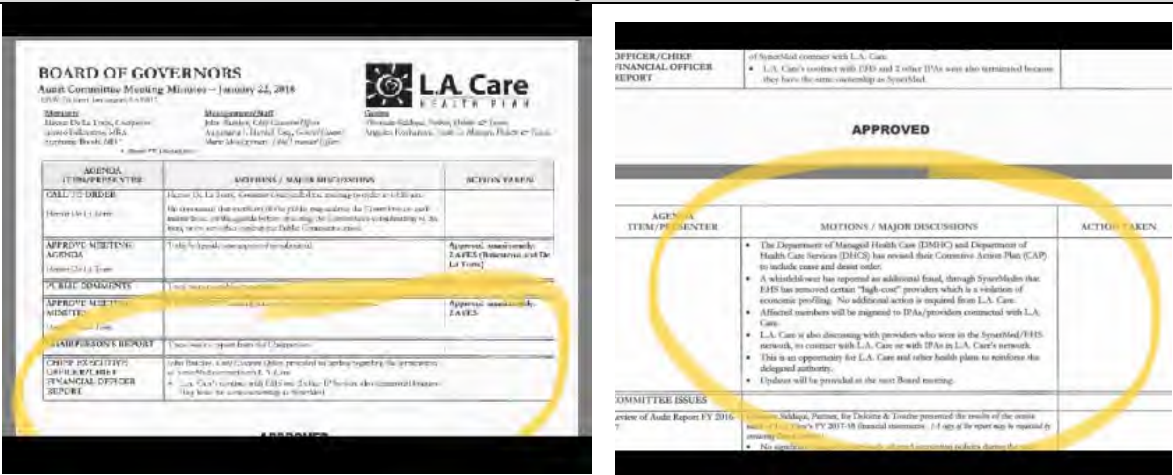
CHIEF MEDICAL OFFICER REPORT

PUBLIC COMMENT

Text message received May 16, 2020, 10:55 a.m. from Carolyn Navarro *(continued from prior comment) You think you can sit in judgement from your upper middle class positions , if anyone seeing this (even entry level who isn't impressed with this garbage) has a shred of common decency , contact a whistleblower attorney , if not , that's fine because there are people besides me working on this.*




Your own signed board pg about Synermed aka EHS (same people) and your cancelling your contract with them from 2018.

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But “no one was actually harmed by this” , “only affected some enrollees “ and other LA Care lies.

If I go over my minutes , my comments are to be “read for me” in July or Aug or Sept, I will be checking.

Another thing , LA Care has NO authorization to discuss Vanessa (conservator papers at your office) or me with anyone other than LA Care Board (as in consented to public minutes) and have consent to discuss my complaint with the county , state and federal people I have complained to , if I find out you have discussed my dead child with Synermed or Pacific Alliance people (who I believe are still in the picture) I will enforce our rights under HIPAA. This include board members who are not to discuss my complaints outside of LA Care's office.

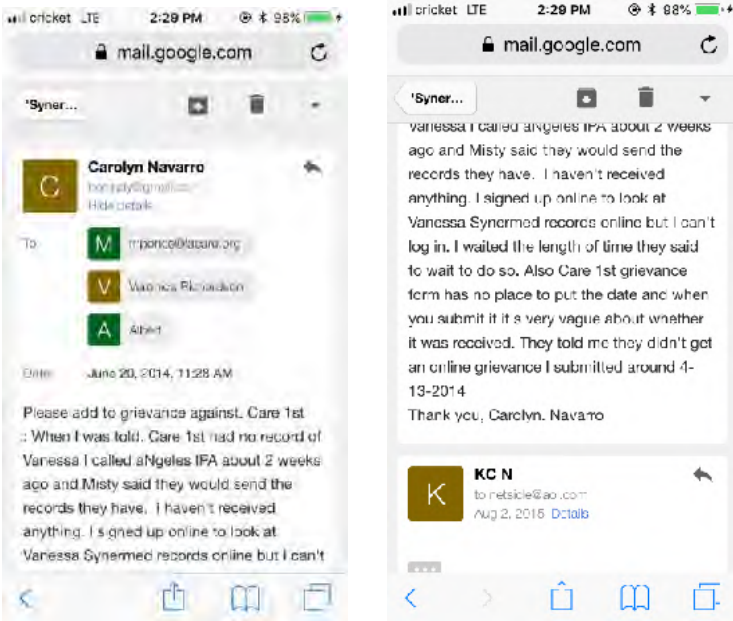
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	 <p><i>I saw something suspicious</i></p> <p>Text message received May 20, 2020, 10:48 a.m. from Carolyn Navarro <i>Public comment , pursuant to Brown Act, Carolyn Navarro , mother of Synermed /EHS victim :Even though I think Care 1st /who later became Blue Shield should have been fined much more by DMHC ref Synermed/EHS they were fined about \$20K , but LA Care was fined \$350K and about 280K for lack of oversight and failure to handle grievances and LA Care CEO states there was “never a contract” , “they aren’t same entities “ in response to my complaints (I have proof I complained to LA Care about Synermed being a scam in 2014.) Enrollees have the right to know their care was maliciously disrupted and they are fraud /crime victims , why would they not be notified by LA Care? A non profit Medi-Cal fiduciary is supposed to act in best interest of beneficiaries , not in their own best interest by not doing their jobs! If I go over my “3” minutes go ahead and roll my complaint over to next month, I will keep verifying my comments that I should be able to state myself and I believe it’s malicious that I can’t state my own comments and someone is reading them for me!</i></p>	

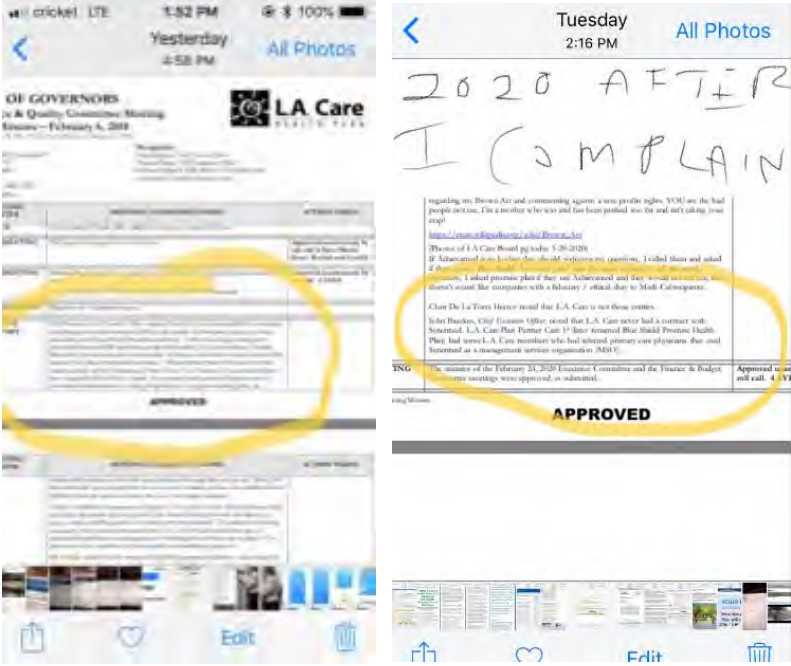
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>PS, "entities " comment I mention was made by Mr. De La Torre. I read the board notes and you all should be well aware of what was said and went on with Synermed/EHS under your lack of oversight while enrollees suffered harm.</i> [3 minutes expired]</p> <p>Email message received June 4, 2020, 12:31 p.m. from Ismael Maldonado <i>My name is Ismael Maldonado I have a comment in regards to call the car there's still some glitches any three worked out with them they don't know how to approach people with disabilities they also need disability etiquette training off of the call taker needs to be trained as well because sometimes they don't understand that you need to see a doctor within those two days and they say that they needed to do it within the three days so it was a holiday on Monday and you're calling on Tuesday and your appointments on Thursday it only gives you 48 hours to call them they don't want to do same day trips they are in violation of the Ada subtitle Bof the Americans with Disability Act transportation</i></p> <p>Email message received June 4, 2020, 2:02 p.m. from Andria McFerson <i>My name is Andria McFerson and I am a LA care member that is suffering through this pandemic. Throughout this pandemic and civil unrest as well in LA county I have not heard directly from LA Care about available resources or anything of that matter. Certain people's finances have been taken so there's no access to any services like, preventive care, food banks & testing and also access to gloves mask and antibacterial hand sanitizer or at least access to where they have been distributed. My question is where's La care? As the largest Healthcare organization in the nation I need to know why is there no General communication to the members about available resources in able to survive. I asked that the chairperson hector de la Tora please answer my question because I feel my other comment during the last meeting was completely denounced just asking if our own committee members can be more involved by making phone calls two organizations in the neighborhood to find out what resources are actually available right now my comment was completely passed over and the subject was changed immediately I feel I am constantly discriminated against and this has to stop. I would like to email my complaint but after I email the CEO about in harassment complained of another staff member Francisco Osaka intervening during an official meeting my email got marked as spam so I can no longer email anyone even my liaison with my own email I asked mr. Chair now since the budget cut what's next? How can Laker be on</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>the front line with preventive measures during this pandemic bottom line I asked.... WHERE'S LA Care?</i></p> <p>Chairperson De La Torre noted that there is nothing to stop a member of L.A. Care or a member of this Board, who finds a resource as he has done numerous times, and referred that resource to L.A. Care staff so it can be shared. In his case, just two weeks ago, he learned of a City of Los Angeles meal program for seniors under COVID-19. He contacted L.A. Care and provided the information. Maybe L.A. Care is already aware of the program, maybe not. He encouraged people to share information about resources that people can take advantage of, particularly free resources.</p> <p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, referred to the written report provided in the meeting materials (<i>a copy of the report can be requested from Board Services</i>) and he reported on L.A. Care's activities to address the COVID-19 pandemic:</p> <p><u>Additional Resources</u></p> <p>Early in the pandemic outreach was conducted to more than 200,000 members deemed at risk based on their age and chronic conditions. More recently, L.A. Care is completing an outreach effort to over 30,000 African Americans identified as high risk. Over 11,000 were reached by live calls (36% success). General information was provided about how to protect oneself during a pandemic, how to reduce the spread, and if the member was interested, information was provided about additional resources. Of the members that were reached, 95% thanked L.A. Care for the call and declined the invitation to be connected with a care navigator to help them with additional resources. The approximately 500 (5%) people that did want to speak to the care navigator were connected to another call center agent and received help. Staff uses the Community Link, and anyone listening to the calls today can provide information about available resources. L.A. Care has an active care management team putting significant time and effort into identifying resources. The focus includes food insecurity, income, housing and legal assistance. With Community Link, we have the ability to refer a new resource that is not listed on Community Link, and it can be added within 24-48 hours. That makes the new resource available not only to L.A. Care staff who use the website, but to all L.A. Care members on the L.A. Care website, and to all L.A. Care community based care management entities that are serving some of L.A. Care's highest risk members.</p> <p><u>Leadership Town Hall</u></p> <p>L.A. Care helped organize a COVID-19 disparities town hall leadership in partnership with the LA County Department of Public Health and the California Endowment. Dr. James Kyle, <i>Quality Improvement Medical Director</i>, facilitated a panel discussion that included Dr. David Carlisle,</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>of Charles Drew University, and Dr. Muntu Davis, <i>Los Angeles County Health Officer</i> among others. (Other panelists included Jennifer Vallejo, LCSW, <i>Mental Health Deputy for Supervisor Hilda Solis</i>, Elan Schulz, <i>Community Testing Manager and Senior Health Deputy for Supervisor Sheila Kuehl</i> and Castle Redmond, <i>Project Manager for The California Endowment</i>.)</p> <p><u>Consumer Advisory Committee meetings</u> A virtual meeting of the Executive Consumer Advisory Committee is scheduled next week, and based on survey results L.A. Care will evaluate the ability to move forward with meetings of the Regional Consumer Advisory Committees. L.A. Care will follow the public health recommendations. It is not known when public health officials will provide guidance allowing public gatherings. L.A. Care will be eager to resume holding these meetings.</p> <p><u>COVID-19 Update</u> Dr. Seidman noted that the statistics on COVID-19 in his written report are outdated. He provided more current numbers. Throughout Europe there is a sustained decrease in COVID-19 cases. Europe had cases prior to the United States so this is encouraging. Unfortunately, cases are increasing in other parts of the world including Latin America, the Middle East, Africa, and some parts of Asia. There are some countries, mostly small and mostly islands, where there have been 0 new cases for as long as six to eight weeks.</p> <p>There is increasing concern worldwide about overuse of antibiotics. Antibiotics do not treat viruses but that does not diminish the public’s interest in receiving antibiotics or sometimes the physicians ordering antibiotics. There is always concern about overuse of antibiotics, but particularly now because we certainly don’t want to make our challenge that much greater by increasing drug resistance for currently treatable infections.</p> <p>There is also concern about the decrease in routine immunization utilization. Because of the reduction in preventive care, including immunizations, there is a concern that as we push toward losing herd immunity that protects us all, the risk of more common diseases like measles and pertussis increases and we need to manage outbreaks of those conditions at the same time as we are trying to manage COVID-19. In the Fall the cold and flu season will begin, adding to the burden on our health system.</p> <p>In Los Angeles there are nearly 60,000 cases and almost 2500 deaths. With the good news about relaxation of the stay at home order, recently renamed “safer at work”, and in our communities, Los Angeles County is now publishing metrics daily that help us measure the pace at which we are reopening. The big question is if the speed for reopening is appropriate and the metrics are being monitored carefully. There have been good signs in reduction of the average 7-day death rate. There are additional concerns about spread of the virus because of the recent</p>	

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	<p>public demonstrations and avoidance of physical distancing. An increase in infection is expected mid to late June. LA County testing centers remain open with some change in availability because of public curfews or road closures due to the demonstrations.</p> <p>A small number of clinics and pharmacies were vandalized and closed, hopefully this will be temporary and short in duration. There have not been reports of significant reduction in access to care. Some clinics have reported a decline in preventive care and tests, and there has been a reported increase in positive pregnancy tests.</p> <p>As mentioned in the written report, there was a significant jump in the number of physicians and members in L.A. Care’s directly contracted provider network occurred June 1, 2020. At the same time, L.A. Care went live with Optum helping manage the direct network. So far, very few challenges have been reported by the team working very closely on the impact of these changes. A launch of L.A. Care’s new population health management system is planned for November.</p> <p>Dino Kasdagly, <i>Chief Operating Officer</i>, reported that over 12,000 members joined the directly contracted provider network which is now co-managed with Optum with minor issues on a daily basis. On July 1, another 8,000 members will be added. Also on June 1, 100,000 members that had been assigned to a provider group with extended delegation were insourced and L.A. Care will begin authorizing the risk for these members. In parallel, the care management platform is being implemented and will be launched in November.</p> <p>Dr. Seidman reported that a weekly call was established in March with Los Angeles County Department of Public Health, Health Services, and Emergency Management Services and all the health plans in Los Angeles County serving Medi-Cal managed care members. Primarily the group has been working on increasing access to lab testing, and on developing and implementing policies that can help reduce the outbreaks in the Skilled Nursing Facilities. L.A. Care has played a significant leadership role in successfully manage during the pandemic.</p>	
Revisions to Human Resources Policy for Employees who Volunteer to Help our Community	<i>This item was not discussed.</i>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
COMMITTEE REPORTS		
Executive Committee	<p>PUBLIC COMMENT</p> <p>Text message received May 20, 2020, 2:22 p.m. from Carolyn Navarro <i>I find it creepier than all f\$&@ that in 2014 I tell you agency Synermed/EHS was breaking the law and you act like you don't want to know, very suspicious!</i></p> <p><i>I saved even more email that prove LA Care's intentionally ignoring Synermed's conduct.</i></p>  <p>Text message received May 22, 2020, 10:01 p.m. from Carolyn Navarro <i>Public comment LA Care Board meeting June 2020, LA Care turning a blind eye to the abuses by Synermed/EHS is on the same level as the Milgram experiment where stupid people were recruited to shock someone in an adjacent room and kept shocking them even though the victims screamed, your organization is on the same level of sadism stupidity, I believe LA Care agents knew what Synermed people were doing and after my own investigation I think LA Care is still involved with those weirdos. There are 100s if not 1000s of other victims. I don't like Mr. Baackes making a false comment that LA Care never had a contract with Synermed after I complain at Feb meeting when your own board minutes state you did, it's weird he</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>would bring up Care 1st and Blue Shield when the facts are LA Care did have a contract with Synermed and was not listening to people's complaints, LA Care had an e consult arrangement with Synermed and gave those weirdos carte blanc to harm patients. Synermed was harming people but making LA Care money so your agents acted all surprised when the truth came out , I think you people are across the board liars! Care 1st and Synermed trace back to Pacific Alliance so as far as I'm concerned even renamed Blue Shield they are the same people so it's strange Mr. Baackes would mention them when I mention Synermed and LA Care. It wasn't just a few people who were affected , it's 1,000s of people who have no idea they ever were affected, I believe a big cover up !</i></p> <p><i>Board minutes in screenshots , in 2017, 2018 on various board meetings pgs Mr. Baackes states that LA Care cancelled their contract with Synermed.</i></p> <p><i>In Feb 2020, I come to board meeting and justifiably complain about Synermed /EHS perpetrating mayhem against enrollees , that I alerted LA Care about in 2014 and about LA Care being fined \$350,000</i></p>  <p>[3 minutes expired].</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The Executive Committee met on May 26 (<i>a copy of the minutes can be obtained by contacting Board Services</i>). The committee approved a motion for revisions to L.A. Care policy HR 114, Paid Time Off. Minutes of that meeting can be requested by contacting Board Services.</p>	
<p>Government Affairs Update</p>	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported: Included in the packet is the updated matrix of the current bills that are believed to be going through the legislative process. Some of the bills may not be brought up because the legislative leadership asked that only bills related to COVID-19 be brought this year and tabled the rest. There is some creativity in attempting to link bills to COVID-19.</p> <p>Member Booth asked about AB-890, this bill would allow nurse practitioners to practice without physician oversight as is typically done. She suggested that L.A. Care’s Board revisit this topic in a discussion amongst Board Members.</p> <p>Ms. Compartore noted that in December or January, Government Affairs presents a platform legislative policies or principles to the Board for review. The current platform includes support for legislation that improves California health care workforce and addresses the shortage of health care workforce in underserved communities. A few years back, a bill was proposed that would expand scope of practice. At that time, the Board Members decided on a neutral position on the bill.</p> <p>Chairperson De La Torre encouraged discussion on legislative issues and suggested to hold that until the next legislative break to see what bills remain as California’s Budget discussion progresses. Right now bills are being filtered by fiscal considerations.</p> <p>Mr. Baackes suggested it would be highly unprecedented to move this type of legislation to the Budget. He thinks the proposed legislation would be considered on its own and not tucked into the Budget for cost savings. Ms. Compartore offered to provide additional information on this proposed legislation in July or August if the bill is still under consideration.</p>	
<p>Finance & Budget Committee</p>	<p>PUBLIC COMMENT</p> <p>Text message received May 21, 2020, 10:01 p.m. from Carolyn Navarro (continued) <i>I saved copies of all of this because you people are such liars ! Ms. Haydel signed the enforcement from DMHC that also proves there was a contract , I don't appreciate it being said there was no contract to discredit my public comment when I don't have the luxury of being able to hear it, with you people likely thinking I would never read it!</i></p>	

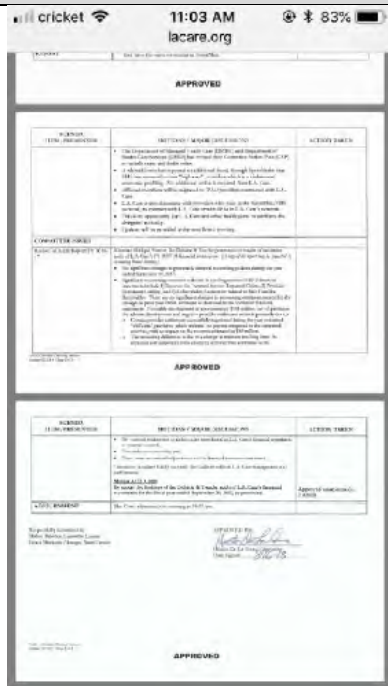
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>It very odd to me you had an “e consult relationship with MSO Synermed who was making medical decisions for patients and further affirms you weren’t watching them and didn’t care what they did to people as long as you were making a profit !</i></p> <p><i>Text message received May 24, 2020, 9:59 a.m. from Carolyn Navarro</i></p> <p><i>I also don’t care for Mr. De La Torre’s comment that LA Care is not Synermed (or “entities” as he stated it) when he officiated at 2018 board meetings that delved into just a FRACTION of the abuses that Synermed /EHS did under LA Care poor oversight (actually negligence) , “poor oversight” that caused harm and deaths and he has the nerve to state my comments are not really related to LA Care when I bent over backwards trying to alert LA Care to what Synermed was doing in 2014 so I believe LA Care management is responsible (I believe LA Care people knew going back to 2014) for the harm caused to enrollees and is trying to act all surprised and innocent when they’re liars! If I repeat myself, I don’t care, I have a lot of work to do besides this, but I’m going to give a voice to people like my daughter who could not fight back and the terrible inconvenience and anguish caused to us (capitation lies , forced transfers and a forced discharge WE NOTIFIED LA CARE ABOUT IN 2014), abuses against our child’s and others rights that I believe LA Cares arrogant , entitled , fake “management” thinks they can trivialize and hide from enrollees !</i></p> <p><i>There are criminals at LA Care !</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN																														
<div data-bbox="441 178 913 276"> </div> <table border="1" data-bbox="451 300 913 365"> <thead> <tr> <th>AGENDA ITEM/PRESENTER</th> <th>MOTIONS / MAJOR DISCUSSIONS</th> <th>ACTION TAKEN</th> </tr> </thead> <tbody> <tr> <td>APPROVE MEETING AGENDA</td> <td>The Agenda for today's meeting was approved.</td> <td>Approved roll call: 4 La Tarr, 1 Penny</td> </tr> </tbody> </table> <div data-bbox="451 373 913 641"> <p>PUBLIC COMMENTS</p> <p>Copy of text message received March 30, 2020: The is a discussion message from Carolyn Navarro, mother of Samuel (later Samuel Navarro, under 18-20) informed at your website that you monitor all public comments at you. Feb 6, 2020 board meeting on the issue of your use of your other website listed from the past 1.5 year where using "discriminate" posted onto the cell I suspect the site their being located in the same address with some employees gives me good cause to believe they are the same people who re-packaged themselves and 1.5 a day in the time of the "covid" 1 year meeting. I also see where re-schedule to a virtual/online event when the plaintiff was told to keep following, mostly AFTER the DMHC case and done. I tried to follow up on the regarding me however the said concerning against some profile rights. YOU are the bad people not me, I'm a mother who was not had been pushed out for and not taking your step!</p> <p>mailto:carolynnavarro@texas.gov photos of L.A. Care Board by today 3-29-2020</p> <p>If Action email to me whether they should welcome my questions, I called them and asked if they service "Blue Shield" "premium plan" and the agent refused to tell me actual definition, I asked pressing about their own Action email and they would not tell me, this doesn't sound like companies with a business / related story to Health Care companies.</p> <p>Chief Dr. La Tarr: Please remind that L.A. Care is not this company.</p> <p>John Buckler, Chief Executive Officer stated that L.A. Care never had a contract with Samuel, L.A. Care Plan Former Care 17-2019 received Blue Shield Premium Health Plan, had some L.A. Care members who had related primary care physicians that used Samuel as a management services organization (MSO).</p> </div> <table border="1" data-bbox="451 641 913 673"> <tbody> <tr> <td>APPROVE MEETING MINUTES</td> <td>The minutes of the February 26, 2020 Executive Committee and the Finance & Budget Committee meetings were approved, as submitted.</td> <td>Approved roll call: 4</td> </tr> </tbody> </table> <p data-bbox="451 673 913 714">Executive Committee Meeting Minutes March 23, 2020 Page 2 of 4</p> <p data-bbox="682 682 787 706" style="text-align: center;">APPROVED</p>	AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN	APPROVE MEETING AGENDA	The Agenda for today's meeting was approved.	Approved roll call: 4 La Tarr, 1 Penny	APPROVE MEETING MINUTES	The minutes of the February 26, 2020 Executive Committee and the Finance & Budget Committee meetings were approved, as submitted.	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The Board approved the agenda as presented.</td> <td>Approved unanimously 2 YVES (Dr. Buckler and Dr. La Tarr)</td> </tr> <tr> <td>PUBLIC COMMENTS</td> <td>There were no public comments.</td> <td></td> </tr> <tr> <td>APPROVE MEETING MINUTES</td> <td>The minutes of the January 22, 2019 meeting were approved.</td> <td>Approved unanimously 2 YVES</td> </tr> <tr> <td>CHAIRPERSON'S REPORT</td> <td>There were no reports from the Chairperson.</td> <td></td> </tr> <tr> <td>CHIEF EXECUTIVE OFFICER / CHIEF FINANCIAL OFFICER REPORT</td> <td>John Buckler, Chief Executive Officer, presented his report regarding the operations of the company. Dr. Tarr asked if any of the Board members had any questions regarding the report. There were no questions.</td> <td></td> </tr> </tbody> </table>	AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN	CALL TO ORDER	Director Dr. La Tarr, Chairman, called the meeting to order at 10:01 AM.		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**AGENDA
ITEM/PRESENTER**

MOTIONS / MAJOR DISCUSSIONS

ACTION TAKEN



Also when I addressed the board I don't appreciate Mr. Baackes and and Supervisor Thomas stood in background talking , we filmed and they can be heard interrupting me! See attachments, that's them disrupting a meeting and a person commenting!



[3 minutes expired]

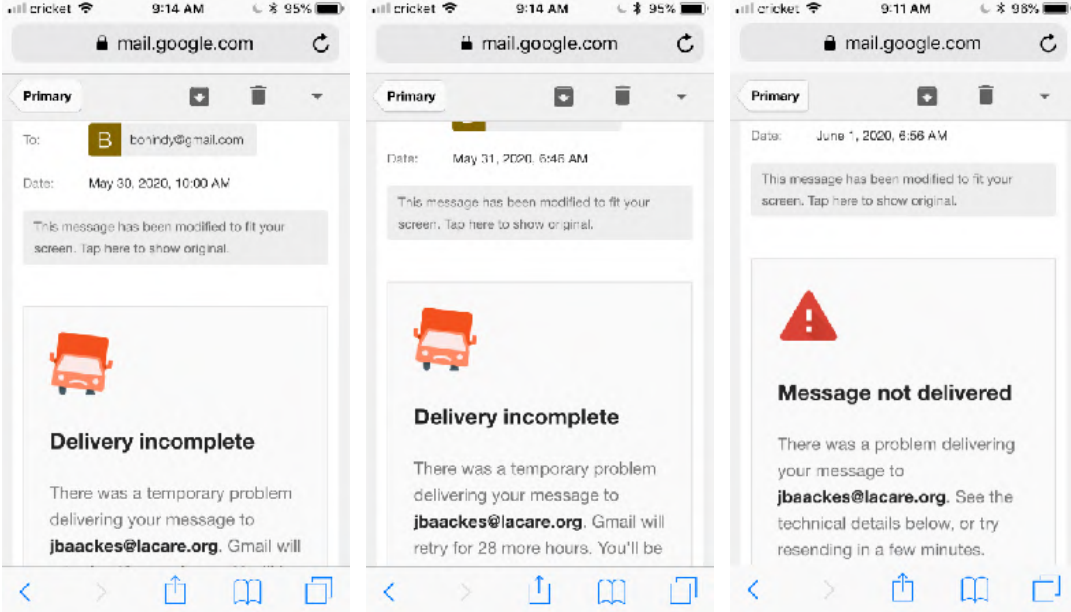

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Text message received June 4, 2020, 2:16 p.m. from Rachel Rose Luckey <i>Thank you to the board for continuing to provide stipends to RCAC members during these tough times. It is appreciated.</i></p> <p>The Finance & Budget Committee met on May 26 (<i>a copy of the minutes can be obtained by contacting Board Services</i>).</p> <ul style="list-style-type: none"> • The Committee reviewed and approved contract extensions with Center for the Study of Services and Dr. Joseph Wanski that do not require Board approval. • The Committee reviewed and approved contract amendments with Edifecs, Change Healthcare and Cognizant that were approved earlier in this meeting on the Consent Agenda. 	
<p>Chief Financial Officer Report</p> <p>Financial Report for March 2020</p>	<p>PUBLIC COMMENT</p> <p>Text message received June 4, 2020, 2:25 p.m. from Andria McFerson <i>Please formulate a plan so that we could all work together to give LA Care information about needed resources, organizations & also we could call local services available in general so that they could be cohesive with each other especially if we are handing out their contact information to are own members! We could allow some available RCAC, ECAC & HEALTH PROMOTERS who can participate to call the relating places so that we ALL may be COHESIVE DURING THESE TRYING TIMES PLEASE LISTEN MR. CHAIR BECAUSE I HAVE BEEN IGNORED WAY TOO LONG & PLEASE RESPOND PEOPLE ARE SUFFERING OUT HERE!!! I HAVE HAD LIFE SAVING INFORMATION FROM THE SUP OF THE HEALTH PROMOTER DEPT. I WOULD LIKE THAT GENERALLY DISTRIBUTED BY THE OUTREACH & ENGAGEMENT DEPARTMENT!!! CAN WE PLEASE STEP UP AND SAVE LIVES, MAKE LA CARE AGAIN?</i></p> <p>Marie Montgomery, <i>Chief Financial Officer</i>, provided an update on financial performance for April 2020. (<i>A copy of her presentation may be requested by contacting Board Services.</i>)</p> <p>Membership</p> <ul style="list-style-type: none"> • April 2020 membership is 2,173,570, which is 26,814 members favorable to the forecast and 12,435 member months favorable for the year versus the forecast. • With the significant increase in unemployment, L.A. Care should start seeing significant increases in membership. The suspension of the redeterminations is driving the 	

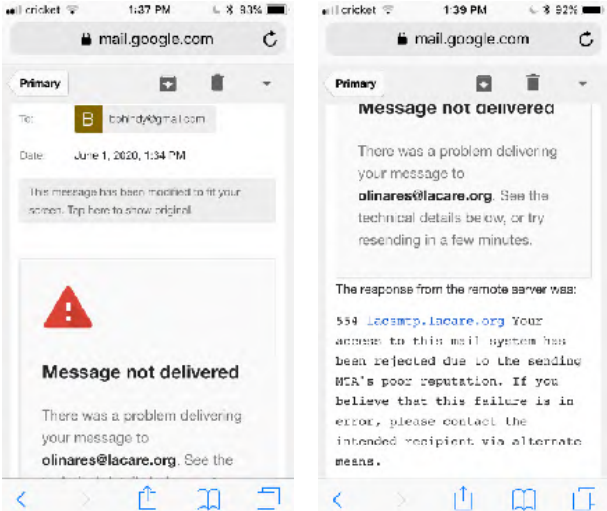
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>membership favorability for April. We have not yet seen increases related to new applications.</p> <ul style="list-style-type: none"> • Membership for LACC increased in April over March and is ahead of the forecast on a year to date basis. <p>Member Shapiro asked about L.A. Care’s preparation for a large increase in membership. Ms. Montgomery responded that L.A. Care is assuring that internal systems and the provider network can accommodate increased membership in Los Angeles County.</p> <ul style="list-style-type: none"> • Financial performance resulted in \$42 million net surplus for the month of April, \$53 million favorable to forecast. • Year to date surplus is \$88 million and \$34 million favorable to the forecast year to date. • The favorability was driven by lower than forecasted fee-for-service (FFS) claims and timing in provider incentives. • For the month of April, L.A. Care experienced high paid claims at \$300 million due to accelerated claims payments to improve cash flow to providers, hospitals and skilled nursing facilities. • The claims reserve estimate reflects higher than forecasted claims prior to March. In both March and April, the impact of deferring elective medical procedures due to COVID-19 has been factored into the reserve estimate. On a year to date basis, fee-for-service claims are \$20 million favorable to the forecast. • Year to date, there is \$13 million favorable to forecast due to timing of provider incentives. Those expenses are not recognized until the programs have been announced, which was forecasted for April. The program announcement is now expected to occur in June. • Pharmacy expenses are favorable for the month by \$4 million, due to higher rebates for April and a lower drug spend compared to March. In March, pharmacy was \$13 million unfavorable to forecast due to the relaxation of the “refill too soon” limits. • Administrative expenses are \$3.4 million unfavorable to forecast due to higher than forecasted spending in printing mailing, and employee benefits costs, offset by lower participation fees for LACC. • Non-operating expense is \$6 million favorable due to unrealized gains on investments and timing in grant spending. The unrealized gain position has been volatile due to market conditions, and is expected to continue. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Overall medical cost ratio (MCR) is 92.9%, lower than forecast of 93.6% due to lower healthcare expenses. • Financial ratios for working capital and tangible net equity are favorable. The cash to claims ratio remains unfavorable due to the In Home Supportive Services program, as has been reported in prior meetings. • April 2020 Fund Balance was \$1.1 billion which represents 646% of Tangible Net Equity. • For April 2020 we have enough cash to cover operating expenses for the next 52 days. <p><u>Motion FIN 100.0620</u> To accept the Financial Report for April 2020, as submitted.</p>	<p>Unanimously approved by roll call. 10 AYES (Ballesteros, Booth, De La Torre, Gonzalez, Ghaly, Greene, Perez, Roybal, Shapiro and Vaccaro)</p>
<p>Monthly Investments Transactions Report</p>	<p>Ms. Montgomery referred to the report on investment transactions included in the meeting materials for Committee member review. <i>(A copy of the report can be obtained by contacting Board Services).</i></p> <p>Total value of investments is \$2 billion. This includes funds invested with the government pooled funds. L.A. Care has approximately \$72 million invested with the statewide Local Agency Investment Fund and approximately \$176 million invested with the Los Angeles County Pooled Investment Fund.</p>	
<p>Compliance & Quality Committee</p>	<p>PUBLIC COMMENT</p> <p>Text message received May 24, 2020, 9:59 a.m. from Carolyn Navarro (continued) <i>Screenshots of film of Baackes and Thomas disrupting my public comments. I was a very good looking woman until my child was , maliciously and deliberately destroyed. I'll be damned if I'll be treated like a "frumpy woman" you can interrupt and disrespect, underneath it all in a TOTAL [expletive] who won't back down to anyone who would hurt my child!</i></p> <p><i>Your own CEO disrupting a public commenter and denying a contract with Synermed attests that he had no business overseeing peoples healthcare and rights and it's obvious he has a bunch of people working there who are equally unprofessional and not doing their jobs!</i></p> <p>Text message received May 24, 2020 12:47 p.m. from Carolyn Navarro <i>Also I met Baackes in 2015 when I commented at Board meeting and still nothing was done to assist me with Vanessa when I had concerns she needed to be watched by a specialist , about a month later she was DEAD, so you're damned</i></p>	


AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>right I will complain when the DMHC uses her records and they helped determine in 2019 that LA Care indeed did not do their job listening to complaints about those Synermed a\$&&&&@&s How many other girls has this happened to you b&@&@&@s!?</i></p> <p><i>Text message received May 26, 2020, 10:47 a.m. from Carolyn Navarro Board meeting comment JUNE / JULY/ AUGUST (if I go over :) comment: It's VERY STRANGE that in early 2014 I contact LA Care and tell them EXACTLY what Synermed / EHS was caught doing and LA Care acts like they don't want to know , instead of acting as a fiduciary is supposed to and doing an actual investigation , but instead lied to me about "peer reviewing" the doctors who were improper and continued to enable these doctors, I've verified that these doctors have since harmed more patients !</i></p> <p><i>Text message received May 30, 2020 7:40 a.m. from Carolyn Navarro Another lie, when we complained we were told by LA Care that Synermeds agent claimed to be in "constant constant" with us , I told you people that was a LIE and they did not return our call or letters but we were not listened to and now it's PROVEN they DID lie across the board and now I'm finding out enrollees are being told they as of recently they "were called" (even by doctors) when their phones clearly show no calls so it looks like lies are still going on! [3 minutes expired]</i></p> <p><i>Committee Chairperson Booth reported that the Committee met on May 21 (a copy of the minutes can be obtained by contacting Board Services).</i></p> <ul style="list-style-type: none"> • <i>Dr. Seidman reported on L.A. Care's continued response to COVID-19. He noted that L.A. Care is supporting testing for individuals in interim housing settings. In addition to the outreach made to all members with high risk and chronic conditions, L.A. Care held a campaign to reach out to African-American members for screening. 30,000 high risk cases were identified and live calls have been made to over 10,000 members since the campaign began.</i> • <i>Dr. Miller Parrish and Mathew Pirritano, PhD, MPH, gave a presentation on the 2020 Public Health Management Program Description. The PHM Program Description is L.A. Care's strategy to conduct coordinated, collaborative Population Health programs for</i> 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>members along the continuum of care through, Early Detection, Care Management, addressing Social Determinants of Health, and patient safety.</p> <ul style="list-style-type: none"> • Thomas Mapp, <i>Chief Compliance Officer</i>, presented the Chief Compliance Officer report and information on COVID-19’s impact on member utilization of services. Utilization of Teledoc has increased since the beginning of March while the utilization of transportation services has decreased. • Sabrina Coleman, <i>Senior Director, Delegation Oversight</i>, gave a Delegation Oversight department overview. Delegation Oversight is now centralized department with three specialized areas: Audit, Monitoring, and Account Management. <p>Member Perez thanked and congratulated the Compliance & Quality team for the response to her request for current social media postings. People rely on technology to get information about services and voice opinions. There are now answers to comments made on L.A. Care’s various social media platforms that help direct members to assistance. Helps show that L.A. Care is interested in serving members in the best way it can. She added her appreciation for Communications and Marketing.</p>	
Audit Committee	<p>PUBLIC COMMENT</p> <p>Text message received May 30, 2020 7:40 a.m. from Carolyn Navarro (continued) <i>That is a public comment for board meeting to be read JUNE July August Or September if I “go over”</i></p> <p><i>More public Comment for June or July Or August if I go over, I was told you were “peer reviewing” the quack doctor forced on Vanessa but then I was told he was “not cooperating “ and then you suddenly closed the “investigation “ and would not return my calls or messages so I don’t believe you did anything about the criminal conduct against my child and you just stupidly believed any lie Synermed people told you!</i></p> <p>Text message received May 30, 2020, 1:17 p.m. from Carolyn Navarro <i>My disabled daughter had a right to your assistance and services , I told you her rights were violated and your discriminated against her and us as parents trying to get help for her.</i></p>	

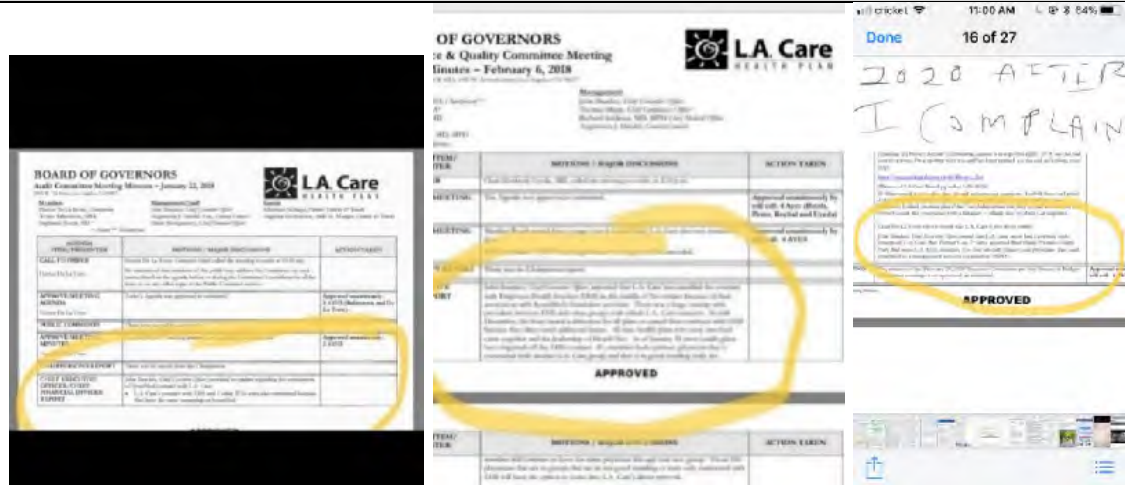
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	 <p><i>Public comment : Quit sending this trash, I pay taxes and have the right to complain about your entity ripping off and enabling abuse of disabled beneficiaries , forcing their families to fight for the care they have the right to. I have no record or anything to hide , I wonder about you people!</i></p>  <p><i>I use my email for business reasons and don't appreciate threatening messages from LA Care when I have the right to lodge grievances even now when my daughters dead because she would've had a chance if I had gotten help, the DMHC</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>validated that , so you send threatening messages in response to my 1st amendment right to complain to your public agency abusing enrollees!</i></p> <p><i>My most recent email was in response to a courtesy copy a current LA Care victim sent me regarding your blocking of her medical care , so I get a threatening message!</i></p> <p>Text message received June 1, 2020, 1:38 p.m. from Carolyn Navarro</p>  <p><i>I hit "reply all" to another victims message to LA Care, quit harassing me!</i></p> <p>Text message received June 1, 2020, 2:12 p.m. from Carolyn Navarro</p> <p><i>If your executives and lawyers don't like people messaging them , stop ignoring problems until someone is dead like my daughter!</i></p> <p>Text message received June 2, 2020, 10:20 a.m. from Carolyn Navarro</p> <p><i>It's weird how you're sending me letters now in response to my complaints when in 2014 [3 minutes expired].</i></p> <p>Chairperson De La Torre clarified that public comment does not carry over from one meeting to the next. The public comment submitted is for that day's meeting alone, and once the time is up for a public comment on one item it cannot be carried over to a subsequent meeting. A person would have to submit the comment for the subsequent meeting, in order to make the</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>comment for the subsequent meeting. The carryover of comments has come up several times and he wanted to be clear that each meeting is its own distinct event.</p> <p>Augustavia J. Haydel, General Counsel, added that comments that were not read during the meeting due to time constraints will be included in writing at the end of the meeting minutes. Even though a comment is not read, it will be included at the end of the meeting minutes.</p> <p>Chairperson De La Torre indicated that across government, if there is a 10-page letter it will be summarized for public comment and the entire letter is included in the meeting minutes.</p> <p>Committee Chair Ballesteros reported that the Audit Committee met on May 29 to discuss the request for proposal (RFP) process for audit services for FY 2019-20 (<i>a copy of the minutes can be obtained by contacting Board Services</i>).</p> <p>Ms. Montgomery summarized the results of an RFP for audit services.</p> <ul style="list-style-type: none"> • RFP was sent to 7 firms, 4 firms responded. • The responses were scored by key finance personnel on six different categories such as industry knowledge, audit approach, pricing and others • Additional elements of various scoring categories were discussed • Deloitte is L.A. Care’s current audit firm. Deloitte scored the highest overall and the expected audit hours to be performed by Deloitte also scored high. <p>The Committee agreed with staff recommendation to continue the engagement with Deloitte. The audit plan will be presented to the Committee at a future meeting.</p>	
<p>PUBLIC COMMENT</p>	<p>PUBLIC COMMENT</p> <p>Text message received June 2, 2020, 10:20 a.m. from Carolyn Navarro (continued) <i>...I told you abuses against my autistic daughter which are now proven and ended up causing deaths but you never managed to acknowledge my 100s of attempts to get help for my daughter in 2014/15 that I have proof of.</i></p> <p>Text message received June 3, 2020, 11:12 a.m. from Carolyn Navarro</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	 <p><i>Screenshot enclosed! It shows comment by Mr. Baackes , document in your minutes . You closed your public comment past meeting which I don't think you have the right to do as long as public is relevant and on agenda and has the right to call in , do mention that Mr. Baackes stated there was "no Synermed contract " conveniently when I wasn't present to dispute his comment but I saw it just the same, why the hell would he say there was no contract with Synermed after I complain which would readily discredit my comment and investigation if I wasn't watching , when there WAS a contract with Synermed and then he mentions Care 1st and Blue Shield as a response to my comment stating it didn't affect many people when at least 60,000 enrollees were affected in one way or another buy were all supposed to believe no one was actual harmed or died!</i></p> <p>Text message received June 3, 2020, 11:17 a.m. from Carolyn Navarro <i>Any member of the public seeing my comments is more than welcome to contact me at 626-217-0549 or bohindy@gmail.com our daughter already had a horrible but treatable diagnosis, nothing like having her "insurance" act like they're doing us a big favor caring for her when we pay taxes and she was a dependent adult who had rights that were denied by LA Care when I tried to get help for her! Carolyn Navarro</i></p> <p>Text message received June 3, 2020, 11:35 a.m. from Carolyn Navarro</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
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Put in your minutes , conflicting comments about Synermed aka EHS , EHS wasn't a real company . As the mother of a fraud /crime victim I WILL NOT be gaslighted by an agency that is supposed to protect special enrollees but instead enabled abuses against my special needs adult daughter. There are 1,000s of people in LA County who have no idea those b&@&@&s blocked their access to doctors and they never received mail from Synermed, I personally would like the see the mail they were supposed to send us!

[3 minutes expired]

Chairperson De La Torre noted that when it is said in the meeting that the public comment is closed for all the Agendas, the public comment is closed for that item, not for all the Agenda items on all the Agendas. Once these public comments are read, we will close the public comment so that we can proceed with the next item, which will be a closed session.

Email message received June 4, 2020, 4:24 p.m. from Estela Lara
*This public comment is from Estela Lara, Chair RCAC 2, San Fernando Valley. The members need Personal Protective Equipment (PPE) i.e reusable face masks, sanitizing wipes and protective gloves. As previously discussed at the last May 2020 meeting by Ms. Leyla Delgado Gonzalez, Member Advocate. What has been done since then to provide to our members?
 Thank you for your attention to this important matter.*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Text message received June 4, 2020, 2:25 p.m. from Andria McFerson <i>I BELIEVE THIS OPEN mistreatment HAS TO STOP PLEASE STOP IGNORING MY COMMENTS PLEASE!!! CAN YOU PLEASE READ THE ORIGINAL COMMENT ON AGENDA ITEM #2 I EMAILED & SUBMITTED BEFORE THE MEETING STARTED.</i> <i>I EMAILED AGENDA ITEM# 2 WITHIN THE ALLOTTED TIME BUT YET IT WAS COMPLETELY DENOUNCED AS IF IT DIDN'T COUNT A 1/2 HOUR LATER MY SIMILAR TEXT WAS READ BECAUSE I HAD TO COPY AND PASTE THE EMAIL IN A TEXT WITH ONLY HALF OF MY COMMENT! I BELIEVE I RECEIVE THE SAME RACIST TREATMENT FROM FRANCISCO OAXACA VIOLATING THE BROWN ACT INTERRUPTING MEETINGS NOT ALLOWING ME TO SPEAK AFTER BEING CALLED ON BY CHAIR THEN BEING WROTE UP WILL TRYING TO SPEAK ON A CURRENT AGENDA ITEM ABOUT A MOTION I ORIGINALLY FILED ABOUT A RESOURCE GUIDE ON 9/17/18 (a text message was received on June 10, 2020 requesting this date be corrected to 9/13/17) FRANCISCO TOLD US TO JUST CALL 211 ECAC THEN VOTED NO & MY MOTION WAS RENAMED AS IF IT WAS BRAND NEW & WITHOUT PROPER ADA ACCESS FOR PEOPLE WHO FIND THE INTERNET DIFFICULT. PLEASE READ MY ORIGINAL EMAIL & ANSWER MY QUESTION? IT'S UNFAIR & DEBILITATING</i></p> <p><i>Agenda ITEM #11</i> <i>I heard the chair's comment about community involvement I want to thank him for responding and I will speak about this proposal during the next ECAC meeting in June on ideas about how we can cohesively improve our involvement. Also I don't know how ECAC can cohesively vote or discuss an item on the agenda without RCAC input? Can you please address this, because we were told we couldn't respond to anything on the agenda unless we have RCAC input???</i></p> <p>Chairperson De La Torre commented that the adjustments are made because of the pandemic. L.A. Care will take all the feedback into consideration as this new dynamic situation evolves. Dr. Seidman responded regarding personal protective equipment (PPE) that as Mr. Baackes has stated at a prior meeting, L.A. Care does not typically procure PPE, and it has been a challenging area for us. L.A. Care is occasionally contacted by folks that have a supply of PPE and we have been able to direct it to the Community Clinic Association and to the Los Angeles County Emergency Management Services. It just so happened that after Member Gonzalez</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>raised the issue recently there was an offer and it was redirected to In Home Supportive Services workers. It doesn't meet everyone's needs for all supplies on an ongoing basis.</p> <p>Member Gonzalez thanked Dr. Seidman. The California Long Term Care Education Center appreciated the equipment that they received. The graduates have the equipment they need to provide the services to their clients. She thanked Dr. Seidman, L.A. Care, and all of the staff for giving the needed equipment to the students so they can properly care for people.</p> <p>Member Perez invited Dr. Seidman to attend the ECAC meeting. This will be a much-needed meeting for the members so they can communicate their opinions, concerns and input. It would be great if he would attend. Dr. Seidman noted that he wouldn't miss it.</p> <p>Ms. Haydel noted that in response to comments regarding the Audit Committee meeting minutes, a correction was brought to the Committee this month.</p>	
<p>ADJOURN TO CLOSED SESSION</p>	<p>Ms. Haydel announced the following items to be discussed in closed session. She announced that John Baackes is the designated representative for labor negotiations for All L.A. Care Employees. The Board adjourned to closed session at 4:37 pm.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates • Plan Partner Services Agreement <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>June 2022</i></p> <p>CONFERENCE WITH LABOR NEGOTIATOR Pursuant to Section 54957.6 of the Ralph M. Brown Act Agency Designated Representative: John Baackes Unrepresented Employee: All L.A. Care Employees</p> <p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d) (2) of Ralph M. Brown Act One Potential Case</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
RECONVENE IN OPEN SESSION	The Board reconvened in open session at 5:59 p.m. There was no report from closed session.	
<p><i>From the Supplemental Special Meeting Agenda</i></p> <p>Approval of resources to Los Angeles County Department of Public Health relating to COVID-19 public health emergency</p>	<p><u>Motion BOG 102.0620</u> To authorize L.A. Care’s engagement in the County’s Department of Public Health COVID contact tracing efforts, and the use of L.A. Care’s in-kind resources between June and August 2020 to include: staff time; totaling \$ 205,000 of staff’s existing salary, and use of L.A. Care’s equipment in order to conduct and document calls and outcomes.</p>	<p>Unanimously approved by roll call. 9 AYES (Ballesteros, Booth, De La Torre, Gonzalez, Greene, Perez, Roybal, Shapiro and Vaccaro)</p>
ADJOURNMENT	The meeting was adjourned at 6:27 p.m.	

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

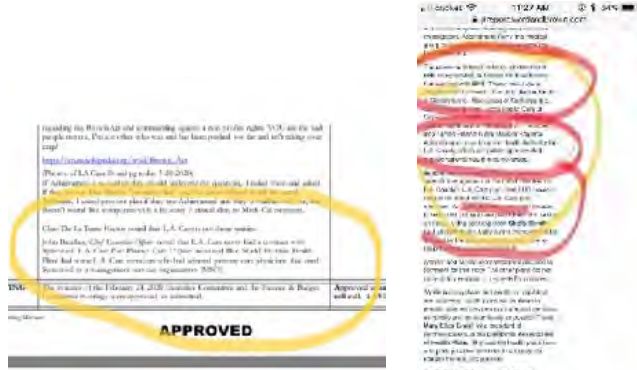
APPROVED BY:

Layla Gonzalez, *Board Secretary*
Date Signed _____

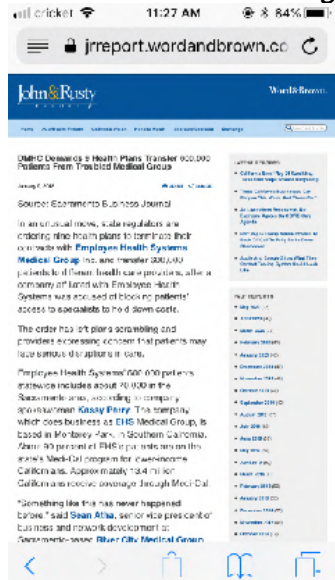
Below are public comments that were not read during the meeting:

Text message received May 12, 2020, 10:41 a.m. from Carolyn Navarro

Article about DMHC cease and desist



From this article stating LA Care had a contract with Synermed as stated also by DMHC.



Text received May 12, 4:24 p.m. from Carolyn Navarro

Jan 2018 board meeting clearly states termination of contract with EHS, THE SAME PEOPLE AS SYNERMED, your board minutes even state that so YOU DID have a contract with them, even if you did not, I still alerted you that there was fraud going on and instead of dealing with it you treated us like [expletive]!

BOARD OF GOVERNORS Finance & Budget Committee Meeting Minutes - January 24, 2018		
MEMBERS	MANAGEMENT TEAM Lisa Swanson, Chief Executive Officer Tracy Davis, L.A. Care Director (EHS) Stephen J. Hirsch, Eng. General Counsel David Brackley, Chief Financial Officer Mark Whittington, Chief Human Capital Officer Richard Swanson, Sales & Marketing Officer	
AGENDA	MOTIONS / MAJOR DISCUSSIONS	
CALL TO ORDER	Mark Whittington, Chief Human Capital Officer called the meeting to order at 1:02 p.m. He announced the minutes of the public meeting held on December 7, 2017 (2017-12-07) are on the agenda before the Committee's consideration. (2017-12-07-001-001-001)	
APPROVE MEETING AGENDA	The Agenda for today's meeting was approved.	Approved unanimously AYES: (Ballouren, Gaudin, Perna, and Uytendaele)
PUBLIC COMMENTS	There were no public comments.	
APPROVE MEETING MINUTES	The minutes of the December 7, 2017 meeting were approved as presented. Approved unanimously AYES: (Ballouren, Gaudin, Perna, and Uytendaele)	APPROVED MARK WHITTINGTON

MOTIONS / MAJOR DISCUSSIONS	
CHIEF EXECUTIVE OFFICER'S REPORT	John Brackley, Chief Executive Officer, provided an update on the contract termination with SynerMed, as reported at the December 7, 2017 Board meeting. <ul style="list-style-type: none"> L.A. Care's contract with EHS and two other IPAs were terminated because they have the same ownership as SynerMed. The Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS) revised the corrective action plan (CAP) to include a measure to health plans to cease all activity with EHS. A whistleblower has reported additional fraud involving limiting access to of certain "high cost" providers from the provider network by EHS. No additional action is required from L.A. Care. Affected members will be migrated to IPAs/providers with good quality scores that are contracted with L.A. Care. L.A. Care is also obtaining with providers who were in the SynerMed/EHS network, contract with L.A. Care or with IPAs in L.A. Care's network. This is an opportunity for L.A. Care and other health plans to reinforce the importance of integrity in oversight of providers that is delegated by the plan to other entities.

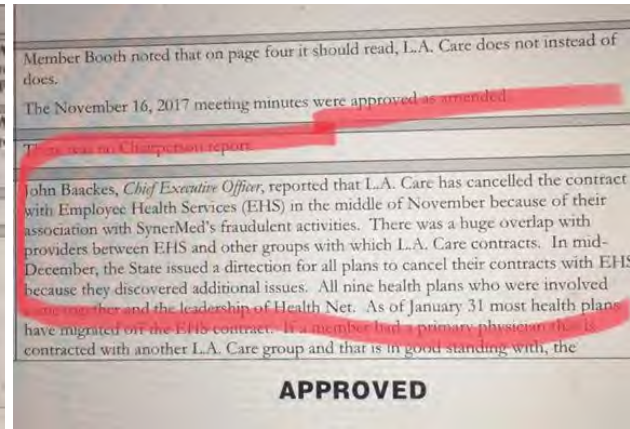
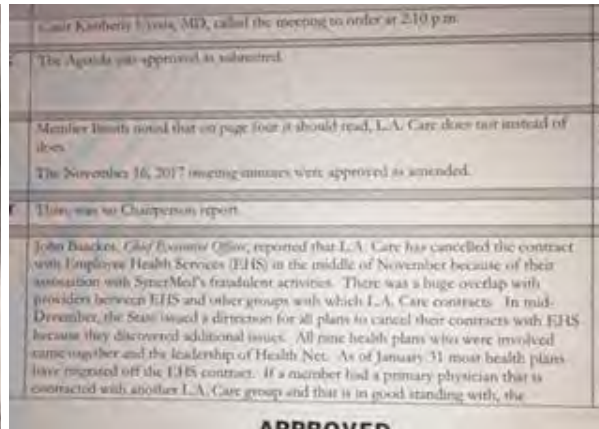
MOTIONS / MAJOR DISCUSSIONS	
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Jan 2018 states you terminated your contract with Synermed/EHS, it was determined EHS didn't even have employees and it was Synermed so you DID have a contract with them , the more you slap Vanessa's memory the more I intend to dig in.

All texts from me are public comment, pursuant to Brown Act

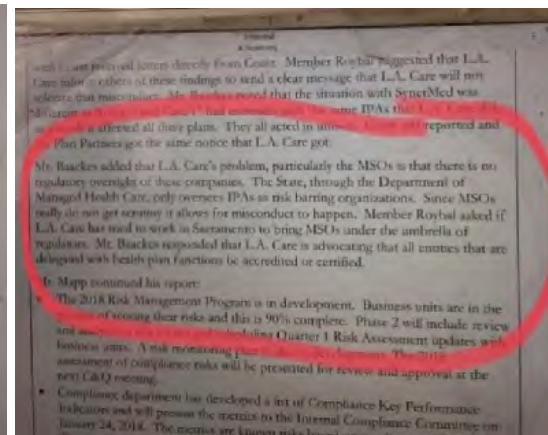
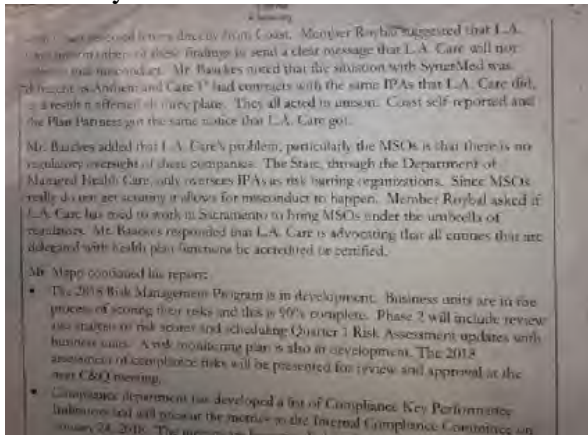
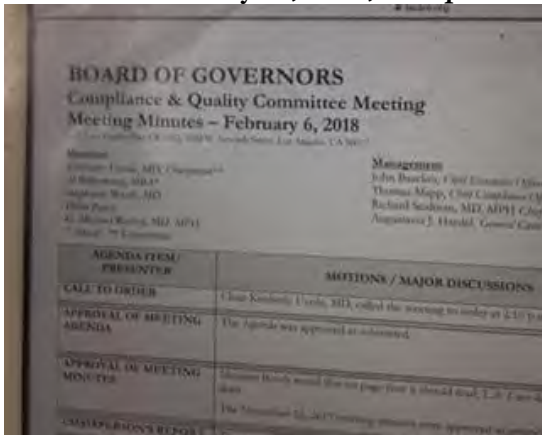
Feb 2018 meeting stating termination of contract with EHS/Synermed (same people, which you people know perfectly well. My kid is dead , I have unlimited time to devote to running this into the ground that your own board notes state you did have a contract with those barbaric people! I'm sure there is much , much more and I'm going to continue my investigation.



Your own Feb 2018 board minute stating you terminated your contract with EHS/Synermed, you are trying to make them sound separate when you know perfectly well they are not separate!

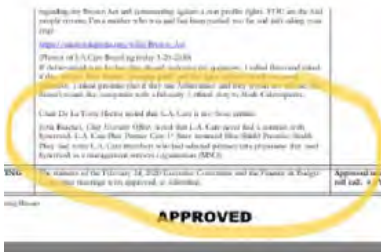
There were complaints from patients, many had no idea Synermed/EHS was causing the problems, you just didn't listen, just like you did not listen to us!

Text received May 12, 2020, 6:05 p.m. from Carolyn Navarro



Mr. Baackes stating at meeting that there is no oversight over MSO's but I alert LA Care in 2014 that MSO Synermed/EHS is engaging in improper conduct and instead of wanting to hear about it LA Care ignores us and acts like we're supposed to go away, now they are denying a relationship with Synermed /EHS that they DID HAVE and their own board minute prove they had a contract and other data related enterprises with Synermed!

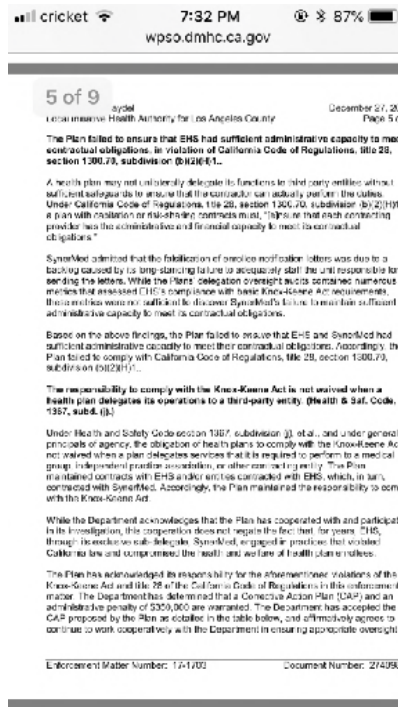
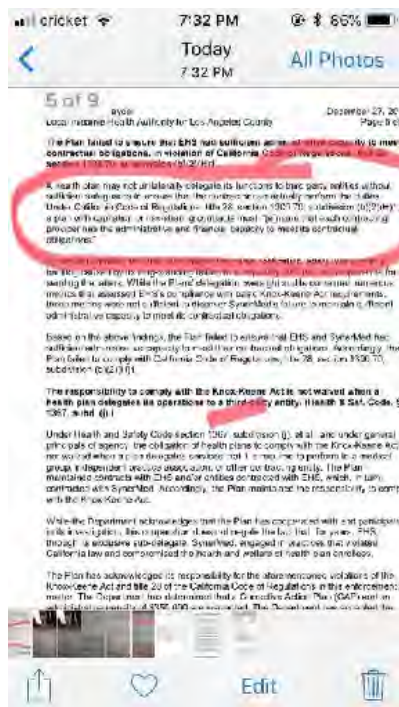
Regarding Mr. De La Torres comment that LA Care is not Synermed, I'm well aware of that. I'm betting he knows nothing of any significance about what those rotten people did to patients, he should read up on it, he's welcome to contact me anytime and I will tell him about what was done to people, it's as bad as the college admission scandal and is being hidden from the victims.



A contract with EHS was a contract with Synermed and you know it and the Dept of Managed Care saw the connection too , all that matters is I alerted you to the fraud against my disabled daughter and you need nothing about it!

Did nothing about it (typo)

Here is enforcement stating LA Care was responsible for oversight over Synermed/ EHS, LA Care lack of oversight added up to \$350,000 !



And LA Care is not telling people that they were harmed by this lack of oversight, just like Vanessa was harmed !

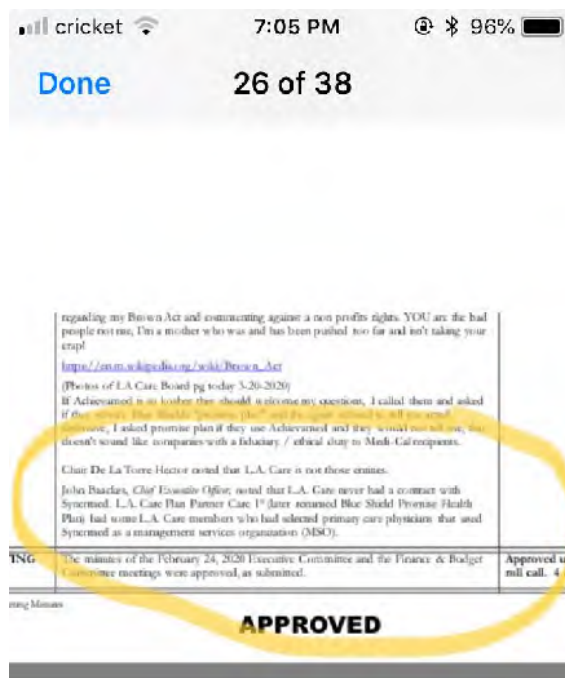
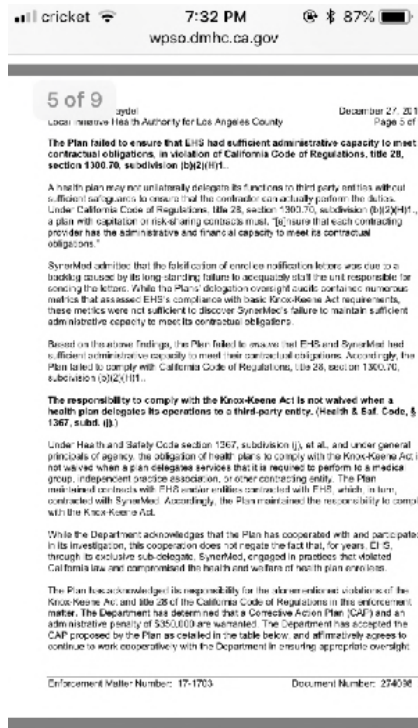
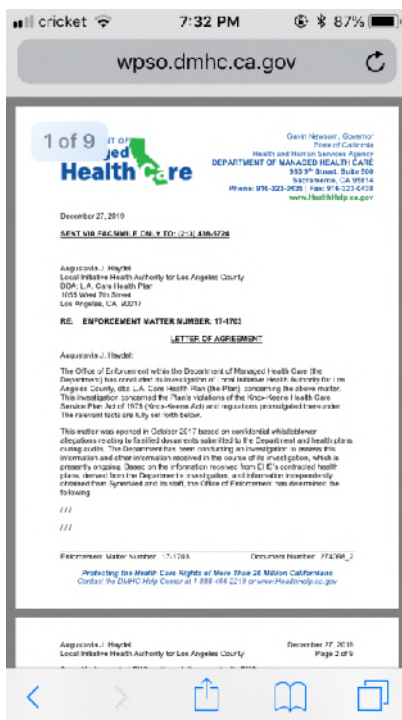
Text message received May 13, 2020, 4:16 a.m. from Carolyn Navarro

I doubt the members of the board really know enough or anything about Synermed /EHS or how harm actually done to patients ,as stated my daughter ended up in a preventable 9 day coma, double dosed with SSRIs ,her health was not the same after that and she died,I will not shut up and go away, I'm estimating that there are 1,000s of other victims who suffered similar harm, harm we put LA Care on notice about in 2014! The state and county have no right to hide that from the public! You wouldn't want what was done to my daughter done to your kids but act like I'm going to suck it up , no I will not!

All comments pursuant to Brown Act. If they repeat it's because you don't post your minutes online in a timely manner so I could not see what was noted or not and I have the right to call in anyhow and not have my comments read by someone else!

Other question, if your board members receive a salary to be board members, how much is each of their salaries?

If not a salary how much is the "stipend" they each receive?



Text message received May 20, 2020 at 10:48 a.m. from Carolyn Navarro (continued)

cricket LTE 1:54 PM 100%
Saturday 4:00 AM All Photos

-----Original Message-----
From: Velmawater <V@lacare.org>
To: Yveline <yveline@lacare.org>
Cc: Rebecca Cristiana <rcristiana@lacare.org>, Medical Finance <MFinance@lacare.org>
Sent: Fri, Mar 28, 2014 09:43 AM
Subject: RE: Ethical Timeline

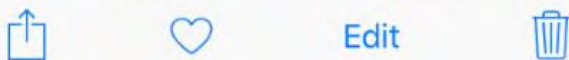
Good morning, Ms. Yveline,

I, A, Care is in receipt of your email and timeline. The good news is that I have forwarded your timeline and a review of the timeline to my colleagues.
I will get you back today to further discuss. I will be glad you reached out to me regarding this.
I would be glad to help you with anything else.

Thank you,



From: rebecca@lacare.org
Sent: Friday, March 28, 2014 9:43 AM
To: yveline@lacare.org, rcristiana@lacare.org
Subject: RE: Ethical Timeline



Proof we alerted LA Care that Synermed/EHS was committing fraud, if you “fiduciaries “ had done your jobs you would’ve figured out what was going on, instead , you sat on your fat ,overpaid butts!

Read email saying we complained in 2014!

Text message received May 30, 2020 from Carolyn Navarro

That is a public comment for board meeting to be read JUNE July August Or September if I “go over”

More public Comment for June or July Or August if I go over, I was told you were “peer reviewing” the quack doctor forced on Vanessa but then I was told he was “not cooperating “ and then you suddenly closed the “investigation “ and would not return my calls or messages so I don’t believe you did anything about the criminal conduct against my child and you just stupidly believed any lie Synermed people told you!

Text message received June 3, 2020, 11:35 a.m. from Carolyn Navarro (continued)

At first glance to any stupid person, I just seem like a b&@&& , but anyone who can actually read and actually understands the laws can see I’m right! Why aren’t victims (or their guardians) being told they are victims?! Our daughter was blocked access to specialists but I’ve never been notified! How many other people?!

Pursuant to Brown Act, just because your reading public comments for people doesn’t mean you have the right to close public comments which can continue until end of meeting!

Text message received June 3, 2020, 11:50 a.m. from Carolyn Navarro

Mr. De La Torre, after I comment about Synermed actually harming people , you state in closed session LA Care is not “those entities “ when you know full well of the issues caused by Synermed, you signed board papers regarding Synermed issues! Now you’re expressing sympathy for my loss and you sound totally phony after you gaslighted my public comment , dismissing it , stating you’re not the same people and then Baackes states there’s no contract as if I don’t know what I’m talking about when I do, really ? What else are you people doing to gaslight enrollees and the public!?

Text message received June 3, 2020, 12:54 p.m. from Carolyn Navarro

As long as comments are on agenda and in designated general public comment times you can not close comments ! Mr. De La Torre, you mention your daughter being in a coma, I would not wish that on anyone. My daughter was in a preventable 9 day coma and then forced to go to Pacific Alliance Medical Center where they lied to us stating she did not have the deadly brain clot that Keck USC ended taking out after I begged them for help! She was double dosed with SSRIs without our knowledge after being in a coma! At Pacific we were told that they only had one neurosurgeon as if we had to just go along and we didn’t, we later found out they had 3-4 neurosurgeons! LA Care people are cheating the system , getting paid very good money and thinking they can abuse the rights of enrollees who point out glaring abuses . Think I’m “lower class” and just have to take this? We had a stock portfolio, we own a house, had a good income but were affected badly like many people in 2008, that doesn’t give anyone the right to abuse my disabled child when we pay taxes for our safety nets and you had a responsibility to watch for abuses but instead let the abuses fester and expecting enrollees to shut up!

Text message received June 3, 2020, 1:21 p.m. from Carolyn Navarro

Now I believe LA Care is still allowing these Synermed people near enrollees records , access to their care rights and is still enabling the abuse of patients which is a slap in the face of people who have suffered and it shows LA Care has no regard for the actual harm done to enrollees because if LA Care threw Synermed under the bus and used their “pull “ to make Synermed REALLY accountable , it would mean LA Care exposing their own negligence!

All of this is documented public comment , pursuant to Brown Act .

PS. A nine day coma after a undiagnosed 10 day brain bleed after those jokers messed with her care, made her leave the hospital after I disagreed on and you think I’m shutting up, Hell no!

Text message received June 3, 2020, 1:50 p.m. from Carolyn Navarro

In response to Mr. De La Torre comment that “doctors are peer reviewed”, in 2014 I was told the doctor was “not cooperating “ with your peer review and then your agents started ignoring my 100s of attempts which I saved to get help from LA Care , I do not believe you ever did a peer review or even investigated what was done to Vanessa, instead ,just like a dog , you pissed on her case and walked away, I don’t believe you have any record of a proper investigation regarding the abuses against Vanessa and on subject of “racial disparities “Vanessa was discriminated against as a Latina, another issue we complained about in 2014.

Text message received June 3, 2020, 2:10 p.m. from Carolyn Navarro

It’s 2020 and you’re still forcing these quack doctors on enrollees even though you keep getting complaints!

Text message received June 3, 2020, 3:45 p.m. from Carolyn Navarro

-----Original Message-----

From: Webmaster <W@lacare.org>
To: 'netsicle@aol.com' <netsicle@aol.com>
Cc: Rebecca Cristerna <rcristerna@lacare.org>; Maribel Ferrer <MFerrer@lacare.org>
Sent: Fri, Mar 28, 2014 09:43 AM
Subject: RE: Edited Timeline

Good morning, Mrs. Navarro,

L.A. Care is in receipt of your email and timeline. Per your request, I have forwarded your timeline and concerns to our Executive Services office.
I am the Senior Member Advocate with L.A. Care and will be working with you to address your concerns.
I will call you later today to further discuss. I will re-read your timeline before contacting you.
I really hope things are better for your daughter now.

Mabel



Mabel Ferrer | Senior Member Advocate
Member Services Department



L.A. Care Health Plan
1025 West 7th Street, 10th Floor • Los Angeles, CA 90017
213.694.1250 x 4551 • open@aol.com • www.lacare.org

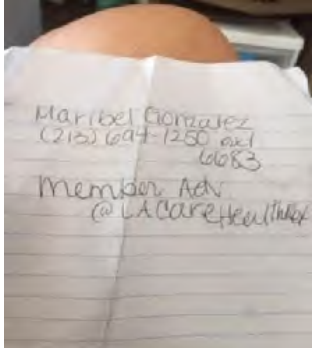
at One of Our Million Members Strong

From: netsicle@aol.com/mailto:netsicle@aol.com
Sent: Friday, March 28, 2014 6:08 AM
To: netsicle@lacare.com; Webmaster
Subject: Re: Edited Timeline

Once you did an intake in 2014 for Vanessa she was your responsibility, Vanessa's blood is on your hands ! I alerted you of now proven abuses. There is no way I believe people at LA Care were not aware of what was going on with Synermed! Public comment Carolyn Navarro 626-217-0549 bohindy@gmail.com

It's stated in board notes that a staff will speak with me at request ,yet at the Board meeting a month before our daughter death an advocate took my info and never contacted me, then at Feb 2020 Maribel Gonzalez (who oddly looks like a lot like Layla Gonzalez, nepotism?) approached me and asked for my info so I did call her number and never got a return call so maybe you poisoned the minds of your advocates not to listen to our concerns and other peoples concerns as if you have a god@&@& thing to say about me when you people are murderers ! So your comment that I can speak to "your people " sounds bogus when they don't call people back, etc. Won't help my dead child anyhow who needed proper follow up after brain surgery!

Note with Ms. Gonzalez's info.



Written by her and given to me Feb 2020

Also ,I asked this before ,how much are your board members and chairperson paid to look down their noses at other peoples lives for you?

Text message received June 4, 2020, 2:46 p.m. from Carolyn Navarro

I stated I would get records suspeonad not suspended!

My words were altered I said I will get records supeonad!

You do have "one more" my public comment was altered and needs to be revised!

I have the right by law to make my own comment and not have you read it ,the fact my words are altered attests to that!

Compliance comment pursuant to Brown act In response to Mr. De La Torre comment that "doctors are peer reviewed", in 2014 I was told the doctor was "not cooperating " with your peer review and then your agents started ignoring my 100s of attempts which I saved to get help from LA Care , I do not believe you ever did a peer review or even investigated what was done to Vanessa, instead ,just like a dog , you pissed on her case and walked away, I don't believe you have any record of a proper investigation regarding the abuses against Vanessa and on subject of "racial disparities "Vanessa was discriminated against as a Latina, another issue we complained about in 2014.

I rightfully made other agenda relevant and general comments which will be verified and will be reposting them and following up on my Brown Act grievances , including having my comments read for me and consequently my words are altered , maybe not deliberate but I have the right to speak for myself and my child!

Text message received June 4, 2020, 4:34 p.m. from Carolyn Navarro

Why aren't enrollees even ones who are dead being told via their families being told about the discrimination Synermed did to people , what is LA Cares stake in not telling people, because it seems everytime I ask you people dance around the question !

I saw the comment that there was no Synermed just fine and all I see is it was made to discredit my public comment !

There's all sorts of ways to say it wasn't meant that way but it was meant that way.

If someone took my credit card and bought things my card carrier would notify me. But LA Care thinks they have the right to not notify enrollees that Synermed an MSO they failed to watch committed fraud against their healthcare , blocking access to doctors , pushing them to "change medical groups" , ignoring calls, appeals and letters, delaying and denying care, but LA Care thinks that it's acceptable not to tell enrollees when it's not! These people have no idea what was done to them or their family member !

I heard you talking after the meeting closed, you people are very unprofessional and it was stated there were no additional comments when there were !



L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: July 30, 2020

Motion No. FIN 100.0720

Committee: Finance & Budget

Chairperson: Robert H. Curry

Issue: Execute a contract with NTT America Solutions to renew SmartNet and Nuance technical support services for L.A. Care's Cisco products.

New Contract **Amendment** **Sole Source** **RFP/RFQ was conducted in Jan. 2017**

Background: L.A. Care uses Cisco products and Nuance services across the company for daily business continuity. This includes hardware and software that support L.A. Care's servers, routers and phones, among other products. Each Cisco product comes with SmartNet and Nuance technical support which allows L.A. Care staff to obtain security upgrades and support services for all Cisco and Nuance related issues. These products and services are purchased and renewed through L.A. Care approved resellers. In an effort to co-term our Nuance Support Agreement and reduce our current count of 14 technical support agreements for Cisco products across the company to one, and reduce the overall annual cost, IT Staff has negotiated a new five-year maintenance agreement under one vendor to eliminate multiple annual renewals netting a savings of approximately \$2.0 million over the five-year contract term. This vendor NTT America Solutions (formerly Dimension Data) was selected from a request for proposal in January 2017 and they are a preferred reseller of Cisco products and services. They have extended special pricing to L.A. Care to co-term and consolidate these other technical support agreements.

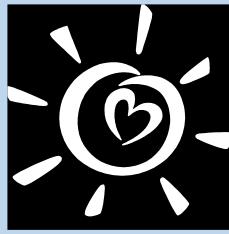
L.A. Care staff requests approval to execute a contract with NTT America Solutions for a five-year term in an amount not to exceed \$3,611,471. L.A. Care requires these services because there is a heavy dependency on Cisco products and any discrepancy in the performance of Cisco products will negatively impact business continuity. This agreement will ensure that IT Staff can readily access vendor support on a 24/7 basis and address issues in a timely manner.

Currently, L.A. Care spends approximately \$1.1 million annually for the listed services through a variety of resellers. Investing in this new agreement with NTT America Solutions, will reduce costs by an estimated amount of \$387,000 annually.

Member Impact: Cisco Products and Nuance Services are an essential component that directly support LA Care's ability to service Members. They allow staff to efficiently perform their jobs utilizing reliable Cisco equipment and software with minimal interruption of current operations to provide well-integrated health services.

Budget Impact: These costs were anticipated are budgeted for in the Information Technology Department budget for FY19-20. The remaining amounts will be budgeted for in future fiscal years.

Motion: **To authorize staff to execute a five-year contract in an amount not to exceed \$3,611,471 with NTT America Solutions Inc. for Smartnet Technical Support and to co-term our Nuance Technical Support agreements for L.A. Care's Cisco & Nuance product lines.**



L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: July 30, 2020

Motion No. TAC 100.0720

Committee: Technical Advisory Committee

Chairperson: Richard Seidman, MD, MPH

Issue: Ratification of elected Technical Advisory Committee (TAC) Chairperson and Vice-Chairperson.

Background: Per the Technical Advisory Committee Operating Rules, the TAC shall nominate a Chairperson and Vice-Chairperson for a one-year term.

Members Impact: N/A

Budget Impact: N/A

Motion: To ratify the election of Richard Seidman, MD, MPH as Chairperson and Hector Flores as Vice Chairperson of the Technical Advisory Committee (TAC) for a one year term.



July 24, 2020

TO: Board of Governors
FROM: John Baackes, *Chief Executive Officer*
SUBJECT: **CEO Report – July 2020**

It has now been over four months since L.A. Care began work-from-home operations to do our part to flatten the curve and keep everyone safe during this pandemic. Dismayingly, our current situation in L.A. County has gotten worse, not better. Cases, hospitalizations, and deaths have continued to rise in recent weeks and we are reaching new milestones on a daily basis. Despite this grave reality, the L.A. Care team continues its work to uphold our mission and keep us running smoothly. I am immensely proud of the resiliency, adaptability, and positivity they have displayed during this time.

The COVID-19 pandemic is not the only crisis this country has reckoned with in recent weeks. The deaths of George Floyd and too many others in Black/African American communities have sparked demonstrations and calls to action from every corner of government and industry. The collective shift to actively confront this country’s long and shameful history of systemic racism is long overdue.

L.A. Care has taken a number of immediate actions in recent weeks, some of which are highlighted below, and is committed to playing an active role in the long-term work required to bring about meaningful and lasting change.

These are unprecedented times and they require an unprecedented response. I am confident that L.A. Care will continue to rise to the occasion, thanks to our dedicated and passionate staff and the valuable partnership this Board provides. I look forward to meeting the moment together.

Be well and be safe.

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

	Since last CEO report (5/29/20)	As of 7/24/20
Elevating the Safety Net Grants for primary care physicians	1	121 grants awarded
	2	88 physicians hired
Elevating the Safety Net Grants for medical school loan repayment	5	60
Elevating the Safety Net Grants for medical school scholarships	8	24
Housing for Health Housing secured for homeless households	7	262
IHSS+ Home Care Training IHSS worker graduates from CLTCEC program	—	2,780

Below please find updates for the months of June and July.

Focus on Equity and Addressing Disparities

L.A. Care Equity Council Steering Committee and Statement of Principles

L.A. Care has formed an Equity Council Steering Committee, chaired by Dr. James Kyle, Medical Director for Quality Improvement. The Steering Committee includes conveners of three distinct Equity Councils dedicated to L.A. Care members, providers and vendors, and staff. The Steering Committee's work has just begun, but they have already played an active role in refining our L.A. Care Statement of Principles, helping to ensure it is equity-focused and inclusive.

COVID-19 Disparities Leadership Summit

On June 4, L.A. Care hosted a virtual COVID-19 Disparities Leadership Summit in partnership with the Los Angeles County Department of Public Health and the California Endowment to address the disparities in COVID-19 related health outcomes within Black/African American communities. The Summit included presentations by a number of Los Angeles County leaders, including Muntu Davis, MD, Health Officer for the Los Angeles County Department of Public Health, Elan Shultz, Los Angeles County Department of Health Services Community Testing Manager, and Jennifer Vallejo, Mental Health Deputy for Los Angeles County Supervisor Hilda Solis. The Summit also included a presentation by the Advancement Project, which recently produced a report called *Race Counts – How Race, Class and Place Fuel a Pandemic* (view the interactive report at <https://www.racecounts.org/covid/>).

California's State Budget

On June 29, Governor Newsom signed the 2020 Budget Act, which includes \$202.1 billion in spending focused mainly on support for emergency response and public health and safety. The budget also prioritizes economic recovery as the state faces a \$54.3 billion deficit due to the COVID-19 pandemic, and includes measures to reverse certain cuts if the needed level of federal COVID-19 relief funding is received. Many of the cuts to Medi-Cal and healthcare services that were included in the Governor's proposed budget earlier this year were rejected by the Legislature and have not been included in the final budget. For example, Medi-Cal dental and vision services will remain funded, as will the Proposition 56 payments to Medi-Cal providers. A number of budget-related "trailer" bills are expected in the coming weeks.

Tackling Food Insecurity

L.A. Care, in partnership with local organizations, is sponsoring food pantries across Los Angeles County to help address the rising food insecurity caused by the COVID-19 pandemic and the resulting economic recession. Drive-through food pantries have already been held in Lancaster, in partnership with Antelope Valley Partners for Health and the Lancaster YMCA, and in East L.A., in partnership with The Garage Board Shop. A number of food pantries are scheduled for future dates in communities such as Pomona, Crenshaw, and Pacoima.

Judge Ordered 2019 Cost Sharing Reduction (CSR) Payments Be Paid to L.A. Care

Earlier this month a judge ordered the U.S. government to pay L.A. Care more than \$16 million for the 2019 CSR payments owed to the plan, making L.A. Care the first, and currently only, plan to succeed in receiving such a judgement on 2019 payments. After the current administration suspended the CSR program in 2017, L.A. Care sued the United States to recover unpaid CSR payments. In 2019, the judge in the case awarded L.A. Care more than \$17.5 million for 2017 and 2018 CSR payments. The U.S. government is expected to appeal the recent judgement regarding 2019 CSR payments, given that the broader CSR payments issue is already being appealed before the Court of Appeal for the Federal Circuit. L.A. Care has joined an Amicus brief in support of health plans in the pending appeals. L.A. Care's ability to collect the 2019 CSR payments will depend on the Federal Circuit's ruling, which is expected in the next few months but likely to be appealed to the U.S. Supreme Court.

*Charles R. Drew University (CDU)/ L.A Care Scholars
College of Medicine – Incoming Class, Fall 2020*

Cohort Highlights - All people of color, with the most Black students represented in a cohort; two students born in LA and another raised since childhood.

Cohort Community Activities and Projects - UCLA Black Hypertension Project, Heart Health projects (Sudden Cardiac Arrest (SCA) with Saving Hearts Foundation, TRAPMedicine - barbershop-based health program, P.O.W.E.R Obesity Program, Drew Saturday Science program, involvement in mentoring programs, translation services and community health.



Opemipo Akerele (Black/African-American)

Email: oakerele@alumni.stanford.edu

Phone: (310) 594-9142

Opemipo “Ope” Akerele was born in Lagos, Nigeria and immigrated to the United States at the age of four. She spent her childhood in South Los Angeles within 10 minutes of the Martin Luther King Jr. Hospital where her mother worked as a nurse. Ope attended the King-Drew Medical Magnet High School and excelled. She matriculated into Stanford University and majored in Science, Technology and Society. She held several leadership roles during her college years including serving as a member of the National Advisory Board for the Haas Center for Public Service, she was President of the Stanford African Students Association and was one of the founding members of Afro-beats, a dance and cultural group that incorporates African dance into African-American culture. Ope has tutored low income students and assisted them in their college applications. She also taught disease prevention in a student-run clinic and in the Stanford University emergency room. After graduating from college Ope worked as a Public Finance Housing Analyst in New York City and assisted in raising funding for developing affordable housing for low income families. During her time in New York she was a founding member of Harlem Cares, a group-mentoring program for low-income children and worked with Harlem Grown to set up an inner-city garden in Harlem. Ope enrolled in culinary courses and is interested in exploring the role of nutrition and cooking in improving the health of the African American community.



Kendra Arriaga-Castellanos (Honduran/Latin)

Email: kendra.arriaga@yahoo.com

Phone: (951) 373-9517

Kendra was born in Los Angeles, California at the King-Drew Medical Center. Her parents immigrated from Honduras in search of a better life for their family first settling in South Los Angeles and later moving to Moreno Valley. Kendra excelled academically in high school and was class valedictorian. She matriculated at UCLA and majored in Psychobiology. Throughout her college years she worked part-time to pay for expenses, volunteered and completed her pre-medical courses. After graduating she attended the Charles R. Drew University of Medicine and Science and was a participant in the post-baccalaureate certificate program. Kendra volunteered at the MLK Jr. Outpatient Clinic as a Spanish translator and worked with the P.O.W.E.R Obesity Program creating health education presentations on nutrition and obesity complications for diabetic patients. Kendra taught science in the Charles R. Drew University Saturday Science Program to fifth grade elementary school students and volunteered at the Boys and Girls Club in Watts. This past year Kendra has been working as a behavior technician with autistic children. Kendra will matriculate in the Charles R. Drew University/ UCLA Medical Education Program in the fall of 2020 as a first-year medical student.



Bryce Bentley (Black/African-American)

Email: bryce_bentley@aol.com

Phone: (323) 929-0415

Bryce was born and raised in South Los Angeles with his three siblings. A 2019 UCLA graduate in Physiological Sciences, Bryce's commitment to addressing health disparities emerged from witnessing his relatives face numerous health challenges that impact communities of color. During his time as an undergraduate student he served as the External Director of the UCLA Black Hypertension Project, a program that strives to address health disparities among African American communities by providing free health-care screenings and health awareness information in the greater Los Angeles area. Additionally, for the past three years Bryce has volunteered with Saving Hearts Foundation, a student-run organization that does outreach to youth in Los Angeles regarding the dangers of Sudden Cardiac Arrest (SCA) and the importance of getting their heart tested regularly. Currently, Bryce serves as a caregiver with the National Health Foundation (NHF) program that houses people who are experiencing homelessness and facing health challenges. He will matriculate in the Charles R. Drew University/UCLA Medical Education Program in the fall of 2020 as a first-year medical student.



Jahmil Lacey (Black/African-American)

Email: jahmil.aamc@gmail.com

Phone: (510) 467-8816

A graduate of Morehouse College and the Enhanced Post-Baccalaureate Program at Charles R. Drew University of Medicine and Science, Jahmil has invested time into building a barbershop-based health intervention in partnership with barbershops throughout SPA 6. In his professional role as Director of Wellness at Inner City Education Foundation (ICEF) public schools, Jahmil launched an after school mental wellness program targeting young men between 13-18 years of age. This project aims to provide a safe space for high school-aged students to exchange stories, build relationships, seek mentorship, and express their emotions. One of his goals is to expand it to other South LA-area schools as a best practice for improving mental health outcomes for African American adolescent boys. During his time in CDU's post-baccalaureate program, he developed Leaders in Transformation (LIT), a mentoring program for high school students to develop a health disparities project and present their project to CDU faculty and the Los Angeles County Trauma Prevention staff. Additionally, Jahmil helped design and test the effectiveness of a mobile app as part of a depression intervention study to increase treatment adherence among young African American and Latino men living with HIV. Through this project, he co-authored an article, "Reaching Mental Health Research Participants with Multiple Stigmas: A Description of Strategies Used in a Depression Intervention Study of YMSM living with HIV" that was published in the *Advanced Journal of Social Science* and set the stage for a larger study. Prior to joining the post-baccalaureate program at CDU, Jahmil served as the manager of Youth Health Services at a school-based health clinic. He will matriculate in the Charles R. Drew University/UCLA Medical Education Program in the fall of 2020 as a first-year medical student.

***University of California, Los Angeles (UCLA) / L.A Care Scholars
David Geffen School of Medicine – Incoming Class, Fall 2020***

Cohort Highlights - Diverse group and all students of color, all raised in LA, with two 1st generation college students.

Cohort Community Activities and Projects - Volunteering at free clinics, global health initiatives with non-profits (Voices of African Mothers (VAM) and HIV testing research, mission trips to serve and organizing to support rural communities. Many students in this cohort have interesting jobs; one student is an active member of the U.S. Air Force and a Licensed Clinical Psychologist for the V.A., and others are Health Education Associates leading various community programs.



Eric An (Asian, Korean)

Email: an11eric@gmail.com

Eric grew up in Los Angeles County in the community of Bellflower, CA. He graduated from UCLA as a Psychobiology major and then went on to complete a PhD in Theology from Fuller Theological Seminary in Pasadena. From 2007 to 2016, Eric conducted research as part of a Psychology research lab at UCLA. He has also served on mission trips to Mexico to set up small community clinics in underserved, rural location, and in China to provide construction work and daycare to children with intellectual disabilities. Upon graduating from UCLA, Eric worked at the non-profit, Headington Institute which partners with humanitarian relief and development organizations and emergency responders, before, during, and after deployment in order to ensure the psychological wellbeing of individuals and provide personal skills, social support, and organizational resources to underserved communities. Eric is currently an active member of the military, and to date has served three years as a captain in the U.S. Air Force. He works as a licensed clinical psychologist for the U.S. Department of Veteran Affairs in Los Angeles. He is also bilingual. Moved by his experiences in the military and non-profit work, he intends to become a primary care physician in a community hospital or outpatient clinic that cares for underserved communities in LA.



Samantha Garcia (Puerto Rican, Latin/Mexican-Chicano)

Email: sg.garciasamantha@gmail.com

Samantha was raised in Los Angeles and grew up in a Spanish speaking household, she was the first person in her family to go to college. She attended the University of Southern California, where she received both a B.S. in Health Promotion and Disease Prevention, and a Master's in Global Medicine. While at USC, she was a program coordinator for the St. John's Well Child and Family Center, working with youth from South and East Los Angeles to combat pediatric obesity. Samantha also conducted research at the Keck School of Medicine under the supervision of Dr. Steven H. Richeimer and Dr. Faye Weinstein, on a longitudinal study on addressing chronic pain management in primary care settings. After graduation, Samantha began a job as a Health Education Associate for Children's Hospital Los Angeles, leading the Teens N Fitness community program targeted toward adolescents in South Los Angeles. Teens N Fitness focuses on empowering youth through nutrition and mental health education and discussions on advocacy efforts to address health disparities in minority populations. Having grown up in a disadvantaged household herself, Samantha would like to pursue a career in medicine that supports these communities and increases access to medical care in communities in South Los Angeles and beyond.



Emily Martey (Black/African American)

Email: ebm72@cornell.edu

Emily grew up in Santa Clara, CA and has spent much of her life devoted to lifting up underserved communities and championing health equity. For undergrad, she made a big move across the country to attend Cornell University, where she received her B.A. in Biology & Society with a minor in Global Health in 2016. Thanks to university support, Emily took advantage of global study opportunities in Ghana. She worked first as a research assistant studying cerebral malaria in young Ghanaian children, and then as a youth ambassador with the nonprofit Voices of African Mothers (VAM) where she developed science curriculum for primary schools. Upon graduating, Emily worked for four years to save-up for medical school while also continuing to pursue her passion for increasing access and care for medically underserved populations. During that time she worked as a clinical research coordinator at Massachusetts General and as a research assistant for Boston Children's. Most recently, her projects have involved evaluating the cost-effectiveness of a medical care coordination program for high-risk people with HIV in Los Angeles County and on research related to HIV testing for refugees living in Uganda. She is fiercely devoted to these communities, and also spends her free time as a volunteer at a local food pantry. Emily is eager to return to California for medical school and is incredibly grateful to L.A. Care for making this possible.



Japrecious Moman (Black/African-American)

Email: preciousmoman@gmail.com

Japrecious grew up in Los Angeles and is a first generation college student. Growing up in a disadvantaged household, Japrecious worked her way through high school and college, helping to support her family. She attended San Diego State University with a full academic scholarship and received a degree in Biology. During that time she was a student worker in the Admissions office at SDSU. Japrecious volunteered first as clinic coordinator and then as president of the Flying Samaritans---an organization which provides free healthcare to rural communities through Baja California, Mexico. Following graduation she worked as a perioperative service partner at Scripps Health and, most recently, as a care coordination assistant at Children's Hospital Los Angeles. As a care coordinator she assists with residency program administration and monitors and coordinates patients' treatment plans. She has lived and worked in Southern California her whole life and is dedicated to serving in a community like her own, where she hopes to be an example to others interested in medicine.



L.A. Care
HEALTH PLAN®

For All of L.A.

Equity Council Steering Committee



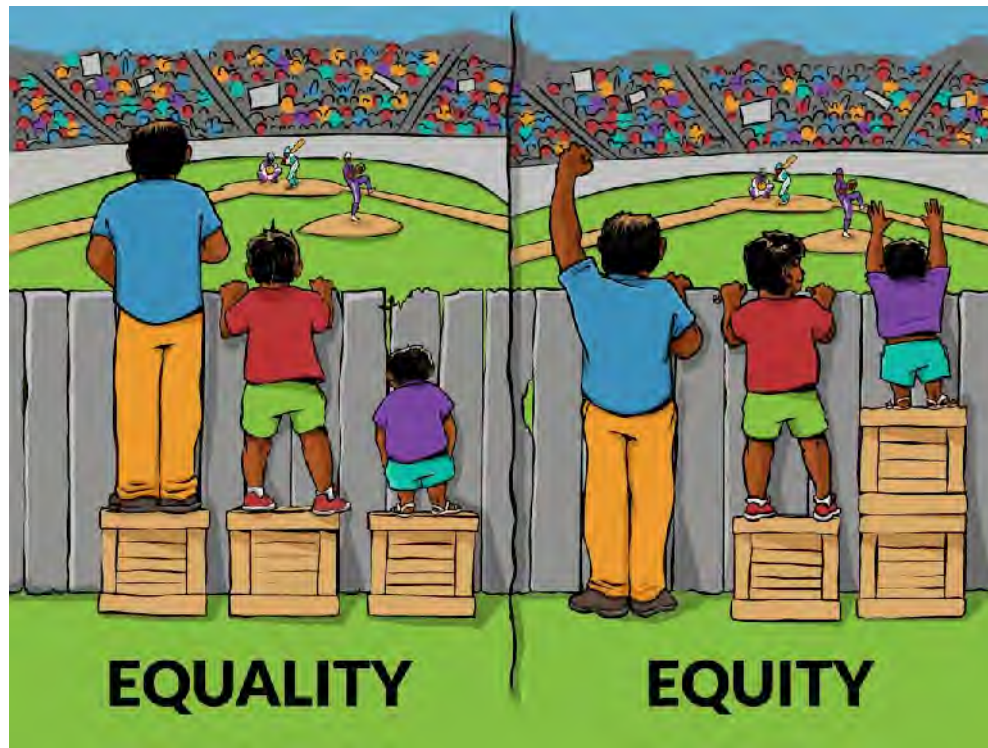
Dr. James L. Kyle
Board of Governors Meeting
July 30, 2020



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1987

Background

- **Equity** means that everyone has equal opportunity to attain their highest potential.
- **Social justice** is the distribution of wealth, opportunities and privileges within a society.



Equity Council Steering Committee

- CEO introduced an internal **Equity Council Steering Committee**.
 - The Steering Council is led by Dr. James Kyle
- The Equity Council Steering Committee will focus on equity and social justice efforts in three constituencies:
 - Members, overseen by Marina Acosta
 - Continuation of efforts from previously-established Health Equity Task Force
 - Network and Vendors, overseen by Acacia Reed
 - L.A. Care employees, overseen by Jason Pacely
- The Equity Council Steering Committee has also invited members at-large, for representative participation across L.A. Care.
- The goal of the Equity Council Steering Committee is to address and improve areas around **equity, fairness and inclusion**.
- Reviewing feedback for and editing L.A. Care's Public Equity Statement was the Steering Committees project.

Initial Pillars to Advance Equity

- Equity Council Steering Committee expands on this past year's internal Health Equity Task Force (HETF) efforts focused on improving health disparities.
- **Health equity** is that everyone should have a fair opportunity to attain their full health potential and no one should be disadvantaged from achieving this potential (W.H.O definition).
- HETF introduced three pillars to advance health equity:
 - Pillar 1: Leadership Commitment and Supportive Internal Infrastructure
 - Goal: Commit to promoting health equity and implementing systematic approaches to move L.A. Care closer to health equity.
 - Pillar 2: Health Services Undertakings
 - Goal: Optimize the health and wellness of our members, while reducing disparities.
 - Pillar 3: Member and Community Partnership
 - Goal: Strengthen partnership with members and the community, including CBOs and local health systems, to address disparities together.

Precision Health in Community Medicine

Our future health depends, in large measure, on how we respond to major challenges whose impact will affect us over the coming decades and generations.

COVID-19 is just the latest of the pandemic threats expected to continue into the future. Preventable, context and lifestyle-related chronic illnesses now consume more than three of every four dollars we spend on healthcare in the U.S.

Diseases of despair reflect deep-rooted problems of income inequality, lack of quality education, and limited employment opportunities, as well as poor-quality medical and mental health services.

Health threats from global warming have grown alarmingly: unprecedented and increasingly frequent natural disasters, extremes of heat and cold, and lack of access to safe water and adequate food.

Serious inadequacies in our healthcare systems compound these challenges:

- Unequal access to care
- Lack of universal coverage



- Uneven quality and safety
- Wide-spread inefficiencies
- Unaffordable costs for many
- An inadequate supply of physicians, especially in primary care, to meet current and projected demand for care
- A hollowed-out public health infrastructure that leaves us vulnerable to new threats to our health

Many of the choices we must make to respond are political—but, by no means, all.

With new scientific advances, powerful technology-driven tools, and advanced analytics, we now have an unprecedented ability to provide “Precision Health”—the solutions that can help people stay healthy, prevent illness and injury, and detect those conditions before symptoms occur.

But this is not the work of physicians and health systems who take care of patients. They are already hard-pressed to provide safe and effective medical care for the worried, sick, and injured.

A different physician is required to bring the new tools of Precision Health to the individuals, families, and communities who can benefit: a professional from those communities trained in Community Medicine. The Community Medicine specialist physician is prepared to:

- Work in teams to deliver the science of precision health: bio-computation

related to genomics and proteomics, massive data analytics, artificial intelligence, machine learning, and behavioral and motivational science.

- Use the tools of telecommunications and advanced engineering to bring health information and diagnostic and therapeutic support directly to individuals and families.
- Work in teams with and from the communities to identify the local health challenges, design and implement solutions, and assess their impact.
- Work with patients to bridge the increasingly complex world of clinical diagnosis and treatment decision-making and the unique context and culture from which those patients come.
- Provide leadership in the design and management of the systems that bring these solutions to those who need them.

One medical school cannot solve the challenges we face. But one school can prepare skilled physician leaders to improve health in the communities where they choose to work. One school can show how to select and prepare this new kind of physician. One school can show how to counsel young physicians towards satisfying careers in Community Medicine in the underserved and underrepresented communities where they work.

This is what the Claremont School of Medicine at Keck Graduate Institute proposes to do.

We will prepare outstanding, rigorously trained Community Medicine specialist physicians with the backgrounds, maturity, intelligence, skills, ethics, and compassion to confront the challenges that lie ahead. We will do this in partnership with health professionals, community representatives, and the families and individuals our graduates will serve, drawing on the experienced faculty and advanced educational technologies at KGI and The Claremont Colleges. And we will do this for a price that does not result in staggering debt.

Most importantly, we will do this with a single overriding goal: to prepare physician leaders dedicated to maintaining the quality of our lives by helping us stay healthy, prevent illness and injury where possible, and detect illnesses early enough to be treated effectively and efficiently.

For more information, please contact:

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About KGI

In 1997, Founding President Henry E. Riggs conceived the idea of KGI, and through a \$50 million grant from the W.M. Keck Foundation, KGI was born as a member of The Claremont Colleges. Since 2003, under the leadership of President Sheldon Schuster, KGI continues to grow both in terms of its number of enrolled students and in its reputation for excellence.

KGI offers innovative postgraduate degrees and certificates that integrate life and health sciences, business, engineering, pharmacy, and genetics. With a focus on team projects and hands-on industry experiences, KGI provides pathways for students to become leaders within healthcare and the applied life sciences. KGI consists of four schools: Henry E. Riggs School of Applied Life Sciences, School of Medicine, School of Pharmacy and Health Sciences, and the Minerva Schools at KGI.



July 30, 2020

TO: Board of Governors

FROM : John Baackes, CEO

SUBJECT: **3rd Quarter FY 2019-20 Vision 2021 Progress Report**

This report summarizes the progress made on the activities outlined in Vision 2021, L.A. Care's Strategic Plan. This is the third quarterly report for the 2019-20 fiscal year, which represents the second year of our three-year plan. Some activities have been impacted by the continuing COVID-19 pandemic and their status updates in the Progress Report reflect that fact. However, teams at L.A. Care are actively adjusting their goals, as appropriate, to account for our new reality and all teams continue to make progress. L.A. Care is truly succeeding in its ability to adapt and respond during these volatile times.

L.A. Care's notable third quarter activities include:

- L.A. Care hosted a COVID-19 Disparities Leadership Summit with a focus on COVID-19 disparities and the Black/African American population.
- Teladoc usage continued to increase exponentially among members, with a significant percentage of total year-to-date visits made during this quarter alone.
- L.A. Care's Provider Continuing Education Program has made a seamless transition to offering online courses as directly provided CME/CE activities.
- Care Managers and Community Health Workers, while not meeting with members face-to-face, continued safe outreach efforts to provide important COVID-19 information and resources and help address any other identified member needs.
- Continued to focus on our multi-year, multi-faceted systems improvement projects (for customer service, financial management, provider data management, care management, and encounter management).



1 High Performing Enterprise

A high functioning health plan with clear lines of accountability, processes, and people that drive efficiency and excellence.




Goal 1.1

Achieve operational excellence through improved plan functionality.

Key Activities	Status	Update
Enhance the systems, tools, and processes to improve customer service through the Voice of the Customer (VOICE) initiative.		The team has been focusing on the test cases for the new Online Provider Directory (OLPD) that was originally scheduled to be deployed on June 26 th . After further review, we felt it was necessary to engage one final review and on June 26 th made the decision to Go-Live on July 17 th . Two Demos were held showing the progress made on the Provider Claims Status IVR that is to be executed on September 29 th .
Improve business functions related to financial management with the Enterprise Resource Platform (ERP).		Phase 1 – Premium Billing integration testing cycles 1 and 2 have been complete as of July 3 rd . The teams are currently prepping for cycles 3 and 4 that will begin July 13 th . Testing within cycles 1 and 2 included core SAP functionality, as well as interface testing with our third party vendors including BofA and iColor. Cycles 3 and 4 will include testing with Cybersource (debit/credit payment payments) and Waterfield (IVR functionality). The SAP and Business teams are working closely with our internal I.T. QA team to test end-to-end functionality between SAP and QNXT. The new member payment application, which will serve all lines of business including LACC, LACCD, PASC and COBRA, has been reviewed and approved and is currently under connectivity testing with HealthX and CalHEERs. Blueprint for Phase 2 – Claims and Capitation Payments and other Disbursements have been complete. Writing of functional and technical specifications for system configuration and development are currently underway. The Provider data cleanup that is needed for the SAP implementation has been completed. We have started engagement with Payspan for the integrations, as well as determined the owner and maintenance responsibility of the pay-to-provider data.

Color Indicator Legend	
Green – On target, no issues	Red – Major issues, high risk
Yellow – Some issues, probable risks, concerns	Blue – Complete







Key Activities	Status	Update
<p>Modernize provider data management through continued operations of the Total Provider Management (TPM) initiative.</p>		<p>TPM implemented a second release in May to automate PPG updates in MPD and continued testing with PPG groups. Groups demonstrated improvement in data quality performance during Q3 and one additional group initiated testing. 30 of the 33 PPG groups are actively testing. Transition to operations planning occurred and documentation has been reviewed with affected business organization to allow for a 30-day transition period beginning in August.</p> <p>TPM reviewed analysis performed by Optum to develop business requirements for the Standard Provider Dataset projects. Specialty Health Plans and Plan Partners were engaged and have agreed to submit the TPM Standardized Provider File (SPF) in the Standard Provider Dataset projects.</p> <p>TPM initiated ePMO program planning in June in preparation for IRB review in July. In addition, the program is working with business stakeholders to include IHA Symphony Provider Directory Utility scope in the future TPM Program projects.</p> <p>Some delays to the schedule occurred as a result of the current health crisis impacting IT resources and budget. The team is working to account for those impacts in the current ePMO TPM Program planning.</p>
<p>Replace the Care Management Platform and change business practices to improve coordination of care for members with the Care Catalyst initiative, specifically the new Population Health Management System (SyntraNet).</p>		<p>Thrasys and the Care Catalyst team have provided virtual demonstrations to Utilization Management (UM) and other key stakeholders throughout Q3. The demos exhibited customized features of the platform at various stages of the build. User Acceptance Testing is scheduled to begin early next quarter. The UM module is still on track to launch as scheduled.</p>
<p>Implement strategies to improve encounters and risk adjustment processes.</p>		<p>Edifecs upgrade is currently being executed and on schedule. The upgrade will give the ability to install the Edge Server and the Smart Encounter tools. This will allow supplemental data to be collected and improve data collection for risk adjustment. In addition, LACC Encounter submissions will be submitted through Edifecs.</p>

Goal 1.2

Maximize the growth potential of our product lines.

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Key Activities	Status	Update
Implement a product governance process to ensure enterprise-wide alignment for products, programs, and service offerings across all lines of business.		A workflow has been established for product-related ideas that go to Product Governance for approval. An intake form is completed which helps to define the idea, and ideas are thoroughly vetted by the appropriate Intra-Team. We are socializing this process with stakeholder groups throughout the organization. Several ideas are currently under review.
Create a tailored approach to member retention, based on unique needs of the product.		The development of a member journey calendar and touchpoint map by each LOB now enables us to create efficiencies not only in member communication but also with specific focuses on retention. In addition the Growth, Expansion and Retention team is also developing an assessment and recommendations to better standardize the member on-boarding experience for all LOB's and enhance our current outreach process. Lastly, a new workgroup is being stood up to address retention challenges that CMC faces.
Leverage our ability to offer member choice and provide value-added programs for all product lines.		<p>Minute Clinic has reported 1,683 visits across all lines of business from October 2019-May 2020. Minute Clinic has also begun to offer telehealth in addition to their 17 locations in Southern California. These services were implemented at the end of April. As of the end of June there is no telehealth utilization data to report.</p> <p>L.A. Care has been working with Teladoc to add new providers to its network. Credentialing was completed to onboard more providers on June 18th. Year-to-Date (Jan – June 2020) Teladoc has provided 4,551 virtual visits to our L.A. Care members, including 3,375 visits during Q3 alone.</p>
Analyze the feasibility of D-SNP options and begin designing a product to serve our dually eligible Medi-Cal and Medicare population.		<p>Validated the type of D-SNP that the State and CMS would approve to support the crosswalk with Chief of Staff. Began working with the PMO/IT Team in developing the gap analysis.</p> <p>Met with CMS to begin planning the management of the Crosswalk of CMC members to the D-SNP. A Network Alignment Dashboard Tool has been developed. STARS 4.0 Strategy Proposal has been developed.</p>

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2 High Quality Network

A network that aligns reimbursement with member risk and provider performance to support high quality, cost efficient care.

Goal 2.1

Maintain a robust provider network that supports access to high-quality, cost efficient care.

Key Activities	Status	Update
Engage in a provider network strategy that meets distinct business and competitive needs of all products and ensures that members receive high-value care.		Focus remains on the COVID-19 crisis, and supporting all contracted physicians treating L.A. Care members.
Optimize oversight of delegated functions.		The L.A. Care Monitoring Program Pilot has been deployed as a collaborative effort between Compliance (Regulatory Affairs), Delegation Oversight, and Clinical Assurance. This is the first step in creating a comprehensive monitoring program for L.A. Care, allowing Delegation Oversight and Clinical Assurance to review the delegate's performance against the same standards as Compliance reviews the internal business units. The Pilot Program aims to test the end-to-end monitoring process, from data ingestion through scorecard production and includes UM Service Authorization Request/Prior Authorization measures. We plan to expand to all functional areas, involve additional oversight business units, and 300+ additional measures.

Goal 2.2

Build foundational capabilities to support expansion of the L.A. Care Direct Network.

Key Activities	Status	Update
Strategically develop, expand, and address gaps in the Direct Network to meet all member needs.		L.A. Care continues to grow the Direct Network across Los Angeles County to include primary and specialty care providers and cover more members.

Color Indicator Legend	
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Key Activities	Status	Update
Improve the operations of all L.A. Care functions necessary to support and scale up the Direct Network.		The Direct Network Strategic Steering Committee continues to address all internal business operations (Health Services, Finance, Ops) to support the ongoing expansion of the Direct Network.

Goal 2.3

Providers receive the individualized information and resources they need to provide high-quality care with low administrative burden.

Key Activities	Status	Update
Provide practices with actionable data, education, and resources to support ongoing efforts to improve quality and our NCQA status.		<p>In response to COVID-19, L.A. Care distributed about \$21 million in advanced Physician P4P payments to over 900 solo and small group physicians and over 60 clinic organizations. Clinical quality guidelines and measure prioritization during COVID-19 were developed and shared with the provider network. This included information on services appropriate for telehealth. The production and distribution of supporting performance reports have been ongoing. This includes the release of the first prospective provider opportunity and gaps in care reports, quarterly encounter reports, as well as the CG-CAHPS member experience reports. In addition, the QI team has continued meeting with lower performing PPGs to help improve performance.</p> <p>In lieu of In-Person Saturday CME/CE Conferences and mid-week dinner events, L.A. Care Health Plan’s Provider Continuing Education (PCE) Program will be offering online courses via WebEx as directly provided CME/CE activities in the current COVID-19 environment. The first live webinar offered was “Acceptance and Commitment Therapy (ACT) for Depression and Anxiety During COVID-19 Climate” and it had 160 webinar attendees. A number of additional webinars on topics such as trauma informed care and developmental screening have been planned for future dates.</p> <p>L.A. Care’s CME/CE activities have been well-implemented and attended with a mixed audience of learners, including L.A. Care network providers, other physicians, psychiatrists, clinical psychologists, nurses, licensed clinical social workers, pharmacists, and other healthcare professionals.</p>

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Key Activities	Status	Update
Celebrate top providers and improved performance.		We hope to recognize our high performing providers as best we can in 2020 for their 2019 performance. Unfortunately, with COVID-19, a large gathering may not be possible and the event team will look into appropriate options.
Offer access to loan repayment and recruitment assistance for new physicians (Elevating the Safety Net).		<p>Through the Elevating the Safety Net (ESN) Physician Loan Repayment Program, L.A. Care currently has 60 providers awarded and disbursed another 6 million to Uncommon Good in Q3 for awarding additional providers.</p> <p>L.A. Care continues to grow the ESN Physician Recruitment Program, with 119 grants awarded and 86 providers hired through the end of Q3. Cycle 7 closed with 36 applications, our largest cycle since the inception of the program.</p>
Support practice transformation and use of electronic resources such as Electronic Health Records (EHRs), Health Information Technology (HIE), and virtual care.		<ul style="list-style-type: none"> • Under the California Technical Assistance Program (CTAP) L.A. Care helped providers achieve 7,900 adopt, implement, upgrade (AIU) and meaningful use milestones, which earned \$9.3M towards the \$10.8M goal. DHCS extended the program through September with closeout in December. • L.A. Care is one of 59 organizations chosen for Network of Quality Improvement and Innovation Contractors (NQIIC). L.A. Care will not bid on the first four task orders and look to future opportunities which are a better fit. • L.A. Care and First 5 LA are entering into a partnership to help medical practices improve child development by implementing developmental screening tools and increasing access to community resources. • eManagement is implemented with 94 providers serving 75,000 MCLA members. • Transform L.A. works remotely with eight practices representing 61 providers, 2,200 DN members, and 22,000 L.A. Care members. • HIT is working with Health Services to develop the virtual care strategy for L.A. Care. • HIT and Provider Network Management launched an outreach campaign targeting 143 providers for enrollment in Aledade’s new Southern California ACO to participate in Medicare’s Shared Savings Program.

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3 Member-Centric Care

Member-centric services and care, tailored to the needs of our varied populations.


Goal 3.1

Understand our member needs so we can better manage their care and plan for the future.

Key Activities	Status	Update
Use all available data sources, including the Optum Impact Symmetry Suite (Member360), to assess and improve the population health of our membership.		We are working with health services teams to encourage the use of the Optum Impact Symmetry Suite. Optum gave a presentation of some health plan use cases at a recent Population Health Management Cross-Functional Team meeting. We are also meeting internally with Quality Improvement and other Health Services staff to work through specific use cases and user issues. There are still some key functions of the Symmetry Suite that are not possible due to data issues (i.e. race/ethnicity not available, data aggregation at the IPA level not yet functional). IT is working through these issues.
Incorporate assessment of social needs into the day-to-day work of staff who interact directly with members.	 	<p><u>Social Needs/Community Link</u> During the COVID-19 call campaigns to over 250,000 high-risk members, African-American members, and Asian/Pacific Islander members, call center and resource center teams used Community Link resource folders to identify and provide linkages in real time to members in need of resources to address Social Determinants of Health. More than 90% of members mentioned access to food and food insecurity as a significant new concern during the pandemic. L.A. Care has several COVID-related initiatives to address food insecurity, including the Meals To You program and grant support to Project Angel Food.</p> <p><u>Care Management (CM)</u> Due to the pandemic and the team’s continued deployment to work from home exclusively for their safety and the safety of our members, the Care Management (CM) and Community Health Worker (CHW) teams are not seeing members face-to-face. Since March 16th, the Case Management department has been conducting outreach to our most vulnerable members to check in on them, educate them on signs and symptoms of COVID-19 and steps to take if they suspect they may be sick, as well as provide them with information on available resources and help them address their needs during this difficult time. The CM department has outreached to over 3,000 members, exceeding initial expectations. The CM leadership team is in close collaboration with the</p>

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Key Activities	Status	Update
		<p>Community Resource Center (CRC) leadership team to ensure a smooth return to the community when it is safe to do so.</p> <p>Additionally, CM has led the aforementioned cross functional initiative to coordinate information available on resources to address social determinants of health needs during this time. As mentioned above, the resources are shared with all member facing internal teams as well as with members and the community at large through the L.A. Care Community Link platform on L.A. Care’s website.</p>
<p>Replace the Care Management platform and change business practices to improve coordination of care for members with the Care Catalyst initiative, specifically the new Population Health Management system (SyntraNet).</p>		<p>Thrasys and the Care Catalyst team have provided virtual demonstrations to Utilization Management (UM) and other key stakeholders throughout Q3. The demos exhibited customized features of the platform at various stages of the build. User Acceptance Testing is scheduled to begin early next quarter. The UM module is still on track to launch as scheduled.</p>





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Goal 3.2

Address members’ unmet health and social needs by making care accessible in the right way, at the right place, at the right time.

Key Activities	Status	Update
Utilize alternative approaches to expand access to care, including full implementation of Minute Clinic and telehealth opportunities.		Minute Clinic has reported 1,683 visits across all lines of business from October 2019-May 2020. Minute Clinic has also begun to offer telehealth in addition to their 17 locations in Southern California. These services were implemented at the end of April. As of the end of June there is no telehealth utilization data to report. L.A. Care has been working with Teladoc to add new providers to its network. Credentialing was completed to onboard more providers on June 18 th . Year-to-Date (January-June 2020) Teladoc has provided 4,551 virtual visits to our L.A. Care members, including 3,375 visits during Q3 alone.
Expand care management at Community Resource Centers/Family Resource Centers.		Due to the pandemic and the team’s continued deployment to work from home exclusively for their safety and the safety of our members, the Care Management (CM) and Community Health Worker (CHW) teams are not seeing members face-to-face. Since March 16 th , the Case Management department has been conducting outreach to our most vulnerable members to check in on them, educate them on signs and symptoms of COVID-19 and steps to take if they suspect they may be sick, as well as provide them with information on available resources and help them address their needs during this difficult time. The CM department has outreached to over 3,000 members, exceeding initial expectations. The CM leadership team is in close collaboration with the Community Resource Center (CRC) leadership team to ensure a smooth return to the community when it is safe to do so.

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Key Activities	Status	Update
<p>Implement initiatives that promote health equity in order to improve health disparities based on findings from the population health assessment and other data analytics.</p>		<p>Due to the COVID-19 pandemic, L.A. Care implemented activities to address disparities in outcomes. Actions include targeted outreach to high risk populations including the Black/African American population. Outreach campaign will include Native Hawaiian/Pacific Islander, Hispanic/Latino, and American Indian/Alaskan Native. On June 4th L.A. Care hosted a COVID-19 Disparities Leadership Summit with County partners and The California Endowment with a focus on COVID-19 disparities and the Black/African American population. There was also a radio PSA campaign on COVID-19 disparities and basic safety information. L.A. Care continued activities in the Health Equity Action Plan including implicit bias training and development of a supplier diversity program.</p> <p>The two Performance Improvement Projects (PIPs) are being redesigned due to COVID-19. The PIP to improve the use of controller medication use among people with persistent asthma between the ages of 19-50 in SPA 6 has shifted from working with providers to conduct targeted member outreach, to an Interactive Voice Response (IVR) call which includes a reminder to use a controller along with instructions on how to access online educational tools and programs. The other project is aimed at L.A. Care Covered (LACC) members with diabetes, specifically Black/African American and American Indian/Alaskan Native populations. The provider outreach component now includes telehealth guidance and encourages providers to refer members to nutritional counseling and online programs in order to address care needs during a pandemic.</p>

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4 Health Leader

Recognized leader in improving health for low income and vulnerable communities.

Goal 4.1

Be a local, state, and national leader to advance health and social services for low income and vulnerable communities.


Key Activities	Status	Update
Advocate for policies that improve access to care and quality of life for low income communities.		<p>At the state level, L.A. Care is supporting resolution SCR 92, introduced by Senator Pan, which would recognize racism as a public health crisis.</p> <p>At the federal level, L.A. Care spearheaded an effort to send a letter to Congress emphasizing the need for further Medicaid relief in future COVID-19 related stimulus legislation. Twenty-seven health plans across the country signed onto the letter.</p> <p>L.A. Care also held a series of Provider Town Halls regarding the proposed budget cuts that had been included in Governor Newsom’s recent budget proposal. A total of five Town Halls were held for each of L.A. Care’s provider groups—hospitals, FQHCs, IPAs, SNFs, and the Direct Network. The Town Halls provided an opportunity for L.A. Care to share information with providers and engage in discussion around providers’ plans for navigating this new environment and what role L.A. Care could play as a partner.</p>
Demonstrate the value of a public option.		COVID-19 dominated the news and the attention of lawmakers this quarter, appropriately taking priority over any movement around healthcare reform efforts. That said, L.A. Care continues to advocate the value of a public option in the healthcare system, and state and federal activities related to a public option continue to be monitored.
Contribute to and participate in the State’s Medi-Cal Waiver design efforts to ensure waiver programs support and meet member needs.		L.A. Care continues to monitor any DHCS activity relating to CalAIM. However, DHCS announced on April 15, 2020 that it would be postponing all CalAIM implementation timelines until a later date, in order to allow a necessary focus on COVID-19 efforts. DHCS also announced plans to work with stakeholders and the federal government in an extension of the state’s existing 1115 waiver and 1915b Special Mental Health waiver. In May, a representative from L.A. Care was selected to be part of the CalAIM Foster Care Model of Care Workgroup, the only CalAIM Workgroup that continues to meet.

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Goal 4.2

Implement initiatives that improve the health and wellbeing of those served by safety net providers.

Key Activities	Status	Update
<p>Continue and expand the Elevating the Safety Net initiative.</p>		<p>Residency Support Program (RSP) – We have invited 4 of the 5 previous awardees to apply for a 2nd round of RSP support for Fall 2021, all applications were due by the end of Q3. AltaMed, CDU, UCLA and Adventist Health White Memorial were the institutions invited for additional support.</p> <p>Medical School Scholarships – All Cohort 3 L.A. Care Scholars were confirmed for CDU and UCLA by the end of Q3. This cohort, which is the most ethnically and culturally diverse one to date, is made up entirely of students of color.</p> <p>Physician Recruitment Program (PRP) – We continue to grow PRP with 119 grants awarded and 86 providers hired through the end of Q3. Cycle 7 closed with 36 applications, our largest cycle since inception of the program.</p> <p>Physician Loan Repayment Program (PLRP) – We currently have 60 providers awarded and disbursed another 6 million to Uncommon Good in Q3 for awarding additional providers.</p> <p>‘Elevating Community Health’ – The 2nd Cohort of the Community Health Worker (CHW) training program is complete but continuing education (CE’s) sessions continue for CHW who have completed the course through Q3. The California Long-Term Care Education Center (CLTCEC) IHSS+ Provider Integration Training Program has been added to ESN as it is in alignment with our efforts to support non-clinical professionals and the community.</p> <p>National Medical Fellowship (NMF) – We are moving forward with our Summer 2020 cohort and continued partnership with National Medical Fellowships (NMF) through their Primary Care Leadership Program (PCLP) in Q3. This group of students pursuing health professions throughout the nation will be conducting virtual service-learning projects that target underrepresented communities. NMF has been added to ESN as it aligns with our efforts to support scholars who have an expressed interest in serving our most vulnerable individuals and communities.</p>

Color Indicator Legend			
	Green – On target, no issues		Red – Major issues, high risk
	Yellow – Some issues, probable risks, concerns		Blue – Complete



Key Activities	Status	Update
<p>Expand the number, size, and scope of our Community Resource Centers to a total of 14 sites across 11 Regional Community Advisory Committee regions in partnership with Blue Shield of California Promise Health Plan.</p>		<p>Progress has continued on the Metro L.A. site. Pre-construction work continues on Wilmington, Norwalk and El Monte sites. Tenant meetings underway for South L.A. location where Inglewood FRC will be relocated. Potential new sites for RCAC region 5 (Westside) identified. Potential replacement sites for Long Beach and Inglewood areas also identified. Interior remodeling of Palmdale, Lynwood and East L.A. sites completed. Exterior signage in progress. CRC reopening planning underway with planning target date of September 1st. Four CRCs will be ready to reopen by that date (Pomona, East L.A., Lynwood, Palmdale.) Metro L.A. scheduled to be complete by Labor Day.</p>
<p>Fully implement L.A. Care as a Health Homes program CB-CME through care management based at Community Resource Centers/Family Resource Centers and continue to expand the Community Based Care Management Entity (CB-CME) network.</p>		<p>L.A. Care added one additional CB-CME to the Health Homes network, for a total CB-CME count of 33 by the end of the third quarter. As a result of COVID-19, L.A. Care's Health Homes Program expanded its offering of virtual educational and resource opportunities to promote CB-CME skill building as they support some of our most vulnerable members during the pandemic.</p>

Color Indicator Legend	
	Green – On target, no issues
	Yellow – Some issues, probable risks, concerns
	Red – Major issues, high risk
	Blue – Complete



Cal MediConnect

Enrollee Advisory Committee

CEO Report to the Board of Governors Cal MediConnect (CMC) Enrollee Advisory Committee (EAC) Meeting Summary

CMC EAC Meeting Date: June 23, 2020

CMC EAC Meeting Attendees: 5, via conference call

Meeting Summary

I. L.A. Care Updates

- a. Committee members were informed about a series of free on-demand virtual classes posted on the L.A. Care/Blue Shield Promise Community Resource Centers' YouTube channel that they can follow in order to stay healthy at home. The classes include yoga, Zumba, healthy cooking, and other wellness topics.
- b. Committee members were informed about L.A. Care's Community Link, which helps connect members with community agencies for assistance with housing, food, bills, and other services that address social determinants of health.
- c. Committee members were informed about L.A. Care's Family Resource Center collaboration with community organizations to host drive-thru food pantry events.

II. CMC Member Presentation

- a. Staff shared tips to help members stay healthy while staying safe at home, including how to take care of their emotional and mental health, and how to access telehealth services.

III. Group Discussion

- a. Committee members discussed strategies for staying strong and healthy during this time; tips included regular exercise, taking short neighborhood walks, and eating healthy.

IV. CCI Ombudsman Report

- a. Staff reviewed the role of the CCI Ombudsman's office, shared the prevalent issues reported by the Ombudsman, and provided members with the office's contact information.

V. Close-Out

- a. Members were informed that a Member Advocate would be calling them after the meeting to privately address any personal member issues.
- b. The next CMC EAC meeting is currently scheduled for Tuesday, August 18, 2020, from 2:00pm-3:00pm, and will most like be a conference call meeting.

**May 2020
Grants & Sponsorships Report
July 2020 Board of Governors Meeting**

#	Organization Name	Project Description	Grant/ Sponsorship Approval Date	Grant Category/ Sponsorship	May Grant Amount*	May Sponsorship Amount*	FY CHIF & Sponsorships Cummulative Total
1	Garfield Health Center	Provide care to at least 500 Latino patients over a two-year period; seek a 15% increase from baseline of Latino patients with diabetes whose most recent hemoglobin A1c (HbA1c) is less than 9. The percentage of Latinos in the overall patient population will increase from 6% to 14%; funds used to hire a Family Nurse Practitioner, Outreach Workers, and Peer Navigators.	5/22/2020	Tranquada XI Grant	\$ 150,000	\$ -	\$ 150,000
2	JWCH, Inc.	More than 165 of African American patients will receive weight counseling and 275 smoking cessation counseling, plus needed clinical services; funds used to purchase 50 desktops and NexGen provider licenses for six teams to facilitate working remote and increase telehealth services including to the new hardly reached population.	5/22/2020	Tranquada XI Grant	\$ 150,000	\$ -	\$ 150,000
3	L.A. Lesbian, Gay, Bisexual, and Transgender Center	Provide care to at least 330 new Latino patients over a two-year period, with a specific focus on the LGBT community; increase retention of Latino PrEP patients by 15%, Latinos in the clinic's overall SPA4 patient population will increase from 30% to 35%; funds used to purchase the license for a bilingual Allscripts Mobile Patient Engagement (MPE) platform to complement the Center's existing Allscripts FollowMyHealth patient portal, and equipment (e.g., iPads, Charging Stations, etc.).	5/22/2020	Tranquada XI Grant	\$ 150,000	\$ -	\$ 150,000
4	Project Angel Food	Provide 55,115 medically tailored meals to 151 L.A. Care members over a one-year period.	5/22/2020	Ad Hoc Grant	\$ 550,000	\$ -	\$ 550,000
5	South Bay Family Health Care	Provide care to at least 528 new African American patients over a two-year period to improve health outcomes related to diabetes by ensuring at least 65% of these new patients with diabetes or prediabetes will have HbA1c < 9.0% (controlled levels). African American patients in the Inglewood clinic's overall patient population will increase from 22% to 30%. Funds will complete engineering plans and renovation of its Inglewood Clinic to modernize the facility, including refurbishing 500 square feet of unutilized space to add two exam rooms and a dedicated waiting room.	5/22/2020	Tranquada XI Grant	\$ 150,000	\$ -	\$ 150,000

#	Organization Name	Project Description	Grant/ Sponsorship Approval Date	Grant Category/ Sponsorship	May Grant Amount*	May Sponsorship Amount*	FY CHIF & Sponsorships Cumulative Total
6	St. John's Well Child and Family Center	Provide care to at least 800 new African American patients and 265 Bengali patients over a two-year period; improve health outcomes related to COVID-19 diagnoses and diabetes control for its target populations by ensuring at least 75% of its new African American and Bengali patients receive COVID-19 testing and 65% have HbA1c < 9.0% (controlled levels). African American patients across all three targeted clinic sites will increase from 12% to 18% and will increase from 0% to 4% at the one targeted clinic site for Bengali patients; funds used to pay for salaries of two Nurse Practitioners and one Community Organizer, cultural competency training, and translation services.	5/22/2020	Tranquada XI Grant	\$ 150,000	\$ -	\$ 150,000
7	The Achievable Foundation	Provide care to at least 350 new Latino patients over a two-year period; improve health outcomes related diabetes and hypertension by ensuring at least 72% of new Latino patients with a diagnosis of diabetes will have HgA1C levels under 9% (controlled diabetes) and at least 70% of new Latino patients with a diagnosis of hypertension will have controlled blood pressure; help 75% of newly enrolled Latino patients without diabetes or hypertension maintain or improve their health as evidenced by the absence of a new diagnosis of either condition by the end of the project period. Latino patients will increase from 35% to 45%; funds used to pay for salaries of a full-time Outreach/Patient Navigator and partial salaries of one bilingual Physician and two Certified Medical Assistants.	5/22/2020	Tranquada XI Grant	\$ 150,000	\$ -	\$ 150,000
8	The Children's Clinic	Provide care to at least 1,000 new Cambodian patients (ages 18 – 75 years old) over a two-year period; improve health outcomes related to its new Cambodian patients with diabetes and hypertension by ensuring at least 70% of its new Cambodian patients have HbA1c < 9.0% (controlled levels) and no more than 40% have diagnosed "uncontrolled" hypertension after one year of being followed at TCC with at least two visits. Cambodian patients will increase from 3% to 5.5%. Funds will pay for the salary of a full-time Nurse Practitioner of Cambodian descent.	5/22/2020	Tranquada XI Grant	\$ 100,000	\$ -	\$ 100,000

#	Organization Name	Project Description	Grant/ Sponsorship Approval Date	Grant Category/ Sponsorship	May Grant Amount*	May Sponsorship Amount*	FY CHIF & Sponsorships Cummulative Total
9	United Way of Greater Los Angeles	Provide personal protective equipment for up to 5,000 frontline providers; procure and distribute essential supplies such as masks, health and hygiene kits, non-perishable food; tents, sleeping bags, or other shelter in place equipment may also be provided to approximately 10,000 unsheltered individuals during the COVID-19 pandemic; will work closely with Brilliant Corners and the Housing for Health program to purchase and distribute supplies for frontline street teams providing care and case management, and health and hygiene supplies; will support management and suppression of COVID-19 across LA County, with particular attention to Metro LA, South LA, and the San Fernando Valley areas.	5/27/2020	Ad Hoc Grant	\$ 475,000	\$ -	\$ 475,000
10	Universal Community Health Center	Provide care to at least 200 new African American patients over a two-year period; increase the hypertension control rate of its overall African American patient population from 65% to 80%. African American patients in the clinic's overall patient population will increase from 3% to 6%; funds used to cover the salary of a full-time Patient Coordinator, equipment, marketing/outreach materials, and equipment.	5/22/2020	Tranquada XI Grant	\$ 150,000	\$ -	\$ 150,000
11	Via Care Community Health Center	Provide care to at least 298 patients of Asian descent over a two-year period- these outcome baselines will be established: Percentage of patients with a history of periodontitis who receive at least two visits per year; patients who receive at least two topical flouride application; and diabetics who receive a comprehensive a periodontal evaluation. Asians in its overall patient population will increase from less than 1% to over 1%, increasing 10% per year; funds used for dental space renovation and expansion to accommodate COVID-19 requirements.	5/22/2020	Tranquada XI Grant	\$ 150,000	\$ -	\$ 150,000

#	Organization Name	Project Description	Grant/ Sponsorship Approval Date	Grant Category/ Sponsorship	May Grant Amount ⁺	May Sponsorship Amount [*]	FY CHIF & Sponsorships Cummulative Total
12	Wilmington Community Clinic	Provide care to at least 150 new Asian American patients (with a focus on women) over a two-year period; help 85% of the 150 targeted new Asian patients (approximately 130, primarily women of reproductive age) to maintain or improve their health status as evidenced by the absence of: unintended pregnancy, diagnoses of diabetes, or tuberculosis. Asian patients in the clinic's overall patient population will increase from 2% to 4%; funds used to cover the salaries of a half-time Registered Nurse Practitioner, and part-time IS Technician and Outreach/Enrollment Lead, along with an Azara Software module upgrade.	5/22/2020	Tranquada XI Grant	\$ 125,000	\$ -	\$ 125,000
Total of grants and sponsorships approved in May 2020					\$ 2,450,000	\$ -	

⁺ 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.

^{*} No sponsorships were approved in the month of May.



L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: July 30, 2020

Motion No. BOG 100.0720

Committee:

Chairperson: Hector De La Torre

Issue: Consideration of an Organizational Statement of Principles on Social Justice and Systemic Racism

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

Background: In response to the ongoing violence against black, indigenous and other people of color (BIPOC) by law enforcement and the highlighting of the divisive systemic racism and inequities directed BIPOC communities, staff drafted an organizational “Statement of Principles”. The draft statement was circulated to all L.A. Care staff and Regional Community Advisory Committee (RCAC) members to solicit their input and feedback. Input was solicited from staff and RCAC members using an online survey instrument which was available in English and Spanish. In addition, RCAC members were also offered the option of having the survey administered by phone by a Community Outreach & Engagement staff member. Because of the complexities of their native language, Khmer speaking RCAC members were all administered the survey via phone by a certified Khmer-speaking interpreter.

Nearly 700 L.A. Care staff (out of approximately 2,000 employees) and over 60 RCAC members (out of approximately 200) responded to the survey. The survey included a final open-ended question for each respondent to provide more detailed feedback on the draft statement. Nearly 300 L.A. Care staff provided over 30 pages of written feedback. 32 RCAC members also provided written feedback. The key trends in the staff and RCAC member feedback were:

- The organizational statement should be more specific regarding the actions that L.A. Care will take.
- The statement should be more explicit about that Black Lives Matter and the role that violence by law enforcement personnel plays.
- The statement should be fully inclusive of other people of color and the challenges they face.
- The statement should focus inward on L.A. Care and how the organization will address issues of racism and discrimination internally.

The attached draft statement incorporates much of the feedback received from staff and members.

Member Impact: None

Budget Impact: None

Motion: **To approve the L.A. Care Health Plan Statement of Principles on Social Justice and Systemic Racism.**

STATEMENT BY THE BOARD OF GOVERNORS OF L.A. CARE HEALTH PLAN

L.A. Care and its Board of Governors (L.A. Care) stand proudly with Black, Indigenous, and all other People of Color (BIPOC) in America. We do not tolerate racism and discrimination in any form - we denounce anti-Blackness and the systematic oppression of all BIPOC people in America and abroad.

L.A. Care acknowledges the pain, anger, fear, and frustration caused by the senseless deaths and acts of discrimination towards countless BIPOC lives. These terrible tragedies have repeatedly exposed persistent and divisive systematic racism and inequities directed towards BIPOC communities. We also stand in solidarity with our health care and safety net partners who, every day, respond to members effected by racial injustice and inequity. America's emerging social justice movement tells us, in no uncertain terms, that we are at a pivotal moment in our history. L.A. Care has not, and will not, ignore the long unresolved issues of racism, fairness and equity that have burdened all BIPOC individuals and communities. Actions, not words, are what is needed now. L.A. Care is committed to supporting our employees, members, providers and the communities in which they live - to listen to them, learn from them and take action.

In addition to continuing to listen and learn from our BIPOC employees, members and providers, L.A. Care has implemented and is actively working to build and implement the following and more:

- an Equity Council which will focus on equity issues and topics related to our L.A. Care employees, members and our contracted provider network and vendors.
- advocacy work for social justice, and including these efforts in our policy agenda.
- an Equity and Resilience Initiative that will support community-based organizations working to mitigate the impact of health care inequities among racially marginalized individuals and communities.
- a partnership with the Los Angeles County Commission on Human Relations.

While our organization cannot solve these challenges alone, we are starting with our family of employees, members, providers, and community stakeholders who have shared their perspectives now reflected in this statement. We will look internally to ensure that our own work environment is free of any racism or discrimination. Working together we can aspire to achieve an America that is truly fair, equitable, inclusive, and just - for all.

WORD COUNT: 384



Board of Governors
MOTION SUMMARY

Date: July 30, 2020

Motion No. BOG 101.0720

Committee:

Vice Chairperson: Al Ballesteros

Issue: Nominate a Member to the L.A. Care Board seat representing health plan or health insurance expertise.

Background: Hector De La Torre was nominated by the L.A. Care Board of Governors in September 2014 (Motion GOV 101.0914) following a careful selection process to fill the unexpired partial term in that seat. He was re-nominated by the Board in 2016 and his current term will end on October 31, 2020.

Mr. De La Torre is eligible for re-nomination to the Board of Governors. If approved by the Board of Governors, the nomination of Mr. De La Torre will be sent to the Los Angeles County Board of Supervisors for a formal appointment to the term beginning November 1, 2020 and ending October 31, 2024.

Budget Impact: None.

Motion: To nominate Hector De La Torre to the L.A. Care Board of Governors to a second four-year term that will end October 31, 2024, and to direct staff to forward his nomination to the LA County Board of Supervisors to request his appointment to the Board of Governors.

June 23, 2020

To: Board of Governors

From: Linda Merkens, *Senior Manager, Board Services*

Subject: Process for Board Member Nomination by L.A. Care Board of Governors

The L.A. Care Board of Governors nominates a member to its own Board for a seat representing health plan or health insurance expertise. After a selection process, Hector De La Torre was nominated by L.A. Care's Board and appointed by the Board of Supervisors to serve a partial term ending October 2014.

The Board of Governors renominated Mr. De La Torre by a motion in 2016. He was appointed to serve his first full 4-year term ending October 31, 2020. Mr. De La Torre is eligible to serve a second 4-year term.

The Board could re-nominate Mr. De La Torre to serve a second full 4-year term. In the alternative, the Board could choose to ask the Governance or Executive Committee to make a recommendation for nomination of a new member, following either the same or a new selection process.

Draft Nomination process following the same process used in 2014

Members are appointed to the ad hoc nominating committee
Ad hoc committee meets to determine desired characteristics and authorize solicitation of nominations and determine a deadline for applications
Ad hoc committee meets to review applications and recommend candidate(s). Governance or Executive Committee meets to receive ad hoc Committee recommendation and consider recommending nominee(s) to Board.
Recommendations presented at Board meeting. Board approves a nomination. Nomination sent to Board of Supervisors

Ad Hoc Committee

In 2014, the Board delegated authority to solicit, review applications, interview candidates and recommend a nominee to the Board of Governors to an ad hoc Nominating Committee. The Board suggested characteristics for the ad hoc Committee to consider when assessing applicants for the Board seat.

The ad hoc Committee reported to the Governance Committee, or, if the Governance Committee was not scheduled to meet, to the Executive Committee. The ad hoc Committee was dissolved when the nominee was approved by the Board of Governors and appointed by the Board of Supervisors.

Following is the process used in 2014

1. An ad hoc Nominating Committee was appointed by the Board Chair.
2. The ad hoc Nominating Committee discussed the desired characteristics of a potential candidate to complement current Board member backgrounds and experience.
 - In 2014 the characteristics were:
 - a. Health insurance or health plan expertise
 - b. Qualities and experience that complement the strengths of current Board members
 - c. Appreciation for and/or understanding of Medi-Cal, Medicare and other lines of business and populations served
 - d. Reflecting the diversity of L.A. Care members and health care marketplace

- e. Limited or no potential conflicts of interest with L.A. Care business
 - f. L.A. County presence (reside or work in L.A. County) and familiarity with environment
 - g. Understanding of the mission/business balance
 - h. Strong reputation for independent thinking
3. The Los Angeles County Board of Supervisors requires that all nominees for Commission seats complete a Statement of Qualifications form. That form was used as a basis for an L.A. Care Board Seat Application form to simplify the process for nominees. A public announcement was included as the first page of the application form.
 4. The members of the Board of Governors of L.A. Care have a great many contacts from which L.A. Care may get references for potential nominees to the Board of Governors. The 2014 ad hoc Board Nominating Committee sought ideas and references for potential applicants from other members of the Board of Governors and from other entities:
 - a. Staff sent an email requesting Board Members to call a Committee member with any references.
 - b. Distributed application electronically to Board members.
 - c. Organizations with expertise that may help L.A. Care find potential candidates were sent the application form.
 5. The nomination process above was reviewed by the Governance Committee, and the Governance Committee made a recommendation on the process to the Board of Governors:
 - a) The Committee solicited candidates
 - Rather than entering into a prolonged search process, the ad hoc Committee used Board and Staff networks plus selective outreach to known expert groups.
 - Position was publicly posted for 30 days.
 - The Committee asked for referral from current and past Board members and nominating entities, subcontractors, plan partners, and other professional organizations such as CAHP, IHA, CAPG, ITUP, foundations or those with academic, legislative or government service experience.
 - b) Committee reviewed and discussed the applications received and narrowed the field to three candidates using individual ranking, then met again to interview the three finalists.
 - Initial evaluation of all the applications was done by the ad hoc committee to expedite the process and protect the privacy of the applicants.
 - General Counsel did initial conflict assessment with each of the three applicants.
 - Informal reference check was done for applicants, including a review of the exclusion list of the Office of the Inspector General.
 - The ad hoc Committee interviewed the three finalist candidates.
 - One candidate was selected by ranking the three finalists.
 - c) The ad hoc Committee recommended one candidate to the Governance Committee. The Committee could have recommended more than one candidate as nominee.
 - d) The Governance Committee recommended the nominee to the Board of Governors.
 - e) The Board of Governors approved the nominee with an affirmative vote by a majority of members present and voting at the meeting. The approval required a 2/3rds majority vote of the Board of Governors.
 - f) L.A. Care sent a nomination letter to the Board of Supervisors to request appointment of the nominee.

Board of Governors

Executive Community Advisory Committee

Meeting Minutes – June 10, 2020

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



L.A. Care
HEALTH PLAN

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Senior Staff
<p>Russell Mahler, <i>RCAC 1 Chair</i> *** Estela Lara, <i>RCAC 2 Chair</i> *** Cynthia Contreas-Wood, <i>RCAC 3 Chair, ECAC Vice-Chair</i> *** Silvia Poz, <i>RCAC 4 Chair</i> *** Maria Sanchez, <i>RCAC 5 Chair</i> *** Andria McFerson, <i>RCAC 6 Chair</i> *** Maria E Nunez, <i>RCAC 6 Vice-Chair</i> *** Fátima Vázquez, <i>RCAC 7 Chair, ECAC Chair</i> *** Ana Romo, <i>RCAC 8 Chair</i> *** Tonya Byrd, <i>RCAC 9 Chair</i> *** Damares O Hernández de Cordero, <i>RCAC 10 Chair</i> *** Maria Angel Refugio, <i>RCAC 11 Chair</i> *** Lluvia Salazar, <i>At-Large Member</i> *** Deaka McClain, <i>At Large Member</i> ***</p> <p>* <i>Excused Absent</i> ** <i>Absent</i> *** <i>Via teleconference</i></p>	<p>Eduardo Kogan, <i>Interpreter</i> Ruth Nuno, <i>Interpreter</i></p>	<p>Hilda Pérez, <i>Member, Board of Governors</i> *** Layla Delgado, <i>Advocate, Board of Governors</i> *** John Baackes, <i>Chief Executive Office, L.A. Care</i> Shavonne Caldwell, <i>Community Outreach Liaison, CO&E</i> Idalia De La Torre, <i>Field Specialist Supervisor, CO&E</i> Auleria Eakins, <i>Manager, CO&E</i> Hilda Herrera, <i>Community Outreach Liaison CO&E</i> Dania Jacob, <i>Department Assistant, CO&E</i> Nicole Justo, <i>Community Outreach Liaison, CO&E</i> Frank Meza, <i>Community Outreach Field Specialist, CO&E</i> Candace Nafissi, <i>Communications and Community Relations Specialist III, Communications Department</i> Francisco Oaxaca, <i>Senior Director, Communications and Community Relations</i> Cindy Pozos, <i>Community Outreach Liaison, CO&E</i> Jose Ricardo Rivas, <i>Community Outreach Field Specialist, CO&E Center</i> Victor Rodriguez, <i>Board Specialist, Board Services</i> Kristina Chung, <i>Community Outreach Field Specialist, CO&E</i></p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	<p>Cynthia Contreas-Wood, <i>ECAC Vice Chair</i>, called the meeting to order at 1:12 P.M. She advised committee members that all votes and comments will be taken by roll call.</p> <p>Idalia De La Torre, <i>Field Specialist Supervisor, CO&E</i>, advised members that due to time restrictions not everyone will be able to speak on each agenda item.</p>	

<p>APPROVE MEETING AGENDA</p>	<p>Ms. Contreas-Wood noted that she will be running the meeting instead of Fátima Vázquez, <i>RCAC 7 Chair, ECAC Chair</i>.</p> <p>The Agenda for today's meeting was approved as amended.</p>	<p>Approved unanimously. 12 AYES, (Byrd, Contreas-Wood, Hernandez de Cordero, Lara, McClain, Nunez, Poz, Refugio, Russel, Salazar, Sanchez, and Vazquez)</p>
<p>APPROVE MEETING MINUTES</p>	<p>Ms. Contreas-Wood, noted that on page 5, the name "Tanya" should be corrected to "Tonya".</p> <p>The March 11, 2020 meeting minutes were approved as amended.</p>	<p>Approved unanimously. 12 AYES</p>
<p>STANDING ITEMS</p>		
<p>UPDATE FROM CHIEF EXECUTIVE OFFICER</p>	<p>John Baackes, <i>Chief Executive Officer</i>, provided an update on COVID-19. <i>(A copy of the presentation can be obtained from CO&E.)</i></p> <ul style="list-style-type: none"> • All L.A. Care staff began working from home at the end of March. He noted that productivity has not been declined and has increased in some areas. • L.A. County had sufficient hospital beds to accommodate the increase due to the pandemic. It left many hospitals with a big hole in their revenue picture. People staying home due to the Stay at Home Order dropped doctor appointments, but providers did see an increase of telehealth visits. <p><u>May Revise</u> Governor Newsom released a revision to his Fiscal Year 2020-21 budget on May 14, 2020. The "May Revise" is an update to the budget plan that he released back in January. It contains new estimates of revenues, spending, and reserves based on current economic forecasts and priorities.</p> <p>The May Revise sets the stage for the next month of negotiations with the Legislature. The Legislature will review the proposal, offer changes or suggestions, and work to approve a budget by June 15. The Legislature must pass a balanced budget and send it to the Governor by midnight on June 15th for his action.</p> <p>The May Revise shows the harsh reality and impact of the COVID-19 pandemic on California. The 2020 unemployment rate is projected to be 18% and personal income is projected to decline by 9% in 2020. The May Revise proposes cuts in virtually every area of the state government, including devastating cuts to health care, public benefits,</p>	

and In-Home Supportive Services. *(Only programs directly fighting the pandemic will see budget increases.)*

The May Revise estimates a budget shortfall of \$54.3 billion. Governor Newsom is proposing a budget with \$14 billion in cuts that will occur if additional federal funds are not received by July 1, 2020. These cuts are called “triggers” and will go into effect automatically if the federal government does not provide enough funding. It is likely that many of the Governor’s Medi-Cal cuts will be rejected by the Legislature and result in closed door negotiations with the Governor, budget leadership, Senate Pro Tem, and the Speaker.

- The May Revise assumes that Medi-Cal caseload will peak at 14.5 million or about 2 million above what the caseload would have been without the COVID-19 pandemic.
- The May Revise delays the California Advancing and Innovating Medi-Cal (CalAIM) initiative. This initiative was designed to transform the Medi-Cal program. Instead, the state will ask CMS to extend the current 1115 Waiver for one year.
- It eliminates the proposal from January that expanded full-scope Medi-Cal to undocumented individuals over 65 (Health4Elders).
- It eliminates the 2019 Budget Act expansion of Medi-Cal Aged and Disabled program for individuals with incomes between 123% and 138% of the federal poverty level. This program was supposed to have started in January 2020, but was postponed to August 2020. Now it is proposed to be eliminated.
- It eliminates the Medicare Part B Disregard. This program would have stopped seniors and people with disabilities from losing access to free Medi-Cal because of a confusing Medi-Cal rule that creates changes in income calculations, even when a person’s actual income has not changed.

Russel Mahler, *RCAC 1 Chair*, noted that the letter that was distributed stated that they can lobby to their lawmakers. He would like to know how. Mr. Baackes responded that he can forward the letter to ECAC members so they can send it.

Estela Lara, *RCAC 2 Chair*, thanked Mr. Baackes for his report, and stated that she will be sending that letter as soon as she gets it.

Andria McFerson, *RCAC 6 Chair*, noted that she made a comment about more interactions with ECAC and RCAC and the community. She would like to reach out for proper resources for the pandemic. She would like to know how she can physically reach out to the community. She would like to be able to reach out directly. She asked how can members be more involved during the pandemic. This is for people who can participate. She wanted to know if the letter can be sent to the RCACs.

	<p>Mr. Baackes responded that the letter can be sent out to all RCAC members. He noted that letter is also available on the website. James Kyle, MD, MDin, Director, Quality, and his staff organized a COVID-19 Summit. They focused on the health disparities in the African American community caused by COVID-19. One hundred and fifty Community Based Organizations to participated in the event. Mr. Baackes added he will ask Dr. Kyle to address this topic later in the meeting.</p> <p><u>PUBLIC COMMENT</u> <i>(All public comments were submitted via text, email, or voicemail.)</i> Public comment submitted by Elizabeth Cooper, RCAC 2 Member <i>Thank you Mr. Baackes for providing the update, and to the Board for approving the motion that provides support to all RCAC members. In addition, Mr. Baackes, how would the May Revise directly impact L.A. Cares membership and what would you offer as a suggestion to members who are impacted by these changes?</i></p> <p>Mr. Baackes responded that L.A. Care currently does not have a definitive answer on what the cuts are going to be. The legislature has not voted on the Governor’s proposal. If Federal Aid does not materialize then L.A. Care will have to deal with cuts. He can’t comment on the impact on members until it is finalized.</p> <p>Public comment submitted by Ismael Maldonado, RCAC 2 Member <i>Mr. Baakes, in regards to The Brown Act I went to la care website and it gave today ECAC meeting on the website only the address and phone number to the meeting location but no way how the LA Care member are not allowing them to put public comment cloud relate to a Brown act volition this cloud be an illegal meeting.</i></p> <p>Mr. Baackes responded that L.A. Care goes to great lengths to adhere to the Brown Act. He noted that materials was distributed that states that the Governor suspended some provisions in the Brown Act. He will have legal look into this matter.</p>	
<p>UPDATE FROM CHIEF MEDICAL OFFICER</p>	<p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, provided updates on COVID-19 Pandemic. <i>(A copy of the presentation can be obtained from CO&E).</i></p> <ul style="list-style-type: none"> • Globally– More than 7 million cases (+136,000) and 400,000 deaths <ul style="list-style-type: none"> - Improving in Europe, but worsening worldwide • United States has nearly 2 million cases and over 110,000 deaths • Los Angeles <ul style="list-style-type: none"> - 64,644 Cases (+823)/2655 Deaths (+10) – Nearly half of the cases and more 	

- than half of deaths in California
- Metrics to Guide Reopening
 - Hospitalizations decreased by 4% (3-day average has not increased over the past 14 days)
 - Deaths decreased by 15% (7-day average has not increased over the past 14 days)
 - 20% decrease in deaths in communities with the highest levels of poverty
 - Personal Protective Equipment and Contact Tracing capacity ok
 - Lab Testing Capacity slightly below the goal of 15,000 tests per day

COVID-19 Status	Total Cases
Expired	295
Recovered	4,173

L.A. Care COVID-19 Response Highlights

- Collaborating with other Medi-Cal Plans and the Department of Public Health
- Call Center Data Collection and Frequently Asked Questions
- Member and Provider Communications
- Resource Team and Community Link
- Nurse Advice Line and Telehealth – Increased Utilization
- High Risk Member Outreach
- Disparities Outreach
- Health Equity Agenda

Ana Romo, *RCAC 8 Chair*, asked Dr. Seidman if he believes the stay at home and other precautions are working. Dr. Seidman responded “yes, they do work”, part of the protocol is reminders or basic precaution and complying with the stay at home order. He sees increasing opportunity for getting out and about. He noted that physical distancing is the most powerful tool and has absolutely has reduced the transition of the virus. We must all do what we can do to comply and wear facial coverings.

PUBLIC COMMENT

Public comment submitted by Elizabeth Cooper, *RCAC 2 Member*
Thank you Dr. Siedman for your input and for your support during the Covid-19 crisis, but I'm deeply concerned that members may be affected by Covid-

	<p><i>19 and also disappointed that the RCAC members were not able to participate in the COVID-19 Disparities Summit and I hope that you will work closely with CO&E in the future to get this information out to the members and to the community</i></p> <p>Public comment submitted by Ismael Maldonado, RCAC 2 Member <i>Dr. Seidman, what is LA CARE doing for the homeless population that live in cars or on the Street is LA Care doing something like with LA CITY Homeless team or LA County homeless team to help them with a mask outreaching to them along the side with both LA City and LA County</i></p> <p>Dr. Seidman responded that L.A. Care gave additional funding to homeless agencies to increase the availability of temporary shelter. This includes assistance to L.A. Care members who are homeless and other vulnerable members.</p>	
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OLD BUSINESS

<p>L.A. CARE’S HIGH RISK MEMBER OUTREACH AND TARGETED CAMPAIGNS TO ADDRESS HEALTH DISPARITIES</p>	<p>James Kyle, MD, MDiv, <i>Medical Director for Quality Improvement Department</i>, presented information about Health Disparities during the COVID-19 Pandemic (<i>A copy of the presentation can be obtained from Board Services.</i>).</p> <ul style="list-style-type: none"> • In response to the mounting evidence on the national and local level, L.A. Care leadership moved quickly to address the racial disparity for COVID-19 infections and mortality in Los Angeles County. • L.A. Care has partnered with The California Endowment, the Los Angeles County Department of Public Health, the City of Los Angeles and local healthcare leaders. • L.A. Care is collecting member data and observing County data. • Key leaders within L.A. Care have also volunteered to develop a plan to address this challenge. <p>Emerging Strategy</p> <ul style="list-style-type: none"> • L.A. Care is developing a social media and radio campaign to reach young invincible with tailored messages regarding prevention. L.A. Care is also looking to recruit entertainers and celebrities to produce public service announcement on L.A. Care’s behalf. • On June 4, L.A. Care partnered with The California Endowment and the LA County Department of Public Health to host a COVID-19 Disparity Leadership Summit virtually with key community and political leaders to discuss a wider approach to COVID-19 racial disparity. • L.A. Care’s Customer Service Center has made live calls to 32,000 high risk and 110,000 low risk African American members. 	
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- Additional outreach calls will be made to the Latinx and API/AI communities in the next few weeks.

COVID-19 L.A. Care Data

- As of June 2, 2020, L.A. Care data showed:
 - 4533 total confirmed cases
 - 1802 members hospitalized
 - 255 reported deaths
 - County wide: 55,968 Cases, with 2,384 reported deaths.
- Data from a number of L.A. Care sources including HIE, Encounters, Costas Lab Data, QNXT, Compliance Reporting (including Plan Partner, PPG, Internal UM, and CSC)
- L.A. Care is collaborating with L.A. County Department of Public Health modeling and data sharing as the spread of COVID-19 is monitored.

High Risk Demographics

- L.A. Care has identified 18,276 high risk Latino members (disabled & diabetic)
- Los Angeles County Data as of April 26, 2020 there are 19,516 Confirmed Cases
 - Latinos 114 cases/100,000
 - African Americans 102 cases/100,000
 - Whites 78 cases/100,000
 - Asians 73 cases/100,000
 - American Native 50 cases/100,000
- Based on the data L.A. Care is expanding its outreach to include the Latino community

Maria Angel Refugio, *RCAC 11 Chair*, asked if L.A. Care has any plans for a potential COVID-19 issue on combatting COVID-19 cases. Dr. Kyle responded that L.A. Care has seen the last wave. Awaiting additional deaths and cases in the last few minutes. L.A. Care is trying to help people avoid getting other people infected. On the positive side is the shelter in place and employers should avoid putting employees at risk.

Mr. Mahler asked if members will be getting more updates as time goes on or will he give this information so they can share with others. Dr. Kyle responded that more information will be provided as the summer progresses.

Ms. Lara thanked Dr. Kyle for his presentation. She noted that language can sometimes be a barrier when reaching out to members. She asked if disparities would be addressed by ethnicity. Dr. Kyle responded that disparities need to be looked by ethnicity. L.A. Care needs to tailor its approach to each community by ethnicity and even by neighborhood.

	<p>Ms. McFerson stated that she has not seen L.A. Care do anything in regards to access to care. She has been getting feedback from people stating this. She noted that there are many people in her community who do not have access to masks or gloves. She was asked recently by someone if she can go to the store and make purchases on their behalf, because they did not have a masks. Dr. Kyle responded that ECAC and RCAC have a better understanding of what is going on in their community. He stated he would be more than happy to provide those resources to her so she can inform people in her community. He will make sure that they are invited to the next summit.</p> <p><u>PUBLIC COMMENT</u> Public comment submitted by Elizabeth Cooper, RCAC Member <i>Please refer to my comments made to Dr. Siedman. Thank you.</i></p> <p>Dr. Kyle Responded that he was under the impression that RCAC members had been invited to the COVID-19 summit, but he will make sure they are invited in the future.</p>	
<p>DISCUSSION OF PROPOSED RESOLUTION BY THE L.A. CARE BOARD OF GOVERNORS SUPPORTING RACIAL JUSTICE, FAIRNESS, AND EQUALITY</p>	<p>Francisco Oaxaca, <i>Senior Director, Communications and Community Relations</i>, led a discussion on the Proposed Resolution by the L.A. Care Board of Governors Supporting Racial Justice, Fairness, and Equality.</p> <p>He stated that a letter will be circulated to all RCAC members to review and provide input on a resolution that will be sent to the Board for approval. L.A. Care is looking to get feedback from RCAC members. This is a chance to ensure that L.A. Care has captured the right message and it is being expressed properly.</p> <p>Ms. Vazquez stated that this is also an opportunity to express ourselves. Latinos have not had their rights honored. She added that Latinos have suffered in a different way. This is a new platform to be able to take into consideration the health disparities.</p> <p>Tonya Byrd, <i>RCAC 9 Chair</i>, stated that this has been going on her whole life and for over 400 years. She stated that this is going to make a change because it is going on around the world. She stated that she is ready to do whatever is necessary to help the process.</p> <p>Deaka McClain, <i>At-Large Member</i>, stated that the social injustice is nothing new. She would like to know what actions L.A. Care is taking to help. She asked if it is possible for RCACs to create a video that can be displayed on L.A. Care’s website. She stated “No Justice, No Peace”. Mr. Oaxaca responded that L.A. Care has a great group of stakeholders. All their voices need to be heard in regards to the letter. He noted that</p>	

	<p>L.A. Care does not want to make these decisions on its own. He believes it is a great idea to create a video to highlight members and their voices.</p> <p><u>PUBLIC COMMENT</u> Public comment submitted by Elizabeth Cooper, RCAC Member <i>Mr. Baackes, I would like to suggest the RCAC members also have an opportunity to provide input on the proposed resolution discussions</i></p> <p>Public comment submitted by Ismael Maldonado, RCAC Member <i>Mr. Baackes, in regards to the Boards support of racial justice, fairness, and equality, thank you and your team for supporting diversity. But now, with the Black lifes matter movement, LA CARE must be proactive about whats happing at this time</i></p> <p>Mr. Oaxaca responded that there will be an opportunity for each RCAC member to provide input. The process for this will be implemented soon.</p>	
<p>PUBLIC COMMENT</p>	<p>Public comment submitted by Carolyn Navarro on June 6, 2020 at 12:24 p.m. <i>Public comment June 10 executive advisory meeting: Why aren't LA Care enrollees and former enrollees living or dead who are victims of Synermed/ EHS fraud being told that their healthcare rights and due process were violated, many, some special needs, know nothing about it but suffered harm? I bet consumer advisory members don't know about Synermed (google Synermed DMHC 2019, which shows the abuses), LA Care was fined \$350,000 for not paying attention to these abuses, Vanessa my daughter, also had private info breached, she was special needs. LA Care, state health services, LA County and Department of Managed Care have no right to not adequately notify enrollees and general public. LA Care has a fiduciary duty to enrollees, instead they're focused on best interest of Centene/Health Net investors when LA Care is reaping non-profit benefits on backs of disabled people, pretending concern about enrollees, like my dead autistic child and discriminating, going back to 2008, they boast providing special needs assistance but wouldn't help my child when I pointed out Synermed/EHS blocked her care, instead they ostracized us for pointing it out in 2014. I believe LA Care and LA County knew! I'm curious what has actually happened when people have actually gotten very sick with LA Care! Carolyn</i></p>	

Navarro pursuant to Brown Act and will be verified 626-217-0549
bohindy@gmail.com

*Public comment submitted by Carolyn Navarro on June 6, 2020, 12:45 p.m.
Public comment June 10, compliance, I'm hearing rumors of nepotism at LA Care and keep coming across same last names when viewing LA Care files, personally I think a bunch of unqualified people who know each other got each other's jobs and it shows. Rumors of nepotism statewide. In 2014 I pointed out that my now dead autistic daughter was harmed because of Synermed (LA Care contracted with them) blocking her access to care, instead of being concerned LA Care agents acted like we were supposed to shut up about it and go away! In 2019 the Dept. of Managed care confirmed that Synermed had violated enrollees rights and fined LA Care \$350,000 for neglecting it.*

(3-minute time limit expired.)

*Public Comment submitted by Elizabeth Cooper, RCAC 2 Member
Will the board continue to provide support to the RCACs future meetings and their ability to continue to participate and provide input and feedback on issues that impact L.A. Care members and the community etc.*

*Public Comment submitted by Marcia Ramos, RCAC 1 Member
Can At Risk Members Example: Elderly, Disabled..Request Masks, Hand Sanitizer, or soap as part of Supplies For Health Safety when they already receive other supplies from Medical Companies through their doctors? What is La Care doing about the shortage of supplies such as Gloves? Many members, and people have sought treatment for different medical issues ranging from injury to an ankle, to tooth aches, deep troubling cough with fever, headache, and another with another medical concern. They all seek out the treatment. Some at their doctors which were some unable to see them. Some went to the Hospitals. Many People are being told not to go to hospital. Do a Teleconference Call instead. Although I agree to some point they can utilize that option. I don't believe it should be used for all the at risk population if they feel safer getting checked out at the hospital. When this is all over I worry there will be needless deaths because the wrong information was passed on or followed. The Antelope Valley Hospital although was proud of itself for being one of the first to be ready for Covid 19. IT Was NOT*

Following All The Way Through on its practices. Many were exposed to Covid 19. Still Many don't wear masks or even wear masks properly. The areas just for Covid 19 were being utilized for general practices of care.

Public Comment submitted by Jonny Chua, RCAC 11 Member

Due to current conditions. I have to make calls to L.A. Care Offices specially the Clinic side. I have to bare the experience of listening through almost 4 minutes of recorded message both in English and Spanish to be able to make my selection. Why can we not begin the message with the selection of English & Spanish moving forward. I also recently received TWICE the 2 big volume of Welcome Package and Membership Card that contains information on: VSP Vision Care, Medi-Cal benefit, How to Access L.A. Care Medi-Cal, L.A. Care Health Plan Member Handbook, L.A. Care Medi-Cal Provider - Volume 1 & 2. Above are really thick and heavy and has to come in separate mail packages. Is this not a WASTE OF MONEY mailing these twice? I hope the team wl improve on these matters.

Public Comment submitted by Norma Angelica, RCAC 7 Member

Good afternoon to all, I hope you and your families are well and healthy anyw here in the world.

I want to ask why only the resource center in Palmdale has had a food drive donation event and the others have not. And I want to suggest if it's beca use of a lack of staff here we are the Promoters and let them know that we already have training on how to handle the different situations with us and not members of the community, so we are prepared to be able to help correctly, THANKS

Mr. Oaxaca responded that the food drive in Palmdale was an opportunity that presented itself with Antelope Valley Partners for Health. The Palmdale resource location used to be a site that held food drives. The idea was a pilot that went really well. That effort has been expanded to cover 6 other resource center sites. L.A. Care is partnering with other organizations that are having those types of events.

Hilda Perez, Member, Board of Governors stated that she has been supporting members and assisting whenever possible. She will provide a written statement that can be shared with all RCAC members.

ADJOURNMENT	The meeting was adjourned at 3:16 p.m.	
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RESPECTFULLY SUBMITTED BY:

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

APPROVED BY

Fatima Vasquez, *ECAC Chair*
 Date _____

Below are public comments that were not read during the meeting:

Public comment submitted by Carolyn Navarro on June 6, 2020 at 12:45 p.m. (Continued)

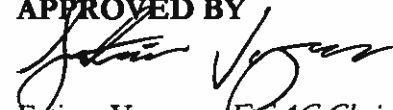
The state mandated outreach to affected enrollees, outreach would be telling people they were affected by Synermed aka EHS, I have never been notified, who has LA Care notified? I bet 98% of enrollees harmed by Synermeds conduct have no idea! Google Synermed DMHC 2019. Mr. Baackes recently answered my concern stating there was no contract with Synermed when LA Cares own board minutes confirm there was one and the DMHC confirmed it Carolyn Navarro 626-217-0549 bohindy@gmail.com. (This comment refers to the Board meeting summary dated on January 22, 2018.) “No contract “after I complain, really? As the mother of a victim I find this to be very flagrant attempt to discredit my public comments and concerns! Even his comment mentioning Blue Shield and Care 1st is strange, I was talking about LA Cares contract with Synermed and he brings them up! There is no misunderstanding, there was a contract. (This statement refers to a response from Auggie Haydel on December 27, 2019.) DMHC corrective action plan signed by LA Care attorney stating that enrollees be contacted about being Synermed fraud victims, I have never been contacted nor have other victims I’ve spoken to. Also states “tangible “consequences for Synermed bozos when I believe these people have been rewarded by LA Care! DMHC Corrective Action Plan: I don’t believe enrollees affected by Synermed have been contacted nor do I believe Synermed people are out of the picture! Too late for sorry, I’m taking my complaint OUT of California where you have less influence, if any or NONE! LA Care enabled suffering and death for years, beholden to Centene/Health Net, not enrollees! Centene was proven to be scam healthcare! There is no reason I can’t call anyhow.

ADJOURNMENT	The meeting was adjourned at 3:16 p.m.	
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RESPECTFULLY SUBMITTED BY:

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

APPROVED BY


 Fatima Vasquez, *ECAC Chair*
 Date 9/8/2020

Below are public comments that were not read during the meeting:

Public comment submitted by Carolyn Navarro on June 6, 2020 at 12:45 p.m. (Continued)

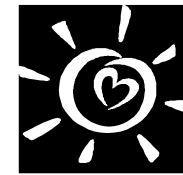
The state mandated outreach to affected enrollees, outreach would be telling people they were affected by Synarmed aka EHS, I have never been notified, who has LA Care notified? I bet 98% of enrollees harmed by Synarmeds conduct have no idea! Google Synarmed DMHC 2019. Mr. Baackes recently answered my concern stating there was no contract with Synarmed when LA Cares own board minutes confirm there was one and the DMHC confirmed it Carolyn Navarro 626-217-0549 bohindy@gmail.com. (This comment refers to the Board meeting summary dated on January 22, 2018.) "No contract "after I complain, really? As the mother of a victim I find this to be very flagrant attempt to discredit my public comments and concerns! Even his comment mentioning Blue Shield and Care 1st is strange, I was talking about LA Cares contract with Synarmed and he brings them up! There is no misunderstanding, there was a contract. (This statement refers to a response from Auggie Haydel on December 27, 2019.) DMHC corrective action plan signed by LA Care attorney stating that enrollees be contacted about being Synarmed fraud victims, I have never been contacted nor have other victims I've spoken to. Also states "tangible "consequences for Synarmed bozos when I believe these people have been rewarded by LA Care! DMHC Corrective Action Plan: I don't believe enrollees affected by Synarmed have been contacted nor do I believe Synarmed people are out of the picture! Too late for sorry, I'm taking my complaint OUT of California where you have less influence, if any or NONE! LA Care enabled suffering and death for years, beholden to Centene/Health Net, not enrollees! Centene was proven to be scam healthcare! There is no reason I can't call anyhow.

BOARD OF GOVERNORS

Children’s Health Consultant Advisory Committee

Meeting Minutes – January 21, 2020

1055 W. Seventh Street, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

Members

Tara Ficek, MPH, *Chair*
Linda Aragon, MPH *
Edward Bloch, MD *
Maria Chandler, MD, MBA **
Tanya Dansky, MD
Rebecca Dudovitz, MD, MS

Lyndee Knox, PhD
Rosina Franco, MD
Toni Frederick, PhD
Gwendolyn Ross Jordan *
Nayat Mutafyan*
Maryjane Puffer, BSN, MPA*

Management

John Baackes, *CEO*

Diana Ramos, MD *
Richard Seidman, MD, MPH
Diane Tanaka, MD *
James Kyle, MD
Hilda Perez

*Absent **Via Teleconference

***Via Teleconference (Not posted - not counted as Quorum)

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Tara Ficek, MPH, <i>Chair</i> called the meeting to order at 8:35 a.m. without quorum.	
APPROVAL OF MEETING AGENDA	The Committee reached a quorum at 8:55 a.m. The Agenda for today’s meeting was approved as submitted.	Approved unanimously. 10 AYES (Chandler, Dansky, Dudovitz, Ficek, Franco, Frederick, Knox, Kyle, Perez, Seidman)
APPROVAL OF THE MEETING MINUTES	The minutes of the November 19, 2019 meeting were approved as submitted.	Approved unanimously. 10 AYES
CHAIRPERSON REPORT	There was no report from the Chairperson.	
CHIEF MEDICAL OFFICER REPORT Richard Seidman, MD, MPH	Richard Seidman, MD, MPH, <i>Chief Medical Officer</i> , reported on the following: <u>Flu Season</u> January is peak influenza season in Los Angeles. As of one week ago emergency room visits were declining, but are still significantly elevated over prior years. The first week of January 2020, 8.3% of deaths in Los Angeles county were attributed to flu and	

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>pneumonia as a complication. Vaccines are still available to members at their doctor offices and at contracted pharmacies.</p> <p><u>Lead Screening</u> The State Auditor released a report on lead screening in January 2020. He noted that California does not do as well as other states with lead screening. The overall screening rate in California was 36% for children who are covered by Medi-Cal. The national average is 45%. L.A. Care’s screening rate is just under 66%. This puts L.A. Care in the 25th percentile of health plans reporting. He believes L.A. Care can do better. About 5% of all screenings have elevated levels. There are about six census tracts with the highest rates of positive screenings, in the southern areas of the County, west of Long Beach. The Department of Public Health and L.A. Care’s quality team are developing new interventions to increase screening rates.</p>	
<p>LAUSD Wellness & School-based health clinics Rosina Franco, MD</p>	<p>Member Rosina Franco, MD, presented information on Los Angeles Unified School District (LAUSD) Wellness & School-based health clinics. <i>(A copy of the presentation can be obtained from Board Services.)</i></p> <p>There are 14 clinics located inside 14 different LAUSD schools that provide free services to students including vision and reproductive health services. Free services are also provided to siblings living in L.A. County. Services are not provided to adults or other community members. Some visits are billable, many are not. Services are billed to Children’s Health and Disability Prevention program, Health Net, and L.A. Care. This allows them to recover some costs for the services that are provided.</p> <p>Other services include helping students apply on site for temporary Medi-Cal, physical exams for sports and school entry, follow-up visits, vaccines, and referrals to specialists as needed. Many times LAUSD are the first services that immigrants access when they enter the country, and the first medical care services.</p> <p>Non-billable services include:</p> <ul style="list-style-type: none"> • Non-urgent care visits • Nutrition counseling • Obesity management • Case management • Vision Services. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Vision Services include:</p> <ul style="list-style-type: none"> • Three clinics that provide optometry services (Foshay Health Center, Telhair Elementary School Clinic, San Pedro Vision Clinic) • Optometry exams for glasses • Dispense glasses • Foshay Health Center provides Ophthalmology exams depending on need <p>Member Tanya Dansky, MD, asked if there are statistics on how many students need glasses. Member Franco responded that she does not have those numbers, because they provide services to students and children from other school districts and she doesn't have that data. There are services provided by other community organizations in L.A. County.</p> <p>Reproductive Health:</p> <ul style="list-style-type: none"> • Partnerships with Valley Community Healthcare and Planned Parenthood Los Angeles • Partners provide: medical assistance, medications and dispensing on site, equipment for lab collection, on site lab tests, equipment for electronic health record documentation <p>Other Partnerships:</p> <ul style="list-style-type: none"> • LAUSD District Nursing Communicable Disease Team: Telfair Elementary School Clinic, Roosevelt/Hollenbeck Clinic, School Enrollment Placement and Assessment Center Clinic, Zelzah Wellness Clinic • LAUSD Healthy Start • Mental Health Providers include LAUSD School Mental Health, Department of Mental Health, and other community agencies • Kaiser Sunset Community Medicine Fellowship Program: Hollywood High School Wellness Center • Kurka Foundation assists with vision clinic costs <p>Member Toni Frederick, MD, asked if a clinic is located at Kaiser on Sunset. Member Franco responded that the clinic is located at Hollywood High School and the Kaiser Sunset Community Medicine Fellowship Program sends medical staff to provide services there.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Member James Kyle, MD, asked if they are able to keep up with the needs of students. Member Franco responded that they work to capacity and sometimes past capacity. They try their best to keep up. In regard to vision care, because other entities do provide vision services they are able to meet the needs of students that require vision services.</p> <p>Member Seidman asked the percentage of students with Medi-Cal who receive services. Member Franco responded that 90% of students receive Medi-Cal benefits, most of the students that are seen are eligible and so they are enrolled. Member Seidman also asked what percentage of students are undocumented. Member Franco responded that the number is close to 30%-40%. Many times LAUSD clinics are the first medical providers that immigrant students see.</p> <p>Member Franco noted that they do not turn away students based on their health insurance status or insurance coverage.</p> <p>Partner with 15 wellness centers in L.A. County that provide the following services:</p> <ul style="list-style-type: none"> • Primary health care, physical exams, sports physicals, immunizations, reproductive health, health education, STD/HIV testing, health insurance enrollment, vision screening and referral • Individual mental health counseling, group counseling, parent education, evidence based practice • Routine dental services including cleaning, fluoride treatment, cavity prevention, fillings, education <p>Member Lyndee Knox, PhD, asked if there is a strategic plan for LAUSD to have these services at every facility. Member Franco responded that this question is more for the Superintendent. There currently is no plan available to the public. She noted that Member Maryjane Puffer, BSN, is more involved in those conversations.</p> <p>Member Hilda Perez asked what method LAUSD is using to get the information to students and parents. She is unaware that the services are available. Member Franco responded that it is difficult to reach everyone because it is a large school district. She stated that LAUSD reaches out to administrators by email and also has a website, but it is a challenge to get everyone on board.</p> <p>John Baackes, <i>Chief Executive Officer</i>, asked if they provide services to students in Charter schools. Member Franco responded that they do not turn patients away. They serve</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	LAUSD students and their siblings, and Charter school students that live in the area and go to a clinic will receive services.	
<p>Trauma Informed Care Karen Gross</p>	<p>Mr. Baackes introduced Karen Gross. He and Ms. Gross were colleagues and friends prior to his position with L.A. Care. He noted that Ms. Gross is an attorney by training, and she practiced and taught law. She made a career change and became the President at a southern Vermont college that focused on first generation college students. When she retired and moved to Washington she became an author. She wrote a book called “Lady Lucy’s Quest,” and is about empowerment for young children. It was meant to develop a child’s self-awareness and comprehension. The books were distributed through L.A. Care’s community resource centers.</p> <p>Ms. Gross thanked Mr. Baackes and the committee for inviting her to speak, and she presented information on Trauma Informed Care.</p> <p>Her focus is to improve student success from early childhood through early adulthood. She is deeply interested in the work proposed by California Surgeon General and Governor with respect with Adverse Childhood Experience Scores (ACES). She noted that many of the changes proposed are at a micro level. Medical providers can give a test to children and their families then link the children with high scores to other resources.</p> <p>The psychological and physiological response to trauma should not be left untreated. There should be an assessment of the effectiveness of interventions. She noted that people carry trauma with them even if it is not visible. Sometimes trauma can be carried for an entire life. If not treated promptly it can affect their early childhood education into adulthood. In the short term it can affect educational success and, in the long term physical and psychological wellbeing.</p> <p>She suggested the following to treat trauma:</p> <ul style="list-style-type: none"> • Reading • Talking and expressing traumatic experiences • Engage all senses • Play tables with toys and figures to help children free their minds and trigger signals • Two adults outside of the family who care about the child (can be a religious figure, doctor, nurse, teacher, etc.) 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Trauma takes away: <ul style="list-style-type: none"> • Safety, safe places (a place where children can find comfort) • Structure • Stability • Subtlety • Someone (people who can help with Trauma) Ms. Gross suggested that L.A. Care community resource centers become sites that treat childhood trauma. Mr. Baackes responded that he thinks it would be a good idea to add that service in the future. <i>(Ms. Gross shared sensory toys and items used to engage children's senses and trigger signals.)</i>	
COMMITTEE ISSUES		
Review Committee Charter Richard Seidman, MD, MPH	This agenda item was tabled for a future meeting.	
Committee Membership Richard Seidman, MD, MPH	Member Seidman presented the following motion to the committee: <u>Motion CHC 100.0320</u> To appoint Ilan Shapiro Strygler, MD, FAAP as member of Children's Health Consultant Advisory Committee (CHCAC), for the Children's Health Care Providers representative seat for the Board of Governors of L.A. Care Health Plan.	Approved unanimously. 10 AYES
ADJOURNMENT	The meeting was adjourned at 10:02 a.m.	

Respectfully submitted by:

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

APPROVED BY:

Tara Ficek, *MPH, Chair*: _____ Tara Ficek _____

Date Signed: _____ 7/21/20 _____



2020 Legislative Matrix

Last Updated: July 21, 2020

The following is a list of priority legislation currently tracked by Government Affairs that has been introduced during the 2020-2021 Legislative Session and is of interest to L.A. Care. If there are any questions, please contact Cherie Compartore, Senior Director of Government Affairs at ccompartore@lacare.org or extension 5481.

In response to COVID-19, the state legislature voted to recess in order to allow members and staff to observe social distancing until May, resulting in a compressed legislative calendar. Additionally, COVID-19 has reduced the state's 2020-2021 revenues and increased emergency spending the budget will be "slimmed down" since the state's needs, resources and available time have changed. As a result, the Assembly and Senate leadership have directed their members to only carry bills that directly relate to COVID-19 and to drop all other bills that do not directly relate to the crisis and to run them next year. However, there has been no official direction from Senate and Assembly leadership on what bills will move through the process; and members have are justifying their bill packages even though some of the issues are only tangentially related to COVID-19. The legislative matrix includes the bills that could directly impact L.A. Care and have not been confirmed dropped by the author.

Direct Impact Bills

Bill State: CA (36)

State	Bill Number	Status	Position
CA	AB 74	Enacted	Monitor
Title Budget Act of 2019.		Introduction Date: 2018-12-03	
Description AB 74, Ting. Budget Act of 2019. This bill would make appropriations for the support of state government for the 2019–20 fiscal year. This bill would declare that it is to take effect immediately as a Budget Bill.			
Primary Sponsors Phil Ting			
State	Bill Number	Status	Position
CA	AB 80	Enacted	Monitor
Title Public health omnibus.		Introduction Date: 2018-12-03	
Description AB 80, Committee on Budget. Public health omnibus. (1) Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), enacts various health care coverage market reforms that took effect January 1, 2014. Among other things, 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. Existing state law establishes the California Health Benefit Exchange (the Exchange) within state government, known as Covered California, specifies			

the powers and duties of the board governing the Exchange, and requires the board to facilitate the purchase of qualified health plans by qualified individuals and qualified small employers. Existing law prohibits a member of the board from being employed by, a consultant to, a member of the board of directors of, affiliated with, or otherwise a representative of, a carrier or other insurer, an agent or broker, a health care provider, or a health care facility or health clinic while serving on the board or on the staff of the Exchange and from receiving compensation for service on the board, except as specified. This bill would create an exception to that prohibition by authorizing a member of the board or of the staff of the Exchange to perform volunteer services under specified conditions, including that the member or staff does not receive compensation, as described, for rendering services and does not have an ownership interest in the entity, facility, clinic, or provider group.(2) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of that act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law, the Information Practices Act of 1977, regulates the collection and disclosure of personal information regarding individuals by state agencies, except as specified. Under existing law, a person who willfully requests or obtains a record containing personal information from an agency under false pretenses or a person who intentionally discloses medical, psychiatric, or psychological information held by an agency is guilty of a misdemeanor. Existing law states the intent of the Legislature to establish the Health Care Cost Transparency Database to collect information on the cost of health care, and requires the Office of Statewide Health Planning and Development to convene a review committee to advise the office on the establishment and implementation of the database. Existing law requires, subject to appropriation, the office to establish, implemen... (click bill link to see more).

Primary Sponsors

Joaquin Arambula, Richard Bloom, David Chiu, Jim Cooper, Jim Frazier, Cristina Garcia, Reggie Jones-Sawyer, Monique Limon, Kevin McCarty, Jose Medina, Kevin Mullin, Al Muratsuchi, Adrin Nazarian, Patrick O'Donnell, James Ramos, Eloise Reyes, Luz Rivas, Blanca Rubio, Mark Stone, Shirley Weber, Buffy Wicks, Jim Wood, Assembly Committee on Budget

Title

Communications: broadband services: California Advanced Services Fund.

Introduction Date: 2019-02-14

Description

AB 570, as amended, Aguiar-Curry. Communications: broadband services: California Advanced Services Fund. Under existing law, the Public Utilities Commission has regulatory authority over public utilities, including telephone corporations. Existing law establishes the California Advanced Services Fund (CASF) in the State Treasury with the goal to approve funding by December 31, 2022, for infrastructure projects that will provide broadband access to no less than 98% of California households in each consortia region, as identified by the commission on or before January 1, 2017. Existing law authorizes the commission to impose a surcharge to collect \$330,000,000 for deposit into the CASF beginning January 1, 2018, and continuing through the 2022 calendar year. Existing law establishes 4 accounts, the Broadband Infrastructure Grant Account, the Rural and Urban Regional Broadband Consortia Grant Account, the Broadband Public Housing Account, and the Broadband Adoption Account within the CASF and specifies the amount of moneys to be deposited into each account. Existing law requires the commission to take specified actions in awarding grants from the Broadband Infrastructure Grant Account. Existing law prohibits the commission from approving funding for a project to deploy broadband to a delineated unserved area if the existing facility-based broadband provider demonstrates to the commission that it will deploy broadband or upgrade existing broadband service throughout the project area, except as provided. Existing law specifies that moneys in the Broadband Public Housing Account are available for the commission to award grants and loans to an eligible publicly supported community to finance a projects to connect broadband network to that publicly supported community. Existing law requires moneys in the Broadband Public Housing Account that have not been awarded by December 31, 2020, be transferred back to the Broadband Infrastructure Grant Account. This bill would revise the goal of the program to provide that its goal is to approve funding by an unspecified date, for infrastructure projects that will provide broadband access to no less than 98% of California households in each consortia region, as identified by the commission on or before January 1, 2017. The bill would establish the State Agency Direct Allocation Account in the CASF and would specify that the moneys in the account, upon appropriation by the Legislature, for various purposes, including upgrades to low-income census blocks to enable distance learning and telehealth and telemedicine. The bill would authorize the commission, beginning January 1, 2023, to collect a surcharge in an amount between \$66,000,000 and \$125,000,000 each year and would specified the a... (click bill link to see more).

Primary Sponsors

Cecilia Aguiar-Curry

Title
Wellness programs.

Introduction Date: 2019-02-15

Description

AB 648, as amended, Nazarian. Wellness programs. (1) Existing federal law, the federal Patient Protection and Affordable Care Act (PPACA), enacted various health care coverage market reforms that took effect January 1, 2014. Among other things, PPACA sets forth various requirements related to wellness programs, which encompass programs of health promotion or disease prevention. 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 (department) and makes a willful violation of the act a crime. Existing law also provides for the regulation of various insurers by the Department of Insurance, headed by the Insurance Commissioner. This bill would prohibit health care service plans and insurers from sharing any personal information or data collected through a wellness program, except as specified, and would prohibit health care service plans or insurers from taking any adverse action, as defined, against an enrollee or member, or insured (individual), if the action of the health care service plans or insurers is in response to an individual's election to not participate in a wellness program. The bill would establish and impose upon health care service plans and insurers various requirements related to a wellness program, such as requiring a health care service plan or insurer to post a written explanation that is reasonably likely to be understood by an individual on its internet website concerning its policies and practices pertaining to wellness programs, as specified. The bill would require a health care service plan or insurer, for purposes of administering and operating a wellness program, to limit its collection, dissemination, retention, and use of any personal information of an individual to only information that is reasonably necessary to operate a wellness program, except as specified, and would extend various requirements, to the extent that they are applicable, to any entity that the health care service plan or insurer contracts with for purposes of administering or operating a wellness program on their behalf. The bill would authorize the commissioner to assess penalties on an insurer for any violation of these provisions, as specified. Because a willful violation of these 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 Division of Labor Standards Enforcement, headed by the Labor Commissioner, within the Department of Industrial Relations, for the purpose of enforcing labor laws, including those relating to employer retaliation. This bill would, among other things, prohibit... (click bill link to see more).

Primary Sponsors

Adrin Nazarian

Organizational Notes

Last edited by Joanne Campbell at Jun 17, 2020, 5:08 PM
Organizational Sponsor: Consumer Reports California Association of Health Plans - Oppose LHPC - Oppose

State	Bill Number	Status	Position
CA	AB 713	In Senate	Monitor

Title Introduction Date: 2019-02-19
California Consumer Privacy Act of 2018.

Description

AB 713, as amended, Mullin. California Consumer Privacy Act of 2018. (1) Existing law, the California Consumer Privacy Act of 2018 (CCPA), grants a consumer various rights with regard to personal information relating to that consumer collected by a business, including the right to know the categories and the specific pieces of personal information that have been collected and to opt out of the sale of personal information. The act also grants a consumer the right to request a business to delete any personal information about the consumer collected by the business and requires a business to do so upon receipt of a verified request, except as specified. The act excepts certain categories of personal information and entities from its provisions, including medical information, as specified. This bill would except from the CCPA information that was deidentified in accordance with specified federal law, or was derived from medical information, protected health information, individually identifiable health information, or identifiable private information, consistent with specified federal policy, as provided. The bill also would except from the CCPA a business associate of a covered entity, as defined, that is governed by federal privacy, security, and data breach notification rules if the business associate maintains, uses, and discloses patient information in accordance with specified requirements. The bill would further except information that is collected for, used in, or disclosed in research, as defined, and information that is used and disclosed only for public health activities and purposes, as described. The bill would define terms for these purposes. This bill would additionally prohibit a business or other person from reidentifying information that was deidentified, unless a specified exception is met. The bill would, beginning January 1, 2021, require a contract for the sale or license of deidentified information to include specified provisions relating to the prohibition of reidentification, as provided. (2) The CCPA requires a business to make certain disclosures to consumers, in a specified form, in its online privacy policy, if the business has an online privacy policy, and in any California-specific description of consumers' privacy rights, or, if the business does not maintain an online privacy policy or policies, on its internet website, and to update that information at least once every 12 months. This bill would require a business that sells or discloses information that was deidentified in accordance with specified federal law, was derived from protected health information, individually identifiable health information, or identifiable private information to also disclose whether the business discloses... (click bill link to see more).

Primary Sponsors

Kevin Mullin

State	Bill Number	Status	Position
CA	AB 744	Enacted	Monitor

Title Introduction Date: 2019-02-19
Health care coverage: telehealth.

Description

AB 744, 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, and would instead specify that face-to-face contact between a health care provider and a patient is not required under the Medi-Cal program for any health care services provided by store and forward. 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. This bill would require a contract issued, amended, or renewed on or after January 1, 2021, 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, 2021, 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 appropriately 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 copayment or coinsurance requirement f... (click bill link to see more).

Primary Sponsors

Cecilia Aguiar-Curry

Organizational Notes

Last edited by Joanne Campbell at Jul 26, 2019, 8:00 AM
DHCS - No Position DOF - Oppose

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

State	Bill Number	Status	Position
CA	AB 890	In Senate	Monitor

Title

Nurse practitioners: scope of practice: practice without standardized procedures.

Introduction Date: 2019-02-20

Description

AB 890, as amended, Wood. Nurse practitioners: scope of practice: practice without standardized procedures. Existing law, the Nursing Practice Act, provides for the certification and regulation of nurse practitioners by the Board of Registered Nursing. Existing law authorizes the implementation of standardized procedures that authorize a nurse practitioner to perform certain acts that are in addition to other authorized practices, including certifying disability after performing a physical examination and collaboration with a physician and surgeon. A violation of the act is a misdemeanor. This bill, until January 1, 2026, would establish the Advanced Practice Registered Nursing Board within the Department of Consumer Affairs, which would consist of 9 members. The bill would require the board, by regulation, to define minimum standards for a nurse practitioner to transition to practice without the routine presence of a physician and surgeon. The bill would authorize a nurse practitioner who meets certain education, experience, and certification requirements to perform, in certain settings or organizations, specified functions without standardized procedures, including ordering, performing, and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and furnishing controlled substances. The bill would also authorize a nurse practitioner to perform those functions without standardized procedures outside of specified settings or organizations in accordance with specified conditions and requirements if the nurse practitioner holds an active certification issued by the board. The bill would require the board to issue that certification to a nurse practitioner who meets additional specified education and experience requirements. The bill would also require the board to request the department's Office of Professional Examination Services, or an equivalent organization, to perform an occupational analysis of nurse practitioners performing certain functions. The bill would require the board to take specified measures to identify and assess competencies. The bill would require the board to identify and develop a supplemental examination for licensees if needed based on the assessment, as provided. Existing law makes it unlawful for specified healing arts practitioners, including physicians and surgeons, psychologists, and acupuncturists, to refer a person for certain services, including laboratory, diagnostic nuclear medicine, and physical therapy, if the physician and surgeon or their immediate family has a financial interest with the person or in the entity that receives the referral. A violation of those provisions is a misdemeanor and subject to specified civil penalties a... (click bill link to see more).

Primary Sponsors

Jim Wood

Organizational Notes

Last edited by Joanne Campbell at May 27, 2020, 3:40 PM
LHPC - Support

Title
Health care service plans: regulations: exemptions.

Introduction Date: 2019-02-21

Description

AB 1124, as amended, Maienschein. Health care service plans: regulations: exemptions. Existing federal law defines a voluntary employees' beneficiary association as an organization composed of a voluntary association of employees that provides for the payment of life, sick, accident, or similar benefits to members, their dependents, or designated beneficiaries. Existing federal law defines a welfare plan as any plan, fund, or program established or maintained by an employer or employee organization, or both, for the purpose of providing participants or their beneficiaries specified benefits, such as medical, surgical, or hospital care or benefits. Existing law further defines a multiemployer plan as a plan to which more than one employer is required to contribute, that is maintained pursuant to one or more collective bargaining agreements between one or more employee organizations and more than one employer, and that meets other specified requirements. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes the willful violation of the act a crime. Existing law exempts specified persons or plans from the requirements of the act and authorizes the Director of the Department of Managed Health Care (director) to exempt additional specified persons or plans if the director finds, among other things, that the exemption is in the public interest. Under existing law, upon the request of the Director of Health Care Services, the director must exempt a county-operated pilot program contracting with the State Department of Health Care Services, and may exempt a non-county-operated pilot program, subject to any conditions the Director of Health Care Services deems appropriate. Existing law also exempts a health care service plan operated by a city, county, city and county, public entity, political subdivision, or public joint labor management trust that satisfies certain criteria, including that the plan requires providers to be reimbursed solely on a fee-for-service basis. This bill would authorize the director, no later than March 1, 2021, to authorize 2 pilot programs, one in northern California and one in southern California, under which providers approved by the department may undertake risk-bearing arrangements with a voluntary employees' beneficiary association with enrollment of more than 100,000 lives, notwithstanding the fee-for-service requirement described above, or a trust fund that is a welfare plan and a multiemployer plan with enrollment of more than 25,000 lives, for independent periods of time beginning no earlier than July 1, 2021, to no later than June 30, 2027, if certain crite... (click bill link to see more).

Primary Sponsors

Brian Maienschein

State
CA

Bill Number
AB 1710

Status
In Senate

Position
Monitor

Title
Pharmacy practice: vaccines.

Introduction Date: 2019-02-22

Description

AB 1710, as amended, Wood. Pharmacy practice: vaccines. Existing law, the Pharmacy Law, provides for the licensing and regulation of pharmacists by the California State Board of Pharmacy in the Department of Consumer Affairs. A violation of the Pharmacy Law is a crime. Existing law authorizes a pharmacist to independently initiate and administer vaccines listed on the routine immunization schedules recommended by the federal Advisory Committee on Immunization Practices (ACIP) in compliance with individual ACIP vaccine recommendations, and published by the federal Centers for Disease Control and Prevention (CDC) for persons 3 years of age or older. This bill would also authorize a pharmacist to independently initiate and administer vaccines approved by the federal Food and Drug Administration (FDA) under the circumstances described above. Because a violation of these provisions would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Jim Wood

Title
Eligibility.

Introduction Date: 2020-01-27

Description

AB 1994, as amended, Holden. 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 provides for the suspension of Medi-Cal benefits to an inmate of a public institution, which ends on the date they are 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 federal law, the SUPPORT for Patients and Communities Act, prohibits a state from terminating Medi-Cal eligibility for an eligible juvenile if they are an inmate of a public institution, authorizes the suspension of Medicaid benefits to that eligible juvenile, and requires a state to conduct a redetermination of Medicaid eligibility or process an application for medical assistance under the Medicaid program for an eligible juvenile who is an inmate of a public institution. Under existing state law, commencing October 1, 2020, the suspension of Medi-Cal benefits to an inmate of a public institution who is a juvenile, as defined in federal law, ends when the individual is no longer an eligible juvenile pursuant to federal law or one year from the date the individual becomes an inmate of a public institution, whichever is later. This bill would instead require, commencing October 1, 2020, the suspension of Medi-Cal benefits to an inmate of a public institution who is not a juvenile, as defined, to end on the date they are no longer an inmate of a public institution or 3 years from the date they become an inmate of a public institution, whichever is sooner. The bill would also require, commencing October 1, 2020, the suspension of Medi-Cal benefits to an inmate of a public institution who is a juvenile, as defined, on the date that the individual is no longer an inmate of a public institution or 3 years after the date the individual is no longer an eligible juvenile under federal law, whichever is later.

Primary Sponsors

Chris Holden, Blanca Rubio

State	Bill Number	Status	Position
CA	AB 2025	In Senate	Monitor

Title Introduction Date: 2020-01-30
Mental illness and substance use disorder: restorative care program: pilot projects.

Description
AB 2025, as amended, Gipson. Mental illness and substance use disorder: restorative care program: pilot projects. Existing law, the Bronzan-McCorquodale Act, governs the organization and financing of community mental health services for persons with mental disorders in every county through locally administered and locally controlled community mental health programs. Existing law authorizes the State Department of Health Care Services, in its discretion, to permit new programs to be developed and implemented without complying with licensure requirements established pursuant to existing state law, except for requirements relating to fire and life safety of persons with mental illness. This bill would also include within that exception, requirements relating to fire and life safety of persons with alcohol or substance use disorder. The bill would, subject to the above licensing provisions, authorize the County of Los Angeles to establish a pilot project for up to 6 years to develop a restorative care program for community-based care and treatment that addresses the interrelated and complex needs of individuals suffering from mental illness and substance use disorder, along with other medical comorbidities, and homelessness. The bill would authorize the department to require the County of Los Angeles to remit a specified fee in lieu of licensure or certification fees for a facility or program licensed or certified by the department as part of the pilot project. The bill would require the department, in conjunction with the Los Angeles County Director of Mental Health, to report to the Legislature within 2 years of the commencement of the operation of the initial facility regarding the progress and cost-effectiveness demonstrated by the pilot project. Under the bill, authorization for the pilot projects would be repealed as of January 1, 2026. This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors
Mike Gipson

State	Bill Number	Status	Position
CA	AB 2100	In Senate	Monitor

Title Introduction Date: 2020-02-05
Medi-Cal: pharmacy benefits.

Description
AB 2100, as amended, Wood. Medi-Cal: pharmacy benefits.
(1) Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services and under which health care services are provided to qualified low-income persons pursuant to a schedule of benefits, which includes pharmacy benefits, through various health care delivery systems, including fee-for-service and managed care. 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 a managed care plan. Existing law generally requires Medi-Cal managed care plan contractors to be licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975. The Knox-Keene Health Care Service Plan Act provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Under this act, a health care service plan is required to provide an external, independent review process, which meets prescribed standards, to examine the plan's coverage decisions on experimental or investigational therapies for an enrollee who meets specified criteria, including that the enrollee was denied coverage by the plan for a drug, device, procedure, or other therapy recommended or requested. Existing law requires the Department of Managed Health Care to establish the Independent Medical Review System, which generally serves to address grievances involving disputed health care services. By executive order, the Governor directed the department to transition pharmacy services for Medi-Cal managed care to a fee-for-service benefit by January 1, 2021. Existing law requires the department to convene an advisory group to receive feedback on the changes, modifications, and operational timeframes on the implementation of pharmacy benefits offered in the Medi-Cal program, and to provide regular updates on the pharmacy transition, including a description of changes in the division of responsibilities between the department and managed care plans relating to the transition of the outpatient pharmacy benefit to fee-for-service. This bill would require the department to establish the Independent Prescription Drug Medical Review System (IPDMRS), commencing on January 1, 2021, which generally models the above-described requirements of the Knox-Keene Health Care Service Plan Act. The bill would provide that any Medi-Cal beneficiary grievance involving a disputed health care service is eligible for review under the IPDMRS, and would define "disputed health care service" as any outpatient prescription drug eligible for coverage and payment by the Medi-Cal program... (click bill link to see more).

Primary Sponsors

Jim Wood

Organizational Notes

Last edited by Cherie Compartore at Mar 3, 2020, 7:07 PM

Organization Sponsor: CA Pharmacists Association, Western Center on Law & Poverty

Title

Health care service plans and health insurers: reporting requirements.

Introduction Date: 2020-02-06

Description

AB 2118, as amended, Kalra. Health care service plans and health insurers: reporting requirements. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, 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 offering a contract or policy in the individual, small, and large group markets to file specified information, including total earned premiums and total incurred claims for each contract or policy form, with the appropriate department at least 120 days before implementing a rate change. Existing law requires a large group market health care service plan or insurer to report additional information relating to cost sharing and specified aggregate rate information. Existing law requires the Department of Managed Health Care and the Department of Insurance to conduct an annual public meeting regarding large group rates. This bill would expand reporting requirements for health care service plans and health insurers, for products in the individual and small group markets to include, for rates effective during the 12-month period ending January 1 of the following year, specified information on premiums, cost sharing, benefits, enrollment, and trend factors as reported in all rate filings for the health care service plan or insurer, including both price and utilization. The bill would exclude specified information from the reporting requirements until January 1, 2023. The bill would require each department, beginning in 2022, to annually present the information required by the bill at the meeting regarding large group rates and at a public meeting of the board of Covered California, as specified. Because a violation of the bill by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Ash Kalra

Organizational Notes

Last edited by Joanne Campbell at May 18, 2020, 9:16 PM
Organization Sponsor: Health Access CAHP: Opposed Unless Amended

State
CA

Bill Number
AB 2157

Status
In Senate

Position
Monitor

Title

Health care coverage: independent dispute resolution process.

Introduction Date: 2020-02-10

Description

AB 2157, as introduced, Wood. Health care coverage: independent dispute resolution process. Existing law provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and provides for the regulation of health insurers by the Department of Insurance. Existing law requires each department to establish an independent dispute resolution process to resolve a claim dispute between a health care service plan or health insurer, as appropriate, and a noncontracting individual health professional, and sets forth requirements and guidelines for that process, including contracting with an independent organization for the purpose of conducting the review process. Existing law requires each department to establish uniform written procedures for the submission, receipt, processing, and resolution of these disputes, as specified. Existing law requires the independent organization, in deciding the dispute, to base its decision regarding the appropriate reimbursement on all relevant information. This bill would require the procedures established by each department to include a process for each party to submit into evidence information that will be kept confidential from the other party, in order to preserve the confidentiality of the source contract. The bill would specifically require the independent organization to conduct a de novo review of the claim dispute, based solely on the information and documents timely submitted into evidence by the parties. The bill would require the independent organization to assign reviewers to each case based on their relevant education, background, and medical claims payment and clinical experience.

Primary Sponsors

Jim Wood

Title
Telehealth.

Introduction Date: 2020-02-11

Description

AB 2164, as amended, Robert Rivas. Telehealth. Existing law provides for the Medi-Cal program, which is administered by the department, under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. FQHC and RHC services are reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis, and a "visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including dental providers. Existing law prohibits a requirement of in-person contact between a health care provider and a Medi-Cal patient when the service may be provided by telehealth, and, for purposes of telehealth, prohibits the department from limiting the type of setting where Medi-Cal services are provided. Existing law authorizes, to the extent that federal financial participation is available, the use of health care services by store and forward under the Medi-Cal program, subject to billing and reimbursement policies developed by the department, and prohibits a requirement of in-person contact between a health care provider and a Medi-Cal patient when these services are provided by store and forward. This bill would provide that an FQHC or RHC "visit" includes an encounter between an FQHC or RHC patient and a health care provider using telehealth by synchronous real time or asynchronous store and forward. The bill would clarify, for purposes of an FQHC or RHC visit, that face-to-face contact between a health care provider and a patient is not required for an FQHC or RHC to bill for telehealth by synchronous real time or asynchronous store and forward if specified requirements are met, including that a billable provider in the Medi-Cal program, and who is employed by the FQHC or RHC, supervises or provides the services for that patient via telehealth by synchronous real time or asynchronous store and forward.

Primary Sponsors

Robert Rivas, Rudy Salas, Jim Wood

Organizational Notes

Last edited by Joanne Campbell at Jun 17, 2020, 5:05 PM
LHPC - Support

Title
Insulin cost-sharing cap.

Introduction Date: 2020-02-12

Description

AB 2203, as amended, Nazarian. Insulin cost-sharing cap. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law requires every health care service plan contract that covers hospital, medical, or surgical expenses to include coverage for specified equipment and supplies for the management and treatment of diabetes. Existing law provides for the regulation of insurers by the Department of Insurance. Existing law requires an insurance policy that covers hospital, medical, or surgical expenses that is issued, amended, delivered, or renewed on or after January 1, 2000, to include coverage for specified equipment and supplies for the management and treatment of insulin-using diabetes, non-insulin-using diabetes, and gestational diabetes as medically necessary, even if the items are available without a prescription. Existing law requires an insurance policy issued, amended, delivered, or renewed on or after January 1, 2000, that covers prescription benefits to include coverage for specified diabetes management prescription items, including insulin and glucagon. This bill would prohibit a health care service plan contract or a specified disability insurance policy that is issued, amended, delivered, or renewed on or after January 1, 2021, from imposing cost sharing on a covered insulin prescription, except for a copayment not to exceed \$50 per 30-day supply of insulin, and no more than \$100 total per month, regardless of the amount or type of insulin. The bill would apply these cost-sharing limitations until January 1, 2024. The bill would also authorize the Attorney General to investigate pricing of prescription insulin drugs to ensure adequate pricing protections for consumers, and would authorize the Attorney General, by November 1, 2022, to issue and make publicly available a report detailing its findings from any insulin pricing investigations. The bill would exempt trade secret or proprietary business information submitted to the Attorney General pursuant to these provisions from specified disclosure requirements. The bill would make these provisions applicable until January 1, 2024. Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest. This bill would make legislative findings to that effect. The California Constitution requires the state to reimburse local agencies and school district... (click bill link to see more).

Primary Sponsors

Adrin Nazarian

Organizational Notes

Last edited by Joanne Campbell at May 18, 2020, 9:15 PM
Organization Sponsor: American Diabetes Association CAHP: Opposed

State
CA

Bill Number
AB 2218

Status
In Senate

Position
Support

Title

Transgender Wellness and Equity Fund.

Introduction Date: 2020-02-12

Description

AB 2218, as amended, Santiago. Transgender Wellness and Equity Fund. Existing law establishes an Office of Health Equity in the State Department of Public Health for purposes of aligning state resources, decisionmaking, and programs to accomplish certain goals related to health equity and protecting vulnerable communities. Existing law requires the office to develop department-wide plans to close the gaps in health status and access to care among the state's diverse racial and ethnic communities, women, persons with disabilities, and the lesbian, gay, bisexual, transgender, queer, and questioning communities, as specified. This bill would establish the Transgender Wellness and Equity Fund, under the administration of the office, for the purpose of funding grants, upon appropriation by the Legislature, to transgender-led (Trans-led) organizations and hospitals, health care clinics, and other medical providers that provide gender-conforming health care services and have an established partnership with a Trans-led organization, to create, or fund existing, programs focused on coordinating trans-inclusive health care, as defined, for people that identify as transgender, gender nonconforming, or intersex.

Primary Sponsors

Miguel Santiago, Scott Wiener

Title

Medi-Cal: Blood lead screening tests.

Introduction Date: 2020-02-14

Description

AB 2276, as amended, Reyes. Medi-Cal: Blood lead screening tests. 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 authorizes the department to enter contracts with managed care plans to provide Medi-Cal services, and imposes requirements on the Medi-Cal managed care plans, including network adequacy standards. Under existing law, Medi-Cal covers early and periodic screening, diagnostic, and treatment for individuals under 21 years of age, consistent with federal law. This bill would require the department to ensure that a Medi-Cal beneficiary who is a child receives blood lead screening tests at specified ages consistent with state regulatory standards, and would require a contract between the department and a Medi-Cal managed care plan to ensure that the Medi-Cal managed care plan and its contracting health care providers who are responsible for performing a periodic health assessment of a child meet specified standard of care requirements relating to blood lead testing. The bill would require the department to report its progress toward blood lead screening tests for Medi-Cal beneficiaries who are children, as specified, annually on its internet website. The bill would require each Medi-Cal managed care plan to establish a monitoring system related to blood lead screening tests, to require its contracting health care providers who are responsible for performing a periodic health assessment of a child to test each child pursuant to specified standards of care for lead testing, to inform a child's parent, parents, guardian, or other person charged with their support and maintenance with specified information, including the risks and effects of lead exposure, and to notify a child's health care provider when that child has missed a required blood lead screening test. The bill would provide that it is the goal of the state that children at risk of lead exposure receive blood lead screening tests.

Primary Sponsors

Eloise Reyes, Cristina Garcia, Bill Quirk, Rudy Salas, Connie Leyva

State
CA

Bill Number
AB 2277

Status
In Senate

Position
Monitor

Title

Medi-Cal: Blood lead screening tests.

Introduction Date: 2020-02-14

Description

AB 2277, as amended, Salas. Medi-Cal: Blood lead screening tests. 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 authorizes the department to enter contracts with managed care plans to provide Medi-Cal services. Under existing law, Medi-Cal covers early and periodic screening, diagnostic, and treatment services for individuals under 21 years of age, consistent with federal law. This bill would require any contract between the department and a Medi-Cal managed care plan to impose requirements on the Medi-Cal managed care plan to identify every enrollee who does not have a record of completing those tests at 12 and 24 months of age, and to remind the contracting health care provider who is responsible for performing a periodic health assessment of a child of the need to perform those tests. The bill would require the department to develop and implement procedures, and take enforcement action, as prescribed, to ensure that a Medi-Cal managed care plan performs those duties. If a Medi-Cal managed care plan enrollee who is a child misses a required blood lead screening test at 12 and 24 months of age, the bill would require the Medi-Cal managed care plan to notify specified individuals responsible for that child, including the parent or guardian, about those missed blood lead screening tests, and would require that notification to be included as part of an annual notification on preventive services.

Primary Sponsors

Rudy Salas, Cristina Garcia, Bill Quirk, Eloise Reyes, Connie Leyva

Title
Lead screening.

Introduction Date: 2020-02-14

Description

AB 2278, as amended, Quirk. Lead screening. Existing law requires the State Department of Public Health to maintain an electronic database to support electronic laboratory reporting of blood lead tests, management of lead-exposed children, and assessment of sources of lead exposures. Existing law requires a laboratory that performs a blood lead analysis on human blood drawn in California to report specified information, including the test results and the name, birth date, and address of the person tested, to the department for each analysis on every person tested. Existing law authorizes the department to share the information reported by a laboratory with, among other entities, the State Department of Health Care Services for the purpose of determining whether children enrolled in Medi-Cal are being screened for lead poisoning and receiving appropriate related services. This bill also would additionally require a laboratory that performs a blood lead analysis to report to the department, among other things, the Medi-Cal identification number and medical plan identification number, if available, for each analysis on every person tested.

Primary Sponsors

Bill Quirk, Cristina Garcia, Tim Grayson, Eloise Reyes, Rudy Salas, Connie Leyva

Title

Information privacy: personal health record information: software or hardware.

Introduction Date: 2020-02-14

Description

AB 2280, as amended, Chau. Information privacy: personal health record information: software or hardware. 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 define "personal health record information" for purposes of the act to mean individually identifiable information, in electronic or physical form, about an individual's mental or physical condition that is collected by a commercial internet website, online service, or product that is used by an individual and that collects the individual's personal health record information through a direct measurement of an individual's mental or physical condition or through user input regarding an individual's mental or physical condition. The bill would provide that a business that offers personal health record software or hardware to a consumer, in order to make information available to an individual or provider of health care at the request of the individual or provider of health care, for purposes of allowing the individual to manage their information, or for the diagnosis, treatment, or management of a medical condition of the individual, shall be deemed to be a provider of health care subject to the requirements of the Confidentiality of Medical Information Act. Because the bill would expand the definition of a crime, it 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

Ed Chau

State
CA

Bill Number
AB 2288

Status
In Senate

Position
Monitor

Title

Nursing programs: state of emergency.

Introduction Date: 2020-02-14

Description

AB 2288, as amended, Low. Nursing programs: state of emergency. Existing law, the Nursing Practice Act, provides for the licensure and regulation of the practice of nursing by the Board of Registered Nursing and requires an applicant for licensure to have completed a nursing program at a school of nursing that is approved by the board. Existing regulatory law sets forth curriculum requirements for nursing programs, including preceptorships and clinical practice hours, and also requirements for clinical facilities that may be used for clinical experience. This bill would authorize the director of an approved nursing program to use a clinical setting without meeting specified requirements, including approval by the board, when the Governor declares a state of emergency in the county in which the facility is located. The bill would also authorize the director to use preceptorships without having to maintain written policies on specified matters that would otherwise be required, and to request that the approved nursing program be allowed to substitute up to an additional 25% of clinical practice hours in a course not in direct patient care, subject to specified conditions and requirements. The bill would make those provisions subject to approval by a board nurse education consultant and would require the board nurse education consultant to use a uniform standard for granting approvals. This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors

Evan Low

State
CA

Bill Number
AB 2360

Status
In Senate

Position
Monitor

Title
Telehealth: mental health.

Introduction Date: 2020-02-18

Description

AB 2360, as amended, Maienschein. Telehealth: mental health. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of that act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies that provide hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses, as defined, of a person of any age. Existing law also requires health care service plans and health insurers, by July 1, 2019, to develop maternal mental health programs, as specified. This bill would require health care service plans and health insurers, by January 1, 2021, to establish a telehealth consultation program that provides providers who treat children and pregnant and postpartum persons with access to a psychiatrist, as specified, in order to more quickly diagnose and treat children and pregnant and postpartum persons suffering from mental illness. The bill would require the consultation to be done by telephone or telehealth video, and would authorize the consultation to include guidance on providing triage services and referrals to evidence based treatment options, including psychotherapy. The bill would require health care service plans and insurers to communicate information relating to the telehealth program at least twice a year in writing. The bill would require health care service plans and health insurers to maintain records and data pertaining to the utilization of the program and the availability of psychiatrists in order to facilitate ongoing changes and improvements, as necessary. The bill would exempt certain specialized health care service plans and health insurers from these provisions. Because a willful violation of the bill's requirement by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Brian Maienschein

Organizational Notes

Last edited by Joanne Campbell at May 18, 2020, 9:15 PM
Organization Sponsor: 2020 Mom CAHP: Opposed

Title
Health Care Payments Data Program.

Introduction Date: 2020-02-20

Description

AB 2830, as amended, Wood. Health Care Payments Data Program. Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene), provides for licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of that act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law, the Information Practices Act of 1977, regulates the collection and disclosure of personal information regarding individuals by state agencies, except as specified. Under existing law, a person who willfully requests or obtains a record containing personal information from an agency under false pretenses or a person who intentionally discloses medical, psychiatric, or psychological information held by an agency is guilty of a misdemeanor. Existing law states the intent of the Legislature to establish the Health Care Cost Transparency Database to collect information on the cost of health care, and requires the Office of Statewide Health Planning and Development to convene a review committee to advise the office on the establishment and implementation of the database. Existing law requires, subject to appropriation, the office to establish, implement, and administer the database by July 1, 2023. Existing law requires certain health care entities, including a health care service plan, to provide specified information to the office for collection in the database. This bill would delete those provisions relative to the Health Care Cost Transparency Database and would instead require the office to establish the Health Care Payments Data Program to implement and administer the Health Care Payments Data System, which would include health care data submitted by health care service plans, health insurers, a city or county that offers self-insured or multiemployer-insured plans, and other specified mandatory and voluntary submitters. The bill would require the Department of Managed Health care and the Department of Insurance to take appropriate action to bring a plan or insurer into compliance if the office notifies the appropriate department of a plan or insurer's failure to submit required data, and would specify that the failure of a health care service plan to submit required data is a violation of Knox-Keene. Because a willful violation of these provisions by a health care service plan would be a crime, and because a city or county that offers self-insured or multiemployer-insured plans would be required to submit health care data to the office, the bill would impose a state-mandated local program. This bill would require the office to use the above-described data to produce publicly available information, including data p... (click bill link to see more).

Primary Sponsors

Jim Wood

Organizational Notes

Last edited by Joanne Campbell at May 18, 2020, 9:17 PM
CAHP: Opposed Unless Amended

State
CA

Bill Number
AB 2983

Status
In Senate

Position
Monitor

Title

Pharmacies: automatic refills.

Introduction Date: 2020-02-21

Description

AB 2983, as amended, Holden. Pharmacies: automatic refills. Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists and pharmacies by the California State Board of Pharmacy, and makes a willful violation of those provisions a misdemeanor. Existing law prohibits a prescription for any dangerous drug or dangerous device to be refilled except upon authorization of the prescriber. This bill would, commencing January 1, 2022, prohibit a pharmacy from using an automated computer system to contact a prescriber to authorize a prescription for any dangerous drug or device to be refilled for more than a 30-day supply unless the prescriber or patient has authorized the pharmacy to do so. The bill would prohibit a pharmacy from requesting more than the number of refills authorized in the original prescription. The bill would exempt certain pharmacies owned or operated by a nonprofit health care service plan, as specified, and "correctional pharmacies" as defined in existing law. Because the bill would expand the scope of a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Chris Holden

Title

Homelessness: California Access to Housing and Services Act.

Introduction Date: 2020-02-21

Description

AB 3300, as amended, Santiago. Homelessness: California Access to Housing and Services Act. Existing law establishes the Homeless Housing, Assistance, and Prevention program for the purpose of providing jurisdictions with one-time grant funds to support regional coordination and expand or develop local capacity to address their immediate homelessness challenges informed by a best-practices framework focused on moving homeless individuals and families into permanent housing and supporting the efforts of those individuals and families to maintain their permanent housing. Upon appropriation, existing law requires the Business, Consumer Services, and Housing Agency to distribute \$650,000,000 among continuums of care, cities, and counties pursuant to the program. By executive order, the Governor required the Department of Finance to establish the California Access to Housing and Services Fund, administered by the State Department of Social Services, to provide funding for additional affordable housing units, providing rental and operating subsidies, and stabilizing board and care homes. This bill, the California Access to Housing and Services Act, would establish the California Access to Housing and Services Fund in the State Treasury and continuously appropriate moneys in the fund solely for the purpose of implementing and administering the bill's provisions. The bill, for the 2020–21 fiscal year and each fiscal year thereafter, would require, upon appropriation by the Legislature, the Controller to transfer up to \$2,000,000,000 from the General Fund to the fund and require the Department of Housing and Community Development and the State Department of Social Services to jointly administer the fund pursuant to a memorandum of understanding, as provided. The bill would provide that deposits into the fund may also include, but are not limited to, other state funds; private, nonprofit, or philanthropic donations; local government contributions; and any recoveries or reversions resulting from activities pursuant to the act. The bill would require the departments, in collaboration with the California Health and Human Services Agency and after deduction for administrative costs and certain allocations to the Governor's Office to End Homelessness, if the bill establishing that office is enacted, to allocate 55% of the moneys in the fund to counties and continuums of care that apply jointly, 45% to large cities, and 5% to developers operating in unincorporated areas and cities that are not eligible for an allocation. The bill would define various terms for these purposes. The bill would require that recipients and subrecipients ensure that any expenditure of moneys allocated to them serve the eligible population, as defined,... (click bill link to see more).

Primary Sponsors

Miguel Santiago, Richard Bloom, Rob Bonta, Mike Gipson, Sharon Quirk-Silva, Buffy Wicks, Wendy Carrillo, Todd Gloria, Ash Kalra, Adrin Nazarian

Title
Health care coverage: financial assistance.

Introduction Date: 2019-01-08

Description

SB 65, as amended, Pan. 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. Until January 1, 2023, existing law requires the Exchange, among other duties, to administer an individual market assistance program to provide assistance, including premium assistance subsidies, to program participants with household incomes at or below 600% of the federal poverty level. This bill would reduce premiums to zero for program participants with household incomes at or below 138% of the federal poverty level, and would specify the premium assistance subsidy amount for program participants with household incomes of 139% to 600%, inclusive, of the federal poverty level. The bill would require the financial assistance administered by the Exchange to include cost-sharing reduction assistance to reduce the copays, deductibles, coinsurance, out-of-pocket maximums, and other cost sharing of a program participant with a household income of 200% to 400%, inclusive, of the federal poverty level.

Primary Sponsors

Richard Pan

Organizational Notes

Last edited by Joanne Campbell at May 27, 2020, 4:09 PM

Organization Sponsor: Health Access Support - California Association of Health Plans, Local Health Plans of California

State CA	Bill Number SB 175	Status In Assembly	Position Monitor
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Title Introduction Date: 2019-01-28
Health care coverage.

Description

SB 175, as amended, Pan. Health care coverage. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various health care market reforms. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law requires a health care service plan that issues, sells, renews, or offers plan contracts for health care coverage in the state to comply with the requirements of the PPACA, and any rules or regulations issued under the PPACA, that generally prohibit a health plan offering group or individual coverage from imposing lifetime or annual limits on the dollar value of benefits for a participant or beneficiary. Existing law requires a plan to comply with those provisions to the extent required by federal law. This bill would delete the requirement that a plan comply with the prohibition on lifetime or annual limits to the extent required by federal law, and would instead prohibit an individual or group health care service plan contract from establishing lifetime or annual limits on the dollar value of benefits for an enrollee, thereby indefinitely extending the prohibitions on lifetime or annual limits, except as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Richard Pan

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

State CA	Bill Number SB 275	Status In Assembly	Position Monitor
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Title Introduction Date: 2019-02-13
Health Care and Essential Workers Protection Act: personal protective equipment.

Description

SB 275, as amended, Pan. Health Care and Essential Workers Protection Act: personal protective equipment. Existing law establishes the State Department of Public Health to implement various programs throughout the state relating to public health, including licensing and regulating health facilities and control of infectious diseases. This bill, the Health Care and Essential Workers Protection Act, would require the State Department of Public

Health to establish a personal protective equipment (PPE) stockpile to ensure an adequate supply of PPE for health care workers and essential workers, as defined, and would require the stockpile to be at least sufficient for a 90-day pandemic or other health emergency. The bill would require the department to establish guidelines for the procurement of the PPE stockpile, taking into account, among other things, the amount of each type of PPE that would be required for all health care workers and essential workers in the state during the pandemic or other health emergency, which would represent the amount of PPE to be maintained in the stockpile. The bill would require health care employers, including clinics, health facilities, and home health agencies, to maintain a stockpile of unexpired PPE for use in the event of a declared state of emergency and would require the stockpile to be at least sufficient for a 30-day, 60-day, or 90-day pandemic or other health emergency, according to specified deadlines. The bill would assess a civil penalty on a health care employer who violates that requirement of up to \$25,000 for each violation, as specified. The bill would declare a health care employer's failure to provide PPE to its health care workers upon reasonable request to be an independent violation of the bill's requirements. The bill would authorize the Department of Industrial Relations to exempt a health care employer from the above-required civil penalties if the department determines that supply chain limitations make meeting the mandated level of supplies infeasible and the health care employer has made a reasonable attempt to obtain PPE, as specified. The bill would require the Department of Industrial Relations to adopt regulations, in consultation with the State Department of Public Health, setting forth requirements for the PPE stockpile, and would authorize the Department of Industrial Regulations to incorporate by reference existing guidance from the department and from the federal Occupational Safety and Health Administration regarding standards for PPE usage. The bill would also establish the Personal Protective Equipment Advisory Committee (committee) to be comprised of 8 members, as specified, appointed by the Secretary of Labor. The bill would require the Department of In... (click bill link to see more).

Primary Sponsors

Richard Pan, Connie Leyva

Organizational Notes

Last edited by Joanne Campbell at Jun 23, 2020, 7:01 PM

Sponsored by SEIU

Title
Health care: omnibus bill.

Introduction Date: 2019-02-20

Description

SB 406, as amended, Pan. Health care: omnibus bill. (1) Existing federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various health care market reforms. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a group or individual health care service plan contract or health insurance policy issued, amended, renewed, or delivered on or after September 23, 2010, to comply with the requirements of the PPACA, and any rules or regulations issued under the PPACA, that require a group health plan and health insurance issuer offering group or individual health insurance coverage to, at a minimum, provide coverage for specified preventive services, and prohibits the plan or health insurance issuer from imposing any cost-sharing requirements for those preventive services. Existing law also prohibits a plan or health insurer offering group or individual coverage from imposing lifetime or annual limits on the dollar value of benefits for a participant, beneficiary, or insured. Existing law requires a plan and a health insurance issuer to comply with those provisions to the extent required by federal law. This bill would delete the requirement that a plan or a health insurer comply with the requirement to cover preventive health services without cost sharing to the extent required by federal law, and would instead require a group or individual health care service plan contract or health insurer to, at a minimum, provide coverage for specified preventive services without any cost-sharing requirements for those preventive services, thereby indefinitely extending those requirements. The bill would also delete the requirement that a plan or a health insurer comply with the prohibition on lifetime or annual limits to the extent required by federal law, and would instead prohibit an individual or group health care service plan contract or health insurer from establishing lifetime or annual limits on the dollar value of benefits for an enrollee or insured, thereby indefinitely extending the prohibitions on lifetime or annual limits, except as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. (2) Existing law requires the State Department of Health Care Services to license and regulate facilities that provide residential nonmedical services to adults who are recovering from problems related to alcohol, drug, or al... (click bill link to see more).

Primary Sponsors

Richard Pan, Lena Gonzalez, Shannon Grove, Melissa Hurtado, Connie Leyva, Melissa Melendez, Holly Mitchell, Bill Monning, Rubio

Title
Health care: prescription drugs.

Introduction Date: 2020-01-13

Description

SB 852, as amended, Pan. Health care: prescription drugs. Existing law authorizes the Department of General Services to enter into exclusive or nonexclusive contracts on a bid or negotiated basis with manufacturers and suppliers of single-source or multisource drugs. Existing law authorizes the department to obtain from those manufacturers and suppliers discounts, rebates, or refunds based on quantities purchased, as permissible under federal law. Existing law authorizes those contracts to include price discounts, rebates, refunds, or other strategies aimed at managing escalating prescription drug prices. Existing law requires certain state agencies to participate in that prescription drug bulk purchasing program, including the State Department of State Hospitals and the State Department of Developmental Services. Existing law establishes the California Health and Human Services Agency, which includes departments charged with the administration of health, social, and other human services. This bill would establish the Office of Drug Contracting and Manufacturing within the California Health and Human Services Agency to, among other things, increase patient access to affordable drugs. The bill would require the office, on or before January 1, 2022, to contract or partner with at least one drug company or generic drug manufacturer to produce at least 10 generic prescription drugs, as determined by the office, and insulin at a price that results in savings. The bill would require the office to prepare and submit a report to the Legislature on or before January 1, 2022, that, among other things, assesses the feasibility of the office to directly manufacture generic prescription drugs and includes an estimate of the cost of building or acquiring manufacturing capacity. The bill would also require the office to prepare and submit a report to the Legislature on or before January 1, 2023, that assesses the major problems faced by patients in accessing affordable generic prescription drugs, describes the status of the drugs targeted for manufacture under the office's contracts or partnerships, and analyzes how the office's activities have impacted competition, access, and costs for those drugs.

Primary Sponsors

Richard Pan

Title Introduction Date: 2020-01-14
Health coverage: mental health or substance abuse disorders.

Description

SB 855, as amended, Wiener. Health coverage: mental health or substance abuse disorders. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of disability insurers by the Department of Insurance. Existing law, known as the California Mental Health Parity Act, requires every health care service plan contract or disability insurance policy issued, amended, or renewed on or after July 1, 2000, that provides hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child under the same terms and conditions applied to other medical conditions, as specified. Existing law requires those benefits to include, among other things, outpatient services, inpatient hospital services, partial hospital services, and prescription drugs, if the plan contract or policy includes coverage for prescription drugs. This bill would revise and recast those provisions, and would instead require a health care service plan contract or disability insurance policy issued, amended, or renewed on or after January 1, 2021, to provide coverage for medically necessary treatment of mental health and substance use disorders, as defined, under the same terms and conditions applied to other medical conditions. The bill would prohibit a health care service plan or disability insurer from limiting benefits or coverage for mental health and substance use disorders to short-term or acute treatment. The bill would revise the covered benefits to include basic health care services, as defined, intermediate services, and prescription drugs. This bill would require a health care service plan or disability insurer that provides hospital, medical, or surgical coverage to base medical necessity determinations and the utilization review criteria the plan or insurer, and any entity acting on the plan's or insurer's behalf, applies to determine the medical necessity of health care services and benefits for the diagnosis, prevention, and treatment of mental health and substance use disorders, on current generally accepted standards of mental health and substance use disorder care. The bill would require the health care service plan or insurer to apply specified clinical criteria and guidelines in conducting utilization review of the covered health care services and benefits and would prohibit the plan or insurer from applying different, additional, or conflicting criteria than the criteria and guidelines in the spec... (click bill link to see more).

Primary Sponsors

Scott Wiener, Cecilia Aguiar-Curry, Jim Beall, David Chiu

Organizational Notes

Last edited by Joanne Campbell at Apr 2, 2020, 9:36 PM
Organization Sponsor: Steinberg Institute, The Kennedy Forum CAHP - Oppose

Title Introduction Date: 2020-02-14
Medi-Cal: County of Sacramento.

Description

SB 1029, as amended, Pan. Medi-Cal: County of Sacramento.
(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 under various health care delivery systems, including fee-for-service and managed care. 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 Medi-Cal managed care plans. Existing law provides that in counties selected by the Director of Health Care Services with the concurrence of the county, a special county health authority may be established, and in any county, by ordinance, a special commission may be established, in order to meet the problems of delivery of publicly assisted medical care in each county, and to demonstrate ways of promoting quality care and cost efficiency. Existing law authorizes several counties, including the County of Alameda, to establish, by ordinance, a health authority, and specified counties, such as the Counties of San Joaquin and Tulare, to establish, by ordinance, a special county health commission. This bill would authorize the Board of Supervisors of the County of Sacramento to establish, by ordinance, a health authority to perform specified duties, including negotiating and entering into contracts with health plans, as prescribed. The bill would provide that any participating health plans shall be designated by the health authority for approval by the department, and that health plans approved by the department shall be eligible to contract with the department. The bill would require the health authority to be governed by a commission, would require the board to appoint commission members, and would require those members to include specified individuals, including representatives of nonprofit community health centers and hospital systems that operate in the County of Sacramento. The bill would authorize the commission to establish advisory committees, including an executive committee, and would prohibit members of the commission and advisory committees from receiving compensation for activities relating to their duties, except as specified. The bill would provide that a member of the commission shall not be deemed to be interested in a contract entered into by the department if the member is a Medi-Cal recipient or if certain facts apply, including that the member was appointed to represent the interests of physicians, health care practitioners, hospitals, or other health care organizations. The bill would require the health authority to be cons... (click bill link to see more).

Primary Sponsors

Richard Pan

Organizational Notes

Last edited by Joanne Campbell at Jun 17, 2020, 5:25 PM
LHPC - Support

Title Introduction Date: 2020-02-19
Telecommunications: California Advanced Services Fund.

Description

SB 1130, as amended, Lena Gonzalez. Telecommunications: California Advanced Services Fund. (1) Under existing law, the Public Utilities Commission has regulatory authority over public utilities, including telephone corporations. Existing law requires the commission to develop, implement, and administer the California Advanced Services Fund (CASF) program to encourage deployment of high-quality advanced communications services to all Californians that will promote, among other things, the substantial social benefits of advanced information and communications technologies. Existing law authorizes the commission to collect a surcharge for deposit into the CASF. Existing law provides that the goal of the program is to, no later than December 31, 2022, approve funding for infrastructure projects that will provide broadband access to no less than 98% of California households, as provided. Existing law requires the commission, in approving infrastructure projects, to approve projects that provide last-mile broadband access to households that are unserved by an existing facility-based broadband provider, and give preference to projects in areas where internet connectivity is only available through dial-service, as provided. Existing law authorizes the commission to collect a sum not to exceed \$330,000,000 to implement the CASF program through the imposition of a surcharge that is collected starting on January 1, 2018, and continuing through the 2022 calendar year. Existing law prohibits the surcharge collected for the CASF program from exceeding \$66,000,000 unless the commission determines that collecting a higher amount of surcharge for the CASF program in any year will not result in an increase in all surcharges collected from telephone customers for that year. This bill would instead require the commission to develop, implement, and administer the California Advanced Services Fund program to encourage deployment of 21st century-ready communications, as provided. The bill would provide that the goal of the program is to, no later than December 31, 2024, approve funding for infrastructure projects that will provide high-capacity, future-proof infrastructure, as defined, based on current engineering and scientific information at the time of program application, as provided. The bill would require the commission, in approving infrastructure projects, to approve projects with a goal of providing high-capacity, future-proof infrastructure to households that are unserved areas, as defined, or unserved high-poverty areas, as defined. The bill would instead require the commission to prioritize projects in unserved areas and unserved high-poverty areas, as provided. The bill would also require the commission to ensure that no awarde... (click bill link to see more).

Primary Sponsors

Lena Gonzalez

Title
Nurse-midwives: scope of practice.

Introduction Date: 2020-02-20

Description

SB 1237, as amended, Dodd. Nurse-midwives: scope of practice.
(1) Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing within the Department of Consumer Affairs for the licensure and regulation of the practice of nursing. A violation of the act is a crime. Existing law requires the board to issue a certificate to practice nurse-midwifery to a person who, among other qualifications, meets educational standards established by the board or the equivalent of those educational standards. Existing law authorizes a certified nurse-midwife, under the supervision of a licensed physician and surgeon, to attend cases of normal childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning care, for the mother, and immediate care for the newborn. Existing law defines the practice of nurse-midwifery as the furthering or undertaking by a certified person, under the supervision of licensed physician and surgeon who has current practice or training in obstetrics, to assist a woman in childbirth so long as progress meets criteria accepted as normal. Existing law requires all complications to be referred to a physician immediately. Existing law excludes the assisting of childbirth by any artificial, forcible, or mechanical means, and the performance of any version from the definition of the practice of nurse-midwifery. This bill would delete the above-described provisions defining the practice of nurse-midwifery, would delete the condition that a certified nurse-midwife practice under the supervision of a physician and surgeon, and would instead authorize a certified nurse-midwife to attend cases of low-risk pregnancy, as defined, and childbirth and to provide prenatal, intrapartum, and postpartum care, including family-planning services, interconception care, and immediate care of the newborn, consistent with standards adopted by a specified professional organization, or its successor, as approved by the board. The bill would authorize a certified nurse-midwife to practice with a physician and surgeon under mutually agreed-upon policies and protocols that delineate the parameters for consultation, collaboration, referral, and transfer of a patient's care, signed by both the certified nurse-midwife and a physician and surgeon to provide a patient with specified services. The bill would require the patient to be transferred to the care of a physician and surgeon to provide those services if the nurse-midwife does not have those mutually agreed-upon policies and protocols in place, and would authorize the return of that patient to the care of the nurse-midwife after the physician and surgeon has determined that the condition or circumstance that required, or woul... (click bill link to see more).

Primary Sponsors

Bill Dodd, Autumn Burke

State	Bill Number	Status	Position
CA	SCR 92	In Senate	Support

Title

Racism as a public health crisis.

Introduction Date: 2020-06-25

Description

SCR 92, as introduced, Pan. Racism as a public health crisis. This measure would recognize racism as a threat to public health.

Primary Sponsors

Richard Pan

Bill State: US (1)

Title
Families First Coronavirus Response Act

Introduction Date: 2020-03-11

Description

Families First Coronavirus Response Act This bill responds to the COVID-19 (i.e., coronavirus disease 2019) outbreak by providing paid sick leave, tax credits, and free COVID-19 testing; expanding food assistance and unemployment benefits; and increasing Medicaid funding. DIVISION A--SECOND CORONAVIRUS PREPAREDNESS AND RESPONSE SUPPLEMENTAL APPROPRIATIONS ACT, 2020 Second Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 This division provides FY2020 supplemental appropriations for federal agencies to respond to the COVID-19 outbreak. The supplemental appropriations are designated as emergency spending, which is exempt from discretionary spending limits. TITLE I--DEPARTMENT OF AGRICULTURE This title provides appropriations to the Department of Agriculture (USDA) for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and the Emergency Food Assistance Program (TEFAP). (Sec. 1101) This section allows USDA to approve state plans to provide emergency Supplemental Nutrition Assistance Program (SNAP, formerly known as the food stamp program) benefits to households with children who would otherwise receive free or reduced-price school meals if their schools were not closed due to the COVID-19 public health emergency. The child's school must be closed for at least five consecutive days for the household to be eligible for benefits. States may provide the benefits using the Electronic Benefit Transfer system. (Sec. 1102) This section provides appropriations to USDA for grants to the Northern Mariana Islands, Puerto Rico, and American Samoa for nutrition assistance in response to a COVID-19 public health emergency. TITLE II--DEPARTMENT OF DEFENSE This title provides appropriations to the Defense Health Program for COVID-19 diagnostic testing and services. TITLE III--DEPARTMENT OF THE TREASURY This title provides appropriations to the Internal Revenue Service to implement the tax credits included in this bill. TITLE IV--DEPARTMENT OF HEALTH AND HUMAN SERVICES This title provides appropriations to the Indian Health Service for COVID-19 diagnostic testing and services. TITLE V--DEPARTMENT OF HEALTH AND HUMAN SERVICES This title provides appropriations to the Administration for Community Living for nutrition programs that assist the elderly. The title also provides appropriations to the Public Health and Social Services Emergency Fund. The funds are provided for the National Disaster Medical System to reimburse the costs of providing COVID-19 diagnostic testing and services to individuals without health insurance. TITLE VI--DEPARTMENT OF VETERANS AFFAIRS This title provides appropriations to the Veterans Health Administration for COVID-19 diagnostic testing and services. TITLE VII--GENERAL PROVISIONS--THIS... (click bill link to see more).

Primary Sponsors

Nita Lowey



Financial Update

Board of Governors Meeting

July 30, 2020



Agenda

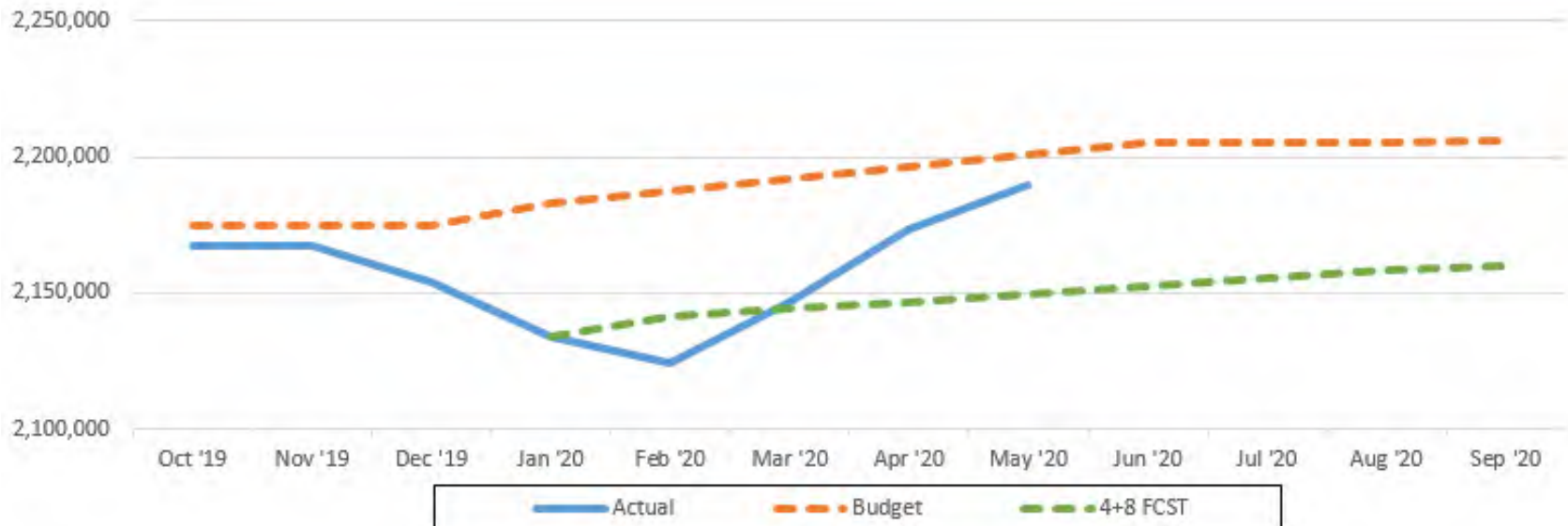
Financial Performance

- Membership
- Consolidated Financial Performance
- Operating Margins by Segment
- Key Financial Ratios
- Tangible Net Equity & Days of Cash On-Hand Comparison
- **Other Financial Updates**
 - Investment Transactions

Membership

for the 8 months ended May 2020

Sub-Segment	May 2020			Year-to-Date		
	Actual	4+8 FCST	Variance	Actual	4+8 FCST	Variance
Plan Partners	970,024	959,276	10,748	7,704,907	7,702,714	2,193
SPD/CCI	223,933	219,416	4,517	1,768,616	1,763,551	5,065
TANF/MCE	842,853	823,218	19,635	6,600,616	6,578,112	22,504
CMC	16,916	16,547	369	131,242	130,347	895
Commercial	135,828	131,143	4,685	1,051,302	1,029,569	21,733
Consolidated	2,189,554	2,149,599	39,955	17,256,683	17,204,293	52,390



Consolidated Financial Performance

for the 8 months ended May 2020

May 2020		Year-to-Date		
Actual	(\$ in Thousands)	Actual	4+8 FCST	Variance
2,189,554	Member Months	17,256,683	17,204,293	52,390
\$721,177	Total Revenues	\$5,586,225	\$5,553,891	\$32,333
\$678,627	Total Healthcare Expenses	\$5,198,790	\$5,203,085	\$4,295
\$42,550	Operating Margin	\$387,434	\$350,806	\$36,628
\$36,554	Total Admin Expenses	\$301,386	\$298,646	(\$2,739)
\$5,995	Income from Operations	-\$86,049	\$52,160	\$33,889
\$3,357	Non-Operating Income (Expense)	-\$11,062	\$816	\$10,245
\$9,352	Net Surplus (Deficit)	-\$97,111	\$52,977	\$44,134

Operating Margin by Segment

for the 8 months ended May 2020

(\$ in Thousands)

	Medi-Cal Plan Partners	Medi-Cal SPD/CCI	Medi-Cal TANF/MCE	CMC	Commercial	Total
Revenue	\$2,000,844	\$1,395,132	\$1,654,161	\$179,736	\$356,352	\$5,586,225
Healthcare Exp.	\$1,911,230	\$1,308,805	\$1,500,728	\$165,281	\$312,747	\$5,198,790
Operating Margin	\$89,614	\$86,326	\$153,433	\$14,455	\$43,606	\$387,434
MCR %	95.5%	93.8%	90.7%	92.0%	87.8%	93.1%
Forecast MCR%	95.0%	95.6%	91.5%	98.8%	86.5%	93.7%

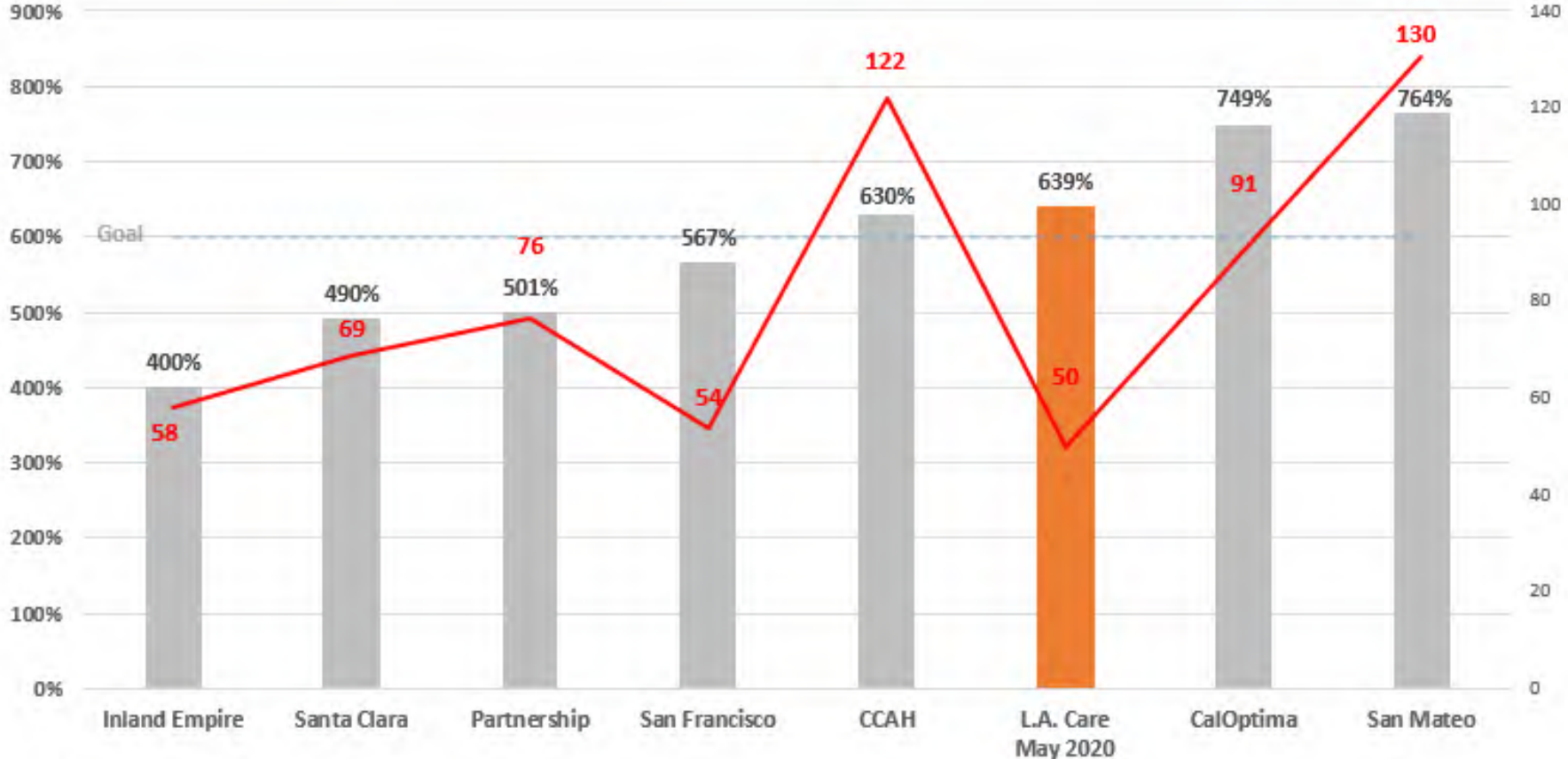
Key Financial Ratios

for the 8 months ended May 2020

	Actual	Forecast	
MCR	93.1%	vs. 93.7%	✓
Admin Ratio	5.4%	vs. 5.4%	✓

	Actual	Benchmark	
Working Capital	1.32	vs. 1.00+	✓
Cash to Claims	0.57	vs. 0.75+	✗
Tangible Net Equity	6.39	vs. 1.30+	✓

Tangible Net Equity & Days of Cash On-Hand for the 8 months ended May 2020



• As of March 2020 Quarterly filings, unless noted otherwise.

Questions & Consideration

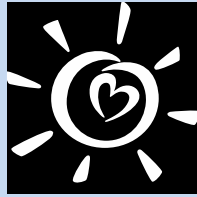
Motion FIN 100

- To accept the Financial Reports for the eight months ended May 31, 2020, as submitted.

Informational Items

Investment Transactions

- As of May 31, 2020, L.A. Care's total investment market value was \$1.6B
 - \$1.3B managed by Payden & Rygel and New England Asset Management (NEAM)
 - \$72M in Local Agency Investment Fund
 - \$176M in Los Angeles County Pooled Investment Fund



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: July 30, 2020

Motion No. FIN 101.0720

Committee: Finance & Budget

Chairperson: Robert H. Curry

New Contract Amendment Sole Source RFP/RFQ was conducted

Issue: Acceptance of the Financial Reports for May 2020.

Background: N/A

Member Impact: N/A

Budget Impact: N/A

Motion: To accept the Financial Report as submitted for May 2020.



L.A. Care
HEALTH PLAN®

Financial Performance
May 2020 - Final
(Unaudited)



Overall

The combined member months are 17.3 million year-to-date, which is 52,390 member months favorable to the 4+8 forecast. The year-to-date performance is a surplus of \$97.1 million or 1.7% of revenue and is \$44.1 million favorable to the 4+8 forecast. The favorable variance is driven by the CCI duals risk share adjustment for the period of April 2014 to March 2016, better than forecasted enrollment in TANF-MCE, and higher unrealized gains.

MediCal Plan Partners

The member months are 7.7 million, which is 2,193 member months favorable to the 4+8 forecast. The performance is a surplus of \$59.3 million and is \$9.4 million unfavorable to the 4+8 forecast. The unfavorable variance is primarily due to lower revenue net of healthcare costs.

MediCal SPD-CCI

The member months are 1.8 million, which is 5,065 member months favorable to the 4+8 forecast. The performance is a deficit of \$11.6 million and is \$25.6 million favorable to the 4+8 forecast. The favorable variance is due to the CCI duals risk share adjustment for the period of April 2014 to March 2016.

MediCal TANF-MCE

The member months are 6.6 million, which is 22,504 member months favorable to the 4+8 forecast. The performance is a surplus of \$56.1 million and is \$13.8 million favorable to the 4+8 forecast. The favorable variance is due to better than forecasted enrollment and lower skilled nursing facility costs; but partially offset by a provider reconciliation adjustment.

Cal MediConnect (CMC)

The member months are 131,242, which is 895 member months favorable to the 4+8 forecast. The performance is a surplus of \$1.8 million and is \$14.0 million favorable to the 4+8 forecast. The favorable variance is driven by higher Medicare risk adjustment and lower inpatient claims.

Commercial

L.A. Care Commercial consists of LACC and PASC-SEIU. The member months are 1.1 million, which is 21,733 member months favorable to the 4+8 forecast. The performance is a surplus of \$16.0 million and is \$3.8 million unfavorable to the 4+8 forecast. The unfavorable variance is due to higher inpatient claims but partially offset by provider shared risk.



Consolidated Operations Income Statement (\$ in thousands)

May 2020

Current Actual		Current Forecast		Fav<Unfav> Forecast		YTD Actual		YTD Forecast		Fav<Unfav> Forecast	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
2,189,554		2,149,599		39,955							
\$ 721,177	\$ 329.37	\$ 689,095	\$ 320.57	\$ 32,082	\$ 8.80						
\$ 721,177	\$ 329.37	\$ 689,095	\$ 320.57	\$ 32,082	\$ 8.80						
\$ 367,516	\$ 167.85	\$ 374,551	\$ 174.24	\$ 7,035	\$ 6.39						
\$ 96,090	\$ 43.89	\$ 78,540	\$ 36.54	\$ (17,550)	\$ (7.35)						
\$ 59,010	\$ 26.95	\$ 63,567	\$ 29.57	\$ 4,557	\$ 2.62						
\$ 72,561	\$ 33.14	\$ 64,274	\$ 29.90	\$ (8,287)	\$ (3.24)						
\$ 59,133	\$ 27.01	\$ 58,352	\$ 27.15	\$ (780)	\$ 0.14						
\$ 17,807	\$ 8.13	\$ 6,016	\$ 2.80	\$ (11,791)	\$ (5.33)						
\$ 6,511	\$ 2.97	\$ 6,649	\$ 3.09	\$ 138	\$ 0.12						
\$ 678,627	\$ 309.94	\$ 651,949	\$ 303.29	\$ (26,678)	\$ (6.65)						
94.1%		94.6%		0.5%							
\$ 42,550	\$ 19.43	\$ 37,146	\$ 17.28	\$ 5,404	\$ 2.15						
\$ 36,554	\$ 16.69	\$ 37,216	\$ 17.31	\$ 662	\$ 0.62						
5.1%		5.4%		0.3%							
\$ 5,995	\$ 2.74	\$ (71)	\$ (0.03)	\$ 6,066	\$ 2.77						
\$ (2,114)	\$ (0.97)	\$ (2,801)	\$ (1.30)	\$ 687	\$ 0.34						
\$ 1,767	\$ 0.81	\$ 2,109	\$ 0.98	\$ (342)	\$ (0.17)						
\$ 570	\$ 0.26	\$ -	\$ -	\$ 570	\$ 0.26						
\$ 3,134	\$ 1.43	\$ -	\$ -	\$ 3,134	\$ 1.43						
\$ 3,357	\$ 1.53	\$ (692)	\$ (0.32)	\$ 4,049	\$ 1.86						
\$ 9,352	\$ 4.27	\$ (763)	\$ (0.35)	\$ 10,115	\$ 4.63						
1.3%		-0.1%		1.4%							
Membership											
Member Months						17,256,683		17,204,293		52,390	
Revenue											
Capitation						\$ 5,586,225		\$ 5,553,891		\$ 32,333	
Total Revenues						\$ 5,586,225		\$ 5,553,891		\$ 32,333	
Healthcare Expenses											
Capitation						\$ 2,978,008		\$ 2,988,863		\$ 10,855	
Inpatient Claims						\$ 652,768		\$ 635,950		\$ (16,818)	
Outpatient Claims						\$ 489,717		\$ 514,465		\$ 24,748	
Skilled Nursing Facility						\$ 527,036		\$ 518,240		\$ (8,797)	
Pharmacy						\$ 468,972		\$ 461,732		\$ (7,240)	
Provider Incentives and Shared Risk						\$ 35,603		\$ 34,961		\$ (642)	
Medical Administrative Expenses						\$ 46,686		\$ 48,874		\$ 2,188	
Total Healthcare Expenses						\$ 5,198,790		\$ 5,203,085		\$ 4,295	
MCR(%)						93.1%		93.7%		0.6%	
Operating Margin						\$ 387,434		\$ 350,806		\$ 36,628	
Total Operating Expenses						\$ 301,386		\$ 298,646		\$ (2,739)	
Admin Ratio(%)						5.4%		5.4%		0.0%	
Income (Loss) from Operations						\$ 86,049		\$ 52,160		\$ 33,889	
Other Income/(Expense), net						\$ (22,929)		\$ (26,657)		\$ 3,728	
Interest Income, net						\$ 21,134		\$ 21,937		\$ (802)	
Realized Gain / Loss						\$ 1,522		\$ 216		\$ 1,307	
Unrealized Gain / Loss						\$ 11,334		\$ 5,321		\$ 6,013	
Total Non-Operating Income (Expense)						\$ 11,062		\$ 816		\$ 10,245	
Net Surplus (Deficit)						\$ 97,111		\$ 52,977		\$ 44,134	
Margin(%)						1.7%		1.0%		0.8%	



MediCal Plan Partners Income Statement (\$ in thousands)

May 2020

Current Actual		Current Forecast		Fav<Unfav> Forecast	
\$	PMPM	\$	PMPM	\$	PMPM
970,024		959,276		10,748	
\$ 246,304	\$ 253.91	\$ 253,859	\$ 264.64	\$ (7,556)	\$ (10.72)
\$ 246,304	\$ 253.91	\$ 253,859	\$ 264.64	\$ (7,556)	\$ (10.72)
\$ 232,570	\$ 239.76	\$ 237,950	\$ 248.05	\$ 5,380	\$ 8.29
\$ 8	\$ 0.01	\$ -	\$ -	\$ (8)	\$ (0.01)
\$ 1	\$ 0.00	\$ -	\$ -	\$ (1)	\$ (0.00)
\$ 8,291	\$ 8.55	\$ 1,403	\$ 1.46	\$ (6,888)	\$ (7.08)
\$ 941	\$ 0.97	\$ 865	\$ 0.90	\$ (76)	\$ (0.07)
\$ 241,812	\$ 249.28	\$ 240,218	\$ 250.42	\$ (1,594)	\$ 1.13
98.2%		94.6%		-3.5%	
\$ 4,492	\$ 4.63	\$ 13,641	\$ 14.22	\$ (9,149)	\$ (9.59)
\$ 5,583	\$ 5.76	\$ 5,594	\$ 5.83	\$ 11	\$ 0.08
2.3%		2.2%		-0.1%	
\$ (1,091)	\$ (1.12)	\$ 8,047	\$ 8.39	\$ (9,138)	\$ (9.51)
\$ 2,600	\$ 2.68	\$ 945	\$ 0.99	\$ 1,655	\$ 1.70
\$ 1,509	\$ 1.56	\$ 8,992	\$ 9.37	\$ (7,483)	\$ (7.82)
0.6%		3.5%		-2.9%	

	YTD Actual		YTD Forecast		Fav<Unfav> Forecast	
	\$	PMPM	\$	PMPM	\$	PMPM
Membership						
Member Months	7,704,907		7,702,714		2,193	
Revenue						
Capitation	\$ 2,000,844	\$ 259.68	\$ 2,025,215	\$ 262.92	\$ (24,371)	\$ (3.24)
Total Revenues	\$ 2,000,844	\$ 259.68	\$ 2,025,215	\$ 262.92	\$ (24,371)	\$ (3.24)
Healthcare Expenses						
Capitation	\$ 1,895,355	\$ 245.99	\$ 1,908,733	\$ 247.80	\$ 13,378	\$ 1.81
Inpatient Claims	\$ 93	\$ 0.01	\$ (0)	\$ (0.00)	\$ (93)	\$ (0.01)
Outpatient Claims	\$ (19)	\$ (0.00)	\$ (16)	\$ (0.00)	\$ 3	\$ 0.00
Provider Incentives and Shared Risk	\$ 8,260	\$ 1.07	\$ 6,974	\$ 0.91	\$ (1,286)	\$ (0.17)
Medical Administrative Expenses	\$ 7,542	\$ 0.98	\$ 7,605	\$ 0.99	\$ 63	\$ 0.01
Total Healthcare Expenses	\$ 1,911,230	\$ 248.05	\$ 1,923,295	\$ 249.69	\$ 12,065	\$ 1.64
MCR(%)	95.5%		95.0%		-0.6%	
Operating Margin	\$ 89,614	\$ 11.63	\$ 101,920	\$ 13.23	\$ (12,306)	\$ (1.60)
Total Operating Expenses	\$ 45,767	\$ 5.94	\$ 45,514	\$ 5.91	\$ (253)	\$ (0.03)
Admin Ratio(%)	2.3%		2.2%		0.0%	
Income (Loss) from Operations	\$ 43,846	\$ 5.69	\$ 56,406	\$ 7.32	\$ (12,559)	\$ (1.63)
Total Non-Operating Income (Expense)	\$ 15,445	\$ 2.00	\$ 12,314	\$ 1.60	\$ 3,132	\$ 0.41
Net Surplus (Deficit)	\$ 59,292	\$ 7.70	\$ 68,719	\$ 8.92	\$ (9,428)	\$ (1.23)
Margin(%)	3.0%		3.4%		-0.4%	



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

May 2020

Current Actual		Current Forecast		Fav<Unfav> Forecast		YTD Actual		YTD Forecast		Fav<Unfav> Forecast	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
223,933		219,416		4,517							
\$ 198,042	\$ 884.38	\$ 166,773	\$ 760.08	\$ 31,268	\$ 124.30						
\$ 198,042	\$ 884.38	\$ 166,773	\$ 760.08	\$ 31,268	\$ 124.30						
\$ 17,949	\$ 80.15	\$ 19,080	\$ 86.96	\$ 1,132	\$ 6.81						
\$ 40,958	\$ 182.90	\$ 31,175	\$ 142.08	\$ (9,784)	\$ (40.82)						
\$ 30,199	\$ 134.86	\$ 33,737	\$ 153.76	\$ 3,538	\$ 18.90						
\$ 64,922	\$ 289.92	\$ 55,562	\$ 253.23	\$ (9,360)	\$ (36.69)						
\$ 17,590	\$ 78.55	\$ 17,956	\$ 81.84	\$ 367	\$ 3.29						
\$ 1,435	\$ 6.41	\$ (1,048)	\$ (4.78)	\$ (2,483)	\$ (11.19)						
\$ 2,158	\$ 9.64	\$ 2,164	\$ 9.86	\$ 7	\$ 0.23						
\$ 175,210	\$ 782.42	\$ 158,627	\$ 722.95	\$ (16,584)	\$ (59.47)						
88.5%		95.1%		6.6%							
\$ 22,831	\$ 101.96	\$ 8,147	\$ 37.13	\$ 14,685	\$ 64.83						
\$ 12,316	\$ 55.00	\$ 12,388	\$ 56.46	\$ 72	\$ 1.46						
6.2%		7.4%		1.2%							
\$ 10,515	\$ 46.96	\$ (4,241)	\$ (19.33)	\$ 14,757	\$ 66.29						
\$ 1,599	\$ 7.14	\$ 563	\$ 2.57	\$ 1,036	\$ 4.57						
\$ 12,114	\$ 54.10	\$ (3,678)	\$ (16.76)	\$ 15,792	\$ 70.86						
6.1%		-2.2%		8.3%							
Membership											
Member Months						1,768,616		1,763,551		5,065	
Revenue											
Capitation						\$ 1,395,132	\$ 788.83	\$ 1,358,609	\$ 770.38	\$ 36,523	\$ 18.44
Total Revenues						\$ 1,395,132	\$ 788.83	\$ 1,358,609	\$ 770.38	\$ 36,523	\$ 18.44
Healthcare Expenses											
Capitation						\$ 143,207	\$ 80.97	\$ 147,415	\$ 83.59	\$ 4,208	\$ 2.62
Inpatient Claims						\$ 276,045	\$ 156.08	\$ 262,134	\$ 148.64	\$ (13,911)	\$ (7.44)
Outpatient Claims						\$ 252,226	\$ 142.61	\$ 272,144	\$ 154.32	\$ 19,918	\$ 11.70
Skilled Nursing Facility						\$ 474,218	\$ 268.13	\$ 460,880	\$ 261.34	\$ (13,337)	\$ (6.79)
Pharmacy						\$ 143,772	\$ 81.29	\$ 141,838	\$ 80.43	\$ (1,934)	\$ (0.86)
Provider Incentives and Shared Risk						\$ 4,260	\$ 2.41	\$ (1,530)	\$ (0.87)	\$ (5,789)	\$ (3.28)
Medical Administrative Expenses						\$ 15,078	\$ 8.53	\$ 15,667	\$ 8.88	\$ 589	\$ 0.36
Total Healthcare Expenses						\$ 1,308,805	\$ 740.02	\$ 1,298,549	\$ 736.33	\$ (10,256)	\$ (3.69)
<i>MCR(%)</i>						93.8%		95.6%		1.8%	
Operating Margin						\$ 86,326	\$ 48.81	\$ 60,059	\$ 34.06	\$ 26,267	\$ 14.75
Total Operating Expenses						\$ 107,251	\$ 60.64	\$ 104,571	\$ 59.30	\$ (2,679)	\$ (1.35)
<i>Admin Ratio(%)</i>						7.7%		7.7%		0.0%	
Income (Loss) from Operations						\$ (20,924)	\$ (11.83)	\$ (44,512)	\$ (25.24)	\$ 23,588	\$ 13.41
Total Non-Operating Income (Expense)						\$ 9,345	\$ 5.28	\$ 7,315	\$ 4.15	\$ 2,030	\$ 1.14
Net Surplus (Deficit)						\$ (11,579)	\$ (6.55)	\$ (37,197)	\$ (21.09)	\$ 25,618	\$ 14.54
<i>Margin(%)</i>						-0.8%		-2.7%		1.9%	



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

May 2020

Current Actual		Current Forecast		Fav<Unfav> Forecast		YTD Actual		YTD Forecast		Fav<Unfav> Forecast	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
842,853		823,218		19,635							
\$ 206,850	\$ 245.42	\$ 200,927	\$ 244.08	\$ 5,923	\$ 1.34						
\$ 206,850	\$ 245.42	\$ 200,927	\$ 244.08	\$ 5,923	\$ 1.34						
\$ 83,995	\$ 99.66	\$ 84,824	\$ 103.04	\$ 829	\$ 3.38						
\$ 44,609	\$ 52.93	\$ 36,224	\$ 44.00	\$ (8,385)	\$ (8.92)						
\$ 23,979	\$ 28.45	\$ 24,492	\$ 29.75	\$ 513	\$ 1.30						
\$ 4,922	\$ 5.84	\$ 7,465	\$ 9.07	\$ 2,543	\$ 3.23						
\$ 34,170	\$ 40.54	\$ 32,983	\$ 40.07	\$ (1,187)	\$ (0.47)						
\$ 3,780	\$ 4.48	\$ 2,167	\$ 2.63	\$ (1,612)	\$ (1.85)						
\$ 3,038	\$ 3.60	\$ 3,036	\$ 3.69	\$ (3)	\$ 0.08						
\$ 198,493	\$ 235.50	\$ 191,191	\$ 232.25	\$ (7,303)	\$ (3.25)						
96.0%		95.2%		-0.8%							
\$ 8,357	\$ 9.92	\$ 9,736	\$ 11.83	\$ (1,379)	\$ (1.91)						
\$ 13,251	\$ 15.72	\$ 13,519	\$ 16.42	\$ 267	\$ 0.70						
6.4%		6.7%		0.3%							
\$ (4,894)	\$ (5.81)	\$ (3,783)	\$ (4.59)	\$ (1,112)	\$ (1.21)						
\$ 1,664	\$ 1.97	\$ 588	\$ 0.71	\$ 1,076	\$ 1.26						
\$ (3,230)	\$ (3.83)	\$ (3,194)	\$ (3.88)	\$ (36)	\$ 0.05						
-1.6%		-1.6%		0.0%							
Membership						Member Months					
						6,600,616		6,578,112		22,504	
Revenue						Capitation					
						\$ 1,654,161 \$ 250.61		\$ 1,641,464 \$ 249.53		\$ 12,697 \$ 1.07	
Total Revenues						\$ 1,654,161 \$ 250.61		\$ 1,641,464 \$ 249.53		\$ 12,697 \$ 1.07	
Healthcare Expenses						Capitation					
						\$ 682,657 \$ 103.42		\$ 675,197 \$ 102.64		\$ (7,460) \$ (0.78)	
						\$ 289,071 \$ 43.79		\$ 284,437 \$ 43.24		\$ (4,634) \$ (0.55)	
						\$ 199,607 \$ 30.24		\$ 201,126 \$ 30.58		\$ 1,519 \$ 0.33	
						\$ 37,331 \$ 5.66		\$ 46,246 \$ 7.03		\$ 8,916 \$ 1.37	
						\$ 264,688 \$ 40.10		\$ 261,451 \$ 39.75		\$ (3,237) \$ (0.35)	
						\$ 6,065 \$ 0.92		\$ 11,581 \$ 1.76		\$ 5,516 \$ 0.84	
						\$ 21,309 \$ 3.23		\$ 22,439 \$ 3.41		\$ 1,130 \$ 0.18	
Provider Incentives and Shared Risk						\$ 6,065 \$ 0.92		\$ 11,581 \$ 1.76		\$ 5,516 \$ 0.84	
Medical Administrative Expenses						\$ 21,309 \$ 3.23		\$ 22,439 \$ 3.41		\$ 1,130 \$ 0.18	
Total Healthcare Expenses						\$ 1,500,728 \$ 227.36		\$ 1,502,476 \$ 228.41		\$ 1,749 \$ 1.04	
MCR(%)						90.7%		91.5%		0.8%	
Operating Margin						\$ 153,433 \$ 23.25		\$ 138,988 \$ 21.13		\$ 14,445 \$ 2.12	
Total Operating Expenses						\$ 107,071 \$ 16.22		\$ 104,319 \$ 15.86		\$ (2,752) \$ (0.36)	
Admin Ratio(%)						6.5%		6.4%		-0.1%	
Income (Loss) from Operations						\$ 46,362 \$ 7.02		\$ 34,669 \$ 5.27		\$ 11,693 \$ 1.75	
Total Non-Operating Income (Expense)						\$ 9,745 \$ 1.48		\$ 7,685 \$ 1.17		\$ 2,060 \$ 0.31	
Net Surplus (Deficit)						\$ 56,108 \$ 8.50		\$ 42,354 \$ 6.44		\$ 13,753 \$ 2.06	
Margin(%)						3.4%		2.6%		0.8%	



CMC Income Statement (\$ in thousands)

May 2020

Current Actual		Current Forecast		Fav<Unfav> Forecast		YTD Actual		YTD Forecast		Fav<Unfav> Forecast	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
16,916		16,547		369							
\$ 23,959	\$ 1,416.33	\$ 21,738	\$ 1,313.70	\$ 2,221	\$ 102.64						
\$ 23,959	\$ 1,416.33	\$ 21,738	\$ 1,313.70	\$ 2,221	\$ 102.64						
\$ 10,274	\$ 607.38	\$ 10,536	\$ 636.75	\$ 262	\$ 29.37						
\$ 5,779	\$ 341.60	\$ 5,802	\$ 350.66	\$ 24	\$ 9.06						
\$ 2,329	\$ 137.67	\$ 2,106	\$ 127.30	\$ (222)	\$ (10.37)						
\$ 2,475	\$ 146.34	\$ 1,247	\$ 75.33	\$ (1,229)	\$ (71.01)						
\$ 887	\$ 52.46	\$ 1,356	\$ 81.97	\$ 469	\$ 29.51						
\$ 1,234	\$ 72.96	\$ 600	\$ 36.24	\$ (635)	\$ (36.72)						
\$ 227	\$ 13.40	\$ 501	\$ 30.27	\$ 274	\$ 16.86						
\$ 23,206	\$ 1,371.81	\$ 22,149	\$ 1,338.52	\$ (1,057)	\$ (33.28)						
96.9%		101.9%		5.0%							
\$ 753	\$ 44.53	\$ (411)	\$ (24.83)	\$ 1,164	\$ 69.35						
\$ 1,437	\$ 84.96	\$ 1,760	\$ 106.34	\$ 322	\$ 21.38						
6.0%		8.1%		2.1%							
\$ (684)	\$ (40.44)	\$ (2,170)	\$ (131.17)	\$ 1,486	\$ 90.73						
\$ 29	\$ 1.69	\$ 13	\$ 0.79	\$ 16	\$ 0.90						
\$ (655)	\$ (38.74)	\$ (2,157)	\$ (130.38)	\$ 1,502	\$ 91.63						
-2.7%		-9.9%		7.2%							
Membership						Member Months					
						131,242		130,347		895	
Revenue						Capitation					
						\$ 179,736		\$ 1,369.50		\$ 174,071	
						\$ 179,736		\$ 1,369.50		\$ 174,071	
						\$ 1,335.44		\$ 1,335.44		\$ 5,666	
						\$ 5,666		\$ 34.06		\$ 34.06	
Healthcare Expenses						Capitation					
						\$ 80,649		\$ 614.51		\$ 82,602	
						\$ 37,407		\$ 285.02		\$ 47,268	
						\$ 14,879		\$ 113.37		\$ 16,250	
						\$ 14,537		\$ 110.76		\$ 10,728	
						\$ 10,199		\$ 77.71		\$ 9,351	
						\$ 5,914		\$ 45.06		\$ 3,235	
						\$ 1,695		\$ 12.91		\$ 2,495	
Total Healthcare Expenses						\$ 165,281		\$ 1,259.36		\$ 171,929	
						92.0%		98.8%		6.8%	
Operating Margin						\$ 14,455		\$ 110.14		\$ 2,142	
						\$ 12,827		\$ 97.74		\$ 14,511	
Total Operating Expenses						\$ 12,827		\$ 97.74		\$ 14,511	
						7.1%		8.3%		1.2%	
Income (Loss) from Operations						\$ 1,628		\$ 12.41		\$ (12,370)	
						\$ 172		\$ 1.31		\$ 157	
Total Non-Operating Income (Expense)						\$ 172		\$ 1.31		\$ 157	
						\$ 1,800		\$ 13.72		\$ (12,212)	
Net Surplus (Deficit)						\$ 1,800		\$ 13.72		\$ (12,212)	
						1.0%		-7.0%		8.0%	



Commercial Income Statement (\$ in thousands)

May 2020

Current Actual		Current Forecast		Fav<Unfav> Forecast		YTD Actual		YTD Forecast		Fav<Unfav> Forecast	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
135,828		131,143		4,685							
\$ 46,023	\$ 338.83	\$ 45,798	\$ 349.22	\$ 225	\$ (10.39)						
\$ 46,023	\$ 338.83	\$ 45,798	\$ 349.22	\$ 225	\$ (10.39)						
\$ 22,727	\$ 167.32	\$ 22,161	\$ 168.98	\$ (567)	\$ 1.66						
\$ 4,736	\$ 34.87	\$ 5,339	\$ 40.71	\$ 603	\$ 5.84						
\$ 2,503	\$ 18.42	\$ 3,231	\$ 24.64	\$ 729	\$ 6.22						
\$ 241	\$ 1.77	\$ -	\$ -	\$ (241)	\$ (1.77)						
\$ 6,486	\$ 47.75	\$ 6,057	\$ 46.19	\$ (429)	\$ (1.56)						
\$ 3,067	\$ 22.58	\$ 2,894	\$ 22.07	\$ (173)	\$ (0.51)						
\$ 148	\$ 1.09	\$ 84	\$ 0.64	\$ (64)	\$ (0.45)						
\$ 39,907	\$ 293.80	\$ 39,766	\$ 303.22	\$ (141)	\$ 9.42						
86.7%		86.8%		0.1%							
\$ 6,116	\$ 45.03	\$ 6,032	\$ 46.00	\$ 84	\$ (0.97)						
\$ 3,779	\$ 27.82	\$ 3,744	\$ 28.55	\$ (36)	\$ 0.72						
8.2%		8.2%		0.0%							
\$ 2,337	\$ 17.20	\$ 2,289	\$ 17.45	\$ 48	\$ (0.25)						
\$ (63)	\$ (0.46)	\$ -	\$ -	\$ (63)	\$ (0.46)						
\$ 2,274	\$ 16.74	\$ 2,289	\$ 17.45	\$ (15)	\$ (0.71)						
4.9%		5.0%		-0.1%							
Membership											
Member Months						1,051,302		1,029,569		21,733	
Revenue											
Capitation						\$ 356,352	\$ 338.96	\$ 354,533	\$ 344.35	\$ 1,819	\$ (5.39)
Total Revenues						\$ 356,352	\$ 338.96	\$ 354,533	\$ 344.35	\$ 1,819	\$ (5.39)
Healthcare Expenses											
Capitation						\$ 176,140	\$ 167.54	\$ 174,916	\$ 169.89	\$ (1,224)	\$ 2.35
Inpatient Claims						\$ 50,152	\$ 47.71	\$ 42,111	\$ 40.90	\$ (8,041)	\$ (6.80)
Outpatient Claims						\$ 23,024	\$ 21.90	\$ 24,962	\$ 24.24	\$ 1,938	\$ 2.34
Skilled Nursing Facility						\$ 951	\$ 0.90	\$ 385	\$ 0.37	\$ (566)	\$ (0.53)
Pharmacy						\$ 50,313	\$ 47.86	\$ 49,091	\$ 47.68	\$ (1,221)	\$ (0.18)
Provider Incentives and Shared Risk						\$ 11,104	\$ 10.56	\$ 14,701	\$ 14.28	\$ 3,597	\$ 3.72
Medical Administrative Expenses						\$ 1,062	\$ 1.01	\$ 668	\$ 0.65	\$ (394)	\$ (0.36)
Total Healthcare Expenses						\$ 312,747	\$ 297.48	\$ 306,836	\$ 298.02	\$ (5,911)	\$ 0.54
<i>MCR(%)</i>						87.8%		86.5%		-1.2%	
Operating Margin						\$ 43,606	\$ 41.48	\$ 47,697	\$ 46.33	\$ (4,092)	\$ (4.85)
Total Operating Expenses						\$ 27,340	\$ 26.01	\$ 27,936	\$ 27.13	\$ 595	\$ 1.13
<i>Admin Ratio(%)</i>						7.7%		7.9%		0.2%	
Income (Loss) from Operations						\$ 16,265	\$ 15.47	\$ 19,762	\$ 19.19	\$ (3,496)	\$ (3.72)
Total Non-Operating Income (Expense)						\$ (315)	\$ (0.30)	\$ -	\$ -	\$ (315)	\$ (0.30)
Net Surplus (Deficit)						\$ 15,950	\$ 15.17	\$ 19,762	\$ 19.19	\$ (3,812)	\$ (4.02)
<i>Margin(%)</i>						4.5%		5.6%		-1.1%	



Comparative Balance Sheet

May 2020

(Dollars in thousands)

	May-19	Aug-19	Nov-19	Feb-20	Mar-20	Apr-20	May-20
ASSETS							
CURRENT ASSETS							
Total Current Assets	4,396,106	4,253,716	4,168,795	4,833,097	4,369,491	4,628,256	4,240,282
Capitalized Assets - net	110,386	112,215	111,283	110,416	109,758	109,899	110,885
NON-CURRENT ASSETS	2,360	2,753	2,492	2,152	2,042	1,931	1,808
TOTAL ASSETS	\$4,508,851	\$4,368,683	\$4,282,570	\$4,945,664	\$4,481,291	\$4,740,087	\$4,352,976
LIABILITIES AND FUND EQUITY							
CURRENT LIABILITIES							
Total Current Liability	3,476,578	3,314,945	3,255,328	3,832,752	3,378,212	3,595,155	3,198,738
Long Term Liability	2,854	3,466	3,406	3,207	3,196	3,058	3,012
Total Liabilities	\$3,479,432	\$3,318,411	\$3,258,733	\$3,835,959	\$3,381,408	\$3,598,213	\$3,201,750
FUND EQUITY							
Invested in Capital Assets, net of related debt	110,386	112,215	111,283	110,416	109,758	109,899	110,885
Restricted Equity	300	300	300	300	300	300	300
Minimum Tangible Net Equity	160,809	160,986	171,806	175,817	177,579	176,764	180,036
Board Designated Funds	71,478	61,640	62,265	57,868	101,259	98,650	96,729
Unrestricted Net Assets	686,446	715,131	678,182	765,304	710,987	756,260	763,276
Total Fund Equity	\$1,029,419	\$1,050,272	\$1,023,837	\$1,109,705	\$1,099,883	\$1,141,874	\$1,151,226
TOTAL LIABILITIES AND FUND EQUITY	\$4,508,851	\$4,368,683	\$4,282,570	\$4,945,664	\$4,481,291	\$4,740,087	\$4,352,976

Solvency Ratios

Working Capital Ratio	1.26	1.28	1.28	1.26	1.29	1.29	1.33
Cash to Claims Ratio	0.67	0.64	0.62	0.71	0.53	0.71	0.57
Tangible Net Equity Ratio	6.40	6.52	5.96	6.31	6.19	6.46	6.39



Cash Flows Statement (\$ in thousands)

May 2020

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	YTD
Cash Flows from Operating Activities:									
Capitation Revenue	\$ 663,527	\$ 692,673	\$ 665,196	\$ 659,921	\$ 554,891	\$ 600,316	\$ 922,985	\$ 712,915	\$ 5,472,424
Other Income (Expense), net	\$ 3,842	\$ (794)	\$ (275)	\$ 343	\$ (477)	\$ 754	\$ (237)	\$ (801)	\$ 2,355
Healthcare Expenses	\$ (624,044)	\$ (791,884)	\$ (648,703)	\$ (608,026)	\$ (543,266)	\$ (638,218)	\$ (802,674)	\$ (703,068)	\$ (5,359,883)
Operating Expenses	\$ (33,459)	\$ (31,902)	\$ (46,800)	\$ (35,145)	\$ (35,264)	\$ (29,022)	\$ (40,820)	\$ (32,317)	\$ (284,729)
Net Cash Provided By Operating Activities	\$ 9,866	\$ (131,907)	\$ (30,582)	\$ 17,093	\$ (24,116)	\$ (66,170)	\$ 79,254	\$ (23,271)	\$ (169,833)
Cash Flows from Investing Activities									
Purchase of investments - Net	\$ (19,378)	\$ (67,742)	\$ 156,462	\$ (265,654)	\$ (99,222)	\$ 15,193	\$ 59,063	\$ (32,595)	\$ (253,873)
Purchase of Capital Assets	\$ (3,403)	\$ (69)	\$ (3,187)	\$ (1,950)	\$ (1,039)	\$ (1,751)	\$ (2,549)	\$ (3,394)	\$ (17,342)
Net Cash Provided By Investing Activities	\$ (22,781)	\$ (67,811)	\$ 153,275	\$ (267,604)	\$ (100,261)	\$ 13,442	\$ 56,514	\$ (35,989)	\$ (271,215)
Cash Flows from Financing Activities:									
Gross Premium Tax (MCO Sales Tax) - Net	\$ 36	\$ 17	\$ (434)	\$ 88	\$ 618	\$ 2	\$ 3	\$ 456	\$ 786
Pass through transactions (AB 85, IGT, etc.)	\$ (672,615)	\$ (7,520)	\$ (1,452)	\$ 1,528	\$ 440,518	\$ (456,490)	\$ 265,754	\$ (281,240)	\$ (711,517)
Net Cash Provided By Financing Activities	\$ (672,579)	\$ (7,503)	\$ (1,886)	\$ 1,616	\$ 441,136	\$ (456,488)	\$ 265,757	\$ (280,784)	\$ (710,731)
Net Increase in Cash and Cash Equivalents	\$ (685,494)	\$ (207,221)	\$ 120,807	\$ (248,895)	\$ 316,759	\$ (509,216)	\$ 401,525	\$ (340,044)	\$ (1,151,779)
Cash and Cash Equivalents, Beginning	\$ 1,634,374	\$ 948,880	\$ 741,659	\$ 862,466	\$ 613,571	\$ 930,330	\$ 421,114	\$ 822,639	\$ 1,634,374
Cash and Cash Equivalents, Ending	\$ 948,880	\$ 741,659	\$ 862,466	\$ 613,571	\$ 930,330	\$ 421,114	\$ 822,639	\$ 482,595	\$ 482,595
Reconciliation of Income from Operations to Net Cash Provided By (Used In) Operating Activities:									
Excess of Revenues over Expenses	\$ (22,266)	\$ (8,013)	\$ 59,436	\$ 10,833	\$ 15,600	\$ (9,822)	\$ 41,991	\$ 9,352	\$ 97,111
Adjustments to Excess of Revenues Over Expenses:									
Depreciation	\$ 2,261	\$ 2,250	\$ 2,313	\$ 2,324	\$ 2,407	\$ 2,408	\$ 2,408	\$ 2,408	\$ 18,779
Realized and Unrealized (Gain)/Loss on Investments	\$ (1,145)	\$ 1,052	\$ (88)	\$ (2,999)	\$ (3,796)	\$ 4,606	\$ (6,783)	\$ (3,704)	\$ (12,857)
Deferred Rent	\$ 21	\$ (196)	\$ 93	\$ (142)	\$ (149)	\$ (11)	\$ (138)	\$ (47)	\$ (569)
Gross Premium Tax provision	\$ -	\$ 4	\$ 11	\$ (10)	\$ (681)	\$ 247	\$ 389	\$ (357)	\$ (397)
Total Adjustments to Excess of Revenues over Expenses	\$ 1,137	\$ 3,110	\$ 2,329	\$ (827)	\$ (2,219)	\$ 7,250	\$ (4,124)	\$ (1,700)	\$ 4,956
Changes in Operating Assets and Liabilities:									
Capitation Receivable	\$ (2,235)	\$ 8,298	\$ (96,596)	\$ (24,231)	\$ (123,955)	\$ (63,607)	\$ 225,048	\$ (7,858)	\$ (85,136)
Interest and Non-Operating Receivables	\$ 945	\$ 860	\$ (1,047)	\$ 904	\$ (837)	\$ 162	\$ (26)	\$ 592	\$ 1,553
Prepaid and Other Current Assets	\$ 3,341	\$ 17	\$ 930	\$ 628	\$ (2,098)	\$ 15,187	\$ (18,324)	\$ 4,005	\$ 3,686
Accounts Payable and Accrued Liabilities	\$ (4,040)	\$ 2,682	\$ (9,307)	\$ (2,142)	\$ 3,793	\$ 4,086	\$ 1,822	\$ (2,128)	\$ (5,234)
Subcapitation Payable	\$ 20,423	\$ (125,860)	\$ 75,705	\$ 62,474	\$ 49,656	\$ 44,823	\$ (19,090)	\$ 2,437	\$ 110,568
MediCal Adult Expansion Payable	\$ (10,417)	\$ (47,619)	\$ (32,682)	\$ (14,564)	\$ 97,114	\$ (20,929)	\$ (84)	\$ (74)	\$ (29,255)
Deferred Capitation Revenue	\$ (138)	\$ 17,451	\$ (20,897)	\$ 17,768	\$ (715)	\$ (19,664)	\$ (973)	\$ (404)	\$ (7,572)
Accrued Medical Expenses	\$ 2,155	\$ (12,666)	\$ (669)	\$ 3,124	\$ (44,033)	\$ 11,336	\$ (5,758)	\$ (44,151)	\$ (90,662)
Reserve for Claims	\$ 16,290	\$ 23,630	\$ 2,280	\$ (3,810)	\$ (17,178)	\$ (35,393)	\$ (120,459)	\$ (41)	\$ (134,681)
Reserve for Provider Incentives	\$ 4,211	\$ 4,063	\$ (10,006)	\$ (32,160)	\$ -	\$ (344)	\$ (21,307)	\$ 17,389	\$ (38,154)
Grants Payable	\$ 460	\$ 2,140	\$ (58)	\$ (904)	\$ 756	\$ 745	\$ 538	\$ (690)	\$ 2,987
Net Changes in Operating Assets and Liabilities	\$ 30,995	\$ (127,004)	\$ (92,347)	\$ 7,087	\$ (37,497)	\$ (63,598)	\$ 41,387	\$ (30,923)	\$ (271,900)
Net Cash Provided By Operating Activities	\$ 9,866	\$ (131,907)	\$ (30,582)	\$ 17,093	\$ (24,116)	\$ (66,170)	\$ 79,254	\$ (23,271)	\$ (169,833)



DATE: June 22, 2020
TO: Finance & Budget Committee
FROM: Marie Montgomery, *Chief Financial Officer*

SUBJECT: Monthly Investment Transaction Report for May 2020

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 May 1 to May 31, 2020.

L.A. Care's investment market value as of May 31, 2020 was \$1.6 billion. This includes our funds invested with the government pooled funds. L.A. Care has approximately \$72 million invested with the statewide Local Agency Investment Fund (LAIF), and approximately \$176 million invested with the Los Angeles County Pooled Investment Fund (LACPIF).

The remainder as of May 31, 2020, of \$1.3 billion is managed by two independent asset managers, 1) Payden & Rygel and 2) New England Asset Management (NEAM) and is divided into three portfolios based on investment style,

1. Payden & Rygel - Short-term portfolio
2. Payden & Rygel - Extended term portfolio
3. New England Asset Management - Corporate notes extended term portfolio

The transactions within these three portfolios are included in the attached reports.

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

05/01/2020
through 05/31/2020

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
05/04/20	05/04/20	Buy	7,500,000.000	CA SAN JOSE FIN AUTH CP TXB MAT 06/24/20 Cpn 0.45 79815WCJ5	(7,500,000.00)		0.00	0.00	(7,500,000.00)
05/05/20	05/05/20	Buy	4,600,000.000	FHLB DISCOUNT NOTE MAT 05/13/20 Cpn 313384WU9	(4,599,948.89)		0.00	0.00	(4,599,948.89)
05/05/20	05/05/20	Buy	25,000,000.000	TVA DISCOUNT NOTE MAT 05/13/20 Cpn 880592WU0	(24,999,605.56)		0.00	0.00	(24,999,605.56)
05/04/20	05/06/20	Buy	7,500,000.000	HARLEY 2020-A A-2A CYCLE MAT 01/17/23 Cpn 1.83 41284UAB0	(7,503,515.63)	(8,006.25)	0.00	0.00	(7,511,521.88)
05/07/20	05/07/20	Buy	2,500,000.000	CA SATE GO/ULT CP TXB MAT 07/08/20 Cpn 0.43 13068PDW3	(2,500,000.00)		0.00	0.00	(2,500,000.00)
05/06/20	05/08/20	Buy	2,780,000.000	CA EARTHQUAKE AUTH TXB MAT 07/01/20 Cpn 1.30 13017HAF3	(2,781,195.40)	(5,119.83)	0.00	0.00	(2,786,315.23)
05/04/20	05/08/20	Buy	11,900,000.000	FFCB FRN MAT 11/05/21 Cpn 0.43 3133EK5T9	(11,923,895.20)	(429.77)	0.00	0.00	(11,924,324.97)
05/07/20	05/11/20	Buy	3,120,000.000	CITI 2018-A1 A1 CDT MAT 01/20/23 Cpn 2.49 17305EGK5	(3,161,071.88)	(23,953.80)	0.00	0.00	(3,185,025.68)
05/12/20	05/12/20	Buy	45,000,000.000	U.S. TREASURY BILL MAT 05/14/20 Cpn 912796TV1	(44,999,943.75)		0.00	0.00	(44,999,943.75)
05/13/20	05/13/20	Buy	7,000,000.000	CA LOS ANGELES MTA CP TXB MAT 08/11/20 Cpn 0.38 54531HBH9	(7,000,000.00)		0.00	0.00	(7,000,000.00)
05/13/20	05/14/20	Buy	2,114,000.000	CREDIT AGRICOLE NY FRN YCD MAT 07/30/20 Cpn 1.11 22532XJR0	(2,117,660.16)	(912.65)	0.00	0.00	(2,118,572.81)
05/15/20	05/15/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/21/20 Cpn 912796SR1	(49,999,750.00)		0.00	0.00	(49,999,750.00)
05/15/20	05/15/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/21/20 Cpn 912796SR1	(49,999,750.00)		0.00	0.00	(49,999,750.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

05/01/2020
through 05/31/2020

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
05/15/20	05/15/20	Buy	20,000,000.000	U.S. TREASURY BILL MAT 05/26/20 Cpn	9127962N8	(19,999,969.44)		0.00	0.00	(19,999,969.44)
05/15/20	05/15/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/26/20 Cpn	9127962N8	(49,999,923.61)		0.00	0.00	(49,999,923.61)
05/15/20	05/15/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/28/20 Cpn	912796TW9	(49,999,458.33)		0.00	0.00	(49,999,458.33)
05/15/20	05/15/20	Buy	20,000,000.000	U.S. TREASURY BILL MAT 06/02/20 Cpn	9127962P3	(19,999,490.00)		0.00	0.00	(19,999,490.00)
05/15/20	05/15/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 06/02/20 Cpn	9127962P3	(49,998,725.00)		0.00	0.00	(49,998,725.00)
05/15/20	05/15/20	Buy	35,000,000.000	U.S. TREASURY BILL MAT 06/04/20 Cpn	912796TX7	(34,999,115.28)		0.00	0.00	(34,999,115.28)
05/18/20	05/19/20	Buy	15,000,000.000	U.S. TREASURY BILL MAT 06/04/20 Cpn	912796TX7	(14,999,593.33)		0.00	0.00	(14,999,593.33)
05/19/20	05/20/20	Buy	7,500,000.000	BAYERISCHE LANDESBANK CP MAT 08/19/20 Cpn	07274LHK6	(7,492,606.25)		0.00	0.00	(7,492,606.25)
05/21/20	05/21/20	Buy	20,000,000.000	U.S. TREASURY BILL MAT 06/09/20 Cpn	9127962U2	(19,999,250.56)		0.00	0.00	(19,999,250.56)
05/21/20	05/21/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 06/09/20 Cpn	9127962U2	(49,998,126.39)		0.00	0.00	(49,998,126.39)
05/21/20	05/21/20	Buy	25,000,000.000	U.S. TREASURY BILL MAT 06/11/20 Cpn	912796TZ2	(24,999,125.00)		0.00	0.00	(24,999,125.00)
05/26/20	05/26/20	Buy	30,000,000.000	U.S. TREASURY BILL MAT 05/28/20 Cpn	912796TW9	(29,999,906.67)		0.00	0.00	(29,999,906.67)
05/26/20	05/26/20	Buy	9,000,000.000	FHLB DISCOUNT NOTE MAT 05/27/20 Cpn	313384XJ3	(8,999,997.50)		0.00	0.00	(8,999,997.50)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

05/01/2020
through 05/31/2020

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
05/26/20	05/26/20	Buy	5,000,000.000	FHLB DISCOUNT NOTE MAT 05/28/20 Cpn 313384XK0	(4,999,997.22)		0.00	0.00	(4,999,997.22)
05/26/20	05/26/20	Buy	5,020,000.000	FHLB DISCOUNT NOTE MAT 05/28/20 Cpn 313384XK0	(5,019,997.21)		0.00	0.00	(5,019,997.21)
05/27/20	05/27/20	Buy	3,500,000.000	CA STATE GO/ULT CP MAT 08/12/20 Cpn 0.20 13067SFZ9	(3,500,000.00)		0.00	0.00	(3,500,000.00)
05/28/20	05/28/20	Buy	25,000,000.000	U.S. TREASURY BILL MAT 06/11/20 Cpn 912796TZ2	(24,999,115.28)		0.00	0.00	(24,999,115.28)
05/29/20	06/11/20	Buy	3,260,000.000	CT STATE OF CONNETICUT GO/UL MAT 07/01/21 Cpn 3.00 20772KJT7	(3,308,769.60)		0.00	0.00	(3,308,769.60)
			<u>642,294,000.000</u>		<u>(642,399,503.14)</u>	<u>(38,422.30)</u>	<u>0.00</u>	<u>0.00</u>	<u>(642,437,925.44)</u>
05/01/20	05/01/20	Coupon		CA DEPT WTR RESOURCES-PWR S MAT 05/01/21 Cpn 1.71 13066YTY5		96,123.66	0.00	0.00	96,123.66
05/01/20	05/01/20	Coupon		CANADIAN IMPERIAL BANK YCD FR MAT 05/01/20 Cpn 13606BX68		4,852.08	0.00	0.00	4,852.08
05/01/20	05/01/20	Coupon		CANADIAN IMPERIAL BANK YCD FR MAT 05/01/20 Cpn 13606BX68		1,795.27	0.00	0.00	1,795.27
05/04/20	05/04/20	Coupon		CA SAN JOSE FIN AUTH CP TXB MAT 05/04/20 Cpn 1.30 79815WCH9		6,926.23	0.00	0.00	6,926.23
05/06/20	05/06/20	Coupon		NGN 2010-R1 1A 1MOFRN NCUA G MAT 10/07/20 Cpn 1.43 62888VAA6		1,592.72	0.00	0.00	1,592.72
05/06/20	05/06/20	Coupon		NGN 2011-C1 2A 1MOFRN NCUA G MAT 03/09/21 Cpn 1.51 62889DAB3		1,428.99	0.00	0.00	1,428.99
05/07/20	05/07/20	Coupon		CA STATE GO/ULT CP TXB MAT 05/07/20 Cpn 1.70 13068PDR4		20,204.92	0.00	0.00	20,204.92

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

05/01/2020
through 05/31/2020

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
05/07/20	05/07/20	Coupon		NGN 2010-R2 2A 1MOFRN NCUA G MAT 11/05/20 Cpn 0.72 62888UAB6		4,985.27	0.00	0.00	4,985.27
05/07/20	05/07/20	Coupon		NGN 2010-R3 2A 1MOFRN NCUA G MAT 12/08/20 Cpn 0.81 62888WAB2		3,019.69	0.00	0.00	3,019.69
05/08/20	05/08/20	Coupon		CREDIT AGRICOLE YCD FRN MAT 05/08/20 Cpn 22532XNH7		6,504.69	0.00	0.00	6,504.69
05/13/20	05/13/20	Coupon		CA LOS ANGELES MTA CP TXB MAT 05/13/20 Cpn 1.25 54531HBF3		4,935.11	0.00	0.00	4,935.11
05/15/20	05/15/20	Coupon		CHASE 2014-A2 A2 CDT MAT 03/15/23 Cpn 2.77 161571GK4		16,566.91	0.00	0.00	16,566.91
05/15/20	05/15/20	Coupon		CAPITAL ONE 2020-1 CAR MAT 02/16/21 Cpn 1.64 14043MAA9		5,996.79	0.00	0.00	5,996.79
05/15/20	05/15/20	Coupon		DRYROCK 2017-1 A CDT 1MOFRN MAT 03/15/23 Cpn 1.14 06742LAN3		14,300.00	0.00	0.00	14,300.00
05/15/20	05/15/20	Coupon		HONDA 2017-2 A3 CAR MAT 08/16/21 Cpn 1.68 43811BAC8		185.24	0.00	0.00	185.24
05/15/20	05/15/20	Coupon		HONDA 2017-2 A3 CAR MAT 08/16/21 Cpn 1.68 43811BAC8		158.93	0.00	0.00	158.93
05/15/20	05/15/20	Coupon		HONDA 2019-3 A2 CAR MAT 04/15/22 Cpn 1.90 43815NAB0		6,903.33	0.00	0.00	6,903.33
05/15/20	05/15/20	Coupon		HARLEY 2019-A A2 CYCLE MAT 05/15/22 Cpn 2.37 41284WAB6		6,501.14	0.00	0.00	6,501.14
05/15/20	05/15/20	Coupon		HARLEY 2020-A A-2A CYCLE MAT 01/17/23 Cpn 1.83 41284UAB0		11,437.50	0.00	0.00	11,437.50
05/15/20	05/15/20	Coupon		JOHN DEERE 2017-B A3 EQP MAT 10/15/21 Cpn 1.82 47788BAD6		823.01	0.00	0.00	823.01

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

05/01/2020
through 05/31/2020

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
05/15/20	05/15/20	Coupon		JOHN DEERE 2018-A A3 EQP MAT 04/18/22 Cpn 2.66 47788CAC6		1,620.71	0.00	0.00	1,620.71
05/15/20	05/15/20	Coupon		JOHN DEERE 2020-A A1 EQP MAT 03/15/21 Cpn 1.10 47789KAA1		4,129.89	0.00	0.00	4,129.89
05/15/20	05/15/20	Coupon		CA LOS ANGELES DEPT AIRPORTS MAT 05/15/20 Cpn 2.09 544445AZ2		10,460.00	0.00	0.00	10,460.00
05/15/20	05/15/20	Coupon		MERCEDES 2018-A A4 LEASE MAT 10/16/23 Cpn 2.51 58772QAE6		1,568.75	0.00	0.00	1,568.75
05/15/20	05/15/20	Coupon		MERCEDES 2018-A A4 LEASE MAT 10/16/23 Cpn 2.51 58772QAE6		2,583.21	0.00	0.00	2,583.21
05/15/20	05/15/20	Coupon		MERCEDES 2019-A A2 LEASE MAT 02/16/21 Cpn 3.01 58772TAB6		1,080.25	0.00	0.00	1,080.25
05/15/20	05/15/20	Coupon		MERCEDES 2019-A A2 LEASE MAT 02/16/21 Cpn 3.01 58772TAB6		187.06	0.00	0.00	187.06
05/15/20	05/15/20	Coupon		MERCEDES 2019-A A2 LEASE MAT 02/16/21 Cpn 3.01 58772TAB6		491.02	0.00	0.00	491.02
05/15/20	05/15/20	Coupon		MERCEDES 2019-A A2 LEASE MAT 02/16/21 Cpn 3.01 58772TAB6		748.23	0.00	0.00	748.23
05/15/20	05/15/20	Coupon		MERCEDES 2019-B A2 LEASE MAT 12/15/21 Cpn 2.01 58769QAB7		4,376.10	0.00	0.00	4,376.10
05/15/20	05/15/20	Coupon		MERCEDES 2020-A A2 CAR LEASE MAT 03/15/22 Cpn 1.82 58770FAB8		6,430.67	0.00	0.00	6,430.67
05/15/20	05/15/20	Coupon		MERCEDES 2019-1 A2A CAR MAT 06/15/22 Cpn 2.04 58769TAB1		4,178.41	0.00	0.00	4,178.41
05/15/20	05/15/20	Coupon		NISSAN 2018-A A2A LEASE MAT 02/16/21 Cpn 3.03 65478BAB7		287.63	0.00	0.00	287.63

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

05/01/2020
through 05/31/2020

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
05/15/20	05/15/20	Coupon		NISSAN 2018-A A2A LEASE MAT 02/16/21 Cpn 3.03 65478BAB7		172.90	0.00	0.00	172.90
05/15/20	05/15/20	Coupon		NISSAN 2019-A A2A LEASE MAT 07/15/21 Cpn 2.71 65479PAB5		4,577.87	0.00	0.00	4,577.87
05/15/20	05/15/20	Coupon		NISSAN 2019-A A2A LEASE MAT 07/15/21 Cpn 2.71 65479PAB5		5,945.29	0.00	0.00	5,945.29
05/15/20	05/15/20	Coupon		NISSAN 2019-B A2B LEASE 1MOFR MAT 10/15/21 Cpn 0.45 65478LAC3		2,671.29	0.00	0.00	2,671.29
05/15/20	05/15/20	Coupon		NISSAN 2020-A A1 LEASE MAT 02/16/21 Cpn 1.72 65479NAA2		2,741.48	0.00	0.00	2,741.48
05/15/20	05/15/20	Coupon		NISSAN 2020-A A2A LEASE MAT 05/16/22 Cpn 1.80 65479NAB0		5,325.00	0.00	0.00	5,325.00
05/15/20	05/15/20	Coupon		NISSAN 2019-A A2A CAR MAT 01/18/22 Cpn 2.82 65479KAB6		5,850.87	0.00	0.00	5,850.87
05/15/20	05/15/20	Coupon		TOYOTA 2018-A A3 CAR MAT 05/16/22 Cpn 2.35 89238BAD4		4,959.41	0.00	0.00	4,959.41
05/15/20	05/15/20	Coupon		TOYOTA 2019-A A2A CAR MAT 10/15/21 Cpn 2.83 89239AAB9		1,262.25	0.00	0.00	1,262.25
05/15/20	05/15/20	Coupon		TOYOTA 2019-A A2A CAR MAT 10/15/21 Cpn 2.83 89239AAB9		1,964.11	0.00	0.00	1,964.11
05/15/20	05/15/20	Coupon		TOYOTA 2019-C A2A CAR MAT 04/15/22 Cpn 2.00 89238UAB6		4,748.17	0.00	0.00	4,748.17
05/15/20	05/15/20	Coupon		TOYOTA 2019-D A2 CAR MAT 07/15/22 Cpn 1.92 89233MAB9		7,360.00	0.00	0.00	7,360.00
05/15/20	05/15/20	Coupon		TOYOTA 2019-D A2 CAR MAT 07/15/22 Cpn 1.92 89233MAB9		2,688.00	0.00	0.00	2,688.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

05/01/2020
through 05/31/2020

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
05/15/20	05/15/20	Coupon		TOYOTA 2020-B A1 CAR MAT 05/17/21 Cpn 1.14 89239RAA4		2,297.88	0.00	0.00	2,297.88
05/15/20	05/15/20	Coupon		CA UNIVERSITY OF CALIFORNIA T MAT 05/15/20 Cpn 3.02 91412GTB1		30,160.00	0.00	0.00	30,160.00
05/15/20	05/15/20	Coupon		USAA 2019-1 A2 CAR MAT 02/15/22 Cpn 2.26 90290EAB5		3,178.72	0.00	0.00	3,178.72
05/16/20	05/16/20	Coupon		FFCB FRN 3ML+0 MAT 11/16/21 Cpn 0.39 3133EKLZ7		9,303.97	0.00	0.00	9,303.97
05/18/20	05/18/20	Coupon		HONDA 2017-3 A3 CAR MAT 09/20/21 Cpn 1.79 43814PAC4		326.89	0.00	0.00	326.89
05/18/20	05/18/20	Coupon		HONDA 2017-3 A3 CAR MAT 09/20/21 Cpn 1.79 43814PAC4		1,278.94	0.00	0.00	1,278.94
05/20/20	05/20/20	Coupon		BMW 2018-1 A3 LEASE MAT 07/20/21 Cpn 3.26 05586CAC8		7,688.17	0.00	0.00	7,688.17
05/20/20	05/20/20	Coupon		BMW 2018-1 A3 LEASE MAT 07/20/21 Cpn 3.26 05586CAC8		624.83	0.00	0.00	624.83
05/20/20	05/20/20	Coupon		BMW 2019-1 A2 LEASE MAT 03/22/21 Cpn 2.79 05586VAB8		1,568.55	0.00	0.00	1,568.55
05/20/20	05/20/20	Coupon		VOLKSWAGEN 2019-A A2A LEASE MAT 03/21/22 Cpn 2.00 92867XAB2		2,483.33	0.00	0.00	2,483.33
05/21/20	05/21/20	Coupon		IBRD FRN SOFR+22 MAT 08/21/20 Cpn 0.28 459058GK3		1,860.12	0.00	0.00	1,860.12
05/21/20	05/21/20	Coupon		OVERSEA-CHINESE BANKING NY F MAT 08/21/20 Cpn 0.21 69033MMY0		4,009.22	0.00	0.00	4,009.22
05/01/20	05/25/20	Coupon		FHMS K504 A2 CMBS MAT 09/25/20 Cpn 2.57 3137BMLC8		923.28	0.00	0.00	923.28

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

05/01/2020
through 05/31/2020

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
05/25/20	05/25/20	Coupon		FHMS KF36 A MAT 08/25/24 Cpn 0.67 3137FBAR7		1,941.70	0.00	0.00	1,941.70
05/25/20	05/25/20	Coupon		FHMS KF38 A MAT 09/25/24 Cpn 0.66 3137FBUC8		1,310.62	0.00	0.00	1,310.62
05/25/20	05/25/20	Coupon		FHMS KI03 A 1MOFRN CMBS MAT 02/25/23 Cpn 0.58 3137FJXN4		196.02	0.00	0.00	196.02
05/25/20	05/25/20	Coupon		FHMS KI03 A 1MOFRN CMBS MAT 02/25/23 Cpn 0.58 3137FJXN4		80.47	0.00	0.00	80.47
05/25/20	05/25/20	Coupon		FHMS KI04 A 1MOFRN CMBS MAT 07/25/24 Cpn 0.53 3137FNAV2		3,108.82	0.00	0.00	3,108.82
05/25/20	05/25/20	Coupon		FHMS KI05 A MAT 07/25/24 Cpn 0.51 3137FQXG3		3,796.16	0.00	0.00	3,796.16
05/25/20	05/25/20	Coupon		FHMS Q009 A 1MOFRN CMBS MAT 04/25/24 Cpn 0.68 3137FMTW		4,898.44	0.00	0.00	4,898.44
05/01/20	05/25/20	Coupon		FNA 2011-M3 A2 CMBS MAT 07/25/21 Cpn 3.64 31397UL49		13,951.85	0.00	0.00	13,951.85
05/01/20	05/25/20	Coupon		FNA 2012-M2 A2 CMBS MAT 02/25/22 Cpn 2.72 3136A4TX7		4,757.72	0.00	0.00	4,757.72
05/25/20	05/25/20	Coupon		INTL FINANCE CORP FRN MAT 08/23/21 Cpn 0.75 45950VNE2		6,540.13	0.00	0.00	6,540.13
05/29/20	05/29/20	Coupon		FFCB 1ML+7.5 FRN MAT 03/29/21 Cpn 0.25 3133EKEX0		2,135.96	0.00	0.00	2,135.96

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
Fixed Income - cont.									
05/31/20	05/31/20	Coupon		U.S. TREASURY NOTE MAT 05/31/21 Cpn 2.13 9128286V7		531,250.00	0.00	0.00	531,250.00
						<u>943,321.84</u>	<u>0.00</u>	<u>0.00</u>	<u>943,321.84</u>
05/01/20	05/01/20	Income	1,211.970	ADJ NET P&I MAT Cpn USD		1,211.97	0.00	0.00	1,211.97
05/01/20	05/01/20	Income	16,777.210	STIF INT MAT Cpn USD		16,777.21	0.00	0.00	16,777.21
			<u>17,989.180</u>			<u>17,989.18</u>	<u>0.00</u>	<u>0.00</u>	<u>17,989.18</u>
05/14/20	05/14/20	Contributn	80,000,000.000	NM MAT Cpn USD	80,000,000.00		0.00	0.00	80,000,000.00
05/15/20	05/15/20	Contributn	180,000,000.000	NM MAT Cpn USD	180,000,000.00		0.00	0.00	180,000,000.00
			<u>260,000,000.000</u>		<u>260,000,000.00</u>		<u>0.00</u>	<u>0.00</u>	<u>260,000,000.00</u>
05/01/20	05/01/20	Pay Princpl	2,406,192.395	CA DEPT WTR RESOURCES-PWR S MAT 05/01/21 Cpn 1.71 13066YTY5	2,406,192.40		(958.28)	0.00	2,406,192.40
05/07/20	05/07/20	Pay Princpl	39,815.262	NGN 2010-R1 1A 1MOFRN NCUA G MAT 10/07/20 Cpn 1.43 62888VAA6	39,815.26		(19.71)	0.00	39,815.26
05/07/20	05/07/20	Pay Princpl	57,510.066	NGN 2010-R2 2A 1MOFRN NCUA G MAT 11/05/20 Cpn 0.72 62888UAB6	57,510.07		(46.43)	0.00	57,510.07
05/07/20	05/07/20	Pay Princpl	24,872.107	NGN 2010-R3 2A 1MOFRN NCUA G MAT 12/08/20 Cpn 0.81 62888WAB2	24,872.11		0.00	(23.51)	24,872.11

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05/07/20	05/07/20	Pay Princpl	29,911.679	NGN 2011-C1 2A 1MOFRN NCUA G MAT 03/09/21 Cpn 1.51 62889DAB3	29,911.68		(15.80)	0.00	29,911.68
05/15/20	05/15/20	Pay Princpl	1,071,984.989	CAPITAL ONE 2020-1 CAR MAT 02/16/21 Cpn 1.64 14043MAA9	1,071,984.99		0.00	0.00	1,071,984.99
05/15/20	05/15/20	Pay Princpl	15,000,000.000	DRYROCK 2017-1 A CDT 1MOFRN MAT 03/15/23 Cpn 1.14 06742LAN3	15,000,000.00		0.00	0.00	15,000,000.00
05/15/20	05/15/20	Pay Princpl	19,484.764	HONDA 2017-2 A3 CAR MAT 08/16/21 Cpn 1.68 43811BAC8	19,484.76		22.11	0.00	19,484.76
05/15/20	05/15/20	Pay Princpl	16,716.437	HONDA 2017-2 A3 CAR MAT 08/16/21 Cpn 1.68 43811BAC8	16,716.44		22.02	0.00	16,716.44
05/15/20	05/15/20	Pay Princpl	216,765.036	HONDA 2019-3 A2 CAR MAT 04/15/22 Cpn 1.90 43815NAB0	216,765.04		9.14	0.00	216,765.04
05/15/20	05/15/20	Pay Princpl	408,140.470	HARLEY 2019-A A2 CYCLE MAT 05/15/22 Cpn 2.37 41284WAB6	408,140.47		2.47	0.00	408,140.47
05/15/20	05/15/20	Pay Princpl	155,557.620	JOHN DEERE 2017-B A3 EQP MAT 10/15/21 Cpn 1.82 47788BAD6	155,557.62		209.20	0.00	155,557.62
05/15/20	05/15/20	Pay Princpl	89,999.427	JOHN DEERE 2018-A A3 EQP MAT 04/18/22 Cpn 2.66 47788CAC6	89,999.43		(218.90)	0.00	89,999.43
05/15/20	05/15/20	Pay Princpl	991,699.129	JOHN DEERE 2020-A A1 EQP MAT 03/15/21 Cpn 1.10 47789KAA1	991,699.13		0.00	0.00	991,699.13
05/15/20	05/15/20	Pay Princpl	129,804.709	MERCEDES 2019-A A2 LEASE MAT 02/16/21 Cpn 3.01 58772TAB6	129,804.71		0.00	0.07	129,804.71
05/15/20	05/15/20	Pay Princpl	22,477.006	MERCEDES 2019-A A2 LEASE MAT 02/16/21 Cpn 3.01 58772TAB6	22,477.01		(4.18)	0.00	22,477.01
05/15/20	05/15/20	Pay Princpl	59,002.141	MERCEDES 2019-A A2 LEASE MAT 02/16/21 Cpn 3.01 58772TAB6	59,002.14		(12.96)	0.00	59,002.14

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05/15/20	05/15/20	Pay Princpl	89,908.024	MERCEDES 2019-A A2 LEASE MAT 02/16/21 Cpn 3.01 58772TAB6	89,908.02		(18.60)	0.00	89,908.02
05/15/20	05/15/20	Pay Princpl	139,731.645	MERCEDES 2019-B A2 LEASE MAT 12/15/21 Cpn 2.01 58769QAB7	139,731.65		4.81	0.00	139,731.65
05/15/20	05/15/20	Pay Princpl	175,998.550	MERCEDES 2019-1 A2A CAR MAT 06/15/22 Cpn 2.04 58769TAB1	175,998.55		10.88	0.00	175,998.55
05/15/20	05/15/20	Pay Princpl	113,914.659	NISSAN 2018-A A2A LEASE MAT 02/16/21 Cpn 3.03 65478BAB7	113,914.66		0.00	0.21	113,914.66
05/15/20	05/15/20	Pay Princpl	68,473.296	NISSAN 2018-A A2A LEASE MAT 02/16/21 Cpn 3.03 65478BAB7	68,473.30		(41.32)	0.00	68,473.30
05/15/20	05/15/20	Pay Princpl	216,601.116	NISSAN 2019-A A2A LEASE MAT 07/15/21 Cpn 2.71 65479PAB5	216,601.12		(259.61)	0.00	216,601.12
05/15/20	05/15/20	Pay Princpl	281,300.150	NISSAN 2019-A A2A LEASE MAT 07/15/21 Cpn 2.71 65479PAB5	281,300.15		(500.78)	0.00	281,300.15
05/15/20	05/15/20	Pay Princpl	174,751.676	NISSAN 2019-B A2B LEASE 1MOFR MAT 10/15/21 Cpn 0.45 65478LAC3	174,751.68		0.00	0.00	174,751.68
05/15/20	05/15/20	Pay Princpl	454,387.006	NISSAN 2020-A A1 LEASE MAT 02/16/21 Cpn 1.72 65479NAA2	454,387.01		0.00	0.00	454,387.01
05/15/20	05/15/20	Pay Princpl	336,078.440	NISSAN 2019-A A2A CAR MAT 01/18/22 Cpn 2.82 65479KAB6	336,078.44		(552.23)	0.00	336,078.44
05/15/20	05/15/20	Pay Princpl	204,205.641	TOYOTA 2018-A A3 CAR MAT 05/16/22 Cpn 2.35 89238BAD4	204,205.64		(258.73)	0.00	204,205.64
05/15/20	05/15/20	Pay Princpl	75,023.259	TOYOTA 2019-A A2A CAR MAT 10/15/21 Cpn 2.83 89239AAB9	75,023.26		0.00	1.71	75,023.26
05/15/20	05/15/20	Pay Princpl	116,738.779	TOYOTA 2019-A A2A CAR MAT 10/15/21 Cpn 2.83 89239AAB9	116,738.78		(137.82)	0.00	116,738.78

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05/15/20	05/15/20	Pay Princpl	230,620.186	TOYOTA 2019-C A2A CAR MAT 04/15/22 Cpn 2.00 89238UAB6	230,620.19		6.12	0.00	230,620.19
05/15/20	05/15/20	Pay Princpl	782,599.901	TOYOTA 2020-B A1 CAR MAT 05/17/21 Cpn 1.14 89239RAA4	782,599.90		(0.00)	0.00	782,599.90
05/15/20	05/15/20	Pay Princpl	243,717.680	USAA 2019-1 A2 CAR MAT 02/15/22 Cpn 2.26 90290EAB5	243,717.68		6.71	0.00	243,717.68
05/18/20	05/18/20	Pay Princpl	28,587.367	HONDA 2017-3 A3 CAR MAT 09/20/21 Cpn 1.79 43814PAC4	28,587.37		31.86	0.00	28,587.37
05/18/20	05/18/20	Pay Princpl	111,845.467	HONDA 2017-3 A3 CAR MAT 09/20/21 Cpn 1.79 43814PAC4	111,845.47		108.04	0.00	111,845.47
05/20/20	05/20/20	Pay Princpl	74,568.119	BMW 2018-1 A3 LEASE MAT 07/20/21 Cpn 3.26 05586CAC8	74,568.12		(419.96)	0.00	74,568.12
05/20/20	05/20/20	Pay Princpl	6,060.306	BMW 2018-1 A3 LEASE MAT 07/20/21 Cpn 3.26 05586CAC8	6,060.31		(33.28)	0.00	6,060.31
05/20/20	05/20/20	Pay Princpl	93,036.664	BMW 2019-1 A2 LEASE MAT 03/22/21 Cpn 2.79 05586VAB8	93,036.66		0.00	0.53	93,036.66
05/01/20	05/25/20	Pay Princpl	193,580.621	FHMS K504 A2 CMBS MAT 09/25/20 Cpn 2.57 3137BMLC8	193,580.62		0.00	264.10	193,580.62
05/25/20	05/25/20	Pay Princpl	1,091.171	FHMS KF36 A MAT 08/25/24 Cpn 0.67 3137FBAR7	1,091.17		0.81	0.00	1,091.17
05/25/20	05/25/20	Pay Princpl	14,456.034	FHMS KF38 A MAT 09/25/24 Cpn 0.66 3137FBUC8	14,456.03		17.24	0.00	14,456.03
05/25/20	05/25/20	Pay Princpl	172,191.026	FHMS KI03 A 1MOFRN CMBS MAT 02/25/23 Cpn 0.58 3137FJXN4	172,191.03		0.00	0.00	172,191.03
05/25/20	05/25/20	Pay Princpl	70,688.948	FHMS KI03 A 1MOFRN CMBS MAT 02/25/23 Cpn 0.58 3137FJXN4	70,688.95		0.00	77.82	70,688.95

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05/25/20	05/25/20	Pay Princpl	78,957.299	FHMS KI04 A 1MOFRN CMBS MAT 07/25/24 Cpn 0.53 3137FNAV2	78,957.30		0.00	0.00	78,957.30
05/01/20	05/25/20	Pay Princpl	414,803.280	FNA 2011-M3 A2 CMBS MAT 07/25/21 Cpn 3.64 31397UL49	414,803.28		(3,583.94)	0.00	414,803.28
05/01/20	05/25/20	Pay Princpl	143,512.696	FNA 2012-M2 A2 CMBS MAT 02/25/22 Cpn 2.72 3136A4TX7	143,512.70		(3,112.72)	0.00	143,512.70
			<u>25,847,362.242</u>		<u>25,847,362.30</u>		<u>(9,743.85)</u>	<u>320.93</u>	<u>25,847,362.30</u>
05/01/20	05/01/20	Mature Long	5,000,000.000	CANADIAN IMPERIAL BANK YCD FR MAT 05/01/20 Cpn 13606BX68	5,000,000.00		0.00	0.00	5,000,000.00
05/01/20	05/01/20	Mature Long	1,850,000.000	CANADIAN IMPERIAL BANK YCD FR MAT 05/01/20 Cpn 13606BX68	1,850,000.00		0.00	0.00	1,850,000.00
05/04/20	05/04/20	Mature Long	15,000,000.000	FHLB DISCOUNT NOTE MAT 05/04/20 Cpn 313384WK1	14,999,708.33	291.67	(0.00)	0.00	15,000,000.00
05/04/20	05/04/20	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 05/04/20 Cpn 313384WK1	49,999,027.78	972.22	0.00	0.00	50,000,000.00
05/04/20	05/04/20	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 05/04/20 Cpn 313384WK1	49,999,027.78	972.22	0.00	0.00	50,000,000.00
05/04/20	05/04/20	Mature Long	7,500,000.000	NATL RURAL UTILITIES CP MAT 05/04/20 Cpn 63743CE41	7,494,166.67	5,833.33	0.00	0.00	7,500,000.00
05/04/20	05/04/20	Mature Long	7,500,000.000	CA SAN JOSE FIN AUTH CP TXB MAT 05/04/20 Cpn 1.30 79815WCH9	7,500,000.00		0.00	0.00	7,500,000.00
05/05/20	05/05/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 05/05/20 Cpn 9127962K4	49,999,750.00	250.00	0.00	0.00	50,000,000.00
05/07/20	05/07/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 05/07/20 Cpn 912796TT6	49,999,722.22	277.78	0.00	0.00	50,000,000.00

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05/07/20	05/07/20	Mature Long	15,000,000.000	U.S. TREASURY BILL MAT 05/07/20 Cpn 912796TT6	14,999,905.21	94.79	0.00	0.00	15,000,000.00
05/07/20	05/07/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 05/07/20 Cpn 912796TT6	49,999,684.03	315.97	0.00	0.00	50,000,000.00
05/07/20	05/07/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 05/07/20 Cpn 912796TT6	49,999,684.03	315.97	0.00	0.00	50,000,000.00
05/07/20	05/07/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 05/07/20 Cpn 912796TT6	49,999,684.03	315.97	0.00	0.00	50,000,000.00
05/07/20	05/07/20	Mature Long	35,000,000.000	U.S. TREASURY BILL MAT 05/07/20 Cpn 912796TT6	34,999,921.25	78.75	0.00	0.00	35,000,000.00
05/07/20	05/07/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 05/07/20 Cpn 912796TT6	49,999,887.50	112.50	0.00	0.00	50,000,000.00
05/07/20	05/07/20	Mature Long	5,000,000.000	CA STATE GO/ULT CP TXB MAT 05/07/20 Cpn 1.70 13068PDR4	5,000,000.00		0.00	0.00	5,000,000.00
05/08/20	05/08/20	Mature Long	6,900,000.000	CREDIT AGRICOLE YCD FRN MAT 05/08/20 Cpn 22532XNH7	6,900,000.00		0.00	0.00	6,900,000.00
05/12/20	05/12/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 05/12/20 Cpn 9127962L2	49,998,784.72	1,215.28	0.00	0.00	50,000,000.00
05/12/20	05/12/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 05/12/20 Cpn 9127962L2	49,998,784.72	1,215.28	0.00	0.00	50,000,000.00
05/12/20	05/12/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 05/12/20 Cpn 9127962L2	49,998,784.72	1,215.28	0.00	0.00	50,000,000.00
05/13/20	05/13/20	Mature Long	4,600,000.000	FHLB DISCOUNT NOTE MAT 05/13/20 Cpn 313384WU9	4,599,948.89	51.11	0.00	0.00	4,600,000.00
05/13/20	05/13/20	Mature Long	4,250,000.000	CA LOS ANGELES MTA CP TXB MAT 05/13/20 Cpn 1.25 54531HBF3	4,250,000.00		0.00	0.00	4,250,000.00

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05/13/20	05/13/20	Mature Long	25,000,000.000	TVA DISCOUNT NOTE MAT 05/13/20 Cpn 880592WU0		24,999,605.56	394.44	0.00	0.00	25,000,000.00
05/14/20	05/14/20	Mature Long	45,000,000.000	U.S. TREASURY BILL MAT 05/14/20 Cpn 912796TV1		44,652,593.12	347,406.88	(0.00)	0.00	45,000,000.00
05/14/20	05/14/20	Mature Long	45,000,000.000	U.S. TREASURY BILL MAT 05/14/20 Cpn 912796TV1		44,999,943.75	56.25	0.00	0.00	45,000,000.00
05/15/20	05/15/20	Mature Long	1,000,000.000	CA LOS ANGELES DEPT AIRPORTS MAT 05/15/20 Cpn 2.09 544445AZ2		1,000,000.00		0.00	0.00	1,000,000.00
05/15/20	05/15/20	Mature Long	2,000,000.000	CA UNIVERSITY OF CALIFORNIA T MAT 05/15/20 Cpn 3.02 91412GTB1		2,000,000.00		0.00	0.00	2,000,000.00
05/21/20	05/21/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 05/21/20 Cpn 912796SR1		49,999,750.00	250.00	0.00	0.00	50,000,000.00
05/21/20	05/21/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 05/21/20 Cpn 912796SR1		49,999,750.00	250.00	0.00	0.00	50,000,000.00
05/26/20	05/26/20	Mature Long	20,000,000.000	U.S. TREASURY BILL MAT 05/26/20 Cpn 9127962N8		19,999,969.44	30.56	0.00	0.00	20,000,000.00
05/26/20	05/26/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 05/26/20 Cpn 9127962N8		49,999,923.61	76.39	0.00	0.00	50,000,000.00
05/27/20	05/27/20	Mature Long	9,000,000.000	FHLB DISCOUNT NOTE MAT 05/27/20 Cpn 313384XJ3		8,999,997.50	2.50	0.00	0.00	9,000,000.00
05/28/20	05/28/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 05/28/20 Cpn 912796TW9		49,999,458.33	541.67	0.00	0.00	50,000,000.00
05/28/20	05/28/20	Mature Long	30,000,000.000	U.S. TREASURY BILL MAT 05/28/20 Cpn 912796TW9		29,999,906.67	93.33	0.00	0.00	30,000,000.00
05/28/20	05/28/20	Mature Long	5,000,000.000	FHLB DISCOUNT NOTE MAT 05/28/20 Cpn 313384XK0		4,999,997.22	2.78	0.00	0.00	5,000,000.00

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05/28/20	05/28/20	Mature Long	5,020,000.000	FHLB DISCOUNT NOTE MAT 05/28/20 Cpn	313384XK0	5,019,997.21	2.79	0.00	0.00	5,020,000.00
			<u>1,044,620,000.000</u>			<u>1,044,257,364.29</u>	<u>362,635.70</u>	<u>(0.01)</u>	<u>0.00</u>	<u>1,044,620,000.00</u>
05/01/20	05/01/20	Withdrawal	(3,333.330)	CUSTODY FEES MAT Cpn	USD	(3,333.33)		(3,333.33)	0.00	(3,333.33)
05/04/20	05/04/20	Withdrawal	(50,000,000.000)	WD MAT Cpn	USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
05/07/20	05/07/20	Withdrawal	(300,000,000.000)	WD MAT Cpn	USD	(300,000,000.00)		(300,000,000.00)	0.00	(300,000,000.00)
05/11/20	05/11/20	Withdrawal	(50,000,000.000)	WD MAT Cpn	USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
05/13/20	05/13/20	Withdrawal	(50,000,000.000)	WD MAT Cpn	USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
05/26/20	05/26/20	Withdrawal	(20,000,000.000)	WD MAT Cpn	USD	(20,000,000.00)		(20,000,000.00)	0.00	(20,000,000.00)
05/28/20	05/28/20	Withdrawal	(75,000,000.000)	WD MAT Cpn	USD	(75,000,000.00)		(75,000,000.00)	0.00	(75,000,000.00)
			<u>(545,003,333.330)</u>			<u>(545,003,333.33)</u>		<u>(545,003,333.33)</u>	<u>0.00</u>	<u>(545,003,333.33)</u>

TRANSACTIONS BY TYPE

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

05/01/2020
through 05/31/2020

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
05/05/20	05/07/20	Buy	1,090,000.000	FHLMC MAT 05/05/23 Cpn 0.38 3137EAER6	(1,089,542.20)		0.00	0.00	(1,089,542.20)
05/01/20	05/19/20	Buy	275,000.000	CA MOUNTAIN VIEW-WHISMAN SD MAT 09/01/24 Cpn 1.33 62451FKH2	(275,000.00)		0.00	0.00	(275,000.00)
05/20/20	05/22/20	Buy	980,000.000	FNMA MAT 05/22/23 Cpn 0.25 3135G04Q3	(977,050.20)		0.00	0.00	(977,050.20)
05/29/20	06/01/20	Buy	2,041,000.000	U.S. TREASURY NOTE MAT 03/31/25 Cpn 0.50 912828ZF0	(2,058,779.02)	(1,728.72)	0.00	0.00	(2,060,507.74)
05/13/20	06/02/20	Buy	250,000.000	CA GLENDALE USD GO/ULT TXB MAT 09/01/24 Cpn 1.46 378460YD5	(250,000.00)		0.00	0.00	(250,000.00)
05/29/20	06/11/20	Buy	210,000.000	CT STATE OF CONNECTICUT GO/U MAT 07/01/24 Cpn 2.00 20772KJW0	(210,000.00)		0.00	0.00	(210,000.00)
			<u>4,846,000.000</u>		<u>(4,860,371.42)</u>	<u>(1,728.72)</u>	<u>0.00</u>	<u>0.00</u>	<u>(4,862,100.14)</u>
05/01/20	05/01/20	Coupon		CA STATE UNIVERSITY SYSTEM WI MAT 11/01/22 Cpn 3.05 13077DFD9		5,344.50	0.00	0.00	5,344.50
05/01/20	05/01/20	Coupon		CA LOS ANGELES MUNI IMPT COR MAT 11/01/20 Cpn 3.15 544587C30		5,505.50	0.00	0.00	5,505.50
05/01/20	05/01/20	Coupon		CA SAN FRANCISCO PUB UTIL-WA MAT 11/01/22 Cpn 2.62 79765R3U1		12,374.78	0.00	0.00	12,374.78
05/01/20	05/01/20	Coupon		WI STATE GENERAL FUND REV TX MAT 05/01/21 Cpn 1.62 977100CX2		2,424.00	0.00	0.00	2,424.00
05/01/20	05/01/20	Coupon		WI STATE GENERAL FUND REV TX MAT 05/01/21 Cpn 1.62 977100CX2		404.00	0.00	0.00	404.00
05/15/20	05/15/20	Coupon		CAPTAIN ONE 2020-1 A3 CAR MAT 11/15/24 Cpn 1.60 14043MAC5		640.00	0.00	0.00	640.00

TRANSACTIONS BY TYPE

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

05/01/2020
through 05/31/2020

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
05/15/20	05/15/20	Coupon		FIFTH THIRD 2019-1 A3 CAR MAT 12/15/23 Cpn 2.64 31680YAD9		704.00	0.00	0.00	704.00
05/15/20	05/15/20	Coupon		HONDA 2019-3 A3 CAR MAT 08/15/23 Cpn 1.78 43815NAC8		623.00	0.00	0.00	623.00
05/15/20	05/15/20	Coupon		JOHN DEERE 2020-A A3 EQP MAT 08/15/24 Cpn 1.10 47789KAC7		660.00	0.00	0.00	660.00
05/15/20	05/15/20	Coupon		CA LOS ANGELES DEPT AIRPORTS MAT 05/15/22 Cpn 2.62 544445BB4		4,657.60	0.00	0.00	4,657.60
05/15/20	05/15/20	Coupon		CA LOS ANGELES DEPT AIRPORTS MAT 05/15/23 Cpn 2.79 544445BC2		5,518.15	0.00	0.00	5,518.15
05/15/20	05/15/20	Coupon		CA LOS ANGELES DEPT AIRPORTS MAT 05/15/23 Cpn 2.79 544445BC2		6,565.90	0.00	0.00	6,565.90
05/15/20	05/15/20	Coupon		MERCEDES 2020-A A3 CAR LEASE MAT 12/15/22 Cpn 1.84 58770FAC6		352.67	0.00	0.00	352.67
05/15/20	05/15/20	Coupon		NISSAN 2018-A A3 LEASE MAT 09/15/21 Cpn 3.25 65478BAD3		893.75	0.00	0.00	893.75
05/15/20	05/15/20	Coupon		NISSAN 2018-C A3 CAR MAT 06/15/23 Cpn 3.22 65478NAD7		2,012.50	0.00	0.00	2,012.50
05/15/20	05/15/20	Coupon		NISSAN 2019-A A3 CAR MAT 10/16/23 Cpn 2.90 65479KAD2		1,305.00	0.00	0.00	1,305.00
05/15/20	05/15/20	Coupon		U.S. TREASURY NOTE MAT 11/15/22 Cpn 1.63 912828TY6		6,296.88	0.00	0.00	6,296.88
05/15/20	05/15/20	Coupon		U.S. TREASURY NOTE MAT 11/15/22 Cpn 1.63 912828TY6		21,815.63	0.00	0.00	21,815.63
05/15/20	05/15/20	Coupon		TOYOTA 2017-B A3 CAR MAT 07/15/21 Cpn 1.76 89190BAD0		259.99	0.00	0.00	259.99

TRANSACTIONS BY TYPE

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

05/01/2020
through 05/31/2020

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
05/15/20	05/15/20	Coupon		TOYOTA 2018-A A3 CAR MAT 05/16/22 Cpn 2.35 89238BAD4		561.14	0.00	0.00	561.14
05/15/20	05/15/20	Coupon		TOYOTA 2019-A A3 CAR MAT 07/17/23 Cpn 2.91 89239AAD5		1,358.00	0.00	0.00	1,358.00
05/15/20	05/15/20	Coupon		TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2		668.50	0.00	0.00	668.50
05/15/20	05/15/20	Coupon		TOYOTA 2019-D A3 CAR MAT 01/16/24 Cpn 1.92 89233MAD5		1,376.00	0.00	0.00	1,376.00
05/15/20	05/15/20	Coupon		CA UNIV OF CALIFORNIA REV TXB MAT 05/15/22 Cpn 3.28 91412HDJ9		6,566.00	0.00	0.00	6,566.00
05/20/20	05/20/20	Coupon		VOLKSWAGEN 2019-A A4 LEASE MAT 08/20/24 Cpn 2.02 92867XAE6		538.67	0.00	0.00	538.67
05/20/20	05/20/20	Coupon		VERIZON 2019-C A1A PHONE MAT 04/22/24 Cpn 1.94 92348AAA3		808.33	0.00	0.00	808.33
05/21/20	05/21/20	Coupon		IBRD FRN SOFR+22 MAT 08/21/20 Cpn 0.28 459058GK3		1,271.48	0.00	0.00	1,271.48
05/24/20	05/24/20	Coupon		INTER-AMERICAN DEVELOPMENT MAT 05/24/23 Cpn 0.50 4581X0DM7		125.00	0.00	0.00	125.00
05/25/20	05/25/20	Coupon		BMW 2019-A A3 CAR MAT 01/25/24 Cpn 1.92 05588CAC6		880.00	0.00	0.00	880.00
05/01/20	05/25/20	Coupon		FHMS J22F A1 CMBS MAT 05/25/23 Cpn 3.45 3137FJYA1		459.55	0.00	0.00	459.55
05/01/20	05/25/20	Coupon		FHMS K020 A2 CMBS MAT 05/25/22 Cpn 2.37 3137ATRW		613.03	0.00	0.00	613.03
05/01/20	05/25/20	Coupon		FHMS K020 A2 CMBS MAT 05/25/22 Cpn 2.37 3137ATRW		751.45	0.00	0.00	751.45

TRANSACTIONS BY TYPE

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

05/01/2020
through 05/31/2020

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
05/01/20	05/25/20	Coupon		FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2		664.00	0.00	0.00	664.00
05/01/20	05/25/20	Coupon		FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2		1,051.33	0.00	0.00	1,051.33
05/01/20	05/25/20	Coupon		FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2		498.00	0.00	0.00	498.00
05/01/20	05/25/20	Coupon		FHMS K031 A2 MAT 04/25/23 Cpn 3.30 3137B3NX2		2,200.00	0.00	0.00	2,200.00
05/01/20	05/25/20	Coupon		FHMS K033 A2 MAT 07/25/23 Cpn 3.06 3137B4WB8		2,091.00	0.00	0.00	2,091.00
05/01/20	05/25/20	Coupon		FHMS K034 A2 MAT 07/25/23 Cpn 3.53 3137B5JM6		1,412.40	0.00	0.00	1,412.40
05/01/20	05/25/20	Coupon		FHMS K504 A2 CMBS MAT 09/25/20 Cpn 2.57 3137BMLC8		331.90	0.00	0.00	331.90
05/01/20	05/25/20	Coupon		FHMS K725 AM CMBS MAT 02/25/24 Cpn 3.10 3137BWWE		2,095.20	0.00	0.00	2,095.20
05/01/20	05/25/20	Coupon		FHMS K726 AM CMBS MAT 04/25/24 Cpn 2.99 3137BYPR5		1,417.88	0.00	0.00	1,417.88
05/25/20	05/25/20	Coupon		FHMS KI05 A MAT 07/25/24 Cpn 0.51 3137FQXG3		257.37	0.00	0.00	257.37
05/01/20	05/25/20	Coupon		FHMS KJ06 A CMBS MAT 01/25/23 Cpn 2.27 3137BQR90		795.20	0.00	0.00	795.20
05/01/20	05/25/20	Coupon		FHMS KJ28 A1 MAT 02/25/25 Cpn 1.77 3137FREB3		674.36	0.00	0.00	674.36
05/01/20	05/25/20	Coupon		FHMS KS01 A2 CMBS MAT 01/25/23 Cpn 2.52 3137B1U75		764.46	0.00	0.00	764.46

TRANSACTIONS BY TYPE

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

05/01/2020
through 05/31/2020

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
05/01/20	05/25/20	Coupon		FHMS KSMC A2 CMBS MAT 01/25/23 Cpn 2.62 3137B04Y7		1,939.46	0.00	0.00	1,939.46
05/01/20	05/25/20	Coupon		FNA 2011-M5 A2 CMBS MAT 07/25/21 Cpn 2.94 3136A07H4		262.54	0.00	0.00	262.54
05/31/20	05/31/20	Coupon		U.S. TREASURY NOTE MAT 11/30/24 Cpn 1.50 912828YV6		5,362.50	0.00	0.00	5,362.50
05/31/20	05/31/20	Coupon		U.S. TREASURY NOTE MAT 05/31/24 Cpn 2.00 912828XT2		800.00	0.00	0.00	800.00
05/31/20	05/31/20	Coupon		U.S. TREASURY NOTE MAT 05/31/24 Cpn 2.00 912828XT2		35,300.00	0.00	0.00	35,300.00
05/31/20	05/31/20	Coupon		U.S. TREASURY NOTE MAT 05/31/24 Cpn 2.00 912828XT2		9,000.00	0.00	0.00	9,000.00
						<u>161,252.60</u>	<u>0.00</u>	<u>0.00</u>	<u>161,252.60</u>
05/01/20	05/01/20	Income	290.020	STIF INT MAT Cpn USD		290.02	0.00	0.00	290.02
05/05/20	05/06/20	Call	880,000.000	FHLMC C 5/6/20 Q MAT 02/06/25 Cpn 1.97 3134GU7H7	880,000.00	4,334.00	0.00	0.00	884,334.00
05/05/20	05/06/20	Sell Long	1,090,000.000	U.S. TREASURY NOTE MAT 09/30/22 Cpn 1.88 9128282W9	1,133,387.11	2,010.25	0.00	46,694.81	1,135,397.36
05/13/20	05/14/20	Call	450,000.000	FHLB C 5/14/20 Q MAT 02/14/23 Cpn 1.75 3130AJ5Q8	450,000.00	1,968.75	0.00	0.00	451,968.75
05/13/20	05/14/20	Sell Long	215,000.000	U.S. TREASURY NOTE MAT 08/31/24 Cpn 1.25 912828YE4	223,851.95	547.72	10,210.99	0.00	224,399.67

TRANSACTIONS BY TYPE

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

05/01/2020
through 05/31/2020

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
05/13/20	05/14/20	Sell Long	35,000.000	U.S. TREASURY NOTE MAT 07/31/24 Cpn 1.75 912828Y87	37,157.42	175.00	1,861.46	0.00	37,332.42
05/20/20	05/21/20	Sell Long	775,000.000	U.S. TREASURY NOTE MAT 11/15/22 Cpn 1.63 912828TY6	802,546.23	205.34	28,172.67	0.00	802,751.57
05/20/20	05/21/20	Sell Long	205,000.000	U.S. TREASURY NOTE MAT 11/15/22 Cpn 1.63 912828TY6	212,286.42	54.31	7,483.49	0.00	212,340.73
			<u>3,650,000.000</u>		<u>3,739,229.13</u>	<u>9,295.37</u>	<u>47,728.60</u>	<u>46,694.81</u>	<u>3,748,524.50</u>
05/15/20	05/15/20	Pay Princpl	497.733	NISSAN 2018-A A3 LEASE MAT 09/15/21 Cpn 3.25 65478BAD3	497.73		0.00	0.01	497.73
05/15/20	05/15/20	Pay Princpl	34,783.050	TOYOTA 2017-B A3 CAR MAT 07/15/21 Cpn 1.76 89190BADO	34,783.05		0.00	0.21	34,783.05
05/15/20	05/15/20	Pay Princpl	23,105.164	TOYOTA 2018-A A3 CAR MAT 05/16/22 Cpn 2.35 89238BAD4	23,105.16		0.00	0.07	23,105.16
05/01/20	05/25/20	Pay Princpl	51,879.779	FHMS J22F A1 CMBS MAT 05/25/23 Cpn 3.45 3137FJYA1	51,879.78		0.00	0.95	51,879.78
05/01/20	05/25/20	Pay Princpl	69,587.805	FHMS K504 A2 CMBS MAT 09/25/20 Cpn 2.57 3137BMLC8	69,587.81		0.00	7.55	69,587.81
05/01/20	05/25/20	Pay Princpl	420,000.000	FHMS KJ06 A CMBS MAT 01/25/23 Cpn 2.27 3137BQR90	420,000.00		(1,081.50)	0.00	420,000.00
05/01/20	05/25/20	Pay Princpl	931.612	FHMS KJ28 A1 MAT 02/25/25 Cpn 1.77 3137FREB3	931.61		0.00	0.00	931.61
05/01/20	05/25/20	Pay Princpl	1,067.699	FHMS KS01 A2 CMBS MAT 01/25/23 Cpn 2.52 3137B1U75	1,067.70		(11.04)	0.00	1,067.70

TRANSACTIONS BY TYPE

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

05/01/2020
through 05/31/2020

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
Fixed Income - cont.									
05/01/20	05/25/20	Pay Princpl	9,939.980	FNA 2011-M5 A2 CMBS MAT 07/25/21 Cpn 2.94 3136A07H4	9,939.98		0.00	24.40	9,939.98
			<u>611,792.822</u>		<u>611,792.82</u>		<u>(1,092.54)</u>	<u>33.20</u>	<u>611,792.82</u>

LA CARE
Cash Activity by Transaction Type GAAP Basis
Accounting Period From 05/01/2020 To 05/31/2020

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
BUY										
05/11/20	05/07/20	05/11/20	BKAMER19	20030NDJ7	COMCAST CORP	5,000,000.00	(18,944.44)	(5,393,950.00)	0.00	(5,412,894.44)
05/11/20	05/07/20	05/11/20	BKAMER19	46647PAY2	JPMORGAN CHASE & CO	4,000,000.00	(69,732.00)	(4,342,920.00)	0.00	(4,412,652.00)
05/12/20	05/08/20	05/12/20	BKAMER19	57629WCG3	MASSMUTUAL GLOBAL FUNDIN	2,500,000.00	(24,788.19)	(2,681,700.00)	0.00	(2,706,488.19)
05/12/20	05/08/20	05/12/20	BKAMER19	828807CS4	SIMON PROPERTY GROUP LP	2,500,000.00	(9,609.37)	(2,494,475.00)	0.00	(2,504,084.37)
05/13/20	05/11/20	05/13/20	BKAMER19	254687FN1	WALT DISNEY COMPANY/THE	3,000,000.00	(13,958.33)	(3,241,920.00)	0.00	(3,255,878.33)
05/15/20	05/15/20	05/15/20	BKAMER19	09248U718	BLACKROCK TREASURY TRUST	13,100,351.47	0.00	(13,100,351.47)	0.00	(13,100,351.47)
05/26/20	05/20/20	05/26/20	BKAMER19	89236TGT6	TOYOTA MOTOR CREDIT CORP	3,000,000.00	(15,450.00)	(3,029,310.00)	0.00	(3,044,760.00)
TOTAL BUY						33,100,351.47	(152,482.33)	(34,284,626.47)	0.00	(34,437,108.80)
CALL										
05/28/20	05/28/20	05/28/20	BKAMER19	22160KAJ4	COSTCO WHOLESALE CORP	2,750,000.00	0.00	2,795,877.84	0.00	2,795,877.84
TOTAL CALL						2,750,000.00	0.00	2,795,877.84	0.00	2,795,877.84
DIVIDEND										
05/01/20	05/01/20	05/01/20	BKAMER19	09248U718	BLACKROCK TREASURY TRUST	634,899.46	51.90	0.00	0.00	51.90
TOTAL DIVIDEND						634,899.46	51.90	0.00	0.00	51.90
INTEREST										
05/28/19	05/18/20	05/18/20	BKAMER19	22160KAJ4	COSTCO WHOLESALE CORP	2,750,000.00	1,642.36	0.00	0.00	1,642.36
05/01/20	05/01/20	05/01/20	BKAMER19	438516BM7	HONEYWELL INTERNATIONAL	0.00	44,400.00	0.00	0.00	44,400.00
05/03/20	05/03/20	05/03/20	BKAMER19	06406FAB9	BANK OF NY MELLON CORP	0.00	44,075.00	0.00	0.00	44,075.00
05/05/20	05/05/20	05/05/20	BKAMER19	904764AX5	UNILEVER CAPITAL CORP	0.00	16,250.00	0.00	0.00	16,250.00
05/06/20	05/06/20	05/06/20	BKAMER19	66989HAG3	NOVARTIS CAPITAL CORP	0.00	85,000.00	0.00	0.00	85,000.00
05/11/20	05/11/20	05/11/20	BKAMER19	369550BE7	GENERAL DYNAMICS CORP	0.00	15,000.00	0.00	0.00	15,000.00
05/13/20	05/13/20	05/13/20	BKAMER19	46625HJX9	JPMORGAN CHASE & CO	0.00	18,125.00	0.00	0.00	18,125.00
05/15/20	05/15/20	05/15/20	BKAMER19	05348EAU3	AVALONBAY COMMUNITIES	0.00	87,500.00	0.00	0.00	87,500.00
05/15/20	05/15/20	05/15/20	BKAMER19	06406HCV9	BANK OF NEW YORK MELLON	0.00	63,750.00	0.00	0.00	63,750.00
05/15/20	05/15/20	05/15/20	BKAMER19	377372AL1	GLAXOSMITHKLINE CAPITAL	0.00	54,843.75	0.00	0.00	54,843.75
05/15/20	05/15/20	05/15/20	BKAMER19	459200JY8	IBM CORP	0.00	30,000.00	0.00	0.00	30,000.00
05/15/20	05/15/20	05/15/20	BKAMER19	582839AJ5	MEAD JOHNSON NUTRITION C	0.00	60,000.00	0.00	0.00	60,000.00
05/15/20	05/15/20	05/15/20	BKAMER19	912828TY6	UNITED STATES TREASURY NOTE	0.00	39,000.00	0.00	0.00	39,000.00

6/3/2020
5:57:57AM
INCPRI2



LA CARE
Cash Activity by Transaction Type GAAP Basis
Accounting Period From 05/01/2020 To 05/31/2020

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
05/17/20	05/17/20	05/17/20	BKAMER19	14913Q2V0	CATERPILLAR FINL SERVICE	0.00	35,625.00	0.00	0.00	35,625.00
05/18/20	05/18/20	05/18/20	BKAMER19	22160KAJ4	COSTCO WHOLESALE CORP	0.00	29,562.50	0.00	0.00	29,562.50
05/20/20	05/20/20	05/20/20	BKAMER19	747525AE3	QUALCOMM INC	0.00	37,500.00	0.00	0.00	37,500.00
05/20/20	05/20/20	05/20/20	BKAMER19	747525AT0	QUALCOMM INC	0.00	72,500.00	0.00	0.00	72,500.00
05/21/20	05/21/20	05/21/20	BKAMER19	976843BL5	WISCONSIN PUBLIC SERVICE	0.00	75,375.00	0.00	0.00	75,375.00
05/22/20	05/22/20	05/22/20	BKAMER19	855244AL3	STARBUCKS CORP	0.00	22,000.00	0.00	0.00	22,000.00
TOTAL INTEREST						2,750,000.00	832,148.61	0.00	0.00	832,148.61
SELL										
05/11/20	05/07/20	05/11/20	BKAMER19	46625HJC5	JPMORGAN CHASE & CO	2,000,000.00	20,783.33	2,082,000.00	0.00	2,102,783.33
05/11/20	05/07/20	05/11/20	BKAMER19	46625HQJ2	JPMORGAN CHASE & CO	2,500,000.00	12,395.83	2,531,150.00	0.00	2,543,545.83
05/11/20	05/07/20	05/11/20	BKAMER19	857477AG8	STATE STREET CORP	5,000,000.00	38,888.89	5,152,000.00	0.00	5,190,888.89
05/12/20	05/08/20	05/12/20	BKAMER19	57629WBW9	MASSMUTUAL GLOBAL FUNDIN	5,000,000.00	57,506.94	5,048,800.00	0.00	5,106,306.94
05/13/20	05/11/20	05/13/20	BKAMER19	911312BP0	UNITED PARCEL SERVICE	3,000,000.00	7,175.00	3,035,610.00	0.00	3,042,785.00
05/15/20	05/15/20	05/15/20	BKAMER19	09248U718	BLACKROCK TREASURY TRUST	634,899.46	0.00	634,899.46	0.00	634,899.46
05/19/20	05/19/20	05/19/20	BKAMER19	36962G5J9	GENERAL ELECTRIC CO	8,650,000.00	35,753.33	9,104,125.00	0.00	9,139,878.33
05/22/20	05/20/20	05/22/20	BKAMER19	911312BP0	UNITED PARCEL SERVICE	3,000,000.00	8,712.50	3,039,930.00	0.00	3,048,642.50
TOTAL SELL						29,784,899.46	181,215.82	30,628,514.46	0.00	30,809,730.28
WITHDRAW										
05/07/20	05/07/20	05/07/20	BKAMER19	CASHCASH6	C-04 BANK FEE	0.00	0.00	0.00	(699.83)	(699.83)
TOTAL WITHDRAW						0.00	0.00	0.00	(699.83)	(699.83)
GRAND TOTAL						69,020,150.39	860,934.00	(860,234.17)	(699.83)	0.00

Avg Date 15

BOARD OF GOVERNORS

Audit Committee Meeting Minutes – May 29, 2020

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



L.A. Care
HEALTH PLAN

Members

Alvaro Ballesteros, *Chairperson*
Layla Gonzalez
Stephanie Booth, MD

Management/Staff

John Baackes, *Chief Executive Officer*
Augustavia J. Haydel, Esq., *General Counsel*
Marie Montgomery, *Chief Financial Officer*

** Absent ** Teleconference*

California Governor issued Executive Order No. N-29-20, which among other provisions amends the Ralph M. Brown Act and Executive Order No. 33-20, ordering all residents to stay in their homes, except for specific essential functions.

Members of the public can listen to this meeting via teleconference.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>CALL TO ORDER Alvaro Ballesteros</p>	<p>Alvaro Ballesteros, <i>Committee Chair</i>, called the meeting to order at 8:40 a.m.</p> <p>He welcomed everyone to the meeting and summarized the process for public comment during this teleconference meeting as reflected on the meeting agenda.</p> <ul style="list-style-type: none"> Public comments received by voicemail, email or text received prior to the start of the meeting was sent to Committee members in writing and will be read for 3 minutes during the meeting. Public comment must be submitted at any time prior to the time the Chair starts consideration of the item. The Chair will ask for public comment and will announce the item. The Chair will then announce when public comment period is over for that item. 	
<p>PUBLIC COMMENT</p>	<p>There were no public comments.</p>	
<p>APPROVE MEETING AGENDA Alvaro Ballesteros</p>	<p>Today's Agenda was approved as submitted.</p>	<p>Approved unanimously by roll call. 3 AYES (Ballesteros, Booth and Gonzalez)</p>

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVE MEETING MINUTES Alvaro Ballesteros	<p>Member Booth noted that she was not present at the January 21, 2020 meeting, the voting record for AUD A.0120 on page 3 of the minutes should be 2 AYES.</p> <p>The January 21, 2020 meeting minutes were approved as amended.</p> <p>The amendments to the January 22, 2018 meeting minutes were approved as presented.</p>	<p>Approved unanimously by roll call. 3 AYES</p>
CHAIRPERSON'S REPORT	<p>There was no report from the Chairperson.</p>	
CHIEF EXECUTIVE OFFICER/CHIEF FINANCIAL OFFICER REPORT	<p>John Baackes, <i>Chief Executive Officer</i>, reported:</p> <ul style="list-style-type: none"> • He will provide a full report at the Board meeting next week. • L.A. Care has scheduled a series of provider town hall meetings with a variety of providers to discuss the California Governor's May Revised Budget. L.A. Care's senior team will be available to leaders of provider groups to ensure understanding of the impact of state budget cuts and engage them as partners. • Federal aid may be forthcoming. We are working on ways to address the funding deficit to preserve the Medi-Cal program for beneficiaries. <p>Chair Ballesteros asked, if the state will proceed with the budget knowing that if federal relief is not enacted the state will cover the shortfall? Mr. Baackes noted that the state may draw down rainy day funds and could include federal aid to achieve a balanced budget. If federal aid is not enacted, the budget can be revised. Legislators are claiming they have addressed the severe cuts proposed by the Governor.</p> <p>Member Booth asked about the triggered cuts. Mr. Baackes noted the triggered cuts were a 1.5% Medi-Cal retroactive rate decrease and changes to hospital payments. Those two items remain in the proposed Budget Revisc. Additional changes are being considered.</p> <p>Mr. Baackes reported that most L.A. Care staff members are working remotely with no diminution in productivity. Plans are underway to return to work carefully in phases, and in consideration of individual needs and concerns. Staff is expected to be back in office sometime around the end of July or early August.</p>	

APPROVED


AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
COMMITTEE ISSUES		
Request for Proposal Process	<p>Marie Montgomery, <i>Chief Financial Officer</i>, reported that the Committee had previously directed staff to conduct a competitive bidding process (RFP) to invite other firms to propose providing audit services to L.A. Care. An RFP was conducted for the 2019-20 Fiscal Year audit.</p> <p>Information about the RFP is included in the meeting materials. The RFP was sent to seven firms, staff received responses from four firms. The firms were scored by an internal cross departmental work group.</p> <p>Member Booth asked about the audit approach. Ms. Montgomery explained the manner in which a firm reviews financial processes.</p> <p>Member Booth asked about scoring on pricing. Ms. Montgomery noted that the score includes the rate per hour and number of hours assumed to complete the work. Two firms are higher in terms of pricing driven by more audit hours to be performed for the audit.</p> <p>Ms. Montgomery noted that L.A. Care is satisfied with the services of Deloitte & Touche (D&T). Key considerations are timing of the audit and completion of the audited financial statements. Staff has asked for a commitment for a draft audit report by the end of December. L.A. Care must also be timely in responding to requests from auditors. Member Booth asked about timeliness in response during the holidays. Ms. Montgomery noted that staff has clarified with D&T about increased responsiveness. Good response was experienced during this past audit. Member Booth stated that response time is critical. Ms. Montgomery noted that the audit Partner indicated that this has been addressed, and this past audit went more smoothly.</p> <p>Ms. Montgomery added that D&T is rotating the audit Partners. Rosie Procopio, <i>Audit Managing Director, Deloitte & Touche</i>, will serve as engagement Partner, if this committee is comfortable with that. Member Booth asked if Angelica Kocharova is staying on. Ms. Montgomery confirmed that Ms. Kocharova will stay on and will assist Ms. Procopio during the transition.</p>	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Ms. Montgomery noted that staff is recommending that L.A. Care continue the engagement with D&T for audit services for FY 2019-20. An audit plan will be presented to the Committee around August.</p> <p>The Committee concurred with Staff's recommendation to engage D&T for audit services for FY 2019-20.</p>	
ADJOURNMENT	The Chair adjourned the meeting at 9:05 am.	

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

APPROVED BY:



Al Ballesteros, MBA, *Chairperson*
Date Signed: 7/22/2020

APPROVED