



**L.A. Care**  
HEALTH PLAN

*For All of L.A.*

# BOARD OF GOVERNORS MEETING

April 2, 2020 • 2:00 PM

L.A. Care Health Plan, Conference Room 100  
1055 W. 7<sup>th</sup> 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.

<b>L.A. Care Membership by Product Line – As of February 2020</b>	
Medi-Cal	<b>1,969,904</b>
L.A. Care Covered	<b>82,250</b>
Cal MediConnect	<b>16,271</b>
PASC-SEIU	<b>51,156</b>
Total membership	<b>2,119,581</b>
<b>L.A. Care Providers – As of September 2018</b>	
Physicians	<b>4,926</b>
Specialists	<b>19,024</b>
Both	<b>1,537</b>
Hospitals, clinics and other health care professionals	<b>8,778</b>
<b>Financial Performance (FY 2019-2020 budget)</b>	
Revenue	<b>\$8B</b>
Fund Equity	<b>\$1.2B</b>
Net Operating Surplus	<b>\$152.9M</b>
Administrative cost ratio	<b>5.6%</b>
<b>Staffing highlights</b>	
Full-time employees (Actual as of November 2019)	<b>2,343</b>
Projected full-time employees (FY 2019-2020 budget)	<b>2,362</b>





**AGENDA**  
**BOARD OF GOVERNORS MEETING**  
**L.A. Care Health Plan**  
 Thursday, April 2, 2020, 2:00 PM  
 L.A. Care Health Plan, 1055 W. 7<sup>th</sup> Street, 1<sup>st</sup> Floor, Los Angeles, CA 90017

**DRAFT**

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. Accordingly, members of the public should now participate in this meeting via teleconference as follows:

**Teleconference Call-In Information/Site**  
 Call (844) 907-7272 or (213) 438-5597  
 Participant Access Code #73259739

Members of the Board of Governors or staff may also participate in this meeting via teleconference. *The public may hear and observe the Board of Governors’ meeting by teleconference. The public is encouraged to submit its public comments or comments on Agenda items in writing. You can e-mail public comments to [boardservices@lacare.org](mailto:boardservices@lacare.org), or send a text or voicemail to: 213 628 6420.*

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

Comments received by voicemail 2:00 pm on April 2, 2020 will be provided to the members of the Board of Governors. Public comments submitted within this timeframe shall be read for 3 minutes into the record.

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.

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

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act please contact 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](mailto: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*
  - Approve February 6 Board of Governors meeting minutes p.8
  - California Long Term Care Education Center (CLTCEC) Contract Extension (EXE 100) p.31
  - Regional Community Advisory Committee Members (ECA 100) p.32
  - Children’s Health Consultant Advisory Committee Members (CHC 100) p.33
4. Chairperson’s Report *Chair*
5. Chief Executive Officer Report p.34
  - Government Affairs John Baackes  
*Chief Executive Officer*
  - Community Health Investment Fund (CHIF) Summary for FY 2018-19 p.36 Cherie Compartore  
*Senior Director, Government Affairs*
  - Grants & Sponsorships Reports p.76 Roland Palencia  
*Director, Community Benefits*

6. Chief Medical Officer Report p.80

Richard Seidman, MD, MPH  
*Chief Medical Officer*

**Committee Reports**

7. Executive Community Advisory Committee

Hilda Perez/Layla Gonzalez  
*Consumer member and Advocate member*

8. Executive Committee

*Chair*

- Board Delegation for COVID 19 Actions **(EXE 101)** p.105
- Revisions to Human Resources Policy HR-114 (Paid Time Off) **(EXE 102)** p.108
- Financial Reports **(EXE 103)** p.124
- Monthly Investments Transactions Report p.152

John Baackes

Marie Montgomery  
*Chief Financial Officer*

9. Compliance & Quality Committee

Stephanie Booth, MD  
*Committee Chair*

10. Public Comment

*Chair*

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

*Chair*

11. CONTRACT RATES

Pursuant to Welfare and Institutions Code Section 14087.38(m)

- Plan Partner Rates
- Provider Rates
- DHCS Rates
- Plan Partner Services Agreement

12. 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: *April 2022*

13. PUBLIC EMPLOYEE PERFORMANCE EVALUATION

Section 54957 of the Ralph M. Brown Act

Title: Chief Executive Officer

14. CONFERENCE WITH LABOR NEGOTIATOR

Section 54957.6 of the Ralph M. Brown Act

Agency Negotiator: Hector De La Torre

Unrepresented Employee: Chief Executive Officer

**RECONVENE IN OPEN SESSION**

*Chair*

15. Consideration of Chief Executive Officer's Compensation,  
Employment Agreement and Amendment to Retirement Plan

*Chair*

**Adjournment**

*Chair*

**The next meeting is scheduled on Thursday, May 7, 2020 at 2:00 PM  
and may be conducted as a teleconference meeting.**

**Public comments can be three minutes or less.**

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

If a teleconference location is listed at the top of this agenda, the public can participate in the meeting at that location or by calling the teleconference call in number provided. If teleconference arrangements are listed at the top of this Agenda, note that the arrangements may change prior to the meeting.

**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](mailto: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](mailto: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](mailto: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 April 2020

Monday	Tuesday	Wednesday	Thursday	Friday
		1	2 <i>Board of Governors Meeting 2 pm</i>	3
6	7	8	9	10
13	14	15	16	17
24 <i>Finance &amp; Budget 1 pm (for approx. 1 hour)</i>  <i>Executive Committee 2 pm (for approx. 2 hours)</i>	25	26	27	28

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.

**Board of Governors**  
**Regular Meeting Minutes #285**  
**February 6, 2020**

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



**Members**

Hector De La Torre, *Chairperson*  
 Alvaro Ballesteros, MBA, *Vice Chairperson*  
 Robert H. Curry, *Treasurer* \*  
 Layla Gonzalez, *Secretary*  
 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, MPH\*

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*

\*Absent \*\*Via teleconference

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>WELCOME</b>	<p>Hector De La Torre, <i>Chairperson</i>, called the meeting to order under a regular and Special Supplemental Agendas for L.A. Care and Joint Powers Authority at 2:16 p.m. The meetings were conducted simultaneously. Board Members introduced themselves.</p> <p>He announced that members of the public may address the Board on matters listed on the agenda before or during the Board’s consideration of the item, and on any other topic in the public comment section on the agenda.</p> <p style="text-align: center;"><b>Management/Staff</b></p>	
<b>MEETING HELD IN MEMORY OF MS. MAGGIE BELTON</b>	<p>Margaret Belton was a member of L.A. Care volunteer family since 2015, and will be remembered and honored for her deeds, her character, and her strength.</p> <p>She was a member and Vice Chair of L.A. Care Regional Community Advisory Committee (RCAC) 3. Ms. Belton never sought recognition but was eagerly involved in improving the health of her community. Ms. Belton was a force to be reckoned with and made friends easily with everyone. Her wise counsel, bright smile and happy fellowship will be greatly missed by the members of RCAC 3 and the communities she served.</p> <p>Ms. Belton retired early and began her journey and life’s work of volunteering and advocating for the senior and disabled community of Los Angeles County.</p> <ul style="list-style-type: none"> <li>• Ms. Belton completed her Bachelor of Arts degree in Political Science and Sociology at Howard University in Washington DC,</li> <li>• She held a Bachelor of Science, Registered Nurse degree from Arizona State University,</li> </ul>	



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	<ul style="list-style-type: none"> <li>• She also held a Masters in Health Administration from Indiana University-Purdue in Indianapolis,</li> <li>• She served in the United States Air Force.</li> </ul> <p>Ms. Belton also served and represented the 5th District for Kathryn Barger, Supervisor, Los Angeles County Board of Supervisors, and former 5th District Supervisor, Michael D. Antonovich. She served on a multitude of other community organizations.</p> <p>Ms. Maggie will be remembered for her tremendous contributions, her commitment to everything she put her heart and soul into, and leaves in passing many friends. The lives of the deceased live on in the memories of the living. She was a great advocate.</p> <p>Ms. Perez noted that on behalf of the L.A. Care community advisory committee members she attended Ms. Belton’s memorial. Ms. Perez also noted that Ms. Maggie was a fashionista who loved to dress stylishly. She will be missed.</p>	
<b>APPROVAL OF MEETING AGENDA</b>	<p>The agenda was approved as submitted.</p>	<p><b>Unanimously approved. 9 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Greene, Perez, Roybal, and Shapiro)</b></p>
<b>PUBLIC COMMENT</b> <i>Comments are summarized, not verbatim.</i>	<p>Carolyn Navarro stated that last time she was interrupted when she participated by telephone and it agitated her. The reason she is here is that her daughter, Vanessa Navarro, received poor care through Synermed. She has noticed that L.A. Care has not mentioned much about this case. In March of 2018 it was noted that L.A. Care was trying to assist doctors affected by Synermed. Synermed was caught obstructing access to patients who needed access to care. She has studied this carefully as the mother of a victim of one these patients. Her daughter became very ill in 2013. Because of Synermed she was transferred back and forth between hospitals, causing her to bleed in the brain and went 10 days undetected. When they finally diagnosed that she had a brain clot, she had so much blood on her brain that she was in an induced coma for 9 days. This was because of Synermed bouncing their daughter back and forth between hospitals when she was gravely ill and wasn’t ready to be transferred to another hospital. In spite of their protests she was forced to be transferred back and forth between these hospitals. During this time, she lost a severe amount of weight. Her deadly brain clot was in her cerebellum which caused more weight loss. (Ms. Navarro showed a pair of small pants that her daughter wore as</p>	

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	<p>she described how much weight she had lost.) Ms. Navarro stated she wore to this meeting a t-shirt that she wore in the hospital when her daughter was ill. She said the t-shirt had food stains because she was feeding her daughter when they were doing a very poor job of feeding her. Ms. Navarro turned in 12 grievances that they ignored. She told them they wanted her daughter seen by a specialist. They told them to take their daughter's records, drive 15 miles away while their daughter was hospitalized to get a second opinion for their daughter. She announced that their daughter died and she showed a photo. She looked into this. She went out of her way in 2014 to alert this agency about what happened to her daughter at Pacific Alliance Medical Center, who happened to own Synermed. They got caught in conflict of interest where they actually had an improper relationship with the doctors and were cited \$33 million by the Office of Inspector General. She said she may have that wrong. In December 2019, L.A. Care was fined \$350,000 for failure of oversight over Synermed. She came to a Board meeting in 2015 trying to tell this Board everything that happened. When she complained about Care 1st, which was the agency overseeing the care of her daughter, her complaints were forwarded by L.A. Care to Care 1st. She complained to L.A. Care about Care 1st. Pacific Alliance Medical Center owned them.</p> <p>April Stom discussed L.A. Care's denial for care and delays in processing appeals. She believes there are other patients that don't receive care. She stated that L.A. Care doesn't care. L.A. Care's lack of communication is keeping her ill. Last night L.A. Care backtracked on what is typed in the denial letter, and said L.A. Care never said it wasn't medically necessary. She has it in writing and on an audio recording from last week when she was forced to come to L.A. Care's offices. She stated that L.A. Care is reviewing for medical necessity. L.A. Care's right and left hands are not communicating with its brain at all. L.A. Care employee reviews prove that. Today is the 31<sup>st</sup> day since she filed her expedited appeal and zero acknowledgement letters have been received by her, no matter how many times she demands one. By way of refusal to let her speak to anyone about her appeal she was forced to come to L.A. Care offices twice. In February 2019 she fought for the right to upper level care through the State ombudsman and Department of Managed Health Care. L.A. Care blamed Synermed back then for impeding her health care on a recorded line when L.A. Care's employee called her and was fully aware of being recorded. She demanded upper level care because L.A. Care's choices of neurologists were refusing to do anything or help her with a rare serious diagnosis she was dealing with at the time. It turns out it was L.A. Care that was refusing according to recent court losses. Her doctor at the time, Dr. Chang, while already having assigned a neurosurgeon, at some point decided he wasn't taking Medi-Cal patients any longer. He never notified her. She only found out when she needed help the most and she had to wait 24 hours for him to tell her he wasn't her doctor from the time she called needing help with new symptoms. Instead of</p>	

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	<p>receiving the help she needed she was rudely spoken to like she does not matter. Right after Christmas L.A. Care took away the doctor that has been helping her for two years that she fought for, and the monthly IV therapy that they have been giving her consecutively for two years. And L.A. Care sent her back to Dr. Chang. She said, "Thank you, very thoughtful". L.A. Care might as well have typed Synermed at the top of the denial. She left Mr. Baackes a voice mail on February 26, 2018, asking for help as well. She did not get a call back. She has an audio recording of her voice mail if he would like to hear it. She keeps extremely good records of things related to the problems with Synermed and it is still on top of the referrals and denials, covered in her tears. Synermed has had its claws in her since she lived in Orange County in about 2014. She knew then, as she knows now, that L.A. Care is impeding her health care. It doesn't matter who L.A. Care wants to place blame on, L.A. Care was found guilty in court. Now, in retaliation and in the very month L.A. Care was found guilty, L.A. Care impeded on her health care again. L.A. Care continues to make mistakes, back track and lie. She asked that L.A. Care fix its mistakes now, please. Her health is at stake. She is spiraling into pain while L.A. Care continually lies and makes mistakes. Literally lives depend on L.A. Care's ability to do its job correctly.</p> <p>Chairperson De La Torre thanked both speakers and asked that they let Board Services know if they want to speak with Member Services while they are here today.</p> <p>Albert Navarro, wanted to say that L.A. Care was supposed to oversee Care 1st. Care 1st sent his daughter to a hospital that was 15 miles away from where she lived and his daughter's doctors did not have privileges at that hospital. He protested and Care 1st turned a blind eye. The hospital was Pacific Alliance Medical Center. He is thankful that the hospital was fined \$42 million and shut down.</p> <p>Rachel Rose Luckey, advocated for Demetria Saffore, a member of RCAC 1. A couple of years ago Ms. Saffore reported to L.A. Care an incident where a Taser was fired at her. There was an investigation. A letter was written by Mr. Oaxaca based on a report about that investigation. In the letter, Mr. Oaxaca accused Ms. Saffore of lying about the incident. In the letter he admonished her for a violation of the Code of Conduct because of her perceived dishonesty. In November or the first part of December, Ms. Luckey made a Freedom of Information Act (FOIA) request on behalf of Ms. Saffore, requesting that report. Last month she received notification from L.A. Care's legal department that they would not honor the FOIA request as they considered it a personnel matter. As a RCAC member and Vice Chair, Ms. Luckey is not one of L.A. Care's personnel and neither is Ms. Saffore. Ms. Luckey thinks it is completely outrageous for Mr. Oaxaca to be able to issue a letter calling Ms. Saffore a liar and admonishing her for a perceived violation of the Code of Conduct when she was not interviewed by the</p>	

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	<p>investigator who made the report, and she is unable to have a copy of the report that generated the letter from Mr. Oaxaca. She asked the Board to mandate that the legal department release that report to Ms. Saffore so she can see the allegations brought against her that caused the generation of the despicable letter. She would really appreciate if the Board would heed her request.</p> <p>Chairperson De La Torre thanked Ms. Luckey for her comments and responded that Augustavia Haydel, <i>General Counsel</i>, would look into the matter.</p>	
<p><b>CONSENT AGENDA ITEMS APPROVED BY A COMMITTEE</b></p>	<p>The items on the Consent Agenda approved by a Committee were considered by the Board:</p> <ul style="list-style-type: none"> <li>• Approve December 5, 2019 meeting minutes as amended</li> <li>• Legal Services Policy LS-010 (Delegation of Authority to Approve, Compromise, and/or Settle Certain Pre-Litigation Claims and Pending Litigation) <b><u>Motion EXE 100.0220</u></b> <b>To approve revisions to LS-010 – Delegation of Authority to Approve, Compromise and/or Settle Certain Pre-Litigation Claims and Pending Litigation as attached and authorize General Counsel (or designee) to make any non-substantive changes that may be required to implement the approved changes.</b></li> <li>• RCAC Members <b><u>Motion ECA 100.0220</u></b> <b>To approve the following as members to the Regional Community Advisory Committee (RCAC), as reviewed by Executive Community Advisory Committee (ECAC) at its December 11, 2019 and January 8, 2020 meetings:</b> <ul style="list-style-type: none"> <li>○ Joyce M. Sales, Consumer, RCAC 6</li> <li>○ Martha Pedroza, Consumer, RCAC 7,</li> <li>○ Martha Gasca-Landin, Consumer, RCAC 8</li> <li>○ Hong Sok Pham, Consumer, RCAC 9</li> </ul> </li> <li>• Ratify Election of RCAC 11 Vice Chair <b><u>Motion ECA 101.0220</u></b> <b>To ratify the election of Gladis Álvarez as Vice Chair of Regional Community Advisory Committee (RCAC) Region 11 for the remaining term vacated by Maria Angel Refugio.</b></li> <li>• Ratify Election of ECAC Chair and Vice Chair <b><u>Motion ECA 102.0220</u></b></li> </ul>	<p>The Consent Agenda items were unanimously approved. 9 AYES</p>

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	<p>To ratify the election of Fatima Vasquez as Chairperson and Cynthia Conteas-Wood as Vice Chairperson of the Executive Community Advisory Committee (ECAC) for the calendar year 2020.</p> <ul style="list-style-type: none"> <li>Revised 2020 Board and Committee Meeting Schedule <b><u>Motion BOG 100.0220</u></b> To approve the revised 2020 Board of Governors meeting schedule as submitted.</li> <li>Verizon Business <b><u>Motion BOG 101.0220</u></b> To authorize staff to execute a contract in an amount not to exceed \$2.9 million with Verizon Business to provide telecommunication services for three years.</li> <li>Quarterly Investment Report <b><u>Motion FIN 100.0220</u></b> To accept the Quarterly Investment Report for the quarter ending December 30, 2019, as submitted.</li> <li>Staff Augmentation Vendors <b><u>Motion FIN 101.0220</u></b> To authorize additional spending with the following vendors: Cognizant, Infosys, HCL, Solugenix Corp, Insight Global and Synaptix in an amount not to exceed \$9,600,000 (not to exceed \$59,622,178) for capital and operating consulting expenditures through September 30, 2020.</li> </ul>	
<b>CHAIRPERSON'S REPORT</b>	There was no report from the Chairperson.	
<b>CHIEF EXECUTIVE OFFICER REPORT</b>	<p>John Baackes, <i>Chief Executive Officer</i>, referred to his written report in the meeting materials (<i>a copy of his report is available by contacting Board Services</i>).</p> <ul style="list-style-type: none"> <li>Elevating the Safety Net program has awarded 29 grants since September 2018 to primary care practices and clinics that will bring new primary care physicians into Los Angeles County. As of January 2020, 69 physicians have been hired by safety net providers. Of those, 28 have applied for medical school loan repayment relief. L.A. Care has also awarded 16 medical school scholarships to Charles Drew University and UCLA medical schools.</li> <li>L.A. Care's housing for health program has housed 254 households.</li> <li>IHSS home care training has graduated 2,469 caregivers who are serving L.A. Care patients.</li> </ul>	

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	<p>L.A. Care is delighted with the progress these programs are making and the feedback received is quite encouraging that these programs are making a difference.</p> <ul style="list-style-type: none"> <li>• A significant lawsuit was filed against L.A. Care by Dignity Hospitals in 2016 claiming that hospitals that do not have a contract with L.A. Care can bill L.A. Care for full charges to care for L.A. Care Medi-Cal members admitted to the hospital through the emergency room. California state law requires that non-contracted hospitals are entitled to receive Medi-Cal rates. The court found that L.A. Care was correct and Dignity appealed the ruling. Recently the Court of Appeals handed down a unanimous decision in favor of L.A. Care. This win is important for Medi-Cal health plans in California to preserve fiscal stability. There were a number of amicus briefs filed with the Court in favor of L.A. Care. L.A. Care continues to negotiate contracts with Dignity Hospitals.</li> <li>• L.A. Care changed its transportation vendor to Call the Car as previously reported. L.A. Care continues to receive positive feedback from members. Statistics on Call the Car operations have indicated improvement in getting members to appointments on time.</li> </ul> <p><i>(Member Ridley-Thomas joined the meeting.)</i></p> <p>Dino Kasdagly, <i>Chief Operating Officer</i>, noted that L.A. Care monitors transportation data daily. The performance of Call the Car is outstanding. He reminded members to cancel unneeded transportation arrangements or L.A. Care pays a fee to the vendor. The number of rides has increased to 165,000 rides monthly (from previous rate of about 110,000). The transportation benefit is making a difference because people are getting to their appointments. Transportation costs are up and it is the right cost to bear.</p> <p>Mr. Baackes noted that L.A. Care is looking at ways to improve and help people access care, receive better care and have better health care outcomes. L.A. Care is working to integrate social safety net services with health care services to improve health outcomes and ultimately reduce the cost of healthcare.</p> <ul style="list-style-type: none"> <li>• Mr. Baackes reported that federal regulatory changes are proposed pursuant to the Medicaid Fiscal Accountability Regulation. Changes are proposed to the rule in how states fund the Medicaid program. Today there are funds paid to Medi-Cal plans as capitation, and those funds are used to reimburse the doctors and hospitals for their services. On top of that, hospitals and organizations like Los Angeles County Department of Health Services (DHS), receive additional supplemental payments. The way those supplemental payments are organized and disbursed is being challenged. A substantial decrease in funds could result unless an alternative mechanism is created. This is important for these providers and L.A.</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Care is following it very closely. This is an area where letters from the public wouldn't hurt. He offered that L.A. Care would provide members with suggested language objecting to this proposal.</p> <p>A second proposal for Medicaid block grants has received a lot of exposure but would not affect L.A. Care members.</p> <ul style="list-style-type: none"> <li>• The public charge rule changes have cleared court challenges but other challenges remain. This has had a chilling effect on enrollment in programs for which people are eligible but are afraid to enroll because it could affect citizenship applications.</li> <li>• L.A. Care has outstanding providers and a provider recognition dinner was held to acknowledge the groups that work hard to provide access to quality services for L.A. Care members.</li> </ul> <p>Member Perez asked about L.A. Care's position on the changes to the public charge and how potentially affected members could be advised. Mr. Baackes responded that the rule change is now in effect. People can follow the work of groups such as the ACLU for information on this rule. People can also write letters to the editor of the newspaper or other public venues about the effect of the rule change. This rule can be changed legislatively.</p> <p>Chairperson De La Torre noted that the regulation can still be challenged. The attempt to block the changes was denied by the courts. The substance of the regulation can still be litigated, which will take longer. In the meantime, those who may be affected will need to decide for themselves whether to apply for benefits for which they may be eligible, but may affect their application for citizenship. Statistics show that over 800,000 of the uninsured would qualify for Medicaid but have not enrolled. There is a negative impact for public health when people are afraid to enroll.</p>	
<b>GRANTS AND SPONSORSHIP REPORTS FOR OCTOBER, NOVEMBER and DECEMBER, 2019</b>	<p>Mr. Baackes noted that the written report is included in the meeting materials.</p>	
<b>VISION 2021</b>	<p>Member Booth noted the meeting materials included the Vision 2021 document without a Progress Report. The Executive Committee reviewed the December 2019 Progress Report which she has since reviewed with Wendy Schiffer, <i>Senior Director, Strategic Planning, Strategy,</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Regulatory and External Affairs</i>, hoping to revise the report to more clearly indicate the positive impact of L.A. Care’s support for physicians and other providers.</p> <p>Chairperson De La Torre welcomed Member Ridley-Thomas. He thanked Susan Ma for the Lunar New Year treats.</p>	
<p><b>CHIEF MEDICAL OFFICER REPORT</b></p>	<p>Mr. Baackes reported on behalf of Richard Seidman, MD, <i>Chief Medical Officer</i>.</p> <p>A State Auditor’s Report on statewide lead screening for children was released January 7, 2020. From 2009 to 2018, 1.4 million of the 2.9 million 1 and 2-year-old children on Medi-Cal were not appropriately screened for lead. The average screening rate in the U.S. is 45%, 36% in CA, and 65% for L.A. Care, twice the statewide average.</p> <p>Current and past interventions include:</p> <ul style="list-style-type: none"> <li>• educational brochures sent to members.</li> <li>• provider reminders of recommended lead screening guidelines.</li> </ul> <p>Additional planned interventions include:</p> <ul style="list-style-type: none"> <li>• Offer a webinar for providers to increase screening rates.</li> <li>• Offer educational materials to our network providers that can be distributed in their practices.</li> <li>• Analyze our internal data to determine regional and provider level screening rates to identify opportunities to improve.</li> <li>• Collaborate with the Department of Public Health to increase screening rates and facilitate referrals consistent with recommended guidelines.</li> </ul> <p>He reminded parents to ask pediatricians to screen for lead for 1 and 2 year olds. Member Booth asked about new data that may show the necessity for screening and Mr. Baackes responded that about 5% of children screened show elevated levels of lead exposure.</p> <p>Alex Li, MD, <i>Deputy Chief Medical Officer</i>, noted that from a practice guideline perspective there has been a de-emphasis on the national level for lead screening in general, but certain populations may have a higher risk for having mild to moderate lead levels.</p> <p>Novel Corona Virus Update as of February 4, 2020</p> <ul style="list-style-type: none"> <li>• Chance of being exposed is limited outside of China.</li> <li>• More than 20,000 cases and over 400 deaths, predominantly in China.</li> <li>• Cases now found in more than 20 countries.</li> </ul>	



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• About a dozen cases in the U.S. with half of them in California, with one in L.A. County.</li> </ul> <p>Here are some tips on how to avoid the flu and coronavirus:</p> <ul style="list-style-type: none"> <li>• Hand washing and the flu vaccine remain the most effective prevention to avoid the flu and other respiratory illnesses during the cold and flu season.</li> <li>• Masks are not recommended for the general public.</li> <li>• There is no reason to suspect anyone of having the virus solely on the basis of actual or perceived national origin.</li> </ul> <p>While the outbreak is a cause for concern nationally and internationally, of greater concern is that influenza is far greater risk in US and it is strongly recommended that everyone get a flu vaccine.</p>	
<p><b>Presentation by Deborah Prothrow Stith, MD, Dean, College of Medicine, Charles Drew University</b></p>	<p>Chairperson De La Torre wished a Happy Birthday to Dr. Prothrow Stith.</p> <p>Mr. Baackes introduced Dr. Prothrow Stith and thanked her for coming. Members requested a presentation from one of the medical schools at which the L.A. Care Scholars are studying.</p> <p>Dr. Prothrow Stith presented information on diversity among American medical school students. <i>(a copy of her presentation is available by contacting Board Services.)</i></p> <p>The data shows that scholarships are important to encourage participation in medical schools. Applicants and students accepted to medical schools in the U.S. are mostly of the white or Asian races. For the underrepresented racial groups, the question is what can be done to improve the representation of those groups in medical schools.</p> <p>Providing scholarships for students who already have undergraduate school debt will improve their chances of being able to attend medical school and remain in the safety net community. Raising the number of students in medical school from certain racial backgrounds who are committed to helping the safety net community, could help to improve health outcomes in those communities.</p> <p>Racial and ethnic minorities have higher rates of chronic disease, obesity and premature death than white people. Black patients in particular have among the worst health outcomes, experiencing higher rates of hypertension and stroke. Black men have the lowest life expectancy of any demographic group, living an average 4.5 fewer years than white men. African Americans make up 13% of the US population but only 4% of U.S. doctors and less than 7% of U.S. medical students. There is data that health outcomes improve for black males if their doctor is also a black male. The decades long decline in the number of black male</p>	

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	<p>applicants to medical schools has plateaued in 2019 but the number is still much lower than what is needed or expected.</p> <p>Charles Drew University (CDU) graduates are twice as likely to practice in underserved areas than other medical school graduates. Each year nearly 70% of CDU graduates choose primary care residency programs, 40% in family medicine. CDU graduates are mostly from California (91%), 70% are from Los Angeles County.</p> <p>Member Perez thanked Dr. Prothrow Stith for coming to the meeting and presenting the information. Members want to know that the scholarship recipients will serve the safety net in Los Angeles County. One of her goals has been to shorten the wait time that members experience in getting care, which is one reason she is supportive of the Elevating the Safety Net program. It is important to get the information to L.A. Care’s advisory committee members. She thanked Dr. Prothrow Stith on behalf of the members for describing how the scholarship recipients are selected. She suggested including information about LGBTQ community participation. Dr. Prothrow Stith noted that the data includes the LGBTQ community as well as a lot more data. This presentation is an overview and that data is not shown in detail.</p> <p>Ms. Gonzalez noted that an L.A. Care advisory committee member frequently asks about sensitivity training, so she asked on that member’s behalf if sensitivity training is provided to the students.</p> <p>Dr. Prothrow Stith responded there is a set of institutional learning objectives for CDU that includes social justice, community engagement, research expertise, health policy work and global health. Every student at CDU is exposed to those five areas of work. A challenge is to incorporate those in the curriculum. The orientation month for new Residents includes sensitivity training and it is included in the student experience along the way. CDU accepts students to medical education based on history of service and commitment so all come with robust volunteer activities and commitment to serving in underserved communities. The goal of the program is to supplement that base of service and experience.</p> <p>Member Ballesteros asked about outreach earlier in a young person’s education to encourage an interest in medicine, dental or mental health.</p> <p>Dr. Prothrow Stith discussed CDU’s valued high school programs to encourage medical school participation. Two graduates of CDU medical school have come up through that program. The King Drew Magnet High School is on the CDU campus and there are a series of connections to CDU for those students.</p>	

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	<p>Mr. Baackes again thanked Dr. Prothrow Stith for her presentation and noted that L.A. Care views its relationship with CDU and with Martin Luther King JR Community Hospital (MLK) as partnerships. Dr. Prothrow Stith noted that in March CDU will conduct the first continuing medical education event at MLK.</p>	
<b>COMMITTEE REPORTS</b>		
<p><b>Executive Community Advisory Committee (ECAC)</b></p>	<p><b>PUBLIC COMMENT:</b></p> <p>Rachael Rose Luckey commented that at the December ECAC meeting she questioned Mr. Oaxaca about the issue she raised earlier today. Because of a new rule voted in by ECAC but really pushed by staff in a committee meeting, there are new changes to public comment. The new rule is one question or one comment and once you make that comment you can sit down. Ms. Luckey feels she has demonstrated that she can give three comments in one minute. So the spirit of The Ralph M. Brown Act, where we are supposed to give people opportunity to speak to the deliberative bodies that oversee us, she believes that we must allow people their three minutes to say whatever they want to say. For the people that are being addressed to not comment back is fine. But she was shut down mid-sentence because, in her mind, it was an uncomfortable discussion that she was trying to have with a staff member. She will push RCAC and ECAC to change the rule to a time limit, and so people are not shut down. She wanted to bring it to the Board's attention and she hopes it can be solved.</p> <p>Chairperson De La Torre noted that this will be reviewed. Time is the common mechanism for public comment and L.A. Care will look into this.</p> <p>Member Gonzalez acknowledged the RCAC members attending today's meeting. ECAC met on December 11 and January 8 (minutes are available by contacting Board Services). At the December 11 meeting:</p> <ul style="list-style-type: none"> <li>• Francisco Oaxaca, <i>Senior Director of Communications and Community Relations</i>, reported on the success of Care Harbor. Over 2500 people received services from over 300 providers and other volunteers. He also notified the Committee that the Pomona Community Resource Center is open for business.</li> <li>• Fatima Vazquez, <i>RCAC 7 Chair</i>, was voted as the ECAC Chair and Cynthia Contreas-Wood, <i>RCAC 3 Chair</i>, as the ECAC Vice Chair.</li> <li>• Karen Mahgerefteh, <i>Quality Improvement Project Manager</i>, reported on the benefit of Fluoride Varnish for Children aged 6 and under.</li> </ul> <p>At the January 8 meeting:</p> <ul style="list-style-type: none"> <li>• The Committee took time to honor the late Margaret Belton, <i>RCAC 3 Vice Chair</i>.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Prity Thanki, <i>Local Government Advisor II, Government Affairs</i>, provided a legislative update and briefly spoke about work requirements for CalFresh recipients and applicants. The Trump Administration has changed the rules for the program effective April 1, 2020.</li> <li>• Mr. Oaxaca reported on the length of time it should take for members to receive approved Durable Medical Equipment. He also spoke briefly about SB 104. Starting on January 1, 2020 SB 104 will expand full scope coverage to eligible young adults between the ages of 19 through 25, regardless of immigration status. Changes to the public charge rule may affect the enrollment for this program.</li> <li>• Martin Vicente, <i>Field Specialist</i>, reviewed the Regional Community Advisory Committee work plan outcomes for 2019.</li> <li>• Rudy Martinez, <i>Safety and Security Specialist II, Facilities Services</i>, reviewed the annual emergency evacuation drill procedure and led the Committee, staff and the public in attendance on an evacuation drill.</li> </ul> <p>Member Perez clarified her comment earlier that there is a lack of physicians in Los Angeles County and through the Elevating the Safety Net Program, L.A. Care is trying to address this. Mr. Vicente prepared a report for the ECAC meeting in a power point presentation and she wanted to give that presentation to the Board today. She understands that Mr. Oaxaca needs to approve a presentation to the Board, so she made a formal request to have this presentation given at a future Board meeting so everyone can see all the work that the Community Outreach &amp; Engagement (CO&amp;E) does to engage RCAC members and do awesome things in the community to benefit everyone's health.</p> <p>During the presentation it was mentioned that RCACs have three main goals and objectives.</p> <ul style="list-style-type: none"> <li>• Train RCAC leaders in advocacy and leadership. The I Speak program trains members who would like to participate in legislative visits locally and in Sacramento to address issues affecting L.A. Care members. <ul style="list-style-type: none"> <li>○ Members Gonzalez and Perez are invited to participate in leadership training for Chairs and Vice Chairs, which includes discussion of topics such as Roles of Leadership, Effective Meeting Strategies, and Managing Difficult Conversations</li> <li>○ Twenty-two members participated in the I Speak program. CO&amp;E took those members on a bus tour of Los Angeles County holding a discussion of Social Determinants of Health.</li> </ul> </li> <li>• Train RCAC members in specific areas: <ul style="list-style-type: none"> <li>• Health Equity and Equality</li> <li>• Outreach and Education</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>• Complete RCAC work plans:               <ul style="list-style-type: none"> <li>○ Sponsorships – \$55,000 in funding for food security sponsorships was granted to 11 community organizations to support                   <ul style="list-style-type: none"> <li>✓ Breakfast baskets for low wage workers</li> <li>✓ Feed approximately 1700 individuals by initiating a community food hub</li> </ul> </li> <li>○ Colorectal cancer screening outreach – health promoters worked with RCAC members to reach 5,704 community members who received colorectal cancer information</li> </ul> </li> </ul> <p>Member Perez will meet with staff to determine ways to engage members in supporting these community organizations. She invited members to call her to provide input on how members can be more productive and “hands on” with the work plans. She encouraged members to provide input.</p>	
<b>Children’s Health Consultant Advisory Committee</b>	<p>Member Shapiro reported that the members of the Children’s Health Consultant Advisory Committee met on January 21.</p> <ul style="list-style-type: none"> <li>○ Rosina Franco, MD, Senior Physician with LAUSD, presented information about LAUSD School-Based Health Clinics. There are currently 14 clinics located inside 14 different LAUSD schools that provide free services to students including vision and reproductive health services. In addition to free services for students, free services are also provided to younger siblings living in L.A. County.</li> <li>○ Author Karen Gross discussed Trauma Informed Care and the need for early intervention for childhood trauma.</li> <li>○ Member Shapiro was approved as a member of the Committee.</li> </ul>	
<b>Technical Advisory Committee</b>	<p>Mr. Baackes reported that the Technical Advisory Committee (TAC) was recently reactivated and held a second meeting on January 22:</p> <ul style="list-style-type: none"> <li>○ Phinney Ahn, <i>Executive Director, Medi-Cal</i>, presented information about the Medi-Cal Healthier California for All Waiver (Formerly CalAIM) which will start in January 2021. A primary goal is to identify and manage member risk and need through Whole Person Care approaches and by addressing Social Determinants of Health as part of providing health care services for members.</li> <li>○ Marina Acosta, <i>Health Equities Program Director</i>, presented on Social Determinants of Health and L.A. Care’s work in addressing the impacts on members and improving member experiences. L.A. Care is working on aligning social safety net services with members because of the significant impact on health outcomes and cost.</li> </ul>	
<b>Executive Committee</b>	<p>The Executive Committee met on January 27 (<i>a copy of the minutes can be obtained by contacting Board Services</i>). The Executive Committee reviewed and approved a motion to revise Legal Services</p>	

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	<p>Policy LS-010 (Delegation of Authority to Approve, Compromise and or Settle Certain Pre-Litigation) which was approved earlier in the Consent Agenda.</p>	
<p>California Governor's Budget Proposal January 2020</p>	<p><b>PUBLIC COMMENT:</b>  Ms. Luckey commented that on January 15, 2020, RCAC 4 unanimously passed a resolution to have L.A. Care support both the House and Senate Bills in the US Congress for Medicare for All. The resolution is to ask L.A. Care to add this to its legislative agenda and to advocate on Capitol Hill for the passage of the Medicare for All Act. L.A. Care definitely needs to make sure that every citizen and non-citizen has access to health care without any out of pocket cost, without any obstacles, barriers or prohibitions, to be able to get satisfactory high quality health care. Every other industrialized country in the world is able to provide this. All L.A. Care has to do is look at neighbors of the world and emulate how they are doing it.</p> <p>Mr. Baackes reported:  The Governor has appointed a new director for California's Department of Health Care Service's (DHCS), Dr. Bradley Gilbert, who is the former CEO of Inland Empire Health Plan and a primary care physician. L.A. Care is delighted at the appointment of two physicians to lead Health and Human Services and DHCS and hoping this heralds an era that considers the patient first in planning regulations and oversight of health care in California.</p> <p>It was reported last week that California's Managed Care Organization (MCO) tax was rejected as had been expected. The MCO tax was not included in the current state budget so no immediate impact. The MCO tax expired last July and represented about \$1 billion in revenue for the Medi-Cal program. Loss of the tax will lead to a slight shortfall in revenue statewide. The total statewide funding commitment for Medi-Cal is \$110 billion. There is concern that this appears to signal continued animosity between federal and state administrations which may affect future decisions and could compromise the ability of California to serve Medi-Cal beneficiaries. He noted that in the recent State of the Union address, President Trump remarked that California provides coverage for undocumented residents. California does provide, at State expense, full coverage for the children of undocumented parents, through age 18. Legislation passed last year will extend Medi-Cal coverage to undocumented young adults 19-26 years old. The Governor has proposed in this year's budget to provide Medi-Cal coverage to undocumented people over 65. All of these programs are provided through state funding, not federal funding. L.A. Care watches for trends and precedent, and any activity which may compromise access to quality care for L.A. Care members.</p>	

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<b>Finance &amp; Budget Committee</b>	<p>PUBLIC COMMENT:</p> <p>Ismael Maldonado, RCAC 2, commented that he had a stroke last December, was taken to Northridge Hospital through emergency services. Northridge Hospital told him they did not have a contract with L.A. Care and was transferred to Lakeside Hospital. He will report to member services and to Health and Human Services.</p> <p>Mr. Baackes noted that Dignity Health Systems has 4 hospitals in Los Angeles County. Anyone arriving at an emergency room cannot be turned away. The transfer was contrary to policy. He asked Mr. Maldonado to speak with an L.A. Care representative. L.A. Care is negotiating now for a sustainable price in a contract for all Dignity Health System hospitals.</p> <p>Ms. Luckey commented that RCACs don't receive the \$5,000 sponsorship money for the work plan. RCAC Members advise and staff makes a final decision on which community organization to support. She understands, having taken ethics training herself, that RCAC members cannot make those decisions. One idea is to have a budget that RCAC members can plan and take ownership.</p> <p>Chairperson De La Torre reported that the Finance &amp; Budget Committee met on January 27 (<i>Minutes are available by contacting Board Services</i>).</p> <ul style="list-style-type: none"> <li>• The Committee reviewed and approved a contract extension with Quest Analytics that does not require Board approval.</li> </ul>	
<b>Chief Financial Officer Report</b>  Financial Reports for October, November, December 2019  Monthly Investments Transactions Report	<p>Marie Montgomery, <i>Chief Financial Officer</i>, presented highlights of the October, November and December 2019 financial reports included in the meeting materials. (<i>A copy of the report can be obtained by contacting Board Services</i>):</p> <ul style="list-style-type: none"> <li>• Membership for December was unfavorable by 21,000 members, and about 35,000 member months year to date.</li> <li>• Expectations are that new enrollment in January will be lower than budget and L.A. Care will have continued monthly decreases in enrollment.</li> <li>• Strong open enrollment for LACC product, close to 90,000 members.</li> <li>• There were large retroactive rate adjustments received in December.</li> <li>• Revenue is favorable by \$138 million.</li> <li>• Retroactive rate increase of \$32 million for Coordinated Care Initiative (CCI) members for the full year were received in December.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Update to rates effective July 1 for Seniors and People with Disabilities (SPD), Medi-Cal Expansion (MCE) and Temporary Assistance to Needy Families (TANF) was \$16 million.</li> <li>• Proposition 56 updated rates retroactive to July 1 were received (new family planning, trauma and developmental screening and value based payments). L.A. Care is working on internal systems for these new payments.</li> <li>• Higher fee for service (FFS) claims than budgeted will be investigated.</li> <li>• Operating margin for December reflected the retroactive payments noted above.</li> <li>• Results of the deceased member audit from the state resulted in net impact \$8.3 million.</li> <li>• Administrative expense is favorable year to date.</li> <li>• Non-operating income is slightly unfavorable due to timing of grant spending.</li> </ul> <p>Operating Margin by segment</p> <ul style="list-style-type: none"> <li>• Medical Cost Ratio (MCR) for plan partners increased due to Proposition 56 payments.</li> <li>• MCR for SPD/CCI is higher due to higher FFS claims.</li> <li>• Temporary Assistance for Needy Families (TANF) and Medi-Cal Expansion (MCE) have lower MCR due to retroactive acuity adjustments.</li> <li>• Cal MediConnect (CMC) rate decrease impacts the MCR ratio significantly because of the small revenue base.</li> <li>• Commercial plans have a little higher MCR due to timing of expenses.</li> <li>• MCR overall is unfavorable to budget.</li> <li>• Admin ratio is positive.</li> <li>• Tangible Net Equity and days cash on hand ratios are consistent with prior months.</li> </ul> <p><b><u>Motion FIN 102.1219</u></b>  <b>To accept the Financial Report as submitted, for the period ended September 2019, as submitted.</b></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>L.A. Care's investment market value as of October 31, 2019, November 30, 2019, and December 31, 2019, was \$1.8 billion, \$1.7 billion, and \$1.8 billion, respectively. This includes our funds invested with the government pooled funds. L.A. Care has an investment balance of \$62 million for all three months with the statewide Local Agency Investment Fund (LAIF), and</p>	<p><b>Unanimously approved. 10 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Greene, Perez, Ridley-Thomas, Roybal, and Shapiro)</b></p>



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>an investment balance of \$105 million for all three months with the Los Angeles County Pooled Investment Fund (LACPIF).</p> <p>The remainder, \$1.6 billion, \$1.5 billion, and \$1.6 billion, as of October 31, 2019, November 30, 2019, and December 31, 2019, respectively, is managed by two independent asset managers, 1) Payden &amp; Rygel and 2) New England Asset Management (NEAM) and is divided into three portfolios based on investment style,</p> <ol style="list-style-type: none"> <li>1. Payden &amp; Rygel - Short-term portfolio</li> <li>2. Payden &amp; Rygel - Extended term portfolio</li> <li>3. New England Asset Management - Corporate notes extended term portfolio</li> </ol>	
Cognizant Technology Solutions	<p>Mr. Kasdagly summarized the motion included in the meeting materials. The motion pertains to a contract from 2012. Fundamentally, it funds major programs for the QNXT platform for the claims system. The second platform is the care management system. The funds are included in the budget. Staff is working on solutions that will lower the cost for these systems in the future.</p> <p><b><u>Motion FIN 103.0220</u></b>  <b>To authorize staff to amend a purchase order/contract with Cognizant Technology Solutions in the amount of \$13,500,000 (total contract not to exceed \$88,734,459) for software maintenance, hosting, and other support services for L.A. Care’s core systems: QNXT and CCA.</b></p>	Unanimously approved. 10 AYES
Compliance & Quality Committee	<p>PUBLIC COMMENT:</p> <p>Carolyn Navarro stated she started complaining in 2014 about her daughter not getting proper medical care due to Synermed blocking her care. She was even lied to about her medical diagnosis. She was part of the Department of Managed Care investigation regarding Synermed. She was interviewed in depth, even asked if she would be willing to go to court and testify regarding this matter. After everything she has studied about this; she has gone to the court house and looked up lawsuits, as stated she started complaining in 2014. She believes that the Department of Managed Health Care and L.A. Care would rather see Synermed executives and lawyers walk free when they belong in prison. They would rather see these people walk free than admit that they were not practicing proper oversight. Because it wasn’t just L.A. Care that wasn’t practicing proper oversight over Synermed, it was also the Department of Managed Health Care. She sent a 10-page report to the Department of Managed Health Care in 2014, telling them in detail what Synermed was doing. She figured out exactly what Synermed was doing then, and sent them this report. They are well aware of her. Their lawyer responded to</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>her. One of their executive secretaries acknowledged her letter and said it was passed on to their quality control. So for years, she believes L.A. Care and the Department of Managed Health Care were more than aware of what was going on with Synermed. She blames her daughter's death on Synermed. She thinks her daughter would have had a much better outcome, even when she reached out for help from this agency starting in the Spring of 2014. L.A. Care failed her and kept passing her complaint on to Care 1st, who the complaint was about. Pacific Alliance Medical Center owned Care 1st and owned Synermed, she has proof of that. So L.A. Care was telling her to go back to the same people that she was complaining about. She believes that L.A. Care aided and abetted and she would say, are possibly accomplices in Synermed's fraud. She knows of about 20 victims, including about 5 deaths. Her daughter was special needs – she was autistic. She was helpless; she was an adult and she couldn't defend herself. She did everything in her power to get help for her daughter. They forced them to disenroll their daughter. She told L.A. Care all of this in 2014. She begged for help and told L.A. Care all of this. L.A. Care failed them miserably. L.A. Care didn't even help her daughter re-enroll. She was a Medi-Cal beneficiary and she was not getting proper medical care. She was not getting proper follow up after they forced her to disenroll her. She had no choice, she was going to die then if she didn't get help. She asked, how dare you people? What kind of phony operation is this? Synermed's building is now AchievaMed. She asked how AchievaMed is affecting your patients? She would like to know that because they are the same people as Synermed.</p> <p>April Stom commented that she conducted city meetings for the City of La Habra. She is disappointed in the level of disrespect with staff sleeping, talking and rolling their eyes while others are talking. She is not surprised as it is how things are run at L.A. Care. A few minutes ago John Baackes said you try your hardest to make sure people are doing things right from point A to B and that's not true. Two years ago she applied for upper level care and actually asked to see a doctor at UCLA. L.A. Care refused and denied it, blaming it on Synermed. She was told she had to go to USC because they were willing to contract with you. Now L.A. Care is contracted with UCLA. Awesome you are back scratching each other but it did not help her. Luckily USC was good and has helped her. On January 7, over the phone, she filed an appeal on a denial of care. She had received the denial letter on December 28. Merry Christmas and Happy New Year. It was so rude. She received it when she was in the middle of leaving to go on a New Year's trip. When she came back from the trip she filed the appeal. Adrian, who took her appeal, did not offer to schedule an expedited appeal, when he knew her appointment was scheduled for January 21. She had to call 8 or 9 different times, getting yelled at and screamed at and spoken to disrespectfully by Cesar, who she filed a grievance against. She thinks she will probably never hear anything about the grievance but she filed it just the same.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Everyone in your department bold-faced stonewalled her and refused to talk to her on the phone. She had to come to the offices and literally make L.A. Care employees do their job. She wondered if L.A. Care is hiring. She offered to give her resume as it seems that L.A. Care needs good employees instead of the schmoes it has been hiring. The employee reviews she talked about are being posted while the employees are currently employed which says a lot. She thinks it says that they are sick of this s--- too. She doesn't know what else to say anymore. Mr. Baackes came up to her and said she can talk to this gentleman. She has already filed with the DMHC. She is happy to rectify things and get things back in order because her health depends on it. Things need to be worked on harder.</p> <p>Member Booth stated that hearing these stories makes her feel sad and helpless. She assured people that they are being heard. The Board knows it has work to do. She feels it is important that people are here to tell the Board of their experiences.</p> <p>April Stom said she wishes she had known about the Board meetings sooner. She was writing on social media platforms about her complaints.</p> <p>Member Booth reported that the Committee met on January 16. <i>(Minutes are available through Board Services).</i></p> <ul style="list-style-type: none"> <li>• Dr. Seidman provided his report. He briefly spoke about the influenza and noted that the rate of infection is trending downward, but he encouraged everyone to get a flu shot.</li> <li>• Dr. Katrina Miller-Parrish provided an update on L.A. Care's Pay-4-Performance (P4P) program. L.A. Care worked hard with providers to help them improve their performance. <ul style="list-style-type: none"> <li>○ 972 physicians received a total of \$10.5 million and 66 clinics received a total of \$10.5 million. This works out to about \$11,000 per provider.</li> <li>○ L.A. Care paid out nearly \$40 million to primary care providers, clinics, medical groups, and plan partners in December 2019.</li> <li>○ On January 29, L.A. Care held its second annual Provider Recognition Dinner to honor the providers for their work to improve member care.</li> </ul> </li> <li>• Thomas Mapp provided a Chief Compliance Officer report. He spoke about the activities that L.A. Care is doing to prevent, detect, and correct compliance issues before they become a problem. He and Elyse Palomo, Director of Regulatory Audits, described the Performance Monitoring activities that will be reported to the Committee throughout 2020.</li> <li>• Member Booth was re-elected as the Committee Chair.</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>Audit Committee</b>	<p>Member Ballesteros reported that the Audit Committee met on January 21 to discuss the draft audited financial report for fiscal year 2018-19 prepared by outside independent auditors from Deloitte &amp; Touche.</p> <ul style="list-style-type: none"> <li>• Khurram Siddiqui, Partner, and Angelica Kocharova, Audit Manager, for Deloitte &amp; Touche discussed with the committee the results of L.A. Care’s onsite audit.</li> <li>• There were no material weaknesses or deficiencies found in L.A. Care’s financial operations or internal controls. Mr. Siddiqui reported that the audit went smoothly, and there were no material adjustments to the financial statements.</li> </ul> <p>Mr. Baackes commented that it was a remarkably dull meeting as there were no adverse findings. Under its authority delegated to the Audit Committee by this Board, the Audit Committee approved Motion AUD A.0120 to accept the audit findings. The Board does not approve the audit report. A copy of the audit report can be obtained by contacting Board Services.</p>	
<p><b>PUBLIC COMMENT</b> <i>Comments are summarized, not verbatim.</i></p>	<p>Wilma Ballew, RCAC 2 Member, thanked Ms. Luckey for her comments. She understands the reason for timing remarks. At ECAC she wanted to comment about the memorial for Ms. Belton and was given one minute. She tries to say what needs to be said, but she was cut off. She thought that was beyond acceptable as far as rudeness. She was discussing memorial arrangements for someone that had meant a lot to her. It is something she hopes can be addressed. It may not sound like a big thing when you are given a few minutes. Her Access transportation is waiting for her now and she was hoping to get through this. She also would like Dr. Prothrow Stith to provide the information she presented to the advisory committee member who requested the information as she wasn’t able to be here today, and it would help her feel more comfortable that the information was presented. She is concerned about transportation. She comes to Board Meetings on her own as she has Access. But there is a schedule with that and she hopes that they don’t leave her. She would like to work something out for those who are not assigned to be here. She feels it is important to be here and it is not easy and people shouldn’t be sitting here all stressed out about having to leave.</p> <p>Scott Clapson, RCAC 4 Member, is a community organizer and a podcast host. He is also recovering from homelessness, thanks to Exodus housing. This is his first Board of Governors meeting. Those that come from the RCACs are asked to go back to the RCACs and report on what they have learned. But today he was very disappointed. With all due respect, he noted that some people at this meeting were not paying attention, and were having side conversations repeatedly. He stated that all are getting paid to be here, and he asked all to please be aware. One lady got up and spoke about her daughter dying. Another lady said that she has reported L.A. Care to whoever she needs to report you to. He sat back in the corner and wondered why</p>	

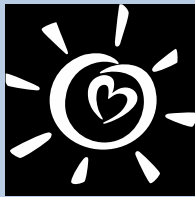
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>he has to go back to RCAC 4 and talk about the meeting when some of the people who are paid to be in this room aren't even paying attention to what people are saying. He stated that people need to listen because advisory committee members are volunteering their time and are valuable members of the community and they are just as important. He stated that they may not make the kind of money that others make and they may be low income for a lot of reasons. When there are side conversations during public comment or agenda items, he sees the Chair and the CEO repeatedly talking to each other. He is sure there are other people, and it kind of hurt his feelings because he gave up his time today to be here. It is not worth a \$50 stipend when a lot of people are making a lot more money this afternoon to be in this room. He asked that people be respectful to people making public comment. It is very disrespectful. If someone wants to be on their phone, like he saw staff members playing word games on their phones, when they are working for L.A. Care in this meeting. They are not paying attention when people are talking. All of these people who are members of the public are giving their time to be here to inform you. He thanked Member Booth for what she said to the woman who commented. Member Booth was willing to express that she heard what she said. It is very disheartening because he has been coming to these meetings regularly. He is an L.A. Care client and he just saw his doctor yesterday, Dr. Gomez at the Wesley Clinic at Santa Monica and Vermont. He is a great doctor; Dr. Gomez is amazing. He asked that people keep his comments in mind. He asked that they be mindful while people are talking its very disrespectful, and people are watching. He is watching, not in a disrespectful way but in a way to hold LA Care accountable. The Board members are in positions of authority and he asked that they please remember that. People are watching in a very respectful way and L.A. Care should be listening in a very respectful way while people are talking.</p>	
<p><b>ADJOURN TO CLOSED SESSION</b></p>	<p>Ms. Haydel announced the following items to be discussed in closed session. The Board adjourned to closed session at 4:42 p.m.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> <li>• Plan Partner Rates</li> <li>• Provider Rates</li> <li>• DHCS Rates</li> </ul> <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>February 2022</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>CONFERENCE WITH REAL PROPERTY NEGOTIATORS Pursuant to Section 54956.8 of the Ralph M. Brown Act Property: 3570 Santa Anita Ave., El Monte, CA 91731 Agency Negotiator: John Baackes Negotiating Parties: Positive Investment, Inc., Managing Agent for El Monte Santa Fe Plaza, LP Under Negotiation: Price and Terms of Payment</p> <p>PEER REVIEW Welfare &amp; Institutions Code Section 14087.38(n)</p> <p>CONFERENCE WITH LEGAL COUNSEL –EXISTING LITIGATION Section 54956.9(d)(1) of Ralph M. Brown Act: Names of cases:</p> <ul style="list-style-type: none"> <li>• Dignity Health and Northridge Hospital Medical Center v. L.A Care Health Plan et al. (BC583522); Appeal No. B288886</li> <li>• Dignity Health and Northridge Hospital Medical Center v. L.A Care Health Plan et al. (BS172353)</li> <li>• California Hospital Medical Center et al (Dignity) v. L.A. Care (JAMS. 1220056913)</li> </ul> <p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d) (2) of Ralph M. Brown Act Three Potential Cases</p> <p>CONFERENCE WITH LABOR NEGOTIATOR Section 54957.6 of the Ralph M. Brown Act Agency Negotiator: Hector De La Torre Unrepresented Employee: Chief Executive Officer</p>	
<b>RECONVENE IN OPEN SESSION</b>	<p>The Board reconvened in open session at 5:36 p.m. There was no report about the closed session.</p>	
<b>ADJOURNMENT</b>	<p>The meeting was adjourned at 5:36 p.m.</p>	

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

APPROVED BY:

\_\_\_\_\_  
Layla Gonzalez, *Board Secretary*  
Date Signed \_\_\_\_\_



**L.A. Care**  
HEALTH PLAN®

**Board of Governors**

**MOTION SUMMARY**

**Date:** April 2, 2020

**Motion No.** EXE 100.0420

**Committee:** Executive

**Chairperson:** Hector De La Torre

**Issue:** Renew a contract with California Long Term Care Education Center (CLTCEC) to provide education and training on key skills and core competencies to In-Home Supportive Services (IHSS) providers who care for dual eligible beneficiaries.

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

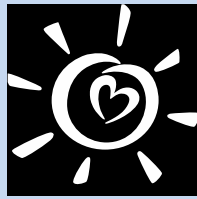
**Background:** L.A. Care staff requests approval to renew a contract with CLTCEC from May 15, 2020 through May 14, 2023, in the amount of \$8,711,339. CLTCEC provides education and training to IHSS program providers on the skills and core competencies necessary to their role, such as CPR, infection control, nutrition, and body mechanics. The training also incorporates L.A. Care's Model of Care into its existing curriculum, notably by preparing IHSS providers to participate on the member's Interdisciplinary Care Team (ICT), an integral part of the member-centric care management approach. Over the past three years, 2,469 caregivers have graduated from the program. Under the requested contract renewal, CLTCEC will enroll another 3,150 participants over the next three years.

**Member Impact:** The Population Health Informatics Team conducted an analysis of 378 members with continuous enrollment in L.A. Care for 20 months prior and post CLTCEC graduation. The study analyzed these members' health data over this 40-month period in three domains: ER utilization, inpatient visits, and skilled nursing facility utilization. While the skilled nursing facility utilization was not statistically significant (likely due to a small sample size), the team concluded that both ER utilization and inpatient utilization decreased after training. There was a 10% drop in ER visits and an 11% drop in inpatient admissions after training as compared to pre-training. The cost impact of this reduction is still being analyzed.

In addition, there are qualitative benefits to this program. Participants report that they are better caregivers after completing the training and that they use the skills to care for their families as well. As our member population ages, more caregivers will be needed and this training improves the quality of the caregiving. L.A. Care has received positive recognition for this program among participants and in the community.

**Budget Impact:** The cost was anticipated and included in the approved budget for the Quality Improvement Department, with an expected overage of \$197,414.56. The department will budget the balance in future fiscal years.

**Motion:** **To authorize a contract renewal in the amount of \$8,711,339 with California Long Term Care Education Center (CLTCEC) to provide education and training for In-Home Supportive Services (IHSS) providers for dual-eligible beneficiaries for the period of May 15, 2020 through May 14, 2023.**



**L.A. Care**  
HEALTH PLAN®

**Board of Governors**  
**MOTION SUMMARY**

**Date:** April 2, 2020

**Motion No.** ECA 100.0420

**Committee:** Executive Community Advisory Committee

**Chairperson:** Fatima Vasquez

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

New Contract  Amendment  Sole Source  RFP/RFQ was conducted

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

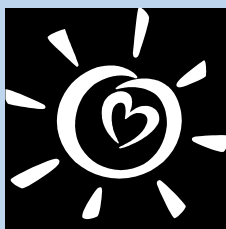
**Member Impact:** Not applicable

**Budget Impact:** Not applicable

**Motion:** To approve the following as members to the Regional Community Advisory Committee (RCAC), as reviewed by Executive Community Advisory Committee (ECAC) at its February 12, 2020 and March 11, 2020 meetings:

- Dina Lucha, Consumer, RCAC 5
- Maria de Lourdes Flores, Consumer, RCAC 7
- Rita Sisowath, Consumer, RCAC 9
- Gisela Brigido, Consumer, RCAC 10
- Nereyda Ibarra, Consumer, RCAC 10





**L.A. Care**  
HEALTH PLAN

**Board of Governors**  
**MOTION SUMMARY**

**Date:** April 2, 2020

**Motion No.** CHC 100.0420

**Committee:** Children's Health Consultant Advisory  
Committee

**Chairperson:** Tara Ficek, MPH

**Issue:** Approval of CHCAC member

**Background:**

**Member Impact:** None

**Budget Impact:** None

**Motion:** 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.



March 27, 2020

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

As the world continues to grapple with COVID-19 (coronavirus) and its far-reaching impact, L.A. Care is closely monitoring developments of this unprecedented pandemic and taking all necessary steps to maintain uninterrupted service to our members while simultaneously ensuring the safety and well-being of our staff.

When this situation quickly began to evolve a few weeks ago, our IT team – in collaboration with cross-functional leaders – mobilized in a matter of days to equip and enable nearly 2,000 employees to effectively carry out their work from home. It was an amazing achievement that truly exemplifies teamwork.

From activating a command center to assist our remote workforce and updating our business continuity plan, to partnering with the American Red Cross for a much-needed blood drive and our physician staff members disseminating useful and accurate coronavirus information with the media – we are working diligently to be efficient and collaborative at every turn.

We are also closely connected to health authorities at every level, community clinics, other Medi-Cal health plans, and our trade associations, among others, to stay on top of emerging issues and take action as necessary.

This is a difficult time for everyone, but we are not losing sight of the importance of our work. We remain committed to providing access to health care to the most vulnerable as it is more critical than ever.

In the midst of uncertainty, we are moving forward stronger than ever – not only as an organization, but as a family. I am extremely proud to lead L.A. Care as we navigate this uncharted territory, and it is immensely helpful to know we have your support.

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 on 1/31/20	As of 3/27/20
<b>Elevating the Safety Net</b> Grants for primary care physicians	—	109 grants awarded
	5	74 physicians hired

<b>Elevating the Safety Net</b> Grants for medical school loan repayment	13	41
<b>Elevating the Safety Net</b> Grants for medical school scholarships	—	16
<b>Housing for Health</b> Housing secured for homeless households	—	252
<b>IHSS+ Home Care Training</b> IHSS worker graduates from CLTCEC program	—	2,469

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

### March 2020

1. L.A. Care and the American Red Cross Hold Much-Needed Blood Drive  
The American Red Cross reported that, as of March 19, more than 5,000 blood drives had been canceled since the beginning of the coronavirus outbreak in the United States, resulting in 170,000 fewer blood donations. The organization says healthy individuals are needed to ensure lifesaving blood to patients across the country. L.A. Care understands this is a critical situation, so we held a blood drive on March 24 that was open to the entire downtown community. Kudos to all who helped organize this critical effort and, of course, those who donated blood.
2. L.A. Care to Fund Intensive Case Management to Homeless Individuals  
I am pleased to report that the L.A. County Department of Health Services' Housing for Health Division, in partnership with L.A. Care, has received a \$19,958,664 grant from the state of California as part of the state's Housing for a Healthy California Program (HHC). Through this grant, Housing for Health will be able to offer rental subsidies for five years to about 250 Medi-Cal members experiencing homelessness in L.A. County. The grant was secured due to L.A. Care's commitment to spend \$7 million to provide intensive case management over the same period for each of the program members. HHC is an opportunity to expand Housing for Health's current partnership with L.A. Care to address homelessness and expand housing resources in the county. This collaboration will allow our eligible members to receive necessary health care and supportive services in the appropriate setting.
3. L.A. Care Celebrates the Affordable Care Act's Tenth Anniversary  
To celebrate the Affordable Care Act's (ACA) 10-year anniversary, we took to our social media channels to tout the gains of this landmark legislation. Ten years ago this month, then-President Barack Obama signed into law the most significant health coverage overhaul since Medicare and Medicaid were launched in 1965. But, at this point, it might even be called miracle legislation, after more than 70 attempts to repeal the law failed. Under the ACA, 20 million people gained health care coverage. Americans say health care is a top priority in this election year, and the current coronavirus outbreak has likely strengthened that point of view. Though it is not perfect, the ACA was a major breakthrough in health care, and should be recognized as such.

### Attachments:

- CHIF Summary Memo FY 2018-19
- CHIF Summary Rep A1 FY 2018-19
- CMC Enrollee Advisory Committee Meeting Summary



April 2, 2020

To: Board of Governors  
From: Wendy Schiffer, *Senior Director, Strategic Planning*  
Roland Palencia, *Director, Community Benefit Programs*  
Subject: **Community Health Investment Fund (CHIF) Summary for Fiscal Year 2018-19**

### Introduction

This memo provides a summary of the 73 Community Health Investment Fund (CHIF) awards made during the 2018-19 fiscal year (FY) for a total of \$10 million.

Since the start of the CHIF program in 2001, L.A. Care has supported 726 projects totaling more than \$96.0 million. When the Children's Health Initiative and the recently approved Elevating the Safety Net Initiative are included, support to date surpasses \$250 million, making L.A. Care one of the largest health care safety net funders in Los Angeles County.

The CHIF budget, which is managed by the Community Benefits Department, is apportioned between L.A. Care defined initiatives that emerge from stakeholder feedback, and ad hoc grants, which are project requests that do not align with an initiative but meet the overall CHIF guidelines. For the initiatives, a Request for Applications (RFA) is released with specific instructions and criteria. The RFAs are sent to targeted non-profits that meet the initiative criteria.

In FY 2018-19, our initiatives supported safety net health and dental infrastructure as well as social services such as housing, economic and food security. Our ad hoc grants covered health, dental, workforce, and social service projects. In addition to the 73 grants made in 2018-19, Community Benefits continues to oversee 125 grants from prior years that were still active during part or all the fiscal year. Because we make grants throughout the year for a minimum of 12 month terms, project objectives are rarely finished within the fiscal year that the award was made, which is why we continue to monitor grants from prior years. Details for all active grant awards, including those made in previous fiscal years, can be found in *Attachment A: CHIF Summary Report FY 2016-19*. Some grants made in late FY 2018-19 do not reflect outcomes as the six-month report is not due until after the submission of this annual report.

### Impact Framework

CHIF awards align with four foundational overarching priorities:

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

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

**CHIF Initiatives FY 2018-19**

In FY 2018-19, L.A. Care funded five initiatives. Two of them, the Robert E. Tranquada Safety Net Initiative and the Oral Health Initiative, are long-standing initiatives, this being their tenth year and eleventh year, respectively. As such, L.A. Care is well-known in the community for supporting safety net health care providers and oral health services for low-income populations. The other three initiatives, Community Wellness IV, Health Homes I, and Housing Stability I, align with CHIF’s social determinant priority areas. The five initiatives are summarized below and more detail, including quantitative objectives, can be found in Attachment A.

<i>Initiative</i>	<i>Number of Awards and Funding</i>	<i>Description</i>
Community Wellness Initiative IV	7 awards \$690,000	Enroll families and individuals in programs that alleviate economic hardships, food insecurity, and that address poverty such as CalFresh and Earned Income Tax Credit (EITC).
Health Homes I	20 Awards \$1,200,000	Provide support to safety net clinics and community-based organizations to implement the Health Homes program in Los Angeles County.
Housing Stability I	4 Awards \$500,000	Prevent, stop, or ameliorate housing evictions, which contribute to economic hardship and homelessness, leading to poor health outcomes.
Oral Health Initiative XI	9 Awards \$1,090,000	Integrate medical and dental care by expanding services in geographic regions that Health Resources and Services Administration (HRSA) has designated as Health Professional Shortage Areas (HPSA) by increasing the number of new dental providers who serve low-income populations in Los Angeles County.
Robert E. Tranquada Safety Net Initiative X	8 Awards \$800,000	Support the implementation of quality improvement strategies to advance population health management, patient experience, and patient satisfaction that enhance targeted Healthcare Effectiveness Data and Information Set (HEDIS) measures and Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores.

**Member Story: Bet Tzedek, Housing Stability Initiative I**

Melanie (not her real name) received a letter from the landlord notifying that her and her daughters, including a disabled daughter, had two months to relocate to a new home. The landlord was planning to move into the unit himself. With affordable housing in limited supply across Los Angeles County, Melanie was frightened for her family and was overwhelmed by legal aspects of her situation due to her limited proficiency in English. In October, she attended one of the Know Your Tenants’ Rights presentations in Culver City. Bet Tzedek proceeded to provide legal support for the Martinez family. After reviewing Culver City’s new rent control ordinance, it was determined that the landlord did not have the right to terminate her lease, due to Melanie’s age and long duration of tenancy. The landlord

was informed him that his eviction threats were legally unfounded. He discontinued the eviction notice, and thanks to the L.A. Care grant, the family remains housed today, and one less family that is homeless.

**Ad Hoc Grants FY 2018-19**

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

<b>Individual Level Impact</b>		
<i>Ad Hoc Grantee</i>	<i>Funding</i>	<i>Description</i>
Brilliant Corners	\$4,000,000	Provides permanent supportive housing for homeless individuals with medically complex conditions and ensures that medical, behavioral, social and human services are received for up to five years in partnership with the County of Los Angeles’ Whole Person Care, Housing for Health Program.
Colors Counseling Program (Antioch University Los Angeles)	\$50,000	Provide no-cost LGBTQ-affirmative mental health counseling services to youth under the age of 25 through Antioch University’s Counseling Center. Also, expand into areas with higher concentration of youth of color.
Instituto de Educacion Popular del Sur de California (IDEPSCA)	\$75,000	Conduct a health needs assessment of day laborers and domestic workers, establish partnerships with community clinics to serve as medical home for those surveyed, and enroll low-wage workers in My Health LA program.
LAC+USC Medical Center Foundation, Inc./The Wellness Center	150,000	Enroll high-cost, high-need type 2 diabetic patients from the LAC + USC Medical Center who are L.A. Care members to participate in a 26-week Medically Tailored Meal Program. Conduct an evaluation of the benefits of the Medically -Tailored Meal program on participants’ health care utilization and health outcomes.
<b>Workforce Development</b>		
<i>Ad Hoc Grantee</i>	<i>Funding</i>	<i>Description</i>
Charles Drew University of Medicine and Science	\$150,000	Provide didactic and clinical training in the integrated physical and behavioral Collaborative Care Model to six psychiatric residents post graduate years 3 and 4.
	\$150,000	Place seven second- or third-year physician or mid-level students close to graduation at four L.A. County Community

National Medical Fellowships, Inc.		Health Centers to complete 200 hours of service at their respective clinic site, including clinical rotations and care delivery, leadership training, and execution of site-directed team-based service-learning projects designed to enhance care delivery.
L.A. Area Chamber of Commerce	\$75,000	Support the South L.A. Scholars program to provide low-income underrepresented youth to pursue careers in the healthcare sector.
<b>Integration of Services and Community Environments</b>		
<i>Ad Hoc Grantee</i>	<i>Funding</i>	<i>Description</i>
Westside Family Health Center	\$50,000	Integrate dental, medical, and behavioral health at new expanded site location. Completion and implementation of a plan to start-up a comprehensive oral health program with specific goals, objectives and timelines for staffing, equipment/software acquisition, policies and procedures, licensing, marketing, outreach & communications, and long-term sustainability.
Community Health Councils	\$125,000	Implement a Healthy Kids Zone initiative to impact the neighborhoods surrounding Fremont High School in South Los Angeles by establishing a half-mile buffer zone to address social determinants of health.

**Highlight of Community Wellness Initiative Grants made in Previous Fiscal Years**

Community Benefits has provided four cycles of Community Wellness I-IV grants to expand enrollment of individuals and families who qualify for either, or both, CalFresh (food stamps) and Earned Income Tax Credit (EITC) programs. These grants address social determinants of health, including poverty and food insecurity among low-income populations. Since the inception of the Community Wellness initiative in FY 2015-16, we have made 31 awards for a total of \$2,536,000. These projects have enrolled a diversity of individuals and families throughout Los Angeles County.

With cycles I-III investments of \$1,995,000, 7,795 families and individuals were enrolled in CalFresh for the first time. CHIF grantees assisted another 3,910 to retain their enrollment through the submission of semi-annual reports and re-enrollments forms required at 6 and 12 month intervals respectively. A family of four could receive up to \$640 in CalFresh benefits to purchase food and other necessities each month.

Additionally, grantees filed 4,960 EITC applications for individuals and families, including L.A. Care members, with an estimated total reimbursement of \$5,685,297. These funds provide low-income L.A. County residents with discretionary income to pay for basic necessities such as food, shelter, and healthcare. Furthermore, CalFresh and EITC funds are injected into local economies, helping to provide financial resources to under resourced communities.

**CHIF Grant Approval Process**

All CHIF awards go through a review process that includes a formal application and internal vetting. The CHIF driven-initiatives are reviewed by a panel of community and L.A. Care staff subject matter experts, for a total of up to 20 reviewers. Ad hoc grants are also vetted and reviewed by an internal committee. Recommendations for grant awards up to \$150,000 are referred to L.A. Care's CEO for approval. Award recommendations above \$150,000 are brought to the Board Executive Committee for consideration and then to the Board of Governors for final approval.

### **Grant Support Acknowledgement and Recognition**

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

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

L.A. Care has been recognized at dozens of grantee sponsored events that afford staff the opportunity to address the public, including L.A. Care's CEO. Some examples include:

- Martin Luther King Community Health Foundation for the Advanced Care Clinic (Gala event),
- National Medical Fellowship for Summer internships for medical and mid-level clinical students at community-based clinics (L.A. Champions of Health Awards and Gala),
- Southern CA Grantmakers for health and wellness programming among funder membership (Public Policy Conference),
- Central American Resources Center to educate immigrants about their rights, provide legal assistance, and connect them to a system of care (Gala event), Coalition for Humane Immigrant Rights to inform immigrants about their rights, provide legal assistance, and connect them to a system of care (Gala event), and
- Comprehensive Community Health Centers to develop a comprehensive Health Homes Program (Fourth Annual Back to School Health & Wellness event).

### **CHIF Program Challenges and Capacity Building**

#### *Quality Proposals & Program Implementation*

As noted in last year's report, some new and even long-standing applicants with few development staff and resources are challenged in their ability to submit comprehensive proposals that lead to funding and successful program implementation. To address this, Community Benefits staff has provided extensive technical assistance (TA) before, during, and after proposal submissions. The TA includes hosting informational calls before application deadlines, providing feedback on the submitted application and related attachments, on-going guidance throughout the duration of their program, engaging consultants to help grantees with program design, implementation and evaluation, and conducting site visits. We also provide no-cost extensions for projects not completed on time, but that



are nevertheless progressing. This support has helped grantees to strengthen their programs and to take them to the next level of performance.

#### *Grant Writing and Program Design Training*

In early November 2019, Community Benefits hosted a five-day grant writing and program design workshop for 22 recent and current grantees that could benefit from this type of training. The sessions were delivered by the Grantsmanship Center, which has decades of experience in helping non-profits develop their internal capacities while securing financial and other key private and public resources to fulfill their organizational missions. All attendees gave raving reviews about the opportunity and learnings. We will look forward to seeing the impact on submissions for future CHIF grants.

#### *Grants Progress Reports*

Progress reports are tools of communication that connect and report on our investments and the impact on project results. While most grantees are timely in submitting their reports, many times they are not thorough and need additional support and communication. Some actually are delayed in submitting their six-month reports. To address this, staff has provided more frequent progress reports orientations that review the reporting process and criteria. Additionally, staff has been sending more frequent reminders, including notices with warnings of withholding future support for those who are chronically late. Moreover, some grantees who are chronically late, and who do not provide the correct information after repeated feedback will no longer be considered for future grant opportunities. Individual calls have been made to notify grantees of this risk. This policy has also been codified in the agreement templates reviewed and approved by L.A. Care's Legal department.

### **Conclusion**

The Community Benefits Department managed approximately \$30,000,000 in CHIF grant awards to nearly 200 grantees in FY 2018-19. Grants provided resources for critical health and social services for marginalized populations with unique access issues, while enhancing the capacity of the safety net and other non-profits to serve them well. Through CHIF's four priority areas, L.A. Care's grant making activities address the challenges faced by the safety net, social service agencies focused on social determinants of health, and the low-income populations they serve. L.A. Care's Community Health Investment Fund continues to support social determinants of health, address critical issues such as the dearth of dental services, provide crucial funds to address the overwhelming issues of homelessness, and support efforts that enhance and improve quality of care such as the innovative health homes model and the improvement of HEDIS and CAHPS measures, while connecting clinical and social service providers to offer coordinated services to populations with multiple and complex needs. While the focus is on expanding access to services, every project presents the opportunity to improve internal and external systems that lead to increased access and improved quality of care. The effect of these systemic improvements are deep and broad and have influenced other funders' strategies and programs, a consideration that cannot be measured in dollars only. It also demonstrates that L.A. Care is making impactful investments and a leader in the philanthropic community.

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

### Awards Funded in Fiscal Year 2018-2019    Total of 73 Awards

**Priorities:** HB = High Barriers; H= Housing for Health; INF = Safety Net Infrastructure; SD - Social Determinants of Health

	Organization Name	Priority	Amount	Ends	
<b>AD HOC GRANTS ~ TWENTY-FIVE AWARDS FOR \$5,620,000</b>					
1	Antioch University Los Angeles (Colors)	INF	\$50,000	3/15/21	Provide 2,800 one-hour no-cost LGBTQ-affirmative mental health counseling services to at least 70 queer-identified young people under the age of 25 annually through the Antioch University's Counseling Center. <b>Update:</b> The first progress report is due by April 15, 2020.
2	Brilliant Corners III	H	\$4,000,000	9/1/21	House 300 homeless individuals and families in permanent supportive housing (PSH), including L.A. Care members, over a five year period, of which this is the third year. Project also supports the goals of the Whole Person Care (WPC) initiative under the new California Medi-Cal waiver and enables DHS to draw down matching funds. <b>Update:</b> A total of 252 previously homeless individuals or families are currently housed in PSH. There are a total of 297 homeless individuals and families currently enrolled in and receiving WPC services.
3	California Community Foundation (CCF)	SD	\$50,000	9/15/20	To develop and implement a countywide marketing campaign to promote a thorough Census 2020 count of all Los Angeles County residents, especially low-income and the traditionally undercounted, including most L.A. Care Health Plan members. Campaign materials will be made available to the L.A. Care Health Plan's Census Action Group for direct distribution to plan members. <b>Update:</b> Released Census 2020 marketing campaign, inclusive of materials for L.A. Care and CCF partners will use to promoting participation for the Census. Materials have been provided to our Census Action Group coordinator and L.A. Care's communication's team and F/CRC staff are working to release this materials to members and display at centers to promote high member participation.
4	CARECEN - Central American Resource Center	SD	\$150,000	3/15/21	Provide "Know Your Rights" educational workshops, flyers and social media messages to over 2,500 individuals, legal consultations to 50 unaccompanied minors and/or refugee families, refer 150 people to medical and social service agencies, and engage 1,000 impacted immigrants to protect their families through policy advocacy education sessions. <b>Update:</b> The first progress report is due by April 15, 2020
5	Charles R. Drew University of Medicine and Science	SD	\$50,000	7/12/20	Provide four weekly three-hour Math Summer Camp sessions to 75 low-income students in grades 3rd through 12th from underperforming schools in South LA. <b>Update:</b> A total of 60 students were enrolled and completed the Math Summer Camp and 94% of participants improved their math skills as indicated by a pre and post assessment. <b>Acknowledgements:</b> L.A. Care was recognized during CDU's Public Health Academy Program's closing ceremony.
6	Charles R. Drew University of Medicine and Science	INF	\$100,000	9/25/21	Train 6 Psychiatry Residents and 8 Family Medicine residents in the Collaborative Care Model, an evidence-based approach for integrating physical and behavioral health. <b>Update:</b> The first progress report is due by April 15, 2020

Annual CHIF Summary Report - Attachment A  
Awards Funded in Fiscal Years 2016-2019

	Organization Name	Priority	Amount	Ends	
7	CHIRLA - Coalition for Humane Immigrant Rights	SD	\$150,000	3/15/21	Provide information regarding Know Your Rights (KYR), Public Charge, and the 2020 Census that will reach the following: 51,000 unique individuals through community presentations, 4,000 unique callers via CHIRLA's Toll Free Immigrant Access Hotline, 5,000 people through presentations to Legal Services clients at all CHIRLA's LA County offices; and 150,000 individuals through 3 media events, 20 earned media hits, two live social media events, and four recorded videos. <b>Update:</b> Approximately 100 members were engaged to educate 8 elected officials at the State Capitol about the consequences of the Public Charge Rule. 366 workshops and presentations have been conducted to educate immigrants on Know Your Rights information and current Public Charge policies. <b>Acknowledgements:</b> Social media content relating to Public Charge and community presentations regarding accessing regular health services includes acknowledgements of L.A. Care.
8	Comagine Health (formerly Qualis Health)	INF	\$75,000	12/31/20	Provide quality improvement technical assistance to up to eight Community Health Investment Fund (CHIF) Robert E. Tranquada, M.D. Safety Net Initiative X (Tranquada X) grantees. Each community clinic participant will receive assistance to implement their Tranquada X Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) quality improvement projects. <b>Update:</b> All clinics have been involved in the process and specific updates are provided under the Tranquada X Initiative.
9	Community Clinic Association of Los Angeles County (CCALAC)	INF	\$30,000	4/1/20	Provide a full day of training and technical assistance support through the Advancing the Financial Strength program to a minimum of 45 Los Angeles County Federally Qualified Health Centers (FQHCs), FQHC Look-alikes, or licensed community clinics in Los Angeles County. <b>Update:</b> Held workshop for various levels of clinic management staff to improve the financial strength and sustainability of various clinics. Thirty-two participants attended from 20 clinics and all the workshop materials were released to all 65 clinic members. Additionally, at least 75% of attendees reached financial acumen thresholds. <b>Acknowledgement:</b> L.A. Care logo on website, printed materials, email correspondence, displayed at all events, and is acknowledged in all marketing activities.
10	Community Health Councils	SD	\$125,000	11/1/20	Implement a Healthy Kids Zone (HKZ) initiative to impact the neighborhoods surrounding Fremont High School in South Los Angeles. <b>Update:</b> Community Health Councils engaged with new partners, like the UCLA/Kaiser Center and Neighborhood Land Trust to involve stakeholders, including students, in efforts to address the three community identified HKZ priorities and concerns. Staff facilitated members' participation in efforts including a symposium on emerging health issues from cannabis use, LA City meetings and discussions on enforcement of laws for cannabis dispensaries proximity, and working with LAHSA to prepare a presentation about the state of homelessness and availability of homeless services in the HKZ. <b>Acknowledgements:</b> Listed on website, and public facing documents including the agenda, flyer, interest cards and slides.
11	Community Health Councils	SD	\$50,000	7/15/20	Establish and convene a cross-sector coalition of up to 80 thought leaders and key decision makers that will produce an actionable plan aimed at building economic resilience and protecting the health of under-resourced communities in South Los Angeles during economic downturns. <b>Update:</b> Facilitated launch event of an 88-member cross-sector coalition in September 2019. The coalition drafted initial recommendations to address issues of economic resiliency that impact Social Determinants of Health. <b>Acknowledgements:</b> L.A. Care logo was placed on event agenda, program, signage, and presentations. Funding was also acknowledged during the Coalition launch event.

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Awards Funded in Fiscal Years 2016-2019

	Organization Name	Priority	Amount	Ends	
12	CSULB Research Foundation	INF	\$70,000	4/1/21	Provide health care services, in collaboration with local service partners, to at least 800 patients including 120 Child Health and Disability Prevention (CHDP) Well Child examinations and vaccination for 200 children from the Norwalk La Mirada Unified School District. <b>Update:</b> In the first 32 days of implementation, following lengthy approval processes for Vaccines for Children and the CHDP program, a total of 41 children were served through 51 clinic visits of which, 10 were CHDP Well Child exams, and 121 vaccinations were administered. <b>Acknowledgements:</b> L.A. Care was recognized for its support of this new collaborative program in a brochure and in CSULB's College of Health and Human Services winter newsletter.
13	Instituto de Education Popular del Sur de California (IDEPSCA)	SD	\$75,000	12/15/20	Conduct a health needs assessment of 100 day laborers and domestic workers, establish partnerships with four community clinics to serve as medical home for those surveyed, educate 750 day laborers and domestic workers on health care options, and enroll 50 low-wage workers in My Health LA. <b>Update:</b> Educated 193 day laborers and domestic workers on their health care access options and successfully created and launched its health assessment tool, producing 32 completed surveys. Established one MOU with Clinica Romero through their Health Access Campaign, and enrolled 17 workers in My Health LA program. conducted several workshops on My Health LA for laborers and domestic workers. Provided free health services, such as vaccinations and screenings, for low-wage workers at Pico Union Resource fair, and Flu Vaccine Clinic at Harbor City. . <b>Acknowledgements:</b> Planning to send a press advisory.
14	Karen Escalante-Dalton	INF	\$21,000	9/30/19	Provide support to Community Benefits staff for projects that include grantee progress reports and other ad hoc projects. <b>CLOSED</b>
15	LAC+USC Medical Center Foundation, Inc./The Wellness Center	SD/INF	\$150,000	12/15/20	Recruit and enroll at least 25 high-cost, high-need type 2 diabetic patients from the LAC + USC Medical Center to participate in a 26-week Medically-Tailored Meal Program to be delivered in conjunction with the standard diabetes clinical care. <b>Update:</b> Finalized collaborative partnership agreements with LAC+USC Medical Center Complex Diabetes Clinic, L.A. Care, and Project Angel Food; developed program workflows and patient recruitment criteria; finalized medically tailored meal menu; and developed promotional materials. Identified list of 50 potential program participants. <b>Acknowledgements:</b> L.A. Care is recognized in all program materials including slide deck used at a California Healthcare Foundation event related to "Food is Medicine" where L.A. Care was publicly acknowledged as the project funder and partner.
16	Los Angeles Area Chamber of Commerce Foundation	SD/INF	\$75,000	12/15/20	Recruit at least 10 healthcare employers who will provide 75 or more students work-based paid-summer internships and will provide access to career preparation activities in the healthcare field to 450 students. <b>Update:</b> During the Fall, 752 9th-12th grade students from Ortho High School participated in a Biotech and Community Health Careers Day, and 306 students attended healthcare career panels at the Tu Futuro LA: Beyond the Diploma Conference. 235 high school students participated in a mock interview and received interview/resume feedback. Out of those 306, 183 students were deemed "work ready" and 89 of those students were hired for Summer 2019 internships. <b>Acknowledgements:</b> LA Care is recognized in their Chamber's Weekly, through Twitter, signage and program materials for the Beyond the Diploma Conference, and at their Titans of Talent employer Acknowledgements event.
17	Maternal Mental Health	HB/INF	\$150,000	3/15/21	Provide trainings to at least 100 medical providers, 100 social services providers and 50 mental health professionals of color on the signs, symptoms and treatment options for perinatal mood and anxiety disorders affecting Black women, and facilitate peer-led Mind & Body Support Circles to at least 180 Black perinatal women receiving care at Cedars Sinai, Watts Healthcare and a third site to be identified. <b>Update:</b> The first progress report is due March 15, 2020.

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Awards Funded in Fiscal Years 2016-2019

	Organization Name	Priority	Amount	Ends	
18	National Medical Fellowships, Inc.	INF		4/1/20	Support the Primary Care Leadership Program (PCLP), an immersive summer program to place medical and mid-level clinical students at Los Angeles County safety net clinics, including Federal Qualified Health Centers. <b>Update:</b> Out of 135 applications to fill 61 awards across the county, 7 were chosen for L.A. Care (2 MD, 2 Nursing, 3 PA). During the 6-week summer program, Scholars were exposed to primary healthcare practice in a community health center setting in LA County. L.A. Care's 7 Scholars completed all PCLP activities and requirements including 200 service-hours at their assigned CHCs, experienced leadership trainings via webinars, attendance at admin/management meetings including Board of Directors, provider meetings, quality meetings, etc. <b>Acknowledgements:</b> All national and city-based electronic and printed program materials, acknowledged by NMF President and CEO at their LA Champions of Health Awards and Gala.
19	Project Angel Food	INF	\$15,000	12/15/20	Develop and adopt policies and procedures necessary to be in compliance with Health Insurance Portability and Accountability Act (HIPAA) privacy rules and standards. <b>Update:</b> Project Angel Food enacted agency-wide security policies including reviewing nine policies in the public drive such as Clear Screen-Locked Offices, Methods of Securing Levels of IT Access, Incident Management Policy, and Visitor LogIn and Escort Policy. Employees acknowledged and signed these forms, which were then submitted to HR. Additionally, staff were required to complete security awareness training, KnowBe4, online. <b>Acknowledgements:</b> Recognized with a thank you letter and will be developing material for their next event.
20	Southern California Grantmakers	INF	\$20,000	12/31/20	Provide at least 7 education and engagement opportunities to at least 125 grantmakers addressing health equity and wellness; provide at least 4 programs focusing on the 2020 Census and fair redistricting to at least 75 participants.; and facilitate 3 convenings for grantmakers and policymakers on health equity attended by at least 300 participants. <b>Update:</b> Have provided 12 major cross-cutting programs exploring health and health equity issues with funders, reaching beyond health funders to educate other grantmaker members about how their work is health-related, and connecting funders across silos. Also provided 11 in-person and online programs to engage funders in Census 2020. Public Policy Conference held in April welcomed over 300 funders and community leaders in attendance. <b>Acknowledgement:</b> Highlighted as sponsor at Public Policy Conference, on website, email marketing, and print promotion.
21	Teri Jolin Associates	INF	\$6,000	12/31/19	Convened 22 clinic leaders to provide strategic guidance of needs to inform Community Benefits Initiatives. Provided reports of discussion priorities. <b>Completed.</b>
22	The Achievable Foundation	INF	\$75,000	10/1/20	Expand comprehensive, integrated health care services for individuals with intellectual and developmental disabilities, their families, and other vulnerable individuals through the launch of a second health center site, potentially in South LA. <b>Update:</b> Retained project consultant. A market analysis and feasibility study are in progress. <b>Acknowledgements:</b> L.A. Care is recognized on agency's website, donor wall, annual report and quarterly newsletters.
23	The Grantsmanship Center	INF	\$33,000	12/31/19	Provided program design and grantwriting capacity building trainings to the staff of 22 clinics. <b>Acknowledgments.</b> L.A. Care was recognized throughout the 5-day training sessions. L.A. Care representative also participated in a panel discussion. <b>CLOSED</b>
24	Valley Community Healthcare	INF	\$50,000	9/25/20	To empanel up to 5,300 new patients each with his/her own assigned clinician and incorporate them into the clinic's Electronic Health Record system. <b>Update:</b> The first progress report is due by April 25, 2020

Annual CHIF Summary Report - Attachment A  
Awards Funded in Fiscal Years 2016-2019

	Organization Name	Priority	Amount	Ends	
25	Westside Family Health Center	HB	\$50,000	12/15/20	Hire a dental consultant to facilitate the completion of a plan for the start-up of a new dental program with the capacity to provide 1,000 oral health visits to a minimum of 500 clients per year. <b>Update:</b> The search for a dental consultant is underway. Renovation is more than 55% complete and the estimated move-in date is May 2020. <b>Acknowledgements:</b> None at this time.
<b>Ad Hocs Total</b>			<b>\$5,620,000</b>		
<b>ORAL HEALTH INITIATIVE XI ~ NINE AWARDS FOR \$1,090,000</b>					
26	AltaMed Health Services	HB	\$100,000	10/1/20	Hire a dental hygienist for schools and mobile units. Provide cleanings, sealants, and interim therapeutic restorations to at least 1,250 dental patients in the Greater East L. A. area <b>Update:</b> The oral health unit team has contracted with two LAUSD schools and 12 WIC sites and 10 Headstart sites. Hired a hygienist and developed a Teledentistry model that combines a community dental coordinator, a registered dental hygienist, and a dental provider. The team was able to outreach to 616 patients and provided screenings, cleaning, fluoride, sealant, and a comprehensive oral health plan to all patients. <b>Acknowledgements:</b> Social media blast.
27	Antelope Valley Community Clinic	HB	\$125,000	10/1/20	Hire a general dentist. Provide complete treatment plans, and preventive dental care to approximately 1,500 dental patients in the Antelope Valley: <b>Update:</b> Hired dentist in April and started providing services at Wesley/AVCC's Health and Wellness Dental Clinic located in Lancaster. Since then, Sr. Starr has provided care to 925 unique patients through 1,019 visits. Appointment wait times have been reduced by 50%, from 4 weeks to 2. Dr Starr has completed treatment plans for 100% of her patients. <b>Acknowledgement:</b> Mentioned on website, at Benefit Dinner, and in email blasts.
28	Chinatown Service Center	HB	\$125,000	10/1/20	Hire a general dentist. Provide comprehensive prevention and treatment services to at least 650 patients in the San Gabriel Valley. <b>Update:</b> After hiring a new full-time dentist, dental care visits have increased to 2009 San Gabriel and 4897 Chinatown locations from last year, and Chinatown clinic hours have expanded. As a result, 15% of patient treatment plans have been completed within 6 months of their initial visit and 20% patients 65 and older have returned for maintenance visits within 8 months following prior services. <b>Acknowledgements:</b> Public knowledge and appreciation at annual gala in September.
29	Los Angeles Christian Health Centers	HB	\$125,000	10/1/20	Hire a general dentist. Provide preventive education and treatment for over 250 primarily homeless individuals in the Skid Row area and Watts. <b>Update:</b> After hiring a new full-time dentist, dental services have been expanded as well as an increase in the number of unduplicated patients. Two additional days have been added to their days of service at the Watts location. <b>Acknowledgements:</b> None at this time.
30	Park Tree Community Health Center (formerly Pomona Community Health Center).	HB	\$125,000	10/1/20	Hire a dentist. Provide diagnostic, preventive and restorative dental services to over 500 dental patients in Pomona area. <b>Update:</b> A new full-time dentist was hired in May. This addition has increased access to children and adults within the community. <b>Acknowledgements:</b> Website, social media blasts, and a plaque in the Holt Dental Clinic.
31	San Fernando Community Health Center	HB	\$115,000	10/1/20	Hire part-time, general dentist and registered dental hygienist. Provide prophylactic and restorative dental care to at least 380 dental patients in the City of San Fernando, Pacoima, Sylmar, Panorama City, Van Nuys, and North Hollywood. <b>Update:</b> A full-time dentist was hired, increasing unduplicated patients by 6.4% (98). <b>Acknowledgements:</b> Website and donor plaques posted in the health center.



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	Organization Name	Priority	Amount	Ends	
32	Valley Community Healthcare	HB	\$125,000	10/1/20	Hire a dental hygienist. Provide prophylaxis, sealant application, fluoride treatment, and non-surgical periodontal therapy to over 550 dental patients in the North Hollywood and San Fernando Valley areas. <b>Update:</b> Hired a full-time hygienist in May. Has since provided services for children and adults amounting to 318 unduplicated patients and 632 visits. <b>Acknowledgements:</b> Acknowledgements on their permanent Donor Board and is listed on their Corporate and Foundation Donor List.
33	Venice Family Clinic	HB	\$125,000	10/1/20	Hire a dentist. Provide preventive, rehabilitative, and oral surgery services to at least 720 patients. in West L.A. and Culver City. <b>Update:</b> Interview process was completed and dentist will begin working next reporting period. The next report will include dental service results. <b>Acknowledgements:</b> Plan to recognize L.A. Care as a sponsor at its upcoming 2020 event.
34	Via Care	HB	\$125,000	10/1/20	Hire a general dentist. Provide preventive and rehabilitative services to at least to 1,500 dental patients due to a newly purchase dental practice in the Greater East L.A. region. <b>Update:</b> A new full-time dentist was hired and has since seen a 3,324 patients up from 2,250 in total dental patients for the same time period in 2018. This addition has also eliminated a wait-list making same-day appointments and walk-ins available. <b>Acknowledgement:</b> Mentioned on a Via Care social media post with Assemblywoman Wendy Carrillo.
<b>OHI XI Total</b>			<b>\$1,090,000</b>		
<b>HEALTH HOMES PROGRAM (HHP) INITIATIVE I ~ TWENTY AWARDS FOR \$1,200,000</b>					
35	AltaMed Health Services Corporation	INF	\$60,000	5/15/20	Hire full-time Housing Navigator, select a separate case management system and train Health Homes Program team staff, leverage the medical management team, and create a dedicated mobile HHP team, to serve up to 120 HHP patients in the greater East Los Angeles area. <b>Update:</b> An HHP team was hired, trained on health homes requirements, created policies and procedures, and created/modified project workflows. This team was able to outreach to a total of 501 patients, enroll 165 patients, and completed 129 health risk assessments. <b>Acknowledgements:</b> Social media blast and annual newsletter.
36	Arroyo Vista Family Health Foundation	INF	\$60,000	5/15/20	Hire Case Manager and identify key partners to increase access to resources in Northeast Los Angeles, to serve up to 50 HHP patients in the Northeast Los Angeles, Pasadena corridor, Eagle Rock. <b>Update:</b> Arroyo Vista became a Community-based Care Management Entity as of October 2019. A care coordinator was hired in November with a second hiring on-track for January 2020. Twenty-eight individuals have been enrolled in the program out of 261 in their first targeted eligibility list (TEL) roster given by LA Care. <b>Acknowledgements:</b> Listed on website and promotional materials as a sponsoring partner.
37	Asian Pacific Healthcare Venture, Inc.	INF	\$60,000	5/15/20	Hire and train staff and formally link Behavioral Health unit to connect patients to social service resources, and redesign EHR and clinic workflow. Serve up to 200 HHP patients in the greater Hollywood area. <b>Update:</b> The Behavioral Health Case Coordinator's job description has been updated, various leadership staff have been trained on various aspects of Health Homes, and five leadership staff have attended Health Homes Program training and have been certified by LA Care to provide services. Planning is in place to certify at least five more staff by January 2020. <b>Acknowledgements:</b> None at this time.

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	Organization Name	Priority	Amount	Ends	
38	ChapCare - Community Health Alliance of Pasadena	INF	\$60,000	5/15/20	Launch referral-based care coordination tracking and reporting IT system with claims submission capacity to support HHP start-up staff, and serve up to 100 HHP patients in Pasadena. <b>Update:</b> ChapCare has reassigned 3 staff consisting of 2 care coordinators and 1 lead staff member to support the Health Homes Program. Collaborating with Union Station Homeless Services in Pasadena to refer vulnerable patients for Housing Navigation services. Since implementing a web-based Chronic Care Management system, 78 individuals have been enrolled in Health Homes, and 31% of these patients have completed all health screening procedures to begin initiating services. <b>Acknowledgements:</b> None at this time.
39	Comprehensive Community Health Centers, Inc.	INF	\$60,000	5/15/20	Hire full-time Assistant Clinical Social Worker Care Coordinator to join existing planning team and finalize workflows, policy and procedures, including outreach strategies and referral procedures, to serve 100 HHP patients in the greater Glendale and Burbank areas. <b>Update:</b> A full-time care coordinator was hired in October and has completed all required trainings within the first two weeks of onboarding. On November, 7 out of 60 members contacted have signed consent. <b>Acknowledgements:</b> Recognized at their 4th annual Back to School Health & Wellness Event.
40	East Valley Community Health Center	INF	\$60,000	5/15/20	Establish IT infrastructure (referral management module, computers/phone) and hire 2 LVN level case coordinators and a consultant to train staff on EHR functionality, to serve up to 40 HHP patients in the East San Gabriel Valley. <b>Update:</b> .Agency is still in the process of recruiting and training staff, and is finalizing workflow enhancements to its EHR system. A total of 13 patients have been enrolled in the HHP. <b>Acknowledgements:</b> None at this time.
41	Eisner Health	INF	\$60,000	5/15/20	Hire core program staff, (Director & Care Coordinator) to work with existing team and consultants to transform IT, redesign workflow, and train staff as needed to support implementation, to serve up to 100 HHP patients in the greater Downtown Los Angeles area. <b>Update:</b> Forty (40) patients have been enrolled in HHP. A program manager, care coordinator, and patient navigator are all in place and fully functioning. Training of staff for the HHP took place and customized templates for their EHR systems have been completed. <b>Acknowledgements:</b> L.A. Care funding is recognized in Annual Report and in patient education materials.
42	Garfield Health Center	INF	\$60,000	5/15/20	Customize care coordination module in EHR system to facilitate HHP reporting and referrals. Implement patient portal to support self-care. Support Community Outreach Worker to establish MOUs with community agencies, to serve 60 HHP patients in San Gabriel area, including Alhambra and Monterey Park. <b>Update:</b> A care coordination home template was created in their EHR, as well as a policy and procedure manual documenting new and revised workflows was created. Health Homes staff were trained on both of these implementations. Enrolled 73 eligible individuals in the Health Homes program and all 73 have initiated services. <b>Acknowledgements:</b> An internal newsletter was sent to staff and providers.
43	Harbor Community Clinic	INF	\$60,000	5/15/20	Hire a HHP Director and Clinical Consultant, a case manager and a contracted housing navigator, implement care management module to capture Health Action Plans and establish new templates for case managers documentation, to serve up to 40 HHP patients in the harbor and South Bay areas. <b>Update:</b> Hired and trained program staff in HHP and trauma-informed care; modified EHR to be able to document HHP patient encounters; development of HHP policies and procedures manual is in progress; and enrolled 44 eligible individuals into the HHP program. <b>Acknowledgements:</b> None at this time.



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	Organization Name	Priority	Amount	Ends	
44	JWCH Institute, Inc.	INF	\$60,000	5/15/20	Enhance technical ability to capture data in EHR, purchase equipment and supplies, partially support HHP Director salary and provide staff training, to serve 200 HHP patients in the greater Downtown and skid row areas. <b>Update:</b> An existing staff member was identified to lead the program as the Health Homes coordinator. In addition, 6 new care coordinators were hired, 6 care coordinators were partially reassigned, 2 new patient navigators a new care coordinator are scheduled to also start by January. A total of 17 staff members were trained and 10 CalFresh Application Assisters were also cross-trained. 394 members were enrolled into the Health Homes Program. EHR enhancements were completed. <b>Acknowledgements:</b> LA Care was honored as a Title Sponsor and included in the Commemorative book at JWCH's 2019 Benefit Dinner and Dance. John Baackes was recognized as an honoree and was awarded the Community Leadership Award. An e-blast was also sent to all sponsors.
45	Kedren Community Health Center	INF	\$60,000	5/15/20	Hire Care Coordinator and Housing Navigator, Community Health Worker, and partially for HHP Director. Hire Clinical Consultant to provide expertise on HHP implementation and to train staff, to serve up to 150 HHP patients in South Los Angeles. <b>Update:</b> Selected and trained staff for HHP program; retained expert HHP consultant; modified EHR to track HHP program services; created HHP workflows; 28 eligible patients have been enrolled in HHP program. <b>Acknowledgements:</b> None at this time.
46	Los Angeles Christian Health Centers	INF	\$60,000	5/15/20	Partially fund Director of Care Coordination to adapt policy and procedures, asses training needs, launch redesigned workflows, and improve internal coordination, provide outreach and cross-referral, to serve 120 HHP patients in 14 sites, including skid row in Downtown L.A. and Watts. <b>Update:</b> A Director of Care Coordination was hired and 2 AmeriCorps Health Fellows started as care coordinators in September. Two existing employees were promoted to Community Outreach Workers, a template capturing the required data for HHP reporting was created, and training materials have been developed and utilized. Out of 165 eligible L.A. Care members, 23 were enrolled. <b>Acknowledgements:</b> L.A. Care is recognized in a Welcome Packet given to all members after enrolling in program.
47	Northeast Valley Health Corporation	INF	\$60,000	5/15/20	Hire Register Nurse as HHP Care Coordinator, finalize policies and procedures, design outreach, enrollment and training, reconfigure IT systems to track compliance and outcomes, and purchase equipment, to serve 54 HHP patients in the greater San Fernando Valley. <b>Update:</b> Hired 0.75 FTE RN Case Manager. Additionally, hired 1.0 HHP Program Manager, 3.4 FTE Care Coordinator, and 1.0 FTE Community Health Worker. Contracted with LA Family Housing for 0.2 FTE Housing Navigator. HHP Policies have been approved by NEVHC Board of Directors. Conducted outreach to 307 HHP eligible members, of which 49 patients have been enrolled (41 are LA Care patients). <b>Acknowledgements:</b> Care Coordinators (Patient Navigators) refer patients to the LA Care Family Resource Center in Pacoima.
48	Partners in Care Foundation	INF	\$60,000	5/15/20	Hire a based core team of HHP Director, outreach Specialist, Clinical Consultant, and provide training, to serve 100 HHP patients in the San Fernando Valley. <b>Update:</b> Initiated HHP services with 59 L.A. Care members to date. Hired an additional supervisor, 1 housing navigator and 6 care coordinators to support the needs of the target population. Twenty-two of 59 LA.Care members have been assessed as chronically homeless or in danger of becoming homeless within the next 6 months. <b>Acknowledgements:</b> Announcements on website and social media platforms.

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	Organization Name	Priority	Amount	Ends	
49	San Fernando Community Health Center	INF	\$60,000	5/15/20	Hire part time Service Navigator and Community Health Worker, purchase software and complete NCQA Patient Centered Medical Home training to establish Care Coordination model, build formal referral and transfer relationships with community agencies, to serve up to 50 HHP patients in San Fernando Valley. <b>Update:</b> Hiring, training, and certification of staff has been completed and 34 members have consented to enroll in the program and begin services. <b>Acknowledgements:</b> Logo and statement of support posted on website and Clinic Sponsorship plaque is in process.
50	St. John's Well Child & Family Center	INF	\$60,000	5/15/20	Add Community Health Worker to care team to conduct outreach and enroll participants from targeted engagement list and in reach with current patients, provide training, to serve 200 HHP patients in South Los Angeles. <b>Update:</b> Twelve employees were reassigned or hired to create the HHP care team, including one program director, nine care coordinators for the program, a full-time and a part-time Community Health Worker. All Health Homes staff were trained on the program policies and procedures. Additional training has been given on Motivational Interviewing, Mental Health Services, and working with Transgender patients. Five-hundred thirty-five patients have been enrolled into the program and have begun receiving services. <b>Acknowledgements:</b> Announced to staff through email and trainings.
51	Valley Community Healthcare	INF	\$60,000	5/15/20	Hire Care Coordinator, Consultant to provide Dramatic Performance Improvement training in best practices, care coordination requirements, and quality improvement, to serve 100 HHP patients in the North Hollywood and greater San Fernando Valley. <b>Update:</b> A care coordinator has been hired and trained on all aspects of the Health Homes Program. A consultant group has also been hired to work with the care coordinator to ensure they provide the best care to patients and that there is a workflow for a care team to be assigned to enrolled members. 15 members have been enrolled and services have been initiated. <b>Acknowledgements:</b> Recognized on permanent Donor List and continues to be listed on Corporate and Foundation Donor List.
52	Venice Family Clinic	INF	\$60,000	5/15/20	Hire and reassign staff to launch program by establishing partnerships, IT systems, data sharing agreements, clinical guidelines, assessment, workflows and protocols for EMR, to serve 140 HHP patients in West Los Angeles, including Santa Monica and Venice. <b>Update:</b> Hired 2 care coordinators and reassigned the Director of Nursing to the Associate Director of Care Coordination. NextGen procedure module coding has been developed to capture Health Homes Program encounter data for billing and reporting purposes. Created new workflows around patient outreach, enrollment, health risk assessment, care transition, and more. 30 individuals have been enrolled in the program. <b>Acknowledgements:</b> Nothing at this time.
53	Via Care Community Health Center	INF	\$60,000	5/15/20	Partially fund HHP Case Manage; enhance EHR for reporting, population based health tracking, including electronic referral, and care management; and train Case Managers on required HHP trainings, to serve up to 120 HHP patients in the East Los Angeles area. <b>Update:</b> Two Care Managers have been hired and software to enable them to capture the social determinants of health of the Health Homes patients has been acquired. Workflow and program processes have been solidified. Thirty patients have been enrolled in the program and 26 patients have been initiated services. <b>Acknowledgements:</b> None at this time.
54	Watts Healthcare Corporation	INF	\$60,000	5/15/20	Hire part time Clinical Support staff and CCM Coordinator to connect HHP members to social services and supports, and enhance EHR through IT consultant, to serve 200 HHP patients in South Los Angeles. <b>Update:</b> Hired and trained staff; updated EHR system to enable HHP data tracking; finalized HHP policy procedure manual; established partnerships with one homeless service provider; and enrolled and began serving 24 patients in HHP. <b>Acknowledgements:</b> L.A. Care grant support was reported to the organization's board of directors.

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	Organization Name	Priority	Amount	Ends	
	<b>HHI I TOTAL</b>		<b>\$1,200,000</b>		
<b>HOUSING STABILITY INITIATIVE I~ FOUR AWARDS FOR \$600,000</b>					
55	Bet Tzedek	SD	\$150,000	8/1/20	Provide a minimum of 210 pre-litigation or litigation cases, educate up to 500 community members about their housing rights, and make at least 120 referrals to comprehensive service providers to help with financial assistance, education and case management. <b>Update:</b> Provided advice/representation to 22 households on their rights and responsibilities as tenants; provided litigation services to 11 households; educated 60 community members about tenants' rights information and available resources in LA County; referred 22 clients for non-legal support services. <b>Acknowledgements:</b> L.A. Care funding is recognized through social media and in all printed materials distributed through the project.
56	Inner City Law Center	SD	\$150,000	8/1/20	Provide a minimum of 210 pre-litigation or litigation cases, educate up to 500 community members about their housing rights, and make at least 120 referrals to comprehensive service providers to help with financial assistance, education and case management <b>Update:</b> Provided legal advice and assistance to 30 clients; referred 19 individuals to eviction prevention resources; educated 80 individuals about available tenants rights legal services. <b>Acknowledgements:</b> L.A. Care funding was recognized during outreach events and through flyers.
57	Legal Aid Foundation of Los Angeles	SD	\$150,000	8/1/20	Provide a minimum of 210 pre-litigation or litigation cases, educate up to 500 community members about their housing rights, and make at least 120 referrals to comprehensive service providers to help with financial assistance, education and case management. <b>Update:</b> Provided full in-court representation to 29 clients and pre-eviction services to 127 individuals; educated 100 community members about tenants rights and available legal services. <b>Acknowledgements:</b> None at this time.
58	Public Counsel	SD	\$150,000	8/1/20	Provide a minimum of 210 pre-litigation or litigation cases, educate up to 500 community members about their housing rights, and make at least 120 referrals to comprehensive service providers to help with financial assistance, education and case management <b>Update:</b> Provided pre-litigation advice and assistance to 17 individuals; provided litigation services to 14 individuals; referred 22 individuals to eviction prevention services; educated 255 individuals about tenants rights and available legal services. <b>Acknowledgements:</b> L.A. Care funding is recognized on agency's website.
	<b>HSI I TOTAL</b>		<b>\$600,000</b>		
<b>ROBERT E. TRANQUADA SAFETY NET INITIATIVE X ~ EIGHT AWARDS FOR \$800,000</b>					
59	Asian Pacific Healthcare Venture	INF	\$100,000	9/15/21	Complete a quality improvement project to improve patient satisfaction with the pediatric care team by at least 7% and improve retinal eye exam completion among adult diabetics by fourteen percentage points. <b>Update:</b> The first progress report is due by April 15, 2020
60	Bartz Altadonna Community Health Center	INF	\$100,000	9/15/21	Complete a quality improvement project to improve medication management by at least 10% for hypertensive patients at high risk for cardiovascular events and reduce cycle time to 60 minutes to improve patient satisfaction with wait times to 90%. <b>Update:</b> The first progress report is due by April 15, 2020

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	Organization Name	Priority	Amount	Ends	
61	Central Neighborhood Health Foundation	INF	\$100,000	9/15/21	Complete a quality improvement project to increase colorectal cancer screenings for patients over 50 years old to 59% and improve patient's satisfaction with wait time by 20% by decreasing cycle time to less than 90 minutes. <b>Update:</b> The first progress report is due by April 15, 2020
62	Clinica Msgr. Oscar A. Romero	INF	\$100,000	9/15/21	Complete a quality improvement project to increase the number of scheduled diabetic foot exams by 200 and improve patient satisfaction with office staff respectfulness by ten percentage points. <b>Update:</b> The first progress report is due by April 15, 2020
63	Garfield Health Center	INF	\$100,000	9/15/21	Complete a quality improvement project to increase colorectal screenings by eligible patients to at least 80% and improve patient satisfaction with office staff's helpfulness by at least seven percentage points. <b>Update:</b> The first progress report is due by April 15, 2020
64	Southbay Family Healthcare	INF	\$100,000	9/15/21	Complete a quality improvement project to increase patients satisfied with time spent with provider to 50% and improve appropriate colorectal cancer screening by eligible patients by twenty percentage points. <b>Update:</b> The first progress report is due by April 15, 2020
65	T.H.E. Health and Wellness	INF	\$100,000	9/15/21	Complete a quality improvement project to improve HEDIS CIS Combo 10 to 50% and achieve at least a 10% improvement in patient perception of courtesy and respect. <b>Update:</b> The first progress report is due by April 15, 2020
66	UMMA Community Clinic	INF	\$100,000	9/15/21	Complete a quality improvement project to improve HEDIS CIS Combo 10 to 50% and increase patients reporting ease of access to appointments by ten percentage points. <b>Update:</b> The first progress report is due by April 15, 2020
	<b>TRANQUADA X TOTAL</b>		<b>\$800,000</b>		
<b>COMMUNITY WELLNESS INITIATIVE IV ~ SEVEN AWARDS FOR \$690,000</b>					
67	APLA Health	SD	\$100,000	3/15/21	Secure the approval of at least 290 electronic CalFresh applications, including approval for up to 73 gay men 18-29 and 116 adults 50 or older living with HIV; 50 semi-annual reports; and 50 recertification applications. <b>Update:</b> The first progress report is due by April 15, 2020
68	Chinatown Service Center	SD	\$100,000	3/15/21	Secure the approval of at least 75 electronic CalFresh applications, 160 semi-annual reports, and 65 recertification applications. This grant will also assist 410 clients to receive Earned Income Tax Credit (EITC) on their 2018 tax returns. <b>Update:</b> The first progress report is due by April 15, 2020
69	Koreatown Youth and Community Center, Inc.	SD	\$100,000	3/15/21	Assist 667 clients to receive Earned Income Tax Credit (EITC) on their 2019 tax returns. <b>Update:</b> The first progress report is due by April 15, 2020
70	Maternal and Child Health Access	SD	\$100,000	3/15/21	Secure the approval of at least 195 electronic CalFresh applications, 120 Semi-annual reports, and 116 recertification applications. Grantee will also release at least two communications to address public charge issues related to existing or new CalFresh regulations. <b>Update:</b> The first progress report is due by April 15, 2020
71	Pacific Asian Consortium in Employment-PACE	SD	\$90,000	3/15/21	Assist 600 clients to receive Earned Income Tax Credit (EITC) on their 2019 tax returns. <b>Update:</b> The first progress report is due by April 15, 2020
72	Providence Little Company of Mary	SD	\$100,000	3/15/21	Secure the approval of at least 245 electronic CalFresh applications, 26 Semi-annual reports and recertification applications. Grantee will also screen and refer up to 1,000 individuals for food insecurity in clinical and community settings. <b>Update:</b> The first progress report is due by April 15, 2020

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	Organization Name	Priority	Amount	Ends	
73	JWCH - Antelope Valley - CalFresh	SD	\$100,000	3/15/21	Secure the approval of at least 285 electronic CalFresh applications, 76 semi-annual reports, and 70 recertification applications. <b>Update:</b> The first progress report is due by April 15, 2020
	<b>CWI IV TOTAL</b>		<b>\$690,000</b>		
	<b>CHIF GRAND TOTAL</b>		<b>\$10,000,000</b>		

**Awards Funded in Fiscal Year 2017-2018 Total of 62 Awards**

**Priorities: HB = High Barriers; H= Housing for Health; INF = Safety Net Infrastructure; SD - Social Determinants of Health**

**AD HOC GRANTS ~ TWENTY AWARDS FOR \$6,487,000**

1	Antelope Valley Community Clinic	INF	\$335,000	9/21/2019	Provide infrastructure and reorganization support to expand clinical services in the greater Antelope Valley area. <b>Update:</b> Funding assisted AVCC in maintaining services while negotiating a sale of its assets to JWCH Institute, Inc., which became effective on 3/1/2019. The clinic is still operating and providing services to L.A. Care members in the Antelope Valley under new management and auspices of JWCH. <b>CLOSED.</b>
2	Brilliant Corners II	H	\$4,000,000	9/1/2020	House homeless individuals and families, including L.A. Care members. Project also supports the goals of the Whole Person Care initiative under the new California Medi-Cal waiver and enables DHS to draw down matching funds. <b>Update:</b> A total of 298 homeless individuals are currently enrolled and receiving services, including 249 who are currently housed. <b>Acknowledgements:</b> Recognized in presentation given by FHSP Associate Director in Sacramento on a panel about Housing Access Services at the Lanterman Housing Alliance's Fall Housing Thought Leaders Summit.
3	Central American Resources Center (CARECEN)	SD	\$150,000	3/15/2020	Educate and train 2,500 immigrants and refugees through Know Your Rights workshops, provide legal services to 50 unaccompanied minors and refugee families, make a minimum of 150 direct referrals for health and social services, and engage and educate 1,000 impacted immigrants to protect their families. <b>Update:</b> Conducted Know Your Rights workshops and forums that reached 876 unique individuals over the last 6 months. Additionally, assisted 65 unaccompanied children and/or refugee families with consultations and representation. <b>Acknowledgements:</b> Recognized at CARECEN's Annual Awards Dinner in all event materials, a full page AD in their event journal, logo Acknowledgements on website and newsletter, and signage and special mention the night of the event.
4	The Chrysalis Center dba Chrysalis Enterprises	SD	\$100,000	3/14/2020	Train at least 40 low-income Medi-Cal recipients with substantial barriers for employment, including homelessness; and secure full-time, long-term employment for 15 training participants. <b>Update:</b> During 2019, 1,451 Chrysalis clients obtained employment and 73% of working clients retained employment for six months or longer. After randomly selecting 40 Medi-Cal recipient clients, 20 have obtained outside employment. <b>Acknowledgements:</b> Sponsorship acknowledgements at Annual Butterfly Gala and in 2018 Annual Report, which is also available on website.



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	Organization Name	Priority	Amount	Ends	
5	Coalition for Humane Immigrant Rights of Los Angeles (CHIRLA)	SD	\$150,000	3/14/2020	Assist 200 eligible legal residents with completion of the N-400 naturalization form to begin the process of becoming naturalized U.S. citizens; educate 80,000 immigrants and their families through social and Spanish media about Know Your Rights and the public charge ruling, and provide information to at least 600 individuals through the hotline, with a focus on mixed status families. <b>Update:</b> CHIRLA educated 61,182 mixed-status immigrant individuals about Know Your Rights, the 2020 Census, and about the Public Charge rule through community workshops and presentations. 766 callers were assisted via the toll free Immigrant Assistance Hotline regarding 2020 Census information and Public Charge updates. A total of 322 N-400 applications were completed and, of those, 166 clients received fee waivers to cover the cost of their applications. <b>Acknowledgements:</b> Recognized on social media content relating to Public Charge as well as any community presentation conducted regarding accessing regular health services.
6	Community Clinic Association of Los Angeles County (CCALAC)	INF	\$150,000	3/15/2020	Create a Social Determinants of Health Roundtable (SDOH) to assess gap in service for social risk factors, host an SDOH Summit, develop comprehensive resource guide and establish policy and advocacy priorities intended to improve services in a managed care environment, particularly around the homeless. <b>Update:</b> A Health Equity Manager was hired in April. A SDOH needs assessment was conducted with CCALAC member clinics and a report was presented of the results to a Health Equity Advisory group of over 15 internal and external stakeholders to discuss the top priority SDOH domains including housing, food insecurity and non-emergency medical transportation. <b>Acknowledgements:</b> Recognized on all marketing and advertising materials as well as live streams for the 2019 LA County Quality Improvement Summit.
7	Hospitality Industry Training and Educational Fund (Hospitality Training Academy - HTA)	SD	\$107,000	3/15/2020	Train 95 and place 78 of 95 recently trained clients in unionized jobs in the growing hospitality industry through language immersive job training program for Limited English speakers, including but not limited to Asian/Pacific Islander and Latino populations. <b>Update:</b> Twenty-seven immigrants have been trained. Of those 27, 10 have completed HTA's LAX/Hospitality Worker training, 5 completed Barista training, 7 completed Room Attendant training, and 5 completed Entry Level Kitchen training. 23 have been placed in employment within the hospitality industry, and 11 of those have retained employment for 6 or more months. <b>Acknowledgements:</b> Recognized on all recruitment flyers, and social media posts related to their ESL classes.
8	Housing Works	SD	\$100,000	3/15/2020	In partnership with Corporation for Supportive Housing, train 25 formerly homeless individuals to be placed as Community Health Workers or Housing Navigators employees in a variety of non-profit agencies that serve homeless individuals and families. <b>Update:</b> Trained 15 formerly homeless individuals and placed 12 program graduates into paid employment; 91% retained employment for six or more months <b>Acknowledgements:</b> L.A. Care is recognized in all program materials, including PowerPoint training, participant handbooks, program marketing materials and social media.

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	Organization Name	Priority	Amount	Ends	
9	L.A. Family Housing	SD	\$150,000	10/15/2019	Support security-related staff and systems throughout The Campus, a building complex with collocated health and social service agencies, including Northeast Valley Healthcare Corporation, that will provide supportive housing and comprehensive services for homeless individuals and families in the San Fernando and Santa Clarita Valleys. <b>Update:</b> All construction and tenant improvements at The Irmas Family Campus have been completed and The Campus officially opened in June. Key fobs were installed to control the flow of people in and out of The Campus, as well as installing and upgrading security cameras and parking structures. Due to delays in final permitting, the Campus Health Center has not yet opened to patients. <b>Acknowledgements:</b> L.A. Care's support acknowledged in winter newsletter and recognized at the Grand Opening event for The Campus. Also recognized on prominent signage in the main lobby of The Irmas Family Campus, as well as in their Bi-Annual Report. <b>CLOSED</b>
10	Maternal Mental Health Now ( <i>fiscal agent Community Partners</i> )	HB/INF	\$150,000	3/15/2020	Improve mental health awareness of at least 350 pregnant or postpartum African American women and enhance the acumen of 30 medical providers to detect and respond to perinatal mood disorders among African American women to positively impact African American infant mortality in partnership with Cedars Sinai Hospital and Watts Healthcare. <b>Update:</b> Perinatal patients who screened positive for perinatal mood and anxiety disorders increased from 20 to 23% at Watts and from 1 to 2% at Cedars Sinai. A curriculum was created for a Mind & Body Support Circle for pregnant Black women. Two 5-week sessions were then implemented. <b>Acknowledgements:</b> Recognized on recruitment flyers for provider trainings and support groups, training PowerPoint presentations and their March 2019 email newsletter.
11	MLK Health & Wellness Community Development Corporation (DHS MLK Outpatient Center)	INF	\$25,000	9/15/2019	Engage in a strategic planning process to address organizational changes on campus, including the opening of a behavioral health center. <b>Update:</b> Comprehensive strategic plan was completed and has been rolled out to staff through professional training days and staff retreats in each clinic department. <b>CLOSED</b>
12	National Health Foundation	INF	\$150,000	10/15/2019	Support the expansion of the Pathway Recuperative Care program to add 13,500 recuperative bed days in the greater downtown Los Angeles area. <b>Update:</b> NHF began receiving clients into the new facility in November 2018. Since then, 856 individuals have stayed in the facility and received services for a total of 14,530 bed days (an average length of stay of 17 days). <b>Acknowledgements:</b> NHF attended The Root Cause Coalition's National Summit in San Diego in October 2019 and their session highlighted LA Care's prioritization of addressing the social needs of its most at-risk plan members. <b>CLOSED</b>
13	National Medical Fellowships	INF	\$150,000	10/15/2019	Support an immersive summer program to expose four medical and 3 mid-level (Nursing/MA) clinical students to primary care through placement at Los Angeles County safety net clinics, including Federally Qualified Health Centers. <b>Update:</b> A total of 7 clinical students received scholarships, completed the 6-week summer immersion program and were placed at Community Health Centers in Los Angeles. <b>Acknowledgements:</b> L.A. Care was acknowledged through electronic and printed program materials, during the 2018 NMF Los Angeles Champions of Health Awards and Gala and at the Primary Care Leadership Program Orientation. <b>CLOSED</b>
14	Occidental College	INF	\$75,000	3/15/2020	Place at least six Occidental College students enrolled in its Public Health minor in community public health internships, and provide capacity building funds to develop a financially sustainable long-term plan. <b>Update:</b> Hired public health program coordinator and summer internship coordinator. Placed one summer intern at Comprehensive Community Health Center and New Familia Health Support Services. <b>Acknowledgements:</b> L.A. Care funds were recognized in student presentations and within the college.

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	Organization Name	Priority	Amount	Ends	
15	Reclaiming America's Communities through Empowerment (R.A.C.E.)	SD	\$150,000	3/15/2020	Expand grantee's sports league to two new neighborhoods with high gang activity through the addition of 20 new Peace Ambassadors, conduct six mediation roundtables and make 50 case management referrals through gang intervention agencies. Hire development and office management staff to increase development activities and other infrastructure. <b>Update:</b> RACE has made 84 referrals for various services including personal interventions, victims services, employment preparation and job placement, and academics/education. Eleven neighborhoods are currently participating in weekly roundtables to discuss resolutions to current or growing conflicts. Over the last twelve months, 43 weekly sessions have occurred with approximately 20 individuals each week. 36 individuals have been recruited and trained to become Ambassadors. <b>Acknowledgements:</b> LA Care Acknowledgements on all marketing material and website.
16	Southern California Grantmakers (SCG)	INF	\$20,000	12/31/2019	Support philanthropic healthcare infrastructure in the Greater Los Angeles area. <b>Update:</b> Provided twelve cross-cutting programs exploring health and health equity issues with funders; provided a monthly "Public Policy Roundup" e-newsletter to more than 500 subscribers; and provided eleven in-person and online Census 2020 programs; hosted Public Policy Conference attended by 300 funders. <b>Acknowledgements:</b> SCG acknowledged L.A. Care as a sponsor at its Annual Conference. <b>CLOSED</b>
17	Southside Coalition of Community Health Centers	INF	\$150,000	3/15/2020	Implement a professional development training program for a minimum of 80 medical assistants working at eight federally qualified health centers (FQHCs) in South Los Angeles who will receive at least 30 hours of professional development training. <b>Update:</b> The training program was implemented in November 2018. 154 unduplicated medical assistance have received professional development training resulting in a total of 37 hours of training being completed. 8 topics have been presented to the medical assistances and 13 sessions have been held. <b>Acknowledgements:</b> Listed as a sponsor at a health and resource fair hosted at LA Trade Tech. Also recognized as sponsor at their annual Walk4Health and Back2School Health and Resource Fair.
18	The Los Angeles Trust for Children's Health	INF	\$150,000	10/15/2019	Develop a centralized data network and connect at least 14 school-based health centers and Los Angeles Unified School District schools to link health outcomes and student achievement. <b>Update:</b> Received signed Business Associate Agreements from 10 of the 12 community clinic partners and have received medical data from 11 of the 15 Wellness Centers. Created four types of report using available data since 2015 to include the executive overview reports that provide aggregate data across the Wellness Network, clinic comparison reports across several variables, clinic-specific reports, and analyst reports for more granular data on a specific topic such as asthma. <b>Acknowledgements:</b> L.A. Care was acknowledged in project materials, including a one-page project summary and PowerPoint presentation. <b>CLOSED</b>
19	Urban Voices	SD	\$75,000	3/15/2020	Build up the organizational infrastructure and hire professional staff of an organization that will engage at least 50 homeless individuals in its music programs while connecting them to a system of care to address their medical and social needs. <b>Update:</b> Between 8-15 community members participate in music programs weekly. Organization drafted its bylaws and held its first two official board meetings as well a strategic planning session. Identified CRM system for donor management and is working with Claremont Graduate University on the design of an evaluation protocol for its programs. <b>Acknowledgements:</b> L.A. Care is featured as a primary partner in organization's literature , on website, and in fall newsletter.



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	Organization Name	Priority	Amount	Ends	
20	Watts Century Latino Organization	SD	\$150,000	3/15/2020	In partnership with law enforcement, reduce crime and build civic responsibility with a focus on immigrant communities and youth in South Los Angeles by enrolling at least 15 adults and 10 youth in Citizen Police Academies and Mediation trainings. <b>Update:</b> Seventeen community members were recruited to serve on Neighborhood Watch; 52 residents attended educational sessions on their legal rights; 17 adults and 14 youth became certified in the Citizen Police Academy and completed Mediation trainings. <b>Acknowledgements:</b> L.A. Care support was recognized in program flyers, during workshops, and on agency website.
<b>AdHocs Total</b>			<b>\$6,487,000</b>		
<b>ORAL HEALTH INITIATIVE X ~ EIGHT AWARDS FOR \$800,000</b>					
21	Comprehensive Community Health Center	HB	\$100,000	11/15/2019	Enroll 1,500 pediatric patients and provide at least one dental visit within a year. Up to 400 primary care patients will be linked to dental care, and at least 35% of children, ages 6-9 at moderate to high risk for caries, will receive a sealant on a first permanent molar. <b>Update:</b> Provided new dental services to 4,749 patients for children/young adults up to age 20 at their Glendale and Sunland clinics. 58% of children ages 6-9 years with moderate to high risk for caries have received sealants on a first permanent molar. <b>Acknowledgements:</b> Acknowledged L.A. Care's contribution at 4th Annual Back to School Health and Wellness event. <b>CLOSED</b>
22	Garfield Health Center	HB	\$100,000	11/15/2019	Expand the pediatric clinic from two to five days per week, for a total of five days. Increase access for 937 unduplicated pediatric dentistry patients. Additionally, at least 800 pediatric patients and their parents receive oral health education. <b>Update:</b> Garfield Health Center provided pediatric dental care to a total of 489 unduplicated children. Over the past 18 months, they served a total of 1,529 children for dental care. <b>Acknowledgements:</b> L.A. Care funding was acknowledged in internal newsletter for staff and providers. <b>CLOSED</b>
23	Harbor Community Clinic, Inc.	HB	\$100,000	11/15/2019	Complete construction of new dental site, including licensing and furnishing. Provide a minimum of 2,500 pediatric dental visits, including mobile unit dental visits. <b>Update:</b> The new Pediatric Clinic Project broke ground in April 2019. Harbor Community Clinic purchased and installed six Adec dental chairs for its new clinic pending permit approval, with services opening in January 2020. <b>Acknowledgements:</b> Intends to have an art piece designed for the lobby engraved with the donors' names. <i>Additional report expected by November 15, 2020 regarding pediatric patient visits.</i>
24	JWCH Institute, Inc. (John Wesley Community Health)	HB	\$100,000	11/15/2020	Complete conversion of Lynwood primary care site to a dental clinic, and provide a minimum of 2,300 adult dental visits and a minimum of 300 pediatric dental visits. <b>Update:</b> Construction of new dental facility has been significantly delayed and not yet open as of original grant close date. Floor plans for 2nd floor were submitted and approved. Also installed hot and cold-water plumbing lines and gas lines in the building, new windows, purchased plie wood for the floors, and added stucco to the exterior of the building. <b>Acknowledgements:</b> Honored as a Title Sponsor and in the Commemorative book for JWCH 2019 Benefit Dinner and Dance. An e-blast was also sent to all sponsors and was listed as a sponsor on the events page of website. John Baackes was honored and awarded the Community Leadership Award at the event.

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	Organization Name	Priority	Amount	Ends	
25	Northeast Valley Healthcare Corporation	HB	\$100,000	11/15/2020	Complete construction and fully furnish the new dental clinic in North Hollywood in partnership with LA Family Housing. Provide comprehensive dental services to a minimum of 1,000 visits to at least 280 homeless patients. <b>Update:</b> Construction of clinic was completed in October of 2019 and all equipment and furnishings have been purchased. Clinic is awaiting approval of City inspections and licensing. <b>Acknowledgements:</b> L.A. Care is recognized on a tile installed on the Newhall Health Center and during the grand opening. L.A. Care was also acknowledged during the Healthy Valleys 2020 Moving Community Health Forward campaign and at the opening of the Pacoima Women’s Health Center.
26	St. John's Well Child and Family Center	HB	\$100,000	11/15/2019	At least 360 patients will receive treatment for dental decay, this includes a minimum of 200 adult patients and 85 pediatric patients, totaling 1,000 visits. This includes children and adults with developmental disabilities, people with HIV/AIDS, transgender individuals and other vulnerable populations. <b>Update:</b> Outreach and promotion of the dental clinic reached 1,050 individuals. A total of 409 unique patients (119 pediatric, 290 adult) attended follow-up appointments for dental decay for a total of 1,098 visits. <b>Acknowledgements:</b> L.A. Care was recognized through internal newsletter and with a Spanish/English flyer. <b>CLOSED</b>
27	T.H.E. Clinic, Inc. dba T.H.E. (To Help Everyone) Health & Wellness Centers	HB	\$100,000	11/15/2019	Provide comprehensive dental services to an additional 1,100 patients, and increase the number of primary care clinic patients who receive dental services by at least 20% per year. <b>Update:</b> Based on 2019 UDS report, provided 5,717 visits to 2,198 patients, with 1,892 visits for oral exams to 1,650 patients. Of those patients, 1,417 patients received fluoride treatments, and 159 children received sealants. Increased the percentage of peridatric patients who also received dental services from less than 1% to 20%. Acknowledgements: L.A. Care funding was acknowledged through various social media channels and promotional flyers. <b>CLOSED</b>
28	Coastal Developmental Services Foundation dba Westside Regional Center (WRC)	HB	\$100,000	11/15/2019	At least 250 current and new children and adults with developmental disabilities will receive oral hygiene services, including dental health assessments, cleaning and health education. A minimum of 100 clients will reduce the number of bleeding sites on their gums, and at least 80 patients will adopt proper dental intervention strategies. Also, educate at least 50 dental providers on providing dental services to persons with developmental disabilities. <b>Update:</b> Over 12 months, 206 patients with developmental disabilities have completed one or more dental appointments, 63 reduced bleed sites on their gums and 80 have improved dental strategies. In addition, 20 patients avoided cleaning under sedation. Three provider trainings were held educating 50 dental providers on techniques for servicing for this population. <b>Acknowledgements:</b> L.A. Care was recognized on provider training materials. Discuss LA Care is funding program when inviting candidates to the program. <b>CLOSED</b>
<b>OHI X Total</b>			<b>\$800,000</b>		
<b>ROBERT E. TRANQUADA SAFETY NET INITIATIVE IX ~ SIXTEEN AWARDS FOR \$1,500,000</b>					
<b>Cohort I</b>					

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	Organization Name	Priority	Amount	Ends	
29	Central City Community Health Centers	INF	\$150,000	8/14/2020	To improve on one CAHPS question and three HEDIS measures: breast cancer screening, diabetic care-retinal eye exam, and diabetic care-blood pressure < 140/90. <b>Update:</b> Have increased percentage of patients who feel they were treated with courtesy and respect from 73 to 88%. Patient satisfaction surveys (CAHPS) have been outsourced through Press Ganey instead of distributing paper surveys internally. 281 patients have received diabetic retinal screening in the last 6 months (increased from 11 to 21%), and 684 patients have been screened for breast cancer (increased from 33 to 44%). <b>Acknowledgements:</b> Public acknowledgement through newsletter.
30	Comprehensive Community Health Centers, Inc.	INF	\$150,000	8/14/2020	To improve on one CAHPS patient experience question and three chronic diabetic care HEDIS measures: retinal eye exam, HbA1c<8, and blood pressure < 140/90. <b>Update:</b> Over the past 6 months, a total of 39 patients had an initial assessment conducted by the Care Coordinator. 19 patients total were used in a study over 4 months. The study revealed 74% has a HbA1c lower than that taken at the initial assessment. <b>Acknowledgements:</b> Sponsor at Annual Back to School Health and Wellness Event. Also recognized on sponsorship banner and was provided with associated sponsorship benefits.
31	JWCH (John Wesley Health Center) Institute, Inc	INF	\$150,000	8/14/2020	To improve on one CAHPS patient experience question and three Child Health HEDIS measures: weight assessment, early childhood immunization, and adolescent immunization. <b>Update:</b> Able to provide immunizations to 58% of patients for IMA Combo 2, 27% with CIS Combo 10, and provide WCC to 60% of patients. 67% of patients were satisfied with their ability to access these services. <b>Acknowledgements:</b> Recognized during staff trainings across the agency and during Board Member CQI and Provider CQI meetings.
32	Northeast Valley Health Corporation	INF	\$150,000	8/14/2020	To improve on one CAHPS patient experience question and three HEDIS measures: cervical cancer screening, postpartum care, and diabetic care - HbA1c<8. <b>Update:</b> After reaching out via text message to 4,944 patients that were due for a Pap Smear exam, 21.1% of them completed their exam between November to July. 134 diabetic patients with an initial average A1C of 10.9% were treated through they MTM program and 9% of them were discharged from the program after reaching an A1C below 8% with an average time of 2.3 months. <b>Acknowledgements:</b> None at this time.
33	St. John's Well Child and Family Center	INF	\$150,000	8/14/2020	To improve on one CAHPS patient experience question and three diabetic care HEDIS measures: Retinal exam, HbA1c <8, and blood pressure <140/90. <b>Update:</b> Of all patients in their clinics, 40.68% have an A1C below 8, 31.75% have had a retinal screening, and 63.03% have a blood pressure below or at 140/90. <b>Acknowledgements:</b> Highlighted on the website.
34	Watts Healthcare	INF	\$150,000	8/14/2020	To improve on one CAHPS patient experience question and three HEDIS measures: early childhood immunization, cervical cancer screening, and diabetic care - retinal exam. <b>Update:</b> Fully implemented the AZARA Data Reporting and Visualization System. As a result, clinic saw improvements on two CAHPS patient experience measures: overall patient satisfaction (75%) and patients felt treated with respect (85%). In addition, waiting times were decreased by 20%; number of diabetic patients with improved blood pressure increased from 68% to 80%; number of diabetics receiving a retinopathy screening improved from 57% to 75%; rate of women entering prenatal care improved from 57% to 70%. <b>Acknowledgements:</b> L.A. Care is recognized in monthly quality reports to the board.

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	Organization Name	Priority	Amount	Ends	
35	White Memorial Community Health Center	INF	\$150,000	8/14/2020	To improve on one CAHPS patient experience question and three Child Health HEDIS measures: weight assessment, early childhood immunization, and adolescent immunization. <b>Update:</b> CAHPS patient satisfaction question regarding how often clerks and receptionists at provider's office were "as helpful as you thought they should be" increased from 69% to 78% for pediatrics and to 81% for adults. Improvements of HEDIS measures is in progress. <b>Acknowledgements:</b> Announcement of L.A. Care's grant award was communicated to Board of Directors.
<b>Cohort II</b>					
36	Asian Pacific Healthcare Venture	INF	\$50,000	6/15/2019	Design a quality improvement program plan to improve one CAHPS question and one HEDIS measures as determined through quality improvement training program. <b>Update:</b> Completed four workshops and two web-based training session facilitated by the Institute for High Quality Care (IHQC) and designed a quality improvement project. <b>CLOSED</b>
37	Bartz Altadonna Community Health Center	INF	\$50,000	6/15/2019	Design a quality improvement program plan to improve one CAHPS question and one HEDIS measures as determined through quality improvement training program. <b>Update:</b> Completed four workshops and two web-based training session facilitated by the Institute for High Quality Care (IHQC) and designed a quality improvement project. <b>CLOSED</b>
38	Central Neighborhood Health Foundation	INF	\$50,000	6/15/2019	Design a quality improvement program plan to improve one CAHPS question and one HEDIS measures as determined through quality improvement training program. <b>Update:</b> Staff completed 4 workshops and two webinar facilitated by the IHQC and completed the design of a quality improvement (QI) project linked to at least one HEDIS and one CAHPS measure. <b>CLOSED</b>
39	Clinica Msgr. Oscar A. Romero	INF	\$50,000	6/15/2019	Design a quality improvement program plan to improve one CAHPS question and one HEDIS measures as determined through quality improvement training program. <b>Update:</b> Clinic staff completed four workshops and one webinar facilitated by IHQC and is on track to submit QI project to L.A. Care. <b>CLOSED</b>
40	El Proyecto del Barrio	INF	\$50,000	6/15/2019	Design a quality improvement program plan to improve one CAHPS question and one HEDIS measures as determined through quality improvement training program. <b>Update:</b> Clinic staff completed four workshops and one webinar facilitated by IHQC and is on track to submit QI project to L.A. Care. <b>CLOSED</b>
41	Garfield Health Center	INF	\$50,000	6/15/2019	Design a quality improvement program plan to improve one CAHPS question and one HEDIS measures as determined through quality improvement training program. <b>Update:</b> Clinic staff completed 4 workshops and 2 webinars facilitated by the IHQC. They also developed a Colorectal Cancer Screening QI project. <b>CLOSED</b>
42	T.H.E. Health and Wellness	INF	\$50,000	6/15/2019	To improve on one CAHPS question and three HEDIS measures related to diabetic care: Retinal exam, HbA1c <8, and blood pressure <140/90. <b>Update:</b> Clinic staff completed 4 workshops and two webinar facilitated by the Institute for High Quality Care (IHQC) to inform its diabetic care QI project. <b>CLOSED</b>
43	UMMA Community Clinic	INF	\$50,000	6/15/2019	Design a quality improvement program plan to improve one CAHPS question and one HEDIS measures as determined through quality improvement training program. <b>Update:</b> Staff completed 4 workshops and two webinar facilitated by the IHQC and completed the design of a quality improvement (QI) project linked to at least one HEDIS and one CAHPS measure. <b>CLOSED</b>

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	Organization Name	Priority	Amount	Ends	
44	South Bay Family Health Care	INF	\$50,000	6/15/2019	Design a quality improvement program plan to improve one CAHPS question and one HEDIS measures as determined through quality improvement training program. <b>Update:</b> Clinic staff participated in all workshops and webinars facilitated by IHQC, completed and submitted its QI project plan to L.A. Care.
<b>Tranquada IX Total</b>			<b>\$1,500,000</b>		
<b>LICENSED PRACTITIONERS OF THE HEALING ARTS II ~ FOUR AWARDS FOR \$260,000</b>					
45	Alcoholism Center for Women	HB	\$60,000	3/24/2020	Serve an additional 100 women through the residential treatment program, conduct 720 American Society of Addiction Medicine (ASAM) assessments and treatment plan reviews and ensure 90 participants successfully complete the program. Grantee will also provide enhanced care through a new Family Therapy Program for 540 clients. <b>Update:</b> Their LPHA, LCSW, reviewed 112 residential ASAMs, 247 residential treatment plans, 44 outpatient ASAMs, 59 outpatient treatment plans, for a total of 462 ASAMs and Treatment Plans reviewed. <b>Acknowledgements:</b> On Facebook page and eNewsletter.
46	Fred Brown Recovery Services	HB	\$60,000	3/24/2020	Provide Drug Medi-Cal (DMC) participants an additional 20 hours per month of individual outpatient counseling. Augment group therapy by 75 hours per month. Provide 584 bed days of residential treatment services per month and recovery bridge housing for 118 additional DMC clients to maximize Drug Medi-Cal reimbursements and thereby sustain the START-ODS program. <b>Update:</b> Increased RBH services to 1,499 bed days per month. Outpatient counseling increased from 141 individuals and 494 for groups to 180 individuals and 632 for group per month. Residential services increased from 389 to 743 bed days per month. <b>Acknowledgements:</b> Published on social media accounts and LA Care logo was added to organizational brochures.
47	Homeless Health Care Los Angeles	HB	\$70,000	3/24/2020	Develop curriculum and train staff in a Family Therapy Program (FTP) to serve 30 mono-lingual and bilingual Spanish families, while expanding the English FTP to an additional 30 families. This will result in behavioral compliance and successful program completion for up to 80% for all served clients. <b>Update:</b> Have provided family services for a total of 16 clients and their families. 42% have completed the program. <b>Acknowledgements:</b> Named in all monthly staff meeting reports and in all external outreach meetings and community coalitions. All Spanish outreach and enrollment materials included LA Care logo and sponsorship.
48	Special Services for Groups, Inc	HB	\$70,000	3/24/2020	Hire a Quality Assurance Coordinator to reduce the rate of claim denials by 75% and serve a total of 195 clients. This grant will also increase successful program completion from 27% to 50%. All these activities will maximize Drug Medi-Cal reimbursement and sustain the program. <b>Update:</b> Grantee has not submitted accurate or timely progress reports despite Community Benefit's staff repeated requests and guidance.
<b>LPHA II Total</b>			<b>\$260,000</b>		
<b>COMMUNITY WELLNESS III ~ ELEVEN AWARDS FOR \$805,000</b>					



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	Organization Name	Priority	Amount	Ends	
49	APLA Health	SD	\$75,000	3/15/2020	Secure the approval of at least 210 electronic CalFresh applications, provide assistance to at least 120 SemiAnnual Report applicants, and re-certify a minimum of 67 applicants. <b>Update:</b> Sixty-four CalFresh applications were submitted and of those, 34 were approved. Staff hosted workshops in three areas of Los Angeles County to educate clients and secure enrollment appointments. <b>Acknowledgements:</b> Recognized during workshops and on promotional materials.
50	Asian Pacific Healthcare Venture	SD	\$75,000	3/15/2020	Secure the approval of at least 350 electronic CalFresh applications. <b>Update:</b> Sixty-three CalFresh applications have been approved. Have provided 24 clients with semi-annual and recertification assistance. <b>Acknowledgements:</b> Recognized on website.
51	Chinatown Service Center	SD	\$75,000	3/15/2020	Secure the approval of at least 40 electronic CalFresh applications, provide assistance to at least 140 SemiAnnual Report applicants, and re-certify a minimum of 52 applicants. Additionally, receive accepted filing of at least 500 Earned Income Tax Credit (EITC) applications. <b>Update:</b> Reached out to 600 individuals by workshops and events. Assisted 422 clients with enrollment and they were all approved for CalFresh benefits. Assisted 52 clients with completing and submitting Semi Annual Report and 25 clients with the certification. Served 1,270 clients, filed 1,181 tax returns, and 416 clients claimed their EITC through the services provided. <b>Acknowledgements:</b> Flyers created for CalFresh and VITA have LA Care logo and a statement regarding funding., featured and promoted on three newspaper interviews and recognized at Annual Chinatown Service Center Gala.
52	JWCH- Wesley	SD	\$75,000	3/15/2020	Secure the approval of at least 225 electronic CalFresh applications and re-certify a minimum of 30 applications. <b>Update:</b> A total of 347 CalFresh applications have been submitted. 151 patients were approved. <b>Acknowledgements:</b> Recognized at staff trainings and plans to share LA Care's support at the All in Data conference, a national data conference.
53	Koreatown Youth and Community Center, Inc.	SD	\$75,000	3/15/2020	Achieve accepted filing status for at least 750 Earned Income Tax Credit (EITC) applications. <b>Update:</b> KYCC's VITA program was operating at four locations serving an average of 200 individuals per week with free tax assistance. Over the last reporting period, 280 claimed the EITC and have claimed \$436,196. <b>Acknowledgements:</b> VITA flyers and social media posts, Annual Report lists LA Care as donor, and a certificate has been placed at the entrance for VITA office acknowledging LA Care. Also listed as donor on website and recognized at Annual Benefit Concert.
54	Maternal and Child Health Access	SD	\$80,000	3/15/2020	Secure the approval of at least 185 electronic CalFresh applications, provide assistance to at least 104 SemiAnnual Report applicants, and recertify a minimum of 106 applications. Additionally, will provide an in-service workshop for CalFresh enrollment grantees to increase the quality of submissions and enrollment approval ratio. <b>Update:</b> Filed 321 CalFresh applications of which 255 were approved in the last reporting period. Provided assistance with 248 SARs, 7,243 recertifications, and provided troubleshooting for 459 participants to resolve their case. <b>Acknowledgements:</b> All training material and outreach material recognizes LA Care.
55	Pacific Asian Consortium in Employment (PACE)	SD	\$75,000	3/15/2020	Achieve accepted filing status for at least 750 Earned Income Tax Credit (EITC) applications. <b>Update:</b> Outreached and educated at least 2,500 low- or moderate-income individuals about the importance and benefits of the EITC. Transmitted at least 594 returns amounting to at least \$928,2017. <b>Acknowledgements:</b> Will be acknowledging in all materials, social media channels and Annual Report.

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	Organization Name	Priority	Amount	Ends	
56	Providence Little Company of Mary	SD	\$75,000	3/15/2020	Secure the approval of at least 230 electronic CalFresh applications, provide assistance to at least 20 SemiAnnual Report applicants, and recertify a minimum of 4 applicants. <b>Update:</b> Assisted 573 households with CalFresh enrollments, semi-annual reports, and annual recertifications. <b>Acknowledgements:</b> Placed on CalFresh flyers used in all outreach and health events, in both Spanish and English.
57	Southside Coalition of Community Clinics	SD	\$50,000	3/15/2020	Increase to four the number of Southside Coalition members who provide onsite CalFresh enrollment assistance by providing clinics technical assistance to enroll at least 80 patients into CalFresh and strengthen clinics' relationship with DPSS to address systemic issues. <b>Update:</b> Fifty-six CalFresh applications and 61 renewal applications have been submitted. <b>Acknowledgements:</b> Listed as a sponsor at a health and resource fair and at annual Walk4Health and Back2School Health and Resource Fair.
58	The Robert F. Kennedy of Community and Family Medicine	SD	\$75,000	3/15/2020	Secure the approval of at least 175 electronic and 50 paper CalFresh applications, provide assistance to at least 50 SemiAnnual Report applicants, and re-certify a minimum of 75 applicants. <b>Update:</b> 224 individuals were enrolled in CalFresh. In addition, 50 (SAR) 7 semi-annual reports, and 75 re-certifications were approved by DPSS. <b>Acknowledgements:</b> LA Care is listed as a sponsor in all written materials for public distribution and was recognized during 2019 health fair.
59	Youth Policy Institute	SD	\$75,000	3/15/2020	Secure the approval of at least 60 electronic CalFresh applications, provide assistance to at least 62 SemiAnnual Report applicants, and recertify a minimum of 27 applicants. Additionally, achieve accepted filing status for at least 500 Earned Income Tax Credit (EITC) applications. <b>Update:</b> Twenty-four CalFresh new applications, 7 recertifications, and 6 semi-annual report have been approved. <b>Acknowledgements:</b> Recognized on social media blasts.
	<b>CWI III Total</b>		<b>\$805,000</b>		
<b>GRANTEE SUPPORT ~ THREE AWARDS FOR \$148,000</b>					
60	Institute for High Quality Care (Community Partners)	INF	\$55,000	9/1/2019	Train nine Robert E. Tranquada, MD, Safety Net Infrastructure Initiative IX grantees to leverage quality and process improvement tools and techniques to design a comprehensive Quality Improvement project or initiative linked to at least one Healthcare Effectiveness Data and Information Set (HEDIS) measure and one Consumer Assessment of Healthcare Providers and Systems (CAHPS) measure. <b>CLOSED</b>
61	Qualis Health	INF	\$75,000	12/31/2019	Coach and provide technical assistance to seven Robert E. Tranquada, MD Safety Net Initiative IX grantees during project implementation to improve Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Healthcare Effectiveness Data and Information Set (HEDIS) scores and implement a Quality Improvement program to enhance these scores. <b>CLOSED</b>
62	KED Consulting	INF	\$18,000	9/30/2018	Provide support to Community Benefits staff for projects that include grantee progress reports and other ad hoc projects. <b>CLOSED</b>
	<b>Grantee Support Total</b>		<b>\$148,000</b>		
	<b>CHIF GRAND TOTAL</b>		<b>\$10,000,000</b>		
<b>Awards Funded in Fiscal Year 2016-2017      Total of 63 Awards</b>					
<b>Priorities: HB = High Barriers; H= Housing for Health; INF = Safety Net Infrastructure; SD - Social Determinants of Health</b>					
	Organization Name	Priority	Amount	Ends	Project Purpose and Status

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	Organization Name	Priority	Amount	Ends	
<b>AD HOCS ~ NINETEEN AWARDS FOR \$6,791,000</b>					
1	Brilliant Corners (LAC DHS - Housing for Health)	H	\$4,000,000	4/1/2019	Provide housing support, including rental subsidy and move in costs, for 300 homeless individuals and their families. Funds also support the goals of the Whole Person Care initiative under California's Medi-Cal waiver. <b>Update:</b> A total of 318 homeless individuals are currently enrolled and receiving services, including 233 who are currently housed. <b>Acknowledgements:</b> Sophia Rice, FHSP Associate Director, mentioned Brilliant Corners' partnership with LA Care while testifying in front of the California State Legislature Housing and Community Development Committee. Acknowledgements also listed on website. <b>CLOSED</b>
2	Central American Resources Center (CARECEN)	SD	\$150,000	1/1/2019	To provide legal services to 75 individuals, legal consultations to 150 people, media outreach reaching 3,000 people, targeted education on immigration rights to 750 people and educate 125 people about accessing medical and social services. <b>Update:</b> CARECEN provided Know Your Rights workshops to 3,750 individuals; provided legal representation to 87 individuals in deportation proceedings and/or in detention; delivered legal consultations to 150 people at risk of deportation; referred 125 people to social and medical services; and reached 6,000 people through media communications with current immigration information. <b>Acknowledgements:</b> Acknowledged L.A. Care at its 35th Annual awards Dinner in October 2018. <b>CLOSED</b>
3	Coalition for Humane Immigrant Rights of Los Angeles (CHIRLA)	SD	\$150,000	1/15/2019	To assist 200 low-income immigrants with accelerated legal permanent residency and naturalization status and to promote "Know Your Rights" (KYR) awareness and education through electronic, social and traditional print media reaching 20,000 individuals. <b>Update:</b> Assisted 990 immigrants become legal permanent residents with the naturalization process; provided KYR information to 20,000 mixed-status immigrants through toll free hotline, workshops, and presentations; and provided informing regarding access to health care to over 100,000 individuals through outreach activities including live Facebook streaming events and presentations at consular offices, libraries, middle and high schools, and churches. <b>Acknowledgements:</b> L.A. Care was acknowledged in CHIRLA's Facebook Live series and in outreach materials, and at the 2018 Gala dinner. <b>CLOSED</b>
4	Community Clinic Association of Los Angeles County (CCALAC)	INF	\$300,000	2/15/2019	Provide financial technical assistance to Federally Qualified Health Centers (FQHCs), FQHC Look-Alikes and licensed community clinics. <b>Update:</b> CCALAC hosted the AFS 101 Introduction to the Benchmarks webinar to provide new clinics and staff to the foundational premise of the Advancing Financial Strength Program. Capital Link prepared 37 UDS reports and then hosted another webinar on AFS102 to give participants updated CCALAC financial and operational trends compared to CA, national, and other CA metro health center peers. CCALAC worked with a total of 16 projects across 13 AFS clinics, and were able to accept everyone that had expressed interest and applied for the TA funds. <b>Acknowledgements:</b> L.A. Care was named as grantor in all materials and presentations to membership. <b>CLOSED</b>



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	Organization Name	Priority	Amount	Ends	
5	Community Health Alliance of Pasadena (ChapCare)	INF	\$150,000	9/25/2019	Support the Los Angeles Epic Network, a collaborative of seven Los Angeles County health centers, in the implementation of quality improvement and shared services activities. <b>Update:</b> Four out of six Los Angeles Epic network participants implemented Health Homes Program (HHP) in July 2019. Project partners have worked together to share best practices, workflows, and systems in order to optimize HHP implementation throughout the network. This have included trainings that have been held at ChapCare for Network members; most recently, with Queenscare. Additionally, ChapCare has led training on OCHIN Epic workflows for three LA Epic Network participants by holding meetings and providing a user manual. <b>Acknowledgements:</b> L.A. Care is recognized on ChapCare's "Out Partners" page on their website.
6	Community Health Councils	SD	\$150,000	1/1/2019	Develop and implement a Healthy Kids Zone (HKZ) initiative in the surrounding area of Fremont High School in South Los Angeles using participatory research methods. <b>Update:</b> Convened 5 meetings with an average attendance of 10 organizations and 5 community members; trained 61 adult and youth residents in data collection, outreach methods, and story gathering; held 8 focus group sessions with 150 participants in total; prioritized three issues as the most challenging in the HKZ: 1) Education on the new cannabis laws, 2) Improving street infrastructure, and 3) Public Safety. <b>Acknowledgements:</b> L.A. Care is acknowledged on website and in all public facing documents including the agenda, flyer, interest cards and slide decks. <b>CLOSED</b>
7	Homeboy Industries	SD	\$150,000	1/15/2019	Become a state-licensed Outpatient Alcohol and Drug Treatment Program for former gang members and previously incarcerated individuals and ensure attendance in substance abuse counseling classes and support groups of 5000 people in the interim. <b>Update:</b> The state certification application is pending approval; 500 individual clients were enrolled in the 18-month substance abuse treatment program, logging an attendance of over 6,194 in substance abuse classes and support groups. <b>Acknowledgements:</b> L.A. Care funding will be recognized on agency's website. <b>CLOSED</b>
8	Martin Luther King Jr. Community Health Foundation	INF	\$500,000	1/1/2019	Establish an advanced care clinic (ACC) in South Los Angeles to serve high-risk adult patients with high-acuity and complex and chronic conditions, including patients discharged from hospitals. <b>Update:</b> Over 1,630 high-risk patients have been served and stabilized through 7,612 visits. ACC has hired 14.6 FTE physicians for the program. <b>Acknowledgements:</b> L.A. Care acknowledged through press release and social media and listed as sponsor at Dream Lunch in January 2018 and on the hospitals' Donor Wall. <b>CLOSED</b>
9	Project Angel Food	SD/INF	\$150,000	3/25/2019	Pilot a medically-tailored food and nutrition program for 30 Medi-Cal beneficiaries diagnosed with Congestive Heart Failure (CHF). <b>Update:</b> Enrolled 40 CHF participants in the pilot program and 18 completed the 12-week intervention. Of those who completed the program, 15 reached the milestone of 30 days without being readmitted to the hospital and 12 had zero readmissions for both 30 and 90 days; <b>Acknowledgements:</b> L.A. Care was recognized at the Angel Art auction and the Angel Awards annual gala.

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	Organization Name	Priority	Amount	Ends	
10	Reclaiming America's Communities through Empowerment (RACE)	SD	\$125,000	1/15/2019	To reduce street violence through the establishment of softball leagues and gang intervention specialist teams in areas with high concentrations of gang activity in South Los Angeles. <b>Update:</b> RACE established 11 fall violence prevention softball leagues, including two for females, resulting in 107 referrals to gang prevention and intervention services. Ten new ambassadors were trained as conflict mediation specialists and a summit was held to discuss long-term solutions for peace and healing. In 2018, there was a 20% reduction in gang-related homicides in the Los Angeles and a 9% decrease in the total number of homicides as compared to previous year, according to an LAPD report. <b>Acknowledgements:</b> Added as a donor in all program and marketing materials and on website. <b>CLOSED</b>
11	Southern California Crossroads	SD	\$150,000	1/15/2019	Provide program information to 300 trauma patients injured by gang violence and provide intensive case management for 50 St. Francis patients to break the cycle of violence in South Los Angeles and Harbor areas. <b>Update:</b> Engaged 538 patients with 104 currently receive case management services. Two additional hospitals are interested in offering the project. <b>Acknowledgements:</b> L.A. Care logo is displayed on website, office entrance, and program materials. L.A. Care will be recognized as a sponsor at Crossroads Gang Prevention and Intervention Conference in May 2019. <b>CLOSED</b>
12	The Regents of the University of California-UCLA campus	SD	\$50,000	3/1/2019	Increase 150 women's knowledge of nutrition and financial planning by 25% through nutrition education, financial literacy classes and coaching. <b>Update:</b> A total of 211 women have participated in the study. At the 2 and 4-month follow-ups, there was a 5% increase in the number of participants rating their physical health as good, very good, or excellent; 17% increase in the number of participants who ate at least 4 servings of fruits and vegetables daily; and a 27% increase in the number of participants who always read the sugar content on drink labels. <b>Acknowledgements:</b> The April 2019 newsletter features programs conducted under the LA Care grant. Additionally, Acknowledgements was verbally given at presentations on the program and LA Care logo was on all slides. <b>CLOSED</b>
13	Watts Century Latino Organization	SD	\$125,000	3/25/2019	Disseminate information on crime reporting rights to 200 community residents and train 15 unduplicated residents to be information hubs for reporting crimes in their respective communities as a way to reduce violence in South Los Angeles. <b>Update:</b> At a bi-monthly meeting, 52 out of 57 residents expressed now having a favorable attitude towards law enforcement. 22 individuals have been trained as Latino Leadership members to assist residents in reporting crimes. Between October 2018 and February 2019, average number of crime rose from 151 to 153.2 due to a recent gang war. <b>Acknowledgements:</b> L.A. Care support is recognized in all flyers distributed, at the beginning of all meetings, workshops and trainings, and on website. <b>CLOSED</b>
14	Worker Education Resource Center (WERC)	INF	\$316,000	2/15/2019	Train and integrate ten Care Navigator (CN) apprentices into care teams at five community-based clinics. <b>Update:</b> Ten CN's were placed onto care teams at five clinics and provided services to 630 unduplicated patients. <b>Acknowledgements:</b> L.A. Care was recognized as grantor in all grant communications and materials. <b>CLOSED</b>
	<b>Ad Hocs Total</b>		<b>\$6,466,000</b>		
<b>ORAL HEALTH INITIATIVE IX ~ SIX AWARDS FOR \$600,000</b>					

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	Organization Name	Priority	Amount	Ends	
15	Antelope Valley Community Clinic/Acquired by JWCH, Institute Inc.	HB	\$150,000	5/15/2020	Purchase and install new dental equipment including new dental chair, X-ray equipment with digital sensors and fiberoptic hand pieces in existing clinic site in Antelope Valley and provide up to 6,000 new dental visit. <b>Update:</b> Antelope Valley Community Clinic was acquired by JWCH, Institute Inc. in April 2019. The new dental equipment has been selected and purchased and installation is in progress. An extension has been requested to meet the grant objectives. <b>Acknowledgements:</b> LA Care was honored as a Title Sponsor and included in the Commemorative book at JWCH's 2019 Benefit Dinner and Dance. John Baackes was recognized as an honoree and was awarded the Community Leadership Award. An e-blast was also sent to all sponsors.
16	Children's Dental Foundation dba Children's Dental Health Clinic	HB	\$50,000	11/15/2018	Treat up to 100 developmentally disabled patients plus train four Pediatric Dental Residents to expand capacity and access. Funds will be used to partially hire a pediatric dentist and train the Pediatric Dental Residents. <b>Update:</b> A pediatric dentist was hired and four residents were trained resulting in over 800 developmentally disabled patients served. <b>Acknowledgements:</b> Will recognize in all program literature and communications related to this grant, including website presence, newsletter, or upcoming event. <b>CLOSED</b>
17	Korean Health Education Information & Referral (KHEIR) Center	HB	\$100,000	11/15/2018	Open a new dental operatory in the mid-Wilshire area to serve over 600 new patients through 1,500 visits. Funds will be used to purchase equipment such as dental chairs, radius delivery system that attaches to dental chairs and needed dental operatory accessories. <b>Update:</b> Provided 2,135 oral health visits to 564 patients. <b>Acknowledgements:</b> L.A. Care was recognized in social media and as a Platinum Sponsor in Kheir's 32nd Anniversary Fundraising Dinner & Awards on September 27, 2018. <b>CLOSED</b>
18	San Fernando Community Health Center	HB	\$100,000	11/15/2018	Provide prevention and treatment services to up to 380 new patients and 1,300 visits in the city of San Fernando and surrounding areas. Funds will be used to partially fund a dentist, a dental hygienist and dental assistants. <b>Update:</b> Provided 10,907 patient visits to a total of 2,551 unique patients, including 1,188 new patients. <b>Acknowledgements:</b> Posted signs in waiting areas of both dental and primary care clinics. Also, recognized at 16 Health Fairs via flyers and brochures and on agency website. <b>CLOSED</b>
19	Venice Family Clinic	HB	\$100,000	11/15/2018	Provide prevention and treatment services to up to 1,600 new patients and over 3,000 visits in the Venice/Mar Vista area. Funds will be used to partially fund a dentist and dental assistants to expand services. <b>Update:</b> Served 1,600 dental patients, dental-medical integration increased to 18%, and no-show rate decreased to 19%. <b>Acknowledgements:</b> L.A. Care received sponsorship-level benefit table at annual Silver Circle Gala. <b>CLOSED</b>
20	Via Care Community Health Center (formerly Bienvenidos CHC)	HB	\$100,000	11/15/2018	Provide dental care services to up to 1,000 new prenatal and pediatric patients between the ages of six to 18. Funds will be used to partially fund a dentist, purchase dental chairs and other needed dental equipment. <b>Update:</b> Served 548 new unique patients and additional time has been provided to fulfill all grant objectives. <b>Acknowledgements:</b> Created and posted a video about sponsorship on social media. <b>CLOSED</b>
	<b>OHI IX Total</b>		<b>\$600,000</b>		
<b>ROBERT E. TRANQUADA SAFETY NET INITIATIVE VIII ~ THIRTY-ONE AWARDS FOR \$1,839,000</b>					
<b>Cohort I</b>					

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	Organization Name	Priority	Amount	Ends	
21	APLA Health and Wellness, dba APLA Health	INF	\$50,000	6/30/2020	Establish a Provider Incentive Program to increase patient count by 29% and improve quality of care received by patients resulting in increased financial stability for APLA. <b>Update:</b> Following an organization-wide compensation adjustment, the Incentive Plan was approved and rolled out to staff and providers. <b>Acknowledgements:</b> L.A. Care is acknowledged through social media and APLA's website.
22	East Valley Community Health Center Inc.	INF	\$100,000	3/1/2019	Strengthen the clinic's Quality Improvement program by enhancing the data analytics capacity of care teams and by ensuring data integrity in EHR (NextGen) and Population Health software (i2i) through the implementation of standardized documentation workflows. Also, implement a systemic incentive program that includes quality performance, efficiency and patient experience. <b>Update:</b> Completed validating their quality metrics data. Incentives were then distributed to the care teams. Continued refresher trainings for providers. Cervical Cancer Screening as increased from 60.6% to 62.3%; Breast Cancer Screening as increased from 52.7% to 74.6%; Colorectal Cancer Screening has increased from 60.4% to 82.9%; Retinal Scans have decreased from 43.6% to 38.9%; and A1c<8 has increased from 45.9% to 47.05%. <b>Acknowledgements:</b> Communicated to providers and vendors involved that L.A. Care is funding the project. <b>CLOSED</b>
23	JWCH Institute, Inc.	INF	\$50,000	3/1/2020	Purchase 40 i2i licenses to support the development and implementation of a system-wide care team Pre-Visit Huddle to improve patient experience by reducing in-visit administrative work, including 20 i2i licenses for newly acquired Antelope Valley clinics. <b>Update:</b> EHR systems were enhanced with additional i2i licenses and the Care Sentry live reports system and 29 care teams were trained to implement pre-huddle visits. As a result of infrastructure efficiencies, clinic has improved on patients with HbA1c>9 from 25.2% to 22.1%; increased number of female patients receiving Pap tests from 61.6% to 70%; and increased percentage of patients offered cessation interventions for their tobacco use from 93% to 96.5%. <b>Acknowledgements:</b> L.A. Care was recognized as a Title Sponsor at the 2019 Benefit Dinner and was included in the Dance Commemorative book and events page. L.A. Care CEO John Baackes was awarded with JWCH's Community Leadership Award. <b>CLOSED</b>
24	South Bay Family Health Care	INF	\$50,000	3/1/2019	Enhance current population management software and strengthen data analytic capacities by transferring NextGen Electronic Practice Management, Electronic Health Records and i2i Systems iTracks database to a cloud-based hosted environment to keep better tracking of health outcomes. <b>Update:</b> Completed organizational-wide replacement of IT infrastructure and migration of i2i population management software into cloud-based hosting environment. This has resulted in improvements in Well Child Visits, Diabetes Care, and colorectal cancer screenings. <b>Acknowledgements:</b> L.A. Care is recognized on website and will be acknowledged during 50th Anniversary "Excellence in Health Care" Gala on March 30, 2019. <b>CLOSED.</b>

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	Organization Name	Priority	Amount	Ends	
25	Valley Community Healthcare	INF	\$100,000	3/1/2019	Standardize Electronic Health Records documentation to improve integrity of source data used for data analytics and population health management. Also, to develop a sustainable incentive licensed provider program based on performance and quality improvement. <b>Update:</b> VCH clinical providers continue to receive on-site training in EHR workflow development to ensure that data entry meets standard guidelines to minimize inconsistencies. Additional i2i licenses has allowed different clinical staff to access the system. The diabetes care coordinators and the women's health care coordinator have been able to create lists for specific populations for targeted outreach. Improvement has been seen in Colorectal Cancer screening from 28.68% to 41.52%, and annual screening for patients 12+ for depression from 48.90% to 52.19%. <b>Acknowledgements:</b> Listed on permanent Donor Board and on Corporate and Foundation Donor List. <b>CLOSED</b>
<b>Cohort II</b>					
26	All-Inclusive Community Health Center	INF	\$18,600	3/15/2019	Purchase adaptive exam equipment for two clinic sites. <b>Update:</b> All-Inclusive Community Health Center had a total of 779 visits where the adaptive equipment was utilized. The number of unduplicated patients seen using any adaptive equipment was 251. <b>Acknowledgements:</b> L.A. Care was acknowledged by placing plaques on all purchased equipment. <b>CLOSED</b>
27	AltaMed Health Services Corporation	INF	\$15,400	3/15/2019	Purchase adaptive exam equipment for 5 clinic sites. <b>Update:</b> Purchased and installed 5 portable wheelchair scales and three listening devices. As a result, 895 patients received a BMI evaluation during their primary care visit. <b>Acknowledgements:</b> L.A. Care funding was acknowledged in internal written communications. <b>CLOSED</b>
28	Asian Pacific Health Care Venture, Inc.	INF	\$25,900	3/15/2019	Purchase adaptive exam equipment for the clinic site. <b>Update:</b> Purchased and installed ADA door handles, four height-adjustable exam tables, one flip down scale, and three listening devices. There was a total of 17,996 unique patients that utilized the new adaptive equipment. <b>Acknowledgements:</b> None at this time. <b>CLOSED</b>
29	Bartz-Altadonna Community Health Center	INF	\$120,300	9/15/2019	Purchase adaptive exam equipment, obtain and install patient registry system, and provide performance based incentives for primary care providers. <b>Update:</b> Purchased 4 upscale exam tables and a listening device, provided incentives to 4 FNP's, and implemented and trained staff in the use of a new EHR system. As a result, the percentage of diabetic patients with hbA1C <9 increased from 62% to 70%; the number of overweight patients referred for follow-up appointments with their providers, including nutrition visits, increased to 86%; and primary care provider turnover decreased from 30% to less than 20%. <b>Acknowledgements:</b> A bronze plaque of appreciation is displayed in the facility hallway. <b>CLOSED</b>
30	Benevolence Industries Inc.	INF	\$127,100	9/15/2019	Purchase adaptive equipment, integrate chronic disease management system software with electronic health record system, and provide performance based incentives and reimbursement stipends for licensed and professional staff. <b>Update:</b> Purchased two adjustable exam tables, two listening devices, and a retinal camera for diabetic retinopathy screenings serving at least 1,137 patients; completed i2i EHR training for 'super users' staff, resulting in reduced overall wait times by about 7%; adopted performance incentive bonus policy, and provided performance-based incentive to clinic staff. <b>Acknowledgements:</b> L.A. Care funding has been recognized through website, brochures, social media and other patient outreach platforms. <b>CLOSED</b>



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	Organization Name	Priority	Amount	Ends	
31	Center for Family Health and Education	INF	\$25,600	3/15/2019	Purchase adaptive exam equipment for two clinic sites. <b>Update:</b> Purchased and installed four adjustable exam tables, two listening devices and four accessible scales. As a result, 2,400 patients utilized the adjustable exam tables during 6,000 visits; 1,200 patients utilized the accessible scales during 3,000 visits; and 360 patients utilized the listening devices during 900 visits. <b>Acknowledgements:</b> Signage acknowledging L.A. Care funding for this equipment has been placed in the Exam Rooms where Adaptive/Accessible Equipment have been located. <b>CLOSED</b>
32	Chinatown Service Center	INF	\$25,600	3/15/2019	Purchase adaptive exam equipment for two clinic sites. <b>Update:</b> Installed seven height adjustable exam tables, one wheelchair accessible weight scale, and two listening devices. As a result, 9,000 unduplicated patients have benefitted from the new adaptive equipment. <b>Acknowledgements:</b> L.A. Care funding is recognized through signage placed in patient waiting rooms, in agency brochure of during 47th Annual Gala. <b>CLOSED</b>
33	Comprehensive Community Health Centers	INF	\$76,500	9/15/2019	Purchase adaptive exam equipment and provide retention bonuses to primary care providers. <b>Update:</b> Over the last reporting period, 92 patients were identified as needing mobility assistance. Ten of those patients used the adjustable exam tables. Additionally 8 out of 58 hearing impaired patients used the hearing assistance device. <b>Acknowledgements:</b> L.A. Care funding was acknowledged at their annual Back to School Health and Wellness Event and on a sponsorship banner. <b>CLOSED</b>
34	Family Healthcare Centers of Greater Los Angeles, Inc.	INF	\$18,200	3/15/2019	Purchase adaptive exam equipment for four clinic sites. <b>Update:</b> Purchased and installed 2 adjustable exam tables integrated with accessible scales at two clinic sites and four pocket talkers at four clinic sites. A total of 22,428 patients, including 2,822 with disabilities, benefited from this adaptive equipment. <b>Acknowledgements:</b> L.A. Care funding is acknowledged on website. <b>CLOSED</b>
35	Garfield Health Center	INF	\$116,600	9/15/2019	Purchase adaptive exam equipment, implement electronic health system, and provide performance based incentives for clinical staff. <b>Update:</b> A total of 1,867 patients have benefited from the 2 adjustable exam tables with weigh scales, 2 bariatric wheelchairs, and 2 listening devices. All GHC providers received training on quality workflows. <b>Acknowledgements:</b> Acknowledged in internal emails delivered to staff and providers. <b>CLOSED</b>
36	Harbor Community Clinic	INF	\$18,600	3/15/2019	Purchase adaptive exam equipment for adult and pediatric clinics. <b>Update:</b> Two adjustable exam tables, accessible wheel chairs and listening devices were purchased. At least 100 patients have used the equipment. Staff and patients have reported appreciation for the equipment and beneficial purposes with special populations like pediatric patients with autism, elderly patients and those in wheelchairs. <b>Acknowledgements:</b> Will recognize in all program literature and communications related to this grant, including website presence, newsletter, or upcoming event.
37	Herald Christian Health Center	INF	\$25,900	3/15/2019	Purchase adaptive exam equipment for three sites and portable dental equipment. <b>Update:</b> A total of 305 children, senior, and adults who lack access to dental care or were uninsured during this timeframe have received dental exams, and oral health education materials and freebies. <b>Acknowledgements:</b> L.A. Care funding is recognized on website and in outreach materials. <b>CLOSED</b>
38	Kedren Community Health Center Inc.	INF	\$19,000	3/15/2019	Purchase adaptive exam equipment for three clinic sites. <b>Update:</b> Has purchased and installed three adjustable exam tables with integrated scales and four listening devices. Approximately 125 patients have used the listening devices and 475 patients have been documented as using the adjustable exam tables. <b>Acknowledgements:</b> Signage acknowledging L.A. Care's grant for the equipment is posted in each exam room and the community is notified at health fairs. <b>CLOSED</b>

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	Organization Name	Priority	Amount	Ends	
39	Latino Kids Health	INF	\$12,300	3/15/2019	Purchase adaptive exam equipment for the clinic site. <b>Update:</b> Purchased and installed one accessible scale, one adjustable exam table and one listening device. Approximately 345 patients utilize the exam table, 70-85 patients utilize the listening device, and approximately 300 patients utilize the weigh scale per week. <b>Acknowledgements:</b> L.A. Care is acknowledged on agency website and on the equipment. <b>CLOSED</b>
40	Los Angeles Christian Health Centers	INF	\$25,600	3/15/2019	Purchase adaptive exam equipment two clinic sites. <b>Update:</b> Purchased and installed two adjustable exam tables, one slit lamp, two listening devices, and one lensometer. New tables were utilized by at least 50 patients. The portable slit lamps has been used approximately 6 times over the last reporting period for patients who could not walk up the stairs for an exam. The lensometer was used a minimum of 398 times. <b>Acknowledgements:</b> Will recognize in all program literature and communications related to this grant, including website presence, newsletter, or upcoming event.. <b>CLOSED</b>
41	Northeast Valley Health Corporation	INF	\$122,600	9/15/2019	Purchase adaptive exam equipment, obtain and install an electronic medical record interface, and provide loan repayment and bonuses for primary care providers who mentor other providers. <b>Update:</b> Purchased two adjustable exam tables, two wheelchair accessible scales, two assistive listening devices, and installed automatic doors; selected to use i2i Tracks as patient management system; and implemented loan repayment and bonus incentive programs for staff retention. A total of 9,279 patients benefitted from adaptive exam equipment through close to 33,000 visits. <b>Acknowledgements:</b> L.A. Care funding was acknowledged on website and as a donor at 45th Anniversary Gala. <b>CLOSED</b>
42	Pacific Health Consulting Group - Lisa Kodmur consultant (to assist in site assessment and recommendations on equipment)	INF	\$50,000	6/15/2018	Consultant services to research adaptive equipment, assess clinic needs, assist with procurement and provide technical assistance to Tranquada VIII grantees. <b>Update:</b> All work has been completed, helping 26 clinics to best select appropriate adaptive equipment for their individual sites. <b>Acknowledgements:</b> Will recognize in all program literature and communications related to this grant, including website presence, newsletter, or upcoming event. <b>CLOSED</b>
43	San Fernando Community Health Center	INF	\$18,600	3/15/2019	Purchase adaptive exam equipment for two clinic sites. <b>Update:</b> Purchased two examination tables with scales and two listening devices. Of 6,446 unduplicated patients and 32,677 patient visits, about 40% have utilized the adaptive equipment. <b>Acknowledgements:</b> L.A. Care was recognized on website and through a small plaque attached to equipment. Equipment was also highlighted at National Health Center Week, National Healthcare for the Homeless Day Open House, and Patient Appreciations Open House. <b>CLOSED</b>
44	Southern California Medical Center	INF	\$68,900	9/15/2019	Purchase adaptive exam equipment and obtain and train staff to utilize data analysis interface. <b>Update:</b> A total of 18,849 patient visits have utilized the new adaptive equipment, servicing a total of 4,093 unduplicated patients. <b>Acknowledgements:</b> L.A. Care is acknowledged on company website and printed materials advertising SCMC services and programs. <b>CLOSED</b>
45	St. John's Well Child and Family Center	INF	\$123,500	9/15/2019	Purchase adaptive exam equipment at two clinic sites, augment staff licensed on chronic disease application. <b>Update:</b> Provided 12,000 visits for 8,000 diabetic patients, including patients with disabilities, in clinics where adaptive equipment was installed. Out of 5,783 diabetic patients who have been SJWCFC prior to September 2017 and have been seen three or more times during each of those years, the percentage of A1C level > 9% was successfully reduced from 37 to 28%. <b>Acknowledgements:</b> L.A. Care funding is recognized on website and in Annual Report. <b>CLOSED</b>

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	Organization Name	Priority	Amount	Ends	
46	T.H.E. Clinic, Inc.	INF	\$88,500	9/15/2019	Purchase adaptive exam equipment at five clinic sites, implement information technology dashboards to identify and reduce emergency department usage through case management, and provide a one-time incentive to help LVN staff become certified medical interpreters. <b>Update:</b> T.H.E. is still in the process of fine tuning and rolling out additional modules on emergency room usage. LVN's have received incentives and are in the process of becoming certified medical interpreters. In 2019, T.H.E. provided care to 14,894 unduplicated patients, and 1,192 of them utilized all equipment including the exam tables, hearing devices, and the scale. Additionally, the exam tables are used daily for many patients, regardless of limited mobility. <b>Acknowledgements:</b> L.A. Care support was acknowledged on social media, website, newsletter as well as printed materials distributed to patients and the community. <b>CLOSED.</b>
47	The Achievable Foundation	INF	\$25,600	3/15/2019	Purchase adaptive exam equipment for three medical examination rooms at the Achievable Health Center. <b>Update:</b> Over 33% of eligible patients with an I/DD and mobility challenge received cervical cancer screening, compared to 29% the previous year. The percentage of patients that received a well-care visit increased from 54 to 64% for those with I/DD, 50 to 64% for those with a mobility challenge, and 45 to 53% for those with both I/DD and mobility challenges. <b>Acknowledgements:</b> L.A. Care funding is acknowledged on website, donor wall, and on social media. <b>CLOSED</b>
48	The Children's Clinic	INF	\$26,500	3/15/2019	Purchase adaptive exam equipment for four clinic sites. <b>Update:</b> Purchased and installed five accessible exam tables with scales and four assisted listening devices, benefiting 2,313 unduplicated patients through 6,318 patient visits. <b>Acknowledgements:</b> Decals recognizing L.A. Care's contribution were attached to the equipment. Also, L.A. Care was recognized as a Diamond Sponsor during TCC's 2019 Beach Walk: Walk for a Healthy Community fundraiser. <b>CLOSED</b>
49	The Los Angeles LGBT Center	INF	\$115,600	9/15/2019	Purchase adaptive exam equipment, implement a new electronic health records system, and develop and implement a sustainable performance-based incentive program. <b>Update:</b> Purchased and installed bariatric wheel chair, adaptive patient scale, drop-arm recliner, listening devices, emergency exit equipment; 4,150 patients benefitted from new equipment. Transitioned to Tableau EHR record system. Created clinician retention plan through process improvement using data from working groups and provider feedback. <b>Acknowledgements:</b> None at this time. <b>CLOSED</b>
50	Venice Family Clinic	INF	\$126,200	9/15/2019	Purchase adaptive exam equipment for four sites, obtain and implement new electronic health record software and provide loan repayments for licensed staff. <b>Update:</b> For all locations, a total of 2,290 patients utilized the new exam tables, 11,977 utilized the new scales, and the new listening devices are utilized about 24 times per year. <b>Acknowledgements:</b> L.A. Care received one table at annual Silver Circle Gala in March 2018 and 2019, and L.A. Care decals were placed on purchased equipment. <b>CLOSED</b>
51	Via Care Community Health Center	INF	\$26,200	3/15/2019	Purchase adaptive exam equipment for four clinic sites. <b>Update:</b> Purchased four adaptable exam tables, a wall mounted wheelchair scale, and four listening devices. A total of 2,500 overweight/obese patients benefitted from the adjustable exam tables and 1,800 overweight/obese or elderly patients were able to use the wall-mounted scale. <b>Acknowledgements:</b> L.A. Care funding acknowledged on social media. <b>CLOSED</b>



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	Organization Name	Priority	Amount	Ends	
52	Westside Family Health Center	INF	\$25,600	3/15/2019	Purchase adaptive exam equipment for two clinic sites. <b>Update:</b> Provided care to 5,000 patients including those using the new adaptive equipment. Patients can now be weighed while seated on the exam table. Patients have also provided positive feedback on the new exam tables. Providers have also appreciated the ease with which they operate, and the fact that they replace the manual scale which speeds up the patient visit. <b>Acknowledgements:</b> L.A. Care acknowledged as sponsor on website and will be mentioned in annual report. <b>CLOSED</b>
<b>Tranquada VIII Total</b>			<b>\$1,839,000</b>		
<b>LICENSED PRACTITIONERS OF THE HEALING ARTS INITIATIVE (LPHA) I ~ FIVE AWARDS FOR \$270,000</b>					
53	Alcoholism Center for Women	HB	\$60,000	1/15/2019	Working collaboratively with Fred Brown's Recovery Services to hire a licensed clinician. <b>Update:</b> With LPHA's assistance, the counselors were able to serve 42 residential women on average per month. LPHA reviewed a total of 355 ASAM/treatment plans. A family therapist, LMFT, provides weekly family group therapy sessions to residential clients, multi0family group sessions to residential and outpatient clients, and individual therapy sessions for individuals and families to outpatient clients. <b>Acknowledgements:</b> Recognized on Facebook. <b>CLOSED</b>
54	Fred Brown's Recovery Services, Inc.	HB	\$60,000	1/15/2019	Working collaboratively with Alcoholism Center for Women to hire licensed clinician and serve 300 clients at each provider's facility. <b>Update:</b> Has provided a total of 1507 counseling sessions, 1351 patient education sessions and 9905 recovery bridge housing days. <b>Acknowledgements:</b> Facebook ad with logo reaching over 8,686 stakeholders and also added to program related materials such as brochures. <b>CLOSED</b>
55	Homeless Health Care Los Angeles	HB	\$50,000	1/15/2019	Hire a Licensed Marriage and Family Therapist, to expand therapeutic services to include family therapy and enhance existing integrated treatment program for up to 100 homeless clients with multiple conditions. <b>Update:</b> Expanded service delivery system now include referral process via outreach, ongoing clients total 21 including 3 family reunifications, and clients served in Family Services over the two-year grant period totals 56. Also hiring and training of full-time bi-lingual Spanish/English speaking MSW. <b>Acknowledgements:</b> Recognized L.A. Care as grantor in all communications relating to grant such as brochures. <b>CLOSED</b>
56	Special Service for Groups, Inc.	HB	\$50,000	1/15/2019	Hire a Licensed Clinical Social Worker, to transition to full implementation of the enhanced requirements of START-ODS, including (a) finalizing key protocols and policies, (b) providing staff training and supervision, and (c) establishing clinical oversight practices and begin implementation of them. It will serve up to 250 clients. <b>Update:</b> All staff have attended a documentation training to improve the quality of documentation as well as assist in understanding requirements. The LPHA continues to meet regularly with the quality assurance group consisting of the Medical Director, Program Manager, and Quality Assurance Coordinator. <b>Acknowledgements:</b> L.A. Care will be acknowledged on agency website. <b>CLOSED</b>
57	Volunteers of America of Los Angeles (VOALA)	HB	\$50,000	1/15/2019	Funds will be used to hire a licensed clinician to expand therapeutic services. Project will serve 312 clients. <b>Update:</b> Hired a licensed clinician and 344 ASAM Assessments and new admits were completed. <b>Acknowledgements:</b> L.A. Care is prominently displayed on VOALA's website. <b>CLOSED</b>
<b>LPHA Total</b>			<b>\$270,000</b>		
<b>COMMUNITY WELLNESS INITIATIVE II ~ SIX AWARDS FOR \$500,000</b>					

Annual CHIF Summary Report - Attachment A  
Awards Funded in Fiscal Years 2016-2019

	Organization Name	Priority	Amount	Ends	
58	Asian American Drug Abuse Program	SD	\$40,000	3/25/2019	Provide culturally appropriate CalFresh application assistance to 138 low-income families in the South Bay, Long Beach and surrounding cities. Assist clients with completion of 97 SAR7 applications and 78 Annual Recertification requirements to maintain CalFresh retention. <b>Update:</b> Assisted 194 individuals with CalFresh application process, with a 95% successful enrollment rate; successfully processed 132 SAR 7's and 98 CalFresh re-certifications. <b>Acknowledgements:</b> L.A. Care was recognized for its funding in The Rice Paper, AADAP's bi-monthly newsletter, which was distributed to 4000+ sponsors, supporters and community members. <b>CLOSED</b>
59	Harbor Interfaith Services	SD	\$45,000	3/25/2019	Increase outreach sites and client contacts to assist 276 homeless and working poor people the opportunity to submit and renew CalFresh applications and help 40 homeless & working poor families renew their CalFresh benefits. <b>Update:</b> Assisted a total of 276 homeless and working, poor families in completing new applications for CalFresh, and assisted another 40 in renewing their CalFresh Benefits. <b>Acknowledgements:</b> L.A. Care logo is on promotional materials for 5K fundraiser/race Heart the Homeless. <b>CLOSED</b>
60	Maternal and Child Health Access	SD	\$120,000	3/25/2019	Submit CalFresh 275 applications, 210 semi-annual reports and 215 renewal applications for current clients and newly referred customers. <b>Update:</b> Assisted 351 individuals with the CalFresh application; provided assistance with 226 Semi-Annual reports, 265 Annual Recertifications, and troubleshooting of 631 cases. <b>Acknowledgements:</b> Acknowledged L.A. Care as a funder on website and on promotional flyers. <b>CLOSED</b>
61	Mexican American Opportunity Foundation	SD	\$150,000	3/25/2019	Assist at least 300 individuals with CalFresh applications and 1,000 families with Earned Income Tax Credit (EITC) applications by hosting Volunteer Income Tax Assistance "ad hoc" event for families with minimal access to nutritious foods and free tax e-filing services. <b>Update:</b> Processed 538 tax returns with refunds totaling \$714,514 from EITC. Prepared a total of 1,077 tax returns and gave back a total of \$1,729,230 in Federal tax refunds to LA residents. Additionally, 670 clients were enrolled in CalFresh. <b>Acknowledgements:</b> In October 2017, MAOF acknowledged LA Care during their 40th Annual Latina Women's Conference. <b>CLOSED</b>
62	St. Francis Medical Center of Lynwood Foundation	SD	\$75,000	3/25/2019	To reduce food insecurity among residents of Southeast Los Angeles through 900 CalFresh enrollments, 42 re-enrollment applications and 24 recertification applications. <b>Update:</b> Enrolled 1,389 residents in CalFresh and submitted 329 SR-7 applications, and 479 recertifications. <b>Acknowledgements:</b> L.A. Care was acknowledged in advertising at major health fairs. <b>CLOSED</b>
63	St. John's Well Child and Family Center	SD	\$70,000	3/25/2019	Increase utilization of CalFresh benefits among patients receiving intensive case management in Homeless Services, Integrated Behavioral Health, and Transgender Health programs to alleviate economic and food insecurity that contributes to poor health outcomes by providing CalFresh application assistance to 245 patients and follow up assistance to 226 patients. <b>Update:</b> Provided CalFresh outreach and informational materials to 535 individuals, 235 CalFresh applications were submitted, 203 were approved and enrolled, and 228 received support with follow-up application activities. <b>Acknowledgements:</b> L.A. Care funding is acknowledged on website and at annual gala. <b>CLOSED</b>
	<b>CWI II Total</b>		<b>\$500,000</b>		
	<b>CHIF GRAND TOTAL</b>		<b>\$9,190,000</b>		



# 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:** February 18, 2020

**CMC EAC Meeting Attendees:** 6

### Meeting Summary

#### I. L.A. Care Updates

- a. Committee members were informed about L.A. Care's Provider Recognition Awards Dinner, honoring top-performing providers in the L.A. Care provider network.
- b. Committee members were informed about L.A. Care's social media campaign to celebrate Black History Month.

#### II. CMC Member Communications

- a. Staff shared three CMC member communications with the committee members so that L.A. Care may incorporate member feedback on them. The materials presented were:
  - i. Fight the Flu postcard
  - ii. Independent Living Services flier
  - iii. CMC Benefits Overview flier

#### III. Teladoc

- a. L.A. Care staff informed committee members about this new CMC member benefit, including how to access the service.

#### IV. Close-Out

- a. Members were informed that a Member Advocate was available after the meeting to privately address any personal member issues they needed help with.
- b. The CMC EAC meeting is currently scheduled for Tuesday, May 19, 2020, from 2:00pm-4:00pm at L.A. Care.

**January 2020  
Grants & Sponsorships Report  
April 2020 Board of Governors Meeting**

#	Organization Name	Project Description	Grant/ Sponsorship Approval Date	Grant Category/ Sponsorship	January Grant Amount*	January Sponsorship Amount	FY CHIF & Sponsorships Cummulative Total
1	Arroyo Vista Family Health Foundation	Oral examinations and diagnostic screening for oral cancers, x-rays, treatment for periodontal disease, malocclusion, temporomandibular joint, dental caries, restorations, endodontic, periodontal care, prosthetics replacement, masticatory function, oral surgery, fluoride treatments, and prescriptions; serve at least 750 patients.	1/24/2020	Oral Health Initiative XII	\$ 150,000	\$ -	\$ 150,000
2	Charles Drew University School of Medicine	President's Breakfast	1/21/2020	Sponsorship	\$ -	\$ 7,500	\$ 7,500
3	Central City Community Health Center	Diagnostic, preventive and basic restorative dental services, basic dental screenings, sealants, oral hygiene instructions, topical application of fluoride, composite fillings, stainless steel crowns, space maintainers, root canal treatment, dental trauma management, single unit crowns, and extractions; serve at least 750 patients.	1/24/2020	Oral Health Initiative XII	\$ 150,000	\$ -	\$ 150,000
4	Community Healing Gardens	Earth Day and Pop-Up Farmers' Markets	1/6/2020	Sponsorship	\$ -	\$ 24,498	\$ 24,498
5	Community Health Alliance of Pasadena (ChapCare)	Preventive, diagnostic, and restorative oral health services, including cleanings, fluoride treatments, and sealants to prevent Early Childhood Caries. Restorative care includes fillings, pulp-tomys, and crowns and spacers. Also, tooth extractions and gum treatments; serve at least 750 patients.	1/24/2020	Oral Health Initiative XII	\$ 150,000	\$ -	\$ 150,000
6	Comprehensive Community Health Center, Inc.	Oral health risk assessments during well child visits; diagnostic/X-ray services, simple extractions, preventative care (oral hygiene instruction, sealants, fluoride treatments, cleanings), emergency care, basic restorative and rehabilitative services, and anterior root canals; serve at least 750 patients.	1/24/2020	Oral Health Initiative XII	\$ 150,000	\$ -	\$ 150,000
7	El Proyecto del Barrio	Diagnostic, preventative, restorative, and emergency services; screenings, examinations, x-rays, education, cleanings, sealants, fluoride varnish application, fillings, stainless steel crowns, extractions, and basic endodontics, extensive restorative treatment and nitrous oxide; serve at least 750 patients.	1/24/2020	Oral Health Initiative XII	\$ 150,000	\$ -	\$ 150,000
8	Forgotten Children, Inc.	Family Unity Festival	1/9/2020	Sponsorship	\$ -	\$ 1,500	\$ 1,500

#	Organization Name	Project Description	Grant/ Sponsorship Approval Date	Grant Category/ Sponsorship	January Grant Amount*	January Sponsorship Amount	FY CHIF & Sponsorships Cummulative Total
9	Garfield Health Center	Acute oral health care and preventive services, x-rays, prophylaxis, sealants, fluoride treatments, space maintainers, restorative services, crowns, scaling, root planing, root canals, extractions, caries and periodontal disease risk assessment, dietary counseling, oral health education, referrals; serve at least 750 patients.	1/24/2020	Oral Health Initiative XII	\$ 150,000	\$ -	\$ 150,000
10	Harbor Community Clinic	Dental screenings and preventive intervention, oral health education, oral prophylaxis, topical application of fluorides, sealants, x-rays, diagnose and treat disease in teeth and structures of the oral cavity, fillings, crowns, non-surgical endodontics, extractions, periodontal therapy, orthodontic screenings; serve at least 750 patients.	1/24/2020	Oral Health Initiative XII	\$ 150,000	\$ -	\$ 150,000
11	JWCH Institute Inc.	Comprehensive dental services; x-rays, oral screenings, exams, preventive-cleanings, topical fluoride, sealants, restorative-fillings and crowns, scaling, root planning, periodontal maintenance, dentures and partials, root canals and pulpomies, extractions, and palliative-emergency dental services; serve at least 750 patients.	1/24/2020	Oral Health Initiative XII	\$ 150,000	\$ -	\$ 150,000
12	KHEIR Center	Cleanings, oral exams, intraoral comprehensive radiography (x-rays), periodontal exams, topical applications of fluoride, scaling and root planing, and other services that prevent, treat, and support recovery from oral health conditions; serve at least 750 patients.	1/24/2020	Oral Health Initiative XII	\$ 150,000	\$ -	\$ 153,000
13	Los Angeles Chamber of Commerce	Inaugural Dinner	1/6/2020	Sponsorship	\$ -	\$ 11,000	\$ 11,000
14	Los Angeles Aging Advocacy Coalition (LAAAC)	Summit on Aging	1/6/2020	Sponsorship	\$ -	\$ 15,000	\$ 15,000
15	Maternal Mental Health Now	Sex and Perinatal Mental Health	1/9/2020	Sponsorship	\$ -	\$ 5,000	\$ 5,000
16	St. Barnabas Senior Services (SBSS)	Aging Into the Future Conference	1/6/2020	Sponsorship	\$ -	\$ 10,000	\$ 10,000
17	St. John's Well Child and Family	Screening, guidance, oral hygiene and health education, oral prophylaxis, fluoride varnish, sealants, x-rays, fillings, single unit crowns, non-surgical endodontics, extractions, periodontal therapies, orthodontic screenings and maintenance; serve at least 750 patients.	1/24/2020	Oral Health Initiative XII	\$ 150,000	\$ -	\$ 150,000
18	Urban Voices Project	18-weeks of programming at JWCH's Recuperative Care Center and at MLK Community Hospital; at least 20 new acutely-ill homeless resident clients will be engaged in the program and be connected to a system of care.	1/16/2020	Ad Hoc Grant	\$ 10,000	\$ -	\$ 10,000

#	Organization Name	Project Description	Grant/ Sponsorship Approval Date	Grant Category/ Sponsorship	January Grant Amount*	January Sponsorship Amount	FY CHIF & Sponsorships Cummulative Total
19	Wilmington Community Clinic	Initial risk assessment/screening and exam, oral health education, sealants, or restorative work such as fillings or emergency services to treat infections or tooth extraction as necessary; serve at least 750 patients.	1/24/2020	Oral Health Initiative XII	\$ 150,000	\$ -	\$ 150,000
<b>Total of grants and sponsorships approved in January 2020</b>					<b>\$ 1,660,000</b>	<b>\$ 74,498</b>	
<p>* 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.</p>							

**February 2020  
Grants & Sponsorships Report  
April 2020 Board of Governors Meeting**

#	Organization Name	Project Description	Grant/ Sponsorship Approval Date	Grant Category/ Sponsorship	February Grant Amount*	February Sponsorship Amount	FY CHIF & Sponsorships Cummulative Total
1	Be Social Productions	Health Fair	2/3/2020	Sponsorship	\$ -	\$ 3,500	\$ 6,500
2	Insure the Uninsured Project (ITUP)	Annual Conference	2/3/2020	Sponsorship	\$ -	\$ 5,000	\$ 5,000
<b>Total of grants and sponsorships approved in February 2020</b>					<b>\$ -</b>	<b>\$ 8,500</b>	

\*No grants approved in February.



## Chief Medical Officer Report

March/April 2020

CMO Report Addendum  
Coronavirus Update  
March 25, 2020

I first wrote the CMO Report for the March/April Board cycle on March 7, 2020. Governor Newsom had just declared a State of Emergency in California on March 5<sup>th</sup>. There were only 13 known cases in Los Angeles County, with no evidence yet of community transmission and no deaths. China accounted for nearly 80% of the cases and 90% of the deaths worldwide. In just over 2 weeks since that time, the World Health Organization declared the outbreak a global pandemic on March 11<sup>th</sup>, and by March 16<sup>th</sup>, the number of cases and deaths outside of China passed the 50% mark. With increasing numbers of cases and evidence that community spread was clearly occurring, Los Angeles and the State of California issued the Safer at Home directives on March 19<sup>th</sup>.

As all of this was evolving, L.A. Care announced its decision to move all staff to work remotely on March 13<sup>th</sup>. Within a week, more than 95% of our staff were working remotely.

Today, the World Health Organization (WHO) is reporting 373,000 cases and 16,000 deaths worldwide. China accounts for about 20% of cases worldwide (81,848), Europe has 220,000 cases (53%), and the Americas are reporting 61,000 cases (15%) of which 44,000 are in the United States along with 544 deaths. The Eastern Mediterranean is reporting 30,000 cases, 25,000 in Iran. Notably at this time, India is reporting only 562 cases with the potential to increase dramatically. L.A. County reported 799 cases and 13 deaths as of today (3/25/20).

While assuring the health and safety of our workforce, L.A. Care has been able to maintain our core operations and continue to support the care provided to our members throughout our provider network, through our Customer Solutions Center and our Care Management and Utilization Management functions.

Major initiatives at this time are focused on messaging to our members and providers. For members, we are reinforcing the advice of the CDC, and our State and Los Angeles County Departments of Public Health emphasizing the need for social distancing and to abide by the Safer at Home declarations. For members that want to be tested or for those experiencing symptoms and think they need to be seen, we advise them to call first. Call your doctor, our Nurse Advice Line (NAL) or consider getting care remotely (telephone/virtual visits) from your PCP or specialist



**Chief Medical Officer Report**  
**March/April 2020**

or from our contracted telehealth vendor, Teledoc. Many of network practices have moved a significant amount of their care remotely, and demand for NAL and Teledoc services has more than doubled in recent weeks. Service levels (wait times) have increased, but both vendors are working quickly to increase staffing levels aided by recent Federal and State guidance easing the requirements and allowing physicians licensed in other states to provide care for patients in California.

We will be sending out a communication to our provider network by the end of this week encouraging them to provide as much care as possible and appropriate remotely, along with instructions for proper documentation and billing for virtual visits and are working with Teledoc to expand its network of participating physicians.

We are also reaching out to our highest risk members, those over 65 and those with chronic conditions such as heart disease, lung disease and diabetes, as well as those with cancer and weakened immune systems. This outreach will begin with a combination of robocalls and a mail campaign to check on member well-being, reinforce routine prevention efforts, to encourage the use of the strategies noted above and the use of mail order pharmacy options for chronic maintenance medications.

Recognizing that many of our members' usual source of food has been disrupted with the closure of the schools and many of our Community Based Adult Services (CBAS) centers, and that the proportion of queries on our Community Link resource platform have increased from 20% to more than 50%, we are focusing our efforts to identify members with unmet needs and connect them to available resources.

Our biggest concerns remain the relative lack of testing capability and personal protective equipment for our front line health care workers in our outpatient and inpatient facilities, the unknown of whether we've done enough soon enough to significantly reduce the peak of the outbreak, and the extent to which our hospitals will be able to meet the surge in demand. We are heartened to know that inpatient capacity will be expanded through a combination of the cancellation of elective procedures, along with the State's purchase of St. Vincent Medical Center and the Hospital Ship Mercy on its way to Los Angeles with a 1,000 bed capacity and 800 medical professionals on board.

We are working very closely with our national and State trade associations and are in close contact with our hospitals, the Hospital Association of Southern California (HASC), with the County Department of Health Services (DHS), the clinics and the Community Clinic Association of Los Angeles County (CCALAC), and the L.A. County Department of Public Health. We will continue to do all that we can do to support our providers, members and facilities to get through this crisis together.



**Chief Medical Officer Report  
March/April 2020**

**Public Health Update**

**March 7, 2020**

Coronavirus Update (COVID-19)

The rapidly changing coronavirus outbreak is evolving so quickly that things are certain to change, potentially dramatically between the time of this writing and the of our upcoming Board and Committee Meetings. With that understanding, I will provide the following summary:

The World Health Organization (WHO) declared the coronavirus outbreak as a Public Health Emergency of International Concern on January 30, 2020, followed by the United States declaration of a Public Health Emergency on January 31, 2020. As of March 7, 2020, there are over 100,000 cases, now representing less than 80% of cases worldwide, with more than 20,000 cases in more than 90 countries outside of China. There have been over 3000 deaths (87% in China). While cases in China have been declining since early February, cases throughout the rest of the world are increasing, and are expected to even further as the outbreak spreads and the availability of testing increases. The WHO now believes it is likely that the outbreak will ultimately be declared a pandemic, once widespread community transmission is established on all of the world's non-polar continents.

In California, Governor Newsom declared a State of Emergency on March 5, 2020 as did Los Angeles, Long Beach and Pasadena. These emergency declarations are intended to help California prepare for and contain the spread of the outbreak by allowing state and local agencies to more easily access funds, equipment and services. In Los Angeles County as of March 6, there were 13 known cases, notably all in individuals with known travel to high-risk countries, in their known contacts, and two cases in LAX passenger screeners. At this time, there are no known cases of community transmission, although that can change at any time as it has in other parts of the United States and in other parts of the world. This would mark a significant change in the status of the outbreak.

Public Health authorities are calling upon all of us as individuals, employers and insurers to prepare for what is likely to become a much more significant outbreak.

**What is L.A. Care doing?**

L.A. Care has a plan in place and is taking proactive steps to ensure that our employees are protected and our business operation continues to operate as efficiently as possible as the coronavirus outbreak evolves. At this time in Los Angeles County, the risk to the general public is low and

## Chief Medical Officer Report March/April 2020

Public Health authorities have not called for schools or business to close. L.A. Care is preparing to enable our employees to work remotely as the need arises.

An additional proactive intervention L.A. Care had taken was to collaborate with the Los Angeles County Department of Public Health (LAC DPH) which sends priority notifications via email through the Los Angeles Health Alert Network (LAHAN) on topics such as local disease outbreaks and emerging health risks. Each notification is clearly marked with an alert level as well as the intended audience. While collaborating with DPH on other issues such as the increase in congenital syphilis cases, they asked if L.A. Care would be interested in sharing the names and email addresses of our network providers so that they could automatically be added to the LAHAN distribution list with an option to opt out if they preferred not to get the alerts.

I am pleased to report that the first cohort of L.A. Care network providers were welcomed to LAHAN on February 13, 2020, ideal timing given the current outbreak. A total of 3,165 new emails were added to LAHAN. At least 1,139 (36%) of people opened and interacted with the email and only 23 people opted out (0.7%). We got one nice thank you email sent directly to LAHAN for being added.

The following is taken from the CDC's website: There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). The best way to prevent illness is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory diseases, including:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Follow CDC's recommendations for using a facemask.
  - CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
  - Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for [health workers](#) and [people who are taking care of someone in close settings](#) (at home or in a health care facility).
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
  - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

### Influenza Watch – February 29, 2020

The CDC's estimates for the total number of flu cases during the 2019-2020 flu season are as high as 50 million cases, with the number of deaths as high as 50,000. In Los Angeles County, Emergency Room visits for influenza like illness has been declining for the last several weeks, but the number of deaths increased over prior weeks. Influenza activity in Los Angeles should continue to decline now over the next several months until it begins to pick up again in the late summer and fall.

## **Chief Medical Officer Report March/April 2020**

### Quality and Care Management Updates

We continue to develop our Population Health Program and expand our deployment of Community Health Workers and Care Teams into the community based out of our Family and Community Resource Centers. As part of L.A. Care's Community Based Care Management strategy to address the needs of our most vulnerable members, Community Health Workers (CHWs) were fully deployed into the community in December 2019 after completing their internal L.A. Care training and going through the CHW certification program with Loma Linda University. Community Health Workers are care management extenders who work under the guidance of a Care Manager to outreach to the most vulnerable members in our care management programs. They conduct home visits and accompany members in the community to assess their needs and help implement their care plans. In two months, CHWs completed 99 face to face interactions with members in the community to conduct safety checks in member homes, help with completion of forms to access social services, accompaniment to medical appointments and to perform educational interventions.

Our collaboration with Blue Shield of California Promise Health Plan continues to grow. In addition to L.A. Care's Social Determinants of Health (SDOH) Work Plan, Blue Shield of California engaged Dr. Rishi Manchanda (also a member of L.A. Care's Technical Advisory Committee (TAC)) to develop a three year SDOH work plan to help guide our efforts at our Community Resource Centers.

Dr. Katrina Parrish and Matt Piritano, L.A. Care's Chief Quality and Information Executive and Director of Population Health Informatics respectively, were scheduled to present at the Healthcare Information and Management Systems Society (HIMSS) Global Health Conference in early March to share the work we're doing to identify our highest risk members and enroll them in our care management programs to assist in meeting their clinical and non-clinical needs, including addressing barriers to following their care plans due to social determinants such as lack of affordable nutritious food and financial resources. Unfortunately, the HIMSS conference which draws a large international crowd, along with many other large public gatherings, was cancelled this year due to concerns related to the corona virus outbreak.

Among many other initiatives, our Quality Improvement (QI) Department is focusing its efforts this year to improve our member experience (CAHPS) scores. In addition to providing customer service training for our provide network previously shared, the QI department is meeting with our contracted provider groups (PPGs) identified as low performing on our most recent member experience surveys. These meetings are scheduled quarterly to increase the level of collaboration and support of our contracted network.

### National Commission on Quality Assurance (NCQA) Update

As previously reported, L.A. Care is due for its triennial onsite survey for NCQA Accreditation this year. Our file submission is due to NCQA in early April, and they will be onsite in June for the file review portion of the survey process. Our Quality Performance Management (QPM) team that manages our Healthcare Effectiveness Data and Information Set (HEDIS) efforts recently passed the annual HEDIS audit with flying colors. The auditor was extremely complimentary of our team and processes. The QPM team and others across the organization are managing the selection process for the HEDIS application used to determine and report our HEDIS scores.

## **Chief Medical Officer Report March/April 2020**

As part of the proposed California Advancing & Innovating Medi-Cal (CalAIM) waiver, the Department of Health Care Services (DHCS) has proposed requiring that all Plans become NCQA accredited, and are considering adding additional requirements to include the Medicaid (MED) Module which may enable us to be deemed compliant by the DHCS for some compliance requirements, and the Long-Term Services and Support (LTSS) Distinction. The good news is, L.A. Care is already accredited and has earned the Multicultural Health Care Distinction already. If the State requires the MED Module and LTSS Distinction, required by 2025, we'll have several years to prepare to include these standards in our next triennial survey in 2023.

### **Health Homes Program, Whole Person Care and Enhanced Care Management**

Another major component of the CalAIM waiver is to transition existing Health Homes and Whole Person Care programs and services into a new benefit called Enhanced Care Management. A detailed transition plan is due to DHCS on July 1.

At this time, there have been more than 4,400 members enrolled in the Health Homes Program in our network of Community Based-Care Management Entities (CB-CMEs). In January 2020, in partnership with all of the other Medi-Cal Managed Care Plans in Los Angeles, we hosted a learning collaborative with nearly 200 staff from the CB-CMEs.

### **Pharmacy Update**

#### **Comprehensive Medication Management (CMM) via California Right Meds Collaborative (CRMC):**

L.A. Care Health Plan's Pharmacy Department is partnering with the University of Southern California (USC) School of Pharmacy and the California Right Meds Collaborative (CRMC), to develop a network of pharmacies that will deliver Comprehensive Medication Management (CMM) services to address the high burden of chronic disease states in our local communities. Community pharmacies, which are on the front line of patient care and have direct accessibility with our patient population, are well poised to provide clinical management of their medications. In total, nine community pharmacies located throughout Los Angeles County were selected based on site evaluations, interviews and member zip code aggregates to be a part of the initial stage of delivering CMM to patients.

The Pharmacy Department worked with Navitus in creating a reimbursement process and with the Quality Performance Management Department for member reports based on targeted HEDIS outcomes. Phone call outreach efforts to enroll members into the program started mid-January 2020. Thus far, 2,268 members have been contacted, of which 121 have enrolled. Participating pharmacies have started seeing members and have already begun impacting members. One participating member commented, "I am very pleased with the pharmacy staff (I was referred to). This is one of the best encounters I've had with a pharmacist."

#### **Comprehensive Medication Management (CMM) – Telephonic Consult:**

As part of our new CMM Telephonic Consult service, an L.A. Care pharmacist will conduct Comprehensive Medication Management (CMM) services internally for members who meet criteria

**Chief Medical Officer Report**  
**March/April 2020**

for the Medication Reconciliation Upon Discharge (MRP) HEDIS accreditation measure. Pharmacy, Quality Performance Management, and Population Health Informatics have been collaborating to provide cohorts of discharged members via Health Information Exchange platforms, eConnect and EDIE-PreManage, in an effort to complete medication reconciliations within 30 days of discharge.

**Medication Therapy Management (MTM):**

Starting March 2020, an L.A. Care pharmacist will conduct Comprehensive Medication Review (CMR) services internally for high risk members, supplementing SinfoníaRx's efforts. Pharmacists will be trained with SinfoníaRx to provide MTM services per Center for Medicare & Medicaid Services (CMS) guidelines in hopes to address gaps in care and coordination of benefits by leveraging resources and services only a health plan can provide. The MTM program will be expanded to include a small cohort of Medi-Cal (MCLA) members. As part of this pilot, the selected MCLA members will receive CMRs and Targeted Medication Reviews (TMRs).

The Pharmacy Department continues its efforts to improve medication management of patients with Diabetes and cardiovascular disease, depression and asthma.

# Board of Governors

## Executive Community Advisory Committee

### Meeting Minutes – February 12, 2020

1055 W. 7<sup>th</sup> Street, Los Angeles, CA 90017



**L.A. Care**  
HEALTH PLAN

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/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>                      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>                      Fresia Paz, <i>RCAC 10 Vice-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 ** Absent</i>  <i>*** Via teleconference</i></p>	<p>Daisy Torres- Cruz, <i>RCAC 1</i>                      Wilma Ballew, <i>RCAC 2</i>                      Diana Leff, <i>RCAC 2</i>                      Daniel Kwong, <i>RCAC 3</i>                      Sonia Claudio, <i>RCAC 4</i>                      Rosa Fuentes, <i>RCAC 5</i>                      Deysi Corona, <i>RCAC 5</i>                      Celia Juarez, <i>RCAC 6</i>                      Guadalupe Perez, <i>RCAC 7</i>                      Ana Maria UC Batun, <i>RCAC 8</i>                      Dorothy Lowery, <i>RCAC 8</i>                      Thoura Day, <i>RCAC 9</i>                      Arun Tes Yang, <i>RCAC 9</i>                      Marlene Paz, <i>RCAC 10</i>                      Martha Perez, <i>RCAC 10</i>                      Gladis Alvarez <i>RCAC 11</i>                      Sandra Aramburo, <i>RCAC 11</i>                      Mary Jackson, <i>Public</i></p> <p>Eduardo Kogan, <i>Interpreter</i>                      Ruth Nuno, <i>Interpreter</i>                      Sina New, <i>Interpreter</i>                      Bo Uce, <i>Interpreter</i></p>	<p>Layla Delgado, <i>Member Advocate, Board of Governors</i>                      Hilda Pérez, <i>Member, Board of Governors</i>                      Shavonne Caldwell, <i>Community Outreach Liaison, CO&amp;E</i>                      Kristina Chung, <i>Community Outreach Field Specialist, CO&amp;E</i>                      Idalia De La Torre, <i>Field Specialist Supervisor, CO&amp;E</i>                      Auleria Eakins, <i>Manager, CO&amp;E</i>                      Hilda Herrera, <i>Community Outreach Liaison CO&amp;E</i>                      Dania Jacob, <i>Department Assistant, CO&amp;E</i>                      Nicole Justo, <i>Community Outreach Liaison, CO&amp;E</i>                      Rudy Martinez, <i>Safety and Security Specialist, Facilities Services</i>                      Frank Meza, <i>Community Outreach Field Specialist, CO&amp;E</i>                      Candace Nafissi, <i>Communications and Community Relations Specialist III, Communications Department</i>                      Francisco Oaxaca, <i>Senior Director, Communications and Community Relations</i>                      Anthony Pico, <i>Representative, Aunt Bertha</i>                      Cindy Pozos, <i>Community Outreach Liaison, CO&amp;E</i>                      Jose Ricardo Rivas, <i>Community Outreach Field Specialist, CO&amp;E</i>                      Victor Rodriguez, <i>Board Specialist, Board Services</i>                      Prity Thanki, <i>Local Government Advisor, Government Affairs</i>                      Martin Vicente, <i>Community Outreach Field Specialist, CO&amp;E</i></p>

(The meeting recorder experienced technical difficulties during the meeting.)

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	<p>Fatima Vazquez, <i>ECAC and RCAC 7 Chair</i>, reviewed the meeting rules. She reminded the committee that the rules were approved by ECAC on December 11, 2019, for a temporary pilot program. This will be the last meeting in which they will be used.</p> <p>She called the meeting to order at 10:03 a.m.</p>	

<p><b>APPROVE MEETING AGENDA</b></p>	<p>Silvia Poz, <i>RCAC 4 Member</i>, stated that she is not receiving her meeting packet in the mail. Idalia De La Torre, <i>Field Specialist Supervisor, CO&amp;E</i>, responded that she will have staff follow up with her and noted that the packet was sent to her by certified mail.</p> <p>Andria McFerson, <i>RCAC 6 Chair</i>, asked if there was a motion to approve the CAC Operating Rules. She does not see one in her meeting packet. Ms. De La Torre responded that there are no meeting materials for that agenda item.</p> <p><b>The Agenda for today’s meeting was approved as submitted.</b></p> <p><i>(Luvia Salazar, Member At-Large, joined the meeting.)</i></p>	<p><b>Approved unanimously. 9 AYES</b> (Byrd, Lara, McClain, McFerson, Poz, Refugio, Russel, Sanchez, and Vazquez)</p>
<p><b>APPROVE MEETING MINUTES</b></p>	<p>Russel Mahler, <i>RCAC 1 Chair</i>, stated that his meeting packet was received with everything except the meeting minutes. Ms. De La Torre asked staff to provide Mr. Mahler with a meeting packet.</p> <p><b>The December 11, 2019 meeting minutes were approved as submitted.</b></p> <p>Ms. McFerson stated that some comments that are important to the meeting minutes were left out. Ms. McFerson asked if all comments should be included in the meeting minutes. Victor Rodriguez, <i>Board Specialist</i>, responded that repetitive comments and questions are not written down. Only the initial questions and response are noted.</p> <p>Ms. McFerson noted that Dorothy Lowery, <i>RCAC 8 Member</i>, stated that she was in favor of the stipend amount being raised and it was not written down on the meeting minutes. She also noted that Cynthia Contreas-Wood, <i>RCAC 3 Chair</i>, asked that L.A. Care’s Finance Department provide feedback on a way to raise the stipend so that it does not affect members in a negative way. Mr. Rodriguez responded that she can forward him any comments and questions that she feels should be included in the meeting minutes so he can note them down.</p> <p>Ms. McFerson stated that on page 8, where it reads, “\$500…” it should read, “\$599…”.</p> <p><b>The January 8, 2020 meeting minutes were approved with the three corrections above.</b></p> <p><i>(See the corrections below based on the meeting recording.)</i></p> <p><i>Ms. Contreas-Wood stated that she thinks that all the suggestions and comments made about raising the stipend should be taken to their RCACs. It may affect some members. She suggested that they allow members to confirm with the person the manages their finances if raising the stipend will affect them. They need to know about the different amounts. It is important to for all RCAC members to be aware of the discussion. She stated that L.A. Care should be in involved, but she was not able to finish her comment due time restrictions.</i></p>	<p><b>December minutes were approved unanimously. 10 AYES</b> (Byrd, Lara, McClain, McFerson, Poz, Refugio, Russel, Salazar, Sanchez, and Vazquez)</p> <p><b>January minutes were approved. 9 AYES</b> (Byrd, Lara, McClain, McFerson, Poz, Refugio, Russel, Salazar, Sanchez, and Vazquez)</p> <p><b>1 ABSTENTION</b> (McFerson)</p>



	<p><i>Ms. Lowery stated that she agrees with the Board Members. She said, “As far as being low income and always attending all the meetings, it is really helpful if you can raise it some. At least I’ll feel a little better after you snatched my crowns away which is \$900 each. And it will benefit a lot of people that are penny pinching. I just wanted to make a comment on that”.</i></p>	
<b>STANDING ITEMS</b>		
<b>ECAC CHAIR REPORT</b>	<p><i>(Fresia Paz, RCAC 10 Chair and Ana Romo, RCAC 8 Chair, joined the meeting.)</i>  Ms. Vazquez presented the following motion for consideration:</p> <p><b>To recommend the approval of Rita Sisowath RCAC 9 as a member of the Regional Community Advisory Committee (RCAC).</b></p>	<p><b>Approved unanimously. 12 AYES</b> (Byrd, Lara, McClain, McFerson, Paz, Poz, Refugio, Romo, Russel, Salazar, Sanchez, and Vazquez)</p>
<b>BORDER MEMBER REPORT</b>  Layla Gonzalez  Hilda Perez	<p><i>Hilda Perez, Member Representative, Board of Governors, and Layla Gonzalez, Member Advocate, Board of Governors, provided updates on the Board of Governors meeting:</i></p> <ul style="list-style-type: none"> <li>• She thanked all the RCAC members who attended the February Board meeting and those attending at the ECAC meeting.</li> <li>• She asked the committee members to refer to the list of motions approved by the Board last week located in the meeting packet.</li> <li>• John Baackes, <i>CEO</i>, reported: <ul style="list-style-type: none"> <li>○ On January 9 the Second District Court of Appeals sided with L.A. Care in its case against Dignity Health over out-of-network payments to a hospital. L.A. Care does not have a contract with certain Dignity Health hospitals but L.A. Care members must receive care from the hospital if they come through the emergency room. The court unanimously ruled that hospitals that do not have a contract with LA Care will receive the Medi-Cal reimbursement rate from the patient’s health plan. There is a 30-day period in which Dignity can file an appeal.</li> <li>○ Transportation services for members have improved following the change in L.A. Care’s transportation vendor to Call the Car, as evidenced by positive feedback from members. More members are using the transportation services and arriving at their appointments on time. There are more appointments being made as members can make the transportation arrangements more easily. This is improving access to care for L.A. Care members.</li> <li>○ L.A. Care is looking for ways to integrate social safety net services (to address challenges members may encounter with food, housing, or other services) with health care services, to improve health outcomes and ultimately reduce the cost of health care. This is part of the whole person care initiative.</li> </ul> </li> <li>• Alex Li, <i>MD, Deputy Chief Medical Officer</i>, reported on the 2019 Novel Corona Virus:</li> </ul>	

- As of February 4 more than 20,000 cases and over 400 deaths have been reported worldwide, mostly in China.
- There are 11 confirmed cases in the U.S., six in California, with one case in L.A. County. Influenza remains a far greater risk with over 15 million cases nationwide and 8000 deaths.
- Washing your hands and getting a ‘flu vaccine are key to effective prevention in avoiding the flu and other respiratory illnesses during the cold and flu season (from about October to about May).
- There is no reason to think actual or perceived nation origin indicates that someone may have or has spread the novel corona virus.
- In answer to requests from members, Deborah Prothrow-Stith, MD, *Dean of Charles Drew University College of Medicine*, attended the February 6, 2020 Board meeting and presented information on diversity among medical school students.
  - She reviewed data about trends in students applying to medical schools, the need for financial support for medical students, diversity among health providers, and why doctors serve in underserved areas after medical school.
  - African Americans are 13% of the U.S. population, but only 4% of U.S. doctors and less than 7% of U.S. medical students.
  - A decades-long decline in the number of Black male applicants to a U.S. medical schools seems to have plateaued at 1554 in 2019, and that number is still much lower that what is needed or expected.
  - Research shows that African American men in particular,
    - ✓ have among the worst health outcomes, experiencing higher rates of hypertension and stroke
    - ✓ the lowest life expectancy of any demographic group, living on average 4.5 fewer years than white men.
    - ✓ and experience significant improvement in health outcomes when their doctor is an African American man.
  - L.A. Care’s scholarships encourage diversity in medical school enrollment.

Ms. Perez stated that she would like staff to take a look at the allocated time for the Board Member report, because it is the only time that she is able to speak to ECAC about discussions held at the Board meeting. She stated that their representation extends far beyond Board meetings. That is the only time she has to listen to member concerns. She noted that she forgot to thank Ms. Gonzalez at the Board meeting for her professionalism and her reporting. She noted that she asked staff to translate the list of Board approved motions. She would also like for the medical students that were selected to be a part of the Elevating the Safety Net Initiative to attend ECAC. She

	<p>noted that the late Margaret Belton, <i>RCAC 3 Vice Chair</i>, was the member that asked for a presentation about the students and the program.</p> <p>Ms. Poz asked what document will be translated. Ms. Perez responded that the list of motions will now be translated to Spanish. She also noted that the Board agenda will now be translated into Spanish for each meeting.</p>	
<p><b>UPDATE FROM GOVERNMENT AFFAIRS</b></p> <p>Prity Thanki</p>	<p>Prity Thanki, <i>Local Government Advisor II, Government Affairs</i>, provided the following updates (<i>a copy of the meeting materials for this agenda item can be obtained from CO&amp;E</i>):</p> <p><u>CALIFORNIA STATE BUDGET UPDATE</u></p> <p>On Friday, January 10, Governor Gavin Newsom introduced a \$222 billion state budget proposal, including a projected \$5.6 billion surplus and \$18 billion placed in a rainy day fund. The proposed state budget is the starting point for the budget process. He must negotiate with the legislature and have a final budget by June 15. She noted that some of the proposals will probably change.</p> <p>Highlights of the January Budget:</p> <p><i>Health Care Access and Affordability</i></p> <p>Governor Newsom intends to bring down health care costs for all Californians by expanding Medi-Cal to undocumented seniors, simplifying the Medi-Cal system, and restricting the way the state purchases prescription drugs, among other changes.</p> <ul style="list-style-type: none"> <li>• <u>Medi-Cal Expansion of Undocumented Adults 65 years of age and older</u> More than \$80 million in funding will go toward expanding the Medi-Cal program to an estimated 27,000 undocumented people aged 65 and older starting January 1, 2021. While seniors are a relatively small group compared to the rest of the undocumented population, they have some of the most serious health needs.</li> <li>• <u>Medi-Cal Healthier California for All (formerly CaAIM)</u> The budget allocates \$695 million- growing to \$1.4 billion by 2023 – toward the Medi-Cal Healthier California for All Initiative. This is an effort to combine all the different systems that Medi-Cal patients have to navigate to get services. It is also intended to better manage the care provided to them.</li> <li>• <u>Office of Health Care Affordability</u> Governor Newsom is creating a new Office of Health Care Affordability in the spring of 2020. The focus of this new office will be on hospital consolidation, improving health care access and quality (via value and incentive payments for physicians and hospitals), and decreasing out-of-pocket costs for Covered California enrollees.</li> <li>• <u>Pharmacy</u></li> </ul>	

There are several newly funded initiatives tackling prescription drugs, including creating a generic drug label for California, make the state the sole drug purchaser for all public and private plans and limiting what the state pays for drugs based on international retail prices.

*Homelessness*

Governor Newsom’s budget proposal includes \$750 million in one-time spending to create the California Access to Housing and Services Fund. Its goal is to “reduce homelessness by moving individuals and families into stable housing” both for those who are homeless and at risk of becoming homeless. The money would be used to pay for rental assistance and encourage the construction of more housing for homeless people. This is in addition to existing funding already approved by the Legislature and/or Governor.

*Mental Health, Addiction, and Trauma*

- Mental Health Services Act Reform

Governor Newsom’s budget proposal states that the Mental Health Services Act (a 2004 tax on millionaires that helps fund county-level behavioral health services) should be updated to “better focus on people with mental illness who are also experiencing homelessness, who are involved in the criminal justice system, and for early intervention for youth”. A proposal along these lines is expected to be released in the spring.

- Adverse Childhood Experiences (ACEs) Training

The budget proposes to fund behavioral health services for children with adverse childhood experiences, including verbal and physical abuse, neglect or substance addiction. The budget includes \$10 million for a training program through the Office of the Surgeon General and a statewide awareness campaign.

- Medication Assisted Treatment Benefit and Drug Medi-Cal Organized Delivery System Changes

The budget includes over \$89 million for the Medication Assisted Treatment Expansion Project, using Naloxone reduce incidence of opioid overdose. There is also \$426 million set aside for expanding substance use treatment in the Medi-Cal program.

- Vaping Tax

The budget proposes a new vaping tax starting January 1, 2021. The new tax will be \$2 for each 40 milligrams of nicotine. This tax is in addition to all existing taxes on e-cigarettes. There is also a plan for a statewide ban of all flavored nicotine products beginning January 1, 2021. The revenue from the tax would be used for the administration, enforcement, youth prevention and health care workforce programs.

Next Steps

L.A. Care Government Affairs will continue to monitor budget discussions. The release of the budget proposal by Governor Newsom is the first step in a long process with legislative hearings likely to be held March through May. The Governor will release his “May Revise” with additional budget change proposals. It is likely that a budget plan will be passed by June 15, which is the State Constitutional deadline.

Ms. McFerson noted that it is great news that the Governor is using funds to assist the homeless population. She asked for more information about the \$10 million that will be used for a training program regarding child abuse.

Ms. Thanki stated that she currently does not have many details about the Adverse Childhood Experiences training, but will have additional information at the next ECAC meeting. She is not sure how it will be rolled out, but there are work groups getting together to share ideas.

Ms. McFerson stated that she has a presentation about a one stop shop solutions to homelessness. She stated that as ECAC members they can provide valuable information to help with the homeless problem.

Ms. Romo stated that every homeless case should be looked at individually. She does not believe it is fair to generalize the homeless population. Some people are homeless due to mental health. It is important to ask, “Why are they in this situation?”

Ms. Perez pointed out that CO&E works with Government Affairs to select topics of discussion for legislative office visits and Advocacy Day in Sacramento. She would like to know if members can also provide topics for Ms. Thanki to give information about. Ms. Thanki stated that she is more than happy to accept topics on behalf of the members to research and report on.

Deaka McClain, *Member At-Large*, spoke about affordable housing for people with disabilities. Some people are on disability and uses all their funds for rent, and they can’t really think about eating or purchasing medicine. She noted that sometimes affordable housing is not accessible for people with disabilities. Ms. Thanki responded that Ms. McClain has valid points and these are topics about which L.A. Care is advocating.

Tanya Byrd, *RCAC 9 Chair*, stated that a large part of homelessness has mental illness. She has seen on the streets of Long Beach that people are not able to access the medication they need. She noted that people who are mentally ill do not have the ability to access proper medication. There isn’t enough focus on helping people with mental illness.

	<p>Ms. Vazquez reminded the committee that any question that is not answered due to time restrictions can be written down and submitted to staff, who will answer after the meeting is over.</p>	
<p><b>COMMUNICATION AND COMMUNITY RELATIONS UPDATE</b></p> <p>Francisco Oaxaca</p>	<p>Francisco Oaxaca, <i>Senior Director, Communications and Community Relations</i>, provided the following update (<i>a copy of the written report can be obtained from CO&amp;E</i>):</p> <ul style="list-style-type: none"> <li>• L.A. Care Covered open enrollment period has ended. L.A. Care set a goal to enroll 85,000 members and enrolled 88,000.</li> <li>• The Supreme Court recently issued a decision overturning injunctions issued by lower courts that stopped implementation of proposed changes to the Public Charge rule while litigation over its constitutionality was in progress. The Supreme Court did not rule on the proposed changes to the rule but removed the injunction. The court ruled that the lower courts had been acting out of their jurisdiction by issuing injunctions with national implications on government policy and that those actions needed to stop. While the existing litigation will continue through the lower courts, the implementation of the proposed changes to the Public Charge rule has now been allowed to proceed. The effective date for the Public Charge rule implementation is February 24, 2020. The United States Citizenship Immigration Services announced that the agency will only apply the Final Rule to applications and petitions submitted on or after February 24, 2020.</li> <li>• Members have received information in the following ways: John Baackes, <i>CEO</i>, shared a statement with the media, L.A. Care posted fact sheets in provider webinars, mailings, digital communications, and social media campaigns. More information can be obtained by visiting: <a href="http://www.lacare.org/public-charge">http://www.lacare.org/public-charge</a></li> </ul> <p><u>Event Update</u></p> <ul style="list-style-type: none"> <li>• L.A. Care is partnering with Martin Luther King jr Community Hospital to celebrate Black History Month in February by highlighting the important contributions that blacks have made to the field of medicine and health.</li> <li>• He asked members to be on the lookout for these highlights on social media and remember to like and follow L.A. Care on Facebook, Instagram, and Twitter.</li> </ul> <p><u>Upcoming Presentations to ECAC</u></p> <ul style="list-style-type: none"> <li>• March - Newly Reinstated Medi-Cal Benefits for 2020</li> <li>• April - Call the Car</li> </ul> <p>Ms. McFerson noted that it is African American History Month. She stated that no one has received information about sponsorships for African American history month. She asked that there be a motion placed on the agenda to fund an event for African history month. She noted that in March 2019 it was stated that an Ad Hoc committee would be</p>	

	<p>created for this year’s celebration of Black History month. She asked if an Ad Hoc was created to plan an event. Mr. Oaxaca stated that they will pass out a list of sponsored events and look into the creation of an Ad Hoc committee.</p> <p>Ms. McClain stated that she used Call the Car twice. She noted that she called to cancel the appointment and they still showed up to her home. It has happened multiple times, the last time it happened was two weeks ago. She does not want it to be a problem for her and someone else. Mr. Oaxaca stated that L.A. Care is tracking how many no shows each member has. Some members have more no shows on record than others.</p> <p>Ms. Perez asked if the tracking is in regards to medical appointments or meetings. She would like to know if the Call the Car presentation given to the Board meeting will be presented at ECAC. Mr. Oaxaca responded that it will be presented to ECAC next month. He noted that 75% of no shows are Medi-Cal members and 25% are Cal MediConnect members. The no shows are not related to Citywide transportation.</p> <p>Mr. Mahler stated that he has had a great experience using Call the Car.</p> <p>Ms. Poz asked if L.A. Care is being charged for situations when the driver gets lost and does not make it on time. Mr. Oaxaca responded that there will be a presentation on the topic at the next ECAC meeting and she can raise her concerns then. Ms. Poz stated that many drivers can take up to 2 hours to arrive and she is late to her appointments. Sometimes she is dropped off in an alley or behind the building where there is no access or an entrance nearby and 90% of the time the seatbelts do not work. Mr. Oaxaca responded that this is valuable info that needs to be reported back to L.A. Care.</p>	
<p><b>GLOBAL MEMBER ISSUES</b></p>	<p>Ms. Poz presented a motion to ECAC:</p> <p><i>The Regional Community Advisory Committee of Region 4 hereby recommends the Executive Community Advisory Committee (ECAC) to support the Medicare for All Act of 2019 (H.R. 1384 and S.1129) (the Act) and request L.A. Care Health Plan’s Board of Governors (BOG) to add to their next BOG meeting a motion to include the Act to the policy agenda to actively urge federal legislators to work toward the Act’s immediate enactment assuring appropriate and efficient health care for all residents of the United States.</i></p> <p>Mr. Oaxaca stated that the Senior Director of Government Affairs will attend ECAC in March and will provide more information.</p> <p>Ms. Salazar stated that she agrees with Mr. Oaxaca. She would also like to receive more information on health care for all and assistance from the State.</p>	

<p><b>SPD Members</b></p>	<p>Ms. Poz stated that there are people ages 19-28 who are not covered. She would like to see people of all ages covered by health insurance.</p> <p>Ms. Gonzalez stated that members should look into it more deeply. They should explore more the differences between Medi-Cal or Medicare. The Medicare program has many gaps and needs to be adjusted. Medi-Cal has many more benefits and serves more people in L.A. County. She would like to see a focus on CalAIM.</p> <p>Ms. McClain moved to table the motion for the March ECAC meeting.</p> <p><b>The Committee voted in favor of tabling the motion until the March ECAC meeting after they receive more information on the subject from Government Affairs.</b></p> <p>Ms. McClain asked if there is an update on the stand up walker authorizations.</p> <p>Mr. Oaxaca stated that he will provide an update at a later time.</p> <p>Ms. McFerson stated that she would like an update on the matter, because she knows many people who are in need of one.</p> <p>Ms. Vazquez stated that RCAC 7 has had discussions about seniors. Sometimes it is difficult to understand the different systems that Covered California has. There is too much information and it gets overwhelming. They would like a simplified explanation.</p> <p>Ms. Poz stated that people in her community are getting calls from agencies in regards to benefits for which they may qualify. The callers ask for personal information and after the member provides information, they find out that their doctor or coverage has been changed.</p>	<p><b>Approved unanimously. 12 AYES</b></p>
<p><b>Update on ECAC motions</b></p>	<p><u>Dental Benefits Reinstatement</u></p> <p>The State added back all of the Adult Dental Benefits in January of 2018. When the state added back all of the Adult Dental Benefits only about 5 items are not covered by Denti-Cal. L.A. Care filed an application to provide the Supplemental Dental Benefit in 2019 and was declined. L.A. Care was told it did not cover enough additional services. Members were notified of the change through a mailing in June. A member has virtually the same range of benefits today through Denti-Cal as they did before. They are able to continue to use Liberty Dental or any other dental provider that accepts Denti-Cal. Members should also understand that there is little in the way of legislative policy that protects the member from upselling by the dental office for services that are not covered. The practice of upselling results in bills being sent to the member that end up turning into a grievance and appeal against the health plan. L.A. Care considered</p>	



modifying the Liberty Dental Network to practices that L.A. Care believed operated at a higher ethical level, but by backing out the less ethical practices L.A. Care would have impacted about 40% of the membership. L.A. Care is working on a presentation about Denti-Cal for ECAC.

Clinica San Martin de Porras

This clinic has been warned to stop upselling as it is in violation of their contract. The clinic was notified to desist from billing members and denying services.

Request for Upright Walkers

Members can obtain a referral for an upright walker from their doctor, if they meet the medical criteria to receive a walker. Once a referral is given, a member should receive authorization within five days. Members have a right to file a grievance. If the referral is denied a member has the right to appeal it.

Request for Members to be Surveyed

L.A. Care is completing a series of surveys to assess if members are receiving adequate care. Two large surveys have been conducted: the Healthcare Effectiveness Data and Information Survey (HEDIS) that addresses if the patients received care that was clinically appropriate for their conditions; and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey that measures the quality of services received from L.A. Care and clinic doctors and staff experienced by the patient.

Estela Lara, *RCAC 2 Chair*, thanked Mr. Oaxaca and asked if the Denti-Cal presentation will be in March. Mr. Oaxaca responded that he is unsure if it will be in March, but it will take place soon.

Ms. McClain stated that she did not hear an update in regards to CCI Area 4's concern about long wait for Durable Medical Equipment repairs. Mr. Oaxaca stated that he will look into the matter and follow up.

Ms. Byrd stated that she was told she had Health Net Dental and then told she had Liberty Dental. She filed a grievance in regards to the matter. She stressed the importance of knowing the coverage that members have.

Ms. McFerson stated that working with the homeless means you are dealing with a diverse population. People need to be trained to speak to the homeless. There needs to be input from people who have been homeless. She recommended that there be an incentive given to homeless people who take any survey.

	<p><u>PUBLIC COMMENT</u></p> <p>Dorothy Lowery, <i>RCAC 8 Member</i>, stated that she was Medi Medi for several years and when Obamacare kicked in, she had to attend a group meeting. L.A. Care called her before Obamacare chose a system for her. She was impressed, because Medi Medi did not cover her all her dental services. When Medi-Cal cut her Liberty Dental plan she was no longer able to see her dentist. Under her new coverage she is not able to get the services she needs. She also has had bad reactions to metals and chemicals. She was taken off of the federal plan and placed on the state plan.</p> <p>Diana Leff, <i>RCAC 2 Member</i>, stated that President Trump is trying to get rid of Social Security in court and health plans for the poor. She noted that there are half a million people affected and many are veterans. She stated that 100,000,000 registered Democrats stayed home when Hillary was running and did not vote. She encouraged everyone to register and vote in the upcoming election.</p>	
<b>OLD BUSINESS</b>		
<p><b>AUNT BERTHA PRESENTATION</b></p> <p>Anthony Pico</p>	<p>Anthony Pico, <i>Aunt Bertha Community Engagement Manager</i>, provided information about Aunt Bertha Services.</p> <p>He is contracted by L.A. Care to do community outreach to community based organizations that provide free and reduced services in L.A. County.</p> <p>They began in Texas and now serve every zip code in the U.S. and Puerto Rico. There are over 5000 programs that serve L.A. County. All programs have been placed there by hand by an individual. Aunt Bertha staff at headquarters input all data into the system. They provide tools to community organizations free of charge. He demonstrated the Aunt Bertha website.</p> <p>Ms. McFerson ask if the website adheres to the needs of disabled people and seniors. She would like to know if they provide face to face assistance. Mr. Pico responded that there are over 100 languages so that people who don't speak English can access the website. He stated that people who can't access the internet can call member services to get assistance using the website and accessing programs.</p> <p>Ms. McClain stated that it is good to have multiple languages, but she would like to know if it is compatible with screen readers. Mr. Pico stated that he will make a note of her request. He does not have an answer at the moment.</p> <p>Ms. Perez asked if Aunt Bertha is a program under L.A. Care and if the tool as available at all L.A. Care FRCs and CRCs.</p> <p>Mr. Pico responded that staff at the FRCs and CRCs are trained to use Aunt Bertha.</p>	

	<p>Ms. Poz asked if there is a phone number available. She would like to know if people who do not have access to the computer can access this information by phone.</p> <p>Mr. Pico responded that people can visit an FRC or CRC to receive assistance from the appropriate staff.</p> <p>Mr. Mahler asked Mr. Pico if the services are available at the Palmdale FRC. Mr. Pico stated that there is a social worker at the Palmdale FRC.</p> <p>Ms. McClain asked Mr. Pico, “Why is it called Community Link?” Mr. Pico responded that members chose the name L.A. Care Community Link. The material that was passed out says Aunt Bertha, because he represents Aunt Bertha. All outward facing materials are branded L.A. Care Community Link.</p> <p>Ms. McFerson stated that she is glad that L.A. Care is listening because this allows members to find transit, food, and health care services.</p>	
<p><b>OPERATING RULES FOR THE CONSUMER ADVISORY COMMITTEES OF L.A. CARE HEALTH PLAN</b></p> <p>Francisco Oaxaca</p>	<p>Mr. Oaxaca presented the following motion to ECAC for approval:</p> <p><i><b>Motion to recommend approval of the revisions to the Operating Rules for the Consumer Advisory Committees of L.A. Care Health Plan.</b></i></p> <p>Ms. McFerson asked if a Chair moves to an area that belongs to a different RCAC will they be made a member automatically. Mr. Oaxaca stated that as long as the RCAC membership is not maxed out they can join. Ms. McFerson stated that she moved to a different region that is not covered by RCAC 6. She stated that the RCAC for the geographic region she is now in is full. She would like guarantees that she will be allowed to join a RCAC. Mr. Oaxaca stated that state legislation limits each RCAC to 35 members.</p> <p><u>PUBLIC COMMENT</u></p> <p>Ms. Leff asked why people who live in tents can qualify for Medi-Cal. She noted that people must have an address to apply. Mr. Oaxaca stated that he is not prepared to answer that question. There are many different factors that are considered to be eligible for Medi-Cal.</p>	<p><b>APPROVED. 11 Ayes</b> (Byrd, Lara, McClain, Paz, Poz, Refugio, Romo, Russel, Salazar, Sanchez, and Vazquez). <b>1 Nay</b> (McFerson)</p>
<p><b>ECAC AD-HOC COMMITTEE – ECAC MEETING PARTICIPATION AND ENGAGEMENT</b></p> <p>Lluvia Salazar</p>	<p>Ms. Salazar and Ms. Byrd reported on the ECAC ad-hoc Committee on ECAC meeting participation and Engagement.</p> <p>Ad-hoc Committee Purpose: To review and finalize the ECAC Meeting Participation and Engagement Tool.</p> <p>Ad-hoc Committee Members: Andria McFerson, Lluvia Salazar, Fatima Vasquez, Tonya Byrd and Ana Romo</p>	

<p>Tanya Byrd</p>	<p>The ad-hoc Committee members discussed the following:</p> <ul style="list-style-type: none"> <li>• Meeting Guidelines</li> <li>• Stop Watch</li> <li>• ECAC Chair role</li> <li>• ECAC Vice Chair role</li> </ul> <p>The outcomes of the discussion:</p> <p><u>Meeting Guidelines</u></p> <ul style="list-style-type: none"> <li>• ECAC Members and the public will have two minutes to speak per agenda item.</li> <li>• The public will continue to complete a comment card in order to be given the opportunity to speak on any item of the agenda.</li> <li>• If time is limited and the ECAC members or the public were unable to speak on any agenda item, they will be asked to complete an index card for L.A. Care staff to respond.</li> <li>• Response to questions that are global and benefit a wide range of members will be shared in writing and placed in the ECAC meeting folders for the next scheduled ECAC meeting.</li> </ul> <p><u>Stop Watch</u></p> <p>The stop watch will be used for all ECAC members and the public who are given permission by the Chair to speak.</p> <p><u>ECAC Chair Role</u></p> <ul style="list-style-type: none"> <li>• The Chair will be responsible for reinforcing the meeting guideline rules.</li> <li>• The Chair will continue to inform ECAC members and the public that if they have an individual issue they should speak to the assigned health advocate.</li> <li>• The Chair will inform ECAC members and the public that CO&amp;E staff will be available to assist members completing the comment or index card during the meeting.</li> </ul> <p><u>ECAC Vice Chair Role Enhancement</u></p> <p>The Vice-Chair role will be enhanced to assist with selecting meeting participants who raise their hand for questions. Priority will be given to those individuals who have not had an opportunity to speak.</p> <p>Ms. Perez stated that the meeting rules were created and approved by ECAC members. They were only implemented for three meetings. She asked the committee to review the new meeting rules and provide input or raise any concerns that they may have. She recommended that they speak to their Field Specialist.</p>	
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Ms. McClain thanked the ad-hoc committee for taking the time to meet and create new meeting rules. She suggested that when people are getting ready to speak and know they may go over the time they should ask the Chair for more time. She would like that to be included in the guidelines. Ms. De La Torre stated that ECAC members can make requests, but the Chair also has the right to deny any requests and move forward with the meeting.

Ms. McFerson stated that the approval of the meeting rules should be postponed, because there was a health promoter training on the same day and time. Two members were not able to join and she would like to postpone the vote on the new meeting rules. Ms. De La Torre stated that only two member left early and they only left 30 minutes early.

Ms. Eakins noted that her written suggestions and recommendations were read and taken into consideration.

Ms. McFerson stated that she did not receive an email with the summary of the ad hoc meeting.

Ms. Vazquez stated that the committee must move forward with a vote on the approval of the new meeting guidelines.

Ms. Gonzalez reminded the committee that they have index cards and write down their comments and questions. She asked that CO&E staff create a document with the questions on the index cards. Ms. De La Torre responded that it was included in the talking points.

Maria Angel Refugio, *RCAC 1 Chair*, asked if the committee will be voting on the meeting guidelines today. She would have liked to have more time to review the recommendations.

Ms. De La Torre responded that they are small list of recommendations and are being recommend by members of ECAC who participated in the ad hoc meeting.

Ms. Salazar stated that if members have any comments or concerns they should say something before the rules are voted on. She also noted that it is necessary for people with disabilities to get additional time to speak if needed.

Ms. De La Torre stated that they will be taking Ms. McClain's recommendations into consideration and they will be included in the meeting rules. If people with disabilities require more time to speak the Chair may allow it.

Ms. Perez stated that she understands that two Ad Hoc participants had to leave the meeting to go to a Health Promoters training.

**The ad hoc committee recommendations were approved unanimously.**

	<p>Ms. McFerson stated that she was interrupted when she wanted to speak. She made a suggestion and they were disregarded. All she is trying to do is advocate for the disabled.</p> <p>Ms. Vazquez asked for a motion to approve the recommended meeting rules.</p>	<p><b>12 AYES</b> (Byrd, Lara, McClain, Paz, Poz, McFerson, Refugio, Romo, Russel, Salazar, Sanchez, and Vazquez)</p>
<b>NEW BUSINESS</b>		
<p><b>COMMUNITY OUTREACH &amp; ENGAGEMENT DEPARTMENT UPDATES</b></p> <p>Auleria Eakins</p>	<p>Auleria Eakins, <i>Manager, CO&amp;E</i>, provided updates in regards to Community Outreach and Engagement Department.</p> <p><u>Staff Updates</u>  She introduced two new staff members to ECAC.</p> <ul style="list-style-type: none"> <li>○ Nicole Justo, <i>Liaison, CO&amp;E</i></li> <li>○ Shavonne Caldwell, <i>Liaison, CO&amp;E</i>.</li> </ul> <p>There has been re-Assignment of CO&amp;E staff to the RCACs</p> <p><u>RCAC Updates</u></p> <ul style="list-style-type: none"> <li>● Code of Conduct and Standards of Behavior</li> <li>● 2019-20 Work Plan Projects</li> <li>● Advocacy Day in Sacramento – June 18, 2020</li> <li>● BOG Elections – July 22, 2020</li> </ul> <p>Mr. Perez thanked Dr. Eakins for her report. She stated that she would like to know more about the Work Plan partnerships. She stated that the RCACs used to select the organization they wanted to partner with and participated in the event. Last year not every RCAC member had the opportunity to participate in the event. There was also no follow up on the use of funds. Ms. Eakins responded that this year the RCACs will be doing a partnership, not a sponsorship. She asked her to trust that her Field Specialist will reach out to her with more details.</p> <p>She stated that members have reached out to Board Services to ask questions about the Board seat election and how to complete the application.</p> <p>Mr. Mahler asked if the candidates will be provided transportation to campaign at the RCACs. Ms. Eakins responded that transportation will be provided.</p> <p>Ms. Romo stated that she was under the impression that Chairs would be given priority to attend Advocacy Day in Sacramento. She has not heard anything from the Field Specialist and has not received an application. Ms. De La Torre that at the beginning of March they will be notified if they were select to participate.</p>	

<b>FUTURE AGENDA ITEMS</b>	Ms. McFerson stated that she was not given a RCAC meeting schedule and schedule of meetings at L.A. Care. Ms. De La Torre stated that a copy of each was distributed in January.	
<b>PUBLIC COMMENT</b>	Frank Meza, <i>Field Specialist, CO&amp;E</i> , stated that the City to Pasadena will celebrate its 30 <sup>th</sup> annual Black History Parade and Festival on February 15 from 10 am-4 pm. It is one of the largest and longest running in California. L.A. Care staff will be there to distribute information about the RCACs and L.A. Care. It will be located across the street from Jackie Robinson park, and is open to anyone that would like to attend.	
<b>ADJOURNMENT</b>	The meeting was adjourned at 1:16 P.M.	

**RESPECTFULLY SUBMITTED BY:**

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

**APPROVED BY**

Fatima Vasquez, *ECAC Chair*

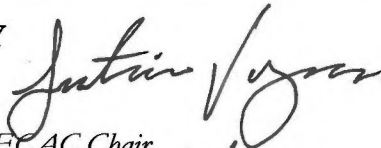
Date \_\_\_\_\_

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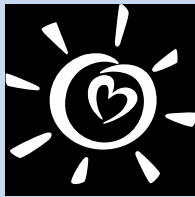
**RESPECTFULLY SUBMITTED BY:**

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 3/11/2020





**L.A. Care**  
**Board of Governors**  
**MOTION SUMMARY**

**Date:** April 2, 2020

**Motion No.** EXE 101.0420

**Committee:** Executive

**Chairperson:** Hector De La Torre

**Issue:** L.A. Care may have a short time period to determine appropriate actions to ensure continued operation of the health plan if temporary measures are recommended or imposed by public health or other government officials.

**Background:** L.A. Care's Board and Committee public meeting processes are evolving to promote social distancing to prevent spread of coronavirus (COVID19). Additional changes may be required based on public health recommendations. Notice will be made to the public as required under applicable guidance.

Current processes include:

1. For all public meetings, increased sanitation efforts will be made at the physical location;
2. For all meetings, space will be adjusted to allow for greater physical distance between participants (Centers for Disease Control recommends about 6 feet);
3. A participation teleconference line will be opened and access information provided to the public
4. Meeting Agendas will be limited to essential items to shorten meeting duration;

Community Advisory Committees Member and Health Promoters Stipends, in approving this motion the Board makes the following observations and findings:

1. In this unprecedented public health crisis, L.A. Care is playing a key and essential role in the public health delivery system throughout its service area and beyond.
2. Part of L.A. Care's mandated structure includes a robust and active community engagement program, achieved through the activities of L.A. Care's various Community Advisory Committees, including but not limited to the RCACs, the ECAC and the Health Promoters programs. These vital public engagement vehicles are often a direct conduit between L.A. Care and the communities it serves.
3. While the Governor's recent Executive Orders and best practices demand that L.A. Care temporarily suspend formal meetings of these various committees and programs, L.A. Care leadership recognizes that the individual members who comprise these committees and Health Promoters program are leaders in their communities and can continue to play a pivotal – albeit remote – role in messaging accurate public health information to their families, neighborhoods and extended networks through telephone calls, texts and social media.
4. Accordingly, L.A. Care's the Board of Governors hereby finds that the people who serve L.A. Care's Community Advisory Committees and health promoters are leaders in their community and should continue to be utilized as an important vehicle to maintain close non-physical contact with L.A. Care's members throughout its service area. In recognition of that unique role, and as an incentive and a thank you for these people role modeling appropriate behavior (such as physical distancing, washing hands, etc.) during this urgent public health crisis, L.A. Care will continue to fund and pay the stipends its volunteer leaders would normally get as a part of their service on the CACs, RCACs, ECAC, Health Promoters program and otherwise. The stipends will be paid only during the time of this COVID-19 related public health emergency and through the duration of temporary suspension of formal meetings, events and activities of CACs and health promoters. L.A. Care's Chief Executive Officer or designee, is

## **Board of Governors**

### **MOTION SUMMARY**

delegated authority to determine when the circumstances would no longer support provision of the stipends outside the routine qualifying events and meetings.

This motion seeks approval by the Board of Governors to delegate to the Board Chairperson and CEO, the authority to act on urgent matters to decide on actions which may be prudent to take to enhance or safeguard the health and safety of members of the public, Board, Advisory Committees, and health plan members and staff.

Based on orders and guidelines from public health officials, L.A. Care may consider additional activities as appropriate to ensure the continued operation of the health plan and to protect the health and safety of members of the public, health plan, Board, advisory committees and staff.

**Member Impact:** This action is to continue L.A. Care operations and to protect the health and safety of L.A. Care members.

**Budget Impact:** No Budget Impact.

### **Motion:**

- A) Public health orders and guidelines have been issued, promoting social distancing and other actions to prevent the spread of the coronavirus (COVID-19). This motion will delegate to the Board Chairperson, Chief Executive Officer and Chief Medical Officer of L.A. Care the authority to act urgently and prudently to enhance or safeguard the health and safety of members of the public, Board, Advisory Committees, health plan and staff. Such actions shall take into account the Centers for Disease Control and other public health recommendations. Potential actions could include:**
- 1) Postponing, updating locations or rescheduling meetings of the Board and its committees, including advisory committees;**
  - 2) Providing Board members with written reports from the Chief Executive Officer, Chief Medical Officer and Chief Financial Officer to update Board members in months when a Board meeting is postponed or cancelled;**
  - 3) Temporarily delegating final approval of financial statements to the Finance & Budget Committee; and**
  - 4) Such other actions related to Board operations as may be prudent for the health and safety of all.**
- B) The Board incorporates the findings made in the body of the motion and further finds that public purpose is served in continuing to support the unique role and continued work of the various members of L.A. Care's Community Advisory Committees (CACs) and Health Promoter programs by continuing to fund and pay the stipends its volunteer leaders would normally get as a part of their service on these committees, as outlined in the body of this motion. Additionally, L.A. Care's Chief Executive Officer or designee, is delegated authority to determine when the circumstances would no longer support provision of the stipends outside the routine qualifying events and meetings.**

April 2, 2020

To: Board of Governors

From: Augustavia Haydel, *General Counsel*  
Ellin Davtyan, *Associate General Counsel*

Subject: **Amendment to EXE 100.0420 Delegation of Authority for Actions**

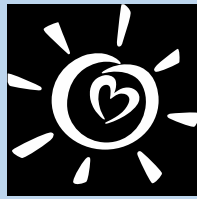


At the Executive Committee meeting on March 23, 2020, a question was raised regarding the cancellation of meetings of the Community Advisory Committees (CAC) (i.e., Regional Community Advisory Committees (RCACs), Executive Community Advisory Committee (ECAC)) and the activities of the Health Promoters Program. L.A. Care supports the work of its CAC members and Health Promoters by paying a stipend for attending their respective meetings and qualifying activities.

L.A. Care's CAC members and health promoters are ambassadors of L.A. Care. In this public health emergency relating to COVID-19 pandemic, they convey to the community the important message of staying compliant with stay at home orders, maintaining social distancing to combat this virus, keep the health statistic curves in check, minimize the impact of the spread and help in general to keep our community healthy. As such, continuing to provide stipends to CAC members and health promoters while their meetings and activities have been canceled in light of various shelter in place and stay at home orders serves an important public service, as further outlined below.

Amending the motion brought by the Executive Committee provides a meaningful vehicle to memorialize the Board's action. Following is recommended language to amend the motion:

1. In this unprecedented public health crisis, L.A. Care is playing a key and essential role in the public health delivery system throughout its service area and beyond.
2. Part of L.A. Care's mandated structure includes a robust and active community engagement program, achieved through the activities of L.A. Care's various Community Advisory Committees, including but not limited to the RCACs, the ECAC and the Health Promoters programs. These vital public engagement vehicles are often a direct conduit between L.A. Care and the communities it serves.
3. While the Governor's recent Executive Orders and best practices demand that L.A. Care temporarily suspend formal meetings of these various committees and programs, L.A. Care leadership recognizes that the individual members who comprise these committees and Health Promoters program are leaders in their communities and can continue to play a pivotal – albeit remote – role in messaging accurate public health information to their families, neighborhoods and extended networks through telephone calls, texts and social media.
4. Accordingly, L.A. Care's the Board of Governors hereby finds that the people who serve L.A. Care's Community Advisory Committees and health promoters are leaders in their community and should continue to be utilized as an important vehicle to maintain close non-physical contact with L.A. Care's members throughout its service area. In recognition of that unique role, and as an incentive and a thank you for these people role modeling appropriate behavior (such as physical distancing, washing hands, etc.) during this urgent public health crisis, L.A. Care will continue to fund and pay the stipends its volunteer leaders would normally get as a part of their service on the CACs, RCACs, ECAC, Health Promoters program and otherwise. The stipends will be paid only during the time of this COVID-19 related public health emergency and through the duration of temporary suspension of formal meetings, events and activities of CACs and health promoters. L.A. Care's Chief Executive Officer or designee, is delegated authority to determine when the circumstances would no longer support provision of the stipends outside the routine qualifying events and meetings.



**L.A. Care**  
HEALTH PLAN®

**Board of Governors**  
**MOTION SUMMARY**

**Date:** April 2, 2020

**Motion No.** EXE 102.0420

**Committee:** Executive

**Chairperson:** Hector De La Torre

**Issue:** Approve revisions to Human Resources Policy & Procedure HR-114 – Paid-Time-Off (HR-114) relating to emergency paid time off (PTO) available to L.A. Care employees relating to COVID-19 pandemic.

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

As the Board is aware, national, state and local emergencies have been called in connection with the rapid spread of novel coronavirus, known as COVID-19 (COVID-19). The efforts of public health officials have shifted from containment to mitigating the spread in the communities, and mitigating the impact to the health care system. As a result, stay at home orders have been issued on local and state levels in an effort to minimize the spread of COVID-19 and mitigate impacts on the health care system.

In light of these and the rapidly continuing developments, on March 23, 2020, L.A. Care's Executive Committee made findings and approved revisions to HR-114 to provide emergency PTO for certain COVID-19 related circumstances. Staff is proposing additional revisions to the policy, as noted in the attached document, for the following reasons:

- 1) to clarify that the 80 hours of emergency PTO offered by L.A. Care is intended to satisfy the requirements of the federal Family First Coronavirus Response Act (P.L. 116-120) (FFCRA), which became law on March 18, 2020, with an effective date of April 1, 2020;
- 2) to align with the FFCRA circumstances under which paid sick leave is available to L.A. Care employees, and authorize L.A. Care the ability to determine additional unique COVID-19 related circumstances;
- 3) to clarify the rate at which the emergency PTO will be paid.

The grant of additional emergency PTO during the COVID-19 public health emergency, as outlined in the attached policy, is not a gift of public funds for several reasons. First, the FFCRA requires L.A. Care to provide emergency paid sick leave benefits to employees who are unable to work or telework for the same and substantially similar reasons, as those outlined in HR-114. The emergency PTO is intended to satisfy the FFCRA's emergency paid sick leave requirements and, therefore, is in lieu of, not in addition to, the FFCRA-required emergency paid sick leave. Second, granting emergency PTO during COVID-19 emergency serves a public purpose by encouraging sick employees to remain home, thereby reducing the public's and other employees' potential exposure to, and the risk of further spread of, COVID-19. Third, doing so is necessary to mitigate the potentially severe financial impact on employees who would otherwise suffer a loss

## **Board of Governors**

### **MOTION SUMMARRY**

of income if they are unable to work as a result of COVID-19 impacts on them or their family members. Fourth, in actively participating in activities to mitigate spread of COVID-19, as well as directives by federal, state and local authorities, the public purpose of mitigating the potential spread within community and the impact on the healthcare system is served.


Staff is also requesting delegated authority to Chief Executive Officer (CEO) or designee, to make future revisions, including substantive ones, to HR-114, or related policies, to implement, comply with or align with applicable federal, state or local laws. If such revisions are made, staff will report back to the Executive Committee.

**Member Impact:** The impact on L.A. Care members is similar to that of members of the public, in that the policy supports efforts to mitigate the spread of COVID-19.

**Budget Impact:** None.

#### **Motion EXE 102.0420**

- 1) To approve the Human Resources Policy & Procedure HR-114 as presented; and,
- 2) In approving HR-114, concerning emergency PTO related to COVID-19, the Board makes the following findings:
  - a) the federal Family First Coronavirus Response Act (P.L. 116-120) (FFCRA) requires L.A. Care to provide emergency paid sick leave benefits to employees who are unable to work for the same and substantially similar reasons as those provided for under the emergency PTO provisions of HR-114, and the emergency PTO is provided in lieu of, not in addition to, the FFCRA-required emergency paid sick leave;
  - b) granting emergency PTO during COVID-19 emergency serves a public purpose by encouraging sick employees to remain home, thereby reducing the public's and other employees' potential exposure to, and the risk of further spread of, the novel coronavirus;
  - c) granting emergency PTO is necessary to mitigate the potentially severe financial impact on employees who would otherwise suffer a loss of income if they are unable to work as a result of COVID-19 impacts on them or their family members;
  - d) following the directives of federal, state and local authorities by participating in activities to limit the spread of COVID-19, serves the public purpose of mitigating the potential spread within the community and the impact on the healthcare system; and
- 3) To approve delegated authority to the CEO (or designee) to make future revisions, including substantive ones, to HR-114 or related policies, for the purpose of complying, aligning or implementing applicable federal, state or local laws.

	<b>PAID TIME OFF</b>	<b>HR-114</b>
<b>DEPARTMENT</b>	HUMAN RESOURCES	
Supersedes Policy Number(s)	9115	

DATES					
Effective Date	4/1/1996	Review Date	Click here to enter a date.	Next Annual Review Date	Click here to enter a date.
Legal Review Date	<a href="#">10/18/20173/18/2020</a>	Committee Review Date	<a href="#">Click here to enter a date.</a>		

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

DELEGATED ENTITIES / EXTERNAL APPLICABILITY			
<input type="checkbox"/> PP – Mandated	<input type="checkbox"/> PP – Non-Mandated	<input type="checkbox"/> PPGs/IPA	<input type="checkbox"/> Hospitals
<input type="checkbox"/> Specialty Health Plans	<input type="checkbox"/> Directly Contracted Providers	<input type="checkbox"/> Ancillaries	<input type="checkbox"/> Other External Entities

ACCOUNTABILITY MATRIX			

ATTACHMENTS	

ELECTRONICALLY APPROVED BY THE FOLLOWING		
	OFFICER	DIRECTOR
NAME	Terry Brown	Sarah Viloría Diaz
DEPARTMENT	Human Resources	Human Resources
TITLE	Chief Human Resources Officer	Director, Human Resources Total Rewards



AUTHORITIES	
➤	HR-501, “Executive Committee of the Board: HR Roles and Responsibilities”
➤	California Welfare & Institutions Code §14087.9605.

REFERENCES	

HISTORY	
REVISION DATE	DESCRIPTION OF REVISIONS
1/6/2014	Review
9/21/2017	Revision
<u>3/23/2020</u>	<u>Revision, Friends Helping Friends (PTO donation) section updated;</u> <u>Emergency PTO for COVID-19 added</u>

DEFINITIONS	
Please visit the L.A. Care intranet for a comprehensive list of definitions used in policies: <a href="http://inside.lac/ourtoolsandresources/departmentsandprocedures">http://inside.lac/ourtoolsandresources/departmentsandprocedures</a>	



## 1.0 OVERVIEW:

**1.1** L.A. Care Health Plan (L.A. Care) provides Paid Time Off (PTO) benefits to eligible employees for vacations, illness and personal needs. PTO is also provided to employees for periodic rest and relaxation away from the job. Additional compensation is not provided in lieu of actual time off.

## 2.0 DEFINITIONS:

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

**2.1 Family Member** - biological, adopted, or foster child, stepchild, legal ward or a child to whom the employee stands in loco parentis; an employee’s biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee’s spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child; spouse; registered domestic partner; grandparent; grandchild; and sibling as defined in California Labor Code §§245.5 and 246.5, or for any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship, pursuant to the City of Los Angeles Sick Leave Ordinance No. 184320, Municipal Code Chap. XVIII, Art. 7, Section 187.04.

**2.2 Length of Service** - calculated from the original hire date, adjusted for Leave of Absences (LOAs), reinstatement, or change of employment status.

**2.3 Medical Emergency** - a serious illness or other medical condition (e.g., heart attack, surgery, automobile accident injuries, cancer, or other life threatening disease) of the PTO Recipient or his or her Family Member that is likely to (a) require the PTO Recipient's absence from work for a prolonged period, and (b) result in a substantial loss of income to the PTO Recipient because he or she will have exhausted all accrued unused PTO. A Medical Emergency or the death of a Family Member will be considered likely to result in a PTO Recipient's absence from work for a prolonged period and a substantial loss of income only if the PTO Recipient is absent or expected to be absent from work without PTO for a period of at least one day for a full-time employee. This minimum required number of hours of absence will be prorated for a part-time employee.

**2.4 PTO Benefits** - benefit provided for employees to use for any reason they choose such as vacations, sick time, non-company holidays LOA as mandated by law or L.A. Care policy, doctor’s appointments, etc.

## 3.0 POLICY:

**3.1** All eligible employees, regularly scheduled to work at least 30 hours per week, are eligible to earn pro-rated PTO. The rate earned varies with the employee’s Llength





of Service, Fair Labor Standards Act (FLSA) status and hours worked during each pay period.

**3.2** The PTO Benefit is designed to provide income for eligible employees while off work and may not be used to compensate for tardiness.

**3.2.3** In the event of an emergency declared by the federal government of the United States, ~~the State of California, and/or by the cities in or~~ County of Los Angeles, L.A. Care will, in accordance with Section 4.4, provide up to 80 hours of emergency PTO in recognition of the effects of such declared emergency on the workforce and the community related to the novel coronavirus known as COVID-19, or as that term may change under the circumstances (“COVID-19”). This emergency PTO is intended to satisfy the applicable emergency paid sick leave requirements set forth in Division E of the Families First Coronavirus Response Act (P.L. 116-127) (“FFCRA”). Accordingly, this emergency PTO is in lieu of, not in addition to, the FFCRA-required emergency paid sick leave. In offering the emergency PTO under this Subsection 3.3 and Section 4.4 below, L.A. Care finds that there is significant public purpose in providing ~~the said~~this emergency PTO under the circumstance as it will support federal, state and local efforts to mitigate the spread of COVID-19 within the community, abide by the applicable directives from federal, state ~~and~~ or local authority(ies) in an effort to mitigate the impact of the spread of COVID-19 and related impact on the health care system, and help mitigate the financial impact on ~~those affected~~ employees that who are affected the most or are in the position of being unable to work remotely.

**4.0 PROCEDURES:**

**4.1 Paid Time Off (PTO)**

**4.1.1** The maximum number of PTO hours that eligible employees are able to maintain in their PTO bank is 520 hours. An employee who reached the maximum level of 520 hours will not earn additional PTO until enough PTO hours have been used to reduce the accumulated hours below the maximum level, at which time the accrual will begin again.

**4.1.2** Employees are required to use their accrued PTO hours for any and all time off except for specific LOAs including bereavement leave, jury duty and witness subpoenas.

**4.1.3** Pre-approved time off that is entered in L.A. Care’s timekeeping system (automated timekeeping system) will be deducted automatically from the employee’s PTO bank as soon as the time is taken. Time off that is not pre-approved and/or not entered in automated timekeeping system will be deducted on the next pay period after the time is noted in automated timekeeping system.



- 4.1.4** Employees may use PTO only up to the number of unused accrued hours in their PTO bank. Employees are not allowed to have a negative balance in their PTO bank.
- 4.1.5** PTO begins to accrue with the first pay period following employment. PTO continues to accrue every pay period in which the employee remains eligible.
- 4.1.6** Employees classified as trainees are eligible to accrue PTO beginning the first pay period following employment but cannot use the accrued PTO until the completion of three months of employment.
- 4.1.7** PTO is considered to be vested when earned and must be used when the employee is off work, except as it relates to certain LOAs including bereavement leave, jury duty and witness subpoenas. Employees must obtain prior approval from their supervisor with as much advance notice as possible. PTO approval is not automatic and will be scheduled according to the staffing needs of L.A. Care and workload of individual departments.
- 4.1.8** Unless otherwise specified, an increase in PTO accrual will be in effect the pay period in which the Length of Service of an exempt or non-exempt employee reaches the 49<sup>th</sup> month (four years and one month). The second increase in PTO accrual for a non-exempt employee will be in effect the pay period in which the Length of Service of the employee reaches the 109<sup>th</sup> month (nine years and one month).
- 4.1.9** PTO will be integrated with State Disability Insurance (SDI), Workers Compensation (WC), Paid Family Leave (PFL), or Short Term Disability (STD) benefits when eligible. This means L.A. Care will pay from PTO Benefits to complete the employee's lost wages for the period covered. Employees will accrue PTO based on the hours paid while off work until they have used all accrued PTO and enter a non-paid employee status.
- 4.1.10** PTO is paid at the employee's base rate in effect at the time the PTO hours are used.
- 4.1.11** An employee who transfers from a PTO eligible status to a non-eligible status will be paid at the time of transfer for all hours of accrued unused PTO at the rate of pay in effect before the transfer.
- 4.1.12** All requests (exempt and non-exempt employees) for PTO must be done through the automated time record system and forwarded to their immediate supervisor for approval. The immediate supervisor then determines if the time will be approved or not.
- 4.1.13** Employees must inform their supervisor in a timely manner if they did not use their previously approved PTO. Employees must complete a Time



Exception Report for adjustments after the time card has been approved and locked in the automated time record system.

**4.1.14** All accrued unused PTO hours at the time of separation from employment are paid at the rate of pay in effect on the date of separation.

**4.1.15** Employees may earn PTO according to the following schedule:

<b>FLSA Status</b>	<b>Length of Service</b>	<b>PTO Accrual Pay Period (PP)</b>	<b>PTO Per Year</b>
Non-Exempt (Hourly)	0 through 48 months	up to 5.23 hours	up to 17 days
	49 months through 108 months	up to 6.78 hours	up to 22 days
	109 months and over	up to 8.31 hours	up to 27 days
Exempt (Salaried)	0 through 48 months	up to 6.78 hours	up to 22 days
	49 months and over	up to 8.31 hours	up to 27 days
Senior Directors and Above	0 months and over	up to 8.31 hours	up to 27 days

**4.2 PTO Cash-Out**

**4.2.1** Requests for PTO cash-out must be made in December for payout the following calendar year in December.

**4.2.1.1** The employee must have a minimum of 80 PTO hours at the time the request is made.

**4.2.1.1.1** PTO cash-out request must be made in increments of eight hours.

**4.2.1.2** The requested PTO cash-out hours cannot exceed the amount of PTO earned during the payout year.

**4.2.1.3** Requests can only be made once per year.

**4.2.1.4** Cash-out elections will be processed, less mandated taxes and withholdings, the last pay date of December.

**4.2.1.5** Cash-out elections must be irrevocable and made only with respect to PTO that has not yet been earned and that will be earned during the calendar year in which the PTO is cashed out, and the employee can neither increase nor decrease the elected number of PTO hours for which payment will be made.



**4.2.1.6** Any PTO taken by the employee will be subtracted first from any unused PTO carried over from the calendar year in which the election is made, and second from any PTO hours earned in the year that was not cashed out.

**4.2.1.7** If the employee terminates employment before December of the calendar year in which the PTO is cashed out, no cash payment will be made under this section. Instead, the rules for payment of accrued and unused PTO upon separation of employment will apply.

**4.3 Friends Helping Friends – PTO-Sharing Program**

**4.3.1** The Friends Helping Friends – Under the rules set forth in this section, this PTO-Sharing Program permits an employee (PTO Contributor) to transfer accrued PTO hours from employee’s PTO bank directly to the PTO bank of another employee (PTO Recipient) who experiences a Medical Emergency or the death of a Family Member that will likely require a prolonged absence from work, including intermittent absences that are related to the same Medical Emergency, and who will suffer a substantial loss of income because employee will, apart from this PTO-Sharing Program, have exhausted all of the PTO hours available in employee’s accrued unused PTO bank.

**4.3.1.1** An employee who wishes to become a PTO Recipient or employee’s personal representative must submit the Friends Helping Friends Sharing of PTO application form provided by L.A. Care to Employee Benefit Administrator or the Human Resources Total Rewards Coordinator in the Human Resources Department for consideration. The completed application form must include: (1) the potential PTO Recipient's name and position title; (2) the number of additional PTO hours employee reasonably needs to deal with the Medical Emergency or death of a Family Member; (3) the reasons the transferred leave is needed, including a brief description of the nature, severity, and anticipated duration of the Medical Emergency; (4) a written statement from a health care provider or government agency certifying the nature, severity and anticipated duration of the Medical Emergency; and (5) any other documentation or information about the Medical Emergency or death that Human Resources may require.

**4.3.1.1.1** All employees are prohibited from soliciting donated hours on their own behalf. If staff is found to have solicited PTO hours, the donated hours from solicited staff may be revoked.



**4.3.1.1.2** Human Resources will determine, at its sole discretion, the amount of PTO (if any) that may be transferred to any applicant to be a PTO Recipient. Such determination will be made on the basis of the applicant's need. A PTO contributor may donate a maximum of 40 PTO hours in a rolling calendar year.

**4.3.1.1.3** The contributor must have a minimum of 80 PTO hours at the time of donation.

**4.3.1.2** Human Resources will notify the PTO Recipient in writing of its decision regarding the application as soon as practical, but in no event more than 30 days after its receipt of the application. If the application is disapproved, in whole or in part, Human Resources will include the reason for its disapproval in the notice.

**4.3.1.3** After the PTO Recipient's application has been approved and the PTO Recipient has exhausted all of the PTO hours in his or her accrued unused PTO bank, the PTO Recipient is eligible to receive transfers of PTO hours not to exceed the number of PTO hours requested (to be paid at his or her normal rate of compensation) from the PTO Contributor(s).

**4.3.1.3.1** PTO hours transferred from the PTO Contributor will be credited to the PTO Recipient's PTO bank for use in accordance with this PTO-Sharing Program.

**4.3.1.3.2** No PTO will be transferred to the PTO Recipient's PTO bank if the applicant to be a PTO Recipient cannot accumulate or receive additional leave under L.A. Care's existing policies, programs or plans.

**4.3.1.4** An employee who wishes to become a PTO Contributor by transferring PTO hours from employee's PTO bank directly to the PTO bank of the PTO Recipient must submit a completed Friends Helping Friends Sharing of PTO form provided by L.A. Care to Employee Benefit Administrator or the Human Resources Total Rewards Coordinator in the Human Resources Department for consideration. PTO-Sharing is subject to the following rules:

**4.3.1.4.1** PTO-Sharing will be strictly voluntary; the identity of the PTO Contributors will be held in absolute confidence unless they want their identity revealed.



**4.3.1.4.2** PTO hours transferred by the PTO Contributor will be subtracted from the PTO Contributor's PTO bank hour for hour.

**4.3.1.4.3** The PTO transfer request is irrevocable by the PTO Contributor. The contributor agrees that contributor will not be entitled to use the PTO that contributor requests to transfer on the completed Friends Helping Friends Sharing of PTO form submitted to Employee Benefit Administrator or the Human Resources Total Rewards Coordinator in the Human Resources Department for any purpose, including but not limited to PTO and PTO cash-out.

**4.3.1.4.4** Human Resources has the sole discretion to determine to accept or reject any PTO transfer request.

**4.3.1.4.5** No leave will be transferred to the PTO Recipient's PTO bank unless and until Human Resources makes a reasonable determination that the PTO Recipient will need the PTO for the Medical Emergency or death of a Family Member.

**4.3.1.4.6** Transfers of PTO to the PTO Recipient's PTO bank will be made on a first-in, first-out basis.

**4.3.1.4.7** If the PTO Contributor terminates employment with L.A. Care before all PTO that contributor requested be transferred in accordance with the PTO transfer request form has been transferred to the PTO Recipient's PTO bank, L.A. Care will treat the PTO that has not yet been transferred as credited to the PTO Contributor's PTO bank. That PTO will be cashed out on the PTO Contributor's termination with L.A. Care in accordance with governing law.

**4.3.1.5** The PTO Recipient may use the additional PTO only for the absence related to the Medical Emergency or Family Member's death for which the PTO Recipient was approved.

**4.3.1.5.1** The PTO Recipient may not transfer PTO received to another PTO Recipient.

**4.3.1.5.2** The PTO Recipient may not cash out any PTO hours transferred from the PTO Contributor's PTO bank to



the PTO Recipient's PTO bank under the PTO-Sharing Program.

**4.3.1.5.3** A PTO Recipient's use of any PTO transferred under this PTO-Sharing Program is subject to all existing L.A. Care policies and procedures relating to the use of any other PTO, including prior approval before this PTO may be used.

**4.3.1.5.4** Any PTO transferred under this PTO-Sharing Program and credited to the PTO Recipient's PTO bank is not vested and is conditioned on the use of the PTO transferred in accordance with the terms and conditions of this PTO-Sharing Program and as otherwise may be specified by L.A. Care at any time and from time to time to achieve the purposes of this PTO-Sharing Program.

**4.3.1.5.5** If for any reason the PTO Recipient does not use PTO transferred to his or her PTO bank under this PTO-Sharing Program to deal with a Medical Emergency or death of a Family Member in accordance with this PTO-Sharing Program, then any PTO transferred to employee's PTO bank under this PTO-Sharing Program will be removed from employee's PTO bank and returned to the PTO Contributor's PTO Bank if the PTO Contributor is still employed by L.A. Care.

**4.3.1.5.6** If the PTO Recipient terminates employment with L.A. Care before using all PTO transferred under this PTO-Sharing Program, the unused PTO will be removed from the PTO Recipient's PTO bank and returned to the PTO Contributor's PTO Bank if the PTO Contributor is still employed by L.A. Care. In that case, the PTO Recipient will not be paid the cash value of the PTO on termination.

**4.3.1.6** L.A. Care will administer the PTO-Sharing Program in a uniform and nondiscriminatory manner. L.A. Care has the sole and absolute discretion to administer and interpret the PTO-Sharing Program as necessary or appropriate to carry out its purposes. Accordingly, all determinations made by L.A. Care with respect to the PTO-Sharing Program will be given the maximum deference allowed by law.





**4.3.1.7** L.A. Care reserves the right to amend or terminate this PTO-Sharing Program at any time and for any reason. If L.A. Care terminates the PTO-Sharing Program, any PTO hours that have not been transferred from any PTO Contributor's PTO bank to any PTO Recipient's PTO bank at termination will not be transferred and will remain in the PTO Contributor's PTO bank.

**4.3.1.8** Whether or not the PTO-Sharing Program is terminated, L.A. Care reserves the right to cease transferring PTO hours to any PTO Recipient at any time and for any reason. In that case, all PTO hours that have not yet been transferred will not be transferred.

**4.3.1.9** In accordance with IRS Revenue Ruling 90-29, L.A. Care will treat the income attributable solely to the PTO hours transferred from the PTO Contributor's PTO bank to the PTO Recipient's PTO bank under the PTO-Sharing Program, as described herein, as wages of the PTO Recipient, not the PTO Contributor, for purposes of withholding and reporting federal and state income and employment taxes (e.g., Social Security and Medicare taxes under the Federal Insurance Contributions Act). However, L.A. Care does not guarantee or warrant to any individual that the intended tax consequences of the PTO-Sharing Program will prevail or be accepted by the Internal Revenue Service or by any court.

**4.4 Emergency PTO For COVID-19**

**4.3.24.4.1** Notwithstanding the above, L.A. Care shall provide up to 80 hours of emergency PTO in recognition of the effects of COVID-19 on the workforce and the community in accordance with this section. This emergency PTO is to be used in conjunction with, and offset by, any other applicable federal and/or state approved benefits to the extent permitted by law. -In addition, this emergency PTO is intended to satisfy the emergency paid sick leave requirements set forth in Division E of the FFCRA and, therefore, is in lieu of, not in addition to, the FFCRA-required emergency paid sick leave.

**4.3.34.4.2** This emergency PTO is available for use immediately by each L.A. Care ~~employees~~employee, regardless of how long the employee has been employed or how many hours a week the employee has worked.

**4.3.44.4.3** ~~An~~Each employee may ~~first~~ use this emergency PTO first, before the employee uses other accrued PTO ~~and/or~~, whereif applicable, sick time pursuant to HR-125 Sick Leave for Per Diem, Part-Time, and Non-Regular Employees policy.





4.4.4 The emergency PTO is available during the duration of the emergency declared by the federal government of the United States, the State of California, and/or by the City/cities in or County of Los Angeles; whichever ends later; provided, however, that the emergency PTO is available during a period that begins no later than April 1, 2020, and ends no earlier than December 31, 2020.

4.4.5 ~~The~~Any unused ~~amount of~~ emergency PTO will expire and will not carry over from one year to the next and ~~shall~~will not to be paid out at the end of an employee’s employment, to the extent permitted by applicable laws.

4.4.6 ~~Emergency~~L.A. Care shall provide up to 80 hours of emergency PTO can be used for any of to each employee to the extent the following absences employee is unable to work (or telework) due to a need for leave because:

~~\_\_\_\_\_ f the~~The employee is diagnosed with COVID-19.

4.4.6.1 The employee is subject to a federal, state; or local quarantine or isolation order related to COVID-19.

~~\_\_\_\_\_ Resulting from~~The employee is subject to a lockdown or directive by the federal government of the United States Federal Government, the State of California, and/or by the County of Los Angeles County to in place self isolate without the ability for employee to telecommute.

4.4.6.2 The employee has been advised by a healthcare provider to self-quarantine due to concerns relating to COVID-19.

4.4.6.3 ~~To obtain a medical diagnosis or care if an~~The employee is experiencing the symptoms of COVID-19 and seeking a medical diagnosis.

~~\_\_\_\_\_ Resulting from~~The employee's office or building closure without the ability for employee to telecommute is closed due to COVID-19 precautions.

~~\_\_\_\_\_ Because a~~A federal state, public official with jurisdiction or a health care provider has determined that the employee’s presence on the job may jeopardize the health of others because of the employee’s exposure employee has been exposed to COVID-19, or because the employee is exhibiting symptoms of the virus

4.4.6.4 ~~For the purpose of~~The employee is caring, without the ability for employee to telecommute, for a Family Member who has been is:

4.4.6.5 ~~\_\_\_\_\_ Diagnosed with COVID is;~~



~~experiencing~~ Experiencing symptoms of COVID-19 for which and seeking a medical diagnosis or care is needed; or

4.4.6.5.1 ~~Told~~ Advised by a healthcare provider to self-quarantine because of exposure due to concerns related to COVID-19 or due to symptoms of COVID-19; or

4.4.6.5.2 Subject to a federal, state, or local quarantine or isolation order related to COVID-19.

4.4.6.6 ~~For the purpose of~~ The employee is caring for at the employee's child(ren) if the child(ren)'s school or place of care has been closed or the child's childcare provider is unavailable due to COVID-19, without the ability for employee to telecommute precautions.

4.4.6.7 ~~For~~ The employee is experiencing any other substantially similar condition specified by the Department of Health and Human Services in consultation with the IRS and the Department of Labor, or other COVID-19--driven circumstance without the ability for employee to telecommute, as approved by the Chief of Human Resources Officer or Chief Medical Officer.

~~4.4.7~~ ~~4.4.8~~ An employee who qualifies for an emergency PTO as described in this section must submit a request for emergency PTO in the prescribed manner to the Leave of Absence Department in Human Resources or designee, which request must be approved before emergency PTO will be granted.

4.4.8 L.A. Care shall calculate the emergency PTO based on the number of hours the employee would otherwise normally be scheduled to work and a rate of pay that is no less than the employee's regular rate of pay (as determined under section 7(e) of the Fair Labor Standards Act of 1938 (29 U.S.C. 207(e)) ("FLSA"), the minimum wage rate in effect under section 6(a)(1) of the FLSA, or the minimum wage rate in effect for the employee in the applicable state or locality, whichever is greater.

**5.0 MONITORING:**

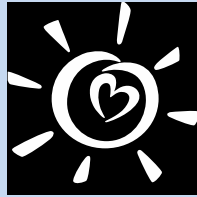
**5.1** Human Resources will conduct annual review of the PTO policy to ensure compliance.

**6.0 REPORTING:**



**6.1** Any suspected violations to this policy should be reported to your Human Resources Business Partner.

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



**L.A. Care**  
HEALTH PLAN®

**Board of Governors**  
**MOTION SUMMARY**

**Date:** April 2, 2020

**Motion No.,** EXE 103.0420

**Committee:** Executive

**Chairperson:** Hector De La Torre

New Contract    Amendment    Sole Source    RFP/RFQ was conducted

**Issue:** Acceptance of the Financial Reports for January and February 2020.

**Background:** N/A

**Member Impact:** N/A

**Budget Impact:** N/A

**Motion:** To accept the Financial Report as submitted for January and February 2020.



**L.A. Care**  
HEALTH PLAN®

Financial Performance  
January 2020  
(Unaudited)



## Financial Performance Results Highlights - Year-to-Date

January 2020

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### ***Overall***

The combined member months are 8.6 million year-to-date, which is 84,236 member months unfavorable to the budget. The year-to-date performance is a surplus of \$40.0 million or 1.4% of revenue and is \$7.9 million unfavorable to the budget. The unfavorable variance is driven by higher inpatient and outpatient claims and higher skilled nursing facility costs, but offset by the retroactive rate adjustment across all MediCal segments which increase the operating margin by \$53.2 million.

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### ***MediCal Plan Partners***

The member months are 3.9 million, which is 49,808 member months unfavorable to the budget. The performance is a surplus of \$33.7 million and is \$7.9 million unfavorable to the budget. The unfavorable variance is due to retroactive rate adjustment and various expanded Prop 56 programs, which reduce the operating margin by \$7.0 million.

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### ***MediCal SPD-CCI***

The member months are 884,700, which is 5,027 member months favorable to the budget. The performance is a deficit of \$23.5 million and is \$29.0 million unfavorable to the budget. The unfavorable variance is due to higher than expected inpatient and outpatient claims and skilled nursing facility costs totaling \$76.7 million, but is partially offset by the favorable retroactive rate adjustment which increase the operating margin by \$37.0 million.

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### ***MediCal TANF-MCE***

The member months are 3.3 million, which is 11,059 member months unfavorable to the budget. The performance is a surplus of \$35.0 million and is \$41.3 million favorable to the budget. The favorable variance is due to retroactive rate adjustment and various expanded Prop 56 programs, which increase the operating margin by \$31.0 million.

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### ***Cal MediConnect (CMC)***

The member months are 65,160 which is 2,895 member months unfavorable to the budget. The performance is a deficit of \$2.7 million and is \$0.4 million unfavorable to the budget. The unfavorable variance is due to higher than expected inpatient claims.

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### ***Commercial***

L.A. Care Commercial consists of LACC and PASC-SEIU. The member months are 504,997, which is 25,501 member months unfavorable to the budget. The performance is a surplus of \$10.9 million and is \$10.4 million unfavorable to the budget. The unfavorable variance is due to an updated RAF score and higher than expected inpatient and outpatient claims.

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**Consolidated Operations Income Statement (\$ in thousands)**

**January 2020**

Current Actual		Current Budget		Fav<Unfav> Budget		YTD Actual		YTD Budget		Fav<Unfav> Budget		
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	
2,133,876		2,183,050		(49,174)								
						<b>Membership</b>						
						Member Months	8,622,694		8,706,930		(84,236)	
						<b>Revenue</b>						
\$ 666,383	\$ 312.29	\$ 662,868	\$ 303.64	\$ 3,516	\$ 8.64	Capitation	\$ 2,781,897	\$ 322.63	\$ 2,640,159	\$ 303.23	\$ 141,738 \$ 19.40	
<b>\$ 666,383</b>	<b>\$ 312.29</b>	<b>\$ 662,868</b>	<b>\$ 303.64</b>	<b>\$ 3,516</b>	<b>\$ 8.64</b>	<b>Total Revenues</b>	<b>\$ 2,781,897</b>	<b>\$ 322.63</b>	<b>\$ 2,640,159</b>	<b>\$ 303.23</b>	<b>\$ 141,738 \$ 19.40</b>	
						<b>Healthcare Expenses</b>						
\$ 371,160	\$ 173.94	\$ 346,759	\$ 158.84	\$ (24,401)	\$ (15.10)	Capitation	\$ 1,490,830	\$ 172.90	\$ 1,382,761	\$ 158.81	\$ (108,069) \$ (14.08)	
\$ 80,434	\$ 37.69	\$ 80,619	\$ 36.93	\$ 186	\$ (0.76)	Inpatient Claims	\$ 324,361	\$ 37.62	\$ 321,163	\$ 36.89	\$ (3,198) \$ (0.73)	
\$ 59,650	\$ 27.95	\$ 61,061	\$ 27.97	\$ 1,411	\$ 0.02	Outpatient Claims	\$ 262,831	\$ 30.48	\$ 243,625	\$ 27.98	\$ (19,205) \$ (2.50)	
\$ 59,520	\$ 27.89	\$ 53,364	\$ 24.44	\$ (6,156)	\$ (3.45)	Skilled Nursing Facility	\$ 261,327	\$ 30.31	\$ 213,337	\$ 24.50	\$ (47,990) \$ (5.80)	
\$ 56,038	\$ 26.26	\$ 59,304	\$ 27.17	\$ 3,266	\$ 0.90	Pharmacy	\$ 229,086	\$ 26.57	\$ 236,031	\$ 27.11	\$ 6,945 \$ 0.54	
\$ (8,720)	\$ (4.09)	\$ 6,046	\$ 2.77	\$ 14,765	\$ 6.86	Provider Incentives and Shared Risk	\$ 7,792	\$ 0.90	\$ 24,119	\$ 2.77	\$ 16,327 \$ 1.87	
\$ 5,403	\$ 2.53	\$ 5,344	\$ 2.45	\$ (59)	\$ (0.08)	Medical Administrative Expenses	\$ 21,880	\$ 2.54	\$ 21,545	\$ 2.47	\$ (335) \$ (0.06)	
<b>\$ 623,485</b>	<b>\$ 292.18</b>	<b>\$ 612,497</b>	<b>\$ 280.57</b>	<b>\$ (10,988)</b>	<b>\$ (11.61)</b>	<b>Total Healthcare Expenses</b>	<b>\$ 2,598,106</b>	<b>\$ 301.31</b>	<b>\$ 2,442,581</b>	<b>\$ 280.53</b>	<b>\$ (155,526) \$ (20.78)</b>	
93.6%		92.4%		-1.2%		<b>MCR(%)</b>	93.4%		92.5%		-0.9%	
<b>\$ 42,898</b>	<b>\$ 20.10</b>	<b>\$ 50,371</b>	<b>\$ 23.07</b>	<b>\$ (7,472)</b>	<b>\$ (2.97)</b>	<b>Operating Margin</b>	<b>\$ 183,791</b>	<b>\$ 21.31</b>	<b>\$ 197,579</b>	<b>\$ 22.69</b>	<b>\$ (13,788) \$ (1.38)</b>	
\$ 35,442	\$ 16.61	\$ 37,054	\$ 16.97	\$ 1,612	\$ 0.36	<b>Total Operating Expenses</b>	\$ 146,815	\$ 17.03	\$ 150,692	\$ 17.31	\$ 3,877 \$ 0.28	
5.3%		5.6%		0.3%		<b>Admin Ratio(%)</b>	5.3%		5.7%		0.4%	
<b>\$ 7,456</b>	<b>\$ 3.49</b>	<b>\$ 13,316</b>	<b>\$ 6.10</b>	<b>\$ (5,860)</b>	<b>\$ (2.61)</b>	<b>Income (Loss) from Operations</b>	<b>\$ 36,976</b>	<b>\$ 4.29</b>	<b>\$ 46,887</b>	<b>\$ 5.39</b>	<b>\$ (9,911) \$ (1.10)</b>	
\$ (2,126)	\$ (1.00)	\$ (2,963)	\$ (1.36)	\$ 837	\$ 0.36	Other Income/(Expense), net	\$ (12,409)	\$ (1.44)	\$ (10,948)	\$ (1.26)	\$ (1,461) \$ (0.18)	
\$ 2,503	\$ 1.17	\$ 2,991	\$ 1.37	\$ (488)	\$ (0.20)	Interest Income, net	\$ 12,244	\$ 1.42	\$ 11,964	\$ 1.37	\$ 280 \$ 0.05	
\$ 35	\$ 0.02	\$ -	\$ -	\$ 35	\$ 0.02	Realized Gain / Loss	\$ 216	\$ 0.03	\$ -	\$ -	\$ 216 \$ 0.03	
\$ 2,964	\$ 1.39	\$ -	\$ -	\$ 2,964	\$ 1.39	Unrealized Gain / Loss	\$ 2,964	\$ 0.34	\$ -	\$ -	\$ 2,964 \$ 0.34	
<b>\$ 3,377</b>	<b>\$ 1.58</b>	<b>\$ 28</b>	<b>\$ 0.01</b>	<b>\$ 3,349</b>	<b>\$ 1.57</b>	<b>Total Non-Operating Income (Expense)</b>	<b>\$ 3,014</b>	<b>\$ 0.35</b>	<b>\$ 1,016</b>	<b>\$ 0.12</b>	<b>\$ 1,999 \$ 0.23</b>	
<b>\$ 10,833</b>	<b>\$ 5.08</b>	<b>\$ 13,344</b>	<b>\$ 6.11</b>	<b>\$ (2,511)</b>	<b>\$ (1.04)</b>	<b>Net Surplus (Deficit)</b>	<b>\$ 39,990</b>	<b>\$ 4.64</b>	<b>\$ 47,902</b>	<b>\$ 5.50</b>	<b>\$ (7,912) \$ (0.86)</b>	
1.6%		2.0%		-0.4%		<b>Margin(%)</b>	1.4%		1.8%		-0.4%	



**MediCal Plan Partners Income Statement (\$ in thousands)**

**January 2020**

Current Actual			Current Budget			Fav<Unfav> Budget			YTD Actual			YTD Budget			Fav<Unfav> Budget		
\$	PMPM		\$	PMPM		\$	PMPM		\$	PMPM		\$	PMPM		\$	PMPM	
958,088			980,502			(22,414)			3,867,945			3,917,753			(49,808)		
<b>Membership</b>																	
Member Months																	
<b>Revenue</b>																	
Capitation																	
\$ 244,176	\$ 254.86		\$ 242,711	\$ 247.54		\$ 1,465	\$ 7.32		\$ 1,010,135	\$ 261.16		\$ 969,117	\$ 247.37		\$ 41,017	\$ 13.79	
<b>\$ 244,176</b>	<b>\$ 254.86</b>		<b>\$ 242,711</b>	<b>\$ 247.54</b>		<b>\$ 1,465</b>	<b>\$ 7.32</b>		<b>\$ 1,010,135</b>	<b>\$ 261.16</b>		<b>\$ 969,117</b>	<b>\$ 247.37</b>		<b>\$ 41,017</b>	<b>\$ 13.79</b>	
<b>Total Revenues</b>																	
<b>Healthcare Expenses</b>																	
Capitation																	
\$ 232,928	\$ 243.12		\$ 224,836	\$ 229.31		\$ (8,092)	\$ (13.81)		\$ 957,746	\$ 247.61		\$ 897,641	\$ 229.12		\$ (60,105)	\$ (18.49)	
\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ (0)	\$ (0.00)		\$ -	\$ -		\$ 0	\$ 0.00	
\$ (0)	\$ (0.00)		\$ -	\$ -		\$ 0	\$ 0.00		\$ (16)	\$ (0.00)		\$ -	\$ -		\$ 16	\$ 0.00	
\$ (7,047)	\$ (7.36)		\$ 2,325	\$ 2.37		\$ 9,372	\$ 9.73		\$ (32)	\$ (0.01)		\$ 9,287	\$ 2.37		\$ 9,319	\$ 2.38	
\$ 874	\$ 0.91		\$ 833	\$ 0.85		\$ (41)	\$ (0.06)		\$ 3,546	\$ 0.92		\$ 3,368	\$ 0.86		\$ (178)	\$ (0.06)	
<b>\$ 226,754</b>	<b>\$ 236.67</b>		<b>\$ 227,993</b>	<b>\$ 232.53</b>		<b>\$ 1,239</b>	<b>\$ (4.15)</b>		<b>\$ 961,244</b>	<b>\$ 248.52</b>		<b>\$ 910,296</b>	<b>\$ 232.35</b>		<b>\$ (50,948)</b>	<b>\$ (16.16)</b>	
92.9%			93.9%			1.1%			95.2%			93.9%			-1.2%		
\$ 17,421	\$ 18.18		\$ 14,718	\$ 15.01		\$ 2,704	\$ 3.17		\$ 48,891	\$ 12.64		\$ 58,822	\$ 15.01		\$ (9,931)	\$ (2.37)	
\$ 5,135	\$ 5.36		\$ 5,458	\$ 5.57		\$ 322	\$ 0.21		\$ 22,106	\$ 5.72		\$ 22,539	\$ 5.75		\$ 433	\$ 0.04	
2.1%			2.2%			0.1%			2.2%			2.3%			0.1%		
\$ 12,286	\$ 12.82		\$ 9,260	\$ 9.44		\$ 3,026	\$ 3.38		\$ 26,785	\$ 6.92		\$ 36,282	\$ 9.26		\$ (9,497)	\$ (2.34)	
\$ 2,449	\$ 2.56		\$ 1,340	\$ 1.37		\$ 1,109	\$ 1.19		\$ 6,916	\$ 1.79		\$ 5,360	\$ 1.37		\$ 1,556	\$ 0.42	
\$ 14,735	\$ 15.38		\$ 10,600	\$ 10.81		\$ 4,135	\$ 4.57		\$ 33,701	\$ 8.71		\$ 41,642	\$ 10.63		\$ (7,942)	\$ (1.92)	
6.0%			4.4%			1.7%			3.3%			4.3%			-1.0%		
<b>Operating Margin</b>																	
<b>Total Operating Expenses</b>																	
Admin Ratio(%)																	
<b>Income (Loss) from Operations</b>																	
<b>Total Non-Operating Income (Expense)</b>																	
<b>Net Surplus (Deficit)</b>																	
Margin(%)																	





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

**January 2020**

Current Actual		Current Budget		Fav<Unfav> Budget		YTD Actual		YTD Budget		Fav<Unfav> Budget		
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	
220,307		219,918		389								
						<b>Membership</b>						
						Member Months	884,700	879,673	5,027			
						<b>Revenue</b>						
						Capitation	\$ 691,084	\$ 781.15	\$ 627,979	\$ 713.88	\$ 63,105	\$ 67.27
\$ 166,681	\$ 756.58	\$ 157,008	\$ 713.94	\$ 9,673	\$ 42.65	<b>Total Revenues</b>	<b>\$ 691,084</b>	<b>\$ 781.15</b>	<b>\$ 627,979</b>	<b>\$ 713.88</b>	<b>\$ 63,105</b>	<b>\$ 67.27</b>
<b>\$ 166,681</b>	<b>\$ 756.58</b>	<b>\$ 157,008</b>	<b>\$ 713.94</b>	<b>\$ 9,673</b>	<b>\$ 42.65</b>							
						<b>Healthcare Expenses</b>						
\$ 19,586	\$ 88.90	\$ 15,973	\$ 72.63	\$ (3,612)	\$ (16.27)	Capitation	\$ 70,709	\$ 79.92	\$ 63,894	\$ 72.63	\$ (6,815)	\$ (7.29)
\$ 35,465	\$ 160.98	\$ 30,441	\$ 138.42	\$ (5,024)	\$ (22.56)	Inpatient Claims	\$ 137,633	\$ 155.57	\$ 121,764	\$ 138.42	\$ (15,869)	\$ (17.15)
\$ 32,693	\$ 148.40	\$ 31,692	\$ 144.11	\$ (1,001)	\$ (4.29)	Outpatient Claims	\$ 137,446	\$ 155.36	\$ 126,768	\$ 144.11	\$ (10,678)	\$ (11.25)
\$ 54,468	\$ 247.24	\$ 47,090	\$ 214.12	\$ (7,378)	\$ (33.11)	Skilled Nursing Facility	\$ 238,520	\$ 269.61	\$ 188,359	\$ 214.12	\$ (50,161)	\$ (55.48)
\$ 17,099	\$ 77.62	\$ 18,367	\$ 83.52	\$ 1,268	\$ 5.90	Pharmacy	\$ 69,883	\$ 78.99	\$ 73,481	\$ 83.53	\$ 3,599	\$ 4.54
\$ (815)	\$ (3.70)	\$ (620)	\$ (2.82)	\$ 194	\$ 0.88	Provider Incentives and Shared Risk	\$ 2,502	\$ 2.83	\$ (2,481)	\$ (2.82)	\$ (4,983)	\$ (5.65)
\$ 1,706	\$ 7.74	\$ 1,665	\$ 7.57	\$ (41)	\$ (0.17)	Medical Administrative Expenses	\$ 7,065	\$ 7.99	\$ 6,719	\$ 7.64	\$ (346)	\$ (0.35)
<b>\$ 160,201</b>	<b>\$ 727.17</b>	<b>\$ 144,608</b>	<b>\$ 657.55</b>	<b>\$ (15,593)</b>	<b>\$ (69.62)</b>	<b>Total Healthcare Expenses</b>	<b>\$ 663,757</b>	<b>\$ 750.26</b>	<b>\$ 578,504</b>	<b>\$ 657.64</b>	<b>\$ (85,254)</b>	<b>\$ (92.63)</b>
96.1%		92.1%		-4.0%		<b>MCR(%)</b>	96.0%		92.1%		-3.9%	
\$ 6,480	\$ 29.41	\$ 12,400	\$ 56.38	\$ (5,920)	\$ (26.97)	<b>Operating Margin</b>	\$ 27,326	\$ 30.89	\$ 49,475	\$ 56.24	\$ (22,149)	\$ (25.35)
\$ 11,853	\$ 53.80	\$ 11,532	\$ 52.44	\$ (321)	\$ (1.36)	<b>Total Operating Expenses</b>	\$ 54,933	\$ 62.09	\$ 47,167	\$ 53.62	\$ (7,766)	\$ (8.47)
7.1%		7.3%		0.2%		<b>Admin Ratio(%)</b>	7.9%		7.5%		-0.4%	
\$ (5,373)	\$ (24.39)	\$ 868	\$ 3.95	\$ (6,241)	\$ (28.34)	<b>Income (Loss) from Operations</b>	\$ (27,607)	\$ (31.20)	\$ 2,308	\$ 2.62	\$ (29,915)	\$ (33.83)
\$ 1,484	\$ 6.73	\$ 798	\$ 3.63	\$ 685	\$ 3.10	<b>Total Non-Operating Income (Expense)</b>	\$ 4,099	\$ 4.63	\$ 3,193	\$ 3.63	\$ 906	\$ 1.00
\$ (3,889)	\$ (17.65)	\$ 1,666	\$ 7.58	\$ (5,556)	\$ (25.23)	<b>Net Surplus (Deficit)</b>	\$ (23,507)	\$ (26.57)	\$ 5,501	\$ 6.25	\$ (29,009)	\$ (32.82)
-2.3%		1.1%		-3.4%		<b>Margin(%)</b>	-3.4%		0.9%		-4.3%	



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

**January 2020**

Current Actual		Current Budget		Fav<Unfav> Budget		YTD Actual		YTD Budget		Fav<Unfav> Budget	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
814,325		829,798		(15,473)							
<b>Membership</b>						<b>Member Months</b>					
						3,299,892		3,310,951		(11,059)	
<b>Revenue</b>						<b>Revenue</b>					
\$ 196,287	\$ 241.04	\$ 192,570	\$ 232.07	\$ 3,717	\$ 8.97	\$ 821,358	\$ 248.90	\$ 767,738	\$ 231.88	\$ 53,620	\$ 17.03
<b>\$ 196,287</b>	<b>\$ 241.04</b>	<b>\$ 192,570</b>	<b>\$ 232.07</b>	<b>\$ 3,717</b>	<b>\$ 8.97</b>	<b>\$ 821,358</b>	<b>\$ 248.90</b>	<b>\$ 767,738</b>	<b>\$ 231.88</b>	<b>\$ 53,620</b>	<b>\$ 17.03</b>
<b>Healthcare Expenses</b>						<b>Healthcare Expenses</b>					
\$ 89,846	\$ 110.33	\$ 72,547	\$ 87.43	\$ (17,299)	\$ (22.90)	\$ 335,656	\$ 101.72	\$ 289,264	\$ 87.37	\$ (46,392)	\$ (14.35)
\$ 33,555	\$ 41.21	\$ 40,966	\$ 49.37	\$ 7,411	\$ 8.16	\$ 141,563	\$ 42.90	\$ 163,267	\$ 49.31	\$ 21,703	\$ 6.41
\$ 23,380	\$ 28.71	\$ 25,047	\$ 30.18	\$ 1,667	\$ 1.47	\$ 105,507	\$ 31.97	\$ 99,885	\$ 30.17	\$ (5,622)	\$ (1.80)
\$ 3,494	\$ 4.29	\$ 4,741	\$ 5.71	\$ 1,248	\$ 1.42	\$ 16,605	\$ 5.03	\$ 18,882	\$ 5.70	\$ 2,277	\$ 0.67
\$ 33,306	\$ 40.90	\$ 33,218	\$ 40.03	\$ (88)	\$ (0.87)	\$ 130,332	\$ 39.50	\$ 132,384	\$ 39.98	\$ 2,052	\$ 0.49
\$ 691	\$ 0.85	\$ 1,998	\$ 2.41	\$ 1,307	\$ 1.56	\$ 1,433	\$ 0.43	\$ 7,973	\$ 2.41	\$ 6,540	\$ 1.97
\$ 2,437	\$ 2.99	\$ 2,505	\$ 3.02	\$ 68	\$ 0.03	\$ 9,940	\$ 3.01	\$ 10,097	\$ 3.05	\$ 156	\$ 0.04
<b>\$ 186,709</b>	<b>\$ 229.28</b>	<b>\$ 181,022</b>	<b>\$ 218.15</b>	<b>\$ (5,687)</b>	<b>\$ (11.13)</b>	<b>\$ 741,037</b>	<b>\$ 224.56</b>	<b>\$ 721,752</b>	<b>\$ 217.99</b>	<b>\$ (19,285)</b>	<b>\$ (6.57)</b>
95.1%		94.0%		-1.1%		90.2%		94.0%		3.8%	
\$ 9,578	\$ 11.76	\$ 11,548	\$ 13.92	\$ (1,970)	\$ (2.15)	\$ 80,321	\$ 24.34	\$ 45,987	\$ 13.89	\$ 34,334	\$ 10.45
\$ 13,190	\$ 16.20	\$ 13,574	\$ 16.36	\$ 384	\$ 0.16	\$ 49,601	\$ 15.03	\$ 55,622	\$ 16.80	\$ 6,021	\$ 1.77
6.7%		7.0%		0.3%		6.0%		7.2%		1.2%	
\$ (3,612)	\$ (4.44)	\$ (2,026)	\$ (2.44)	\$ (1,586)	\$ (1.99)	\$ 30,720	\$ 9.31	\$ (9,635)	\$ (2.91)	\$ 40,355	\$ 12.22
\$ 1,545	\$ 1.90	\$ 834	\$ 1.01	\$ 711	\$ 0.89	\$ 4,324	\$ 1.31	\$ 3,337	\$ 1.01	\$ 987	\$ 0.30
<b>\$ (2,067)</b>	<b>\$ (2.54)</b>	<b>\$ (1,192)</b>	<b>\$ (1.44)</b>	<b>\$ (875)</b>	<b>\$ (1.10)</b>	<b>\$ 35,045</b>	<b>\$ 10.62</b>	<b>\$ (6,298)</b>	<b>\$ (1.90)</b>	<b>\$ 41,342</b>	<b>\$ 12.52</b>
-1.1%		-0.6%		-0.4%		4.3%		-0.8%		5.1%	
<b>Operating Margin</b>						<b>Operating Margin</b>					
<b>Total Operating Expenses</b>						<b>Total Operating Expenses</b>					
<b>Admin Ratio(%)</b>						<b>Admin Ratio(%)</b>					
<b>Income (Loss) from Operations</b>						<b>Income (Loss) from Operations</b>					
<b>Total Non-Operating Income (Expense)</b>						<b>Total Non-Operating Income (Expense)</b>					
<b>Net Surplus (Deficit)</b>						<b>Net Surplus (Deficit)</b>					
<b>Margin(%)</b>						<b>Margin(%)</b>					



**CMC Income Statement (\$ in thousands)**

**January 2020**

Current Actual		Current Budget		Fav<Unfav> Budget		YTD Actual		YTD Budget		Fav<Unfav> Budget	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
16,194		17,110		(916)							
\$ 23,417	\$ 1,446.04	\$ 21,746	\$ 1,270.95	\$ 1,671	\$ 175.09						
<b>\$ 23,417</b>	<b>\$ 1,446.04</b>	<b>\$ 21,746</b>	<b>\$ 1,270.95</b>	<b>\$ 1,671</b>	<b>\$ 175.09</b>						
\$ 10,326	\$ 637.63	\$ 10,459	\$ 611.26	\$ 133	\$ (26.37)						
\$ 6,852	\$ 423.13	\$ 4,509	\$ 263.53	\$ (2,343)	\$ (159.60)						
\$ 1,118	\$ 69.01	\$ 1,939	\$ 113.34	\$ 822	\$ 44.33						
\$ 1,495	\$ 92.35	\$ 1,533	\$ 89.58	\$ 37	\$ (2.77)						
\$ 215	\$ 13.30	\$ 1,403	\$ 81.97	\$ 1,187	\$ 68.67						
\$ (899)	\$ (55.51)	\$ 306	\$ 17.91	\$ 1,205	\$ 73.42						
\$ 259	\$ 15.99	\$ 242	\$ 14.16	\$ (17)	\$ (1.83)						
<b>\$ 19,366</b>	<b>\$ 1,195.89</b>	<b>\$ 20,391</b>	<b>\$ 1,191.73</b>	<b>\$ 1,024</b>	<b>\$ (4.16)</b>						
82.7%		93.8%		11.1%							
\$ 4,051	\$ 250.15	\$ 1,355	\$ 79.22	\$ 2,696	\$ 170.93						
\$ 1,568	\$ 96.83	\$ 1,765	\$ 103.15	\$ 197	\$ 6.31						
6.7%		8.1%		1.4%							
\$ 2,483	\$ 153.32	\$ (409)	\$ (23.93)	\$ 2,892	\$ 177.25						
\$ 24	\$ 1.51	\$ 19	\$ 1.08	\$ 6	\$ 0.43						
\$ 2,507	\$ 154.83	\$ (391)	\$ (22.84)	\$ 2,898	\$ 177.67						
10.7%		-1.8%		12.5%							
<b>Membership</b>											
Member Months						65,160		68,055		(2,895)	
<b>Revenue</b>											
Capitation						\$ 88,434	\$ 1,357.18	\$ 86,495	\$ 1,270.95	\$ 1,939	\$ 86.23
<b>Total Revenues</b>						<b>\$ 88,434</b>	<b>\$ 1,357.18</b>	<b>\$ 86,495</b>	<b>\$ 1,270.95</b>	<b>\$ 1,939</b>	<b>\$ 86.23</b>
<b>Healthcare Expenses</b>											
Capitation						\$ 41,203	\$ 632.33	\$ 41,599	\$ 611.26	\$ 396	\$ (21.08)
Inpatient Claims						\$ 24,409	\$ 374.61	\$ 17,934	\$ 263.53	\$ (6,475)	\$ (111.08)
Outpatient Claims						\$ 7,858	\$ 120.59	\$ 7,713	\$ 113.34	\$ (144)	\$ (7.25)
Skilled Nursing Facility						\$ 5,817	\$ 89.27	\$ 6,096	\$ 89.58	\$ 279	\$ 0.30
Pharmacy						\$ 4,008	\$ 61.51	\$ 5,579	\$ 81.97	\$ 1,571	\$ 20.46
Provider Incentives and Shared Risk						\$ 990	\$ 15.20	\$ 1,509	\$ 22.18	\$ 519	\$ 6.98
Medical Administrative Expenses						\$ 829	\$ 12.72	\$ 971	\$ 14.26	\$ 142	\$ 1.55
<b>Total Healthcare Expenses</b>						<b>\$ 85,114</b>	<b>\$ 1,306.23</b>	<b>\$ 81,402</b>	<b>\$ 1,196.11</b>	<b>\$ (3,712)</b>	<b>\$ (110.12)</b>
<i>MCR(%)</i>						96.2%		94.1%		-2.1%	
<b>Operating Margin</b>						<b>\$ 3,320</b>	<b>\$ 50.95</b>	<b>\$ 5,093</b>	<b>\$ 74.84</b>	<b>\$ (1,773)</b>	<b>\$ (23.89)</b>
<b>Total Operating Expenses</b>						<b>\$ 6,126</b>	<b>\$ 94.01</b>	<b>\$ 7,475</b>	<b>\$ 109.83</b>	<b>\$ 1,349</b>	<b>\$ 15.82</b>
<i>Admin Ratio(%)</i>						6.9%		8.6%		1.7%	
<b>Income (Loss) from Operations</b>						<b>\$ (2,806)</b>	<b>\$ (43.06)</b>	<b>\$ (2,381)</b>	<b>\$ (34.99)</b>	<b>\$ (425)</b>	<b>\$ (8.07)</b>
<b>Total Non-Operating Income (Expense)</b>						<b>\$ 83</b>	<b>\$ 1.27</b>	<b>\$ 74</b>	<b>\$ 1.09</b>	<b>\$ 8</b>	<b>\$ 0.18</b>
<b>Net Surplus (Deficit)</b>						<b>\$ (2,723)</b>	<b>\$ (41.79)</b>	<b>\$ (2,307)</b>	<b>\$ (33.90)</b>	<b>\$ (416)</b>	<b>\$ (7.89)</b>
<i>Margin(%)</i>						-3.1%		-2.7%		-0.4%	



**Commercial Income Statement (\$ in thousands)**

**January 2020**

Current Actual		Current Budget		Fav<Unfav> Budget		YTD Actual		YTD Budget		Fav<Unfav> Budget	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
124,962		135,722		(10,760)							
						<b>Membership</b>					
						Member Months	504,997	530,498		(25,501)	
						<b>Revenue</b>					
\$	35,823	\$	48,833	\$	(13,010)	Capitation	\$ 170,887	\$ 188,830	\$	(17,943)	\$ (17.56)
\$	286.67	\$	359.80	\$	(73.13)	<b>Total Revenues</b>	\$ 338.39	\$ 355.95	\$	(17.56)	\$ (17.56)
\$	<b>35,823</b>	\$	<b>48,833</b>	\$	<b>(13,010)</b>		\$ <b>170,887</b>	\$ <b>188,830</b>	\$	<b>(17,943)</b>	\$ <b>(17.56)</b>
							\$ <b>338.39</b>	\$ <b>355.95</b>	\$	<b>(17.56)</b>	\$ <b>(17.56)</b>
						<b>Healthcare Expenses</b>					
\$	18,474	\$	22,944	\$	4,470	Capitation	\$ 85,516	\$ 90,363	\$	4,847	\$ 1.00
\$	147.84	\$	169.05	\$	21.21	Inpatient Claims	\$ 20,755	\$ 18,197	\$	(2,558)	\$ (6.80)
\$	4,561	\$	4,703	\$	142	Outpatient Claims	\$ 12,036	\$ 9,259	\$	(2,777)	\$ (6.38)
\$	36.50	\$	17.56	\$	(78)	Skilled Nursing Facility	\$ 385	\$ -	\$	(385)	\$ (0.76)
\$	2,460	\$	2,383	\$	(78)	Pharmacy	\$ 24,864	\$ 24,588	\$	(276)	\$ (2.89)
\$	19.69	\$	-	\$	(63)	Provider Incentives and Shared Risk	\$ 2,898	\$ 7,830	\$	4,932	\$ 9.02
\$	0.50	\$	-	\$	(63)	Medical Administrative Expenses	\$ 500	\$ 390	\$	(110)	\$ (0.26)
\$	63	\$	-	\$	(63)	<b>Total Healthcare Expenses</b>	\$ 146,955	\$ 150,628	\$	3,673	\$ (7.06)
\$	5,417	\$	6,316	\$	899	<b>MCR(%)</b>	86.0%	79.8%		-6.2%	
\$	43.35	\$	46.54	\$	3.19						
\$	(649)	\$	2,037	\$	2,686	<b>Operating Margin</b>	\$ 23,933	\$ 38,202	\$	(14,270)	\$ (24.62)
\$	(5.20)	\$	15.01	\$	20.21	<b>Total Operating Expenses</b>	\$ 13,031	\$ 16,938	\$	3,906	\$ 6.12
\$	1.02	\$	0.73	\$	(0.29)	<b>Admin Ratio(%)</b>	7.6%	9.0%		1.3%	
\$	<b>30,454</b>	\$	<b>38,483</b>	\$	<b>8,029</b>	<b>Income (Loss) from Operations</b>	\$ 10,901	\$ 21,265	\$	(10,363)	\$ (18.50)
	85.0%		78.8%		-6.2%	<b>Total Non-Operating Income (Expense)</b>	\$ -	\$ -	\$	-	\$ -
\$	5,368	\$	10,349	\$	(4,981)						
\$	42.96	\$	76.25	\$	(33.29)	<b>Net Surplus (Deficit)</b>	\$ 10,901	\$ 21,265	\$	(10,363)	\$ (18.50)
\$	3,240	\$	4,429	\$	1,189	<b>Margin(%)</b>	6.4%	11.3%		-4.9%	
\$	25.93	\$	32.63	\$	6.71						
\$	9.0%	\$	9.1%	\$	0.0%						
\$	2,128	\$	5,920	\$	(3,792)						
\$	17.03	\$	43.62	\$	(26.59)						
\$	-	\$	-	\$	-						
\$	2,128	\$	5,920	\$	(3,792)						
	5.9%		12.1%		-6.2%						



## Comparative Balance Sheet

January 2020

(Dollars in thousands)

	Jan-19	Apr-19	Jul-19	Oct-19	Nov-19	Dec-19	Jan-20
<b>ASSETS</b>							
<b>CURRENT ASSETS</b>							
Total Current Assets	3,809,146	4,607,521	4,308,965	4,315,443	4,168,795	4,436,112	4,284,356
Capitalized Assets - net	109,126	110,181	110,730	113,464	111,283	112,158	111,784
<b>NON-CURRENT ASSETS</b>	2,861	2,468	2,890	2,601	2,492	2,381	2,262
<b>TOTAL ASSETS</b>	<b>\$3,921,133</b>	<b>\$4,720,171</b>	<b>\$4,422,585</b>	<b>\$4,431,508</b>	<b>\$4,282,570</b>	<b>\$4,550,651</b>	<b>\$4,398,402</b>
<b>LIABILITIES AND FUND EQUITY</b>							
<b>CURRENT LIABILITIES</b>							
Total Current Liability	2,992,769	3,685,387	3,349,878	3,396,056	3,255,328	3,463,879	3,300,940
Long Term Liability	2,647	2,764	3,521	3,602	3,406	3,498	3,357
<b>Total Liabilities</b>	<b>\$2,995,416</b>	<b>\$3,688,151</b>	<b>\$3,353,399</b>	<b>\$3,399,658</b>	<b>\$3,258,733</b>	<b>\$3,467,377</b>	<b>\$3,304,296</b>
<b>FUND EQUITY</b>							
Invested in Capital Assets, net of related debt	109,126	110,181	110,730	113,464	111,283	112,158	111,784
Restricted Equity	300	300	300	300	300	300	300
Minimum Tangible Net Equity	163,320	160,510	159,816	171,185	171,806	172,632	173,549
Board Designated Funds	63,720	72,595	65,340	58,575	62,265	61,220	59,845
Unrestricted Net Assets	589,250	688,434	732,999	688,325	678,182	736,963	748,627
<b>Total Fund Equity</b>	<b>\$925,717</b>	<b>\$1,032,020</b>	<b>\$1,069,186</b>	<b>\$1,031,850</b>	<b>\$1,023,837</b>	<b>\$1,083,273</b>	<b>\$1,094,106</b>
<b>TOTAL LIABILITIES AND FUND EQUITY</b>	<b>\$3,921,133</b>	<b>\$4,720,171</b>	<b>\$4,422,585</b>	<b>\$4,431,508</b>	<b>\$4,282,570</b>	<b>\$4,550,651</b>	<b>\$4,398,402</b>
<b>Solvency Ratios</b>							
Working Capital Ratio	1.27	1.25	1.29	1.27	1.28	1.28	1.30
Cash to Claims Ratio	0.48	0.77	0.63	0.63	0.62	0.67	0.58
Tangible Net Equity Ratio	5.67	6.43	6.69	6.03	5.96	6.28	6.30



**Cash Flows Statement (\$ in thousands)**

**January 2020**

	Oct-19	Nov-19	Dec-19	Jan-20	YTD
<b>Cash Flows from Operating Activities:</b>					
Capitation Revenue	\$ 663,527	\$ 692,673	\$ 665,196	\$ 659,921	\$ 2,681,317
Other Income (Expense), net	\$ 3,842	\$ (794)	\$ (275)	\$ 343	\$ 3,116
Healthcare Expenses	\$ (624,044)	\$ (791,884)	\$ (648,703)	\$ (608,026)	\$ (2,672,657)
Operating Expenses	\$ (33,459)	\$ (31,902)	\$ (46,800)	\$ (35,145)	\$ (147,306)
<b>Net Cash Provided By Operating Activities</b>	<b>\$ 9,866</b>	<b>\$ (131,907)</b>	<b>\$ (30,582)</b>	<b>\$ 17,093</b>	<b>\$ (135,530)</b>
<b>Cash Flows from Investing Activities</b>					
Purchase of investments - Net	\$ (19,378)	\$ (67,742)	\$ 156,462	\$ (265,654)	\$ (196,312)
Purchase of Capital Assets	\$ (3,403)	\$ (69)	\$ (3,187)	\$ (1,950)	\$ (8,609)
<b>Net Cash Provided By Investing Activities</b>	<b>\$ (22,781)</b>	<b>\$ (67,811)</b>	<b>\$ 153,275</b>	<b>\$ (267,604)</b>	<b>\$ (204,921)</b>
<b>Cash Flows from Financing Activities:</b>					
Gross Premium Tax (MCO Sales Tax) - Net	\$ 36	\$ 17	\$ (434)	\$ 88	\$ (293)
Pass through transactions (AB 85, IGT, etc.)	\$ (672,615)	\$ (7,520)	\$ (1,452)	\$ 1,528	\$ (680,059)
<b>Net Cash Provided By Financing Activities</b>	<b>\$ (672,579)</b>	<b>\$ (7,503)</b>	<b>\$ (1,886)</b>	<b>\$ 1,616</b>	<b>\$ (680,352)</b>
<b>Net Increase in Cash and Cash Equivalents</b>	<b>\$ (685,494)</b>	<b>\$ (207,221)</b>	<b>\$ 120,807</b>	<b>\$ (248,895)</b>	<b>\$ (1,020,803)</b>
Cash and Cash Equivalents, Beginning	\$ 1,634,374	\$ 948,880	\$ 741,659	\$ 862,466	\$ 1,634,374
<b>Cash and Cash Equivalents, Ending</b>	<b>\$ 948,880</b>	<b>\$ 741,659</b>	<b>\$ 862,466</b>	<b>\$ 613,571</b>	<b>\$ 613,571</b>
<b>Reconciliation of Income from Operations to Net Cash Provided By (Used In) Operating Activities:</b>					
<b>Excess of Revenues over Expenses</b>	<b>\$ (22,266)</b>	<b>\$ (8,013)</b>	<b>\$ 59,436</b>	<b>\$ 10,833</b>	<b>\$ 39,990</b>
<b>Adjustments to Excess of Revenues Over Expenses:</b>					
Depreciation	\$ 2,261	\$ 2,250	\$ 2,313	\$ 2,324	\$ 9,148
Realized and Unrealized (Gain)/Loss on Investments	\$ (1,145)	\$ 1,052	\$ (88)	\$ (2,999)	\$ (3,180)
Deferred Rent	\$ 21	\$ (196)	\$ 93	\$ (142)	\$ (224)
Gross Premium Tax provision	\$ -	\$ 4	\$ 11	\$ (10)	\$ 5
<b>Total Adjustments to Excess of Revenues over Expenses</b>	<b>\$ 1,137</b>	<b>\$ 3,110</b>	<b>\$ 2,329</b>	<b>\$ (827)</b>	<b>\$ 5,749</b>
<b>Changes in Operating Assets and Liabilities:</b>					
Capitation Receivable	\$ (2,235)	\$ 8,298	\$ (96,596)	\$ (24,231)	\$ (114,764)
Interest and Non-Operating Receivables	\$ 945	\$ 860	\$ (1,047)	\$ 904	\$ 1,662
Prepaid and Other Current Assets	\$ 3,341	\$ 17	\$ 930	\$ 628	\$ 4,916
Accounts Payable and Accrued Liabilities	\$ (4,040)	\$ 2,682	\$ (9,307)	\$ (2,142)	\$ (12,807)
Subcapitation Payable	\$ 20,423	\$ (125,860)	\$ 75,705	\$ 62,474	\$ 32,742
MediCal Adult Expansion Payable	\$ (10,417)	\$ (47,619)	\$ (32,682)	\$ (14,564)	\$ (105,282)
Deferred Capitation Revenue	\$ (138)	\$ 17,451	\$ (20,897)	\$ 17,768	\$ 14,184
Accrued Medical Expenses	\$ 2,155	\$ (12,666)	\$ (669)	\$ 3,124	\$ (8,056)
Reserve for Claims	\$ 16,290	\$ 23,630	\$ 2,280	\$ (3,810)	\$ 38,390
Reserve for Provider Incentives	\$ 4,211	\$ 4,063	\$ (10,006)	\$ (32,160)	\$ (33,892)
Grants Payable	\$ 460	\$ 2,140	\$ (58)	\$ (904)	\$ 1,638
<b>Net Changes in Operating Assets and Liabilities</b>	<b>\$ 30,995</b>	<b>\$ (127,004)</b>	<b>\$ (92,347)</b>	<b>\$ 7,087</b>	<b>\$ (181,269)</b>
<b>Net Cash Provided By Operating Activities</b>	<b>\$ 9,866</b>	<b>\$ (131,907)</b>	<b>\$ (30,582)</b>	<b>\$ 17,093</b>	<b>\$ (135,530)</b>



**L.A. Care**  
HEALTH PLAN®

Financial Performance  
February 2020 - Final  
(Unaudited)



## Financial Performance Results Highlights - Year-to-Date

February 2020

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### ***Overall***

The combined member months are 10.7 million year-to-date, which is 147,342 member months unfavorable to the budget. The year-to-date performance is a surplus of \$55.6 million or 1.6% of revenue and is \$5.6 million unfavorable to the budget. The unfavorable variance is driven by higher outpatient claims and higher skilled nursing facility costs, but offset by the retroactive rate adjustment across all MediCal segments which increase the operating margin by \$58.5 million.

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### ***MediCal Plan Partners***

The member months are 4.8 million, which is 82,822 member months unfavorable to the budget. The performance is a surplus of \$44.2 million and is \$7.9 million unfavorable to the budget. The unfavorable variance is due to retroactive rate adjustment and various expanded Prop 56 programs, which reduce the operating margin by \$7.9 million.

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### ***MediCal SPD-CCI***

The member months are 1,098,456, which is 1,135 member months unfavorable to the budget. The performance is a deficit of \$22.0 million and is \$29.0 million unfavorable to the budget. The unfavorable variance is due to higher than expected inpatient and outpatient claims and skilled nursing facility costs totaling \$83.8 million, but is partially offset by the favorable retroactive rate adjustment which increase the operating margin by \$39.9 million.

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### ***MediCal TANF-MCE***

The member months are 4.1 million, which is 35,891 member months unfavorable to the budget. The performance is a surplus of \$35.4 million and is \$43.2 million favorable to the budget. The favorable variance is due to retroactive rate adjustment and various expanded Prop 56 programs, which increase the operating margin by \$35.4 million.

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### ***Cal MediConnect (CMC)***

The member months are 81,823, which is 3,454 member months unfavorable to the budget. The performance is a deficit of \$3.3 million and is \$0.6 million unfavorable to the budget. The unfavorable variance is due to higher than expected inpatient claims.

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### ***Commercial***

L.A. Care Commercial consists of LACC and PASC-SEIU. The member months are 642,180, which is 24,040 member months unfavorable to the budget. The performance is a surplus of \$17.7 million and is \$10.1 million unfavorable to the budget. The unfavorable variance is due to an updated RAF score and higher than expected inpatient and outpatient claims.

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**Consolidated Operations Income Statement (\$ in thousands)**

**February 2020**

Current Actual		Current Budget		Fav<Unfav> Budget		YTD Actual		YTD Budget		Fav<Unfav> Budget			
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM		
2,124,222		2,187,328		(63,106)									
						<b>Membership</b>							
						Member Months	10,746,916		10,894,258		(147,342)		
						<b>Revenue</b>							
						Capitation	\$ 3,461,458	\$ 322.09	\$ 3,304,680	\$ 303.34	\$ 156,778	\$ 18.75	
						<b>Total Revenues</b>	<b>\$ 3,461,458</b>	<b>\$ 322.09</b>	<b>\$ 3,304,680</b>	<b>\$ 303.34</b>	<b>\$ 156,778</b>	<b>\$ 18.75</b>	
						<b>Healthcare Expenses</b>							
						Capitation	\$ 1,857,429	\$ 172.83	\$ 1,730,468	\$ 158.84	\$ (126,961)	\$ (13.99)	
						Inpatient Claims	\$ 397,208	\$ 36.96	\$ 402,011	\$ 36.90	\$ 4,803	\$ (0.06)	
						Outpatient Claims	\$ 326,829	\$ 30.41	\$ 304,800	\$ 27.98	\$ (22,030)	\$ (2.43)	
						Skilled Nursing Facility	\$ 322,395	\$ 30.00	\$ 266,739	\$ 24.48	\$ (55,657)	\$ (5.51)	
						Pharmacy	\$ 284,455	\$ 26.47	\$ 295,504	\$ 27.12	\$ 11,049	\$ 0.66	
						Provider Incentives and Shared Risk	\$ 13,062	\$ 1.22	\$ 30,157	\$ 2.77	\$ 17,094	\$ 1.55	
						Medical Administrative Expenses	\$ 26,921	\$ 2.51	\$ 26,780	\$ 2.46	\$ (142)	\$ (0.05)	
						<b>Total Healthcare Expenses</b>	<b>\$ 3,228,301</b>	<b>\$ 300.39</b>	<b>\$ 3,056,457</b>	<b>\$ 280.56</b>	<b>\$ (171,844)</b>	<b>\$ (19.84)</b>	
						<i>MCR(%)</i>	93.3%		92.5%		-0.8%		
						<b>Operating Margin</b>	<b>\$ 233,156</b>	<b>\$ 21.70</b>	<b>\$ 248,223</b>	<b>\$ 22.78</b>	<b>\$ (15,066)</b>	<b>\$ (1.09)</b>	
						<b>Total Operating Expenses</b>	<b>\$ 184,634</b>	<b>\$ 17.18</b>	<b>\$ 187,900</b>	<b>\$ 17.25</b>	<b>\$ 3,265</b>	<b>\$ 0.07</b>	
						<i>Admin Ratio(%)</i>	5.3%		5.7%		0.4%		
						<b>Income (Loss) from Operations</b>	<b>\$ 48,522</b>	<b>\$ 4.51</b>	<b>\$ 60,323</b>	<b>\$ 5.54</b>	<b>\$ (11,801)</b>	<b>\$ (1.02)</b>	
						Other Income/(Expense), net	\$ (15,068)	\$ (1.40)	\$ (14,125)	\$ (1.30)	\$ (943)	\$ (0.11)	
						Interest Income, net	\$ 15,161	\$ 1.41	\$ 14,955	\$ 1.37	\$ 206	\$ 0.04	
						Realized Gain / Loss	\$ 396	\$ 0.04	\$ -	\$ -	\$ 396	\$ 0.04	
						Unrealized Gain / Loss	\$ 6,580	\$ 0.61	\$ -	\$ -	\$ 6,580	\$ 0.61	
						<b>Total Non-Operating Income (Expense)</b>	<b>\$ 7,068</b>	<b>\$ 0.66</b>	<b>\$ 830</b>	<b>\$ 0.08</b>	<b>\$ 6,238</b>	<b>\$ 0.58</b>	
						<b>Net Surplus (Deficit)</b>	<b>\$ 55,590</b>	<b>\$ 5.17</b>	<b>\$ 61,153</b>	<b>\$ 5.61</b>	<b>\$ (5,563)</b>	<b>\$ (0.44)</b>	
						<i>Margin(%)</i>	1.6%		1.9%		-0.2%		
<b>\$ 679,560</b>		<b>\$ 319.91</b>		<b>\$ 664,521</b>		<b>\$ 303.80</b>		<b>\$ 15,040</b>		<b>\$ 16.11</b>			
<b>\$ 679,560</b>		<b>\$ 319.91</b>		<b>\$ 664,521</b>		<b>\$ 303.80</b>		<b>\$ 15,040</b>		<b>\$ 16.11</b>			
\$ 366,599	\$ 172.58	\$ 347,707	\$ 158.96	\$ (18,892)	\$ (13.62)	\$ 72,847	\$ 34.29	\$ 80,848	\$ 36.96	\$ 8,001	\$ 2.67		
\$ 63,999	\$ 30.13	\$ 61,175	\$ 27.97	\$ (2,824)	\$ (2.16)	\$ 61,068	\$ 28.75	\$ 53,402	\$ 24.41	\$ (7,666)	\$ (4.33)		
\$ 55,369	\$ 26.07	\$ 59,473	\$ 27.19	\$ 4,103	\$ 1.12	\$ 5,270	\$ 2.48	\$ 6,038	\$ 2.76	\$ 767	\$ 0.28		
\$ 5,041	\$ 2.37	\$ 5,235	\$ 2.39	\$ 194	\$ 0.02	<b>\$ 630,195</b>		<b>\$ 296.67</b>		<b>\$ 613,877</b>		<b>\$ 280.65</b>	
92.7%		92.4%		-0.4%		<b>\$ 49,365</b>		<b>\$ 23.24</b>		<b>\$ 50,644</b>		<b>\$ 23.15</b>	
<b>\$ 37,819</b>		<b>\$ 17.80</b>		<b>\$ (612)</b>		<b>\$ 37,208</b>		<b>\$ 17.01</b>		<b>\$ (1,278)</b>		<b>\$ 0.09</b>	
5.6%		5.6%		0.0%		<b>\$ 11,546</b>		<b>\$ 5.44</b>		<b>\$ 13,436</b>		<b>\$ 6.14</b>	
\$ (2,659)	\$ (1.25)	\$ (3,176)	\$ (1.45)	\$ 518	\$ 0.20	\$ 2,917	\$ 1.37	\$ 2,991	\$ 1.37	\$ (74)	\$ 0.01		
\$ 180	\$ 0.08	\$ -	\$ -	\$ 180	\$ 0.08	\$ 3,616	\$ 1.70	\$ -	\$ -	\$ 3,616	\$ 1.70		
<b>\$ 4,054</b>		<b>\$ 1.91</b>		<b>\$ (185)</b>		<b>\$ (0.08)</b>		<b>\$ 4,239</b>		<b>\$ 1.99</b>			
<b>\$ 15,599</b>		<b>\$ 7.34</b>		<b>\$ 13,251</b>		<b>\$ 6.06</b>		<b>\$ 2,349</b>		<b>\$ 1.29</b>			
2.3%		2.0%		0.3%									



**MediCal Plan Partners Income Statement (\$ in thousands)**

**February 2020**

Current Actual		Current Budget		Fav<Unfav> Budget		YTD Actual		YTD Budget		Fav<Unfav> Budget	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
948,907		981,921		(33,014)							
						<b>Membership</b>					
						Member Months	4,816,852	4,899,674	(82,822)		
						<b>Revenue</b>					
\$ 245,725	\$ 258.96	\$ 243,303	\$ 247.78	\$ 2,423	\$ 11.17	Capitation	\$ 1,255,860	\$ 260.72	\$ 1,212,420	\$ 247.45	\$ 43,440 \$ 13.27
<b>\$ 245,725</b>	<b>\$ 258.96</b>	<b>\$ 243,303</b>	<b>\$ 247.78</b>	<b>\$ 2,423</b>	<b>\$ 11.17</b>	<b>Total Revenues</b>	<b>\$ 1,255,860</b>	<b>\$ 260.72</b>	<b>\$ 1,212,420</b>	<b>\$ 247.45</b>	<b>\$ 43,440 \$ 13.27</b>
						<b>Healthcare Expenses</b>					
\$ 231,827	\$ 244.31	\$ 225,398	\$ 229.55	\$ (6,429)	\$ (14.76)	Capitation	\$ 1,189,573	\$ 246.96	\$ 1,123,039	\$ 229.21	\$ (66,534) \$ (17.75)
\$ 50	\$ 0.05	\$ -	\$ -	\$ (50)	\$ (0.05)	Inpatient Claims	\$ 50	\$ 0.01	\$ -	\$ -	\$ (50) \$ (0.01)
\$ (7)	\$ (0.01)	\$ -	\$ -	\$ 7	\$ 0.01	Outpatient Claims	\$ (23)	\$ (0.00)	\$ -	\$ -	\$ 23 \$ 0.00
\$ -	\$ -	\$ 2,328	\$ 2.37	\$ 2,328	\$ 2.37	Provider Incentives and Shared Risk	\$ (32)	\$ (0.01)	\$ 11,616	\$ 2.37	\$ 11,647 \$ 2.38
\$ 851	\$ 0.90	\$ 812	\$ 0.83	\$ (39)	\$ (0.07)	Medical Administrative Expenses	\$ 4,397	\$ 0.91	\$ 4,180	\$ 0.85	\$ (217) \$ (0.06)
<b>\$ 232,722</b>	<b>\$ 245.25</b>	<b>\$ 228,538</b>	<b>\$ 232.75</b>	<b>\$ (4,184)</b>	<b>\$ (12.51)</b>	<b>Total Healthcare Expenses</b>	<b>\$ 1,193,966</b>	<b>\$ 247.87</b>	<b>\$ 1,138,834</b>	<b>\$ 232.43</b>	<b>\$ (55,132) \$ (15.44)</b>
94.7%		93.9%		-0.8%		<b>MCR(%)</b>	95.1%		93.9%		-1.1%
\$ 13,003	\$ 13.70	\$ 14,765	\$ 15.04	\$ (1,761)	\$ (1.33)	<b>Operating Margin</b>	\$ 61,894	\$ 12.85	\$ 73,586	\$ 15.02	\$ (11,692) \$ (2.17)
\$ 5,734	\$ 6.04	\$ 5,626	\$ 5.73	\$ (108)	\$ (0.31)	<b>Total Operating Expenses</b>	\$ 27,840	\$ 5.78	\$ 28,165	\$ 5.75	\$ 325 \$ (0.03)
2.3%		2.3%		0.0%		<b>Admin Ratio(%)</b>	2.2%		2.3%		0.1%
\$ 7,270	\$ 7.66	\$ 9,139	\$ 9.31	\$ (1,869)	\$ (1.65)	<b>Income (Loss) from Operations</b>	\$ 34,055	\$ 7.07	\$ 45,421	\$ 9.27	\$ (11,366) \$ (2.20)
\$ 3,257	\$ 3.43	\$ 1,340	\$ 1.36	\$ 1,918	\$ 2.07	<b>Total Non-Operating Income (Expense)</b>	\$ 10,173	\$ 2.11	\$ 6,700	\$ 1.37	\$ 3,473 \$ 0.74
\$ 10,527	\$ 11.09	\$ 10,479	\$ 10.67	\$ 48	\$ 0.42	<b>Net Surplus (Deficit)</b>	\$ 44,228	\$ 9.18	\$ 52,121	\$ 10.64	\$ (7,893) \$ (1.46)
4.3%		4.3%		0.0%		<b>Margin(%)</b>	3.5%		4.3%		-0.8%



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

February 2020

Current Actual		Current Budget		Fav<Unfav> Budget		YTD Actual		YTD Budget		Fav<Unfav> Budget	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
213,756		219,918		(6,162)							
<b>Membership</b>											
						1,098,456		1,099,591		(1,135)	
						<b>Revenue</b>					
\$ 167,837	\$ 785.18	\$ 157,037	\$ 714.07	\$ 10,800	\$ 71.11	\$ 858,920	\$ 781.93	\$ 785,015	\$ 713.92	\$ 73,905	\$ 68.02
<b>\$ 167,837</b>	<b>\$ 785.18</b>	<b>\$ 157,037</b>	<b>\$ 714.07</b>	<b>\$ 10,800</b>	<b>\$ 71.11</b>	<b>\$ 858,920</b>	<b>\$ 781.93</b>	<b>\$ 785,015</b>	<b>\$ 713.92</b>	<b>\$ 73,905</b>	<b>\$ 68.02</b>
						<b>Healthcare Expenses</b>					
\$ 18,239	\$ 85.32	\$ 15,973	\$ 72.63	\$ (2,265)	\$ (12.69)	\$ 88,948	\$ 80.98	\$ 79,867	\$ 72.63	\$ (9,080)	\$ (8.34)
\$ 27,805	\$ 130.08	\$ 30,441	\$ 138.42	\$ 2,637	\$ 8.34	\$ 165,438	\$ 150.61	\$ 152,205	\$ 138.42	\$ (13,232)	\$ (12.19)
\$ 33,608	\$ 157.22	\$ 31,692	\$ 144.11	\$ (1,916)	\$ (13.12)	\$ 171,054	\$ 155.72	\$ 158,459	\$ 144.11	\$ (12,594)	\$ (11.61)
\$ 54,944	\$ 257.04	\$ 47,090	\$ 214.12	\$ (7,854)	\$ (42.92)	\$ 293,464	\$ 267.16	\$ 235,448	\$ 214.12	\$ (58,015)	\$ (53.04)
\$ 17,124	\$ 80.11	\$ 18,365	\$ 83.51	\$ 1,241	\$ 3.40	\$ 87,006	\$ 79.21	\$ 91,846	\$ 83.53	\$ 4,840	\$ 4.32
\$ 2,366	\$ 11.07	\$ (650)	\$ (2.96)	\$ (3,016)	\$ (14.02)	\$ 4,868	\$ 4.43	\$ (3,131)	\$ (2.85)	\$ (7,999)	\$ (7.28)
\$ 1,558	\$ 7.29	\$ 1,632	\$ 7.42	\$ 74	\$ 0.13	\$ 8,623	\$ 7.85	\$ 8,352	\$ 7.60	\$ (272)	\$ (0.26)
<b>\$ 155,642</b>	<b>\$ 728.13</b>	<b>\$ 144,543</b>	<b>\$ 657.26</b>	<b>\$ (11,099)</b>	<b>\$ (70.87)</b>	<b>\$ 819,399</b>	<b>\$ 745.96</b>	<b>\$ 723,047</b>	<b>\$ 657.56</b>	<b>\$ (96,353)</b>	<b>\$ (88.40)</b>
92.7%		92.0%		-0.7%		95.4%		92.1%		-3.3%	
\$ 12,194	\$ 57.05	\$ 12,493	\$ 56.81	\$ (299)	\$ 0.24	\$ 39,521	\$ 35.98	\$ 61,968	\$ 56.36	\$ (22,448)	\$ (20.38)
\$ 12,706	\$ 59.44	\$ 11,767	\$ 53.51	\$ (939)	\$ (5.94)	\$ 67,639	\$ 61.58	\$ 58,934	\$ 53.60	\$ (8,705)	\$ (7.98)
7.6%		7.5%		-0.1%		7.9%		7.5%		-0.4%	
\$ (511)	\$ (2.39)	\$ 727	\$ 3.30	\$ (1,238)	\$ (5.70)	\$ (28,118)	\$ (25.60)	\$ 3,035	\$ 2.76	\$ (31,153)	\$ (28.36)
\$ 2,018	\$ 9.44	\$ 798	\$ 3.63	\$ 1,220	\$ 5.81	\$ 6,117	\$ 5.57	\$ 3,992	\$ 3.63	\$ 2,126	\$ 1.94
\$ 1,506	\$ 7.05	\$ 1,525	\$ 6.93	\$ (19)	\$ 0.11	\$ (22,001)	\$ (20.03)	\$ 7,026	\$ 6.39	\$ (29,027)	\$ (26.42)
0.9%		1.0%		-0.1%		-2.6%		0.9%		-3.5%	
						<b>Operating Margin</b>					
						\$ 39,521	\$ 35.98	\$ 61,968	\$ 56.36	\$ (22,448)	\$ (20.38)
						<b>Total Operating Expenses</b>					
						\$ 67,639	\$ 61.58	\$ 58,934	\$ 53.60	\$ (8,705)	\$ (7.98)
						<i>Admin Ratio(%)</i>					
						7.9%		7.5%		-0.4%	
						<b>Income (Loss) from Operations</b>					
						\$ (28,118)	\$ (25.60)	\$ 3,035	\$ 2.76	\$ (31,153)	\$ (28.36)
						<b>Total Non-Operating Income (Expense)</b>					
						\$ 6,117	\$ 5.57	\$ 3,992	\$ 3.63	\$ 2,126	\$ 1.94
						<b>Net Surplus (Deficit)</b>					
						\$ (22,001)	\$ (20.03)	\$ 7,026	\$ 6.39	\$ (29,027)	\$ (26.42)
						<i>Margin(%)</i>					
						-2.6%		0.9%		-3.5%	



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

**February 2020**

Current Actual		Current Budget		Fav<Unfav> Budget		YTD Actual		YTD Budget		Fav<Unfav> Budget	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
807,713		832,545		(24,832)							
						<b>Membership</b>					
						Member Months	4,107,605	4,143,496	(35,891)		
						<b>Revenue</b>					
\$ 197,755	\$ 244.83	\$ 193,460	\$ 232.37	\$ 4,295	\$ 12.46	Capitation	\$ 1,019,113	\$ 248.10	\$ 961,199	\$ 231.98	\$ 57,914 \$ 16.13
<b>\$ 197,755</b>	<b>\$ 244.83</b>	<b>\$ 193,460</b>	<b>\$ 232.37</b>	<b>\$ 4,295</b>	<b>\$ 12.46</b>	<b>Total Revenues</b>	<b>\$ 1,019,113</b>	<b>\$ 248.10</b>	<b>\$ 961,199</b>	<b>\$ 231.98</b>	<b>\$ 57,914 \$ 16.13</b>
						<b>Healthcare Expenses</b>					
\$ 84,259	\$ 104.32	\$ 72,864	\$ 87.52	\$ (11,394)	\$ (16.80)	Capitation	\$ 419,915	\$ 102.23	\$ 362,128	\$ 87.40	\$ (57,786) \$ (14.83)
\$ 35,372	\$ 43.79	\$ 41,165	\$ 49.44	\$ 5,793	\$ 5.65	Inpatient Claims	\$ 176,936	\$ 43.08	\$ 204,432	\$ 49.34	\$ 27,496 \$ 6.26
\$ 26,477	\$ 32.78	\$ 25,148	\$ 30.21	\$ (1,329)	\$ (2.57)	Outpatient Claims	\$ 131,984	\$ 32.13	\$ 125,033	\$ 30.18	\$ (6,951) \$ (1.96)
\$ 4,533	\$ 5.61	\$ 4,769	\$ 5.73	\$ 236	\$ 0.12	Skilled Nursing Facility	\$ 21,139	\$ 5.15	\$ 23,652	\$ 5.71	\$ 2,513 \$ 0.56
\$ 32,743	\$ 40.54	\$ 33,380	\$ 40.09	\$ 637	\$ (0.44)	Pharmacy	\$ 163,075	\$ 39.70	\$ 165,764	\$ 40.01	\$ 2,689 \$ 0.31
\$ (672)	\$ (0.83)	\$ 2,004	\$ 2.41	\$ 2,677	\$ 3.24	Provider Incentives and Shared Risk	\$ 761	\$ 0.19	\$ 9,977	\$ 2.41	\$ 9,217 \$ 2.22
\$ 2,307	\$ 2.86	\$ 2,463	\$ 2.96	\$ 156	\$ 0.10	Medical Administrative Expenses	\$ 12,247	\$ 2.98	\$ 12,560	\$ 3.03	\$ 313 \$ 0.05
<b>\$ 185,018</b>	<b>\$ 229.06</b>	<b>\$ 181,794</b>	<b>\$ 218.36</b>	<b>\$ (3,224)</b>	<b>\$ (10.70)</b>	<b>Total Healthcare Expenses</b>	<b>\$ 926,055</b>	<b>\$ 225.45</b>	<b>\$ 903,546</b>	<b>\$ 218.06</b>	<b>\$ (22,510) \$ (7.39)</b>
93.6%		94.0%		0.4%		MCR(%)	90.9%		94.0%		3.1%
\$ 12,737	\$ 15.77	\$ 11,666	\$ 14.01	\$ 1,070	\$ 1.76	<b>Operating Margin</b>	\$ 93,058	\$ 22.65	\$ 57,653	\$ 13.91	\$ 35,405 \$ 8.74
\$ 14,449	\$ 17.89	\$ 13,989	\$ 16.80	\$ (460)	\$ (1.09)	<b>Total Operating Expenses</b>	\$ 64,050	\$ 15.59	\$ 69,611	\$ 16.80	\$ 5,561 \$ 1.21
7.3%		7.2%		-0.1%		Admin Ratio(%)	6.3%		7.2%		1.0%
\$ (1,713)	\$ (2.12)	\$ (2,323)	\$ (2.79)	\$ 610	\$ 0.67	<b>Income (Loss) from Operations</b>	\$ 29,008	\$ 7.06	\$ (11,958)	\$ (2.89)	\$ 40,965 \$ 9.95
\$ 2,087	\$ 2.58	\$ 834	\$ 1.00	\$ 1,253	\$ 1.58	<b>Total Non-Operating Income (Expense)</b>	\$ 6,411	\$ 1.56	\$ 4,171	\$ 1.01	\$ 2,240 \$ 0.55
\$ 374	\$ 0.46	\$ (1,489)	\$ (1.79)	\$ 1,863	\$ 2.25	<b>Net Surplus (Deficit)</b>	\$ 35,419	\$ 8.62	\$ (7,787)	\$ (1.88)	\$ 43,205 \$ 10.50
0.2%		-0.8%		1.0%		Margin(%)	3.5%		-0.8%		4.3%



**CMC Income Statement (\$ in thousands)**

**February 2020**

Current Actual			Current Budget			Fav<Unfav> Budget			YTD Actual			YTD Budget			Fav<Unfav> Budget			
\$	PMPM		\$	PMPM		\$	PMPM		\$	PMPM		\$	PMPM		\$	PMPM		
16,663			17,222			(559)			81,823			85,277			(3,454)			
<b>Membership</b>																		
Member Months																		
<b>Revenue</b>																		
Capitation																		
\$ 21,485	\$ 1,289.36		\$ 21,888	\$ 1,270.95		\$ (404)	\$ 18.40		\$ 109,918	\$ 1,343.37		\$ 108,384	\$ 1,270.95		\$ 1,535	\$ 72.42		
<b>\$ 21,485</b>	<b>\$ 1,289.36</b>		<b>\$ 21,888</b>	<b>\$ 1,270.95</b>		<b>\$ (404)</b>	<b>\$ 18.40</b>		<b>\$ 109,918</b>	<b>\$ 1,343.37</b>		<b>\$ 108,384</b>	<b>\$ 1,270.95</b>		<b>\$ 1,535</b>	<b>\$ 72.42</b>		
<b>Total Revenues</b>																		
<b>Healthcare Expenses</b>																		
Capitation																		
\$ 9,560	\$ 573.73		\$ 10,527	\$ 611.26		\$ 967	\$ 37.52		\$ 50,763	\$ 620.40		\$ 52,126	\$ 611.26		\$ 1,363	\$ (9.14)		
\$ 3,385	\$ 203.16		\$ 4,538	\$ 263.53		\$ 1,153	\$ 60.36		\$ 27,795	\$ 339.69		\$ 22,473	\$ 263.53		\$ (5,322)	\$ (76.17)		
\$ 1,785	\$ 107.11		\$ 1,952	\$ 113.34		\$ 167	\$ 6.24		\$ 9,643	\$ 117.85		\$ 9,665	\$ 113.34		\$ 23	\$ (4.51)		
\$ 1,512	\$ 90.73		\$ 1,543	\$ 89.58		\$ 31	\$ (1.15)		\$ 7,329	\$ 89.57		\$ 7,639	\$ 89.58		\$ 310	\$ 0.01		
\$ 924	\$ 55.48		\$ 1,412	\$ 81.97		\$ 487	\$ 26.49		\$ 4,932	\$ 60.28		\$ 6,990	\$ 81.97		\$ 2,058	\$ 21.69		
\$ 2,929	\$ 175.79		\$ 318	\$ 18.48		\$ (2,611)	\$ (157.31)		\$ 3,919	\$ 47.90		\$ 1,827	\$ 21.43		\$ (2,092)	\$ (26.47)		
\$ 189	\$ 11.37		\$ 241	\$ 13.97		\$ 51	\$ 2.60		\$ 1,018	\$ 12.44		\$ 1,211	\$ 14.20		\$ 193	\$ 1.76		
<b>\$ 20,285</b>	<b>\$ 1,217.37</b>		<b>\$ 20,531</b>	<b>\$ 1,192.11</b>		<b>\$ 246</b>	<b>\$ (25.25)</b>		<b>\$ 105,399</b>	<b>\$ 1,288.13</b>		<b>\$ 101,932</b>	<b>\$ 1,195.30</b>		<b>\$ (3,467)</b>	<b>\$ (92.83)</b>		
94.4%			93.8%			-0.6%			95.9%			94.0%			-1.8%			
\$ 1,200	\$ 71.99		\$ 1,358	\$ 78.84		\$ (158)	\$ (6.85)		\$ 4,520	\$ 55.24		\$ 6,451	\$ 75.65		\$ (1,932)	\$ (20.41)		
\$ 1,804	\$ 108.26		\$ 1,754	\$ 101.84		\$ (50)	\$ (6.42)		\$ 7,930	\$ 96.91		\$ 9,228	\$ 108.22		\$ 1,299	\$ 11.30		
8.4%			8.0%			-0.4%			7.2%			8.5%			1.3%			
<b>\$ (604)</b>	<b>\$ (36.27)</b>		<b>\$ (396)</b>	<b>\$ (23.00)</b>		<b>\$ (208)</b>	<b>\$ (13.27)</b>		<b>\$ (3,410)</b>	<b>\$ (41.68)</b>		<b>\$ (2,777)</b>	<b>\$ (32.57)</b>		<b>\$ (633)</b>	<b>\$ (9.11)</b>		
<b>\$ 31</b>	<b>\$ 1.89</b>		<b>\$ 19</b>	<b>\$ 1.08</b>		<b>\$ 13</b>	<b>\$ 0.81</b>		<b>\$ 114</b>	<b>\$ 1.40</b>		<b>\$ 93</b>	<b>\$ 1.09</b>		<b>\$ 21</b>	<b>\$ 0.31</b>		
<b>\$ (573)</b>	<b>\$ (34.38)</b>		<b>\$ (377)</b>	<b>\$ (21.92)</b>		<b>\$ (195)</b>	<b>\$ (12.46)</b>		<b>\$ (3,296)</b>	<b>\$ (40.28)</b>		<b>\$ (2,684)</b>	<b>\$ (31.48)</b>		<b>\$ (612)</b>	<b>\$ (8.80)</b>		
-2.7%			-1.7%			-0.9%			-3.0%			-2.5%			-0.5%			
<b>Net Surplus (Deficit)</b>																		
Margin(%)																		



**Commercial Income Statement (\$ in thousands)**

**February 2020**

Current Actual		Current Budget		Fav<Unfav> Budget		YTD Actual		YTD Budget		Fav<Unfav> Budget	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
137,183		135,722		1,461							
						<b>Membership</b>					
						Member Months	642,180	666,220		(24,040)	
						<b>Revenue</b>					
\$ 46,759	\$ 340.85	\$ 48,833	\$ 359.80	\$ (2,074)	\$ (18.95)	Capitation	\$ 217,646	\$ 338.92	\$ 237,662	\$ 356.73	\$ (20,016) \$ (17.82)
<b>\$ 46,759</b>	<b>\$ 340.85</b>	<b>\$ 48,833</b>	<b>\$ 359.80</b>	<b>\$ (2,074)</b>	<b>\$ (18.95)</b>	<b>Total Revenues</b>	<b>\$ 217,646</b>	<b>\$ 338.92</b>	<b>\$ 237,662</b>	<b>\$ 356.73</b>	<b>\$ (20,016) \$ (17.82)</b>
						<b>Healthcare Expenses</b>					
\$ 22,715	\$ 165.58	\$ 22,944	\$ 169.05	\$ 229	\$ 3.47	Capitation	\$ 108,231	\$ 168.54	\$ 113,307	\$ 170.07	\$ 5,076 \$ 1.54
\$ 6,235	\$ 45.45	\$ 4,703	\$ 34.65	\$ (1,531)	\$ (10.79)	Inpatient Claims	\$ 26,990	\$ 42.03	\$ 22,901	\$ 34.37	\$ (4,089) \$ (7.65)
\$ 2,136	\$ 15.57	\$ 2,383	\$ 17.56	\$ 247	\$ 1.98	Outpatient Claims	\$ 14,172	\$ 22.07	\$ 11,642	\$ 17.48	\$ (2,530) \$ (4.59)
\$ 79	\$ 0.58	\$ -	\$ -	\$ (79)	\$ (0.58)	Skilled Nursing Facility	\$ 464	\$ 0.72	\$ -	\$ -	\$ (464) \$ (0.72)
\$ 4,578	\$ 33.37	\$ 6,316	\$ 46.54	\$ 1,738	\$ 13.16	Pharmacy	\$ 29,442	\$ 45.85	\$ 30,904	\$ 46.39	\$ 1,462 \$ 0.54
\$ 648	\$ 4.72	\$ 2,037	\$ 15.01	\$ 1,389	\$ 10.29	Provider Incentives and Shared Risk	\$ 3,546	\$ 5.52	\$ 9,867	\$ 14.81	\$ 6,321 \$ 9.29
\$ 136	\$ 0.99	\$ 87	\$ 0.64	\$ (49)	\$ (0.35)	Medical Administrative Expenses	\$ 636	\$ 0.99	\$ 477	\$ 0.72	\$ (159) \$ (0.27)
<b>\$ 36,527</b>	<b>\$ 266.27</b>	<b>\$ 38,471</b>	<b>\$ 283.45</b>	<b>\$ 1,944</b>	<b>\$ 17.19</b>	<b>Total Healthcare Expenses</b>	<b>\$ 183,482</b>	<b>\$ 285.72</b>	<b>\$ 189,099</b>	<b>\$ 283.84</b>	<b>\$ 5,617 \$ (1.88)</b>
78.1%		78.8%		0.7%		MCR(%)	84.3%		79.6%		-4.7%
\$ 10,232	\$ 74.58	\$ 10,362	\$ 76.35	\$ (130)	\$ (1.76)	<b>Operating Margin</b>	<b>\$ 34,164</b>	<b>\$ 53.20</b>	<b>\$ 48,564</b>	<b>\$ 72.89</b>	<b>\$ (14,400) \$ (19.69)</b>
\$ 3,436	\$ 25.05	\$ 3,860	\$ 28.44	\$ 424	\$ 3.39	<b>Total Operating Expenses</b>	<b>\$ 16,467</b>	<b>\$ 25.64</b>	<b>\$ 20,798</b>	<b>\$ 31.22</b>	<b>\$ 4,330 \$ 5.57</b>
7.3%		7.9%		0.6%		Admin Ratio(%)	7.6%		8.8%		1.2%
\$ 6,795	\$ 49.54	\$ 6,502	\$ 47.91	\$ 294	\$ 1.63	<b>Income (Loss) from Operations</b>	<b>\$ 17,697</b>	<b>\$ 27.56</b>	<b>\$ 27,766</b>	<b>\$ 41.68</b>	<b>\$ (10,069) \$ (14.12)</b>
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	<b>Total Non-Operating Income (Expense)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
\$ 6,795	\$ 49.54	\$ 6,502	\$ 47.91	\$ 294	\$ 1.63	<b>Net Surplus (Deficit)</b>	<b>\$ 17,697</b>	<b>\$ 27.56</b>	<b>\$ 27,766</b>	<b>\$ 41.68</b>	<b>\$ (10,069) \$ (14.12)</b>
14.5%		13.3%		1.2%		Margin(%)	8.1%		11.7%		-3.6%



## Comparative Balance Sheet

February 2020

(Dollars in thousands)	Feb-19	May-19	Aug-19	Nov-19	Dec-19	Jan-20	Feb-20
<b>ASSETS</b>							
<b>CURRENT ASSETS</b>							
Total Current Assets	4,055,003	4,396,106	4,253,716	4,168,795	4,436,112	4,284,356	4,833,097
Capitalized Assets - net	108,229	110,386	112,215	111,283	112,158	111,784	110,416
<b>NON-CURRENT ASSETS</b>	2,701	2,360	2,753	2,492	2,381	2,262	2,152
<b>TOTAL ASSETS</b>	<b>\$4,165,933</b>	<b>\$4,508,851</b>	<b>\$4,368,683</b>	<b>\$4,282,570</b>	<b>\$4,550,651</b>	<b>\$4,398,402</b>	<b>\$4,945,664</b>
<b>LIABILITIES AND FUND EQUITY</b>							
<b>CURRENT LIABILITIES</b>							
Total Current Liability	3,174,780	3,476,578	3,314,945	3,255,328	3,463,879	3,300,940	3,832,752
Long Term Liability	2,710	2,854	3,466	3,406	3,498	3,357	3,207
<b>Total Liabilities</b>	<b>\$3,177,491</b>	<b>\$3,479,432</b>	<b>\$3,318,411</b>	<b>\$3,258,733</b>	<b>\$3,467,377</b>	<b>\$3,304,296</b>	<b>\$3,835,959</b>
<b>FUND EQUITY</b>							
Invested in Capital Assets, net of related debt	108,229	110,386	112,215	111,283	112,158	111,784	110,416
Restricted Equity	300	300	300	300	300	300	300
Minimum Tangible Net Equity	161,904	160,809	160,986	171,806	172,632	173,549	175,817
Board Designated Funds	63,720	71,478	61,640	62,265	61,220	59,845	57,868
Unrestricted Net Assets	654,289	686,446	715,131	678,182	736,963	748,627	765,304
<b>Total Fund Equity</b>	<b>\$988,442</b>	<b>\$1,029,419</b>	<b>\$1,050,272</b>	<b>\$1,023,837</b>	<b>\$1,083,273</b>	<b>\$1,094,106</b>	<b>\$1,109,705</b>
<b>TOTAL LIABILITIES AND FUND EQUITY</b>	<b>\$4,165,933</b>	<b>\$4,508,851</b>	<b>\$4,368,683</b>	<b>\$4,282,570</b>	<b>\$4,550,651</b>	<b>\$4,398,402</b>	<b>\$4,945,664</b>
<b>Solvency Ratios</b>							
Working Capital Ratio	1.28	1.26	1.28	1.28	1.28	1.30	1.26
Cash to Claims Ratio	0.52	0.67	0.64	0.62	0.67	0.58	0.71
Tangible Net Equity Ratio	6.11	6.40	6.52	5.96	6.28	6.30	6.31



**Cash Flows Statement (\$ in thousands)**

**February 2020**

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	YTD
<b>Cash Flows from Operating Activities:</b>						
Capitation Revenue	\$ 663,527	\$ 692,673	\$ 665,196	\$ 659,921	\$ 554,891	\$ 3,236,208
Other Income (Expense), net	\$ 3,842	\$ (794)	\$ (275)	\$ 343	\$ (477)	\$ 2,639
Healthcare Expenses	\$ (624,044)	\$ (791,884)	\$ (648,703)	\$ (608,026)	\$ (543,266)	\$ (3,215,923)
Operating Expenses	\$ (33,459)	\$ (31,902)	\$ (46,800)	\$ (35,145)	\$ (35,264)	\$ (182,570)
<b>Net Cash Provided By Operating Activities</b>	<b>\$ 9,866</b>	<b>\$ (131,907)</b>	<b>\$ (30,582)</b>	<b>\$ 17,093</b>	<b>\$ (24,116)</b>	<b>\$ (159,646)</b>
<b>Cash Flows from Investing Activities</b>						
Purchase of investments - Net	\$ (19,378)	\$ (67,742)	\$ 156,462	\$ (265,654)	\$ (99,222)	\$ (295,534)
Purchase of Capital Assets	\$ (3,403)	\$ (69)	\$ (3,187)	\$ (1,950)	\$ (1,039)	\$ (9,648)
<b>Net Cash Provided By Investing Activities</b>	<b>\$ (22,781)</b>	<b>\$ (67,811)</b>	<b>\$ 153,275</b>	<b>\$ (267,604)</b>	<b>\$ (100,261)</b>	<b>\$ (305,182)</b>
<b>Cash Flows from Financing Activities:</b>						
Gross Premium Tax (MCO Sales Tax) - Net	\$ 36	\$ 17	\$ (434)	\$ 88	\$ 618	\$ 325
Pass through transactions (AB 85, IGT, etc.)	\$ (672,615)	\$ (7,520)	\$ (1,452)	\$ 1,528	\$ 440,518	\$ (239,541)
<b>Net Cash Provided By Financing Activities</b>	<b>\$ (672,579)</b>	<b>\$ (7,503)</b>	<b>\$ (1,886)</b>	<b>\$ 1,616</b>	<b>\$ 441,136</b>	<b>\$ (239,216)</b>
<b>Net Increase in Cash and Cash Equivalents</b>	<b>\$ (685,494)</b>	<b>\$ (207,221)</b>	<b>\$ 120,807</b>	<b>\$ (248,895)</b>	<b>\$ 316,759</b>	<b>\$ (704,044)</b>
Cash and Cash Equivalents, Beginning	\$ 1,634,374	\$ 948,880	\$ 741,659	\$ 862,466	\$ 613,571	\$ 1,634,374
<b>Cash and Cash Equivalents, Ending</b>	<b>\$ 948,880</b>	<b>\$ 741,659</b>	<b>\$ 862,466</b>	<b>\$ 613,571</b>	<b>\$ 930,330</b>	<b>\$ 930,330</b>
<b>Reconciliation of Income from Operations to Net Cash Provided By (Used In) Operating Activities:</b>						
<b>Excess of Revenues over Expenses</b>	<b>\$ (22,266)</b>	<b>\$ (8,013)</b>	<b>\$ 59,436</b>	<b>\$ 10,833</b>	<b>\$ 15,600</b>	<b>\$ 55,590</b>
<b>Adjustments to Excess of Revenues Over Expenses:</b>						
Depreciation	\$ 2,261	\$ 2,250	\$ 2,313	\$ 2,324	\$ 2,407	\$ 11,555
Realized and Unrealized (Gain)/Loss on Investments	\$ (1,145)	\$ 1,052	\$ (88)	\$ (2,999)	\$ (3,796)	\$ (6,976)
Deferred Rent	\$ 21	\$ (196)	\$ 93	\$ (142)	\$ (149)	\$ (373)
Gross Premium Tax provision	\$ -	\$ 4	\$ 11	\$ (10)	\$ (681)	\$ (676)
<b>Total Adjustments to Excess of Revenues over Expenses</b>	<b>\$ 1,137</b>	<b>\$ 3,110</b>	<b>\$ 2,329</b>	<b>\$ (827)</b>	<b>\$ (2,219)</b>	<b>\$ 3,530</b>
<b>Changes in Operating Assets and Liabilities:</b>						
Capitation Receivable	\$ (2,235)	\$ 8,298	\$ (96,596)	\$ (24,231)	\$ (123,955)	\$ (238,719)
Interest and Non-Operating Receivables	\$ 945	\$ 860	\$ (1,047)	\$ 904	\$ (837)	\$ 825
Prepaid and Other Current Assets	\$ 3,341	\$ 17	\$ 930	\$ 628	\$ (2,098)	\$ 2,818
Accounts Payable and Accrued Liabilities	\$ (4,040)	\$ 2,682	\$ (9,307)	\$ (2,142)	\$ 3,793	\$ (9,014)
Subcapitation Payable	\$ 20,423	\$ (125,860)	\$ 75,705	\$ 62,474	\$ 49,656	\$ 82,398
MediCal Adult Expansion Payable	\$ (10,417)	\$ (47,619)	\$ (32,682)	\$ (14,564)	\$ 97,114	\$ (8,168)
Deferred Capitation Revenue	\$ (138)	\$ 17,451	\$ (20,897)	\$ 17,768	\$ (715)	\$ 13,469
Accrued Medical Expenses	\$ 2,155	\$ (12,666)	\$ (669)	\$ 3,124	\$ (44,033)	\$ (52,089)
Reserve for Claims	\$ 16,290	\$ 23,630	\$ 2,280	\$ (3,810)	\$ (17,178)	\$ 21,212
Reserve for Provider Incentives	\$ 4,211	\$ 4,063	\$ (10,006)	\$ (32,160)	\$ -	\$ (33,892)
Grants Payable	\$ 460	\$ 2,140	\$ (58)	\$ (904)	\$ 756	\$ 2,394
<b>Net Changes in Operating Assets and Liabilities</b>	<b>\$ 30,995</b>	<b>\$ (127,004)</b>	<b>\$ (92,347)</b>	<b>\$ 7,087</b>	<b>\$ (37,497)</b>	<b>\$ (218,766)</b>
<b>Net Cash Provided By Operating Activities</b>	<b>\$ 9,866</b>	<b>\$ (131,907)</b>	<b>\$ (30,582)</b>	<b>\$ 17,093</b>	<b>\$ (24,116)</b>	<b>\$ (159,646)</b>





**L.A. Care**  
HEALTH PLAN®

Financial Performance  
FY 2019-20 Budget vs. 4+8 Forecast



**Consolidated Operations Income Statement (\$ in thousands)**

**Fiscal Year 2019-20**

	Budget		4+8 Forecast		Fav<Unfav> Budget	
	\$	PMPM	\$	PMPM	\$	PMPM
<b>Membership</b>						
Member Months	26,304,220		25,829,894		(474,325)	
<b>Revenue</b>						
Capitation	\$7,995,627	\$303.97	\$8,365,877	\$323.88	\$370,250	\$19.92
<b>Total Revenues</b>	<b>\$7,995,627</b>	<b>\$303.97</b>	<b>\$8,365,877</b>	<b>\$323.88</b>	<b>370,250</b>	<b>\$19.92</b>
<b>Healthcare Expenses</b>						
Capitation	\$4,185,951	\$159.14	\$4,495,035	\$174.02	(\$309,085)	(\$14.89)
Inpatient Claims	\$974,176	\$37.03	\$952,024	\$36.86	\$22,152	\$0.18
Outpatient Claims	\$736,038	\$27.98	\$769,869	\$29.81	(\$33,831)	(\$1.82)
Skilled Nursing Facility	\$641,790	\$24.40	\$775,666	\$30.03	(\$133,875)	(\$5.63)
Pharmacy	\$715,958	\$27.22	\$696,347	\$26.96	\$19,611	\$0.26
Provider Incentives and Shared Risk	\$73,243	\$2.78	\$66,276	\$2.57	\$6,967	\$0.22
Medical Administrative Expenses	\$63,610	\$2.42	\$77,404	\$3.00	(\$13,793)	(\$0.58)
<b>Total Healthcare Expenses</b>	<b>\$7,390,766</b>	<b>\$280.97</b>	<b>\$7,832,621</b>	<b>\$303.24</b>	<b>(\$441,854)</b>	<b>(\$22.27)</b>
<i>MCR(%)</i>	<i>92.4%</i>		<i>93.6%</i>		<i>-1.2%</i>	
<b>Operating Margin</b>	<b>\$604,861</b>	<b>\$22.99</b>	<b>\$533,256</b>	<b>\$20.64</b>	<b>(\$71,604)</b>	<b>(\$2.35)</b>
<b>Total Operating Expenses</b>	<b>\$444,231</b>	<b>\$16.89</b>	<b>\$448,205</b>	<b>\$17.35</b>	<b>(\$3,974)</b>	<b>(\$0.46)</b>
<i>Admin Ratio(%)</i>	<i>5.6%</i>		<i>5.4%</i>		<i>0.2%</i>	
<b>Income (Loss) from Operations</b>	<b>\$160,629</b>	<b>\$6.11</b>	<b>\$85,051</b>	<b>\$3.29</b>	<b>(\$75,578)</b>	<b>(\$2.81)</b>
Other Income/(Expense), net	(\$43,630)	(\$1.66)	(\$46,740)	(\$1.81)	(\$3,110)	(\$0.15)
Interest Income, net	\$35,892	\$1.36	\$28,373	\$1.10	(\$7,519)	(\$0.27)
Realized Gain / Loss	\$0	\$0.00	\$216	\$0.01	\$216	\$0.01
Unrealized Gain / Loss	0	\$0.00	\$5,321	\$0.21	\$5,321	\$0.21
<b>Total Non-Operating Income (Expense)</b>	<b>(\$7,738)</b>	<b>(\$0.29)</b>	<b>(\$12,831)</b>	<b>(\$0.50)</b>	<b>(\$5,093)</b>	<b>(\$0.20)</b>
<b>Net Surplus (Deficit)</b>	<b>\$152,891</b>	<b>\$5.81</b>	<b>\$72,220</b>	<b>\$2.80</b>	<b>(\$80,672)</b>	<b>(\$3.02)</b>
<i>Margin(%)</i>	<i>1.9%</i>		<i>0.9%</i>		<i>-1.0%</i>	



**MediCal Plan Partners Income Statement (\$ in thousands)**

**Fiscal Year 2019-20**

	Budget		4+8 Forecast		Fav<Unfav> Budget	
	\$	PMPM	\$	PMPM	\$	PMPM
<b>Membership</b>						
Member Months	11,804,343		11,543,249		(261,093)	
<b>Revenue</b>						
Capitation	\$2,926,812	\$247.94	\$3,041,985	\$263.53	\$115,173	\$15.59
<b>Total Revenues</b>	<b>\$2,926,812</b>	<b>\$247.94</b>	<b>\$3,041,985</b>	<b>\$263.53</b>	<b>115,173</b>	<b>\$15.59</b>
<b>Healthcare Expenses</b>						
Capitation	\$2,711,179	\$229.68	\$2,861,963	\$247.93	(\$150,785)	(\$18.26)
Inpatient Claims	\$0	\$0.00	(\$0)	(\$0.00)	\$0	\$0.00
Outpatient Claims	\$0	\$0.00	(\$16)	(\$0.00)	\$16	\$0.00
Provider Incentives and Shared Risk	\$27,994	\$2.37	\$20,196	\$1.75	\$7,798	\$0.62
Medical Administrative Expenses	\$9,881	\$0.84	\$11,120	\$0.96	(\$1,238)	(\$0.13)
<b>Total Healthcare Expenses</b>	<b>\$2,749,054</b>	<b>\$232.88</b>	<b>\$2,893,263</b>	<b>\$250.65</b>	<b>(\$144,209)</b>	<b>(\$17.76)</b>
<i>MCR(%)</i>		93.9%		95.1%		-1.2%
<b>Operating Margin</b>	<b>\$177,759</b>	<b>\$15.06</b>	<b>\$148,722</b>	<b>\$12.88</b>	<b>(\$29,037)</b>	<b>(\$2.17)</b>
<b>Total Operating Expenses</b>	<b>\$66,821</b>	<b>\$5.66</b>	<b>\$68,579</b>	<b>\$5.94</b>	<b>(\$1,758)</b>	<b>(\$0.28)</b>
<i>Admin Ratio(%)</i>		2.3%		2.3%		0.0%
<b>Income (Loss) from Operations</b>	<b>\$110,938</b>	<b>\$9.40</b>	<b>\$80,143</b>	<b>\$6.94</b>	<b>(\$30,795)</b>	<b>(\$2.46)</b>
Other Income/(Expense), net	\$0	\$0.00	(\$2)	(\$0.00)	(\$2)	(\$0.00)
Interest Income, net	\$16,079	\$1.36	\$12,725	\$1.10	(\$3,354)	(\$0.26)
Realized Gain / Loss	\$0	\$0.00	\$97	\$0.01	\$97	\$0.01
Unrealized Gain / Loss	0	\$0.00	\$2,377	\$0.21	\$2,377	\$0.21
<b>Total Non-Operating Income (Expense)</b>	<b>\$16,079</b>	<b>\$1.36</b>	<b>\$15,197</b>	<b>\$1.32</b>	<b>(\$882)</b>	<b>(\$0.05)</b>
<b>Net Surplus (Deficit)</b>	<b>\$127,017</b>	<b>\$10.76</b>	<b>\$95,340</b>	<b>\$8.26</b>	<b>(\$31,677)</b>	<b>(\$2.50)</b>
<i>Margin(%)</i>		4.3%		3.1%		-1.2%



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

**Fiscal Year 2019-20**

	Budget		4+8 Forecast		Fav<Unfav> Budget	
	\$	PMPM	\$	PMPM	\$	PMPM
<b>Membership</b>						
Member Months	2,639,018		2,639,233		215	
<b>Revenue</b>						
Capitation	\$1,884,202	\$713.98	\$2,069,414	\$784.10	\$185,213	\$70.12
<b>Total Revenues</b>	<b>\$1,884,202</b>	<b>\$713.98</b>	<b>\$2,069,414</b>	<b>\$784.10</b>	<b>185,213</b>	<b>\$70.12</b>
<b>Healthcare Expenses</b>						
Capitation	\$191,681	\$72.63	\$224,424	\$85.03	(\$32,743)	(\$12.40)
Inpatient Claims	\$365,293	\$138.42	\$386,508	\$146.45	(\$21,215)	(\$8.03)
Outpatient Claims	\$380,303	\$144.11	\$406,846	\$154.15	(\$26,544)	(\$10.05)
Skilled Nursing Facility	\$565,076	\$214.12	\$682,943	\$258.77	(\$117,867)	(\$44.64)
Pharmacy	\$220,418	\$83.52	\$213,408	\$80.86	\$7,011	\$2.66
Provider Incentives and Shared Risk	(\$7,681)	(\$2.91)	(\$5,835)	(\$2.21)	(\$1,845)	(\$0.70)
Medical Administrative Expenses	\$19,810	\$7.51	\$25,115	\$9.52	(\$5,305)	(\$2.01)
<b>Total Healthcare Expenses</b>	<b>\$1,734,900</b>	<b>\$657.40</b>	<b>\$1,933,409</b>	<b>\$732.56</b>	<b>(\$198,509)</b>	<b>(\$75.16)</b>
<i>MCR(%)</i>	<i>92.1%</i>		<i>93.4%</i>		<i>-1.4%</i>	
<b>Operating Margin</b>	<b>\$149,301</b>	<b>\$56.57</b>	<b>\$136,005</b>	<b>\$51.53</b>	<b>(\$13,296)</b>	<b>(\$5.04)</b>
<b>Total Operating Expenses</b>	<b>\$140,057</b>	<b>\$53.07</b>	<b>\$154,956</b>	<b>\$58.71</b>	<b>(\$14,898)</b>	<b>(\$5.64)</b>
<i>Admin Ratio(%)</i>	<i>7.4%</i>		<i>7.5%</i>		<i>-0.1%</i>	
<b>Income (Loss) from Operations</b>	<b>\$9,244</b>	<b>\$3.50</b>	<b>(\$18,951)</b>	<b>(\$7.18)</b>	<b>(\$28,195)</b>	<b>(\$10.68)</b>
Other Income/(Expense), net	\$0	\$0.00	(\$1)	(\$0.00)	(\$1)	(\$0.00)
Interest Income, net	\$9,580	\$3.63	\$7,544	\$2.86	(\$2,035)	(\$0.77)
Realized Gain / Loss	\$0	\$0.00	\$57	\$0.02	\$57	\$0.02
Unrealized Gain / Loss	0	\$0.00	\$1,434	\$0.54	\$1,434	\$0.54
<b>Total Non-Operating Income (Expense)</b>	<b>\$9,580</b>	<b>\$3.63</b>	<b>\$9,033</b>	<b>\$3.42</b>	<b>(\$546)</b>	<b>(\$0.21)</b>
<b>Net Surplus (Deficit)</b>	<b>\$18,824</b>	<b>\$7.13</b>	<b>(\$9,918)</b>	<b>(\$3.76)</b>	<b>(\$28,741)</b>	<b>(\$10.89)</b>
<i>Margin(%)</i>	<i>1.0%</i>		<i>-0.5%</i>		<i>-1.5%</i>	



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

**Fiscal Year 2019-20**

	Budget		4+8 Forecast		Fav<Unfav> Budget	
	\$	PMPM	\$	PMPM	\$	PMPM
<b>Membership</b>						
Member Months	10,031,745		9,894,529		(137,216)	
<b>Revenue</b>						
Capitation	\$2,334,610	\$232.72	\$2,452,832	\$247.90	\$118,222	\$15.18
<b>Total Revenues</b>	<b>\$2,334,610</b>	<b>\$232.72</b>	<b>\$2,452,832</b>	<b>\$247.90</b>	<b>118,222</b>	<b>\$15.18</b>
<b>Healthcare Expenses</b>						
Capitation	\$879,072	\$87.63	\$1,018,936	\$102.98	(\$139,864)	(\$15.35)
Inpatient Claims	\$496,969	\$49.54	\$430,797	\$43.54	\$66,172	\$6.00
Outpatient Claims	\$303,289	\$30.23	\$299,919	\$30.31	\$3,371	(\$0.08)
Skilled Nursing Facility	\$57,649	\$5.75	\$76,457	\$7.73	(\$18,808)	(\$1.98)
Pharmacy	\$402,976	\$40.17	\$394,662	\$39.89	\$8,314	\$0.28
Provider Incentives and Shared Risk	\$24,145	\$2.41	\$20,032	\$2.02	\$4,113	\$0.38
Medical Administrative Expenses	\$29,884	\$2.98	\$35,640	\$3.60	(\$5,756)	(\$0.62)
<b>Total Healthcare Expenses</b>	<b>\$2,193,984</b>	<b>\$218.70</b>	<b>\$2,276,443</b>	<b>\$230.07</b>	<b>(\$82,459)</b>	<b>(\$11.37)</b>
<i>MCR(%)</i>	<i>94.0%</i>		<i>92.8%</i>		<i>1.2%</i>	
<b>Operating Margin</b>	<b>\$140,626</b>	<b>\$14.02</b>	<b>\$176,390</b>	<b>\$17.83</b>	<b>\$35,763</b>	<b>\$3.81</b>
<b>Total Operating Expenses</b>	<b>\$165,797</b>	<b>\$16.53</b>	<b>\$157,830</b>	<b>\$15.95</b>	<b>\$7,966</b>	<b>\$0.58</b>
<i>Admin Ratio(%)</i>	<i>7.1%</i>		<i>6.4%</i>		<i>0.7%</i>	
<b>Income (Loss) from Operations</b>	<b>(\$25,171)</b>	<b>(\$2.51)</b>	<b>\$18,559</b>	<b>\$1.88</b>	<b>\$43,730</b>	<b>\$4.38</b>
Other Income/(Expense), net	\$0	\$0.00	\$2	\$0.00	\$2	\$0.00
Interest Income, net	\$10,010	\$1.00	\$7,935	\$0.80	(\$2,076)	(\$0.20)
Realized Gain / Loss	\$0	\$0.00	\$61	\$0.01	\$61	\$0.01
Unrealized Gain / Loss	0	\$0.00	\$1,482	\$0.15	\$1,482	\$0.15
<b>Total Non-Operating Income (Expense)</b>	<b>\$10,010</b>	<b>\$1.00</b>	<b>\$9,480</b>	<b>\$0.96</b>	<b>(\$531)</b>	<b>(\$0.04)</b>
<b>Net Surplus (Deficit)</b>	<b>(\$15,160)</b>	<b>(\$1.51)</b>	<b>\$28,039</b>	<b>\$2.83</b>	<b>\$43,199</b>	<b>\$4.35</b>
<i>Margin(%)</i>	<i>-0.6%</i>		<i>1.1%</i>		<i>1.8%</i>	



**CMC Income Statement (\$ in thousands)**

**Fiscal Year 2019-20**

	Budget		4+8 Forecast		Fav<Unfav> Budget	
	\$	PMPM	\$	PMPM	\$	PMPM
<b>Membership</b>						
Member Months	212,842		198,742		(14,100)	
<b>Revenue</b>						
Capitation	\$270,512	\$1,270.95	\$263,921	\$1,327.96	(\$6,591)	\$57.01
<b>Total Revenues</b>	<b>\$270,512</b>	<b>\$1,270.95</b>	<b>\$263,921</b>	<b>\$1,327.96</b>	<b>(6,591)</b>	<b>\$57.01</b>
<b>Healthcare Expenses</b>						
Capitation	\$130,101	\$611.26	\$126,153	\$634.76	\$3,948	(\$23.50)
Inpatient Claims	\$56,090	\$263.53	\$71,252	\$358.51	(\$15,162)	(\$94.99)
Outpatient Claims	\$24,124	\$113.34	\$25,233	\$126.97	(\$1,109)	(\$13.62)
Skilled Nursing Facility	\$19,065	\$89.58	\$15,880	\$79.90	\$3,185	\$9.67
Pharmacy	\$17,447	\$81.97	\$14,958	\$75.26	\$2,489	\$6.71
Provider Incentives and Shared Risk	\$4,658	\$21.88	\$5,605	\$28.20	(\$947)	(\$6.32)
Medical Administrative Expenses	\$2,949	\$13.85	\$4,525	\$22.77	(\$1,576)	(\$8.91)
<b>Total Healthcare Expenses</b>	<b>\$254,433</b>	<b>\$1,195.41</b>	<b>\$263,606</b>	<b>\$1,326.37</b>	<b>(\$9,172)</b>	<b>(\$130.96)</b>
<i>MCR(%)</i>		94.1%		99.9%		-5.8%
<b>Operating Margin</b>	<b>\$16,079</b>	<b>\$75.54</b>	<b>\$315</b>	<b>\$1.59</b>	<b>(\$15,764)</b>	<b>(\$73.96)</b>
<b>Total Operating Expenses</b>	<b>\$21,379</b>	<b>\$100.44</b>	<b>\$21,272</b>	<b>\$107.03</b>	<b>\$107</b>	<b>(\$6.59)</b>
<i>Admin Ratio(%)</i>		7.9%		8.1%		-0.2%
<b>Income (Loss) from Operations</b>	<b>(\$5,300)</b>	<b>(\$24.90)</b>	<b>(\$20,956)</b>	<b>(\$105.44)</b>	<b>(\$15,656)</b>	<b>(\$80.54)</b>
Other Income/(Expense), net	\$0	\$0.00	\$0	\$0.00	\$0	\$0.00
Interest Income, net	\$223	\$1.05	\$168	\$0.85	(\$54)	(\$0.20)
Realized Gain / Loss	\$0	\$0.00	\$1	\$0.01	\$1	\$0.01
Unrealized Gain / Loss	0	\$0.00	\$28	\$0.14	\$28	\$0.14
<b>Total Non-Operating Income (Expense)</b>	<b>\$223</b>	<b>\$1.05</b>	<b>\$197</b>	<b>\$0.99</b>	<b>(\$25)</b>	<b>(\$0.05)</b>
<b>Net Surplus (Deficit)</b>	<b>(\$5,077)</b>	<b>(\$23.85)</b>	<b>(\$20,759)</b>	<b>(\$104.45)</b>	<b>(\$15,682)</b>	<b>(\$80.60)</b>
<i>Margin(%)</i>		-1.9%		-7.9%		-6.0%



**Commercial Income Statement (\$ in thousands)**

**Fiscal Year 2019-20**

	Budget		4+8 Forecast		Fav<Unfav> Budget	
	\$	PMPM	\$	PMPM	\$	PMPM
<b>Membership</b>						
Member Months	1,616,273		1,554,141		(62,132)	
<b>Revenue</b>						
Capitation	\$579,491	\$358.54	\$537,724	\$345.99	(\$41,766)	(\$12.54)
<b>Total Revenues</b>	<b>\$579,491</b>	<b>\$358.54</b>	<b>\$537,724</b>	<b>\$345.99</b>	<b>(41,766)</b>	<b>(\$12.54)</b>
<b>Healthcare Expenses</b>						
Capitation	\$273,918	\$169.47	\$263,559	\$169.58	\$10,359	(\$0.11)
Inpatient Claims	\$55,824	\$34.54	\$63,468	\$40.84	(\$7,644)	(\$6.30)
Outpatient Claims	\$28,322	\$17.52	\$37,887	\$24.38	(\$9,565)	(\$6.85)
Skilled Nursing Facility	\$0	\$0.00	\$385	\$0.25	(\$385)	(\$0.25)
Pharmacy	\$75,117	\$46.48	\$73,319	\$47.18	\$1,798	(\$0.70)
Provider Incentives and Shared Risk	\$24,127	\$14.93	\$26,278	\$16.91	(\$2,151)	(\$1.98)
Medical Administrative Expenses	\$1,087	\$0.67	\$1,004	\$0.65	\$83	\$0.03
<b>Total Healthcare Expenses</b>	<b>\$458,395</b>	<b>\$283.61</b>	<b>\$465,900</b>	<b>\$299.78</b>	<b>(\$7,505)</b>	<b>(\$16.17)</b>
<i>MCR(%)</i>		79.1%		86.6%		-7.5%
<b>Operating Margin</b>	<b>\$121,096</b>	<b>\$74.92</b>	<b>\$71,824</b>	<b>\$46.21</b>	<b>(\$49,271)</b>	<b>(\$28.71)</b>
<b>Total Operating Expenses</b>	<b>\$47,596</b>	<b>\$29.45</b>	<b>\$43,007</b>	<b>\$27.67</b>	<b>\$4,589</b>	<b>\$1.78</b>
<i>Admin Ratio(%)</i>		8.2%		8.0%		0.2%
<b>Income (Loss) from Operations</b>	<b>\$73,500</b>	<b>\$45.48</b>	<b>\$28,818</b>	<b>\$18.54</b>	<b>(\$44,682)</b>	<b>(\$26.93)</b>
<b>Total Non-Operating Income (Expense)</b>	<b>\$0</b>	<b>\$0.00</b>	<b>\$0</b>	<b>\$0.00</b>	<b>\$0</b>	<b>\$0.00</b>
<b>Net Surplus (Deficit)</b>	<b>\$73,500</b>	<b>\$45.48</b>	<b>\$28,818</b>	<b>\$18.54</b>	<b>(\$44,682)</b>	<b>(\$26.93)</b>
<i>Margin(%)</i>		12.7%		5.4%		-7.3%



DATE: February 24, 2020  
TO: Finance & Budget Committee  
FROM: Marie Montgomery, *Chief Financial Officer*

**SUBJECT: Monthly Investment Transaction Report for January 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 January 1 to January 31, 2020.

L.A. Care's investment market value as of January 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 \$106 million invested with the Los Angeles County Pooled Investment Fund (LACPIF).

The remainder as of January 31, 2020, of \$1.4 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.







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

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
BUY										
01/17/20	01/17/20	01/17/20	BKAMER19	09248U718	BLACKROCK TREASURY TRUST	1,216,678.90	0.00	(1,216,678.90)	0.00	(1,216,678.90)
TOTAL BUY						1,216,678.90	0.00	(1,216,678.90)	0.00	(1,216,678.90)
DIVIDEND										
01/01/20	01/01/20	01/01/20	BKAMER19	09248U718	BLACKROCK TREASURY TRUST	441,985.40	727.29	0.00	0.00	727.29
TOTAL DIVIDEND						441,985.40	727.29	0.00	0.00	727.29
INTEREST										
01/08/20	01/08/20	01/08/20	BKAMER19	89236TFS9	TOYOTA MOTOR CREDIT CORP	0.00	83,750.00	0.00	0.00	83,750.00
01/10/20	01/10/20	01/10/20	BKAMER19	59217GAX7	MET LIFE GLOB FUNDING I	0.00	45,000.00	0.00	0.00	45,000.00
01/11/20	01/11/20	01/11/20	BKAMER19	06051GEU9	BANK OF AMERICA CORP	0.00	45,375.00	0.00	0.00	45,375.00
01/11/20	01/11/20	01/11/20	BKAMER19	59217GCT4	MET LIFE GLOB FUNDING I	0.00	18,000.00	0.00	0.00	18,000.00
01/12/20	01/12/20	01/12/20	BKAMER19	02665WCT6	AMERICAN HONDA FINANCE	0.00	115,375.00	0.00	0.00	115,375.00
01/15/20	01/15/20	01/15/20	BKAMER19	48128BAB7	JPMORGAN CHASE & CO	0.00	74,300.00	0.00	0.00	74,300.00
01/22/20	01/22/20	01/22/20	BKAMER19	95000U2B8	WELLS FARGO & COMPANY	0.00	131,250.00	0.00	0.00	131,250.00
01/23/20	01/23/20	01/23/20	BKAMER19	17325FAS7	CITIBANK NA	0.00	169,725.00	0.00	0.00	169,725.00
01/23/20	01/23/20	01/23/20	BKAMER19	693475AV7	PNC FINANCIAL SERVICES	0.00	91,875.00	0.00	0.00	91,875.00
TOTAL INTEREST						0.00	774,650.00	0.00	0.00	774,650.00
SELL										
01/17/20	01/17/20	01/17/20	BKAMER19	09248U718	BLACKROCK TREASURY TRUST	441,985.40	0.00	441,985.40	0.00	441,985.40
TOTAL SELL						441,985.40	0.00	441,985.40	0.00	441,985.40
WITHDRAW										
01/07/20	01/07/20	01/07/20	BKAMER19	CASHCASH6	C-04 BANK FEE	0.00	0.00	0.00	(683.79)	(683.79)
TOTAL WITHDRAW						0.00	0.00	0.00	(683.79)	(683.79)
GRAND TOTAL						2,100,649.70	775,377.29	(774,693.50)	(683.79)	0.00

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TRANSACTIONS BY TYPE

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

01/01/2020  
 through 01/31/2020

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
01/08/20	01/09/20	Buy	1,350,000.000	U.S. TREASURY NOTE MAT 12/15/22 Cpn 1.63 912828YW4	(1,352,689.45)	(1,498.46)	0.00	0.00	(1,354,187.91)
01/08/20	01/10/20	Buy	940,000.000	FNMA MAT 01/07/25 Cpn 1.63 3135G0X24	(937,001.40)		0.00	0.00	(937,001.40)
01/23/20	01/24/20	Buy	830,000.000	FHLB C 7/21/20 Q MAT 01/21/25 Cpn 2.00 3130AHWB	(830,000.00)	(138.33)	0.00	0.00	(830,138.33)
01/16/20	01/28/20	Buy	400,000.000	FHMS KI05 A MAT 07/25/24 Cpn 2.10 3137FQXG3	(400,000.00)		0.00	0.00	(400,000.00)
01/24/20	01/28/20	Buy	900,000.000	IBRD C 1/27/21 1X MAT 01/27/23 Cpn 1.75 45905U5U4	(900,000.00)	(43.75)	0.00	0.00	(900,043.75)
01/21/20	01/29/20	Buy	230,000.000	MBALT 2020-A A3 CAR LEASE MAT 12/15/22 Cpn 1.84 58770FAC6	(229,969.69)		0.00	0.00	(229,969.69)
01/29/20	01/30/20	Buy	880,000.000	FFCB MAT 07/13/23 Cpn 1.78 3133ELGR9	(879,780.00)	(739.69)	0.00	0.00	(880,519.69)
01/28/20	01/30/20	Buy	900,000.000	FNMA C 7/30/20 Q MAT 01/30/23 Cpn 1.75 3135G0X73	(900,000.00)		0.00	0.00	(900,000.00)
			<u>6,430,000.000</u>		<u>(6,429,440.54)</u>	<u>(2,420.23)</u>	<u>0.00</u>	<u>0.00</u>	<u>(6,431,860.77)</u>
01/01/20	01/01/20	Coupon		HI STATE GO/ULT TXB MAT 01/01/22 Cpn 2.77 419792YL4		4,293.50	0.00	0.00	4,293.50
01/01/20	01/01/20	Coupon		CA SAN FRANCISCO BART-SALES MAT 07/01/21 Cpn 2.39 797669XU7		10,144.75	0.00	0.00	10,144.75
01/01/20	01/01/20	Coupon		CA SOUTHERN CA PUBLIC POWER MAT 07/01/23 Cpn 3.46 84247PHY0		12,967.50	0.00	0.00	12,967.50
01/02/20	01/02/20	Coupon		FNMA MAT 07/02/24 Cpn 1.75 3135G0V75		6,428.33	0.00	0.00	6,428.33





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DATE: March 23, 2020  
TO: Finance & Budget Committee  
FROM: Marie Montgomery, *Chief Financial Officer*

**SUBJECT: Monthly Investment Transaction Report for February 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 February 1 to February 29, 2020.

L.A. Care's investment market value as of February 29, 2020 was \$2.0 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 \$106 million invested with the Los Angeles County Pooled Investment Fund (LACPIF).

The remainder as of February 29, 2020, of \$1.8 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  
Account Number:

02/01/2020  
through 02/29/2020

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
02/04/20	02/05/20	Buy	50,000,000.000	U.S. TREASURY NOTE MAT 05/31/21 Cpn 2.13 9128286V7	(50,402,343.75)	(194,501.37)	0.00	0.00	(50,596,845.12)
02/04/20	02/05/20	Buy	50,000,000.000	U.S. TREASURY NOTE MAT 02/15/21 Cpn 2.25 9128283X6	(50,365,234.38)	(531,929.35)	0.00	0.00	(50,897,163.73)
02/10/20	02/10/20	Buy	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)
02/11/20	02/12/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/10/20 Cpn 912796XA2	(49,942,400.00)		0.00	0.00	(49,942,400.00)
02/12/20	02/13/20	Buy	11,222,843.641	CA DEPT WTR RESOURCES-PWR S MAT 05/01/21 Cpn 1.71 13066YTY5	(11,228,567.29)	(54,470.07)	0.00	0.00	(11,283,037.36)
02/14/20	02/14/20	Buy	20,000,000.000	U.S. TREASURY BILL MAT 02/25/20 Cpn 912796WU9	(19,990,582.78)		0.00	0.00	(19,990,582.78)
02/14/20	02/14/20	Buy	25,000,000.000	U.S. TREASURY BILL MAT 02/18/20 Cpn 912796WT2	(24,995,819.44)		0.00	0.00	(24,995,819.44)
02/14/20	02/14/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/18/20 Cpn 912796WT2	(49,991,638.89)		0.00	0.00	(49,991,638.89)
02/14/20	02/14/20	Buy	30,000,000.000	U.S. TREASURY BILL MAT 02/20/20 Cpn 912796TG4	(29,992,390.00)		0.00	0.00	(29,992,390.00)
02/14/20	02/14/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/20/20 Cpn 912796TG4	(49,987,316.67)		0.00	0.00	(49,987,316.67)
02/14/20	02/14/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/20/20 Cpn 912796TG4	(49,987,316.67)		0.00	0.00	(49,987,316.67)
02/14/20	02/14/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/20/20 Cpn 912796TG4	(49,987,316.67)		0.00	0.00	(49,987,316.67)
02/14/20	02/14/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/20/20 Cpn 912796TG4	(49,987,316.67)		0.00	0.00	(49,987,316.67)

TRANSACTIONS BY TYPE

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

02/01/2020  
through 02/29/2020

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
02/14/20	02/14/20	Buy	15,000,000.000	U.S. TREASURY BILL MAT 02/27/20 Cpn	912796SD2	(14,991,772.08)		0.00	0.00	(14,991,772.08)
02/14/20	02/14/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/27/20 Cpn	912796SD2	(49,972,573.61)		0.00	0.00	(49,972,573.61)
02/14/20	02/14/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/27/20 Cpn	912796SD2	(49,972,573.61)		0.00	0.00	(49,972,573.61)
02/14/20	02/14/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/27/20 Cpn	912796SD2	(49,972,573.61)		0.00	0.00	(49,972,573.61)
02/14/20	02/14/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/27/20 Cpn	912796SD2	(49,972,573.61)		0.00	0.00	(49,972,573.61)
02/14/20	02/14/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/27/20 Cpn	912796SD2	(49,972,573.61)		0.00	0.00	(49,972,573.61)
02/14/20	02/14/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/27/20 Cpn	912796SD2	(49,972,573.61)		0.00	0.00	(49,972,573.61)
02/14/20	02/14/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/27/20 Cpn	912796SD2	(49,972,573.61)		0.00	0.00	(49,972,573.61)
02/14/20	02/14/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/27/20 Cpn	912796SD2	(49,972,573.61)		0.00	0.00	(49,972,573.61)
02/14/20	02/14/20	Buy	30,000,000.000	U.S. TREASURY BILL MAT 03/10/20 Cpn	912796XA2	(29,967,500.00)		0.00	0.00	(29,967,500.00)
02/14/20	02/14/20	Buy	40,000,000.000	U.S. TREASURY BILL MAT 03/17/20 Cpn	912796XB0	(39,945,066.67)		0.00	0.00	(39,945,066.67)
02/14/20	02/14/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/17/20 Cpn	912796XB0	(49,931,333.33)		0.00	0.00	(49,931,333.33)
02/14/20	02/14/20	Buy	40,000,000.000	U.S. TREASURY BILL MAT 03/24/20 Cpn	912796XC8	(39,932,551.67)		0.00	0.00	(39,932,551.67)

TRANSACTIONS BY TYPE

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

02/01/2020  
through 02/29/2020

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
02/14/20	02/14/20	Buy	30,000,000.000	U.S. TREASURY BILL MAT 03/03/20 Cpn 912796WV7	(29,976,675.00)		0.00	0.00	(29,976,675.00)
02/11/20	02/19/20	Buy	8,060,000.000	CAPITAL ONE 2020-1 CAR MAT 02/16/21 Cpn 1.64 14043MAA9	(8,060,000.00)		0.00	0.00	(8,060,000.00)
02/19/20	02/20/20	Buy	2,650,000.000	SKANDINAV ENSKILDA BK YCD FR MAT 10/16/20 Cpn 2.01 83050PEX3	(2,653,357.55)	(5,185.32)	0.00	0.00	(2,658,542.87)
02/21/20	02/24/20	Buy	7,830,000.000	FNMA C 8/21/20 Q MAT 02/21/23 Cpn 1.70 3135G0Y49	(7,828,825.50)	(1,109.25)	0.00	0.00	(7,829,934.75)
02/26/20	02/27/20	Buy	10,000,000.000	U.S. TREASURY BILL MAT 03/24/20 Cpn 912796XC8	(9,988,841.67)		0.00	0.00	(9,988,841.67)
02/26/20	02/27/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/05/20 Cpn 912796TH2	(49,985,319.44)		0.00	0.00	(49,985,319.44)
02/26/20	02/27/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/05/20 Cpn 912796TH2	(49,985,319.44)		0.00	0.00	(49,985,319.44)
02/26/20	02/27/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/05/20 Cpn 912796TH2	(49,985,319.44)		0.00	0.00	(49,985,319.44)
02/26/20	02/27/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/05/20 Cpn 912796TH2	(49,985,319.44)		0.00	0.00	(49,985,319.44)
02/26/20	02/27/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/05/20 Cpn 912796TH2	(49,985,319.44)		0.00	0.00	(49,985,319.44)
02/26/20	02/27/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/05/20 Cpn 912796TH2	(49,985,319.44)		0.00	0.00	(49,985,319.44)
02/26/20	02/27/20	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/05/20 Cpn 912796TH2	(49,985,319.44)		0.00	0.00	(49,985,319.44)
02/26/20	02/27/20	Buy	6,750,000.000	OVERSEA-CHINESE BANKING NY F MAT 08/21/20 Cpn 1.68 69033MMY0	(6,750,157.07)	(1,889.30)	0.00	0.00	(6,752,046.37)

TRANSACTIONS BY TYPE

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

02/01/2020  
through 02/29/2020

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
02/27/20	03/02/20	Buy	2,000,000.000	INTER-AMERICAN DEVELOPMNT BK MAT 04/15/20 Cpn 2.15 45818WBK1	(2,001,360.00)	(5,617.15)	0.00	0.00	(2,006,977.15)
02/28/20	03/03/20	Buy	1,500,000.000	BACCT 2017-A1 A1 CDT MAT 08/15/22 Cpn 1.95 05522RCW6	(1,500,117.19)	(1,462.50)	0.00	0.00	(1,501,579.69)
02/28/20	03/04/20	Buy	8,000,000.000	FHLB FRN SOFR+3 MAT 09/04/20 Cpn 3130AJC56	(8,000,000.00)		0.00	0.00	(8,000,000.00)
			1,493,012,843.641		(1,493,063,625.90)	(796,164.31)	0.00	0.00	(1,493,859,790.21)
02/01/20	02/01/20	Coupon		CA SAN BERNARDINO CCD TXB MAT 08/01/20 Cpn 1.75 796720MC1		1,981.53	0.00	0.00	1,981.53
02/01/20	02/01/20	Coupon		CA SAN BERNARDINO CCD TXB MAT 08/01/21 Cpn 1.82 796720MD9		3,823.31	0.00	0.00	3,823.31
02/03/20	02/03/20	Coupon		CANADIAN IMPERIAL BANK YCD FR MAT 05/01/20 Cpn 1.84 13606BX68		8,715.02	0.00	0.00	8,715.02
02/03/20	02/03/20	Coupon		CANADIAN IMPERIAL BANK YCD FR MAT 05/01/20 Cpn 1.84 13606BX68		3,224.56	0.00	0.00	3,224.56
02/03/20	02/03/20	Coupon		SUMITOMO MITSUI BANK YCD FRN MAT 04/02/20 Cpn 1.91 86565BT27		7,260.88	0.00	0.00	7,260.88
02/06/20	02/06/20	Coupon		NGN 2010-R1 1A 1MOFRN NCUA G MAT 10/07/20 Cpn 2.12 62888VAA6		2,720.48	0.00	0.00	2,720.48
02/06/20	02/06/20	Coupon		NGN 2010-R2 2A 1MOFRN NCUA G MAT 11/05/20 Cpn 2.14 62888UAB6		7,316.55	0.00	0.00	7,316.55
02/06/20	02/06/20	Coupon		NGN 2010-R3 2A 1MOFRN NCUA G MAT 12/08/20 Cpn 2.23 62888WAB2		4,263.44	0.00	0.00	4,263.44
02/10/20	02/10/20	Coupon		CREDIT AGRICOLE YCD FRN MAT 05/08/20 Cpn 1.88 22532XNH7		12,030.97	0.00	0.00	12,030.97

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02/10/20	02/10/20	Coupon		CA STATE GO/ULT CP TXB MAT 02/10/20 Cpn 1.85 13068PDP8		20,471.31	0.00	0.00	20,471.31
02/10/20	02/10/20	Coupon		TORONTO-DOMINION NY YCD FRN MAT 06/10/20 Cpn 1.87 89114MQ26		8,082.09	0.00	0.00	8,082.09
02/13/20	02/13/20	Coupon		SKANDINAV ENSKILDA BK YCD FR MAT 03/13/20 Cpn 1.85 83050PEF2		8,110.07	0.00	0.00	8,110.07
02/15/20	02/15/20	Coupon		AMEX 2017-1 A CDT MAT 09/15/22 Cpn 1.93 02587AAJ3		1,954.13	0.00	0.00	1,954.13
02/15/20	02/15/20	Coupon		AMEX 2017-1 A CDT MAT 09/15/22 Cpn 1.93 02587AAJ3		8,041.67	0.00	0.00	8,041.67
02/15/20	02/15/20	Coupon		BACCT 2017-A1 A1 CDT MAT 08/15/22 Cpn 1.95 05522RCW6		4,208.75	0.00	0.00	4,208.75
02/15/20	02/15/20	Coupon		BACCT 2017-A1 A1 CDT MAT 08/15/22 Cpn 1.95 05522RCW6		430.63	0.00	0.00	430.63
02/15/20	02/15/20	Coupon		BACCT 2017-A1 A1 CDT MAT 08/15/22 Cpn 1.95 05522RCW6		3,250.00	0.00	0.00	3,250.00
02/15/20	02/15/20	Coupon		BACCT 2017-A1 A1 CDT MAT 08/15/22 Cpn 1.95 05522RCW6		812.50	0.00	0.00	812.50
02/15/20	02/15/20	Coupon		BACCT 2017-A1 A1 CDT MAT 08/15/22 Cpn 1.95 05522RCW6		6,500.00	0.00	0.00	6,500.00
02/15/20	02/15/20	Coupon		CAPITAL ONE 2017-A1 A1 CDT MAT 01/17/23 Cpn 2.00 14041NFK2		8,125.00	0.00	0.00	8,125.00
02/15/20	02/15/20	Coupon		CAPITAL ONE 2017-A1 A1 CDT MAT 01/17/23 Cpn 2.00 14041NFK2		4,833.33	0.00	0.00	4,833.33
02/15/20	02/15/20	Coupon		CAPITAL ONE 2017-A1 A1 CDT MAT 01/17/23 Cpn 2.00 14041NFK2		2,853.33	0.00	0.00	2,853.33

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02/15/20	02/15/20	Coupon		DRYROCK 2015-1 A CDT MAT 12/15/22 Cpn 2.20 06742LAH6		9,166.67	0.00	0.00	9,166.67
02/15/20	02/15/20	Coupon		HONDA 2017-2 A3 CAR MAT 08/16/21 Cpn 1.68 43811BAC8		279.08	0.00	0.00	279.08
02/15/20	02/15/20	Coupon		HONDA 2017-2 A3 CAR MAT 08/16/21 Cpn 1.68 43811BAC8		239.43	0.00	0.00	239.43
02/15/20	02/15/20	Coupon		HONDA 2019-3 A2 CAR MAT 04/15/22 Cpn 1.90 43815NAB0		6,903.33	0.00	0.00	6,903.33
02/15/20	02/15/20	Coupon		HARLEY 2019-A A2 CYCLE MAT 05/15/22 Cpn 2.37 41284WAB6		9,083.74	0.00	0.00	9,083.74
02/15/20	02/15/20	Coupon		JOHN DEERE 2017-B A3 EQP MAT 10/15/21 Cpn 1.82 47788BAD6		1,586.29	0.00	0.00	1,586.29
02/15/20	02/15/20	Coupon		JOHN DEERE 2018-A A3 EQP MAT 04/18/22 Cpn 2.66 47788CAC6		2,185.11	0.00	0.00	2,185.11
02/15/20	02/15/20	Coupon		MERCEDES 2018-A A4 LEASE MAT 10/16/23 Cpn 2.51 58772QAE6		1,568.75	0.00	0.00	1,568.75
02/15/20	02/15/20	Coupon		MERCEDES 2018-A A4 LEASE MAT 10/16/23 Cpn 2.51 58772QAE6		2,583.21	0.00	0.00	2,583.21
02/15/20	02/15/20	Coupon		MERCEDES 2019-A A2 LEASE MAT 02/16/21 Cpn 3.01 58772TAB6		2,793.19	0.00	0.00	2,793.19
02/15/20	02/15/20	Coupon		MERCEDES 2019-A A2 LEASE MAT 02/16/21 Cpn 3.01 58772TAB6		483.67	0.00	0.00	483.67
02/15/20	02/15/20	Coupon		MERCEDES 2019-A A2 LEASE MAT 02/16/21 Cpn 3.01 58772TAB6		1,269.63	0.00	0.00	1,269.63
02/15/20	02/15/20	Coupon		MERCEDES 2019-A A2 LEASE MAT 02/16/21 Cpn 3.01 58772TAB6		1,934.68	0.00	0.00	1,934.68

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02/15/20	02/15/20	Coupon		MERCEDES 2019-B A2 LEASE MAT 12/15/21 Cpn 2.01 58769QAB7		4,505.75	0.00	0.00	4,505.75
02/15/20	02/15/20	Coupon		MBALT 2020-A A2 CAR LEASE MAT 03/15/22 Cpn 1.82 58770FAB8		3,429.69	0.00	0.00	3,429.69
02/15/20	02/15/20	Coupon		MERCEDES 2019-1 A2A CAR MAT 06/15/22 Cpn 2.04 58769TAB1		4,352.00	0.00	0.00	4,352.00
02/15/20	02/15/20	Coupon		NISSAN 2018-A A2A LEASE MAT 02/16/21 Cpn 3.03 65478BAB7		1,745.12	0.00	0.00	1,745.12
02/15/20	02/15/20	Coupon		NISSAN 2018-A A2A LEASE MAT 02/16/21 Cpn 3.03 65478BAB7		1,048.98	0.00	0.00	1,048.98
02/15/20	02/15/20	Coupon		NISSAN 2019-A A2A LEASE MAT 07/15/21 Cpn 2.71 65479PAB5		6,109.61	0.00	0.00	6,109.61
02/15/20	02/15/20	Coupon		NISSAN 2019-A A2A LEASE MAT 07/15/21 Cpn 2.71 65479PAB5		7,934.56	0.00	0.00	7,934.56
02/15/20	02/15/20	Coupon		NISSAN 2020-A A2A LEASE MAT 05/16/22 Cpn 1.80 65479NAB0		3,195.00	0.00	0.00	3,195.00
02/15/20	02/15/20	Coupon		NISSAN 2019-A A2A CAR MAT 01/18/22 Cpn 2.82 65479KAB6		8,569.04	0.00	0.00	8,569.04
02/15/20	02/15/20	Coupon		U.S. TREASURY NOTE MAT 02/15/21 Cpn 2.25 9128283X6		562,500.00	0.00	0.00	562,500.00
02/15/20	02/15/20	Coupon		TOYOTA 2018-A A3 CAR MAT 05/16/22 Cpn 2.35 89238BAD4		6,348.48	0.00	0.00	6,348.48
02/15/20	02/15/20	Coupon		TOYOTA 2019-A A2A CAR MAT 10/15/21 Cpn 2.83 89239AAB9		1,872.01	0.00	0.00	1,872.01
02/15/20	02/15/20	Coupon		TOYOTA 2019-A A2A CAR MAT 10/15/21 Cpn 2.83 89239AAB9		2,912.92	0.00	0.00	2,912.92

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02/15/20	02/15/20	Coupon		TOYOTA 2019-C A2A CAR MAT 04/15/22 Cpn 2.00 89238UAB6		5,150.00	0.00	0.00	5,150.00
02/15/20	02/15/20	Coupon		TOYOTA 2019-D A2 CAR MAT 07/15/22 Cpn 1.92 89233MAB9		7,360.00	0.00	0.00	7,360.00
02/15/20	02/15/20	Coupon		USAA 2017-1 A3 CAR MAT 05/17/21 Cpn 1.70 90290AAC1		604.76	0.00	0.00	604.76
02/15/20	02/15/20	Coupon		USAA 2019-1 A2 CAR MAT 02/15/22 Cpn 2.26 90290EAB5		4,463.50	0.00	0.00	4,463.50
02/16/20	02/16/20	Coupon		FFCB FRN 3ML+0 MAT 11/16/21 Cpn 1.69 3133EKLZ7		10,705.44	0.00	0.00	10,705.44
02/18/20	02/18/20	Coupon		DRYROCK 2017-1 A CDT 1MOFRN MAT 03/15/23 Cpn 1.99 06742LAN3		28,421.88	0.00	0.00	28,421.88
02/18/20	02/18/20	Coupon		HONDA 2017-3 A3 CAR MAT 09/20/21 Cpn 1.79 43814PAC4		476.90	0.00	0.00	476.90
02/18/20	02/18/20	Coupon		HONDA 2017-3 A3 CAR MAT 09/20/21 Cpn 1.79 43814PAC4		1,865.84	0.00	0.00	1,865.84
02/18/20	02/18/20	Coupon		NISSAN 2019-B A2B LEASE 1MOFR MAT 10/15/21 Cpn 1.93 65478LAC3		6,286.39	0.00	0.00	6,286.39
02/18/20	02/18/20	Coupon		NISSAN 2020-A A1 LEASE MAT 02/16/21 Cpn 1.72 65479NAA2		3,514.45	0.00	0.00	3,514.45
02/20/20	02/20/20	Coupon		BMW 2018-1 A3 LEASE MAT 07/20/21 Cpn 3.26 05586CAC8		7,688.17	0.00	0.00	7,688.17
02/20/20	02/20/20	Coupon		BMW 2018-1 A3 LEASE MAT 07/20/21 Cpn 3.26 05586CAC8		624.83	0.00	0.00	624.83
02/20/20	02/20/20	Coupon		BMW 2019-1 A2 LEASE MAT 03/22/21 Cpn 2.79 05586VAB8		2,716.90	0.00	0.00	2,716.90



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02/20/20	02/20/20	Coupon		VOLKSWAGEN 2019-A A2A LEASE MAT 03/21/22 Cpn 2.00 92867XAB2		2,483.33	0.00	0.00	2,483.33
02/21/20	02/21/20	Coupon		IBRD FRN SOFR+22 MAT 08/21/20 Cpn 1.82 459058GK3		5,383.19	0.00	0.00	5,383.19
02/21/20	02/21/20	Coupon		BANK OF TOKYO-MITSUBISHI FRN MAT 02/21/20 Cpn 60683BVX8		8,199.41	0.00	0.00	8,199.41
02/24/20	02/24/20	Coupon		INTL FINANCE CORP FRN MAT 08/23/21 Cpn 1.76 45950VNE2		15,509.00	0.00	0.00	15,509.00
02/25/20	02/25/20	Coupon		BMW 2019-A A1 CAR MAT 09/25/20 Cpn 2.11 05588CAA0		2,376.78	0.00	0.00	2,376.78
02/01/20	02/25/20	Coupon		FHMS K504 A2 CMBS MAT 09/25/20 Cpn 2.57 3137BMLC8		1,232.57	0.00	0.00	1,232.57
02/25/20	02/25/20	Coupon		FHMS KI03 A 1MOFRN CMBS MAT 02/25/23 Cpn 1.91 3137FJXN4		327.98	0.00	0.00	327.98
02/25/20	02/25/20	Coupon		FHMS KI03 A 1MOFRN CMBS MAT 02/25/23 Cpn 1.91 3137FJXN4		134.64	0.00	0.00	134.64
02/25/20	02/25/20	Coupon		FHMS KI04 A 1MOFRN CMBS MAT 07/25/24 Cpn 1.99 3137FNAV2		8,054.59	0.00	0.00	8,054.59
02/25/20	02/25/20	Coupon		FHMS KI05 A MAT 07/25/24 Cpn 1.97 3137FQXG3		9,648.14	0.00	0.00	9,648.14
02/25/20	02/25/20	Coupon		FHMS Q009 A 1MOFRN CMBS MAT 04/25/24 Cpn 2.03 3137FMTW		7,894.72	0.00	0.00	7,894.72
						924,732.90	0.00	0.00	924,732.90

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02/01/20	02/01/20	Income	738.810	ADJ NET P&I MAT	Cpn	USD	738.81	0.00	0.00	738.81	
02/01/20	02/01/20	Income	111,383.040	STIF INT MAT	Cpn	USD	111,383.04	0.00	0.00	111,383.04	
			112,121.850				112,121.85	0.00	0.00	112,121.85	
02/13/20	02/13/20	Contributn	260,000,000.000	NM MAT	Cpn	USD	260,000,000.00	0.00	0.00	260,000,000.00	
02/14/20	02/14/20	Contributn	740,000,000.000	NM MAT	Cpn	USD	740,000,000.00	0.00	0.00	740,000,000.00	
			1,000,000,000.000				1,000,000,000.00	0.00	0.00	1,000,000,000.00	
02/04/20	02/05/20	Sell Long	20,000,000.000	U.S. TREASURY BILL MAT 02/25/20	Cpn	912796WU9	19,967,905.55	15,516.67	(244.45)	0.00	19,983,422.22
02/04/20	02/05/20	Sell Long	40,000,000.000	U.S. TREASURY BILL MAT 02/18/20	Cpn	912796WT2	39,946,733.34	31,455.55	(288.89)	0.00	39,978,188.89
02/04/20	02/05/20	Sell Long	10,000,000.000	U.S. TREASURY BILL MAT 02/18/20	Cpn	912796WT2	9,986,683.33	7,863.89	(72.22)	0.00	9,994,547.22
02/04/20	02/05/20	Sell Long	40,000,000.000	U.S. TREASURY BILL MAT 02/18/20	Cpn	912796WT2	39,946,733.33	31,455.56	(288.89)	0.00	39,978,188.89
02/07/20	02/07/20	Sell Long	10,000,000.000	U.S. TREASURY BILL MAT 02/13/20	Cpn	912796TF6	9,961,966.67	35,583.33	91.67	0.00	9,997,550.00
02/10/20	02/10/20	Sell Long	20,000,000.000	U.S. TREASURY BILL MAT 02/13/20	Cpn	912796TF6	19,923,811.67	73,708.33	61.67	0.00	19,997,520.00
02/10/20	02/10/20	Sell Long	20,000,000.000	U.S. TREASURY BILL MAT 02/13/20	Cpn	912796TF6	19,923,811.67	73,708.33	61.67	0.00	19,997,520.00

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02/10/20	02/10/20	Sell Long	30,000,000.000	U.S. TREASURY BILL MAT 02/13/20 Cpn 912796TF6	29,956,880.00	39,400.00	(26.25)	0.00	29,996,280.00
			190,000,000.000		189,614,525.56	308,691.66	(705.69)	0.00	189,923,217.22
02/06/20	02/06/20	Pay Princpl	145,066.591	NGN 2010-R1 1A 1MOFRN NCUA G MAT 10/07/20 Cpn 2.12 62888VAA6	145,066.59		(114.51)	0.00	145,066.59
02/06/20	02/06/20	Pay Princpl	73,321.726	NGN 2010-R2 2A 1MOFRN NCUA G MAT 11/05/20 Cpn 2.14 62888UAB6	73,321.73		(88.81)	0.00	73,321.73
02/06/20	02/06/20	Pay Princpl	27,639.728	NGN 2010-R3 2A 1MOFRN NCUA G MAT 12/08/20 Cpn 2.23 62888WAB2	27,639.73		0.00	(37.19)	27,639.73
02/15/20	02/15/20	Pay Princpl	1,215,000.000	AMEX 2017-1 A CDT MAT 09/15/22 Cpn 1.93 02587AAJ3	1,215,000.00		43.36	0.00	1,215,000.00
02/15/20	02/15/20	Pay Princpl	5,000,000.000	AMEX 2017-1 A CDT MAT 09/15/22 Cpn 1.93 02587AAJ3	5,000,000.00		0.00	0.00	5,000,000.00
02/15/20	02/15/20	Pay Princpl	5,000,000.000	DRYROCK 2015-1 A CDT MAT 12/15/22 Cpn 2.20 06742LAH6	5,000,000.00		0.00	0.00	5,000,000.00
02/15/20	02/15/20	Pay Princpl	23,890.851	HONDA 2017-2 A3 CAR MAT 08/16/21 Cpn 1.68 43811BAC8	23,890.85		40.37	0.00	23,890.85
02/15/20	02/15/20	Pay Princpl	20,496.522	HONDA 2017-2 A3 CAR MAT 08/16/21 Cpn 1.68 43811BAC8	20,496.52		40.20	0.00	20,496.52
02/15/20	02/15/20	Pay Princpl	432,926.079	HARLEY 2019-A A2 CYCLE MAT 05/15/22 Cpn 2.37 41284WAB6	432,926.08		3.40	0.00	432,926.08
02/15/20	02/15/20	Pay Princpl	203,300.596	JOHN DEERE 2017-B A3 EQP MAT 10/15/21 Cpn 1.82 47788BAD6	203,300.60		388.39	0.00	203,300.60
02/15/20	02/15/20	Pay Princpl	107,078.216	JOHN DEERE 2018-A A3 EQP MAT 04/18/22 Cpn 2.66 47788CAC6	107,078.22		(319.64)	0.00	107,078.22

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02/15/20	02/15/20	Pay Princpl	271,348.735	MERCEDES 2019-A A2 LEASE MAT 02/16/21 Cpn 3.01 58772TAB6	271,348.74		0.00	0.53	271,348.74
02/15/20	02/15/20	Pay Princpl	46,986.794	MERCEDES 2019-A A2 LEASE MAT 02/16/21 Cpn 3.01 58772TAB6	46,986.79		(34.17)	0.00	46,986.79
02/15/20	02/15/20	Pay Princpl	123,340.334	MERCEDES 2019-A A2 LEASE MAT 02/16/21 Cpn 3.01 58772TAB6	123,340.33		(105.71)	0.00	123,340.33
02/15/20	02/15/20	Pay Princpl	187,947.176	MERCEDES 2019-A A2 LEASE MAT 02/16/21 Cpn 3.01 58772TAB6	187,947.18		(151.72)	0.00	187,947.18
02/15/20	02/15/20	Pay Princpl	206,315.747	NISSAN 2018-A A2A LEASE MAT 02/16/21 Cpn 3.03 65478BAB7	206,315.75		0.00	0.94	206,315.75
02/15/20	02/15/20	Pay Princpl	124,014.930	NISSAN 2018-A A2A LEASE MAT 02/16/21 Cpn 3.03 65478BAB7	124,014.93		(185.26)	0.00	124,014.93
02/15/20	02/15/20	Pay Princpl	209,771.519	NISSAN 2019-A A2A LEASE MAT 07/15/21 Cpn 2.71 65479PAB5	209,771.52		(357.17)	0.00	209,771.52
02/15/20	02/15/20	Pay Princpl	272,430.544	NISSAN 2019-A A2A LEASE MAT 07/15/21 Cpn 2.71 65479PAB5	272,430.54		(688.96)	0.00	272,430.54
02/15/20	02/15/20	Pay Princpl	409,083.547	NISSAN 2019-A A2A CAR MAT 01/18/22 Cpn 2.82 65479KAB6	409,083.55		(954.88)	0.00	409,083.55
02/15/20	02/15/20	Pay Princpl	247,434.840	TOYOTA 2018-A A3 CAR MAT 05/16/22 Cpn 2.35 89238BAD4	247,434.84		(397.73)	0.00	247,434.84
02/15/20	02/15/20	Pay Princpl	88,511.781	TOYOTA 2019-A A2A CAR MAT 10/15/21 Cpn 2.83 89239AAB9	88,511.78		0.00	3.20	88,511.78
02/15/20	02/15/20	Pay Princpl	137,727.383	TOYOTA 2019-A A2A CAR MAT 10/15/21 Cpn 2.83 89239AAB9	137,727.38		(258.24)	0.00	137,727.38
02/15/20	02/15/20	Pay Princpl	222,539.022	USAA 2017-1 A3 CAR MAT 05/17/21 Cpn 1.70 90290AAC1	222,539.02		0.00	1.50	222,539.02

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02/15/20	02/15/20	Pay Princpl	188,134.122	USAA 2019-1 A2 CAR MAT 02/15/22 Cpn 2.26 90290EAB5	188,134.12		6.87	0.00	188,134.12
02/18/20	02/18/20	Pay Princpl	34,731.977	HONDA 2017-3 A3 CAR MAT 09/20/21 Cpn 1.79 43814PAC4	34,731.98		57.64	0.00	34,731.98
02/18/20	02/18/20	Pay Princpl	135,885.691	HONDA 2017-3 A3 CAR MAT 09/20/21 Cpn 1.79 43814PAC4	135,885.69		195.45	0.00	135,885.69
02/18/20	02/18/20	Pay Princpl	81,419.727	NISSAN 2019-B A2B LEASE 1MOFR MAT 10/15/21 Cpn 1.93 65478LAC3	81,419.73		0.00	0.00	81,419.73
02/18/20	02/18/20	Pay Princpl	470,982.983	NISSAN 2020-A A1 LEASE MAT 02/16/21 Cpn 1.72 65479NAA2	470,982.98		(0.00)	0.00	470,982.98
02/20/20	02/20/20	Pay Princpl	183,071.947	BMW 2019-1 A2 LEASE MAT 03/22/21 Cpn 2.79 05586VAB8	183,071.95		1.85	0.00	183,071.95
02/25/20	02/25/20	Pay Princpl	942,885.238	BMW 2019-A A1 CAR MAT 09/25/20 Cpn 2.11 05588CAA0	942,885.24		0.00	0.00	942,885.24
02/01/20	02/25/20	Pay Princpl	846.520	FHMS K504 A2 CMBS MAT 09/25/20 Cpn 2.57 3137BMLC8	846.52		0.00	1.86	846.52
02/25/20	02/25/20	Pay Princpl	225,364.328	FHMS KI04 A 1MOFRN CMBS MAT 07/25/24 Cpn 1.99 3137FNAV2	225,364.33		0.00	0.00	225,364.33
			17,059,495.193		17,059,495.21		(2,879.26)	(29.16)	17,059,495.21
02/03/20	02/03/20	Mature Long	5,000,000.000	EXXON MOBIL CP MAT 02/03/20 Cpn 30229AB32	4,979,233.33	20,766.67	0.00	0.00	5,000,000.00
02/06/20	02/06/20	Mature Long	30,000,000.000	U.S TREASURY BILL MAT 02/06/20 Cpn 912796TE9	29,956,979.17	43,020.83	0.00	0.00	30,000,000.00
02/10/20	02/10/20	Mature Long	5,000,000.000	CA STATE GO/ULT CP TXB MAT 02/10/20 Cpn 1.85 13068PDP8	5,000,000.00		0.00	0.00	5,000,000.00

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02/13/20	02/13/20	Mature Long	10,000,000.000	U.S. TREASURY BILL MAT 02/13/20 Cpn	912796TF6	9,985,635.42	14,364.58	0.00	0.00	10,000,000.00
02/18/20	02/18/20	Mature Long	25,000,000.000	U.S. TREASURY BILL MAT 02/18/20 Cpn	912796WT2	24,995,819.44	4,180.56	0.00	0.00	25,000,000.00
02/18/20	02/18/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/18/20 Cpn	912796WT2	49,991,638.89	8,361.11	0.00	0.00	50,000,000.00
02/20/20	02/20/20	Mature Long	30,000,000.000	U.S. TREASURY BILL MAT 02/20/20 Cpn	912796TG4	29,992,390.00	7,610.00	0.00	0.00	30,000,000.00
02/20/20	02/20/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/20/20 Cpn	912796TG4	49,987,316.67	12,683.33	0.00	0.00	50,000,000.00
02/20/20	02/20/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/20/20 Cpn	912796TG4	49,987,316.67	12,683.33	0.00	0.00	50,000,000.00
02/20/20	02/20/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/20/20 Cpn	912796TG4	49,987,316.67	12,683.33	0.00	0.00	50,000,000.00
02/20/20	02/20/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/20/20 Cpn	912796TG4	49,987,316.67	12,683.33	0.00	0.00	50,000,000.00
02/21/20	02/21/20	Mature Long	5,000,000.000	BANK OF TOKYO-MITSUBISHI FRN MAT 02/21/20 Cpn	60683BVX8	5,000,000.00		0.00	0.00	5,000,000.00
02/25/20	02/25/20	Mature Long	30,000,000.000	U.S. TREASURY BILL MAT 02/25/20 Cpn	912796WU9	29,952,225.00	47,775.00	0.00	0.00	30,000,000.00
02/25/20	02/25/20	Mature Long	40,000,000.000	U.S. TREASURY BILL MAT 02/25/20 Cpn	912796WU9	39,936,300.00	63,700.00	0.00	0.00	40,000,000.00
02/25/20	02/25/20	Mature Long	20,000,000.000	U.S. TREASURY BILL MAT 02/25/20 Cpn	912796WU9	19,990,582.78	9,417.22	0.00	0.00	20,000,000.00
02/25/20	02/25/20	Mature Long	9,700,000.000	PACCAR FINANCIAL CP MAT 02/25/20 Cpn	69372ABR2	9,687,810.33	12,189.67	0.00	0.00	9,700,000.00

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02/27/20	02/27/20	Mature Long	35,000,000.000	U.S. TREASURY BILL MAT 02/27/20 Cpn	912796SD2	34,940,866.04	59,133.96	0.00	0.00	35,000,000.00
02/27/20	02/27/20	Mature Long	15,000,000.000	U.S. TREASURY BILL MAT 02/27/20 Cpn	912796SD2	14,991,772.08	8,227.92	0.00	0.00	15,000,000.00
02/27/20	02/27/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/27/20 Cpn	912796SD2	49,972,573.61	27,426.39	0.00	0.00	50,000,000.00
02/27/20	02/27/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/27/20 Cpn	912796SD2	49,972,573.61	27,426.39	0.00	0.00	50,000,000.00
02/27/20	02/27/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/27/20 Cpn	912796SD2	49,972,573.61	27,426.39	0.00	0.00	50,000,000.00
02/27/20	02/27/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/27/20 Cpn	912796SD2	49,972,573.61	27,426.39	0.00	0.00	50,000,000.00
02/27/20	02/27/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/27/20 Cpn	912796SD2	49,972,573.61	27,426.39	0.00	0.00	50,000,000.00
02/27/20	02/27/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/27/20 Cpn	912796SD2	49,972,573.61	27,426.39	0.00	0.00	50,000,000.00
02/27/20	02/27/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/27/20 Cpn	912796SD2	49,972,573.61	27,426.39	0.00	0.00	50,000,000.00
02/27/20	02/27/20	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/27/20 Cpn	912796SD2	49,972,573.61	27,426.39	0.00	0.00	50,000,000.00
			909,700,000.000			909,131,108.04	568,891.97	0.00	0.00	909,700,000.00

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02/01/20	02/01/20	Withdrawal	(3,386.680)	CUSTODY FEE MAT	Cpn USD	(3,386.68)		(3,386.68)	0.00	(3,386.68)
02/03/20	02/03/20	Withdrawal	(30,000,000.000)	WD MAT	Cpn USD	(30,000,000.00)		(30,000,000.00)	0.00	(30,000,000.00)
02/06/20	02/06/20	Withdrawal	(40,000,000.000)	WD MAT	Cpn USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
02/10/20	02/10/20	Withdrawal	(65,000,000.000)	WD MAT	Cpn USD	(65,000,000.00)		(65,000,000.00)	0.00	(65,000,000.00)
02/12/20	02/12/20	Withdrawal	(20,000,000.000)	WD MAT	Cpn USD	(20,000,000.00)		(20,000,000.00)	0.00	(20,000,000.00)
02/18/20	02/18/20	Withdrawal	(75,000,000.000)	WD MAT	Cpn USD	(75,000,000.00)		(75,000,000.00)	0.00	(75,000,000.00)
02/20/20	02/20/20	Withdrawal	(240,000,000.000)	WD MAT	Cpn USD	(240,000,000.00)		(240,000,000.00)	0.00	(240,000,000.00)
02/25/20	02/25/20	Withdrawal	(50,000,000.000)	WD MAT	Cpn USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
02/26/20	02/26/20	Withdrawal	(50,000,000.000)	WD MAT	Cpn USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
02/27/20	02/27/20	Withdrawal	(50,000,000.000)	WD MAT	Cpn USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
			(620,003,386.680)			(620,003,386.68)		(620,003,386.68)	0.00	(620,003,386.68)



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02/03/20	02/05/20	Buy	1,810,000.000	U.S. TREASURY NOTE MAT 01/31/25 Cpn 1.38 912828Z52	(1,808,939.45)	(341.86)	0.00	0.00	(1,809,281.31)
02/03/20	02/05/20	Buy	455,000.000	U.S. TREASURY NOTE MAT 01/15/23 Cpn 1.50 912828Z29	(456,777.34)	(393.75)	0.00	0.00	(457,171.09)
02/06/20	02/07/20	Buy	880,000.000	FHLMC C 5/6/20 Q MAT 02/06/25 Cpn 1.97 3134GU7H7	(880,000.00)	(48.16)	0.00	0.00	(880,048.16)
02/11/20	02/14/20	Buy	450,000.000	FHLB C 5/14/20 Q MAT 02/14/23 Cpn 1.75 3130AJ5Q8	(450,000.00)		0.00	0.00	(450,000.00)
02/13/20	02/14/20	Buy	1,320,000.000	FHLMC MAT 02/12/25 Cpn 1.50 3137EAEP0	(1,318,983.60)		0.00	0.00	(1,318,983.60)
02/11/20	02/19/20	Buy	480,000.000	CAPTAIN ONE 2020-1 A3 AUTO MAT 11/15/24 Cpn 1.60 14043MAC5	(479,897.95)		0.00	0.00	(479,897.95)
02/19/20	02/27/20	Buy	460,000.000	FHMS KJ28 A1 MAT 02/25/25 Cpn 1.77 3137FREB3	(459,998.16)	(586.70)	0.00	0.00	(460,584.86)
02/24/20	02/27/20	Buy	890,000.000	FHMS KSMC A2 CMBS MAT 01/25/23 Cpn 2.62 3137B04Y7	(913,362.50)	(1,680.86)	0.00	0.00	(915,043.36)
02/20/20	02/28/20	Buy	500,000.000	CA MANTECA REDEV AGY TAB TX MAT 10/01/23 Cpn 1.74 56453RAX2	(500,000.00)		0.00	0.00	(500,000.00)
02/28/20	03/02/20	Buy	1,365,000.000	U.S. TREASURY NOTE MAT 02/28/25 Cpn 1.13 912828ZC7	(1,379,556.45)	(83.46)	0.00	0.00	(1,379,639.91)
02/28/20	03/02/20	Buy	2,005,000.000	U.S. TREASURY NOTE MAT 02/15/23 Cpn 1.38 912828Z86	(2,035,858.20)	(1,211.81)	0.00	0.00	(2,037,070.01)
02/27/20	03/03/20	Buy	820,000.000	FHMS K033 A2 MAT 07/25/23 Cpn 3.06 3137B4WB8	(860,615.63)	(139.40)	0.00	0.00	(860,755.03)

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Fixed Income - cont.									
02/28/20	03/03/20	Buy	925,000.000	CA OAKLAND-ALAMEDA COLISEUM MAT 02/01/25 Cpn 3.64 672211BM0	(1,018,841.25)	(2,995.36)	0.00	0.00	(1,021,836.61)
			<u>12,360,000.000</u>		<u>(12,562,830.53)</u>	<u>(7,481.36)</u>	<u>0.00</u>	<u>0.00</u>	<u>(12,570,311.89)</u>
02/01/20	02/01/20	Coupon		CA ST HSG FIN AGY REV-TXBL MAT 08/01/23 Cpn 2.93 13034PZM2		3,660.00	0.00	0.00	3,660.00
02/01/20	02/01/20	Coupon		CA CONTRA COSTA CCD GO/ULT T MAT 08/01/24 Cpn 1.77 212204JE2		1,164.43	0.00	0.00	1,164.43
02/01/20	02/01/20	Coupon		CA COVINA-VALLEY USD GO/ULT T MAT 08/01/24 Cpn 2.03 223093VM4		2,055.15	0.00	0.00	2,055.15
02/01/20	02/01/20	Coupon		CA GARDEN GROVE USD GO/ULT T MAT 08/01/24 Cpn 1.97 365298Y51		2,265.00	0.00	0.00	2,265.00
02/01/20	02/01/20	Coupon		HOUSING URBAN DEVELOPMENT MAT 08/01/23 Cpn 2.62 911759MW5		1,832.60	0.00	0.00	1,832.60
02/01/20	02/01/20	Coupon		CA LOS ALTOS SCH DIST GO BANS MAT 08/01/23 Cpn 2.14 544290JC4		3,962.17	0.00	0.00	3,962.17
02/01/20	02/01/20	Coupon		MA STATE WATER RES AUTH-GRE MAT 08/01/24 Cpn 1.86 576051VX1		2,327.50	0.00	0.00	2,327.50
02/01/20	02/01/20	Coupon		MA STATE WATER RES AUTH-GRE MAT 08/01/24 Cpn 1.89 576051VE3		1,489.95	0.00	0.00	1,489.95
02/01/20	02/01/20	Coupon		CA SAN BERNARDINO CCD TXB MAT 08/01/24 Cpn 2.04 796720MG2		1,585.80	0.00	0.00	1,585.80
02/01/20	02/01/20	Coupon		CA SAN FRANCISCO REDEV AGY-T MAT 08/01/22 Cpn 2.38 79770GGP5		11,875.00	0.00	0.00	11,875.00

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02/01/20	02/01/20	Coupon		CA SAN JOSE REDEV AGY TAB TX MAT 08/01/20 Cpn 2.26 798170AC0		3,614.40	0.00	0.00	3,614.40
02/01/20	02/01/20	Coupon		CA SAN JOSE REDEV AGY TAB TX MAT 08/01/21 Cpn 2.48 798170AD8		12,028.00	0.00	0.00	12,028.00
02/01/20	02/01/20	Coupon		CA SONOMA CNTY CLG DIST TXB MAT 08/01/23 Cpn 1.99 835569GQ1		1,529.20	0.00	0.00	1,529.20
02/01/20	02/01/20	Coupon		CA SAN FRANCISCO REDEV AGY T MAT 08/01/23 Cpn 2.50 79770GGQ3		6,250.00	0.00	0.00	6,250.00
02/01/20	02/01/20	Coupon		CA VERNON ELEC SYS REV-TXBL MAT 08/01/22 Cpn 4.50 924397DD1		5,625.00	0.00	0.00	5,625.00
02/01/20	02/01/20	Coupon		CA VERNON ELEC SYS REV-TXBL MAT 08/01/22 Cpn 4.50 924397DD1		11,250.00	0.00	0.00	11,250.00
02/15/20	02/15/20	Coupon		AMEX 2017-1 A CDT MAT 09/15/22 Cpn 1.93 02587AAJ3		2,412.50	0.00	0.00	2,412.50
02/15/20	02/15/20	Coupon		BACCT 2017-A1 A1 CDT MAT 08/15/22 Cpn 1.95 05522RCW6		1,950.00	0.00	0.00	1,950.00
02/15/20	02/15/20	Coupon		FHLB MAT 08/15/24 Cpn 1.50 3130AGWK		3,729.17	0.00	0.00	3,729.17
02/15/20	02/15/20	Coupon		FIFTH THIRD 2019-1 A3 CAR MAT 12/15/23 Cpn 2.64 31680YAD9		704.00	0.00	0.00	704.00
02/15/20	02/15/20	Coupon		HONDA 2019-3 A3 CAR MAT 08/15/23 Cpn 1.78 43815NAC8		623.00	0.00	0.00	623.00
02/15/20	02/15/20	Coupon		JOHN DEERE 2017-A A3 EQP MAT 04/15/21 Cpn 1.78 47787XAC1		142.66	0.00	0.00	142.66
02/15/20	02/15/20	Coupon		MBALT 2020-A A3 CAR LEASE MAT 12/15/22 Cpn 1.84 58770FAC6		188.09	0.00	0.00	188.09

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02/15/20	02/15/20	Coupon		NISSAN 2017-B A3 LEASE MAT 09/15/20 Cpn 2.05 65479BAD2		0.16	0.00	0.00	0.16
02/15/20	02/15/20	Coupon		NISSAN 2017-B A3 LEASE MAT 09/15/20 Cpn 2.05 65479BAD2		0.21	0.00	0.00	0.21
02/15/20	02/15/20	Coupon		NISSAN 2018-A A3 LEASE MAT 09/15/21 Cpn 3.25 65478BAD3		893.75	0.00	0.00	893.75
02/15/20	02/15/20	Coupon		NISSAN 2018-C A3 CAR MAT 06/15/23 Cpn 3.22 65478NAD7		2,012.50	0.00	0.00	2,012.50
02/15/20	02/15/20	Coupon		NISSAN 2019-A A3 CAR MAT 10/16/23 Cpn 2.90 65479KAD2		1,305.00	0.00	0.00	1,305.00
02/15/20	02/15/20	Coupon		TOYOTA 2017-A A3 CAR MAT 02/16/21 Cpn 1.73 89238MAD0		113.73	0.00	0.00	113.73
02/15/20	02/15/20	Coupon		TOYOTA 2017-B A3 CAR MAT 07/15/21 Cpn 1.76 89190BAD0		435.53	0.00	0.00	435.53
02/15/20	02/15/20	Coupon		TOYOTA 2018-A A3 CAR MAT 05/16/22 Cpn 2.35 89238BAD4		718.31	0.00	0.00	718.31
02/15/20	02/15/20	Coupon		TOYOTA 2019-A A3 CAR MAT 07/17/23 Cpn 2.91 89239AAD5		1,358.00	0.00	0.00	1,358.00
02/15/20	02/15/20	Coupon		TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2		668.50	0.00	0.00	668.50
02/15/20	02/15/20	Coupon		TOYOTA 2019-D A3 CAR MAT 01/16/24 Cpn 1.92 89233MAD5		1,376.00	0.00	0.00	1,376.00
02/15/20	02/15/20	Coupon		USAA 2017-1 A3 CAR MAT 05/17/21 Cpn 1.70 90290AAC1		36.56	0.00	0.00	36.56
02/20/20	02/20/20	Coupon		VOLKSWAGEN 2019-A A4 LEASE MAT 08/20/24 Cpn 2.02 92867XAE6		538.67	0.00	0.00	538.67

TRANSACTIONS BY TYPE

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

02/01/2020  
 through 02/29/2020

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
02/20/20	02/20/20	Coupon		VERIZON 2019-C A1A PHONE MAT 04/22/24 Cpn 1.94 92348AAA3		808.33	0.00	0.00	808.33
02/21/20	02/21/20	Coupon		IBRD FRN SOFR+22 MAT 08/21/20 Cpn 1.82 459058GK3		3,679.65	0.00	0.00	3,679.65
02/25/20	02/25/20	Coupon		BMW 2019-A A3 CAR MAT 01/25/24 Cpn 1.92 05588CAC6		880.00	0.00	0.00	880.00
02/01/20	02/25/20	Coupon		FHMS J22F A1 CMBS MAT 05/25/23 Cpn 3.45 3137FJYA1		861.82	0.00	0.00	861.82
02/01/20	02/25/20	Coupon		FHMS K020 A2 CMBS MAT 05/25/22 Cpn 2.37 3137ATRW		613.03	0.00	0.00	613.03
02/01/20	02/25/20	Coupon		FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2		664.00	0.00	0.00	664.00
02/01/20	02/25/20	Coupon		FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2		1,051.33	0.00	0.00	1,051.33
02/01/20	02/25/20	Coupon		FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2		498.00	0.00	0.00	498.00
02/01/20	02/25/20	Coupon		FHMS K504 A2 CMBS MAT 09/25/20 Cpn 2.57 3137BMLC8		443.08	0.00	0.00	443.08
02/01/20	02/25/20	Coupon		FHMS K725 AM CMBS MAT 02/25/24 Cpn 3.10 3137BWWE		2,095.20	0.00	0.00	2,095.20
02/01/20	02/25/20	Coupon		FHMS K726 AM CMBS MAT 04/25/24 Cpn 2.99 3137BYPR5		1,417.88	0.00	0.00	1,417.88
02/25/20	02/25/20	Coupon		FHMS KI05 A MAT 07/25/24 Cpn 1.97 3137FQXG3		654.11	0.00	0.00	654.11
02/01/20	02/25/20	Coupon		FHMS KJ06 A CMBS MAT 01/25/23 Cpn 2.27 3137BQR90		795.20	0.00	0.00	795.20

TRANSACTIONS BY TYPE

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

02/01/2020  
 through 02/29/2020

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
02/01/20	02/25/20	Coupon		FHMS KS01 A2 CMBS MAT 01/25/23 Cpn 2.52 3137B1U75		771.02	0.00	0.00	771.02
02/01/20	02/25/20	Coupon		FNA 2011-M5 A2 CMBS MAT 07/25/21 Cpn 2.94 3136A07H4		297.45	0.00	0.00	297.45
02/29/20	02/29/20	Coupon		U.S. TREASURY NOTE MAT 08/31/24 Cpn 1.25 912828YE4		1,343.75	0.00	0.00	1,343.75
02/29/20	02/29/20	Coupon		U.S. TREASURY NOTE MAT 02/29/24 Cpn 2.38 9128286G0		5,106.25	0.00	0.00	5,106.25
						113,700.64	0.00	0.00	113,700.64
02/01/20	02/01/20	Income	805.290	STIF INT MAT Cpn USD		805.29	0.00	0.00	805.29
02/03/20	02/05/20	Sell Long	2,205,000.000	U.S. TREASURY NOTE MAT 10/31/21 Cpn 1.50 912828YP9	2,208,186.91	8,813.94	7,595.79	0.00	2,217,000.85
02/06/20	02/07/20	Sell Long	880,000.000	U.S. TREASURY NOTE MAT 10/31/21 Cpn 1.25 912828T67	876,425.00	2,991.76	0.00	5,754.85	879,416.76
02/11/20	02/12/20	Sell Long	450,000.000	U.S. TREASURY NOTE MAT 10/31/21 Cpn 1.25 912828T67	448,417.97	1,607.14	0.00	3,151.17	450,025.11
02/13/20	02/14/20	Sell Long	450,000.000	U.S. TREASURY NOTE MAT 10/31/21 Cpn 1.25 912828T67	448,277.34	1,638.05	0.00	2,995.44	449,915.39
02/13/20	02/14/20	Sell Long	465,000.000	U.S. TREASURY NOTE MAT 10/31/24 Cpn 1.50 912828YM6	466,251.76	2,031.18	5,336.72	0.00	468,282.94
02/13/20	02/14/20	Sell Long	855,000.000	U.S. TREASURY NOTE MAT 10/31/24 Cpn 1.50 912828YM6	857,301.63	3,734.75	7,521.14	0.00	861,036.38

TRANSACTIONS BY TYPE

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

02/01/2020  
 through 02/29/2020

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
02/19/20	02/21/20	Sell Long	460,000.000	U.S. TREASURY NOTE MAT 12/15/22 Cpn 1.63 912828YW4	462,892.97	1,388.80	2,013.36	0.00	464,281.77
02/24/20	02/27/20	Sell Long	890,000.000	U.S. TREASURY NOTE MAT 12/15/22 Cpn 1.63 912828YW4	900,116.80	2,924.11	8,424.87	0.00	903,040.91
02/28/20	03/02/20	Sell Long	1,990,000.000	U.S. TREASURY NOTE MAT 10/31/21 Cpn 1.25 912828T67	2,000,571.88	8,405.56	0.00	30,868.86	2,008,977.44
02/27/20	03/02/20	Sell Long	820,000.000	U.S. TREASURY NOTE MAT 11/15/22 Cpn 1.63 912828TY6	832,300.00	3,953.57	13,021.21	0.00	836,253.57
02/28/20	03/03/20	Sell Long	925,000.000	U.S. TREASURY NOTE MAT 01/31/25 Cpn 1.38 912828Z52	943,030.27	1,118.13	18,564.23	0.00	944,148.40
			10,390,000.000		10,443,772.53	38,606.99	62,477.33	42,770.31	10,482,379.52
02/15/20	02/15/20	Pay Princpl	1,500,000.000	AMEX 2017-1 A CDT MAT 09/15/22 Cpn 1.93 02587AAJ3	1,500,000.00		0.00	0.43	1,500,000.00
02/15/20	02/15/20	Pay Princpl	46,141.459	JOHN DEERE 2017-A A3 EQP MAT 04/15/21 Cpn 1.78 47787XAC1	46,141.46		0.00	41.32	46,141.46
02/15/20	02/15/20	Pay Princpl	90.875	NISSAN 2017-B A3 LEASE MAT 09/15/20 Cpn 2.05 65479BAD2	90.88		0.00	0.01	90.88
02/15/20	02/15/20	Pay Princpl	122.805	NISSAN 2017-B A3 LEASE MAT 09/15/20 Cpn 2.05 65479BAD2	122.81		0.00	(0.01)	122.81
02/15/20	02/15/20	Pay Princpl	29,063.376	TOYOTA 2017-A A3 CAR MAT 02/16/21 Cpn 1.73 89238MAD0	29,063.38		0.00	0.09	29,063.38
02/15/20	02/15/20	Pay Princpl	42,305.444	TOYOTA 2017-B A3 CAR MAT 07/15/21 Cpn 1.76 89190BADO	42,305.44		0.00	0.49	42,305.44
02/15/20	02/15/20	Pay Princpl	27,996.399	TOYOTA 2018-A A3 CAR MAT 05/16/22 Cpn 2.35 89238BAD4	27,996.40		0.00	0.12	27,996.40

TRANSACTIONS BY TYPE

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

02/01/2020  
 through 02/29/2020

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
02/15/20	02/15/20	Pay Princpl	13,453.241	USAA 2017-1 A3 CAR MAT 05/17/21 Cpn 1.70 90290AAC1	13,453.24		0.00	0.09	13,453.24
02/01/20	02/25/20	Pay Princpl	137,304.657	FHMS J22F A1 CMBS MAT 05/25/23 Cpn 3.45 3137FJYA1	137,304.66		0.00	2.72	137,304.66
02/01/20	02/25/20	Pay Princpl	304.304	FHMS K504 A2 CMBS MAT 09/25/20 Cpn 2.57 3137BMLC8	304.30		0.00	0.05	304.30
02/01/20	02/25/20	Pay Princpl	998.184	FHMS KS01 A2 CMBS MAT 01/25/23 Cpn 2.52 3137B1U75	998.18		(11.25)	0.00	998.18
02/01/20	02/25/20	Pay Princpl	13,804.180	FNA 2011-M5 A2 CMBS MAT 07/25/21 Cpn 2.94 3136A07H4	13,804.18		0.00	40.67	13,804.18
			<u>1,811,584.924</u>		<u>1,811,584.93</u>		<u>(11.25)</u>	<u>85.99</u>	<u>1,811,584.93</u>



**LA CARE**  
**Cash Activity by Transaction Type GAAP Basis**  
Accounting Period From 02/01/2020 To 02/29/2020

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
BUY										
02/11/20	02/07/20	02/11/20	BKAMER19	747525AT0	QUALCOMM INC	5,000,000.00	(32,625.00)	(5,201,500.00)	0.00	(5,234,125.00)
02/14/20	02/12/20	02/14/20	BKAMER19	05348EAU3	AVALONBAY COMMUNITIES	5,000,000.00	(43,263.89)	(5,352,600.00)	0.00	(5,395,863.89)
02/18/20	02/18/20	02/18/20	BKAMER19	09248U718	BLACKROCK TREASURY TRUST	508,831.50	0.00	(508,831.50)	0.00	(508,831.50)
02/27/20	02/25/20	02/27/20	BKAMER19	384802AE4	WW GRAINGER INC	1,000,000.00	(51.39)	(1,003,270.00)	0.00	(1,003,321.39)
02/27/20	02/25/20	02/27/20	BKAMER19	61761JVL0	MORGAN STANLEY	3,000,000.00	(38,233.33)	(3,252,420.00)	0.00	(3,290,653.33)
TOTAL BUY						14,508,831.50	(114,173.61)	(15,318,621.50)	0.00	(15,432,795.11)
CALL										
02/21/20	02/21/20	02/21/20	BKAMER19	20030NCQ2	COMCAST CORP	1,000,000.00	0.00	1,030,140.00	0.00	1,030,140.00
TOTAL CALL						1,000,000.00	0.00	1,030,140.00	0.00	1,030,140.00
DIVIDEND										
02/01/20	02/01/20	02/01/20	BKAMER19	09248U718	BLACKROCK TREASURY TRUST	1,216,678.90	1,021.46	0.00	0.00	1,021.46
TOTAL DIVIDEND						1,216,678.90	1,021.46	0.00	0.00	1,021.46
INTEREST										
02/01/20	02/01/20	02/01/20	BKAMER19	05531FBH5	TRUIST FINANCIAL CORP	0.00	63,194.44	0.00	0.00	63,194.44
02/01/20	02/01/20	02/01/20	BKAMER19	68235PAE8	ONE GAS INC	0.00	26,082.25	0.00	0.00	26,082.25
02/01/20	02/01/20	02/01/20	BKAMER19	907818DG0	UNION PACIFIC CORP	0.00	40,000.00	0.00	0.00	40,000.00
02/03/20	02/03/20	02/03/20	BKAMER19	025816BW8	AMERICAN EXPRESS CO	0.00	74,000.00	0.00	0.00	74,000.00
02/12/20	02/12/20	02/12/20	BKAMER19	459200HU8	IBM CORP	0.00	36,250.00	0.00	0.00	36,250.00
02/15/20	02/15/20	02/15/20	BKAMER19	210518CV6	CONSUMERS ENERGY CO	0.00	59,062.50	0.00	0.00	59,062.50
02/15/20	02/15/20	02/15/20	BKAMER19	25468PCT1	WALT DISNEY COMPANY/THE	0.00	63,750.00	0.00	0.00	63,750.00
02/15/20	02/15/20	02/15/20	BKAMER19	46625HJC5	JPMORGAN CHASE & CO	0.00	43,500.00	0.00	0.00	43,500.00
02/20/20	02/20/20	02/20/20	BKAMER19	38141GXE9	GOLDMAN SACHS GROUP INC	0.00	163,125.00	0.00	0.00	163,125.00
02/21/20	02/21/20	02/21/20	BKAMER19	20030NCQ2	COMCAST CORP	1,000,000.00	13,416.67	0.00	0.00	13,416.67
02/25/20	02/25/20	02/25/20	BKAMER19	61746BDJ2	MORGAN STANLEY	0.00	56,250.00	0.00	0.00	56,250.00
TOTAL INTEREST						1,000,000.00	638,630.86	0.00	0.00	638,630.86
SELL										
02/11/20	02/10/20	02/11/20	BKAMER19	92826CAB8	VISA INC	5,000,000.00	17,416.67	5,022,100.00	0.00	5,039,516.67

3/4/2020  
6:38:14AM  
INCPRI2

LA CARE

**Cash Activity by Transaction Type GAAP Basis**

Accounting Period From 02/01/2020 To 02/29/2020

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
02/14/20	02/13/20	02/14/20	BKAMER19	59217GBR9	MET LIFE GLOB FUNDING I	5,000,000.00	24,652.78	5,032,250.00	0.00	5,056,902.78
02/18/20	02/18/20	02/18/20	BKAMER19	09248U718	BLACKROCK TREASURY TRUST	1,216,678.90	0.00	1,216,678.90	0.00	1,216,678.90
02/27/20	02/25/20	02/27/20	BKAMER19	982526AQ8	WM WRIGLEY JR CO	2,400,000.00	28,350.00	2,422,224.00	0.00	2,450,574.00
TOTAL SELL						13,616,678.90	70,419.45	13,693,252.90	0.00	13,763,672.35
WITHDRAW										
02/07/20	02/07/20	02/07/20	BKAMER19	CASHCASH6	C-04 BANK FEE	0.00	0.00	0.00	(669.56)	(669.56)
TOTAL WITHDRAW						0.00	0.00	0.00	(669.56)	(669.56)
GRAND TOTAL						31,342,189.30	595,898.16	(595,228.60)	(669.56)	0.00
Avg Date 16										

# BOARD OF GOVERNORS

## Executive Committee

### Meeting Minutes – February 24, 2020

1055 West 7<sup>th</sup> Street, Los Angeles, CA 90017



**L.A. Care**  
HEALTH PLAN

#### Members

Hector De La Torre, *Chairperson*

Al Ballesteros, *Vice Chairperson*

Robert H. Curry, *Treasurer \*\**

Layla Gonzalez, *Secretary*

Stephanie Booth, MD

Hilda Perez

*\*Absent \*\* Via Teleconference*

#### Management/Staff

John Baackes, *Chief Executive Officer*

Terry Brown, *Chief Human Resources Officer*

Augustavia J. Haydel, Esq., *General Counsel*

Marie Montgomery, *Chief Financial Officer*

Richard Seidman, MD, MPH, *Chief Medical Officer*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	Hector De La Torre, <i>Board Chairperson</i> , called the meeting to order at 2:02 pm. He welcomed everyone to the meeting and invited the members of the Committee, staff and guests to introduce themselves. He announced that members of the public may address the Committee on each matter listed on the agenda before the Committee's consideration of the item, or on any other topic at the Public Comment section.	
<b>APPROVE MEETING AGENDA</b>	The Agenda for today's meeting was approved.	<b>Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, Curry, De La Torre, and Perez)</b>
<b>PUBLIC COMMENTS</b>	There were no public comments.	
<b>APPROVE MEETING MINUTES</b>	The minutes of the January 27, 2020 meeting were approved as submitted.	<b>Approved unanimously by roll call. 5 AYES</b>
<b>CHAIRPERSON'S REPORT</b>	There was no Chairperson's report.	
<b>CHIEF EXECUTIVE OFFICER REPORT</b>	John Baackes, <i>Chief Executive Officer</i> , reported that L.A. Care is monitoring developments at state and federal levels that may affect the safety net. <ul style="list-style-type: none"> <li>• Consideration of rule proposed to eliminate supplemental payments that would affect hospitals.</li> </ul>	

**APPROVED**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN																
	<ul style="list-style-type: none"> <li>Proposed changes in Medicaid as part of a new waiver for 2021 may affect how expenses are reported for health plans, increasing the burden of data collection and reporting.</li> <li>L.A. Care is fielding press inquiries about L.A. Care's role as a public option health plan. With the presidential election there is a lot of talk about single payor and Medicare for All, with the public option included in the mix of topics. In California, the implementation of the 2010 Affordable Care Act included a public option. L.A. Care, the only public plan participating in Covered California, is demonstrating that a public option is a workable market place solution that is not imposed by the government.</li> </ul>																	
<b>Human Resources Policies</b>	<p>Terry Brown, <i>Chief Human Resource Officer</i>, summarized the Human Resources policies presented. The revised policies comply with changes to regulatory, legislative and judicial changes, and reflect changes in L.A. Care's practices.</p> <table border="1" data-bbox="495 704 1591 1143"> <thead> <tr> <th>Policy Number</th> <th>Policy</th> <th>Section</th> <th>Description of Modification or Reason for Creation</th> </tr> </thead> <tbody> <tr> <td>HR-121</td> <td>Unemployment Insurance Benefits</td> <td>Employee Relations</td> <td>Policy moved from Benefits to Employee Relations department.</td> </tr> <tr> <td>HR-312</td> <td>Recruitment</td> <td>Employment</td> <td>Recruitment Process updated</td> </tr> <tr> <td>HR-405</td> <td>Transitional Employment - Return to Work</td> <td>Health &amp; Safety</td> <td>Policy no longer required and retiring</td> </tr> </tbody> </table> <p>Member Curry asked if L.A. Care uses drug screening for prospective employees. Mr. Brown responded that L.A. Care does not do drug screening.</p> <p>Member Curry also asked about minimum physical job requirements. Mr. Brown noted that there are minimum physical requirements and people are screened.</p> <p><i>(Member Gonzalez joined the meeting.)</i></p>	Policy Number	Policy	Section	Description of Modification or Reason for Creation	HR-121	Unemployment Insurance Benefits	Employee Relations	Policy moved from Benefits to Employee Relations department.	HR-312	Recruitment	Employment	Recruitment Process updated	HR-405	Transitional Employment - Return to Work	Health & Safety	Policy no longer required and retiring	
Policy Number	Policy	Section	Description of Modification or Reason for Creation															
HR-121	Unemployment Insurance Benefits	Employee Relations	Policy moved from Benefits to Employee Relations department.															
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HR-405	Transitional Employment - Return to Work	Health & Safety	Policy no longer required and retiring															

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Member Curry suggested there should be a thorough on-boarding process for new employees. Mr. Brown noted that section 4.6.3 provides that managers ensure that employees receive orientation.</p> <p>Member Booth asked if there is a policy for on boarding process for new employees. Mr. Brown responded that there is a policy in place.</p> <p>Member Curry noted the importance of having engaged employees.</p> <p>Member Booth suggested adding a reference to the on-boarding policy.</p> <p><b><u>Motion EXE A.0220</u></b>  <b>To approve the Human Resources Policies with the changes noted.</b></p>	<p><b>Approved unanimously by roll call. 6 AYES</b>  <b>(Ballesteros, Booth, Curry, De La Torre, Gonzalez and Perez)</b></p>
<p><b>Approve Consent Agenda for the Board of Governors Meeting</b></p>	<p>The Committee approved the following motions to be added to the Consent Agenda for the Board of Governors meeting on March 5, 2020:</p> <ul style="list-style-type: none"> <li>• Approve February 6, 2020 meeting minutes</li> <li>• RCAC Members</li> </ul>	<p><b>Approved unanimously by roll call. 6 AYES</b></p>
<p><b>PUBLIC COMMENTS</b></p>	<p>There were no public comments.</p>	
<p><b>ADJOURN TO CLOSED SESSION</b></p>	<p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 2:40 p.m.</p> <p>CONTRACT RATES  Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> <li>• Plan Partner Rates</li> <li>• Provider Rates</li> <li>• DHCS Rates</li> </ul> <p>REPORT INVOLVING TRADE SECRET  Pursuant to Welfare and Institutions Code Section 14087.38(n)  Discussion Concerning New Service, Program, Business Plan  Estimated date of public disclosure: <i>February 2022</i></p> <p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION  Significant exposure to litigation pursuant to Section 54956.9(d) (2) of Ralph M. Brown Act  Two Potential Cases</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	PUBLIC EMPLOYEE PERFORMANCE EVALUATION Section 54957 of the Ralph M. Brown Act Title: Chief Executive Officer  CONFERENCE WITH LABOR NEGOTIATOR Section 54957.6 of the Ralph M. Brown Act Agency Negotiator: Hector De La Torre Unrepresented Employee: Chief Executive Officer	
<b>RECONVENE IN OPEN SESSION</b>	The meeting reconvened in open session at 3:39 pm. No reportable actions were taken during the closed session.	
<b>ADJOURNMENT</b>	The meeting adjourned at 3:39 pm.	

Respectfully submitted by:

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

APPROVED BY:

\_\_\_\_\_  
 Hector De La Torre, *Chair*  
 Date: \_\_\_\_\_

**BOARD OF GOVERNORS**  
**Finance & Budget Special Committee**  
**Meeting Minutes for February 24, 2020**

1055 W. 7<sup>th</sup> Street, Los Angeles, CA 90017



**L.A. Care**  
 HEALTH PLAN

**Members**

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

**Management/Staff**

John Baackes, *Chief Executive Officer*  
 Terry Brown, *Chief Human Resource Officer*  
 Augustavia J. Haydel, Esq., *General Counsel*  
 Marie Montgomery, *Chief Financial Officer*  
 Tom MacDougall, *Chief Information & Technology Officer*  
 Richard Seidman, MD, MPH, *Chief Medical Officer*

*\*Absent \*\* Via Teleconference*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	Hector De La Torre, <i>Board Chairperson</i> , called the meeting to order at 1:06 p.m.  He welcomed everyone to the meeting and announced that members of the public may address the Committee on each matter listed on the agenda before or during the Committee's consideration of the item, or on any other topic at the Public Comment section.	
<b>APPROVE MEETING AGENDA</b>	The Agendas for today's meeting were approved.	<b>Approved unanimously by roll call. 5 AYES (Booth, Curry, De La Torre, Perez and Roybal)</b>
<b>PUBLIC COMMENTS</b>	There were no public comments.	
<b>APPROVE MEETING MINUTES</b>	The minutes of the January 27, 2020 meeting were approved as submitted.	<b>Approved unanimously by roll call. 5 AYES</b>
<b>CHAIRPERSON'S REPORT</b>	There was no report from the Chairperson.	
<b>CHIEF EXECUTIVE OFFICER'S REPORT</b>	John Baackes, <i>Chief Executive Officer</i> , reported on the proposed changes to Medicaid, which if combined with the proposed California Advancing & Innovating Medi-Cal (CalAIM) will have significant effects upon hospitals. L.A. Care will not be affected as a plan but it will have an impact to access to care for members.	

**APPROVED**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Member Curry asked about the supplemental payment cuts in the proposed Medicaid Fiscal Accountability Regulation (MFAR) and expected cuts in revenue for physicians. Marie Montgomery, <i>Chief Financial Officer</i>, noted that payments will trickle down from Proposition 56 funds.</p> <p>Mr. Baackes added that MFAR is focused on reducing hospital supplemental payments. The new CalAIM proposal raises questions about funds available to providers because of the added administrative burden of data collection for providers. L.A. Care will ask to keep demands for data to a reasonable level. If proposed, MFAR regulations might be reversed through legislation. Hopefully the burden of the proposal will be toned down.</p> <p>In response to Member Booth’s question if hospital trade associations are involved, Mr. Baackes noted that there are several groups in the state already working on it, California Hospital Association, Hospital Association of Southern California, Private Essential Access Community Hospitals. In response to Member Booth’s question about Mr. Baackes’ involvement with the national trade association, America’s Health Insurance Plans (AHIP), Mr. Baackes noted that he is on the board and he is working to gain support to preserve revenue for providers.</p> <p>Mr. Baackes was invited to speak to the California Congressional legislative delegation to inform them that L.A. Care is the public option in Los Angeles County. He advised the delegation that L.A. Care is one of the few public plans in the United States participating in ACA programs on the health exchange. He also met with democratic candidates who are also concerned about the public option. It is important that there is a public option to keep cost low and quality high. L.A. Care in the past has been the lowest priced plan. For the current premium year, commercial plans reduced their pricing, presumably to capture market share. This resulted in lower enrollment for L.A. Care. There are close to 90,000 lives in L.A. Care Covered, which could drop to high 70,000s. L.A. Care is a public entity competing with commercial health plans.</p> <p>Member Roybal asked about the pricing. Mr. Baackes noted that there was a nominal price increase last year and L.A. Care still has the lowest price for a public option. Mr. Baackes noted that he will share L.A. Care Covered report card at a future meeting.</p> <p>In response to Member Booth’s question about the L.A. Care network, Mr. Baackes noted that 90% are crossover with the commercial plans, and there was a big boost when UCLA was added to L.A. Care’s network as a provider.</p>	



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	In response to Member Booth's question about Dignity, Mr. Baackes noted that L.A. Care has reached a settlement that includes Northridge hospital in a four-year contract and Dignity will not pursue further litigation.	
<b>COMMITTEE ITEMS</b>		
<b>Chief Financial Officer's Report</b>  Financial Performance Update	<p>Ms. Montgomery provided an update on the financial performance for January 2020. <i>(A copy of her presentation may be requested by contacting Board Services.)</i></p> <p><u>Membership</u>            Membership in January 2020 is 2,133,876, 49,000 members unfavorable to the budget for the month and 84,000 member months unfavorable year to date. The budget assumed flat growth in membership for Plan Partners and MCLA, except for enrollment expected from the expansion of Medi-Cal coverage to undocumented young adults beginning in January 2020. Enrollment for this population has been moved from January to March 2020.</p> <p>L.A. Care Covered (LACC) membership is below budget. An expected bump in new members resulting from open enrollment for LACC in January was offset by terminated members. There was an increase in membership for LACC in February 2020 but enrollment remains slightly below budget. L.A. Care is enrolling more bronze tier members, which increases the estimated risk adjustment payable. Staff will be adjusting membership targets in the 4+8 forecast. L.A. Care's auto-assignment rate increased to 74%. The disenrollment trends for Medi-Cal continued with a decline in membership for January 2020.</p> <p><u>Revenue</u>            Revenue is higher despite lower membership, due to retroactive rate changes reported in December 2019 that included rates for the Coordinated Care Initiative (CCI) and Cal MediConnect (CMC) rates, our classic rates adjusted for acuity and program changes, and the new Proposition 56 programs including Value Based Payments, Family Planning and Trauma and Developmental Screening. These items were also carried forward into January 2020 impacting revenue and expenses.</p> <p>The revenue also included a favorable CMC rate adjustment factor (RAF) for CY 2019 (\$2 million) and an unfavorable L.A. Care Covered RAF adjustment (-\$8 million) based on the higher percentage of bronze members. Retroactive rate adjustments from December 2019 also carry forward in healthcare expenses and the new Proposition 56 programs are estimated to be at the 95% risk corridor level until L.A. Care has more experience with these members.</p>	

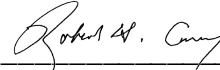
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>These rates are retroactive to July 1, 2019 L.A. Care is configuring its systems to make these payments.</p> <p>The fee for service (FFS) claims are unfavorable to budget by \$66 million year to date. The retroactive adjustments in the recent periods included Ground Emergency Medical Transportation Services (GEMT) and skilled nursing facility (SNF) rate increases. Staff will update the 4+8 forecast to project the impact of the recent trends and will identify corrective actions to mitigate the trends.</p> <p>L.A. Care’s payment integrity unit has identified overpayments of SNF claims and staff will be pursuing recoveries.</p> <p>Administrative expenses are \$3.9 million favorable to budget. Non-operating expenses are \$2 million favorable to budget due to the timing of grant spending. The net surplus year to date is \$40 million, \$8 million unfavorable to the budget.</p> <p><u>Medical Cost Ratio (MCR)</u></p> <ul style="list-style-type: none"> <li>• Overall MCR is 93.4% versus a budget of 92.5%.</li> <li>• Plan Partners MCR is slightly above budget due to the new Proposition 56 programs.</li> <li>• Seniors and People with Disabilities (SPD)/CCI SPD and CCI is behind budget primarily related to unfavorable claims trends.</li> <li>• Temporary Assistance to Needy Families/Medi-Cal Expansion is ahead of budget driven by the retro rate changes.</li> <li>• CMC is behind budget driven by the negative rate adjustment received for CY 2019</li> <li>• Commercial is higher than budget driven by taking over the payment of LA County Department of Health Services fee for service (FFS) claims for PASC-SEIU and lower RAF for LACC related to the higher percentage of bronze members.</li> </ul> <p>Working Capital and Tangible Net Equity are ahead of benchmarks. The cash to claims ratio is slightly below target. The cash to claims ratio will not fully recover until L.A. Care settles the In-Home Support Services balances with the Department of Health Care Services. Tangible Net Equity is at 630% and there is sufficient cash to cover operating expenses for 51 days.</p> <p>Member Booth asked about RAF. Ms. Montgomery noted that the RAF depends on the demographics of the members enrolled.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Chair De La Torre noted that he heard that the tax penalty for health coverage may be delayed in California, which could result in a drop in enrollment. Mr. Baackes will clarify these issues and report back to the Committee.</p> <p>Member Curry asked about the pmpm expense increase on L.A. Care's income statement. Ms. Montgomery noted that accrual of an estimated amount is offset by retroactive revenue adjustments. Of concern would be SNF and inpatient/outpatient hospital expense. Staff is investigating those unfavorable expenses.</p> <p><b><u>Motion FIN 100.0320</u></b>  <b>To accept the Financial Report as submitted, for the period January 2020 as submitted.</b></p>	<p><b>Approved unanimously by roll call. 5 AYES</b></p>
<p><b>Investment Monthly Transactions Report</b></p>	<p>Ms. Montgomery referred to the investment transactions reports included in the meeting materials. <i>(A copy of the report can be obtained by contacting Board Services).</i> As of January 31, 2020, L.A. Care's total investment market value was \$1.6B</p> <ul style="list-style-type: none"> <li>• \$1.4 billion managed by Payden &amp; Rygel and New England Asset Management (NEAM)</li> <li>• \$72 million in Local Agency Investment Fund</li> <li>• \$106 million in Los Angeles County Pooled Investment Fund</li> </ul>	
<p><b>ADJOURN TO CLOSED SESSION</b></p>	<p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the items that the Committee will discuss in closed session. There was no public comment on the Closed Session items, and the meeting adjourned to closed session at 1:45 pm.</p> <p>CONTRACT RATES  Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> <li>• Plan Partner Rates</li> <li>• Provider Rates</li> <li>• DHCS Rates</li> </ul> <p>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: <i>February 2022</i></p>	
<p><b>RECONVENE IN OPEN SESSION</b></p>	<p>The meeting reconvened in open session at 1:52 pm. No reportable actions were taken during the closed session.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting was adjourned at 1:53 pm.	

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

APPROVED BY:



Robert H. Curry, *Chair*

Date Signed 03-26-2020

**BOARD OF GOVERNORS**  
**Finance & Budget Special Committee**  
**Meeting Minutes for February 24, 2020**

1055 W. 7<sup>th</sup> Street, Los Angeles, CA 90017



**L.A. Care**  
 HEALTH PLAN

**Members**

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

**Management/Staff**

John Baackes, *Chief Executive Officer*  
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<b>APPROVE MEETING AGENDA</b>	The Agendas for today's meeting were approved.	<b>Approved unanimously by roll call. 5 AYES (Booth, Curry, De La Torre, Perez and Roybal)</b>
<b>PUBLIC COMMENTS</b>	There were no public comments.	
<b>APPROVE MEETING MINUTES</b>	The minutes of the January 27, 2020 meeting were approved as submitted.	<b>Approved unanimously by roll call. 5 AYES</b>
<b>CHAIRPERSON'S REPORT</b>	There was no report from the Chairperson.	
<b>CHIEF EXECUTIVE OFFICER'S REPORT</b>	John Baackes, <i>Chief Executive Officer</i> , reported on the proposed changes to Medicaid, which if combined with the proposed California Advancing & Innovating Medi-Cal (CalAIM) will have significant effects upon hospitals. L.A. Care will not be affected as a plan but it will have an impact to access to care for members.	

**APPROVED**

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	<p>Chair De La Torre noted that he heard that the tax penalty for health coverage may be delayed in California, which could result in a drop in enrollment. Mr. Baackes will clarify these issues and report back to the Committee.</p> <p>Member Curry asked about the pmpm expense increase on L.A. Care's income statement. Ms. Montgomery noted that accrual of an estimated amount is offset by retroactive revenue adjustments. Of concern would be SNF and inpatient/outpatient hospital expense. Staff is investigating those unfavorable expenses.</p> <p><b><u>Motion FIN 100.0320</u></b>  <b>To accept the Financial Report as submitted, for the period January 2020 as submitted.</b></p>	<p><b>Approved unanimously by roll call. 5 AYES</b></p>
<p><b>Investment Monthly Transactions Report</b></p>	<p>Ms. Montgomery referred to the investment transactions reports included in the meeting materials. <i>(A copy of the report can be obtained by contacting Board Services).</i> As of January 31, 2020, L.A. Care's total investment market value was \$1.6B</p> <ul style="list-style-type: none"> <li>• \$1.4 billion managed by Payden &amp; Rygel and New England Asset Management (NEAM)</li> <li>• \$72 million in Local Agency Investment Fund</li> <li>• \$106 million in Los Angeles County Pooled Investment Fund</li> </ul>	
<p><b>ADJOURN TO CLOSED SESSION</b></p>	<p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the items that the Committee will discuss in closed session. There was no public comment on the Closed Session items, and the meeting adjourned to closed session at 1:45 pm.</p> <p>CONTRACT RATES  Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> <li>• Plan Partner Rates</li> <li>• Provider Rates</li> <li>• DHCS Rates</li> </ul> <p>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: <i>February 2022</i></p>	
<p><b>RECONVENE IN OPEN SESSION</b></p>	<p>The meeting reconvened in open session at 1:52 pm. No reportable actions were taken during the closed session.</p>	

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ADJOURNMENT	The meeting was adjourned at 1:53 pm.	

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

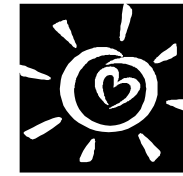
APPROVED BY:  
\_\_\_\_\_  
Robert H. Curry, *Chair*  
Date Signed \_\_\_\_\_

# BOARD OF GOVERNORS

## Compliance & Quality Committee Meeting

### Meeting Minutes – January 16, 2020

L.A. Care Health Plan CR 100, 1055 W. Seventh Street, Los Angeles, CA 90017



**L.A. Care**  
HEALTH PLAN

**Members**

Stephanie Booth, MD, *Chairperson*  
Al Ballesteros, MBA  
Hilda Perez  
Ilan Shapiro, MD  
Nina Vaccaro \*

**Management**

Richard Seidman, MD, MPH *Chief Medical Officer*  
Augustavia J. Haydel, *General Counsel*  
Thomas Mapp, *Chief Compliance Officer*  
James Kyle, MD, *Medical Director, Quality, Quality Improvement*  
Katrina miller Parrish, MD, FAAFP, *Chief Quality and Information Executive*  
Elysse Palomo, *Director, Regulatory Audits*

\* *Absent* \*\* *Teleconference*

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	Stephanie Booth, MD, <i>Committee Chairperson</i> , called the meeting to order at 2:06 pm.  She announced that members of the public may address the Committee on each matter listed on the agenda before the Committee's consideration of the item, or on any other topic at the Public Comment section.	
<b>APPROVAL OF MEETING AGENDA</b>	The Agenda was approved as submitted.	<b>Approved unanimously. 4 AYES (Ballesteros, Booth, Perez, and Shapiro)</b>
<b>PUBLIC COMMENT</b>	There was no public comment.	
<b>APPROVAL OF MEETING MINUTES</b>	The November 21, 2019 meeting minutes were approved as submitted.	<b>Approved unanimously. 4 AYES</b>
<b>CHAIRPERSON REPORT</b>	There was no report from the Chairperson.	
<b>CHIEF EXECUTIVE OFFICER REPORT</b>	There was no report from the CEO.	

**APPROVED**

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p><b>CHIEF MEDICAL OFFICER REPORT</b></p> <p>Richard Seidman, MD, MPH</p>	<p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, reported:</p> <p><u>Influenza Season</u></p> <p>The influenza season usually peaks in January. There was a slight decrease in reported cases in the first week of January in the U.S. Nearly 10 percent of all deaths in Los Angeles County were related to influenza and pneumonia. The influenza is largely preventable and vaccination rates are always lower than they should be. Immunizations are available for all L.A. Care members through primary care doctors and contracted pharmacies.</p> <p><u>Health Information Technology</u></p> <p>L.A. Care's Transforming Clinical Practice Initiative is a four-year federal grant that expired in September 2019. L.A. Care used remaining funding to execute bridge contracts with a number of practice coaching entities. L.A. Care is seeking opportunities for additional grant funding.</p> <p>L.A. Care has a contract with First 5LA to support implementation and utilization of validated developmental screening tools. The timing is good due to the increased focus in California on Behavioral Health. First 5LA will support L.A. Care in providing practice coaching to help 10 provider groups implement the use of validated screening tools and improve their ability to effectively make referrals for necessary services.</p> <p>On January 29, L.A. Care will host its second annual Provider Recognition Awards dinner, which was very successful last year. This year's keynote speaker will be Dr. Lance Lang, Chief Medical Officer of Covered California.</p> <p>L.A. Care has launched a health equities task force/committee. Dr. Seidman suggested that Marina Acosta, <i>Health Equities Program Manager</i>, and other staff attend a future Compliance and Quality committee meeting to present information about the health equities work that is being done. His team has identified categories and opportunities to provide high level compliance and competency training. They are also looking for ways to improve care where there are known inequities and disparities.</p> <p>Member Booth agreed it would be great to have them present at a future meeting.</p> <p><u>Provider Incentive Payments</u></p>	

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	<p>L.A. Care paid incentives totaling nearly \$40 million to primary care providers, clinics, medical groups, and plan partners in December 2019. Incentive awards ranged from \$0 to \$3 per member per month. Incentives earned can increase capitation and revenue by 120 percent. He noted that these value based payments must be earned through improvements in care.</p>	
<p><b>CHIEF COMPLIANCE OFFICER REPORT</b></p> <p>Thomas Mapp Elysse Palomo</p>	<p>Thomas Mapp, <i>Chief Compliance Officer</i>, and Elysse Palomo, <i>Director, Regulatory Audits</i>, referred to the written report included in the meeting material. <i>(A copy of the written report can be obtained from Board Services).</i></p> <p><u>Compliance Overview</u></p> <p>Mr. Mapp presented an overview of the Compliance department’s purpose and focus. The Compliance Department Staff conducts its operations to prevent, detect and correct non-compliance and to support business units in their efforts to conduct high-performing business operations that support L.A. Care’s members and providers.</p> <p>Mr. Mapp provided an example scenario of presenting non-compliance – ensuring member letters are sent timely. Mr. Mapp asked the committee how they would prevent untimeliness of letters. Member Booth responded that she would make sure there is a written process with a timeline for each part of the process (i.e. created, reviewed, and mailed). Mr. Mapp added that we can also monitor issues and implement corrective actions so that it similar issues would not occur again in the future. We can also conduct tests and evaluate performance dashboards to ensure ongoing compliance.</p> <p><u>Special Investigations Unit</u></p> <p>The mission of the Special Investigations Unit is to effectively detect, investigate, and prevent health care fraud, waste and abuse, and to ensure the safety of L.A. Care members. This Unit investigates pharmacy fraud such as fictitious patient billing, billing for medications that were never dispensed to a patient, provider fraud such as billing for services not rendered, up-coding and modifier abuse, and member fraud such as fraudulent enrollment or use of health plan services.</p> <p>Member Shapiro asked if there is a specific computer system that maps the entire process for these types of Compliance issues. Ms. Palomo responded that they are working on acquiring a governance, risk and compliance system. They are gathering</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	requirements from business units. She stated that Legal Services reviews the process. This helps increase monitoring throughout the organizations.	
<p><b>2019 P4P OVERVIEW</b></p> <p>Katrina Miller Parrish, MD, FAAAP Henock Soloman</p>	<p>Katrina Miller-Parrish, MD, FAAAP, <i>Chief Quality and Information Executive</i>, and Henock Soloman, <i>Manager, Incentives, Population Health Management</i>, presented information on Quality Improvement Incentives. <i>(A copy of the presentation can be obtained from Board Services).</i></p> <p><u>Pay-for-Performance (P4P) Updates</u></p> <ul style="list-style-type: none"> <li>• Incentives serve as a motivator and amplifier for Quality Improvement (QI) interventions. L.A. Care incentives programs are currently all no-risk.</li> <li>• The programs promote provider accountability and offer a business case for quality improvement.</li> <li>• Designed to align the quality improvement goals of Plan Partners, Independent Physicians Associations (IPA), clinics and physicians. The aim is to foster systemic process improvements and better care coordination, reduce variation, and promote consistency.</li> </ul> <p>Member Booth asked if L.A. Care is currently reporting physician benchmarking separately for mid-level providers. Dr. Miller-Parrish responded that currently only primary care physician benchmarking is being reported. Member Booth stated it is important to report separately, because they each have their pros and cons. Dr. Miller-Parrish agreed, and it is planned for the future.</p> <p>Measurement Year (MY) 2018 final Pay for Performance (P4P) reports and payments.</p> <p>Medi-Cal total \$39.4 million payout:</p> <ul style="list-style-type: none"> <li>○ 972 Physician payments, totaling \$10.5 million</li> <li>○ 66 Clinic payments, totaling \$10.5 million</li> <li>○ 53 IPA payments, totaling \$14 million (IPAs earned 94% of available incentive)</li> <li>○ 2 Plan Partner payments totaling \$4.4 million</li> </ul> <p>The program is being revamped to closely mirror the new Value Initiative for IPA Performance program.</p> <p>Member Perez stated that from the consumer perspective and when members come to her to get assistance with member issues they always blame L.A. Care. Sometimes it can be difficult to help consumers understand the steps they need to take to get</p>	

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	their issues addressed. She would like to know if they collect data or it is submitted to them by participants of L.A. Care's incentive programs. Mr. Soloman responded that they request and receive data from the providers, clinics, Plan Partners, and IPAs who are participating in incentive programs. They are encouraged to submit encounter data, which is data that represents a member receiving services.	
<b>COMMITTEE ISSUES</b>		
<b>REVIEW COMMITTEE CHARTER</b>	This item is tabled for a future Compliance & Quality meeting.	
<b>ANNUAL COMMITTEE CHAIR ELECTION</b>  Augustavia J. Haydel, JD.	Augustavia J. Haydel, Esq., <i>General Counsel</i> , reviewed the process for Committee Chair election and asked for nominations for Committee Chair.  Member Ballesteros nominated Member Booth. Member Booth accepted the Nomination. There were no other nominations.  <b>Member Booth was unanimously elected Committee Chair.</b>	<b>Approved unanimously. 4 AYES</b>
<b>ADJOURN TO CLOSED SESSION</b>		
<b>PEER REVIEW</b> Welfare & Institutions Code Section 14087.38(o)		
<b>THREAT TO PUBLIC SERVICES OR FACILITIES</b> Consultation with Augustavia J. Haydel, JD, General Counsel		
<b>ADJOURNMENT</b>	The meeting was adjourned at 3:45 p.m.	

Respectfully submitted by:

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

APPROVED BY:

\_\_\_\_\_  
 Stephanie Booth, MD, *Chairperson*  
 Date Signed: \_\_\_\_\_