BOARD OF GOVERNORS MEETING

April 1, 2021 • 2:00 PM

L.A. Care Health Plan

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

About L.A. Care Health Plan

Statement

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

Overview

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

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

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

Programs

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

- **L.A. Care Covered™** – As a state selected Qualified Health Plan, L.A. Care provides the opportunity for all members of a family to receive health coverage under one health plan in the Covered California state exchange.

- **L.A. Care Cal MediConnect Plan** – L.A. Care Cal MediConnect Plan provides coordinated care for Los Angeles County seniors and people with disabilities who are eligible for Medicare and Medi-Cal.

- **PASC-SEIU Homecare Workers Health Care Plan** – L.A. Care provides health coverage to Los Angeles County's In-Home Supportive Services (IHSS) workers, who enable our most vulnerable community members to remain safely in their homes by providing services such as meal preparation and personal care services.

L.A. Care Membership by Product Line – As of March 2021	
Medi-Cal	**2,216,279**
L.A. Care Covered	**96,458**
Cal MediConnect	**18,581**
PASC-SEIU	**51,726**
Total membership	**2,383,044**
L.A. Care Providers – As of September 2018	
Physicians	**4,926**
Specialists	**19,024**
Both	**1,537**
Hospitals, clinics and other health care professionals	**8,778**
Financial Performance (FY 2020-2021 budget)	
Revenue	**$7.7M**
Fund Equity	**$778,308**
Net Operating Surplus	**($169,273)**
Administrative cost ratio	**5.8%**
Staffing highlights	
Full-time employees (Actual as of September 2020)	**2,088**
Projected full-time employees (FY 2020-2021 budget)	**2,033**

AGENDA
BOARD OF GOVERNORS MEETING
L.A. Care Health Plan
Thursday, April 1, 2021, 2 PM
L.A. Care Health Plan, 1055 W. 7th Street, 10th Floor, Los Angeles, CA 90017

DRAFT

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

https://lacare.webex.com/lacare/j.php?MTID=mcec1470e2947d0b9858d351797da05fc
English Audio Call (213) 306-3065 or (415) 655-0002
Access Code **187 473 0524** **Password: lacare**

Spanish Audio Call: (213) 438 5597 or (844) 907-7272
Access Code **998 194 880** *(This meeting does not require a password)*

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

The text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.
Comments received by voicemail, email or text by 2:00 pm on April 1, 2021 will be provided in writing to the members of the Board of Governors at the meeting.
Once the meeting has started, emails and texts for public comment should be submitted before the item is called by the meeting Chair. If you wish to submit public comment on an item, you must submit it at any time prior to the time the Chair starts consideration of the item. The Chair will ask for public comment and will announce the item. The Chair will announce when public comment period is over for the item.
Public comments will be read for up to 3 minutes at the meeting.
All votes in a teleconferenced meeting will be conducted by roll call.
If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act please contact L.A. Care Board Services staff prior to the meeting for assistance by text to (213) 628-6420 or by email to BoardServices@lacare.org.

Welcome — Hector De La Torre, *Chair*

1. Approve today's Agenda — *Chair*
2. Public Comment *(Please read instructions above.)* — *Chair*
3. Consent Agenda Items — *Chair*
   - Minutes of March 4, 2021 Board of Governors Meeting p.15
   - Revisions to Communications Policy COMM-006 (Sponsorships) **(EXE 100)** p.39
4. Chairperson's Report — *Chair*
5. Chief Executive Officer Report p.45 — John Baackes, *Chief Executive Officer*
   - L.A. Care COVID-19 Vaccination Schedule April 2021 p.47
   - Monthly Grants & Sponsorship Reports p.51
6. Chief Medical Officer Report p.52 — Richard Seidman, MD, MPH, *Chief Medical Officer*
7. Presentation: COVID-19 Vaccine Outreach Efforts p.56 — Misty DeLamare, *Director, Communications*

Advisory Committee Reports

8. Executive Community Advisory Committee p.75 — Hilda Perez / Layla Gonzalez, *Consumer member and Advocate member*

9. Children's Health Consultant Advisory Committee p.97 — Richard Seidman, MD, MPH

Committee Reports

10. Executive Committee — *Chair*

- Government Affairs Update p.107 — Cherie Compartore, *Senior Director, Government Affairs*
  - Updated 2021 State and Federal Policy Agenda **(BOG 100)** p.151

11. Finance & Budget Committee — Robert H. Curry, *Committee Chair*

- Chief Financial Officer Report p.165 — Marie Montgomery, *Chief Financial Officer*
  - Financial Report February 2021 **(FIN 100)** p.176
  - Monthly Investment Transaction Reports p.187
- Cognizant Technology Solutions Contract Amendment **(FIN 101)** p.212 — Tom MacDougall, *Chief Information & Technology Officer*

12. Compliance & Quality Committee p.221 — Stephanie Booth, MD, *Committee Chair*

13. Public Comment on Closed Session Items *(Please read instructions above.)* — *Chair*

ADJOURN TO CLOSED SESSION (Estimated time: 40 minutes) — *Chair*

14. CONTRACT RATES
Pursuant to Welfare and Institutions Code Section 14087.38(m)
- Plan Partner Rates
- Provider Rates
- DHCS Rates

15. REPORT INVOLVING TRADE SECRET
Pursuant to Welfare and Institutions Code Section 14087.38(n)
Discussion Concerning new Service, Program, Technology, Business Plan
Estimated date of public disclosure: *April 2023*

16. 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

17. CONFERENCE WITH LABOR NEGOTIATOR
Section 54957.6 of the Ralph M. Brown Act
Agency Designated Representative: Hector De La Torre
Unrepresented Employee: John Baackes

RECONVENE IN OPEN SESSION — *Chair*

18. Consideration of Chief Executive Officer's Compensation — *Chair*

Adjournment — *Chair*

The next meeting is scheduled on Thursday, May 6, 2021 at 2:00 PM and may be conducted as a teleconference meeting.

Public comments will be read for up to three minutes.
The order of items appearing on the agenda may change during the meeting.

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

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

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

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

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

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

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

L.A. Care HEALTH PLAN

Schedule of Meetings
April 2021

Monday	Tuesday	Wednesday	Thursday	Friday
			1 ***Board of Governors Meeting*** *2 pm* *(for approx. 2 hours)*	2
5	6	7	8	9
12	13	14 ***ECAC Meeting*** *1 pm* *(for approx. 2 hours)*	15	16
19	20	21	22	23
26 ***Finance & Budget*** *1 pm* *(for approx. 1 hour)* ***Executive Committee*** *2 pm* *(for approx. 2 hours)*	27	28	29 ***Technical Advisory Committee*** *2 pm* *(for approx. 2 hours)*	30

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.

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

Prepared by mhbalones/printed on 03/23/21

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

BOARD OF GOVERNORS & PUBLIC ADVISORY COMMITTEES
2021 MEETING SCHEDULE / MEMBER LISTING

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
BOARD OF GOVERNORS	**1st Thursday** 2:00 PM *(for approximately 3 hours)* L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250 **Placeholder meeting* *** Offsite – location TBD* **** last Thursday of the month* ***** All Day Retreat – location TBD*	April 1 May 6 June 3** July 29*** *No meeting in August* September 3**** October 7* November 4 December 2	Hector De La Torre, *Chairperson* Alvaro Ballesteros, MBA, *Vice Chairperson* Robert Curry, *Treasurer* Layla Gonzalez, *Secretary* Stephanie Booth, MD Christina R. Ghaly, MD George W. Greene, Esq. Antonia Jimenez Supervisor Holly J. Mitchell Hilda Perez G. Michael Roybal, MD, MPH Ilan Shapiro, MD Nina Vaccaro **Staff Contact:** John Baackes *Chief Executive Officer, x4102* Linda Merkens *Senior Manager, Board Services, x4050*
BOARD COMMITTEES			
EXECUTIVE COMMITTEE	**4th Monday of the month** 2:00 PM *(for approximately 2 hours)* L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250 **3rd Monday due to Thanksgiving holiday*	April 26 May 24 June 28 *No meeting in July* August 23 September 27 October 25 November 15* *No meeting December*	Hector De La Torre, *Chairperson* Alvaro Ballesteros, MBA, *Vice Chairperson* Robert H. Curry, *Treasurer* Layla Gonzalez, *Secretary* Stephanie Booth, MD Hilda Perez **Staff Contact:** Linda Merkens *Senior Manager, Board Services, x4050* Malou Balones *Board Specialist III, Board Services x4183*

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BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2021 MEETING SCHEDULE / MEMBER LISTING

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
COMPLIANCE & QUALITY COMMITTEE	**3rd Thursday every 2 months** 2:00 PM *(for approximately 2 hours)* L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250	May 20 August 19 September 16 November 18	Stephanie Booth, MD, *Chairperson* Alvaro Ballesteros, MBA Hilda Perez Ilan Shapiro, MD Nina Vaccaro **Staff Contact:** Victor Rodriguez *Board Specialist II, Board Services x 5214*
FINANCE & BUDGET COMMITTEE	**4th Monday of the month** 1:00 PM *(for approximately 1 hour)* L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250 **3rd Monday due to Thanksgiving holiday*	April 26 May 24 June 28 *No meeting in July* August 23 September 27 October 25 November 15* *No meeting December*	Robert H. Curry, *Chairperson* Stephanie Booth, MD Hector De La Torre Hilda Perez G. Michael Roybal, MD, MPH **Staff Contact:** Malou Balones *Board Specialist III, Board Services x4183*
GOVERNANCE COMMITTEE	L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250 **MEETS AS NEEDED**		Hilda Perez, *Chairperson* Stephanie Booth, MD Layla Gonzalez Antonia Jimenez Nina Vaccaro **Staff Contact:** Malou Balones *Board Specialist III, Board Services/x 4183*
SERVICE AGREEMENT COMMITTEE	L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250 **MEETS AS NEEDED**		Layla Gonzalez, *Chairperson* George W. Greene Antonia Jimenez Hilda Perez **Staff Contact** Malou Balones *Board Specialist III, Board Services/x 4183*

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BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2021 MEETING SCHEDULE / MEMBER LISTING

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

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BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2021 MEETING SCHEDULE / MEMBER LISTING

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
PUBLIC ADVISORY COMMITTEES			
CHILDREN'S HEALTH CONSULTANT ADVISORY COMMITTEE GENERAL MEETING	**3rd Tuesday of every other month** 8:30 AM *(for approximately 2 hours)* L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250	May 18 August 17 September 21 November 16	**Tara Ficek, MPH,** *Chairperson* **Staff Contact:** Victor Rodriguez *Board Specialist II, Board Services/x 5214*
EXECUTIVE COMMUNITY ADVISORY COMMITTEE	**2nd Wednesday of the month** 10:00 AM *(for approximately 3 hours)* L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250	April 14 May 12 June 9 *No meeting in July* August 11 September 8 October 13 November 10 December 8	**Fatima Vasquez,** *Chairperson* **Staff Contact:** Idalia Chitica**,** *Community Outreach & Education, Ext. 4420*
TECHNICAL ADVISORY COMMITTEE	**Meets Quarterly** L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250	April 29 at 2 pm July October	Richard Seidman, MD, MPH*, Chairperson* **Staff Contact:** Victor Rodriguez *Board Specialist II, Board Services/x 5214*

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BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2021 MEETING SCHEDULE / MEMBER LISTING

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

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

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BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2021 MEETING SCHEDULE / MEMBER LISTING

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

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Board of Governors
Regular Meeting Minutes #295
March 4, 2021

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

Members

Hector De La Torre, *Chairperson*
Alvaro Ballesteros, MBA, *Vice Chairperson*
Robert H. Curry, *Treasurer*
Layla Gonzalez, *Secretary*
Stephanie Booth, MD
Christina R. Ghaly, MD
George W. Greene, Esq.*
Antonia Jimenez
Honorable Holly J. Mitchell
Hilda Perez
G. Michael Roybal, MD, MPH
Ilan Shapiro, MD
Nina Vaccaro, MPH

Management/Staff

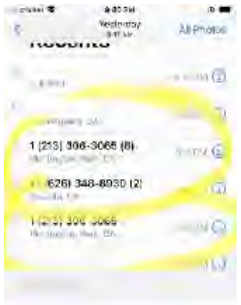
John Baackes, *Chief Executive Officer*
Terry Brown, *Chief of Human Resources*
Augustavia Haydel, *General Counsel*
Acacia Reed, *Chief Operating Officer*
Francisco Oaxaca, MBA, *Chief, Communications and Community Relations*
Tom MacDougall, *Chief Information & Technology Officer*
Thomas Mapp, *Chief Compliance Officer*
Marie Montgomery, *Chief Financial Officer*
Noah Paley, *Chief of Staff*
Richard Seidman, MD, MPH, *Chief Medical Officer*

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

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

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
WELCOME	Hector De La Torre, *Chairperson,* called to order at 2:06 p.m. the regular meetings of L.A. Care Board of Governors and L.A. Care Health Plan Joint Powers Authority Board of Directors. The L.A. Care Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors regular meetings were held simultaneously. He welcomed members of the public and thanked those who have submitted public comment by voice mail, text or email. Board Members have received in writing the voice messages and written comments that were sent before the meeting. Comments sent before and during the meeting will be read for up to three minutes. Public comments on any topic that are not listed on the Agenda will be heard at the Public Comment section of the Agenda, and comments on the items listed on the Agenda will be heard before the item is discussed by the Board. For those with access to the internet, the materials for today's meeting are available on the L.A. Care website. If you need information about how to locate the materials, please let us know.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF MEETING AGENDA	The agenda was approved as submitted.	**Unanimously approved by roll call. 9 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Jimenez, Roybal, Shapiro and Vaccaro)**
PUBLIC COMMENT	*Given current public health guidelines and orders, public comments received by 2:00 p.m. have been provided to Board Members in writing. Public comment received was read during the meeting for three minutes for each person submitting comments. Additional comments not read due to time limit will be printed as an addendum at the end of these minutes. (Member Perez joined the meeting.)* **Text, Feb. 24, 7:00 am, Carolyn Rogers Navarro** *3-4-2021 after following Synermed for years my estimate is about 90% of the people harmed by them or their guardians have no idea they are fraud victims , these victims are much more recent than my daughter. I don't care what other names or front companies Synermed hid behind, your board members are basically assessories to withholding information from enrollees about Synermed harming people, I know about deaths and I don't believe LA Care agents were unaware is what Synermed was doing and enrollees even now tell me the abuses continue!* **Text, Feb. 24, 7:12 am, Carolyn Rogers Navarro** *3-4-2021 public comment , LA Care had contracts for years with a Synermed front company, this company had NO employees and was run by Synermed, the DMHC affirmed this. LA Care likely handed millions over to these people who exploited it and exploited disabled people including my adult autistic child ! Seriously board members , RUN away from these people !* *(Add to last comment) I have served on a board and know perfectly well ALL of you are in the hook for LA Cares conduct!*	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	 **Via text, Feb 24, 9:51 pm, sender not self identified** *Public comment 3-4-21 board meeting, while In recess at 2-22-21 committee meeting I was told I wasn't allowed access and hung up on about 5 times and I called back until I finally heard the important announcements at end of meeting! At another meeting I believe in Jan I was listening for the adjournment and was hung up on!* **Via Text, Feb 26, 4:02 am, from Carolyn Rogers Navarro** *Public comment 3-4-21 Carolyn Rogers Navarro (L@@K ME UP!)thanks for posting my info before you fraudsters got paranoid about , more people keep contacting me about what a—— s you are! I tilled my field of f—s and they keep a coming!* **Via Text Mar 1, 5:16 pm, from sender not self-identified** *(Please tie my public comments in to chairperson report and public comment.)* *3-4-21 special needs people are not safe with you people.* **Via Text Mar 2, 5:57 am, from Carolyn Rogers Navarro** *Public comment item 2 3-4-2021 Carolyn Rogers Navarro, I lived through an LA Care "case worker" (I should name her) and other agents ignoring my 100s if grievances , appeals and attempts to get assistance for my now dead autistic daughter, (3 minutes expired, remainder of comment is printed as an addendum to these minutes)*	
CONSENT AGENDA ITEMS APPROVED BY A COMMITTEE	A correction will be made to the Minutes of February 4, 2021 Board of Governors, to include Supervisory Holly J. Mitchell's name on the list of Board Members attending the meeting. • Minutes of February 4, 2021 Board of Governors Meeting • TransUnion Contract Amendment **(FIN 100)** **Motion FIN 100.0321** **To authorize staff to amend a contract currently $6,836,000.00 by an amount of $1,200,000 not to exceed $8,036,000 with TransUnion to provide encounter processing services for the period of June 1, 2021 to May 31, 2022.**	**Consent Agenda items were unanimously approved by roll call, with correction to the February 4, 2021 Minutes as noted.** **9 AYES**
CHAIRPERSON'S REPORT	PUBLIC COMMENT: *Via **Text, Feb. 24, 6:37 am, Carolyn Rogers Navarro***	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	3-4-21 board meeting public comment , please produce rules that I cannot share my personal contact info in my public comment. LA Care publishing my edited (by LA Care) grievances in Nov which had nothing to do with public comment and my reporting it has nothing to do with me and is just an effort on your part to keep victims of Synermed from speaking to each other! Anyone seeing this is welcome to look me up , I'm networking with other victims and their caregivers. Carolyn Rogers Navarro Chairperson De La Torre expressed condolences to Ms. Navarro for the loss of her daughter. Because there have been instances of members of the public complaining about release of information during public comment, Chairperson De La Torre asked that personal information not be disclosed. Subsequently he has been advised that if a person includes their personal information in the public comment, it will be included. He apologized for any confusion in this regard. He just did not want personal information divulged. *(Member Curry joined the meeting.)*	
CHIEF EXECUTIVE OFFICER REPORT	John Baackes, *Chief Executive Officer,* reported (*a copy of his written report may be obtained by contacting Board Services*): • L.A. Care's enrollment in Medi-Cal continues to grow. On February 1, 2021, Medi-Cal enrollment is 2.2 million. L.A. Care's total members across all types of programs is 2.36 million, the largest enrollment for the health plan. With increased enrollment comes increased responsibility and the opportunity to use additional revenue to keep the plan functioning at the highest level of performance. The process for redetermination of eligibility for Medi-Cal was suspended during the public health emergency. L.A. Care is concerned that once the pandemic emergency is over, California Department of Health Care Services (DHCS) will need to proceed with redetermination of eligibility for Medi-Cal to meet Centers for Medicare and Medicaid Services (CMS) requirements. Health plan representatives have made DHCS aware of the enormity of this task, since there is a tremendous back log to process. L.A. Care will work with Los Angeles County's Department of Public Social Services (DPSS) and Department of Health Services (DHS) to make sure members are informed about what steps they can take to make sure that their health coverage is not interrupted. It is expected that the emergency will not be lifted before the end of 2021, and redetermination will proceed after that. • A COVID-19 relief bill has been passed by the U.S. House of Representatives and will now be considered by the U.S. Senate. The bill does not have a huge impact on L.A. Care although there are provisions that may increase the subsidy for Covered California and	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	other Affordable Care Act (ACA) health benefit exchange programs around the country. The bulk of the bill is to provide funds for schools and other agencies to deal with the vaccine distribution, a return to normalcy as well as unemployment benefits. Changes that might be expected from the Biden Administration in health care legislation are not expected until this bill has passed. • Another important federal issue of grave importance to L.A. Care is the Texas v. Azars case in the Supreme Court of the United States (SCOTUS). Oral arguments were heard in November 2020 by SCOTUS about the constitutionality of the ACA, based on Congress removing the tax imposed on people who did not have health care coverage. In previous meetings, it was stated that a new Congress could impose the tax, and eliminate the need for the SCOTUS case. Indications are that the federal administration is much more focused on COVID-19 relief bill, vaccine supply and other matters. There is a general consensus that SCOTUS would not strike down the entire ACA as unconstitutional, based on comments made in oral arguments last November. A decision is expected by June, and updates will continue to be provided to the Board. • In California, the prescription drug carve out announced by the Newsom administration to be effective January 1, 2021 has been postponed last November and in February, it was announced the delay in implementation was indefinite, due to a potential conflict of interest on the part of the contractor which was retained to administer the carve out program. Magellan was selected as the pharmacy benefit manager (PBM). Shortly after the first of the year, it was announced that Magellan would be acquired by Centene. Centene is a publicly traded company focused on Medicaid, and also owns Health Net, which is L.A. Care's competitor in Los Angeles County. The ownership of Magellan is important because in the original request for proposal (RFP), it was stated that any PBM that was owned by a health plan doing business with the State of California would be prohibited from bidding because of the inherent conflict of interest in a health plan potentially having access to information regarding the operations of other health plans. The announcement made in February included statement that they had not been able to reach agreement with Magellan and Centene on a resolution of the potential conflict of interest. Many health plans feel that there should be another RFP issued or the contract should be offered to the second bidder in the original RFP. The suspension of the carve out caused all health plans to resume their contracts with PBMs in the interim. It has not been a big issue for L.A. Care, because of its other programs that require a PBM. But, for some other plans in California which only do business in Medi-Cal, a PBM was given notice of termination and then had to be reinstated. • A second issue in California is the announcement two years ago of revisions in the Medi-Cal benefit program, to incorporate the pilot programs that were started through a waiver of	

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	federal regulations. Programs such as Whole Person Care, Health Homes and the Intensive Care Coordination (ICC) benefits would be moved into a new program called, California Advancing and Innovating Medi-Cal (CalAIM), which was to start January 1, 2021. Because of the pandemic, it was postponed to January 1, 2022. There is a tremendous amount of planning underway by health plans for CalAIM, which includes new benefits called Enhanced Care Management (ECM), In Lieu of Services (ILOS) and Population Health Management (PHM). Plans are required to provide data and planning to DHCS on the implementation of these new benefits. It is challenging to plan for the implementation, which includes a communication strategy for Medi-Cal members about the new program, which must be ready by January 1, 2022. It involves a lot of activity by the health plan. • DHCS has also proposed new financial reporting requirements which puts additional demands on L.A. Care's administration. • The oversight from DHCS and California's Department of Managed Health Care (DMHC) and requirements for data are putting pressure on L.A. Care's administrative expenses. Staff continues to take steps to keep administrative costs down, while responding to demands from DHCS and DMHC. The new benefits for members are welcome additions to the services provided by the health plan. As the implementation date approaches, the Board will receive more information about the enhancements to Medi-Cal benefits. • Since the last Board Meeting, open enrollment periods have been extended for L.A. Care Covered until May 15. To date, L.A. Care Covered enrolled 102,000, about 15,000 members more than the highest enrollment in the prior year. • L.A. Care continues to increase membership in the CalMediConnect (CMC) program, which is a managed care program for those who are dually eligible in Medicare and Medi-Cal. The demonstration program will end in California at the end of 2022, and L.A. Care will convert its program to a Dual Special Needs Plan (D-SNP), a category added in 2006 in the Medicare Modernization Act. There will be no change in benefits to L.A. Care members. All the other managed care plans will also convert to the D-SNP category. This will require significant administrative planning and preparation through the Centers for Medicare and Medicaid Services (CMS). Work is already underway and L.A. Care will be ready to seamlessly switch from CMC to D-SNP. • Food distribution events have restarted, and L.A. Care is hosting or working with other community based organizations on upcoming events. Details about the events are available on the www.lacare.org. L.A. Care's team has done a wonderful job in lining up as many of these events as possible, and they will occur on a weekly basis through May.	

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	• L.A. Care's Community Resource Centers (CRCs) are closed due to public health emergency orders. At present, the CRCs are planned to reopen no sooner than May 1, as vaccinations are administered and in person activities begin to be allowed by public health officials. As had occurred last September when the CRCs reopened, there will be a gradual opening, with appointments required. There are six additional CRCs planned, and some of those will open in 2021. • A return to work for the 1055 and 1200 Buildings is expected in January 2022. If a herd immunity level and schools reopen sooner, L.A. Care will reconsider the date for returning to work. L.A. Care is aware of the importance for schools to reopen for employees with school age children. The return to work may be a different environment for L.A. Care employees. • L.A. Care's Value Initiative for Independent Physician Association (IPA) Performance is a way to measure performance of delegated entities with a pay for performance incentive. There is also a pay for performance incentive for individual physicians. L.A. Care held a recognition event three years ago for the top performers in both IPA and individual physician categories. The event was held virtually in 2021, and instead of a dinner, awardees received a recognition basket from L.A. Care. • L.A. Care has played an important role in helping members receive the COVID-19 vaccine. Richard Seidman, MD, MPH, *Chief Medical Officer,* reported that the vaccine rollout has not been seamless. There is a mixed picture along the lines of speed and equity. With respect to speed, recognizing that no one is satisfied despite the incredible progress made since the vaccines were approved, as it can't go fast enough. There has been reporting of inequity in distribution and availability of the vaccine among communities of color and lower income communities. In some communities that are most in need of the vaccine have some of the lowest rates of vaccine administration. Nationally, 16% of the population, or more than 54 million Americans have gotten a first dose. In California, 17% have received a first dose. Locally there is outreach to L.A. Care members, keeping up with the changing eligibility criteria. As of March 15 people aged 16-64 with chronic conditions, co-morbidities and disabilities will be eligible. L.A. Care will continue to encourage vaccination. L.A. Care is planning a series of vaccination clinics in partnership with the USC School of Pharmacy, at or near the eight CRCs, with the first event scheduled on March 31, in partnership with Blue Shield Promise. Two events will be held at each location. • Dr. Seidman reported that fortunately several other health care organizations with access to vaccine have reached out to L.A. Care to provide information for L.A. Care to reach out to members eligible to receive the vaccine.	

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	• Dr. Seidman encouraged use of the information on the L.A. Care website to find the most recent information about the vaccine distribution. L.A. Care provides links to local health departments, MyTurn app, and national pharmacy chains that can provide a vaccine. L.A. Care is providing information for members to access the variety of sources for the vaccine. • Dr. Seidman congratulated Supervisor Mitchell for hosting an event in South Los Angeles for vaccine distribution. Member Curry asked if Federally Qualified Health Centers (FQHCs) are getting a sufficient supply of vaccine, which could really help escalate the administration of the vaccines to the vulnerable and those without transportation, as a distribution process the FQHCs could help tremendously. Member Ballesteros reported that two weeks ago 25 FQHCs in the nation were selected to receive a vaccine supply. Two FQHCs in Los Angeles County received part of that supply: AltaMed Health Services and JWCH. It is his understanding that next week another four or five FQHCs will receive additional vaccine. There are 70 FQHCs in Los Angeles County, so one can see that a very small subset of clinics will have vaccine supplies. Advocates will encourage increases in the distribution of the vaccine. Member Ballesteros reported that JWCH has been able to receive the vaccine supply that it can administer in a week. JWCH received the supply that it requested. This was in addition to the vaccine supply that was provided to Los Angeles County Department of Health Services (DHS). If all FQHCs can receive the vaccine supply that was requested, it is a very good thing. JWCH is vaccinating all patients that meet the criteria set forth by the state. JWCH is administering several thousand vaccines per week. If other FQHCs are able to do the same, a significant dent can be made in the equity issue in Los Angeles County. Member Vaccaro reported that FQHCs are not getting the volume of vaccine for which they have the capacity to administer to hard to reach community members. She thinks it also depends on the loudness of the voice of the leadership at each particular clinic, and the relationships that they have, in order to get sufficient doses to meet their demand. Some of the smaller clinics received 100 doses to administer to their staff and have not been able to receive more than that to start administering vaccine to the patient population. She reported that it is getting better, and Community Clinic Association of Los Angeles County (CCALAC) and California Primary Care Association (CPCA) are strongly advocating to make sure vaccines are supplied to the FQHCs and community clinics so doses can be administered to the hard to reach populations in the most underserved areas in L.A. County. CCALAC and CPCA are	

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	advocating for a more equitable approach to vaccine distribution. Supervisor Mitchell's voice is appreciated in South Los Angeles, one of the areas hardest hit by COVID-19. Member Shapiro reported that the supply and demand may be aligned in the coming weeks. He is concerned about patients wanting to wait for the vaccine because they feel uninformed. He would like to see better messaging, particularly culturally sensitive messaging to bridge this potential gap in vaccine acceptance. He noted that having the logistics and the volume of vaccines ready is important, and we also need to be sure that relevant messages are created to encourage people to receive the vaccination. Member Booth suggested that trusted sports or other celebrity figures could be engaged to get a vaccine on video and to speak out to encourage people to get a vaccine. Dr. Seidman responded that this is a great suggestion and he has seen videos on social media, various health systems are distributing messages with celebrities and their own staff. L.A. Care is working on a collaboration with Inland Empire Health Plan on this strategy with appropriate well known celebrities as spokespeople to advocate among communities with known hesitancy to receive the vaccine. L.A. Care continues to provide information to members in the right cultural context to encourage vaccination. Member Supervisor Mitchell encouraged everyone to read an article that appears in the *L.A. Times* today, which dispels some of the myths about past health care delivery system misfortunes in the African American community, and talks about overall cultural challenges and concerns with regard to government agencies. This includes everyday experiences, including use of excessive force by law enforcement. She is informed of polling results that related to whom the community looks to in making a decision about vaccination. It is natural to assume that noted public figures in the community, such as entertainers and sports figures would be influencers. She noted that she read a report to the contrary; people are looking to ordinary people like themselves. She recommended creating opportunities for people to get the vaccine in their community from a trusted source, a community clinic or FQHC, their doctor, when we are able to show everyday people like themselves, frontline workers who have made a decision to get the vaccine, it will carry a much stronger message than the automatic default that assumes people make critical personal health care decisions based on advice from someone we admire as a celebrity. The polling was surprising at first, but upon further thought it makes sense. She encouraged more creative thinking in designing the communications around vaccination in order to have meaningful and relevant conversations about why to get a vaccine. Mr. Baackes continued his report:	

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	• The Executive Community Advisory Committee has recommended that L.A. Care send out masks to highly vulnerable members. L.A. Care has developed a plan with a variety of options that will be announced soon. L.A. Care has a supply of at least 50,000 and hopes to increase that amount. L.A. Care will be announcing the details at the ECAC meeting on March 10, and will report on it at the next Board meeting. Member Perez noted that Andria McFerson, *RCAC 6 Chair*, will be very happy about this announcement regarding mask distribution. Member Perez asked if Francisco Oaxaca, *Chief of Communications & Community Relations*, could report at the next Board meeting on how L.A. Care is tailoring the messaging in the community. Health Promoters collaborated with the Communications Department, to survey Regional Community Advisory Committee members about the vaccine, and she asked for a presentation about the survey and how L.A. Care is developing its messages to the community. Mr. Baackes offered to add that as an item for the next Board meeting Agenda. Member Gonzalez asked for an update on the number of members that may be affected by the Medi-Cal eligibility redetermination process. Mr. Baackes responded that he spoke with DHCS representatives about this and they are very concerned as well. DHCS is lobbying CMS to allow the redetermination process to be extended into a year-long process. L.A. Care has informed DHCS representatives that it would like to partner with them in communication to the members. In the past, DHCS has frowned on L.A. Care reaching out to individual members regarding redetermination, because the information sent to L.A. Care by DHCS was not reliably accurate. L.A. Care has informed DHCS that it is in a position to communicate with members and it would like to be part of the member communication concerning redetermination for Medi-Cal eligibility. Member Jimenez indicated that the DPSS has not conducted Medi-Cal eligibility redetermination for over one year. The redeterminations from that year would have to be conducted first. There could be two to three years of redetermination processing for each Medi-Cal member in Los Angeles County. DPSS is working to get the redetermination process advanced for Medi-Cal members who were due for redetermination more than one year ago, and allow DPSS to work on the more recent redeterminations that are due. There has been no communication to those Medi-Cal members under the ongoing public health emergency. Once the public health emergency is lifted, it is hoped there will be a gradual process for the redeterminations that are due, and a slow imposition of any termination of benefits that may be required. Los Angeles County is unique in processing redeterminations to advance the due date	

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	and continue benefits. Due to the public health emergency, for enrollees who submitted renewal paperwork, redeterminations are placed on hold in cases where benefits for an enrollee would be terminated if the renewal applications were processed. DPSS is processing those renewal applications for enrollees who are eligible to continue receiving benefits. DPSS will work with DHCS representatives on communicating with beneficiaries. Mr. Baackes clarified that DPSS is asking CMS to disregard eligibility redetermination for one year since those beneficiaries have received services. Member Jimenez indicated that is what DPSS is asking in order to keep a balance in the redeterminations.	
FY 2019-20 Sponsorship Report	Chairperson De La Torre referred Board Members to the written report included in the meeting materials.	
Grants and Sponsorship Report	Chairperson De La Torre referred Board Members to the written report included in the meeting materials.	
ADVISORY COMMITTEE REPORTS		
Executive Community Advisory Committee	PUBLIC COMMENT Via email, March 4, 2021 2:35 PM, submitted by Andria McFerson *Hello Chairperson Del La Torre,* *Please excuse any typos, timing or grammatical errors accompanying this message according to my ADA rights as a disabled person. So with all due respect to the BOG.* *I, Andria McFerson, LA Care member submit a 2nd request for a broken down audit with adherence to ADA rights, I do ask that the material be easy to understand and that it be submitted during the ECAC meeting March 10, 2021 and/the following ECAC as well so the committee can have that information and maybe place a motion on a future agenda regarding finances toward approved motion about masks.* *This is a formal request and, I ask that my request will be carried out. I need to know why in 3 months this ECAC motion has not been carried out with the actual BOG chairs and approved for gloves, masks and gloves to stop the spread of the COVID 19 virus and possibly work with another company or COMMUNITY BASED ORG. that can possibly contribute so the next audit will positively improve and other sickness and ailments won't get turned around by medical professionals like what I heard from other residents of Los Angeles County because we are one of the more effected than a lot of counties and some states and more.*	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Please consider ECAC's official motion. *I definitely feel responses have been unprofessional, if so please stop the retaliatory because this was an official motion but yet it has purposely not even been on the agenda or followed through.* *Thank you, Andria McFerson* *LA Care Member* *(Note this is a forward because as a RCAC 6 member with much respect my email has been blocked by LA Care)* Text, Mar 4, 2:37 pm, sender not self-identified *3-4-21 tell Del La Torre not to "mansplain" my comments, you people are withholding my daughters HIPAA protected info that she is a fraud victim perpetrated by a contractor you used, fraud that caused her bodily harm!* Text, Mar 4, 2:55 pm, not self-identified *3-4-21 item 6 stop withholding my daughters health info from us that she is a Synermed fraud victim! Stop withholding from enrollees that Synermed harmed them when they have no idea! It's suggested your members actually look up what was done to enrollees, someone just mentioned Tuskegee , what was done to my child is just as bad* Chairperson De La Torre noted in reference to the first public comment, that is what Mr. Baackes was referring to about providing personal protective equipment to some L.A. Care members. He noted that the federal government has announced it will be sending PPE and L.A. Care should dovetail its efforts to match that effort and not duplicate work. Mr. Baackes clarified that L.A. Care's announcement will address half of Ms. McFerson's comments and the rest is a separate issue. Member Gonzalez thanked the RCAC members and public for participating today. She expressed condolences to those that have lost someone due to COVID-19, and that she prays for those that are in the ICU with COVID-19 and hope that they recover quickly. She encouraged people that are seeking appointments to get vaccinated, and urged them not to give up, but be persistent if you currently qualified. She reported that ECAC members met on February 10. • She thanked the members that have attended and continue to attend the Board of Governors' meeting. She thanked the CO&E team and Fatima Vazquez, ECAC Chair,	

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	RCAC 7 Chair, for a full and informative meeting, and she appreciates RCAC members for voicing their concerns. • Dr. Seidman gave an update on the status of the COVID-19 vaccine and rates of infection in the world and in L.A. County. He informed ECAC members about L.A. Care's partnerships with hospitals that have access to the COVID-19 vaccine to conduct outreach to L.A. Care members that live near their facilities. One of the hospital partners, Dignity Health, owns the naming rights for Dignity Health Sports Park in Carson. They are hosting the event that began on February 15, and have invited L.A. Care to help with outreach to local members. • James Kyle, MD, MDiv, *Medical Director, Quality, Diversity, Equity and Inclusion*, gave an update about L.A. Care's Equity Council Steering Committee and its activities. The committee has set goals and activities revolving around effective member input, establishing and leveraging partnerships to advance equity, and addressing the Social Determinants of Health. • Priti Thanki, *Local Government Advisor, Government Affairs*, gave updates about Governor Newsom's Budget proposal: o The proposal includes $2 billion to expand COVID-19 testing in California, plus $473 million to improve contact tracing and $372 million for vaccine distribution. It expands Medi-Cal to post-partum women who are diagnosed with a maternal mental health condition until December 31, 2022. Effective July 2021, over-the-counter adult Acetaminophen and cough/cold products would be covered. Continuous glucose monitoring systems would be added as a benefit for Medi-Cal enrollees that are ages 21 and older with Type 1 diabetes, effective January 1, 2022. o The budget continues the expansion of Medi-Cal coverage for the Aged, Blind, and Disabled population with incomes between 123% to 138% of the federal poverty level, that was as passed as part of the last fiscal year's budget but was not yet implemented. o It does not, however, set aside money to expand Medi-Cal eligibility to all California seniors regardless of immigration status. o The budget provides $1.75 billion in one-time funding to buy motels to house people experiencing homelessness and to develop community mental health facilities. o Ms. Thanki also reported that the state anticipates enrollment in Medi-Cal will increase by 12% next year, with 15.6 million Californians – or 40% of the state population, expected to be enrolled. • Auleria Eakins, EdD, MPA, *Manager, CO&E*, gave an update on the motions that were approved by ECAC, and on the temporary re-closing of Family Resource Centers and Community Resource Centers. She spoke about the RCAC Community Work Plan Projects for 2020-21, which will focus on Food Security and Technology Justice. RCAC members	

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	were asked to help identify local organizations that can help address food scarcity and technology inequities in their communities. • The committee received an update about L.A. Care's Healthy Moms and Babies program from Bettsy Santana, *Manager, Quality Improvement Initiatives*, Jacqueline Kalajian, *Health Education Manager II* and Marina Acosta, *Health Equities Program Director II*. The program addresses high-risk pregnancy in order to address disparities in prenatal and postpartum care, as well as overall health outcomes like infant and maternal mortality. It aims to work with health care providers to help identify women that are high risk and provide services to help support their pregnancy and post-partum care. • The Board appreciates member comments and concerns and would like to thank members for bringing to light any difficulties they may be encountering. Member input helps the Board and L.A. Care understand what is lacking and what can be improved. • Member Gonzalez would like L.A. Care to advocate for the continuation of Medi-Cal services such as optician services, podiatry services, incontinence creams and washes. There is a great need for these services and to have them taken away seems contradictory to the purpose of Medi-Cal and to L.A. Care's goals and mission. Member Perez noted that Ms. Gonzalez gave a complete report and she had nothing to add. She invited members that are listening to the meeting to continue doing so, and to participate in the town hall and forum events, which are full of important information that can help members make a decision and have an informed point of view.	
BOARD COMMITTEE REPORTS		
Executive Committee	PUBLIC COMMENT Text, Mar 4, 3:08 pm, sender not self-identified *3-4-21 item 6 you're liking this lockdown to control people's comments* The Executive Committee met on February 22 *(a copy of the approved meeting minutes may be obtained by contacting Board Services and is available on the website).* The committee reviewed and approved a motion reinstating L.A. Care's Cash Balance Plan, which does not require full Board approval.	
Government Affairs Update	Cherie Compartore, *Senior Director, Government Affairs*, reported: • Adding to Mr. Baackes' very comprehensive report on the federal COVID-19 bill, the Senate is expected to take up the COVID-19 bill soon. The bill will be debated for several days, with a vote expected next week. Democrats are working for approval of the bill before current unemployment temporary increase will expire on March 14.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• At the State level, there is a legislative matrix in the Board meeting materials. Deadline for bill introduction passed recently. There are more bills in health care than has been seen for the last couple of years. L.A. Care has taken support positions on a couple of bills L.A. Care was engaged on from last year, dealing with things that FQHCs are trying to get done as well as a bill by Senator Pan that will address racial and social injustice. • Staff will spend the next few weeks reviewing bill language, talking to the authors' offices and with various trade associations and with bill sponsors, to be sure L.A. Care's position aligns with the principles approved by the Board of Governors. • Ms. Compartore noted that even though the State Budget did not have Medi-Cal coverage expansion for the undocumented, there is a bill being introduced this year that would provide that coverage to those between 25 and 65 years old. • There are a few health information technology bills that also include expansion of affordable broadband in lower income areas. • There are quite a few mandate bills on health plans, COVID-19 related bills, provider reimbursement and rate mandate bills. • Staff will bring bills to the Board over the next few months. Member Roybal noted with regard to AB 34, Communication Broadband for All Act, an issue that had come up during the pandemic is the inequity that exists for folks that do not have broadband access and cannot use the internet. He asked if there is any move among legislators in Sacramento to create a toll free number or equivalent for broadband access to health care for people who have cell phones. People without broadband access are not able to participate in a video health care visit. A toll free access number could provide access for patients to video health care for which providers could pay and patients could utilize. Ms. Compartore asked if he meant for patients or providers to use? Member Roybal explained that video health care visits use a lot of on line data, for which some patients cannot pay or have no access to broadband. Ms. Compartore indicated that she would have a conversation with the author of the broadband bill to discuss this idea, which could be very helpful. Member Roybal offered his assistance in those discussions. He suggested that on line monitoring could also be done through this type of assistance through broadband for some patients who cannot afford the cost of broadband access. Member Shapiro reported that for his patients, there are programs that provide access for patients. He will provide the information to Member Roybal.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Chairperson De La Torre complimented the Board Members for helping each other solve problems. He noted that L.A. Care is also working to expand access to telehealth, and clearly the availability of broadband access may be a barrier to accessing that care, particularly for specialists.	
Finance & Budget Committee	PUBLIC COMMENT Via email, March 4, 2021 3:22 PM, submitted by Andria McFerson *Hello Chairperson Del La Torre,* *Please excuse any typos, timing or grammatical errors accompanying this message according to my ADA rights as a disabled person.* *So with all due respect to the BOG.* *I, Andria McFerson, do believe that it is important to develop more human resources towards LA County low-income members so with (DEPA) & (LANES) we can engage in more relevant and lifesaving services with the comfort in knowing people will be listened to and properly diagnosed by the people who are providing Healthcare. Please provide empathy training that starts right here, as a LA Care member I ask that you instruct staff to allot enough of their own time to our public ECAC meetings so that they could answer life-saving questions about the coronavirus testing, vaccinations and suggestions about accessible ways more people could receive these things. The advisory members should be heard and the demographic process should be carried out this could give members comfort in knowing they matter. These respectful actions towards members could help bring more comfort towards many other dire healthcare circumstances people are dying from like COVID-19. Dr. Seidman please understand that your prolonged answers can keep others from giving LA Care important information that people just like them are going through. That is one of the main purposes of the advisory committee so that we can all work together to come up with relative answers to things like this pandemic together.* Committee Chair Curry reported that the Finance & Budget Committee met on February 22. *(A copy of the approved meeting minutes may be requested by contacting Board Services.)* • The Committee reviewed and approved the TransUnion contract amendment which was approved earlier today on the Consent Agenda. • The Committee reviewed and approved the Optum (formerly Equian) contract amendment which does not require Board approval. • The Committee received the monthly investment transactions reports.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Included in your meeting materials are the quarterly reports on travel and non travel expenditures that are required by internal policies reviewed by the Finance & Budget Committee at its January 25 meeting.	
Chief Financial Officer Report	Marie Montgomery*, Chief Financial Officer,* reported: <u>Membership</u> Membership in January of 2,360,173 was 9,580 members favorable to the 3+9 forecast. The monthly and year to date variances are the same for the year versus the forecast because January is the first month reported in the new 3+9 forecast. The suspension of the redeterminations for Medi-Cal continues to drive the membership favorability in January. Commercial is just below forecast by approximately 6,000 members. Membership for LACC jumped in January to 88k members, an increase of approximately 12,000 members from December. That number should increase again in February as newly enrolled members become effectuated and we add member enrollment effective in February. <u>Consolidated Financial Performance</u> L.A. Care has a $32 million net surplus for the month of January which is almost $50 million favorable to the forecast. The favorability for the month is driven by operating margin, which is favorable by $32 million. This amount is driven by incurred claims favorability of $27 million versus the forecast. Pharmacy is favorable $2.2 million for the month driven by LACC deductibles that were reset in January. CBAS is unfavorable by $1.2 million. There is favorability in provider incentives of $3 million due to the timing of the signing of the Plan Partner incentive programs. Unfavorable items for Cal MediConnect (CMC) included $1.1 million for the CY 2019 disenrollment penalty. Capitation expense for the Department of Health Services (DHS) cap deduct is lower than the forecastby $2.8 million, and the moving of members from shared risk to dual risk hit capitation expense by $1.1 million. We are $8.7 million favorable on administrative expenses in January. We were favorable $4 million for December versus the budget. In the forecast this favorability was carried into January so it shows up as favorability in January versus the forecast. The only update made to administrative costs in the forecast was added expenses for the pharmacy carve-out delay. Non-operating is $8.8 million favorable in the month of January due to timing of grant spending. The unrealized gain position has been volatile due to market conditions. We expect that to continue for the fiscal year.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Member Curry asked about a year to year comparison. Ms. Montgomery stated that this report compares the current performance to the forecast. The drivers of the increases were the improvement in incurred claims and the favorable rate update was received in December. But the risk corridor was removed. Originally the budget assumed the rates would be decreased. Those are the key items that led to the change from the original budget. Member Curry suggested that he and Ms. Montgomery have a meeting to discuss the year over year variance. Year-to-date there is a $18 million net surplus, which is $50 million favorable to the forecast. The variance explanations for the month and YTD are the same. <u>Operating Margin</u> • Overall the medical cost ratio (MCR) is 94.5% versus forecast of 95.6%, lower than forecast mostly due to favorable FFS claims. • Plan Partners MCR is just about equal to forecast. • SPD/CCI SPD and CCI MCR is lower than the forecast due to the favorable FFS claims. • TANF/MCE MCR is lower than the forecast due to lower FFS claims. • CMC MCR is unfavorable to the forecast due to the CY 2019 disenrollment penalty. That penalty can carry forward and staff is assessing whether to accrue for future years. Commercial MCR lower than the forecast due to the favorable FFS and pharmacy claims on the LACC side. <u>Key Financial Ratio</u> The MCR of 94.5%, has been covered on previous slides. The administrative ratio was 5.0%, better than the forecast of 5.3% due to lower spending in Purchased Services. Working Capital and Tangible Net Equity are ahead of benchmarks. Cash to claims ratio is below the target and will not fully recover until we settle the IHSS balances with the DHCS. <u>Tangible Net Equity</u> Jan 2021 Fund Balance was $935 million which represents 471% of Tangible Net Equity. The target of 600% was based on the average of eight other Local Initiatives and County Organized Health Systems. The red line represents the days of cash on hand to cover our operating expenses. This was calculated by taking our daily operating expenses and dividing our total fund equity by that amount. For the month of January, we currently have enough cash to cover operating expenses for the next 40 days. **<u>Motion FIN 101.0321</u>** **To accept the Financial Report for January 2021, as submitted.**	**Unanimously approved by roll call. 11 AYES (Ballesteros, Booth, Curry, De La Torre, Ghaly, Gonzalez, Jimenez, Mitchell, Perez, Roybal and Vaccaro)**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Monthly Investments Transactions Report	Ms. Montgomery referred to the investment transactions report included in the meeting materials. (*A copy of the report can be obtained by contacting Board Services).* As of January 31, 2021, L.A. Care's total investment market value was $2.2 billion. • $1.8 billion managed by Payden & Rygel • $73 million in Local Agency Investment Fund • $252 million in Los Angeles County Pooled Investment Fund	
Quarterly Expenditure Reports required by L.A. Care Internal Policies	Ms. Montgomery referred to the 1st Quarter Expenditure Reports required by L.A. Care Internal Policies for the FY 2020-21, included in the meeting materials. (*A copy of the reports can be obtained by contacting Board Services).* L.A. Care's internal policies require reports on all expenditures for business related travel expenses incurred by employees, members of the Board of Governors, Stakeholder Committees, and members of the Public Advisory Committees. The Authorization and Approval Limits policy requires reports for executed vendor contracts for all expenditures and the Procurement Policy requires reports for all sole source purchases over $250,000. These are informational items only, and do not require approval. • Policy AFS-004 (Non-Travel Expense Report) • Policy AFS-027 (Travel Expense Report) • Policy AFS-006 (Authorization and Approval Limits) • Policy AFS-007 (Procurement)	
CEO Delegation Amendment of Data Exchange and Participation Agreement (DEPA) for Los Angeles Network for Enhanced Services (LANES)	Dr. Seidman summarized the motion to request delegation to the CEO to execute an amendment to the DEPA for LANES. The brief history on the agreements with LANES dates back to 2016. The Agreement became active in 2018. This motion authorizes a three-year contract to March 31, 2024, at an expense of $1.5 million per year. The difference in the cost of this contract compared to prior years is a cost currently paid by L.A. Care to transfer of that cost to being paid directly by LANES. Over the last several years, LANES has expanded its network of contracted users, now including 17 hospitals and 27 Community Health Centers in Los Angeles, and has made significant improvements to the platform, adding additional functionality and reporting capacity. This expansion, improvement and ongoing commitment to data quality has made LANES a valued strategic partner. Dr. Seidman acknowledged the contributions of Mr. Schwaninger and Mr. Paley to the successful administration of these contracts.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Member Curry asked about the small number of hospitals and clinics included in this contract, and he asked what is the benefit and utility of this platform. Dr. Seidman noted that there are not yet enough hospitals in the program, although some of the hospitals are key strategic players because they provide a great portion of care for L.A. Care members, and they share care with the community clinics for many uninsured patients. As notable as the expansion of LANES has been, it alone does not provide all the health information exchange (HIE) platform needs. There are several platforms of this type in Los Angeles County. EConnect has more than 40 hospitals, Collective Medical Network also has more hospitals than LANES in its network. L.A. Care and the County of Los Angeles have invested in LANES and it is important to continue to support this platform until and if a single HIE platform emerges in L.A. Care's market. *Supervisor Mitchell left the meeting.* Mr. Baackes commented that L.A. Care is seeing value in LANES now that it has use cases and can demonstrate to providers the importance of a HIE. There is another competing platform in Los Angeles County called Manifest MedX, which is an exchange created by Blue Shield and Inland Empire Health Plan. Manifest MedX is angling to be a statewide HIE. L.A. Care maintains that Los Angeles County is populous enough that it should have a HIE, and there is no value in a statewide exchange since local HIE can provide the service through interoperability. The real value of the exchange is for local providers to have access to the information for people who come to them as referrals. Member Vaccaro commented that while the number of hospitals is not a big number, over two years LANES has increased its providers despite that year two of operation included a pandemic. Hospitals and clinics are paying participant fees, which shows that the system is valuable. LANES is building use cases and has demonstrated the value of LANES. Mr. Baackes added that two weeks ago Cedars Sinai signed a contract to join LANES. Member Curry clarified that his question was not meant to be negative. Mr. Baackes thanked him for the question as it gave an opportunity to provide more information. Member Roybal commented that as an end user of LANES at his clinic, it was unexpected to have the COVID test results for patients, which are very useful. Member Curry noted that there was disappointment that the LANES could not be used to gather information on opioid prescription abuse. Dr. Seidman acknowledged that this is a great example, and part of the new functionality of LANES is to include the CURES database that providers are required to check before issuing a prescription. LANES will connect with CURES registry to provide access to pharmacy data for providers. HIE is a challenging landscape and LANES is making significant progress.	**Unanimously approved by roll call.**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Member Booth asked if any or all of the platforms be used to house electronic health records (EHRs). Dr. Seidman responded that providers have their own EHR data. HIE platforms are designed to exchange information between the EHRs of individual providers. **<u>Motion FIN 102.0321</u>** **To delegate authority to the Chief Executive Officer or his delegate to amend the Data Exchange Participation Agreement (DEPA) with Los Angeles Network for Enhanced Services (LANES) to provide health information exchange services for L.A. Care members (excluding Plan Partner membership) at a cost not to exceed $4.5 million for a total not to exceed $8.5 million through March 31, 2024.**	**9 AYES (Ballesteros, Booth, Curry, De La Torre, Ghaly, Gonzalez, Jimenez, Perez, and Roybal)** **1 ABSTENTION (Vaccaro)**
PUBLIC COMMENT ON CLOSED SESSION ITEMS	Via email, March 4, 2021 4:06 PM from Andria McFerson *Mr. Chairperson,* *During LA Care's Black History Month: "A Vision and Voice for Equity"* *MY OFFICIAL QUESTION was:* *"My name is Andria McFerson and as Black woman I receive negative backlash while constantly giving solutions that are implemented throughout different programs. How can Black people handle systemic racism in today's times when regular conversations are seen as confrontations and the backlash results in people feeling like they should just be quiet and happy with the treatment they receive even though it constantly feels abusive? With people's civil rights and ADA rights being ignored these stress cause dire conditions as well like my seizures. That is a very important topic how can Black people address these issues?"* *I was unable to make any comments due to people being shut out of any live commiseration with very important Black members of the community working against the Black community being unfairly treated.* *Thank you, Andria McFerson, LA Care Member*	
ADJOURN TO CLOSED SESSION	The meeting of the Joint Powers Authority Board of Directors was adjourned. Ms. Haydel announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 4:05 pm. CONFERENCE WITH LABOR NEGOTIATOR Section 54957.6 of the Ralph M. Brown Act Agency Designated Representative: Hector De La Torre Unrepresented Employee: John Baackes PUBLIC EMPLOYEE PERFORMANCE EVALUATION	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Section 54957 of the Ralph M. Brown Act Title: Chief Executive Officer	
RECONVENE IN OPEN SESSION	The Board reconvened in open session at 5:05 p.m.	
CONSIDERATION OF CHIEF EXECUTIVE OFFICER'S COMPENSATION, EMPLOYMENT AGREEMENT AND AMENDMENT TO RETIREMENT PLAN	*Members Ghaly and Jimenez left the meeting.* Ms. Haydel reported that the Board would like to take a vote on the following motion: *Ms. Haydel mistakenly read the wrong dates in 4(a) at the meeting as March 23, 2020 through March 22, 2022. The correct dates are March 23, 2022 to March 22, 2024 as reflected in the below motion.* **Motion BOG 100.0321** **To approve the payment of the following compensation amounts and the extension of the employment agreement for Chief Executive Officer, John Baackes, as follows:** **1. Extend the base term of Mr. Baackes' employment agreement for two years thru March 22, 2024, and increase the voluntary separation payment by approximately 25% to comply with IRS requirements;** **2. Increase base salary increase by 9% for a total base salary of approximately $704,458.00;** **3. Provide a performance based incentive for the performance period of March 23, 2020 through March 22, 2021 of 50% of base salary; and** **4. Modify retirement benefits to:** **a) approve the amendment of the L.A. Care Health Plan Qualified Supplemental Defined Contribution Plan and the L.A. Care Health Plan Nonqualified Supplemental Defined Contribution Plan to continue the current annual allocations for the Chief Executive Officer as provided for under the extension of agreement discussed above (approximately for the period from March 23, 2022 to March 22, 2024), and** **b) authorize and direct the Chair of the Board to execute appropriate amendments to those Plans and the employment agreement.**	**Unanimously approved by roll call. 8 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez, Perez, Roybal and Vaccaro)**
ADJOURN TO CLOSED SESSION	The Board re-adjourned to closed session at 5:10 pm.	
	CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Initiation of litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Three Potential Cases CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates 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: *March 2023*	
RECONVENE IN OPEN SESSION	The Board reconvened in open session at 5:18 p.m. There was no report from closed session.	
ADJOURNMENT	The meeting was adjourned at 5:21 p.m.	

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

APPROVED BY:

_____
Layla Gonzalez, *Board Secretary*
Date Signed _____

Public comments not read at the meeting are included below:

Via Text Mar 2, 5:57 am, from Carolyn Rogers Navarro
(continued from Public Comment above, page 2.) *I saved all the emails , had an LA Care agent defend Synermed in response to our reports of fraud which are now affirmed by the DMHC . Synermed did the exact same thing , ignored grievances , calls and letters so I don't believe you people were not aware of what they did because YOU did the same to us and I see your enrollees still stating the similar abuses , that's why I keep commenting, these people vent to me!*

Via Text Mar 2, 6:41 am, from sender not self-identified
3-4-21 comment , yes I believe your agents and executives sit on your fat butts ignoring enrollees!

Via Text Mar 2, 7:14 am, from sender not self identified
3-4-21 you still have this a@&@@ "caseworker" who ignored 100s of emails from us working with enrollees or prospective ones !

Via text, Mar 4, 8:45 am, sender not self-identified
3-4-21 (my contact info is 626-413-0199)!stop withholding from us that our dead autistic family member is a Synermed fraud victim (all under your lack of oversight) along with other people not being told they're victims who are recent members, the Dept of Managed Care said to follow up with victims. You sent me copies of contracts LA Care signed with this bogus company, who signs contracts for years with a fake company?!

Via text Mar 4, 5:06pm, sender not self-identified *(This comment was received after public comment period had ended)*
Public comment 15 3/4-21 Baackes isn't doing his job

Board of Governors
MOTION SUMMARY

Date: April 1, 2021 **Motion No. EXE 100.0421**

Committee: Executive **Chairperson:** Hector De La Torre

Issue: Approve revision of Sponsorships policy COMM-006.

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

Background: L.A. Care staff requests approval to execute a policy revision to the attached COMM-006 (Sponsorships). The revision provides for an update to the most current policy template, which includes the addition of a policy summary (sec. 3.0), and section 5.0- Monitoring and section 6.0- Reporting. An edit in section 4.2 to the internal administrative approval process is also included, to reflect recent updates to the review and approval process. The electronic approval process section was also updated so that Francisco Oaxaca, *Chief of Communications and Community Relations*, may approve updates to the policy on Compliance 360.

Member Impact: No anticipated member impact.

Budget Impact: No anticipated budget impact.

Motion: To approve revisions to Communications Policy COMM-006 (Sponsorships) as submitted.

	SPONSORSHIPS	**COMM-006**

DEPARTMENT	COMMUNICATIONS AND COMMUNITY RELATIONS
Supersedes Policy Number(s)	

DATES					
Effective Date	11/6/2003	Review Date	~~4/4/2019~~4/1/2021	Next Annual Review Date	~~4/2/2020~~4/1/2022
Legal Review Date	Click here to enter a date.	Committee Review Date	4/4/2019		

LINES OF BUSINESS

☐ Cal MediConnect ☐ L.A. Care Covered ☐ L.A. Care Covered Direct ☐ MCLA
☐ PASC-SEIU Plan ☒ Internal Operations

DELEGATED ENTITIES / EXTERNAL APPLICABILITY

☐ PP – Mandated Hospitals ☐~~☒~~ PP – Non-Mandated ☐ PPGs/IPA ☐
☐ Specialty Health Plans ☐ Directly Contracted Providers ☐ Ancillaries ☐ Other External Entities

ACCOUNTABILITY MATRIX

~~Enter department here~~Communications	Ent~~er policy §§ here~~ire policy.		
Legal Counsel	3.1, 4.2.2, 5.1		

ATTACHMENTS

- Enter all attachments here (e.g., desktop procedures/job aids, templates, reports, letters)

ELECTRONICALLY APPROVED BY THE FOLLOWING

	OFFICER	DIRECTOR
NAME	~~John Baackes~~Francisco Oaxaca	Misty de Lamare
DEPARTMENT	~~Executive Administration~~Communications and Community Relations	Communications and Community Relations
TITLE	Chief, Communications and Community Relations ~~Executive Officer~~	Director, Communications

AUTHORITIES
➢ Welfare and Institutions Code Sections 14087.9605 and 14087.967.

REFERENCES
➢ 603 Grants and Sponsorships

HISTORY	
REVISION DATE	**DESCRIPTION OF REVISIONS**
02/01/00	Origination Date
11/06/03	Revision Date
04/04/19	Supersedes 603.2
11/6/2020	Per request from Compliance: Updated template & font; added Legal as accountable party; added Policy, Monitoring, and Reporting section. Updated Officer name.

1.0 OVERVIEW:

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

2.0 DEFINITIONS:

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

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

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

3.0 POLICY:

3.1 L.A. Care may approve Sponsorships for projects, events, ~~or~~ activities or organizations if the expenditure of such funds furthers L.A. Care's legislative mandate of (1) establishing, implementing, maintaining and continuing the Local Initiative for Medi-Cal managed care beneficiaries in Los Angeles County; (2) operating health plans for members of publicly funded health care programs, individuals employed by public agencies and businesses, and uninsured or indigent patients; and/or (3) furthers L.A. Care's mission and/or strategic vision. All awarded Sponsorships must comply with the guidelines set forth in Policy 603-Grants and Sponsorships.

4.0 PROCEDURES:

4.1 L.A. Care's Communications and Community Relations Department (Communications) provides Sponsorship funds from the enterprise budget.

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

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

4.1.3 L.A. Care's Communications Department will do an analysis of the Sponsorship Request using and completing the Sponsorship Evaluation Criteria Form:

4.1.3.1 Determine if the request is for Sponsorship of an event, donation of promotional items, a Booth Fee, or a combination of these items.

4.1.3.2 If the request is for a Booth Fee, Communications has an agreement in place with the Finance Department to ensure that if appropriate, Communications can approve the event and complete the check request process for funding. Other departments may work directly with Finance for the approval of a Booth Fee.

4.1.3.3 If the request is for Sponsorship of an event, Communications then assesses the name, date, time and location of the event, the type of event, the activities planned and how the requesting organization will use the funds provided.

4.1.3.4 ~~Based on Policy 603,~~ Communications determines ~~which~~ if the sponsorship request meets the sponsorship criteria outlined in Policy 603.~~section of the policy the Sponsorship Request falls under~~.

4.1.3.5 Communications also determines how and from whom the Sponsorship Request came to L.A. Care, if there is any

relationship between the requesting organization and L.A. Care, and if the requesting organization is associated with an L.A. Care Board Member or employee.

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

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

4.2 Once the evaluation criteria form is completed, the review and approval process is initiated.~~it is forwarded to the Communications Director for review.~~

4.2.1 The request is forwarded to the Communications Director or appointed designee for review.~~The Communications Director or appointed designee reviews the recommendation~~ Once the Communications Director or appointed designee approves and signs the request,~~, and if the recommendation is approved,~~ it is forwarded to L.A. Care Legal Counsel for potential conflict of interest review~~review~~~~the Senior Director of Communications and Community Relations (Senior Director) or appointed designee for approval and signature~~.

4.2.2 Once ~~the Senior Director~~L.A. Care Legal Counsel has approved and signed the request, it is forwarded to the CEO or appointed designee for final review. The current appointed designee is ~~L.A. Care Legal Counsel~~the Chief of Communications and Community Relations ~~or appointed designee for review.~~.

4.2.3 Once ~~L.A. Care Legal Counsel~~the CEO or appointed designee has approved and signed the request, the ~~it is forwarded to the CEO or appointed designee for approval and signature. All~~ Sponsorship funding amount~~s are~~ is final, unless he/she ~~the CEO~~ make~~s~~s a decision to decrease or increase the ~~recommended funding levels.~~funding amount.

~~4.2.3~~**4.2.4** Communications may decrease or halt the approved funding amount upon receipt of new information about the organization and/or event in question.

4.3 Communications then coordinates logistics for the event, ensuring that all details of the Sponsorship Request are adhered to and that adequate staffing/attendance will be present to represent L.A. Care.

4.4 Communications will receive a copy of the original proposal and completed evaluation form and will log the Sponsorship information into a database.

~~4.4~~**4.5** If the request fails to receive approval at any point during this process, the request is returned to Communications. Communications will notify the requesting organization that their sponsorship request has been declined.

5.0 MONITORING:

5.1 Every Sponsorship request will be reviewed by the Communications Director, L.A. Care Legal Counsel, and the CEO, or any appointed designees to ensure adherence to this policy, before final approval and disbursement of Sponsorship funds.

~~**5.1**~~

6.0 REPORTING:

6.1 Reporting requirements shall be as follows:

6.1.1 Monthly Sponsorship reports, which include funding recipient, amount, date, and event name, shall be presented to the Board.

6.1.2 Annual Sponsorship reports, which include funding recipient, amount, date, and event name, shall be presented to the Board within one hundred twenty (120) days of the end of each fiscal year.

~~**6.1**~~

March 26, 2021

TO: Board of Governors

FROM: John Baackes, *Chief Executive Officer*

SUBJECT: CEO Report – April 2021

In March, we marked one year since entering a world impacted by COVID-19. Collectively, we've faced many changes and adapted our lives to a "new normal." As we move beyond the winter surge of the virus, Los Angeles is progressing to new stages of reopening.

A key priority is to get as many people vaccinated as possible. Based on our successful flu vaccination model, we are launching COVID-19 vaccination clinics in all of our RCACs where we have Community Resource Centers. Vaccination clinics will start on April 7, and continue throughout the month. I have attached the clinic schedule to this report. We arranged the clinics in partnership with the USC School of Pharmacy and Los Angeles Department of Public Health.

We've started to see some changes at the federal level that will impact L.A. Care this coming year. Congress passed the American Rescue Plan, which had several provisions to make health care coverage more affordable. One of the most significant changes for L.A. Care was the increase of subsidies for individuals purchasing insurance through Covered California. We have made several adjustments internally to ensure that L.A. Care Covered members receive updated, accurate billing beginning in April.

We were also glad to see that the Biden Administration reversed the "Public Charge" rule. As you may recall, this rule deterred many lawful immigrants from accessing much needed public services, such as Medi-Cal, for fear that it would impact their immigration standing negatively. We expressed concern as this rule was created and implemented, and supported the Biden Administration's decision to rescind it (see Attachment).

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

	Change since last CEO report (2/22/21)	**As of 3/26/21**
Elevating the Safety Net Grants for primary care physicians	—	169 grants awarded
	2	127 physicians hired
Elevating the Safety Net Grants for medical school loan repayment	—	69
Elevating the Safety Net Grants for medical school scholarships	—	24
Housing for Health Housing secured for homeless households	-4	259
IHSS+ Home Care Training IHSS worker graduates from CLTCEC program	—	3,498

Below please find organizational updates for March:

L.A. Care Nominated for Los Angeles Business Journal Awards
L.A. Care was a sponsor, participant, and nominee in the Los Angeles Business Journal's Diversity, Inclusion + Equity Symposium & Awards. The two-part virtual event started with a series of panel discussions on March 17 and culminated with an awards ceremony on March 24, where we were honored to be nominated in the categories of Business/Company of the Year and Best Diversity & Inclusion Team of the Year. In both categories, L.A. Care's newly created Equity Council was instrumental in the nomination. The free panel discussions featured companies and individuals who have shown a commitment to advancing diversity and inclusion in the workplace. L.A. Care joined three other panelists on a panel titled Creating a Culture of Diversity & Inclusion through Top Leadership.

L.A. Care Featured by California Improvement Network
The California Health Improvement Network (CIN) featured L.A. Care in "CIN Connections, Spring 2021: Addressing Racism to Improve Health." The article focused on our recent equity objectives to create more diversity within our vendor selection process. These efforts are part of our larger vision to address systemic racism and be more inclusive, as proposed in our Social Justice Statement issued in 2020.

L.A. Care Programs Recognized by the Institute For Medicaid Innovation
The Institute for Medicaid Innovation recognized L.A. Care in their 2020 Best Practices and Innovative Initiatives. The four programs that were featured are highlighted below:

- Value Initiative for IPA Performance Program (VIIP). VIIP incorporates performance reporting, pay for performance, and quality improvement efforts to promote value and improve health outcomes.
- L.A. Care's Healthy Pregnancy and Healthy Mom Programs. These programs work to increase prenatal and postpartum visit rates and improve birth outcomes among members.
- Managed Long Term Services & Support Care Model. This model fosters independent living in the community by coordinating various home and community-based services. Several programs were highlighted, including our 10-week training program for In Home Supportive Services caregivers who learn to be more integrated members of the member's care team.
- L.A. Care's $20 million, five-year commitment to the Housing for Health program was noted as a great success in part due to the 90% one-year retention rate for participants.

Attachments:

- L.A. Care COVID-19 Vaccination Schedule
- CEO Statement Supporting President Biden's Decision on Public Charge
- L.A. Care's CEO Denounces Anti-Asian Hate Crimes

L.A. Care COVID-19 Vaccination Schedule April 2021

Center/RCAC	Date	Vaccination Site	Address
Metro	Wednesday, April 7	Los Angeles City College	4100 Marathon St., Los Angeles, CA 90029 (Lot 1)
Palmdale	Thursday, April 8	Palmdale Transportation Center	39000 Clock Tower Plaza Drive East, Palmdale, CA 93550
Lynwood	Friday, April 9	Lynwood City Hall	11330 Bullis Rd., Lynwood, CA 90262
ELA	Saturday, April 10	East Los Angeles College	1301 Avenida Cesar Chavez, Monterey Park, CA 91754 (Lot #3)
Pacoima	Wednesday, April 14	San Fernando Swap Meet	585 Glenoaks Blvd., San Fernando, CA 91340
Pomona	Thursday, April 15	Purpose Church	209 W. Pearl St., Pomona, CA 91768
Inglewood	Friday, April 16	Los Angeles Southwest College	1600 W. Imperial Hwy, Los Angeles, CA 90047 (Western Gate - Parking Lot 3)
Boyle Heights	Saturday, April 17	Los Angeles Christian Presbyterian Church	2241 N. Eastern Ave., Los Angeles, CA 90032
Pomona	Wednesday, April 21	Purpose Church	209 W. Pearl St., Pomona, CA 91768
Palmdale	Thursday, April 22	Palmdale Transportation Center	39000 Clock Tower Plaza Drive East, Palmdale, CA 93550
Lynwood	Friday, April 23	Lynwood City Hall	11330 Bullis Rd., Lynwood, CA 90262
ELA	Saturday, April 24	East Los Angeles College	1301 Avenida Cesar Chavez, Monterey Park, CA 91754 (Lot #3)
Pacoima	Wednesday, April 28	San Fernando Swap Meet	585 Glenoaks Blvd., San Fernando, CA 91340
Metro	Thursday, April 29	Los Angeles City College	4100 Marathon St., Los Angeles, CA 90029 (Lot 1)
Inglewood	Friday, April 30	Los Angeles Southwest College	1600 W. Imperial Hwy, Los Angeles, CA 90047 (Western Gate - Parking Lot 3)
Boyle Heights	Saturday, May 1	Los Angeles Christian Presbyterian Church	2241 N. Eastern Ave., Los Angeles, CA 90032

CEO Statement Supporting President Biden's Decision on Public Charge

Wednesday, March 17, 2021

L.A. Care strongly supports President Biden's decision to rescind a Trump Administration rule that threatened harm to the health and wellbeing of millions of legal immigrants in this country. The Trump rule was intended to deny permanent residency – a green card – to legal immigrants for simply accessing essential services like Medicaid, SNAP food benefits, and housing assistance. With Biden's action, legal immigrants will no longer be forced to choose between getting health care or other services and losing their ability to stay in the U.S.

L.A. Care was quick to take a stand, submitting a public comment in 2018 when the Trump Administration first proposed the rule change. We knew the change would adversely affect the health of lawful immigrants, and create a chilling effect among those permanent residents who remained eligible for public benefits during the court battles that ensued. L.A. Care estimates that more than 170,000* of our members could have been impacted by the new rule.

The Trump rule, which was finalized in 2019, has been working its way through the courts, leaving its fate uncertain. Last week, the Biden Administration announced it would not defend Trump's public charge rule in the courts. Not long after that decision, Biden announced he would fully rescind the Trump rule. The Department of Homeland Security will now return to the 1999 version of the Public Charge rule where immigrants seeking permanent status will only have to show that they weren't receiving cash assistance from the federal government or in long-term institutional care.

L.A. Care's mission is to provide access to quality health care for Los Angeles County's under-resourced communities and residents, and that includes immigrants who would have been harmed by the Trump rule. L.A. Care will continue to stand against any measure that attempts to deny health and social services those who need them.

-John Baackes

* *Estimate based on publicly available data. L.A. Care does not have access to members' immigration status*.

L.A. Care's CEO Denounces Anti-Asian Hate Crimes

Wednesday, March 10, 2021

L.A. Care Health Plan, the largest publicly operated health plan in the country, unequivocally condemns the shameful Anti-Asian hate crimes that have spiked across the country since the start of the COVID-19 pandemic. Voice of America reports an increase of anti-Asian hate crimes of almost 150 percent in 16 of the country's most populous cities last year, and in recent weeks, there have been numerous reports of brazen attacks on the streets of several cities.

While every incident might not rise to the level of a hate crime, we consider any act of hate to be reprehensible. Many of these acts can be traced to misplaced blame for the pandemic, since early cases arose in China. Some individuals and groups have fanned the flames of racial hatred during this time, and that certainly has not helped.

It is important for a health plan to stand up to hate, since it is clear that hate is a threat to public health. Last summer, L.A. Care issued a Statement of Principles on Social Justice and Systemic Racism strongly condemning racism or discrimination of any kind. As a member of the LA vs Hate Coalition, L.A. Care continues its commitment as an active ally to the Asian community, and believes all people deserve to be treated with dignity, common courtesy, and respect. The COVID-19 pandemic has affected us all, and we should not let hate divide us. L.A. Care stands in solidarity with Asian Americans against those who would do them harm.

February 2021
Grants & Sponsorships Report
April 2021 Board of Governors Meeting

#	Organization Name	Project Description	Grant/Sponsorship Aproval Date	Grant Category/ Sponsorship	February Grant Amount[+]	February Sponsorship Amount	FY CHIF & Sponsorships Cummulative Total
1	**5 Bread 2 Fish**	Food distributions-CRC	2/23/2021	Sponsorship	-	$11,875	$11,875
2	**Antelope Valley Dream Center**	Food distributions-CRC	2/23/2021	Sponsorship	-	$6,333	$6,333
3	**Antelope Valley Partners for Health**	Food distributions-CRC	2/23/2021	Sponsorship	-	$6,333	$6,333
4	**Be Social Productions**	Drive-thru health resource fairs	2/23/2021	Sponsorship	-	$10,000	$10,000
5	**Children's Defense Fund**	Education conference	2/23/2021	Sponsorship	-	$2,500	$2,500
6	**Crenshaw YMCA**	Food distributions-CRC	2/23/2021	Sponsorship	-	$15,000	$15,000
7	**Interfaith Food Center**	Food distributions (not CRC)	2/23/2021	Sponsorship	-	$10,000	$10,000
8	**Meet Each Need with Dignity**	Food distributions-CRC	2/23/2021	Sponsorship	-	$21,411	$21,411
9	**Voices of Our Youth**	Food distributions-CRC	2/23/2021	Sponsorship	-	$6,333	$6,333
			Total of grants and sponsorships approved in February 2021		**$ -**	**$89,785**	

[+] No grants were approved in the month of February

Chief Medical Officer Report
April 2021

COVID-19

By the middle of March 2021, there were more than 119 million cases and 2.6 million deaths from COVID-19 worldwide. The surge peaked in January, and after a 6-week decline in the number of cases, there have now been increasing case numbers over the last couple of weeks with a 10% increase of over 3 million cases in the past week, believed to be driven by a combination of increased transmission due to re-openings, to circulating variants of concern, and reduced compliance and fatigue with basic public health measures. Vaccination efforts ramp up unevenly throughout the world and the emergence of variants of concern are being studied closely.

The United States has seen a similar drop in cases and deaths, which is beginning to level off causing concern about the potential for another surge as has occurred in other places throughout the world. California and Los Angeles are seeing a sustained reduction in cases and deaths and, despite the many challenges with the vaccine effort, are keeping pace with the national pace which has succeeded in vaccinating over 75 million people (23% of the eligible population have received at least one dose of vaccine).

Cases in Los Angeles have dropped from more than 15,000 per day down to 1,000 - 2,000 and hospitalizations, which pushed our delivery system to the edge, have now dropped from more than 8,000 per day to less than 1,000 per day. L.A. Care has identified over 120,000 cases, nearly 20,000 hospitalizations, and over 3,700 deaths (16% of LA County total) among our members. The approval of the Johnson and Johnson single dose vaccine on February 27 marks another significant milestone in the course of the pandemic, expected to significantly increase vaccine supplies locally and throughout the United States and worldwide.

March 16 marked the one-year anniversary when the majority of L.A. Care staff began working remotely, and we continue to do so today. Even while working remotely, L.A. Care staff continue to support our members enrolled in our Care Management and Disease Management Programs, Medication Therapy Management, and are taking advantage of a host of virtual classes now offered through our Community Resource Centers. Utilization of Community Link, our online Community Resource Platform, Nurse Advice Line and telehealth services has increased and remained higher than prior to the pandemic and our provider network has widely adopted telehealth for appropriate visits as routine.

L.A. Care has developed a robust COVID-19 communication plan which was shared at L.A. Care's Technical Advisory Committee meeting in January. The plan includes creation and maintenance of a COVID-19 resource page on the L.A. Care website, and development of frequently asked questions (FAQs) documents made available to our Call Center staff and shared with our Nurse Advice Line vendor. In addition to these activities, L.A. Care is making updated information available to members to help them find and schedule appointments for COVID-19 vaccinations. L.A. Care is conducting outreach efforts to members, and collaborating with vaccine providers by doing targeted outreach to L.A. Care members to increase the rate of vaccine administration among our members.

In additional to these efforts, L.A. Care is working with Blue Shield Promise Health Plan, our Plan and Community Resource Center partner to offer COVID-19 clinic events at each of our eight Community

Resource Centers (CRCs). Vaccine supply allowing, the events will begin in early April, but may be delayed as needed if our Pharmacy partner is not able to secure sufficient vaccine. Our goal is to administer 1,000 vaccines per day at each of these events to our members and to eligible members of the communities surrounding our CRCs. We will offer both drive-through and walk-up options, and will require appointments to manage the demand and increase access and transportation options to and from the clinics. L.A. Care does provide transportation as a Plan benefit to assist members with walk-up appointments for COVID-19 vaccine.

California Advancing and Innovating Medi-Cal (CalAIM)
Work is ramping up across the organization with the launch of a cross functional team to manage preparation for the implementation of CalAIM deliverables by 1/1/22. A significant part of the effort is focused on the transition from our existing Health Homes Program (HHP) and the Los Angeles County administered Whole Person Care Program (WPC) into a combined set of benefits call Enhanced Care Management (ECM) and In Lieu of Services (ILOS).

L.A. Care has provided comments to the Local Health Plans of California (LHPC) and the California Association of Health Plans (CAHP) and to the Department of Health Care Services (DHCS) regarding the State's proposed budget and payment methodology. Staff are currently reviewing recommendations for the development of the provider network and ILOS options we will offer as part of the program.

Persons Experiencing Homelessness (PEH)
L.A. Care is continuing its work to support PEH on several different fronts. In February, L.A. Care's Board approved a motion to support the **Housing for a Healthy CA** program in collaboration with the Los Angeles County Department of Health Services (DHS) to house 250 individuals. L.A. Care staff are working closely with County Housing for Health staff reviewing referrals for the first placements covered by this new source of funding.

Housing for Health and Brilliant Corners grant program – As of January 2021, a total of 288 households are actively enrolled in the grant and 263 of those have secured housing, and 208 of those housed (79%) are L.A. Care members. The total number of households ever housed via this grant is 325. All enrolled participants have also been connected to services through the Housing for Health (HFH) Division at the Los Angeles Department of Health Services (DHS).

Health Homes Program (HHP) Capacity Building – L.A. Care's Safety Net Initiatives (SNI) department continues to work with Deborah Maddis, our HHP Homeless/Housing Navigation Services Consultant, on coaching. She has met with 10 Community Based Care Management Entities (CB-CMEs) and presented an HHP webinar on homeless engagement strategies on January 8th. L.A. Care was recently recognized by DHCS for the improvement in the number of members receiving housing services.

Center for Health Care Strategies (CHCS) Homeless Learning Community– SNI presented with the Los Angeles Homeless Services Agency (LAHSA) on our Project Room Key (PRK) partnership during the Covid-19 pandemic. With specific focus on our PRK member data-match to facilitate care coordination and referrals into Health Homes when appropriate and the development of a non-medical transportation (NMT) quick reference guide with our provider network management (PNM) team.

Health System Funders for Housing Justice Kickoff– SNI and Community Benefits participated in the first meeting of this learning community with funders and health system leaders, including: United Healthcare, CommonSpirit, SutterHealth, Kaiser, Optum, and Cedars-Sinai among others. This national group will develop strategies to support the most promising best practices in homelessness and health partnerships, with strong California representation.

Quality and Equity

The annual Quality Improvement Program Evaluation and Work Plan will be presented to the Board Compliance and Quality Committee in March. These two documents, summarizing our quality improvement efforts and accomplishments over the past year and laying out our work plan for the current year are required by our regulators and by the National Committee for Quality Assurance (NCQA). In preparation for the annual data submission to NCQA, we are wrapping up our annual member experience surveys for all lines of business and are busy with our annual audit of our Healthcare Effectiveness Data and Information Set (HEDIS) processes and with collecting as much clinical data as possible to optimize our scores.

Equity

- Drs. Seidman and Kyle held COVID-19 vaccination webinar with L.A. Care RCAC and ECAC members led by Community Outreach and Engagement.
- In coordination with the Member Equity Council, on 12/30/2020 the Customer Solutions Center (CSC) launched food resource assistance as a recorded option for members to be connected to a live agent for more information/assistance with food resources.
- In support of L.A. Care's Diversity, Inclusivity and Equity efforts, the Cultural & Linguistic Services team in partnership with the Human Resources Department will host a series of cultural responsive trainings for employees in April. The four-part series will focus on health disparities related to asthma, diabetes, infant mortality among African Americans and others. This lunchtime session will include viewing of Unnatural Causes, a documentary video produced by California Newsreel and broadcasted by PBS, followed by a presentation of a panel comprised of representatives from Health Education Services, Pharmacy Department and Quality Improvement Team. The goal of the training session is to bring awareness of systemic racism and inequities and to share existing L.A. Care interventions that are designed to address them. The training will also encourage employees to assess their role and impact to close care and service gaps as a result of these discussions. All employees will be invited to attend but only 1,000 are able to participate through WebEx.
- In order to address health disparities at the practitioner's level, L.A. Care is collaborating with Health Net to co-sponsor an implicit bias training with CME credits. A two-session educational series will be facilitated by Bryant T. Marks, Ph.D., the founder and Chief Equity Officer at the National Training Institute on Race and Equity. Dr. Marks has provided diversity, equity, and inclusion and implicit bias trainings for over 18 years to police chiefs and thousands of patrol officers, K-12 educators, local and federal government personnel and health plan employees. The WebEx sessions are scheduled for March 9th and 17th, and also on March 16th and 24th. Provider education on implicit bias training is part of this year's L.A. Care strategic effort.

Quality

- Well Child Quality Improvement Project (QIP) – The L.A. Care Quality team is working with Bartz-Altadonna Health Center to schedule Well-Child visits for members who are missing their well-baby visits. Bartz-Altadonna is able to book, schedule and conduct reminder calls. The second quarterly submission was submitted to the Department of Health Services (DHCS) in late February.
- L.A. Care has now fully executed a grant with First 5 LA to improve screening for developmental delay and behavioral health issues in children. Grant deliverables include hosting classes and events reaching 1,000 or more parents and members of the community, hosting continuing medical education programs to train at least 300 providers, providing practice transformation support to 10 high volume pediatric practices, and exploring opportunities at the health plan level to increase the number of children with

access to primary care where they receive appropriate screening using validated screening tools to identify and appropriately manage and refer to services and support for children with identified developmental delay and behavioral health issues.

- Additional practice transformation and support efforts include eManagement, now implemented with 95 providers serving 75,000 MCLA members. eManagement provides a HIPAA secure platform to facilitate screening for anxiety, depression and substance use disorders with access to physician to physician asynchronous online consultation between the PCP and a psychiatrist. Even during the pandemic, L.A. Care's Transform LA team is virtually coaching 13 engaged practices in L.A. Care's Direct Network with 71 providers, serving 31,600 L.A. Care members.
- In an effort to encourage preventive self-management for those who have asthma or diabetes or are diagnosed with a high risk pregnancy, the Health Education Department launched new educational programs for all direct line of business members in February 2021. The new program directs members to My Health in Motion (MyHIM), the health and wellness platform, which contains hundreds of educational materials and videos and other tools such as a daily meal tracker, exercise log, online self-pace workshops and a calendar of health education classes. This one stop location also has links to the Community Link, and Los Angeles County's Home Visitation Program. In additional to MyHIM, members are encouraged to chat in the secure member portal or call the Nurse Advice Line for medical advice. The intent of these opt-in Health Education Programs is to promote health management and reduce any member abrasion because of numerous outreach calls.

Pharmacy Update

L.A. Care's Pharmacy Department continues its participation in the California Right Meds Collaborative (CRMC). We have partnered with nine community pharmacies to date and are evaluating additional pharmacies to expand the program. More than 150 members have been engaged in the program leading to the identification of more than 350 opportunities to improve medication regimens. The average hemoglobin A1c (HgbA1c) reduction of engaged diabetic members was 1.5%. L.A. Care also offers Clinical Pharmacy services to three federally qualified health centers (FQHCs). L.A. Care's Ambulatory Care Pharmacist has helped more than 100 members and identified many opportunities to improve their medication regimen leading to an average HbgA1c reduction between 2% to nearly 4%. Reductions in A1c have been shown to reduce the risk of heart disease and stroke in diabetic patients.

COVID-19 VACCINE OUTREACH EFFORTS

APRIL 1, 2021 BOARD OF GOVERNORS MEETING

L.A. Care HEALTH PLAN

For All of L.A.

GOALS

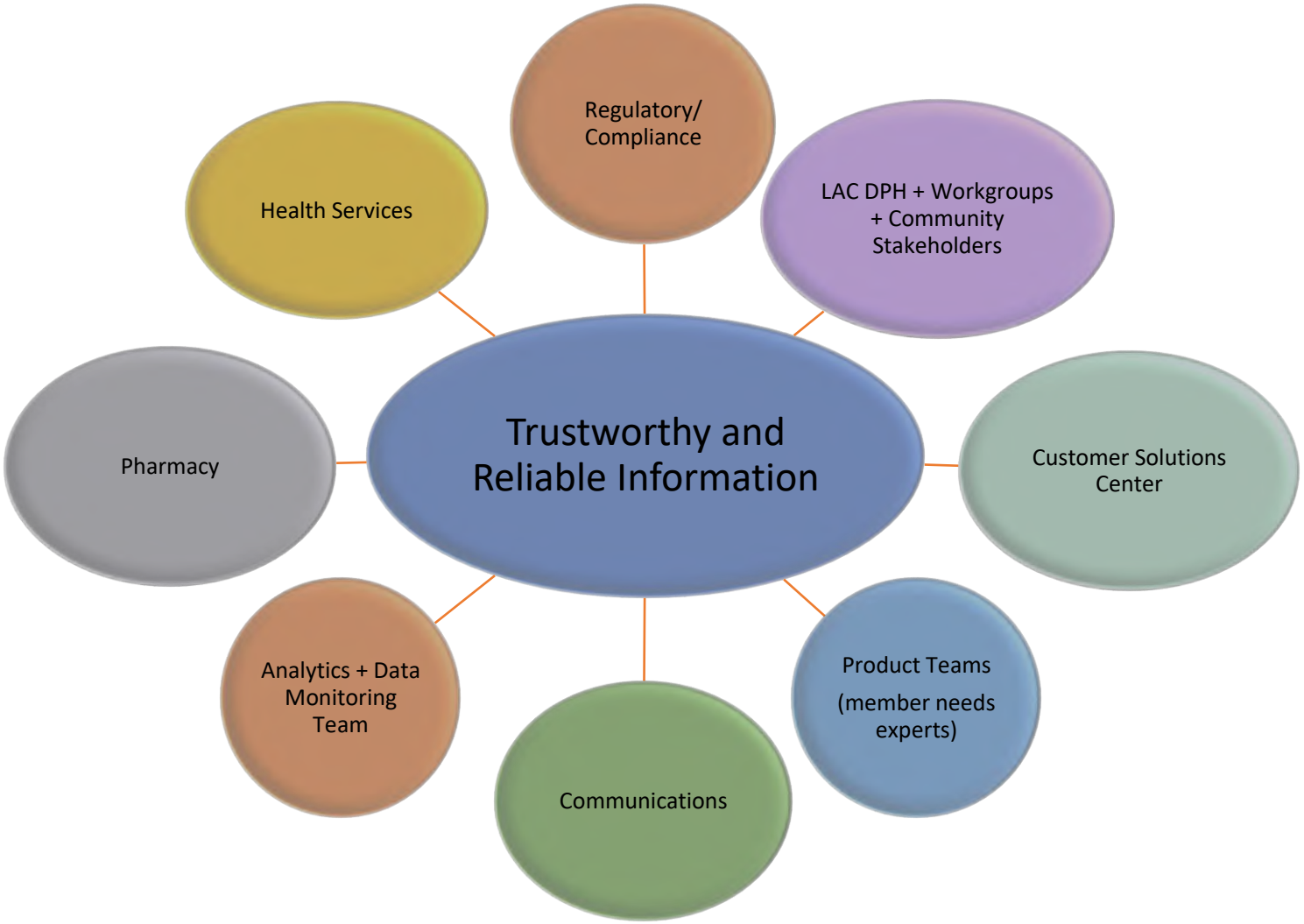
1. To build trust in the safety of the COVID-19 vaccine by dispelling common myths and sharing facts about the vaccine's safety and availability so that community members decide to — and know how and when to — get vaccinated.
2. To assist eligible members in accessing the vaccine when it becomes available to them.
3. To be true to our mission as a public health plan, by supporting public health efforts to end the pandemic.

Strategy

To position L.A. Care as a reliable source of truth about the COVID-19 vaccine by providing information while being respectful of the histories of the communities that we are serving, so that people can make an informed decision about getting vaccinated.

Messaging and tactics will roll out in phases in alignment with the state and county public health departments approved tiers and target populations that are identified by the COVID-19 vaccination program in Los Angeles County.

Vetted by Trusted Subject-Matter Experts



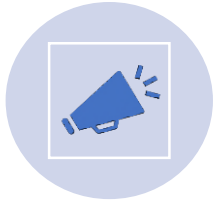
Audiences

Members

Providers

Employees

Public Health Officials



Media

Public at Large

Addressing Health Equity

- Advocating for the equitable distribution of COVID-19 vaccines
  - Multiple media publications
  - Support letter: Site-based vaccination strategy for people experiencing homelessness (2/18/2021)
- Postcard and mask sent to high-risk Asian and Pacific Islander community
- Tranquada XII initiative
  - $1.6 million for FQHC projects that increase the number of COVID-19 vaccine doses administered to low-income, racially and ethnically diverse populations disproportionally impacted by the pandemic

Sample Key Messages

- L.A. Care and public health agencies recommend that everyone who is eligible get the COVID-19 vaccine. It is the best way to protect yourself and your loved ones.
- All three of the current FDA approved vaccines are highly effective in preventing hospitalization and death.
- Vaccine supply is limited and appointments are required. Local public health departments ask the public for patience and persistence when scheduling appointments, as more vaccine supply will be available soon.
- You can access the vaccine appointment tool at lacare.org/vaccine or your local public health department's website. You will have to make an appointment for the vaccination when you are eligible, including at pharmacies.
- There is no cost to L.A. Care members to receive the vaccine.
- Even after you get the vaccine, good public health measures will still be required. Please continue to wear a mask, wash your hands, and watch your distance (Three Ws). You should also continue to follow local public health orders and avoid traveling or gathering with people outside of your household to the extent possible.

Sample Toolkit

Key Messages

Member FAQs + Call Campaigns/Updates

Webpage

Social Media + Employee Updates

Member Survey Findings

Q&A and Myth-Busting Videos

Employee Outreach

- Weekly COVID-19 Q&A with chief medical officer
- Dedicated intranet page
  - Answers to FAQs
  - Links to blogs from L.A. Care doctors and staff
  - Staff polling
  - Educational videos (coming soon)
- Regular updates at Town Hall meetings
- Regular updates in CEO emails
- Selfie campaign (coming soon)

Provider Outreach Examples

- Continuing Medical Education (CME) trainings
  - “COVID-19, Public Health and Practice Perspectives on Equity”
- Landing page on lacare.org to centralize COVID-19 vaccine-related provider resources
- Mass e-mail and mail reminders to providers to get vaccinated.

Member & Community Outreach Examples

- Targeted identification model for high-risk groups
- Partnering with other organizations to help give our members access to the COVID-19 vaccine
  - MLK Hospital
  - Dignity Health
  - Hollywood Presbyterian
- Robocalls and staff outreach
  - Informing members as they become eligible
- Community health worker training
- Transportation to walk-up vaccination appointments
  - Two-day requirement waived

Community Resource Center (CRC) Vaccination Clinics

- 1,000 doses per clinic x 16 clinics
  - 16,000 total doses
- Johnson & Johnson vaccine
- Targeted member outreach by zip code
  - Staff calls to high-risk members
  - Targeted social media campaign on standby
- Walk-up, drive-thru, and drop off options offered
- Members will be able to use their transportation benefit to get to their vaccine appointment

Community Advisory Council (CAC) Member Engagement

- Sharing general COVID-19 and COVID-19 vaccine information with our CAC members at conferences and meetings
- Member comments have directly influenced our messaging and materials
- Provided all CAC members with vaccine information fliers to share with friends, family, and neighbors (Mar.)
- Recruiting vaccine “ambassadors” from CACs to feature in messaging
- Exploring Tele Town Hall partnership to help bridge the information technology gap
- Individual outreach to all CAC members to pre-screen them for vaccine eligibility and, if eligible, to provide them with a vaccine appointment at a CRC vaccine clinic
- CAC Member Survey

CAC Member Survey Key Findings

- Top concerns:
  - “I want to wait and see how the vaccine affects others first”
  - “The vaccine will hurt my arm”
  - “The speed at which the vaccine was created means it’s not clear or safe”
  - “The vaccine will cause COVID-19”

- Top information sources:
  - Doctors
  - Public health agencies
  - L.A. Care website
  - L.A. Care social media

- Least likely to agree with:
  - “I will take the vaccine if government agencies or government representatives recommend it”
- Most likely to agree with:
  - “I will take the vaccine if my health plan recommends it”
    - More than “if my doctor recommends it”

- Most preferred vaccination location is “my doctor’s office”
  - Second is “at an L.A. Care Community Resource Center”

- Almost 50% of all respondents plan to get vaccinated as soon as the vaccine is available to them.
- About 15% of respondents plan on waiting over a year.
- About 15% of respondents plan on never getting the vaccine.

Trust Disparities

Black Survey Respondents

- Top concerns:
  - " I want to wait and see how the vaccine affects others first"- **more than any other ethnic group included in the survey.**
  - "The speed at which the vaccine was created means its not safe or effective"
  - "The vaccine will be full of toxic heavy metals"- **more than any other ethnic group included in the survey.**
  - "The vaccine will cause COVID-19"
- For information on the vaccine
  - More likely to rely on:
    - Their doctors
    - Friends and family
    - Public health agencies
  - Less likely to rely on general social media- **less than any other group.**
  - **Generally, lower trust overall in prompted-on information sources.**
- **Disagree** with the following- **lowest intent out of all ethnic groups included in survey.**
  - I will take the vaccine when its available
  - I will recommend to friends and family that they get the vaccine when its available
  - Taking the vaccine will benefit my health
- Most trusted SME: Their doctor and health plan- **lowest trust out of all ethnic groups included in survey.**
- Prefer to be vaccinated at their doctor's office- **lowest willingness out of all ethnic groups to get vaccine at prompted-on locations.**
- Only 20% plan to be vaccinated immediately; 50% never- **highest "never" out of all ethnic groups.**

Recommendations for Bridging the Trust Gap

- Acknowledge history of racially-motivated mistreatment and unethical health care research studies when discussing vaccine hesitancy.
- Feature black health experts, community members, and influencers in vaccine-related content.
  - Website
  - Videos
  - Social media
  - Fliers
- Explore partnership with grassroots organization(s) to host Tele Town Halls to help bridge the digital divide.
- Partner with CAC members to serve as vaccine ambassadors in their communities.
- Sponsorship and grant funding for FQHC vaccination events and education initiatives.

Key Recommendations

- Address top concerns and to dispel vaccine myths through a variety of channels
- Promote vaccination for an extended period to ensure that those who are following the “wait and see” approach get vaccinated
- Promote the L.A. Care website and L.A. Care social media channels as key sources of truth
- Partner with community members (RCACs) who have been vaccinated to promote vaccination (flier distribution, selfie campaign)
    - Partner with Asian members so that they help promote vaccination to their friends and family
- Communicate with transparency by sharing vaccine side effects and ingredients
- Update FAQs according to questions submitted through member survey

Helping to End the Pandemic

Addressing Vaccine Hesitancy

- Educational videos
- Website & call center FAQs
- “Ask the Doc” video series
- Social media campaign
- Facebook Live series
- Ad Council campaign
- Community health worker training
- Member ambassador campaign
- PSA influencer collaborations

QUESTIONS?

L.A. Care
HEALTH PLAN®

Board of Governors

Executive Community Advisory Committee

Meeting Minutes – February 10, 2021

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

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Senior Staff
Russell Mahler, *RCAC 1 Chair* Estela Lara, *RCAC 2 Chair* Cynthia Conteas-Wood, *RCAC 3 Chair, ECAC Vice-Chair* Silvia Poz, *RCAC 4 Chair* Maria Sanchez, *RCAC 5 Chair* Andria McFerson, *RCAC 6 Chair* Fátima Vázquez, *RCAC 7 Chair, ECAC Chair* Ana Romo, *RCAC 8 Chair* Tonya Byrd, *RCAC 9 Chair* Damares O Hernández de Cordero, *RCAC 10 Chair* Maria Angel Refugio, *RCAC 11 Chair* Lluvia Salazar, *At-Large Member* Deaka McClain, *At Large Member* * *Excused Absent* ** *Absent*	Elizabeth Brambila, *Interpreter* Isaac Ibarlucea, *Interpreter* Eduardo Kogan, *Interpreter* Ruth Nuno, *Interpreter* Lillian Thompson, *Interpreter* Stephanie Webb, *Interpreter*	Hilda Pérez, *Member, Board of Governors* Layla Delgado, *Advocate, Board of Governors* John Baackes, *Chief Executive Office, L.A. Care* Richard Seidman, *MD, MPH, Chief Medical Officer, L.A. Care* James Kyle, *MD, M.Div., Director of Quality, L.A. Care* Marina Acosta, *Program Director of Health Equity, Health Services* Shavonne Caldwell, *Community Outreach Liaison, CO&E* Idalia De La Torre, *Field Specialist Supervisor, CO&E* Auleria Eakins, *Manager, CO&E* Joseph Gonzales, *Unified Communication Mobility Engineer I, IT Operations & Infrastructure* Hilda Herrera, *Community Outreach Liaison CO&E* Nicole Justo, *Community Outreach Liaison CO&E* Jacqueline Kalajian, *Health Education Manager II, Health Education and Cultural Linguistics Department* Linda Merkens, *Senior Manager, Board Services* Frank Meza, *Community Outreach Field Specialist, CO&E* Nicole Moussa, *Manager, Technical Information, Pharmacy & Formulary* Candace Nafissi, *Communications and Community Relations Specialist III, Communications Department* Cindy Pozos, *Community Outreach Liaison CO&E* Jose Ricardo Rivas, *Community Outreach Field Specialist, CO&E* Victor Rodriquez, *Board Specialist, Board Services* Bettsy Santana, *Manager, Quality Improvement Initiatives, QI Department* Farid Seyed, *Lead Unified Communication Mobility Engineer, IT Operations & Infrastructure* Prity Thanki, *Local Government Advisor, Government Affairs*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Fatima Vazquez, *ECAC Chair*, called the meeting to order at 10:00 a.m. She read the instructions on today's meeting agenda. California Governor issued Executive Order N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Accordingly, members of the public should now listen to this meeting via teleconference as follows: Teleconference Call –In information/Site Call-in number: 1-415-655-0002 Participants Access Code:146 265 2635 (English) Call-in number: 1-415-655-0002 Participants Access Code: 146 623 6084 (Spanish) Members of the Executive Community Advisory Committee or staff may also participate in this meeting via teleconference. The public is encouraged to submit public comments or comments on Agenda items in writing by email to COEpubliccomments@lacare.org or by sending a text or voicemail to (213) 798-0148. The text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates. If you do not indicate an Agenda item for your comment, your comment(s) will be read for up to 3 minutes at item VII Public Comment on the Agenda. Comments received by voicemail, email, or text by 10:00 a.m. on February 10, 2021 will be provided in writing to the members of the Executive Community Advisory Committee at the meeting. Once the meeting has started, emails and texts for public comments 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. Public Comments will be read for up to 3 minutes at the meeting. All votes in a teleconference meeting shall be conducted by roll call. If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act please contact the Community Outreach & Engagement staff prior to the meeting for assistance by text (213) 798-0148 or by email to COEpubliccomments@lacare.org.	

APPROVE MEETING AGENDA	Andria McFerson, *RCAC 6 Chair*, stated "I was looking for more involvement with Black History month. I wanted to engage in some sort of activity, but I will speak more about that later." **The Agenda for today's meeting was approved.**	**Approved by roll call. 12 AYES (Byrd, Conteas-Wood, Hernandez de Cordero, Lara, Mahler, McClain, Poz, Refugio, Romo, Salazar, Sanchez, and Vazquez)** **1 Abstention McFerson**
APPROVE MEETING MINUTES	Ms. McFerson asked Ms. Vazquez for more time to review the meeting minutes. **The January 13, 2021 meeting minutes were approved as submitted.**	**Approved by roll call. 12 AYES (Byrd, Conteas-Wood, Hernandez de Cordero, Lara, Mahler, McClain, McFerson, Poz, Refugio, Romo, Salazar, Sanchez, and Vazquez)** **1 Abstention Mahler**
STANDING ITEMS		
UPDATE FROM CHIEF MEDICAL OFFICER Richard Seidman, *MD, MPH*	PUBLIC COMMENT **Public Comment submitted by Elizabeth Cooper, RCAC 2 Member:** *If there are members of special needs, I would like to hear more about vaccinations towards this population. What is LAC doing to address the concerns of this population* **Public Comment submitted by Ismael Maldonado, RCAC 2 Member:** *I would like to Know think on people with disability children and adults with disability is la care working with local independent living center and regional center children with disability.*	

	Ms. McFerson stated that Rachael Rose lucky asked at the last meeting "How can the public respond to an agenda item properly when the public comment needs to be submitted before agenda item is discussed. To have a better interaction it would be best to have public comment before the agenda item is discussed or the presentation." Richard Seidman, *MD, MPH, Chief Medical Officer,* shared L.A. County Daily COVID-19 Data from the L.A. County Public Health: www.publichealth.lacounty.gov/media/coronavirus/data/index.htm Dr. Seidman stated that L.A. County is still in a bad point in the pandemic. The county is doing better now than it was a month ago. Currently there are 105 million COVID 19 cases worldwide. The number of cases per week have declined for four weeks. This past week there were 3.1 million new cases worldwide, a 17% reduction. There are over 2.3 million deaths worldwide. There are many people dying worldwide, but the numbers are declining. The number of cases has not been this low for four months. There are still many new cases, but the rate is going down. The U.S. is at 27 million cases. Yesterday there were 96,000 cases reported, down from 200,000 a day, which is a significant reduction. There are 768,000 total deaths. He noted that California is still in the worst Tier, purple. There is still very high community transmission. He asked everyone to continue to practice public health precautions until everyone is vaccinated. Current trends are looking promising. He stated that people still have to be as careful as possible. **COVID-19 Vaccine Update** The most significant problem is the limited supply of the vaccine coming from the federal government. The supply is limited to the State and county. The county is also seeing disparities in people getting vaccinated. The county is trying to focus on equitable distribution so that people hardest hit by the pandemic are also getting vaccinated. He reported that of the COVID-19 vaccine, 80% of all doses that have gone into the state, have been administered. L.A. Care is posting updated information on it's website for members. He stated that members can also get information from their local health authority. There is much talk about change in eligibility for vaccination. People with disabilities and chronic conditions may soon be able to get vaccinated. **Outreach Efforts** L.A. Care is partnering with hospitals that have access to the COVID-19 vaccine to conduct outreach to L.A. Care members that live in proximity to their facilities. One of the hospital partners, Dignity Health, owns the naming rights for Dignity Health Sports Complex in Carson. They are hosting an event beginning February 15, and have invited L.A. Care to help with outreach to members. The information is not yet publicly available. Members	

	will require a special key or code to make appointments on the website. Members can call L.A. Care this Thursday to get help with appointments. L.A. Care was contacted by Hollywood Presbyterian Hospitals, because they have vaccine supplies and would like to make sure that L.A. Care members have access to some of the vaccine. L.A. Care is conducting outreach to members that are 65 and older who live near their facilities. Tanya Byrd, *RCAC 9 Chair*, asked Dr. Seidman "Why are there so many disparities and so many Caucasian people have more access to the COVID-19 vaccine? Who is in charge of that and how did it happen?" Dr. Seidman responded that he does not feel it is deliberate. The access to appointments is almost entirely by internet. Many people of color do not have access to the internet. It requires someone that knows how to navigate the website. He noted that the appointment slots are filled very quickly. Some people need to try repeatedly to find open slots and make an appointment. People who work will also have more trouble finding an appointment to fit their schedule. L.A. Care is asking large venues to have a walk up option, as well as an option for drive up vaccination. Deaka McClain, *At-Large Member*, stated that she is in many circles that are beyond disparities. The disabilities community is not even close to being allowed to be vaccinated. She would like to know how L.A. Care's voice is heard when it comes to disabled people. She asked Dr. Seidman if he can have that conversation on their behalf. She would like to know why people with underlying conditions not also in the top tier for vaccination if they are most at risk. She stated that she would like to see seniors and people with disabilities and chronic conditions in a higher Tier. Dr. Seidman responded that those issues are very important and he has been spending considerable time working on addressing those issues with people who are responsible for the distribution of the COVID-19 vaccine. The core issue right now is the limited supply of the vaccine. Seniors 65 and over are already eligible in Phase 1b. People with disabilities are called out in a later phase, Phase 1c. As important as it seems to have people with disabilities get vaccinated, there is a whole debate of whether essential workers like field workers or people who work at grocery stores should get vaccinated first. He stated that he agrees with Ms. McClain, but the county does not have enough supply to vaccinate everyone at the same time. Idalia De La Torre, *Field Specialist Supervisor*, *CO&E*, stated that time is expired for Dr. Seidman's report. ECAC members that still have questions can write them down and forward the questions to CO&E representatives. Dr. Seidman will provide an answer at a later time. Ms. McFerson stated, "Point of Order", and asked if there is there any way that Dr. Seidman can stay behind for 10 more minutes? Ms. De La Torre responded that ECAC has	

	a very busy agenda. Ms. McFerson responded "Absolutely, I am asking Dr. Seidman, please. Thank you." Dr. Seidman responded that he defers to the Chair. He has more time if the Chair will allow or he can answer questions offline. Ms. McFerson asked Ms. Vazquez if Dr. Seidman can stay behind for 10 more minutes due to the fact that COVID-19 is killing many people in the low income communities and she needs to give necessary information to Dr. Seidman and ask questions according to the disparities in those particular communities. Ms. Vazquez responded that the allotted time for each agenda item must be followed in order to finish the agenda. The committee must also respect the presenters' time and each other's time. She stated that the committee must all agree with her request. Ms. McFerson stated "Point of Order, there are people dying in the community and they do have important questions is there any way that we can allow Dr. Seidman to stay for 10 more minutes so we can get our questions in?" Ms. Vazquez responded that the committee should ask Auleria Eakins, *Manager, CO&E*, if there is enough time on the agenda, because they must stay within the time on the agenda. Ms. Eakins responded that she will defer to the committee. She does understand that the committee has a full agenda today. She asked that the committee make the decision. Ms. McFerson stated that she believes it's ok if the committee can run the meeting an extra 15 minutes. She asked Ms. Vazquez if the committee can vote on this. Ms. De La Torre announced that John Baackes*, Chief Executive Officer*, is not able to make it to the meeting for his report, originally scheduled from 10:15 a.m. to 11:10 a.m. She stated that he does not know whether he'll be able to make it today due to a conflict in scheduling. She stated that that time can be given to Dr. Seidman if he is available to stay for more time. Ms. Vazquez asked Dr. Seidman is available to stay behind to answer more questions. Dr. Seidman responded that he is available to answer a few more questions. Ms. Vazquez called for a vote from the committee. **The committee voted to give Dr. Seidman more time to answer questions** Maria Angel Refugio, *RCAC 11 Chair*, stated that she has doubts about the vaccine. She understands that the vaccine is two doses, she asked Dr. Seidman, "What if people are only able to get the first dose?" Ms. Refugio stated that she has heard that there is another strain of COVID-19 on the way. She would like to know his thoughts. Dr. Seidman responded that if people get the first dose, they will be 50-60% less likely to get the infection. Once people get the second dose, they will reach 95% reduction in the likely hood of getting the disease. He noted that people will feel side effects like a sore arm. If people are eligible they should get any available vaccine as soon as possible. He noted that Johnson & Johnson has applied for FDA approval for a COVID-19 vaccine. Only one dose of	**Approved by roll call.** **12 AYES (Byrd, Conteas-Wood, Hernandez de Cordero, Lara, McClain, McFerson, Poz, Refugio, Romo, Salazar, Sanchez, and Vazquez)**

	Johnson & Johnson vaccine is recommended, the vaccine is 85% effective in preventing serious infection and it is cheaper. The vaccine is also easier to store, it increases supply of vaccination overall, and is still very effective at preventing infection. Ms. De La Torre asked any committee member that still have questions to submit them to CO&E due to time restrictions, and Dr. Seidman will provide an answer at a later time.	
UPDATE FROM CHIEF EXECUTIVE OFFICER John Baackes	PUBLIC COMMENT **Public Comment submitted by Isamael Maldonado, RCAC 2 Member:** *Mr. Baackes are we going to advocate for those thing medical not going to cover certain items and should we talk to the Health and hymen services member of legislator's state Senator and the assembly men women who served us.* John Baackes, *Chief Executive Officer*, gave the following COVID-19 Vaccine updates: It is becoming increasing difficult to identify where the vaccine are, and what quantities are available. Everyone is operating in confusion and chaos. He noted that Blue Shield is getting involved in distribution, but he does not know in what capacity. He stated that L.A. Care is not an entity that would receive the vaccine. It does work with providers to help with vaccine distribution. It would be best to hold these distributions at its Family Resource Centers and Community Resource Centers for L.A. Care members. He stated that he is hoping this will be possible beginning in March. Ms. McClain asked Mr. Baackes to please continue to advocate for vaccination of seniors and people with disabilities. As she sits among other circles she has heard that people with disabilities are not being included. She heard that they will be included in Phase 1c. People with disabilities should be included with the senior population. Mr. Baackes responded that L.A. Care is not responsible for making those decisions. Those decisions are made by the L.A. County Department of Public Health. L.A. Care has been advocating for special considerations for people who can't access the mass vaccination sites. Ms. Lara stated that they just had a discussion on PPE earlier in the meeting. She stated that they need gloves, masks, and sanitizers. She is wondering if he can push that motion forward, because they need those tools now. Mr. Baackes responded that L.A. Care is not in the business of procuring gloves and masks. The hand sanitizer may be possible to obtain. L.A. Care is looking at how to provide and distribute these items. The CRCs and FRCs may not open until March and L.A. Care will look at ways to distribute PPE at these locations. Ms. Perez asked Mr. Baackes to please repeat the possibility of L.A. Care offering the COVID-19 vaccine at the FRCs and CRCs. Mr. Baackes stated that in the fall up to December 2020, L.A. Care partnered with other organizations to hold nine flu clinics. L.A.	

	Care is now looking at partnering with other organizations to hold COVID-19 vaccine clinics. L.A. Care is reaching out to contracted providers to assist with distribution of vaccines. Ms. McFerson asked Mr. Baackes if the Board can ask for more funding for the packets that RCAC 6 filed a motion for. She said the RCAC members are available and able to distribute in the parking lot, have volunteered and are willing to participate. Health Promoters or RCAC members can assist in regions that they represent and can be given a $25 food card for volunteering. She would like to know if the at-home COVID-19 test can be made available for members. Mr. Baackes stated that it is a great idea to have RCAC members participate. There are no COVID-19 at-home tests yet, and the tests still have to go to a lab for analysis. The tests are still being developed.	
BOARD MEMBER REPORT Hilda Perez Layla Gonzalez	PUBLIC COMMENT **Submitted by Elizabeth Cooper, RCAC 2 Member:** *I'm requesting the two BOG representatives' consumer/advocate, asking to take more of an active role listening to some of the concerns of members that might not get on the agenda - take more of a proactive role considering these folks. Thank you.* **Submitted by Ismael Maldonado, RCAC 2 Member:** *To Hilda and Layla - We need to Co Capitation in every meeting for meeting Ada requirement* Layla Gonzalez, *Member Advocate, Board of Governors*, gave the following updates: • She expressed condolences to anyone that has lost a loved one due to COVID-19. She also urges everyone, including providers, to please wear gloves and masks, and to get a COVID vaccination when they are eligible. • She reported that the Board of Governors met on February 4. • A list of approved motions can be obtained from CO&E Staff. • Chairperson Hector De La Torre welcomed a new Board member, friend and colleague, Supervisor Holly Mitchell. Supervisor Mitchell was a member of the California State Assembly and comes to L.A. Care directly from the California State Senate, where she was the Budget Committee Chair and fought for the people of Los Angeles County, disadvantaged communities and people of color. She is a fantastic public servant and L.A. Care is lucky to have her on our Board. • The Board approved a motion to delegate authority to the CEO to commit future funding for housing and intensive case management services for Housing for Healthy	

CA participants, for approximately 253 members. The grant will help homeless people find housing and have access to wrap-around care services.

- She thanked the CO&E Staff for planning the COVID-19 Informational event for advisory members on January 27. There were 135 members in attendance. The conference highlighted testing, current vaccine efforts, messaging and answered many questions for consumers regarding COVID. She encouraged members to take advantage of future educational opportunities provided by L.A. Care.
- L.A. Care's Black History Month event on maternal health in the African American communities took place on February 4, 2021. Guest speakers were Mashuriki Kudumu, *the March of Dimes,* Jessica Wade, *Mighty Little Giants*, Tammy Turner, *Martin Luther King Community Health Center,* and Adjoa Jones, *Whole Person Care Program in Los Angeles County*. This virtual conference discussed how bias has prevented many black women from getting adequate care during pregnancy and placed many mothers at risk of premature births and death during childbirth. This is not necessarily from lack of education and resources, but rather not giving information to women or asking the right questions.
- She would also like people to view the article written by Dr. Richard Seidman regarding inequities of the vaccine distribution sites not being held in the communities hardest hit by COVID-19. The link can be obtained from CO&E. https://calmatters.org/commentary/my-turn/2021/02/where's-the-vaccine-plan-to-address-racial-disparities-of-covid-19/

Hilda Perez, *Member Representative, Board of Governors*, greeted everyone and expressed hope that everyone and their families are doing well. She invited everyone to participate in all the informational conferences that CO&E is offering its members. There will be another informational session held similar to the conference on January 27 and she would like all RCAC members to participate. RCAC members were invited to a virtual conference about COVID-19 on January 27. The conference included a panel of esteemed speakers that was moderated by Richard Seidman, *MD, MPH, Chief Medical Officer*, and James Kyle, *MD, MDiv, Medical Director, Quality, Diversity, Equity and Inclusion, Quality Improvement,* as well as guest panelist Erika Uribe, *MD, Los Angeles County Department of Health*, and Oliver Brooks, *MD, Watts Health Care Foundation*. The purpose of the forum was to bring RCAC members together to learn about the current status of COVID-19 in Los Angeles County, encourage COVID-19 testing and to educate members on the benefits of newly approved vaccines.

She noted that she has heard members speaking about reading public comment out at the end of the agenda items and will work with CO&E to see what can be done. She reminded everyone that there have been many former Board members who are still advocating on behalf of L.A. Care and advocating for the same issues that L.A. Care is advocating. She is happy to see ECAC members advocating on behalf of their communities, seniors, and

people with disabilities. She noted that the Health Promoters program is hard at work with connecting members with available resources.

Ms. Perez asked Jose Rivas, *Field Specialist, CO&E*, to read out Ms. Cooper's public comment again.

PUBLIC COMMENT

Submitted by Elizabeth Cooper, RCAC 2 Member:

I'm requesting the 2 BOG representatives' consumer/advocate, asking to take more of an active role listening to some of the concerns of members that might not get on the agenda – take more of a proactive role considering these folks. Thank you.

Ms. De La Torre stated that there is one question from Ms. McFerson. She advised Ms. Vazquez that Mr. Baackes has joined the meeting. She asked that the committee please give him the floor after the Board report.

Ms. McFerson stated "Madam Chair, out of all due respect I do ask that you run the meeting and not staff and maybe address that with the CEO, John Baackes. So that you can have the floor and no one else. Thank you. Now with that being said if you do give permission to staff to run the meeting then that's fine at least it's on record. With that I do have a question. Why can't we have an ad hoc committee come together in a way to make it easier to find the vaccine locations. Personally having outreach engagement department ad hoc, ok. I wanted to know that can we vote, have a motion, whatever the case may be, to have access to that information so we can give it out to the community. We do have a responsibility as representatives of our regions and then also I wanted to know specifically, how, I just want to reiterate the fact that according to ADA rights there are laws that incorporate the disabled community with the senior community. So with that being said I wanted to know how is that incorporated with the COVID-19 vaccine. I went over to my doctor in Santa Monica and I do have pictures of people waiting on someone to come in. They had a hundred different forms for people to fill out to get the vaccine and no one was there to help out, and I do have pictures. So if you guys want that information, definitely, but we need to come together as a group just to make sure that doesn't happen and everyone has the opportunity who is allotted that opportunity, of course by the government, to have those opportunities. Do we all agree? Madam Chair can you ask that we could agree to have some sort of ad hoc committee to work together in order for that to happen and then also with…"

Ms. Gonzalez stated, "Point of Order, can this be tabled and placed on future agenda items. I believe the topic at hand…"

	The following comments were made simultaneously: Ms. McFerson responded, "When that happens, Layla, we don't put it on the agenda and don't have an opportunity to do so… Ok, so I'm not done with my actual comment. Madam Chair Point of Order, absolutely but we were allotted a certain amount of time. Point of Order Madam, that was not the end of my comment. Point of Order please." Ms. Vazquez responded, "Yes, thank you, Layla. Thank you for your concerns, Andria. Due to time restrictions, Mr. John Baackes is now here as well as L.A. Care Staff. We can work with them at a later time. I am asking that if we can please continue with our agenda to respect the presenters time and also the committee's time. I am going to ask that…" Ms. McFerson stated, "I was speaking about Hilda's comment. I wanted to call Point of Order, because I was not done with my comment and I was not told the specific amount of minutes that I would be allowed to speak, Madam Chair. So can I please have a moment to speak about Hilda Perez's comment?" Ms. Vazquez responded, "Yes, the thing is that we have gone over the agenda time and at this moment we're supposed to be listening to Dr. Kyle's presentation and we want to respect everyone's time, please." Ms. McFerson stated, "Yes, madam chair, thank you, in the next meetings can we please be allotted time so that we would know exactly how time we had in order to adhere to respect for time and being that it's virtual and we're not actually going to the office I believe we have a lot more time allotted for these meetings. Thank you."	
UPDATE FROM L.A. CARE'S EQUITY STEERING COMMITTEE James Kyle, *MD, M.Div*	<u>PUBLIC COMMENT</u> **Submitted by Elizabeth Cooper, RCAC 2 Member:** *I'm inquiring on the process that was taken in regards to LA Care's Health Equity Council Steering Committee – Who were the decision makers that put this group together? As a member, and person of Color (Afro American), I feel there should have been more transparency, and feel that the Community Outreach & Engagement department and members should have been more involved in this process. Please inform me if there was community involvement in this process. Thank you.* **Submitted by Ismael Maldonado, RCAC 2 Member:**	

	I have a question for Dr. Kyle, when can LA Care's Health Equity Council have training disability etiquette? And Dr. Kyle I am a member of the council and ADA training, I would like to thank you for creating this council. Ismael Madonado R2 James Kyle, *M.D., M.Div., Medical Director, Quality, Diversity, Equity and Inclusion, Quality Improvement* gave and update about L.A. Care's Equity Steering Committee (*a copy of the written report can be obtained from CO&E.*): Equity Council Steering Committee • Meeting weekly since July after the announcement of this Committee • Activities include: - Ongoing learning on subject of equity and social justice ▪ Engaged in implicit bias tests, book and article reviews - Authored a number of statements that impact equity ▪ USPS and Executive Order on Diversity and Inclusion trainings • Potential Initiatives in Consideration: - Food desert efforts, environmental justice learning, groups for employees, further internal education with equity forums, COVID-19 vaccine surveillance Member Equity Council Activities include: • Setting goals and metrics. Metrics will be focused on: - ensuring effective member input, - establishing and leveraging partnerships to advance equity, - maintaining resources to community partners, and - focusing on social determinants of health, specifically food security • Implemented Consumer Equity Council to provide guidance to MEC - Comprised of 11 members - Goal: provide input on L.A. Care programming and prioritized activities to advance health equity among its membership • Met twice: - Orientation - Health equity educational learning (definitions, local examples, food security) Provider & Vendor Council Activities include: • Prioritizing efforts on: - ensuring the network is reflective of the community's language and race/ethnicity makeup and can offer member options and choices based on their preferences (provider)	

	- ensuring, when possible, L.A. Care contracting efforts provide opportunities for minorities, women, and disabled veteran-owned businesses to participate in our procurement processes (vendor) • Currently, gathering and reviewing internal data to establish baselines and goals for these efforts L.A. Care Team Council Activities include: - Setting council objectives - Currently, examining the employee life cycle, starting with the hiring process, and making recommendations/suggestions to address any potentially bias-based occurrences - Hosting check-ins with employees/departments to discuss and listen to reactions and concerns regarding recent attention on inequities - Establishing employee book club to discuss equity topics internally Accomplishments-to-Date • Partnered with Los Angeles County for inaugural LA vs Hate United Against Hate Week, November 30-December 6 and ongoing partnership - 17 news outlets published story on the week - Notable news agencies included NPR, CBS and KTLA all picked-up the UAHW story • Hosted two COVID-19 Disparities Leadership Summit - 120+ participants from various organizations participated • Convening two Black History Month Town Halls - Topics focused on maternal and mental health • Established internal Diversity and Inclusion training goal to train all L.A. Care employees Ms. Perez thanked Dr. Kyle for attending ECAC and providing this helpful information. She thanked him for his advocacy at the informational session. She appreciates his comments about disparities. She asked if the written presentation can be shared with her and other RCAC members. Dr. Kyle responded that the presentation can be obtained from CO&E. Ms. McFerson stated, "I ask that when I raise my hand that it is not lowered, but with that being said I do have a question for you Dr. Kyle. I think that everything that you're doing is amazing and I really appreciate what you do for the community it's very relevant and it's important and it can save lives. So with that being said, the task force, was it due to my request during an ECAC meeting to have some sort of group to work together in order to	

	find the disparities in the community specifically and I just wanted to know if there is someone from my particular RCAC that is enveloped with a whole lot of different issues that we are dealing with right now and it's very important that we get that information out. It doesn't matter what color that person is. Definitely concentrating more on the people that are most affected by this of course pandemic and a lot of different disparities that African Americans have, as far as being treated in some sort of way to where they are a problem and not a solution." Dr. Kyle responded that the committee came about through ECAC. Populations of minority members in key communities will somehow be overlooked. He is concerned about essential workers not getting vaccinated as needed. The biggest challenge is the scarcity of the vaccine. He stated that Dr. Seidman and Mr. Baackes try to advocate for vaccination for L.A. Cares population due the increased risk. They will be working on this every day. He is concern is the sense of urgency. These disparities need to be addressed immediately.	
UPDATE FROM GOVERNMENT AFFAIRS DEPARTMENT Prity Thanki	Prity Thanki, *Local Government Advisor, Government Affairs,* gave the Government Affairs Report (*A copy of the written report can be obtained from CO&E.*). **State Budget Update** On January 8, 2021 Governor Gavin Newsom unveiled a $227.2 billion budget proposal. The proposed state budget is the starting point of the budget process. Over the course of the next five months, he must negotiate with the legislature on a final budget. In May, the governor will present the "May Revise" which is a revised budget proposal, however there is a possibility that he may release a March Revise in order to address important COVID issues. Regardless, lawmakers have until June 15 to pass a budget in the state Legislature. **Public Health and COVID-19 Response** The proposal includes $2 billion to expand COVID-19 testing in California, plus $473 million to improve contract tracing and $372 million for vaccine distribution. This would be in addition to federal money for these initiatives. **Medi-Cal Enrollment** The state anticipates that enrollment in Medi-Cal will increase by 12% next year, with 15.6 million Californians – or 40% of the state population, expected to be enrolled. **Medi-Cal Benefits** • Effective January 1, 2022, continuous glucose monitoring systems will be added as a benefit for those enrollees age 21 and older with Type 1 diabetes. • Effective July 2021, over-the-counter adult Acetaminophen and cough/cold products would be covered.	

- Expands Medi-Cal to post-partum women who are diagnosed with a maternal mental health condition until December 31, 2022.
- The following Medi-Cal optional benefits will continue to be funded:

  - Community Based Adult Services
  - Multipurpose Senior Services Program
  - Adult Dental Services
  - Acupuncture
  - Optometry
  - Nurse Anesthetists Services
  - Occupational and Physical Therapy
  - Pharmacist Services
  - Diabetes Prevention Program

The following Medi-Cal optional benefits will be suspended on December 21, 2021 unless the Administration determines there is enough General Fund revenue to support the continuation.

- Audiology and Speech Therapy
- Incontinence Creams and Washes
- Optician and optical lab services
- Podiatry
- Opioid and other illicit drug screenings and referrals

Medi-Cal Eligibility
The proposed budget continues the expansion of Medi-Cal to Aged, Blind, and Disabled population with incomes between 123% to 138% federal poverty level that was as passed as part of the last fiscal year's budget but not yet implemented.

The proposed budget does not set aside money to expand Medi-Cal eligibility to all California seniors, regardless of immigration status. Health advocates have been pushing for this in recent years, and as of now undocumented Californians up to age 26 are eligible for the program. There may be separate legislation proposed outside the budget process to try and expand Medi-Cal coverage to others, but it is unknown at this time.

CalAIM
The proposed budget includes the return of CalAIM – the name of the program that would replace our current Medi-Cal program waiver. It could make it easier for patients experiencing physical and mental health issues, housing challenges and substance abuse disorder to get more coordinated care.

Homelessness
The proposed budget has $1.75 billion in one-time funding to buy more motels to house people experiencing homelessness and to develop community mental health facilities.

	Ms. Gonzalez thanked Ms. Thanki for her report. She appreciates all of the updates. She stated that L.A. Care continues to advocate for services that have been suspended. Services such as incontinence supplies are very important and necessary for members. She believes it is cruel to add a benefit and then immediately retract it. Many people that have L.A. Care rely on these services. She would like to see the Board get behind advocating for such services. Ms. McFerson stated that she agrees with Ms. Gonzalez, because she knows someone in her region that is dealing with cancer and she does need these amenities. She noted that this person is no longer able to obtain these services. She is having issues with coverage. She herself has health issues and had a major seizure. She is not able to eat properly, because she dislocated her jaw. She feels the Board needs to make sure that those services are not placed under the table.	
OLD BUSINESS		
COMMUNITY OUTREACH & ENGAGEMENT EVENTS AND ECAC MOTIONS Auleria Eakins, EdD	PUBLIC COMMENT **Submitted by Elizabeth Cooper, RCAC 2 Member:** *When members call in for inquiries I would like to request for LA Care management staff (Francisco O., Auleria E., Idalia DLT), to be more responsive towards member concerns and member communications; a lot of issues could be discussed with their input. Also, I would like to commend Cindy Pozos and Martin Vicente for showing personal concern when communicating with members. Thank you.* Ms. Eakins reported (*a copy of the written report can be obtained from CO&E.*): **Global Issues Update** A motion was made by RCAC 6 member and Chair, to recommend to ECAC for L.A. Care to consider providing a care package that contains 5 facemasks, 5 sets of gloves, and 1 bottle of hand sanitizer at all the Community Resource Centers (CRCs) that would be available to the public. For L.A. Care members who cannot attend the CRCs, L.A. Care can consider mailing the same care package to all L.A. Care members. *Status: LA Care is currently in the process of distributing 100,000 masks.* Customer Care Solution is allocating 40,000 masks to Health Services for the high-risk Asian population. With the balance of 60,000 masks they will try to target the following populations: • Total High Risk members less L.A. Care Covered/Asian population 243,640 • Coordinated Care Initiative High Risk members total 82,221	

	• Non-Coordinated Care Initiative members total 161,419 • Net amount needed to fulfill all high risk members 183,640 The 100,000 masks provided to Customer Solutions Center was for both high risk as well as part of the Asian American targeted campaign across lines of business. If you need a mask you call members services on the back of your card to request one. Staff is also looking to partner with other nonprofits who can provide free Personal Protective Equipment (PPE) to the CRC's, we hope to share more about those partnerships at the next meeting. *Update on Motion for increase in stipends:* L.A. Care will consider this request once in-person RCAC meetings resume. In support of members L.A Cares Board of Governors voted to continue stipends in support of advisory member for all meetings while RCAC meetings continue to be suspended due to the pandemic.. *Update on LA Care's Black History Month Planning Efforts:* In honor of Black History Month, CO&E staff is continuing to working with Dr. Kyle on the two-part series addressing health disparities in the African American Community titled, "A Vision and Voice for Equity." This program consist of panel conversations with key community organizations that are making strides to improve the health of African Americans in the areas of Maternal Child Health and Mental Health. CO&E is asking for the support of all advisory members to assist with the promotion of the event the next event on Mental Health in the Black Community which will take place on the Zoom platform February 26 from 10:00 a.m. to 11:30 am. Sessions will be hosted in English, Spanish and Khmer. L.A. Care will have an active social media campaign and a robust internal campaign to promote Black History month. . **CRC Update** After consultation with Dr. Seidman and taking into account the current status of the COVID pandemic in the county, L.A. Care has extended the closure of the CRCs at least until March. L.A. Care will reevaluate the closure later this month to determine if centers reopen in March or if the closure must be extended. L.A. Care has updated the website to reflect the closure. She asked members to forward this update to members of their community. Ms. Perez thanked Dr. Eakins for her update and listening to the members. She thanked her for all of the efforts being made by staff. She noted that the second conference on Maternal Health will be held on February 26. She noted that the first conference went over its timeframe, because there was so much information. Some of the members of ECAC	

	would like to have a more interactive role. She asked Dr. Eakins if there will be any opportunities for members to participate more actively. She noted that the motions in regards to the stipend increase and care packages were not listed on the agenda. She asked if they can be listed on the agenda if there is going to be an update on the agenda. Ms. Eakins responded that early planning will allow advisory members to be included in planning future virtual conferences. In response to motions being posted on the agenda CO&E will work to ensure that motions are included on the agenda for committee reference. Ms. Lara stated that the urgency for PPE is now. She stated that even though the CRCs and FRCs are closed, L.A. Care can partner with other organizations that can provide these services. If L.A. Care is partnering with other organizations, she would like to know who these organizations are, and where the distribution sites are. She noted that members need all these supplies so they can go to the store and get groceries. Those supplies need to get to the RCAC members as soon as possible. Dr. Eakins assured Ms. Lara that CO&E is with working with internal specialists assigned to this project. CO&E will also create a list with agencies that provide PPE equipment to the community. Ms. Eakins state that she will follow up with the committee once it is complete. Ms. McFerson stated, "With respect to Madam Chair, she is happy she is able to speak. Now I want to thank Dr. Eakins for an official update for RCAC 6 motions and I ask that we not only put those motions on the agenda in itself. I ask that we have an audit accordingly to see how the money is provided to those actual motions in itself relative to the topic at hand, of course, only. Ms. Mcfearson requested better communication our regions on the availability of the equipment. From the motion, the gloves, masks, and the hand sanitizer. I think it's important not only for the committee, the RCACs and the ECACs, but our region, to actually know if there is an availability to that particular equipment, because it is lifesaving, so, if we can come up with an ad hoc or some sort of committee that may be able to come up with the best ways of reaching out to our own communities that would be great. It's also great that we have this conference for the RCACs and ECACs, that's great. I was thinking of more of an interactive thing for African American month. Almost like a virtual paint party, that would have been great so that we can still have interactions with our RCACs and if at all available our RCAC and ECAC members. It's important that we have community participation of all races. That's including Latino month Chinese new year, whatever, but I still think we need to have that interaction it's so important. Regardless of whether we are virtual or not. Whoever can participate make it open to everyone."	

	Dr. Eakins asked Ms. McFerson for clarification on the audit request. Ms. McFerson responded that she would like an audit of the funds used by CO&E broken down in laymen's terms so that everyone can understand. She would like to know what type of money they have in order to incorporate more participation in the community. Ms. Perez stated that she will need more clarification from Ms. McFerson's request. This question also came up at the Board of Governor's meeting in regards to the ad hoc committee.	
L.A. CARE HEALTHY MOM AND BABIES PRESENTATION Bettsy Santana Jacqueline Kalajian Marina Acosta	PUBLIC COMMENT **Submitted by Ismael Maldonado, RCAC 2 member:** *I have a question to la care in health mom and baby have you heard of the La county department of welcome baby program.* Bettsy Santana, *Manager, Quality Improvement Initiatives*, Jacqueline Kalajian, *Health Education Manager II* and Marina Acosta, *Health Equities Program Director II*, gave a presentation on L.A. Care's Healthy Mom and Babies program (*A copy of the presentation can be obtained from Board Services.*) **Disparities Leadership Program** • L.A. Care is participating in national Disparities Leadership Program • The project is focused around a high-risk pregnancy program in order to address disparities in prenatal and postpartum care, as well as overall health outcomes like infant and maternal mortality • The program aims to work with health care providers to help identify women that are high risk and provide services to help support their pregnancy Care during pregnancy is important to protect pregnant members and their infants from poor health outcomes. In Los Angeles County, Black babies are more than three times as likely as white babies to die before their first birthday (L.A. County Department Public Health, 2019). Studies show that providing more services and support can help reduce maternal and infant mortality. **Barriers** • Health plans have difficulty in knowing when a person is pregnant because we usually get that information in a form of a bill or what's called an encounter form • These documents can take months to get to the health plan • There are also privacy issues to consider • Women often may not seek care early enough for us to find reach out in time	

	• Contact information may change often and not be what was given to the health plan when they signed up **Next Steps** • Develop the program by working with various organization and experts • Create an internal team of experts • Identify providers in high need and volume practices to work with • Solicit feedback - Solicit provider and community feedback on desired perinatal programs, resources, and ancillary services Ms. Gonzalez stated that it is possible to have text messaging available. When she was taking care of her child it was difficult to answer the phone. She would also suggest the importance of mental health. It is difficult for people in the African American and Hispanic communities to pay attention to mental health. If mothers can't take care of themselves, they can't take of their children. Ms. Santana responded that texting will be made available in the future; it is something that is being worked on. Ms. Eakins stated that she had a high-risk pregnancy and does not remember ever receiving information that can help educate her and provide guidance during her pregnancy. She suggested handing out pamphlets with this type of information.	
COMMUNITY WORK PLAN PROJECTS FOR 2020- 2021 Auleria Eakins, *EdD, MA*	Auleria Eakins, *EdD, MA, Manager, CO&E*, gave an update in regards to the Community Work Plan Projects for 2020-2021. Topics this Year: • Food Security • Technology Justice The total amount allotted for the project is $55,000. She noted that Dr. Seidman spoke about one of the possible reasons that many people are not able to access the COVID-19 vaccine is due to not having access to technology. L.A. Care will be allocating $15,000 to help address this for communities throughout L.A. Care. The remaining funds will be used to address food security. Ms. McFerson thanked Ms. Eakins for taking the time to provide this information. The need in the low-income community is prevalent. She asked if there can be an ad hoc committee to select these organizations and provide a $25 food card to people who participate in helping find those organizations. Ms. Eakins responded that she appreciates her input, the process to garner agencies in each region is to submit an Request for Proposal. They will provide a plan laying out how the funds will be used. At this time, they	

	are asking ECAC members to share names of organizations that they are aware of that provide these types of services and are certified non-profit. Ms. McFerson stated that in the future she would like to see ad hocs placed on the agenda accordingly under old business.	
FUTURE AGENDA ITEMS		
	Ms. Gonzalez stated that she would like to give this time to Ms. McFerson so she can discuss her suggested agenda items. Ms. McFerson stated, "Addressing the actual ad hoc committees for the future items. I would definitely like to have something on the agenda addressing a motion having to do with ECAC being able to construct ad hoc committees on particular subject, a topic at hand, to have that option. To have ad hoc committees again that are not handpicked by staff and are representative of each region and we need to be able to have that connection back in the ECAC. All I'm asking is that we have it on the agenda and we can actually discuss it and have motions having to do with the ad hoc committees. Thank you." Ms. Eakins responded that ad hocs have to be for a specific purpose and are temporary in timeframe. They are not ongoing and they can't be general in purpose. Ms. McFerson stated, "Being that Black History month is behind us can we discuss it during this meeting. Can we have an ad hoc committee addressing the food disparities within the community and how to connect better with members so they can have the information that's available for them. With the 40,000 that CO&E has to address those disparities. Can we have that ad hoc? Please. Thank you." Ms. Perez asked if the committee can discuss the way the meetings are being conducted. Rachael Rose Luckey, *RCAC 4 Member*, has stated that she would like to see public comment read at the end of the agenda item. She noted that they have received training on Robert's Rules of Order. She would like this information provided to ECAC. Ms. McFerson asked if the public comments can be read at the end of an agenda item. She asked that this be placed on the agenda.	
PUBLIC COMMENTS		
PUBLIC COMMENT	**Submitted by Elizabeth Cooper, RCAC 2 Member:** *My name is Elizabeth Cooper, RCAC 2 Member, wants all of you to know that her son, Jonatan Cooper an L.A. Care members wishes everybody a happy Valentine's day and wishes everyone to be safe, active, and to take care of yourselves and others. Thank you.* **Submitted by Ismael Maldonado, RCAC 2 member**	

	My question is LA CARE to my question is LA CARE going to get every department ADA training and disability etiquette CO&E department and call taker la care call center and staff for RCAC member and everyone who deal with the disabled community. **Submitted by Mary Jo Fernando, RCAC 2 member** *The question I wanted to ask is how can we educate people against racism if that is how they were brought up by their parents or families? How can we change people's beliefs?*	
ADJOURNMENT	The meeting was adjourned at 1:20 p.m.	

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

APPROVED BY
Fatima Vasquez (due to public health orders the document will be signed when it is possible)
Fatima Vasquez, *ECAC Chair*
Date 3/10/21

BOARD OF GOVERNORS

Children's Health Consultant Advisory Committee

Meeting Minutes – January 21, 2021

1055 W. Seventh Street, Los Angeles, CA 90017

Members

Tara Ficek, MPH, *Chair*
Linda Aragon, MPH*
Edward Bloch, MD*
Maria Chandler, MD, MBA
Rebecca Dudovitz, MD, MS
Rosina Franco, MD
Toni Frederick, PhD
Gwendolyn Ross Jordan*
Lyndee Knox, PhD
James Kyle, MD
Nayat Mutafyan*
Hilda Perez
Maryjane Puffer, BSN, MPA
Diana Ramos, MD
Richard Seidman, MD, MPH
Ilan Shapiro, MD, FAAP*
Diane Tanaka, MD*
**Absent **Present, but not quorum*

Management

Katrina Miller Parrish, *MD, FAAP, Chief Quality and Information Executive, Health Services*
Michael Brodsky, *MD*, *Medical Director, Behavioral Health and Social Services, Behavioral Health*

California Governor Newsom issued Executive Orders No. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can hear and observe this meeting via teleconference and videoconference, and can share their comments via voicemail, email or text.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Tara Ficek, MPH, *Chair* called the meeting to order at 8:37 a.m. without quorum.	
APPROVAL OF MEETING AGENDA	The Committee reached a quorum at 9:05 a.m. The Agenda for today's meeting was approved as submitted.	**Approved unanimously. 11 AYES (Chandler, Dudovitz, Ficek, Franco, Frederick, Knox, Kyle, Mutafyan, Puffer, Ramos, Seidman)**
APPROVAL OF THE MEETING MINUTES	**The minutes of the November 17, 2020 meeting were approved as submitted.**	**Approved unanimously. 11 AYES**
CHAIRPERSON REPORT	Chair Ficek stated that First 5 LA is looking closely at Governor Newsom's Budget proposal for 2021-2022. The budget was released on January 8. She stated that it is a budget that builds and strengthens. First 5 LA was pleasantly surprised by the budget considering California's financial condition due to the pandemic. The budget brings	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	health equity front and center, with an emphasis on resolving health disparities. It includes CalWorks grants and grants for preventive care and telehealth services.	
CHIEF MEDICAL OFFICER REPORT Richard Seidman, MD, MPH	Richard Seidman, *MD, MPH*, *Chief Medical Officer,* reported: (A *copy of his written report can be obtained from Board Services*.) **COVID-19 Update** By early January, the World Health Organization (WHO) reported over 83 million cases of COVID-19 worldwide and more than 1.8 million deaths. The numbers of new infections reported are at the highest levels worldwide and in the United States since the beginning of the pandemic with more than 4 million new cases per week worldwide for the fourth week in a row. California and Arizona have the highest rates of new infections in the Country. The healthcare delivery system in Los Angeles, with over 932,000 cases, is being pushed beyond its capacity to provide safe and effective care to everyone who needs it. The Los Angeles County Department of Public Health has asked people to avoid coming to Emergency Rooms for other than truly life threatening medical emergencies. Ambulances have been asked not to transport patients with a low likelihood of survival (trauma and cardiac patients they are not able to resuscitate in the field) to emergency rooms. The three-day average number of COVID patients hospitalized in Los Angeles is now 10 times higher at 7,873 than it was on November 1, 2020 and some hospitals are preparing to declare crisis standards of care, in which patients will be triaged to determine which patients are priorities for limited resources such as ICU beds and ventilators. L.A. Care has documented over 75,000 known cases among L.A. Care members, with nearly 13,000 admissions and over 2,000 deaths. Even as the county is facing the most difficult and challenging times so far in this pandemic, over 130,000 doses have been administered of one of two COVID-19 vaccines approved by the Food and Drug Administration (FDA) for Emergency Use Authorization. Frontline healthcare workers are starting to get their second dose of vaccine. At this time, Los Angeles County is progressing through the various tiers of Phase 1a (healthcare workers and the residents and staff of Long Term Care and Skilled Nursing Facilities) and anticipate moving into Phase 1b by early February, which includes people 75 and older and frontline essential workers in its first tier. People 65 and older and a broader list of essential workers are prioritized in the second tier of Phase 1b before we are able to move on to Phase 1c, anticipated in late March or early	

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	April, which will include people 16 -64 with chronic health conditions and co-morbidities placing them at increased risk for serious disease and death. Fortunately, influenza activity in the county remains relatively low, likely due to all of the precautions in place to reduce the spread of COVID and due to enhanced flu vaccine efforts last fall. L.A. Care collaborated with the Los Angeles County Department of Public Health (DPH), the USC School of Pharmacy, and several community pharmacies to conduct nine mobile flu vaccine clinics, which provided 2,500 members of the community with flu vaccines. Pharmacy staff are currently pursuing the opportunity to leverage these partnerships and experience to assist in the COVID vaccination effort. Member Rebecca Dudovitz, MD, asked if L.A. Care has thought about communication to members in regards to the COVID-19 and safety. She noted that there are many concerns about the uptick since the vaccine was announced. She would like to know about L.A. Care's communication strategy. Member Seidman stated that L.A. Care is communicating with its members. He pointed that L.A. Care has launched a robo-call campaign, has posted up to date information on its website, updated FAQs and social media platforms. L.A. Care is also reaching out to Dr. Peter Szilagyi, who is an expert on vaccine hesitancy, to assist with communicating vaccine safety to members. L.A. Care is also trying to partner with other organizations that have influencers and celebrities that can help encourage people to get vaccinated when possible. Member Diana Ramos, MD, stated that one of the things they found at Los Angeles Unified School District in terms of influencers was that grandparents were one of the biggest influencers in the family. Specifically, among the African American and Latino populations, it makes a difference to get the grandparents, family, and friends involved. She asked Member Seidman if L.A. Care is tracking women who are pregnant or get pregnant in the interim of the vaccination and how L.A. Care will follow up. Member Seidman responded that L.A. Care currently does not have a communication strategy just for pregnant women, but he thinks it is important and believes it should be added to L.A. Care's messaging. He noted that the vaccine is recommended to pregnant women and breast-feeding women. There is significant hesitancy by pregnant women in getting immunized, and it will be added to L.A. Care's messaging.	

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Member Dudovitz stated that there are many people who are hesitant to be first to get the vaccine. She believes it is necessary to send a message to people telling them that it is safe to get the vaccine and to point out its efficacy. She noted that there are side effects, and she knows firsthand that the muscle and joint aches are real. She stated that there is a hotline at UCLA that walks people through the side effects of the vaccine. Member Seidman thanked Member Dudovitz for her comments and asked if the side effects she is feeling stronger are than those of the flu vaccine. Member Dudovitz confirmed that they are stronger.	
DYADIC CARE/FAMILY THERAPY GUIDANCE IMPLEMENTATION Alex Briscoe, *M.A.*	Alex Briscoe, *M.A., Principal, California Children's Trust,* gave a presentation about Scaling and Sustaining Dyadic Models of Care in Pediatric Primary Care. (*A copy of the presentation can be obtained from Board Services.*) Mr. Briscoe thanked the committee for the invitation to participate in the meeting. He shared the following link with the committee: https://www.acesconnection.com/blog/new-california-preventive-mental-health-coverage-puts-aces-front-and-center He posed the question, "why aren't providers able to bill Medi-Cal for mental health or other social emotional support services during a well-child visit?" It is known that low-income people have the most frequent activity in the health system for the first three years of a child life; on average 12-15 visits. He believes this is a great opportunity for a demonstration project. Dyadic care includes services that don't target a child individually, but address the mother and child together. The reason this has not been scaled for over 30 years is due to Medicaid's reliance on an identified diagnosis-driven patient model of reimbursement. The reason this does not work is because it lacks transparency in spending for Medicaid. Federal Government Funding distributed through Federal departments with funding authorized by Congress State of California Acts as pass through, enhancer, or reconciler of funding—sometimes providing it, sometimes certifying Certified Physician Executive (CPE)	

EARLY INTERVENTION SYSTEMS: CURRENT STATE

- Ages 2-4: Early Pre-k Opportunities Limited; Voluntary
- Ages 4-5: Pre-k Opportunities Growing; Voluntary
- Ages 5+: Entry Into K-12 Compulsory Education System

Children's Health Center (CHC)
- Pediatric Ambulatory Care Hub within the San Francisco Health Network (SFHN)
- Primary Care
- Urgent Care for children throughout SFHN
- Subspecialty Care in partnership with UCSF Benioff Children's Hospital
- 30,000 annual visits, 13,000 patients birth-24
- Located on ZSFG Campus

CHC is one of four hospital-based primary care clinics that is part of a larger health network of 14 clinics, all with FQHC status, almost exclusively publicly insured patients.
- CHC is the only clinic that exclusively serves children, and we see children aged birth-24. The clinic provides the setting for all pediatric ambulatory care, including primary care, urgent care and a variety of pediatric subspecialty outpatient clinics.
- Like all the clinics within this network and hospital, we are mission driven and the families we serve have high social, medical and behavioral health needs.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	 Healthy Steps at a Glance An evidence-based, interdisciplinary pediatric primary care program that promotes positive parenting and healthy development for babies and toddlers, with an emphasis on serving families living in low-income communities. **Strategy 1:** Use The Well Child Visit as Primary (Replicate San Francisco's Health Plan Practice) - Credentialed non-specialty behavioral health providers may submit, as a billable primary diagnosis, the Z-code for a well-child visit as the primary ICD-10 code attached to any allowable CPT code under the mild to moderate benefit. (Approved Z-codes include, Z00.11, Z00.12). - There is a way to bill a behavioral health visit as a developmental service and no diagnosis. - Many people believe that mental health is a support for healthy development, not a response to pathology. **Strategy 2:** Leverage the New Family Therapy Benefit - Leverage New Family Therapy Benefit that opens Z codes and redefines Medical Necessity criteria. - There is no cap on the number of family therapy visits billed with ICD-10 code Z65.9	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	in place of a mental health diagnosis ICD-10 code. However, for children *without* a specified risk factor who are suspected of having a mental health disorder, no diagnosis is required until after the fifth visit. - Benefit accessible by credentialed providers (license eligible) - We want DHCS to add Z13.39 "Encounter for Screening Examination for Other Mental and Behavioral Disorders" to the family therapy benefit as an accepted ICD-10 code in addition to Z65.9. DHCS Family Therapy Benefit 1. You can find the Medi-Cal Bulletin article here: https://filessysdev.medi-cal.ca.gov/pubsdoco/bulletins/artfull/gm202006.aspx#a11 2. The full policy, found on pages 4-6 of the *Psychological Services* section of the provider manual can be accessed via this link: https://filessysdev.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/psychol_a07.doc. 3. The reimbursement rates can be found in the *Psychological Services: Billing Codes and Reimbursement Rates* section of provider manual via this link: https://filessysdev.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/psycholcd_a07.doc **Strategy 3:** Create a New Benefit - Seek parity for preventative behavioral health services by open code H0025 (behavioral health prevention education service) to be accessible for behavioral health prevention to all infants and young children ages birth to 5 similar to routine encounters for children's wellness exams are available. Pair H0025 with the diagnosis: Z13.39 "Encounter for Screening Examination for other Mental and Behavioral Disorders" or a similar Z code that does not specify criteria for medical necessity. Member Maryjane Puffer, *BSN, MPH*, asked about a pilot program for this with one of the existing school-based Wellness Centers. She has data for electronic medical records and they need to ramp up well child care at all sites. She would like to know if they can include a school-based site. She noted that telehealth has proven to be more user friendly for families. Mr. Briscoe responded that the family therapy benefit is applicable to all remote modalities the same way that almost all services are under the 1135 wave. He noted that everyone has questions about the telehealth revolution that has taken place during the pandemic. Historically managed care plans have been major players. The Governor announced a $400 million incentive program for managed care	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	organizations to partnership with schools. There will be a new level of partnership. He does not know how the funds will play out.	
FIRST 5 LA IMPACT FRAMEWORK AND PATHWAY TO PROGRESS REPORT Agnieszka Rykaczewska	Agnieszka Rykaczewska, *Evaluation & Learning Manager, FIRST 5 LA,* presented the First 5 LA Impact Framework and Pathway to Progess Report. *(A copy of the presentation can be ontained from Board Services.)* Pathway for Systems Change North Star: By 2028, all children in Los Angeles County will enter kindergarten ready to succeed in school and life. Results for Children and Families: • Families optimize their child's development • Children receive early developmental supports and services • Children are safe from abuse, neglect, and other trauma • Children have high-quality early care and education experiences Our Strategic Priorities: • Strengthen public & community systems • Advance & build community experience • Expand influence & impact with data • Optimize our effectiveness We Want Systems to be: • Accessible • Quality • Aligned • Sustainable We Change Systems by: • Policy change • Practice change • Will building Report Purposes	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Document the conditions of Los Angeles County children and families prior to the launch of the 2020-2028 Strategic Plan • Share the Impact Framework and how we will measure the progress of our Strategic Plan • Encourage the use of indicator data internally and externally • Provide a resource with population and subgroup data Contextual Indicators highlight context of significant disparities in health of Los Angeles County young children: • The mortality rate of infants born to Black mothers is nearly three times the mortality rate of infants born to White mothers • The rate of preventable death was four times higher among young Black children than among young Latino and White/Other children. • Infants born to Black mothers had nearly twice the rate of low birth weight as infants born to mothers from all other racial or ethnic groups. • Over the past 16 years, 4-year-old children with Latina mothers have consistently had the lowest rate of healthy weight. As First 5 LA works to improve conditions in four result areas, it informs by the context of Los Angeles County so that it can tailor its strategies to be Los Angeles County specific. The contextual data in the report highlights a context of significant disparities in the health of Los Angeles County's young children, with Black children in particular negatively affected. Contextual Indicators also highlight a context of significant disparities in maternal health in Los Angeles County: • 76% of Black mothers receive prenatal care compared to 88% of White mothers • 87% of Black mothers have postpartum checkups compared to 94% of White mothers • Black and Latina mothers experience higher rates of both prenatal and postpartum depression compared to Asian/Pacific and White mothers Next Steps • Utilize data in the report to inform discussions and decisions that impact child and family serving systems	

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Collaborate to address data access and data limitations Member Puffer noted that Measure RR passed and will allow schools to use more funding to invest in larger systems for wellness. They used data mapping to inform that process in 2008 & 2012 for Wellness Phase 1 & 2. She noted that the Expert Council meets on February 4 and the elements of the mapping and the need will be demonstrated in some form sometime in March or April. She thinks it is important to coordinate the data and information to look at community needs for future funding efforts. Member Perez asked for more details about First 5 LA's home-visiting program and how this is being conducted during the pandemic. Ms. Rykaczewska responded that First 5 LA funds several home visiting program, Welcome Baby, First 5 model, provides funding for other nurse-family partnership and family teachers, all conducted virtually. In terms of impact, anecdotally, the virtual program is serving parent needs at this time.	
ADJOURNMENT	The meeting was adjourned at 10:03 a.m.	

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

APPROVED BY:
Tara Ficek, *MPH*, *Chair*: _____Tara Ficek_____

Date Signed: ____2/26/21_____

APPROVED

2021 Legislative Matrix

Last Updated: March 23, 2021

Matrix

The following is a list of legislation currently tracked by Government Affairs that has been introduced during the 2021-2022 Legislative Session and is of interest to L.A. Care. This matrix not only includes priority bills that could have a direct impact on L.A. Care but also has a list of all the bills that may not have a direct impact, but do have the possibility to be amended in the future to do so. Some of the bills included are spot bills, legislative place holders, in code sections that could have a policy impact on L.A. Care. If there are any questions, please contact Cherie Compartore, Government Affairs at ccompartore@lacare.org or 916.216.7963 .

Bills by Issue

2021 Legislation (171)

Bill Number	Status	Position
AB 4	In Assembly	Support

Title
Medi-Cal: eligibility.

Description
AB 4, as introduced, Arambula. Medi-Cal: eligibility. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. The federal Medicaid program provisions prohibit payment to a state for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law.Existing law requires individuals under 19 years of age enrolled in restricted-scope Medi-Cal at the time the Director of Health Care Services makes a determination that systems have been programmed for implementation of these provisions to be enrolled in the full scope of Medi-Cal benefits, if otherwise eligible, pursuant to an eligibility and enrollment plan, and extends eligibility for full scope Medi-Cal benefits to individuals who are under 25 years of age, and who are otherwise eligible for those benefits but for their immigration status. Existing law makes the effective date of enrollment for those individuals the same day that systems are operational to begin processing new applications pursuant to the director's determination. Existing law requires an individual eligible for Medi-Cal under these provisions to enroll in a Medi-Cal managed care health plan. Existing law provides that Medi-Cal benefits for individuals who are 65 years of age or older, and who do not have satisfactory immigration statuses or are unable to establish satisfactory immigration statuses, as specified, are to be prioritized in the Budget Act for the upcoming fiscal year if the Department of Finance projects a positive ending balance in the Special Fund for Economic Uncertainties for the upcoming fiscal year and each of the ensuing 3 fiscal years that exceeds the cost of providing those individuals full scope Medi-Cal benefits.Effective January 1, 2022, this bill would instead extend eligibility for full scope Medi-Cal benefits to anyone regardless of age, and who is otherwise eligible for those benefits but for their immigration status, pursuant to an eligibility and enrollment plan. The bill would delete the above-specified provisions regarding individuals who are under 25 years of age or 65 years of age or older and delaying implementation until the director makes the determination described above. The bill would require the eligibility and enrollment plan to ensure that an individual maintains continuity of care with respect to their primary care provider, as prescribed, would provide that an individual is not limited in their ability to select a different health c... (click bill link to see more).

Primary Sponsors
Joaquin Arambula, Rob Bonta, David Chiu, Mike Gipson, Lorena Gonzalez, Eloise Reyes, Miguel Santiago

Introduction Date: 2020-12-07

Labels: Medi-Cal

Bill Number	Status	Position
AB 6	In Assembly	Monitor

Title
Health facilities: pandemics and emergencies: best practices.

Description
AB 6, as introduced, Levine. Health facilities: pandemics and emergencies: best practices. Existing law generally requires the State Department of Public Health to license, inspect, and regulate health facilities, including skilled nursing facilities, intermediate care facilities, and congregate living health facilities, all of which provide skilled nursing and supportive care.This bill would require, by July 1, 2022, the State Department of Public Health and the State Department of Social Services to collaborate to create health and safety guidelines and a description of best practices for use by skilled nursing facilities, intermediate care facilities, and congregate living health facilities that are providing post-acute care during a pandemic, public health crisis, or other emergency.

Primary Sponsors
Marc Levine

Introduction Date: 2020-12-07

Bill Number	Status	Position
AB 7	In Assembly	Monitor

Title
Emergency ambulance employees: subsidized protective gear.

Introduction Date: 2020-12-07

Description
AB 7, as introduced, Rodriguez. Emergency ambulance employees: subsidized protective gear. Existing law establishes a statewide system for emergency medical services and establishes the Emergency Medical Services Authority, which is responsible for establishing training, scope of practice, and continuing education for emergency medical technicians and other prehospital personnel. Existing law, the California Occupational Safety and Health Act of 1973, imposes safety responsibilities on employers and employees, including requirements that every employer furnish and use safety devices and safeguards, and adopt and use practices that are reasonably adequate to render the employment and place of employment safe and healthful. Existing law makes a violation of those requirements a crime.This bill would require an emergency ambulance provider to establish a voluntary personal protective equipment (PPE) program that allows for the purchase of subsidized multithreat body protective gear that is bullet, strike, slash, and stab resistant by an emergency ambulance employee pursuant to an employer-funded stipend, and authorize an employee to voluntarily participate in a PPE program and to wear the PPE while on duty. The bill would require a provider to inform an employee of the opportunity to purchase subsidized multithreat body protective gear through a PPE program. By creating new duties for emergency ambulance providers, a violation of which would be a crime, the bill would impose a state-mandated local program. The bill would not apply to the state or a political subdivision of the state.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Freddie Rodriguez

Bill Number	Status	Position
AB 13	In Assembly	Monitor

Title
Personal rights: automated decision systems.

Introduction Date: 2020-12-07

Description
AB 13, as introduced, Chau. Personal rights: automated decision systems. Existing law establishes the Department of Financial Protection and Innovation, headed by the Commissioner of Financial Protection and Innovation. Under existing law, the department has charge of the execution of specified laws relating to various financial institutions and financial services.Existing law, the California Fair Employment and Housing Act, protects and safeguards the right and opportunity of all persons to seek, obtain, and hold employment without discrimination, abridgment, or harassment on account of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status. Existing law regulates the use of personal information, including the California Consumer Privacy Act of 2018, which grants a consumer various rights with regard to personal information relating to that consumer that is held by a business. The act requires a business that collects personal information about a consumer to disclose the consumer's right to delete personal information in a form that is reasonably accessible to consumers and in accordance with a specified process. This bill would enact the Automated Decision Systems Accountability Act of 2021. The bill would require a business in California that provides a person, as defined, with a program or device that uses an automated decision system (ADS) to take affirmative steps to ensure that there are processes in place to continually test for biases during the development and usage of the ADS, conduct an ADS impact assessment on its program or device to determine whether the ADS has a disproportionate adverse impact on a protected class, as specified, examine if the ADS in question serves reasonable objectives and furthers a legitimate interest, and compare the ADS to alternatives or reasonable modifications that may be taken to limit adverse consequences on protected classes. The bill would require a business, by March 1, 2023, and annually thereafter, to submit a report to the Department of Financial Protection and Innovation providing specified information about its ADS impact assessment. The bill would also require a business, if it makes any significant modification to an ADS, to reconduct an ADS impact assessment under these circumstances.The bill would require the department, by January 1, 2023, to develop a procedure for businesses to use in making the required reports and to make general information on the reporting process available on its internet website. The bill would require the department, if a business fails to... (click bill link to see more).

Primary Sponsors
Ed Chau

Bill Number	Status	Position
AB 14	In Assembly	Monitor

Title

Introduction Date: 2020-12-07

Communications: broadband services: California Advanced Services Fund.

Description

AB 14, as introduced, Aguiar-Curry. Communications: broadband services: California Advanced Services Fund. (1) Existing law establishes the State Department of Education in state government, and vests the department with specified powers and duties relating to the state's public school system.This bill would authorize local educational agencies to report to the department their pupils' estimated needs for computing devices and internet connectivity adequate for at-home learning. The bill would require the department, in consultation with the Public Utilities Commission, to compile that information and to annually post that compiled information on the department's internet website. (2) Existing law expressly authorizes a county service area to acquire, construct, improve, maintain, and operate broadband internet access services, and requires a county service area that does so to take certain actions regarding the accessing of content on the internet by end users of that service.This bill would similarly authorize the board of supervisors of a county to acquire, construct, improve, maintain, or operate broadband internet access service, and any other communications service necessary to obtain federal or state support for the acquisition, construction, improvement, maintenance, or operation of broadband internet access service, and would require a board that does so to take certain actions regarding the accessing of content on the internet by end users of that service. (3) Existing law establishes the Governor's Office of Business and Economic Development, known as "GO-Biz," within the Governor's office to serve the Governor as the lead entity for economic strategy and the marketing of California on issues relating to business development, private sector investment, and economic growth. This bill would require the office, on or before June 30, 2022, to develop recommendations and a model for streamlined local land use approval and construction permit processes for projects related to broadband infrastructure deployment and connectivity and to adopt, and post on its internet website, the recommendations and model, as specified.(4) Under existing law, the Public Utilities Commission has regulatory authority over public utilities, including telephone corporations. Existing law requires the commission to develop, implement, and administer the California Advanced Services Fund (CASF) program to encourage deployment of high-quality advanced communications services to all Californians that will promote economic growth, job creation, and the substantial social benefits of advanced information and communications technologies. Existing law requires the commission, in approving CASF infrastructure projects, to give preference to proj... (click bill link to see more).

Primary Sponsors

Richard Bloom, Rob Bonta, Eduardo Garcia, Cristina Garcia, Evan Low, Cottie Petrie-Norris, Bill Quirk, Sharon Quirk-Silva, Eloise Reyes, Robert Rivas, Miguel Santiago, Mark Stone, Shirley Weber, Rebecca Bauer-Kahan, Wendy Carrillo, Susan Eggman, Lena Gonzalez, Jacqui Irwin, Aguiar-Curry

Bill Number	Status	Position
AB 15	In Assembly	Monitor

Title
COVID-19 relief: tenancy: Tenant Stabilization Act of 2021.

Description
AB 15, as introduced, Chiu. COVID-19 relief: tenancy: Tenant Stabilization Act of 2021. (1) Existing law, the COVID-19 Tenant Relief Act of 2020, establishes certain procedural requirements and limitations on evictions for nonpayment of rent due to COVID-19 rental debt, as defined. The act, among other things, prohibits a tenant that delivers a declaration, under penalty of perjury, of COVID-19-related financial distress from being deemed in default with regard to the COVID-19 rental debt, as specified. Existing law defines COVID-19 rental debt as unpaid rent or any other unpaid financial obligation of a tenant that came due between March 1, 2020, and January 31, 2021. Existing law repeals the act on February 1, 2025.This bill would extend the definition of “COVID-19 rental debt” as unpaid rent or any other unpaid financial obligation of a tenant that came due between March 1, 2020, and December 31, 2021. The bill would also extend the repeal date of the act to January 1, 2026. The bill would make other conforming changes to align with these extended dates. By extending the repeal date of the act, the bill would expand the crime of perjury and create a state-mandated local program.Existing law authorizes a landlord to require a high-income tenant, as defined, to submit additional documentation supporting the claim that the tenant has suffered COVID-19-related financial distress if the landlord provides the tenant with a specified notice.This bill would provide that a tenant is not required to submit that additional supporting documentation unless the landlord provides the tenant with a copy of the proof of income that demonstrates that the tenant qualifies as a high-income tenant.Existing law prohibits a landlord from interrupting or terminating utility service furnished to a tenant with the intent to terminate the occupancy of the tenant, and imposes specified penalties on a landlord who violates that prohibition. Existing law, until February 1, 2021, imposes additional damages in an amount of at least $1,000, but not more than $2,500, on a landlord that violates that prohibition, if the tenant has provided a declaration of COVID-19 financial distress, as specified.This bill would extend the imposition of those additional damages to January 1, 2022, and would remove the condition that the tenant provide a declaration of COVID-19 financial distress.This bill would additionally prohibit a landlord from taking certain actions with respect to a tenant’s COVID-19 rental debt, including, among others, charging or attempting to collect late fees, providing different terms or conditions of tenancy, or withholding a service or amenity.Existing law, until February 1, 2021, prohibits a landlord from bringing an action for unlawf... (click bill link to see more).

Primary Sponsors
David Chiu, Rob Bonta, Lorena Gonzalez, Sharon Quirk-Silva, Miguel Santiago, Buffy Wicks, Maria Durazo, Laura Friedman, Alex Lee, Luz Rivas, Scott Wiener

Introduction Date: 2020-12-07

Labels: Housing/Homelessness

Bill Number	Status	Position
AB 16	In Assembly	Monitor

Title
Tenancies: COVID-19 Tenant, Small Landlord, and Affordable Housing Provider Stabilization Act of 2021.

Description
AB 16, as amended, Chiu. Tenancies: COVID-19 Tenant, Small Landlord, and Affordable Housing Provider Stabilization Act of 2021. Existing law, the COVID-19 Tenant Relief Act of 2020, establishes certain procedural requirements and limitations on evictions for nonpayment of rent due to COVID-19 rental debt, as defined. The act prohibits a tenant that delivers a declaration of COVID-19-related financial distress from being deemed in default with regard to the COVID-19 rental debt, as specified. Existing law defines COVID-19 rental debt as unpaid rent or any other unpaid financial obligation of a tenant that came due between March 1, 2020, and January 31, 2021. Existing law repeals the act on February 1, 2025.This bill would establish the Tenant, Small Landlord, and Affordable Housing Provider Stabilization Program. The bill would authorize the Director of Housing and Community Development to direct an existing office or program within the Department of Housing and Community Development to implement the program. The bill would establish in the State Treasury the COVID-19 Tenant, Small Landlord, and Affordable Housing Provider Stabilization Fund, and, upon appropriation by the Legislature, distribute all moneys in the fund to the department to carry out the purposes of the program. The bill would require the program be implemented only to the extent that funding is made available through the Budget Act. The bill would specify that it is the intent of the Legislature to prioritize the use of available federal funds before using General Fund moneys for the program.

Primary Sponsors
David Chiu

Introduction Date: 2020-12-07

Labels: Housing/Homelessness

Bill Number	Status	Position
AB 18	In Assembly	Monitor

Title
Sexual assault forensic evidence: testing.

Introduction Date: 2020-12-07

Description
AB 18, as introduced, Lackey. Sexual assault forensic evidence: testing. Existing law requires law enforcement agencies to either submit sexual assault forensic evidence received on or after January 1, 2016, to a crime lab within 20 days after it is booked into evidence or to ensure that a rapid turnaround deoxyribonucleic acid (DNA) program is in place, as specified. Existing law also requires a crime lab that receives sexual assault forensic evidence on or after January 1, 2016, to either process the evidence, create DNA profiles when able, and upload qualifying DNA profiles into the Combined DNA Index System, as specified, or transmit the sexual assault forensic evidence to another crime lab as soon as practically possible, but no later than 30 days after receiving the evidence, for processing of the evidence for the presence of DNA.This bill would require a law enforcement agency, for any sexual assault forensic evidence received by the law enforcement agency prior to January 1, 2016, to submit that evidence to the crime lab on or before January 31, 2023. The bill would additionally require a crime lab, for any sexual assault evidence kit received by a law enforcement agency prior to January 1, 2016, and submitted to the crime lab on or after January 1, 2022, to process that evidence kit no later than January 31, 2024, except as specified. Because the bill would impose a higher level of service on local law enforcement agencies in processing that evidence, it would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors
Tom Lackey

Bill Number	Status	Position
AB 19	In Assembly	Monitor

Title
Unemployment insurance compensation: COVID-19 pandemic: temporary benefits.

Introduction Date: 2020-12-07

Description
AB 19, as introduced, Santiago. Unemployment insurance compensation: COVID-19 pandemic: temporary benefits.
(1) Existing law provides for the payment of unemployment compensation benefits to eligible persons who are unemployed through no fault of their own through a federal-state unemployment insurance program administered by the Employment Development Department. Unemployment compensation benefits are paid from the Unemployment Fund, which is continuously appropriated for this purpose. Under existing law, unemployment compensation benefits are based on wages paid in a base period that is calculated according to the month within which the benefit year begins. Existing law provides that a weekly unemployment compensation benefit amount may be paid to an individual whose highest wages in the quarter of their base period exceeded $900, but a weekly benefit amount may not exceed $450. Existing law requires the Director of Employment Development to maintain a separate reserve account for each employer, and to charge unemployment compensation benefits paid to an unemployed individual during any benefit year against the reserve account of that individual's employer during the individual's base period. Existing law, the federal Coronavirus Aid, Relief, and Economic Security Act (CARES Act), temporarily provides for expanded unemployment benefits through the federal Pandemic Unemployment Assistance (PUA) and Pandemic Emergency Unemployment Compensation (PEUC) provisions of the CARES Act.This bill would require the department to provide, until July 1, 2022, following the termination of assistance pursuant to PUA and PEUC or any other federal or state supplemental unemployment compensation payments for unemployment due to the COVID-19 pandemic, in addition to an individual's weekly benefit amount as otherwise provided for by existing unemployment compensation law, unemployment compensation benefits equivalent to the terminated federal or state supplemental unemployment compensation payments for the remainder of the duration of time the individual is unemployed due to the COVID-19 pandemic, notwithstanding the weekly benefit cap. The bill would prohibit any unemployment compensation benefits authorized by the bill from being charged against the reserve account of any employer. Because this bill would authorize additional benefits to be paid from the Unemployment Fund, which is continuously appropriated, it would make an appropriation. (2) The Dymally-Alatorre Bilingual Services Act, among other things, generally requires every state agency, as defined, directly involved in certain activities involving contact with a substantial number of non-English-speaking people, including administering state benefits, to employ a sufficient nu... (click bill link to see more).

Primary Sponsors
Miguel Santiago, David Chiu, Ash Kalra

Bill Number	Status	Position
AB 27	In Assembly	Monitor

Title
Homeless children and youths and unaccompanied youths: reporting.

Introduction Date: 2020-12-07

Labels: Housing/Homelessness

Description
AB 27, as introduced, Luz Rivas. Homeless children and youths and unaccompanied youths: reporting. (1) Existing federal law, the McKinney-Vento Homeless Assistance Act, provides grants to states to carry out activities relating to the education of homeless children and youths, as defined, including, among others, providing services and activities to improve the identification of homeless children and youths and to enable them to enroll in, attend, and succeed in school. The act requires a state plan submitted for the receipt of the grant to include assurances that local educational agencies will designate an appropriate staff person to act as a local educational agency liaison for homeless children and youths and a description of how the state will ensure that local educational agencies and their liaisons will comply with specified requirements of the act, including the identification of homeless children and youths.Under existing state law, public schools, including charter schools, and county offices of education are required to immediately enroll a homeless child or youth seeking enrollment, except as specified. Existing law requires a local educational agency liaison for homeless children and youths to ensure that public notice of the educational rights of homeless children and youths is disseminated in schools within the liaison's local educational agency that provide services pursuant to the act.This bill would require a local educational agency to ensure that each school within the local educational agency identifies all homeless children and youths and unaccompanied youths, as defined, enrolled at the school, administer a housing questionnaire, as specified, for purposes of identifying homeless children and youths and unaccompanied youths, and annually provide the housing questionnaire to all parents or guardians of pupils and unaccompanied youths of the local educational agency.This bill would require a school district, charter school, or county office of education to create an internet web page or post on its internet website a list of the local educational agency liaisons for homeless children and youths and unaccompanied youths in that school district, charter school, or county office of education, respectively, the contact information for those liaisons, and specific information regarding the educational rights and resources available to persons experiencing homelessness. The bill would require a school to post on its internet website the contact information for the liaison, if available. The bill would also require, if a school has an employee or person under contract whose duties include assisting the liaison in completing the liaison's duties under the federal act, the school to post on its internet websi... (click bill link to see more).

Primary Sponsors
Luz Rivas, David Chiu, Sharon Quirk-Silva, Kevin McCarty

Bill Number	Status	Position
AB 32	In Assembly	Monitor

Title

Introduction Date: 2020-12-07

Telehealth.

Labels: Medi-Cal Telehealth

Description

AB 32, as amended, Aguiar-Curry. Telehealth. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, Medi-Cal services may be provided pursuant to contracts with various types of managed care health plans, including through a county organized health system. Under existing law, in-person contact between a health care provider and a patient is not required under the Medi-Cal program for services appropriately provided through telehealth. Existing law provides that neither face-to-face contact nor a patient's physical presence on the premises of an enrolled community clinic is required for services provided by the clinic to a Medi-Cal beneficiary during or immediately following a proclamation declaring a state of emergency. Existing law defines "immediately following" for this purpose to mean up to 90 days following the termination of the proclaimed state of emergency, unless there are extraordinary circumstances.Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a contract issued, amended, or renewed on or after January 1, 2021, between a health care service plan or health insurer and a health care provider to require the plan or insurer to reimburse the provider for the diagnosis, consultation, or treatment of an enrollee, subscriber, insured, or policyholder appropriately delivered through telehealth services on the same basis and to the same extent as the same service through in-person diagnosis, consultation, or treatment. Existing law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to specify that coverage is provided for health care services appropriately delivered through telehealth on the same basis and to the same extent as in-person diagnosis, consultation, or treatment. Existing law exempts Medi-Cal managed care plans that contract with the State Department of Health Care Services under the Medi-Cal program from these provisions, and generally exempts county organized health systems that provide services under the Medi-Cal program from Knox-Keene.This bill would delete the above-described references to contracts issued, amended, or renewed on or after January 1, 2021, would require these provisions to apply to the plan or insurer'... (click bill link to see more).

Primary Sponsors

Aguiar-Curry

Organizational Notes

Last edited by Joanne Campbell at Mar 12, 2021, 10:12 PM
Support: California Association of Public Hospitals and Health Systems (CAPH) (Sponsor) California Health+ Advocates/California Primary Care (Sponsor) Association (CPCA) (Sponsor) California Medical Association (CMA) (Sponsor) Essential Access Health (EAH) (Sponsor) Planned Parenthood Affiliates of California (PPAC) (Sponsor)

Bill Number	Status	Position
AB 34	In Assembly	Monitor

Title
Broadband for All Act of 2022.

Introduction Date: 2020-12-07

Description
AB 34, as amended, Muratsuchi. Broadband for All Act of 2022. Existing law requires the Department of Technology to improve the governance and implementation of information technology by standardizing reporting relationships, roles, and responsibilities for setting information technology priorities. Existing law requires the Public Utilities Commission to develop, implement, and administer the California Advanced Services Fund program to encourage deployment of high-quality advanced communications services to all Californians. Existing law provides that the goal of the program is to, no later than December 31, 2022, approve funding for infrastructure projects that will provide broadband access to no less than 98% of California households, as provided.This bill would enact the Broadband for All Act of 2022, which, if approved by the voters, would authorize the issuance of bonds in the amount of $10,000,000,000 pursuant to the State General Obligation Bond Law to support the 2022 Broadband for All Program that would be administered by the department for purposes of providing financial assistance for projects to deploy broadband infrastructure and broadband services.The bill would provide for the submission of the bond act to the voters at the November 8, 2022, statewide general election.

Primary Sponsors
Al Muratsuchi, Eduardo Garcia, Miguel Santiago, Steve Glazer

Bill Number	Status	Position
AB 35	In Assembly	Monitor

Title
Social media platforms: false information.

Description
AB 35, as amended, Chau. Social media platforms: false information. Existing law prohibits a person, among others, from making or disseminating in any advertising device, or in any manner or means whatever, including over the internet, any statement concerning real or personal property or services that is untrue or misleading, as specified. Existing law defines libel as a false and unprivileged publication, including by writing, printing, or picture, that exposes any person to hatred, contempt, and ridicule, among other things.This bill would require a person that operates a social media platform, as defined, to disclose whether or not that social media platform has a policy or mechanism in place to address the spread of misinformation, as specified. The bill would require the disclosure to be made easily accessible on the social media platform's website and mobile application. The bill would authorize the Attorney General or any district attorney, county counsel, or city attorney to enforce violations of its provisions and would subject a person to a civil penalty of $1,000 for each day the person is in violation of the bill's provisions after having received notice of the violation.

Primary Sponsors
Ed Chau

Introduction Date: 2020-12-07

Bill Number	Status	Position
AB 58	In Assembly	Monitor

Title
Pupil health: suicide prevention policies and training: school-based health programs: pilot program.

Introduction Date: 2020-12-07

Description
AB 58, as introduced, Salas. Pupil health: suicide prevention policies and training: school-based health programs: pilot program.
(1) Existing law requires the governing board or body of a county office of education, school district, state special school, or charter school that serves pupils in kindergarten and grades 1 to 12, inclusive, to adopt a policy on pupil suicide prevention that specifically addresses, among other things, procedures relating to suicide prevention, intervention, and postvention, and any training on suicide awareness and prevention to be provided to teachers of pupils in all of the grades served by the local educational agency. Existing law requires the State Department of Education to develop and maintain a model policy in accordance with these provisions to serve as a guide for local educational agencies in developing policies for pupil suicide prevention.This bill would require a local educational agency, on or before June 1, 2022, to review and update its policy on pupil suicide prevention, and revise its training materials, to incorporate best practices identified by the department in the department's model policy. The bill would require a local educational agency, commencing with the 2022–23 school year, to provide suicide awareness and prevention training, at the beginning of each school year, to teachers of pupils in all of the grades served by the local educational agency. By imposing additional duties on local educational agencies, the bill would impose a state-mandated local program. The bill would require the department, on or before June 1, 2022, to complete the development of, and issue to local educational agencies, resources and guidance on how to conduct suicide awareness and prevention training remotely.(2) Existing law requires the State Department of Public Health, in cooperation with the State Department of Education, to establish a Public School Health Center Support Program to perform specified functions relating to the establishment, retention, or expansion of school health centers in California. Existing law authorizes a school health center, as defined, to conduct routine physical health, mental health, and oral health assessments, and provide for any services not offered onsite or through a referral process. Existing law requires the State Department of Public Health, to the extent funds are appropriated to the department for implementation of the Public School Health Center Support Program, to establish a grant program to provide technical assistance, and funding for the expansion, renovation, and retrofitting of existing school health centers, and the development of new school health centers, in accordance with specified procedures. Existing law requires the department... (click bill link to see more).

Primary Sponsors
Rudy Salas

Bill Number	Status	Position
AB 62	In Assembly	Monitor

Title
Income taxes: credits: costs to comply with COVID-19 regulations.

Description
AB 62, as introduced, Gray. Income taxes: credits: costs to comply with COVID-19 regulations. The Personal Income Tax Law and the Corporation Tax Law allow various credits against the taxes imposed by those laws. Existing law requires any bill authorizing a new tax credit to contain, among other things, specific goals, purposes, and objectives that the tax credit will achieve, detailed performance indicators, and data collection requirements.This bill would allow a credit against those taxes for each taxable year beginning on or after January 1, 2021, to a qualified taxpayer, as defined, in an amount equal to the total amount paid or incurred during the taxable year by the qualified taxpayer to comply with the regulations adopted by the Occupational Safety and Health Standards Board on November 19, 2020, relating to COVID-19 prevention and approved by the Office of Administrative Law. The bill also would state the intent of the Legislature to comply with the additional information requirement for any bill authorizing a new income tax credit.This bill would take effect immediately as a tax levy.

Primary Sponsors
Adam Gray

Introduction Date: 2020-12-07

Bill Number	Status	Position
AB 68	In Assembly	Monitor

Title
Department of Housing and Community Development: housing appeals committee: housing development and financing.

Description
AB 68, as amended, Salas. Department of Housing and Community Development: housing appeals committee: housing development and financing. (1) The Planning and Zoning Law requires a city or county to adopt a general plan for land use development within its boundaries that includes, among other things, a housing element. Existing law provides for various reforms and incentives intended to facilitate and expedite the construction of affordable housing. Existing law requires the Department of Housing and Community Development (HCD), in consultation with each council of governments, to determine existing and projected needs for housing for each region and requires each council of governments or, for cities and counties without a council of governments, HCD to adopt a final regional housing need plan that allocates a share of the regional housing need to each city, county, or city and county and is consistent with specified objectives.The bill would require HCD to establish a housing appeals committee and would establish procedures by which an applicant for a conditional use permit or other discretionary approval for a housing development project, as defined, could appeal to that committee the decision of a city or county to either deny the application or approve the application with conditions in a manner rendering it infeasible for the development of the housing development project. The bill would provide that the committee would not have jurisdiction if the affected local agency has permitted construction of unspecified percentages of its allocation of units for very low, low-, and moderate-income households in the previous regional housing needs allocation plan cycle. The bill would authorize the committee, following a public hearing conducted according to specified procedures, to affirm, modify, or reverse the decision of the affected local agency. The bill would limit the review of the committee to whether, in the case of a denial, the decision was unreasonable and not consistent with local needs or, in the case of approval with conditions, whether the conditions imposed render the housing development project infeasible and are consistent with local needs. The bill would require the committee to affirm the decision of the affected local agency if it finds that the denial or conditions are consistent with local needs. The bill would provide that a decision of the committee to modify or reverse a decision of the affected local agency may be reviewed in the superior court for the county in which the housing development project is proposed to be constructed.The bill would include findings that changes proposed by this bill address a matter of statewide concern rather than a municipal affair and, therefore, apply to al... (click bill link to see more).

Primary Sponsors
Rudy Salas

Introduction Date: 2020-12-07

Labels: Housing/Homelessness

Bill Number
AB 70

Status
In Assembly

Position
Monitor

Title
Gene synthesis providers.

Description
AB 70, as introduced, Salas. Gene synthesis providers. Existing law requires the State Department of Public Health to establish an advisory committee to advise the Legislature and the Governor on human cloning and other issues relating to human biotechnology.This bill would additionally require the department to develop gene sequence and customer screening guidelines for gene synthesis providers and manufacturers of gene synthesis equipment with the purpose of increasing gene synthesis security and improving biosecurity efforts relating to the misuse of gene synthesis products. The bill would require the department to create a process to certify that gene synthesis providers and manufacturers of gene synthesis equipment are in compliance with the guidelines and would require, beginning January 1, 2024, a gene synthesis provider operating in California to be certified. The bill would also require, beginning January 1, 2024, any entity that is the recipient of state resources to purchase gene synthesis products from a gene synthesis provider, and gene synthesis equipment from a manufacturer of gene synthesis equipment, that is certified. The bill would specify the penalties to be imposed for failure to comply with those requirements and require the department to develop an appeals process to appeal the imposition of those penalties.

Primary Sponsors
Rudy Salas

Introduction Date: 2020-12-07

Bill Number
AB 71

Status
In Assembly

Position
Support

Title
Homelessness funding: Bring California Home Act.

Description
AB 71, as amended, Luz Rivas. Homelessness funding: Bring California Home Act. (1) The Personal Income Tax Law, in conformity with federal income tax law, generally defines gross income as income from whatever source derived, except as specifically excluded, and provides various exclusions from gross income. Existing federal law, for purposes of determining a taxpayer's gross income for federal income taxation, requires that a person who is a United States shareholder of any controlled foreign corporation to include in their gross income the global low-taxed income for that taxable year, as provided.This bill, for taxable years beginning on or after January 1, 2022, would include a taxpayer's global low-taxed income in their gross income for purposes of the Personal Income Tax Law, in modified conformity with the above-described federal provisions. The bill would exempt any standard, criterion, procedure, determination, rule, notice, or guideline established or issued by the Franchise Tax Board to implement its provisions from the rulemaking provisions of the Administrative Procedure Act.The Corporation Tax Law imposes, among other taxes, taxes according to or measured by the net

Introduction Date: 2020-12-07

Labels: Housing/Homelessness

income of the taxpayer for the taxable year at a rate of 8.84%, or 10.84% for financial institutions, but not less than the minimum franchise tax of $800, as specified.This bill, for taxable years beginning on or after January 1, 2022, and with respect to taxpayers with taxable income under the Corporation Tax Law greater than $5,000,000 for the taxable year, would increase these tax rates from 8.84% to 9.6%, or 10.84% to 11.6% for financial institutions, unless the minimum franchise tax is greater. The Corporation Tax Law, when the income of a taxpayer subject to tax under that law is derived from or attributable to sources both within and without the state, generally requires that the tax be measured by the net income derived from or attributable to sources within this state, as provided. Notwithstanding this requirement, the Corporation Tax Law authorizes a qualified taxpayer, as defined, to elect to determine its income derived from or attributable to sources within this state pursuant to a water's-edge election, as provided. Existing law requires that a water's-edge election be made by contract with the Franchise Tax Board, with an initial term of 84 months, except as specified, and provides for annual renewal of that contract unless the taxpayer provides written notice of nonrenewal at least 90 days before the renewal date.This bill would require that a taxpayer that makes a water's-edge election under these provisions take into account 50% of the global low-taxed income and 40% of the repatriation income of its affiliated corporat... (click bill link to see more).

Primary Sponsors
Luz Rivas, Richard Bloom, David Chiu, Buffy Wicks

Organizational Notes

Last edited by Joanne Campbell at Mar 12, 2021, 10:04 PM
Support: United Way of Greater Los Angeles, HOPICS, CSH, Housing California, All Home, Los Angeles Homeless Service Authority, Brilliant Corners, NPH, Steinburg Institute, The City and County of San Francisco, City of Los Angeles, County of Los Angeles, ECS, National Alliance to End Homelessness

Bill Number
AB 77

Status
In Assembly

Position
Monitor

Title
Substance use disorder treatment services.

Description
AB 77, as introduced, Petrie-Norris. Substance use disorder treatment services. Existing law consolidated within the State Department of Health Care Services all substance use disorder functions and programs from the former State Department of Alcohol and Drug Programs.Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides for various benefits under the Medi-Cal program, including substance use disorder treatment and mental health services that are delivered through the Drug Medi-Cal Treatment Program, the Drug Medi-Cal organized delivery system, and the Medi-Cal Specialty Mental Health Services Program.This bill would declare the intent of the Legislature to enact Jarrod's Law, a licensure program for inpatient and outpatient programs providing substance use disorder treatment services, under the administration of the department.

Primary Sponsors
Cottie Petrie-Norris, Henry Stern

Introduction Date: 2020-12-07

Labels: Behavioral Health | Medi-Cal

Bill Number
AB 93

Status
In Assembly

Position
Monitor

Title
Pandemics: priority for medical treatment: food supply industry workers.

Description
AB 93, as introduced, Eduardo Garcia. Pandemics: priority for medical treatment: food supply industry workers. Existing law requires various public safety protocols and protections for workers in response to the 2019 novel coronavirus disease, also known as COVID-19. These protocols include, among others, contact tracing and wearing face coverings under specified conditions, except as specified.This bill would state the intent of the Legislature to enact legislation to prioritize workers in the food supply industry, including, but not limited to, field workers and grocery workers, for rapid testing and vaccination programs in response to pandemics, including COVID-19.

Primary Sponsors
Eduardo Garcia, Robert Rivas

Introduction Date: 2020-12-07

Labels: Health Services

Bill Number	Status	Position
AB 97	In Assembly	Monitor

Title
Health care coverage: insulin affordability.

Description
AB 97, as amended, Nazarian. Health care coverage: insulin affordability. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or disability insurance policy issued, amended, delivered, or renewed on or after January 1, 2000, that covers prescription benefits to include coverage for insulin, if it is determined to be medically necessary.This bill would prohibit a health care service plan contract or a health insurance policy issued, amended, delivered, or renewed on or after January 1, 2022, from imposing a deductible on an insulin prescription drug. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Adrin Nazarian

Introduction Date: 2020-12-08

Labels: Commercial Pharmacy

Bill Number	Status	Position
AB 98	In Assembly	Monitor

Title
Health care: medical goods: reuse and redistribution.

Description
AB 98, as introduced, Frazier. Health care: medical goods: reuse and redistribution. Existing law, the Mello-Granlund Older Californians Act, reflects the policy mandates and directives of the Older Americans Act of 1965, as amended, and sets forth the state's commitment to its older population and other populations served by the programs administered by the California Department of Aging.This bill would require the department, upon appropriation by the Legislature, to establish a comprehensive 3-year pilot program in the Counties of Contra Costa, Napa, and Solano to facilitate the reuse and redistribution of durable medical equipment and other home health supplies. The bill would require the department to contract in each county with a local nonprofit agency to oversee the program and would require the contracting nonprofit agency to, at a minimum, develop a computerized system to track the inventory of equipment and supplies available for reuse and redistribution and organize pickup and delivery of equipment and supplies.

Primary Sponsors
Jim Frazier

Introduction Date: 2020-12-09

Bill Number	Status	Position
AB 112	In Assembly	Support

Title
Medi-Cal eligibility.

Description
AB 112, as introduced, Holden. Medi-Cal eligibility. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides for the suspension of Medi-Cal benefits to an inmate of a public institution, which ends on the date they are no longer an inmate of a public institution or one year from the date they become an inmate of a public institution, whichever is sooner.Existing federal law prohibits a state from terminating Medi-Cal eligibility for an eligible juvenile if they are an inmate of a public institution, authorizes the suspension of Medicaid benefits to that eligible juvenile, and requires a state to conduct a redetermination of Medicaid eligibility or process an application for medical assistance under the Medicaid program for an eligible juvenile who is an inmate of a public institution. Under existing state law, the suspension of Medi-Cal benefits to an inmate of a public institution who is a juvenile, as defined in federal law, ends when the individual is no longer an eligible juvenile pursuant to federal law or one year from the date the individual becomes an inmate of a public institution, whichever is later.This bill would instead require the suspension of Medi-Cal benefits to an inmate of a public institution who is not a juvenile to end on the date they are no longer an inmate of a public institution or 3 years from the date they become an inmate of a public institution, whichever is sooner. The bill would also require the suspension of Medi-Cal benefits to an inmate of a public institution who is a juvenile on the date that the individual is no longer an inmate of a public institution or 3 years after the date the individual is no longer an eligible juvenile under federal law, whichever is sooner.

Primary Sponsors
Chris Holden

Introduction Date: 2020-12-17

Labels: Medi-Cal

Bill Number	Status	Position
AB 114	In Assembly	Monitor

Title
Medi-Cal benefits: rapid Whole Genome Sequencing.

Description
AB 114, as amended, Maienschein. Medi-Cal benefits: rapid Whole Genome Sequencing. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. The Budget Act of 2018 appropriates $2,000,000 for the Whole Genome Sequencing Pilot Project, and requires the department to provide a grant to a state nonprofit organization for the execution of a one-time pilot project to investigate the potential clinical and programmatic value of utilizing clinical Whole Genome Sequencing in the Medi-Cal program.This bill would expand the Medi-Cal schedule of benefits to include rapid Whole Genome Sequencing, as specified, for any Medi-Cal beneficiary who is one year of age or younger and is receiving inpatient hospital services in an intensive care unit. The bill would authorize the department to implement this provision by various means without taking regulatory action.

Primary Sponsors
Brian Maienschein

Introduction Date: 2020-12-17

Labels: Medi-Cal

Bill Number	Status	Position
AB 115	In Assembly	Monitor

Title
Planning and zoning: commercial zoning: housing development.

Description
AB 115, as introduced, Bloom. Planning and zoning: commercial zoning: housing development. Existing law, the Planning and Zoning Law, requires that the legislative body of each county and each city adopt a comprehensive, long-term general plan for the physical development of the county and city, and specified land outside its boundaries, that includes, among other mandatory elements, a housing element. Existing law authorizes the legislative body of any county or city, pursuant to specified procedures, to adopt ordinances that, among other things, regulate the use of buildings, structures, and land as between industry, business, residences, open space, and other purposes.This bill, notwithstanding any inconsistent provision of a city's or county's general plan, specific plan, zoning ordinance, or regulation, would require that a housing development be an authorized use on a site designated in any local agency's zoning code or maps for commercial uses if certain conditions apply. Among these conditions, the bill would require that the housing development be subject to a recorded deed restriction requiring that at least 20% of the units have an affordable housing cost or affordable rent for lower income households, as those terms are defined, and located on a site that satisfies specified criteria.The bill would require the city or county to apply certain height, density, and floor area ratio standards to a housing development that meets these criteria. The bill would deem a housing development consistent, compliant, and in conformity with local development standards, zoning codes or maps, and general plan if it meets the requirements of the bill. The bill would require a jurisdiction to comply with these requirements only until it has completed the rezoning, required as described above, for the 6th revision of its housing element. The bill would repeal these provisions as of January 1, 2031.The bill would include findings that changes proposed by this bill address a matter of statewide concern rather than a municipal affair and, therefore, apply to all cities, including charter cities.By adding to the duties of local planning officials, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Richard Bloom

Introduction Date: 2020-12-18

Labels: Housing/Homelessness

Bill Number	Status	Position
AB 118	In Assembly	Monitor

Title
Emergency services: community response: grant program.

Introduction Date: 2020-12-18

Description
AB 118, as introduced, Kamlager. Emergency services: community response: grant program. Existing law creates the Office of Emergency Services (office) within the office of the Governor. The office is responsible for the state's emergency and disaster response services for natural, technological, or man-made disasters and emergencies. Existing law requires the office to establish by rule and regulation various classes of disaster service workers, the scope of the duties of each class, and to adopt rules and regulations for the registration of each class of these workers. Existing law requires the office to work with advocacy groups representing the deaf and hard of hearing for the purpose of improving accessibility to emergency information and services for the populations that they serve. Existing law requires the office to develop a plan for state and local utilization of volunteers during a state of emergency. This bill would, until January 1, 2026, enact the Community Response Initiative to Strengthen Emergency Systems Act or the C.R.I.S.E.S. Act for the purpose of creating, implementing, and evaluating the 3-year C.R.I.S.E.S. Grant Pilot Program, which the act would establish. The bill would require the office to establish rules and regulations for the program with the goal of making grants to community organizations, over 3 years, for the purpose of expanding the participation of community organizations in emergency response for specified vulnerable populations. The bill would require that grantees receive a minimum award of $250,000 per year. The bill would require a community organization receiving funds pursuant to the program to use the grant to stimulate and support involvement in emergency response activities that do not require a law enforcement officer, as specified. The bill would require the Director of Emergency Services (director) to assemble staff and resources to carry out certain duties in support of the program.The bill would require the office to support an 11-member C.R.I.S.E.S. Committee, selected by the Governor, the Chair of the Senate Committee on Rules, and the Speaker of the Assembly, as specified, to be inclusive of community organizations with a proven history of leadership and partnership on emergency response. The committee's duties would include, among other things, establishing grant application criteria and parameters for eligible community organizations, reviewing and deciding upon grant proposals, ensuring grants are adhering to standards, and making recommendations to the office on program development, implementation, and oversight.The bill would also establish the Community Response Initiative to Strengthen Emergency Systems Program Fund in the State Treasury in support of the progr... (click bill link to see more).

Primary Sponsors
Sydney Kamlager

Bill Number	Status	Position
AB 126	In Assembly	Monitor

Title
Special education programs: Family Empowerment Centers on Disability and Early Start Family Resource Centers.

Description
AB 126, as amended, Eduardo Garcia. Special education programs: Family Empowerment Centers on Disability and Early Start Family Resource Centers. Existing law requires the State Department of Education to award grants for the establishment of Family Empowerment Centers on Disability in 32 regions in the state to provide training and services to children and young adults with disabilities and their families. Existing law establishes a minimum base rate of $150,000 for each center awarded a grant and requires a center that receives a grant to complete specified actions related to providing that training and those services. Existing law establishes a Family Empowerment and Disability Council composed of the executive directors of the centers and certain other members, establishes a base amount of $150,000 to be made available annually to the council, and requires the council to, among other actions, develop a uniform tracking and data collection system to be used by each center.This bill would revise and recast the provisions related to Family Empowerment Centers on Disability, including requiring the department to award grants by March 1, 2022, to applicants in those of the 32 regions in the state that do not have a center and to give priority to applicants operating as Early Start Family Resource Centers, increasing the minimum base rate for each center awarded a grant from $150,000 to $246,000 commencing on July 1, 2021, and, commencing with the 2022–23 fiscal year, providing for an annual cost-of-living adjustment of the grant amount, as specified. The bill would also increase the base amount to be made available annually to the council from $150,000 to $246,000. The bill would impose additional requirements on centers as a condition of receiving a grant and would require the department, among other actions, to, on or before June 30, 2022, develop a data collection template for use by centers and provide guidance to centers on how to define and report data. This bill would state the intent of the Legislature to enact subsequent legislation that would appropriate $20,000,000 from the federal Governor's Emergency Education Relief II Fund to the department to award grants to Family Empowerment Centers on Disability and Early Start Family Resource Centers, as specified. The bill would require centers to spend at least 50% of the funds to work in partnership with one or more special education local plan areas to broaden access to alternative dispute resolution, facilitate individualized education program processes, and train additional individuals to conduct these activities. The bill would require centers to use remaining funds to avert disputes and support resolution of conflict at the lowest level possible, as... (click bill link to see more).

Primary Sponsors
Eduardo Garcia, Patrick O'Donnell, Bill Quirk

Introduction Date: 2020-12-18

Labels: Behavioral Health

Bill Number
AB 214

Status
In Assembly

Position
Monitor

Title
Budget Act of 2021.

Description
AB 214, as introduced, Ting. Budget Act of 2021. This bill would make appropriations for the support of state government for the 2021–22 fiscal year.This bill would declare that it is to take effect immediately as a Budget Bill.

Primary Sponsors
Phil Ting

Introduction Date: 2021-01-08

Bill Number
AB 215

Status
In Assembly

Position
Monitor

Title
Housing element.

Description
AB 215, as introduced, Chiu. Housing element. Existing law, the Planning and Zoning Law, requires a city or county to adopt a general plan for land use development within its boundaries that includes, among other things, a housing element. That law requires the Department of Housing and Community Development (HCD) to determine whether the housing element is in substantial compliance with specified provisions of that law. That law also requires HCD to notify a city, county, or city and county, and authorizes HCD to notify the office of the Attorney General, that the city, county, or city and county is in violation of state law if HCD finds that the housing element or an amendment to the housing element does not substantially comply with specified provisions of the Planning and Zoning Law, or that the local government has taken action or failed to act in violation of specified provisions of law.This bill would add the Housing Crisis Act of 2019 to those specified provisions of law.

Primary Sponsors
David Chiu

Introduction Date: 2021-01-11

Labels: Housing/Homelessness

Bill Number	Status	Position
AB 221	In Assembly	Monitor

Title
Emergency food assistance.

Description
AB 221, as introduced, Santiago. Emergency food assistance. Existing law establishes and requires the State Department of Social Services to administer the CalFood Program to provide food and funding to food banks whose primary function is to facilitate the distribution of food to low-income households, as specified.This bill would require the department to provide a food assistance benefit statewide to low-income California residents, regardless of their immigration status, upon the appropriation of funds by the Legislature for this purpose or a determination by the Governor that specified funds available to the Governor may be used for this purpose. The bill would provide that a person is eligible for this benefit if they are an adult who self-attests to eligibility for at least one of 3 prescribed benefits, including the Federal Emergency Food Assistance Program, and that this benefit is a disaster benefit rather than a public social service. The bill would require the department to commission a study to provide recommendations and solutions to a permanent food assistance program for low-income California residents experiencing food insecurity, to complete that study by January 1, 2023, and to submit a copy of that study to the Legislature. This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors
Miguel Santiago, David Chiu, Robert Rivas, Susan Rubio

Introduction Date: 2021-01-11

Labels: CalFresh/Food Assistance

Bill Number	Status	Position
AB 240	In Assembly	Monitor

Title
Local health department workforce assessment.

Introduction Date: 2021-01-13

Description
AB 240, as introduced, Rodriguez. Local health department workforce assessment. Existing law establishes the State Department of Public Health to implement various programs throughout the state relating to public health, including licensing and regulating health facilities, control of infectious diseases, and implementing programs relating to chronic health issues. Existing law authorizes the department to implement the required programs through, or with the assistance of, local health departments. Existing law requires the department, after consultation with and approval by the California Conference of Local Health Officers, to establish standards of education and experience for professional and technical personnel employed in local health departments and for the organization and operation of the local health departments.This bill would require the department to contract with an appropriate and qualified entity to conduct an evaluation of the adequacy of the local health department infrastructure and to make recommendations for future staffing, workforce needs, and resources, in order to accurately and adequately fund local public health. The bill would exempt the department from specific provisions relating to public contracting with regard to this requirement. The bill would require the department to report the findings and recommendations of the evaluation to the appropriate policy and fiscal committees of the Legislature on or before July 1, 2024. The bill would also require the department to convene an advisory group, composed of representatives from public, private, and tribal entities, as specified, to provide input on the selection of the entity that would conduct the evaluation. The bill would further require the advisory group to provide technical assistance and subject matter expertise to the selected entity. The bill would make its provisions contingent on sufficient funding and repeal its provisions on January 1, 2026.

Primary Sponsors
Freddie Rodriguez

Bill Number	Status	Position
AB 243	In Assembly	Monitor

Title
Personal income tax: deduction: medical expenses.

Introduction Date: 2021-01-13

Description
AB 243, as introduced, Choi. Personal income tax: deduction: medical expenses. The Personal Income Tax Law, in conformity or modified conformity with federal income tax laws, allows various deductions in computing the income that is subject to the taxes imposed by that law, including a deduction for the medical and dental expenses paid during the taxable year, not compensated for by insurance or otherwise, for the medical or dental care of the taxpayer, spouse, or a dependent, to the extent that such expenses exceed 7.5% of federal adjusted gross income. This bill would instead allow that deduction to the extent that those medical and dental expenses exceed 4% of federal adjusted gross income. Existing law requires any bill expanding an existing tax deduction to contain, among other things, specific goals, purposes, and objectives that the tax credit will achieve, detailed performance indicators, and data collection requirements. The bill would provide findings and declarations relating to the goals of the expansion of the deduction for medical and dental expenses. This bill would take effect immediately as a tax levy.

Primary Sponsors
Steve Choi

Bill Number	Status	Position
AB 244	In Assembly	Monitor

Title
Affordable housing cost study: housing plan addendum.

Description
AB 244, as introduced, Blanca Rubio. Affordable housing cost study: housing plan addendum. Existing law establishes various programs and funding sources to enable the development of affordable housing, including the low-income housing credit, the Building Homes and Jobs Act, the Veterans and Affordable Housing Bond Act of 2018, the Affordable Housing and Sustainable Communities Program, and the Multifamily Housing Program. Existing law charges various agencies with the administration of these programs, including the California Tax Credit Allocation Committee, the Department of Housing and Community Development, and the California Housing Finance Agency.This bill would require the California Tax Credit Allocation Committee, the Department of Housing and Community Development, the California Housing Finance Agency, and the California Debt Limit Allocation Committee to conduct an affordable housing cost study that measures the factors that influence the cost of building affordable housing, breaks down total development costs for affordable housing, and enables the state to maximize resources allocated for affordable housing. The bill would require the study to consider data from projects that have received funding from the various programs and funding sources described above. The bill would require the development of the cost study only as existing resources permit without restructuring funding priorities, or as private resources are made available. The bill would require the California Tax Credit Allocation Committee to publish the study by January 1, 2028.Existing law establishes the California Statewide Housing Plan, which is required to incorporate a statement of housing goals, policies, and objectives, as well as specified segments. Existing law requires the Department of Housing and Community Development to update and provide a revision of the California State Housing Plan to the Legislature every 4 years, as specified. This bill would also require the department to prepare and provide an annual addendum to the California Housing Plan to the Legislature by January 1, 2023, and each January 1, thereafter. The bill would require the addendum to identify specified information, including all of the financial resources the state possesses for the development of affordable housing and outcomes to measure the success of the state's investments in housing.

Primary Sponsors
Blanca Rubio

Introduction Date: 2021-01-13

Labels: Housing/Homelessness

Bill Number	Status	Position
AB 260	In Assembly	Monitor

Title
Guardianships.

Introduction Date: 2021-01-15

Description
AB 260, as introduced, Stone. Guardianships. Existing law establishes the jurisdiction of the juvenile court, under which a minor may be adjudged to be a dependent of the court if the minor has been abused or neglected, as specified. Other existing law, the Guardianship-Conservatorship Law, authorizes a probate court, upon hearing of a petition by a parent, relative, or other person, to appoint a guardian of a minor in accordance with specified provisions of law governing the custody of a minor child. Existing law authorizes a court hearing a guardianship petition, if the proposed ward is or may be abused or neglected, to refer the matter to the local child welfare services agency to initiate an investigation to determine whether proceedings in juvenile court should be commenced.This bill would require the court to have good cause to waive the investigation and would prohibit the guardianship proceedings from being completed until the investigation is completed and a report is provided to the juvenile court. Existing law requires a proceeding in the juvenile court to declare a child to be a dependent child of the court to be commenced by a social worker's filing of a petition with the court. Under existing law, if a person applies to a social worker to commence juvenile court proceedings and the social worker fails to file a petition within 3 weeks after the application, the person may, within one month after making the application, apply to the juvenile court to review the decision of the social worker, and the court may either affirm the decision of the social worker or order the social worker to commence juvenile court proceedings.If the probate court has referred the matter to juvenile court, this bill would require the juvenile court to review the decision of a social worker not to file a petition within 3 weeks of the referral.Existing law authorizes a juvenile court, if the court finds that the child is abused or neglected, and the parent has advised the court that the parent is not interested in family maintenance or family reunification services, in addition to or in lieu of adjudicating the child a dependent child of the court, to order a legal guardianship and appoint a legal guardian, as specified. Existing law establishes the state-funded Kinship Guardianship Assistance Payment Program (Kin-GAP), which provides aid on behalf of eligible children who are placed in the home of a relative guardian. Existing law requires aid in the form of state-funded Kin-GAP to be provided on behalf of any child under 18 years of age and to any eligible youth under 19 years of age who has had a kinship guardianship established, as described above, and who meets other requirements, including that the child or youth has been adj... (click bill link to see more).

Primary Sponsors
Mark Stone

Bill Number	Status	Position
AB 265	In Assembly	Monitor

Title
Medi-Cal: reimbursement rates.

Description
AB 265, as introduced, Petrie-Norris. Medi-Cal: reimbursement rates. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including clinical laboratory or laboratory services. The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Existing law requires the department to develop, subject to federal approval, reimbursement rates for clinical or laboratory services according to specified standards, such as requiring that reimbursement to providers for those services not exceed the lowest of enumerated criteria, including 80% of the lowest maximum allowance established by the federal Medicare Program for the same or similar services.This bill would delete provisions relating to the above-specified 80% standard and would make conforming changes.

Primary Sponsors
Cottie Petrie-Norris

Introduction Date: 2021-01-15

Labels: Medi-Cal

Bill Number	Status	Position
AB 270	In Assembly	Monitor

Title
Core Behavioral Health Crisis Services System.

Introduction Date: 2021-01-19

Description
AB 270, as introduced, Ramos. Core Behavioral Health Crisis Services System. Existing law, the Warren-911-Emergency Assistance Act, requires every local public agency, as defined, to have an emergency communication system and requires the digits “911” to be the primary emergency telephone number within the system.Existing law contains provisions governing the operation and financing of community mental health services for the mentally disordered in every county through locally administered and locally controlled community mental health programs. Existing law specifies that county mental health services should be organized to provide immediate response to individuals in precrisis and crisis and to members of the individual’s support system, on a 24-hour, 7-day-a-week basis and authorizes provision of crisis services offsite as mobile services.Existing federal law, the National Suicide Hotline Designation Act, designated the three-digit telephone number “988” as the universal number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operating through the National Suicide Prevention Lifeline maintained by the Assistant Secretary for Mental Health and Substance Abuse and the Veterans Crisis Line maintained by the Secretary of Veterans Affairs.This bill would create the Core Behavioral Health Crisis Services System, using the digits “988” for the 988 Suicide Prevention and Behavioral Health Crisis Hotline, in compliance with existing federal law and standards governing the National Suicide Prevention Lifeline. The bill would require the department, as defined, to take specified actions to implement the hotline system. The bill would require the department to charge a fee on each resident of the state that is a subscriber of commercial mobile or IP-enabled voice services to pay for the costs of the program. The bill would create the 988 Fund, a new continuously appropriated fund, and would require the fees to be deposited along with other specified moneys into the 988 Fund. By creating a new continuously appropriated fund and establishing a fee as a new source of revenue for the continuously appropriated fund, the bill would make an appropriation.The bill would also require local jurisdictions, in collaboration with the department, to create Mobile Crisis Teams, as specified, to provide onsite response services to crisis calls made through the hotline. By imposing this new requirement on local jurisdictions, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimburseme... (click bill link to see more).

Primary Sponsors
James Ramos

Bill Number	Status	Position
AB 276	In Assembly	Monitor

Title
Ovarian and cervical cancer.

Description
AB 276, as introduced, Voepel. Ovarian and cervical cancer. Existing law requires the State Department of Health Care Services to perform various health functions, including providing breast and cervical cancer screening and treatment for low-income individuals.This bill would additionally require the department to post on its internet website information and resources on ovarian and cervical cancer, and on the importance of screening for those cancers. The bill would require the information posted to be available in English and in the top 15 languages spoken by limited-English-proficient individuals in California, as determined by the department.

Primary Sponsors
Randy Voepel

Introduction Date: 2021-01-19

Bill Number	Status	Position
AB 278	In Assembly	Monitor

Title
Medi-Cal: podiatric services.

Description
AB 278, as introduced, Flora. Medi-Cal: podiatric services. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including podiatric services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law does not require prior authorization for podiatric services provided on an outpatient or inpatient basis, but podiatric services are subject to the same Medi-Cal billing and services policies as required for a physician and surgeon, including a maximum numerical service limitation in any one calendar month. Existing law requires a health care provider applying for enrollment as a Medi-Cal services provider or a current Medi-Cal services provider applying for continuing enrollment, or a current Medi-Cal services provider applying for enrollment at a new location or a change in location, to submit a complete application package. Under existing law, a licensed physician and surgeon practicing as an individual physician practice or a licensed dentist practicing as an individual dentist practice, who is in good standing and enrolled as a Medi-Cal services provider, and who is changing the location of that individual practice within the same county, is eligible to instead file a change of location form in lieu of submitting a complete application package.This bill would make conforming changes to the provisions that govern applying to be a provider in the Medi-Cal program, or for a change of location by an existing provider, to include a doctor of podiatric medicine licensed by the California Board of Podiatric Medicine.

Primary Sponsors
Heath Flora

Introduction Date: 2021-01-19

Labels: Medi-Cal

Bill Number	Status	Position
AB 279	In Assembly	Monitor

Title
Intermediate care facilities and skilled nursing facilities.

Introduction Date: 2021-01-21

Description
AB 279, as introduced, Muratsuchi. Intermediate care facilities and skilled nursing facilities. (1) Existing law requires the State Department of Public Health to license, inspect, and regulate intermediate care facilities (ICF) and skilled nursing facilities (SNF). Existing law generally requires an ICF or SNF to comply with certain procedures and disclosures when transferring ownership or management of the facility, as specified. Existing law imposes criminal penalties on a person who violates the requirements imposed on these facilities.This bill would prohibit the owner of an ICF or SNF from ceasing to deliver or making significant changes to the nature of residential care services, or from transferring a resident to another facility, during any declared state of emergency relating to the coronavirus disease 2019 (COVID-19), except if the owner files for bankruptcy. The bill would require, upon termination of the same type of state of emergency, the owner of an ICF or SNF to issue a 6-month advance notice of any proposed sale or termination of the licensed operation of the facility to each resident before the sale or termination goes into effect. The bill would also prohibit during the same type of state of emergency, any changes in all conditions for the sale of assets imposed by the Attorney General, except if the owner of an ICF or SNF files for bankruptcy. By expanding the requirements and prohibitions imposed on a licensee of ICF or SNF, the failure to comply with would be a crime, this bill would impose a state-mandated local program. The bill would repeal these provisions on January 1, 2026. (2) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.(3) This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors
Al Muratsuchi, Miguel Santiago

Bill Number	Status	Position
AB 285	In Assembly	Monitor

Title
State Department of Education: state school nurse consultant.

Introduction Date: 2021-01-21

Description
AB 285, as amended, Holden. State Department of Education: state school nurse consultant. Existing law establishes in the state government a State Department of Education and the department is responsible for various ongoing activities involving the public schools. Existing law requires the Commission on Teacher Credentialing to, among other duties, establish standards for the issuance and renewal of credentials, certificates, and permits. Existing law sets forth the minimum requirements for a services credential with a specialization in health for a school nurse, as provided. Existing law requires the governing board of a school district to give diligent care to the health and physical development of pupils, and authorizes the governing board of a school district to employ properly certified persons for that work. Existing law authorizes a school nurse, subject to approval by the governing board of the school district, to perform various pupil health care services.This bill would require the department to appoint a state school nurse consultant to be housed within the department. The bill would require the state school nurse consultant to be a school nurse credentialed by the commission, as specified, who has a minimum of 5 years of experience in school health program management. The bill would require the state school nurse consultant to work with school districts and school nurses to promote quality school nursing services and school health programs that address the broad health needs of pupils, among other responsibilities. The bill would require the state school nurse consultant to annually report to the Governor and the Legislature a summary of the year's activities and specific recommendations, as provided.This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors
Chris Holden

Bill Number	Status	Position
AB 309	In Assembly	Monitor

Title
Pupil mental health: model referral protocols.

Description
AB 309, as introduced, Gabriel. Pupil mental health: model referral protocols. Existing law requires the governing board of a school district to give diligent care to the health and physical development of pupils and authorizes the governing board of a school district to employ properly certified persons for this purpose. Existing law requires a school of a school district or county office of education and a charter school to notify pupils and parents or guardians of pupils no less than twice during the school year on how to initiate access to available pupil mental health services on campus or in the community, or both, as provided.This bill would require the State Department of Education to develop model referral protocols, as provided, for addressing pupil mental health concerns. The bill would require the department to consult with various entities in developing the protocols, including current classroom teachers and administrators. The bill would require the department to post the model referral protocols on its internet website. The bill would make these provisions contingent upon funds being appropriated for its purpose in the annual Budget Act or other legislation, or state, federal, or private funds being allocated for this purpose.

Primary Sponsors
Jesse Gabriel, Patrick O'Donnell

Introduction Date: 2021-01-25

Labels: Behavioral Health

Bill Number	Status	Position
AB 323	In Assembly	Monitor

Title
Long-term health facilities.

Introduction Date: 2021-01-26

Description
AB 323, as introduced, Kalra. Long-term health facilities. The Long-Term Care, Health, Safety, and Security Act of 1973 generally requires the State Department of Public Health to license and regulate long-term health care facilities and to establish an inspection and reporting system to ensure that long-term health care facilities are in compliance with state statutes and regulations. The term “long-term health care facility” includes, among other types of facilities, a skilled nursing facility and intermediate care facility.The act defines a class “A” violation as a violation that the department determines presents either (1) imminent danger that death or serious harm to the patients or residents of the long-term health care facility would result therefrom, or (2) substantial probability that death or serious physical harm to patients or residents of the long-term health care facility would result therefrom. The act defines a class “AA” violation as a class “A” violation that the department determines to have been a direct proximate cause of death of a patient or resident of the facility. The act defines a class “B” violation as a violation that the department determines has a direct or immediate relationship to the health, safety, or security of long-term health care facility patients or residents, other than class “AA” or “A” violations. Class “B” violations are also, unless otherwise determined by the department to be a class “A” violation, any violation of a patient’s rights as set forth in specified regulations that is determined by the department to cause, or under circumstances likely to cause, significant humiliation, indignity, anxiety, or other emotional trauma to a patient. The act requires the department to prove specific elements to enforce a citation for a class “AA” violation, including the element that death resulted from an occurrence of a nature that the regulation was designed to prevent.This bill would redefine a class “AA” violation as a class “A” violation that the department determines to have been a substantial factor, as described, in the death of a resident of a long-term health care facility. The bill would increase the civil penalties for a class “A,” “AA,” or “B” violation by a skilled nursing facility or intermediate care facility, as specified. The bill would delete numerous references to the “patients” of a long-term health care facility.

Primary Sponsors
Ash Kalra

Bill Number	Status	Position
AB 326	In Assembly	Monitor

Title
Health care service plans: Consumer Participation Program.

Description
AB 326, as introduced, Luz Rivas. Health care service plans: Consumer Participation Program. Existing law, until January 1, 2024, requires the Director of the Department of Managed Health Care to establish the Consumer Participation Program, which allows the director to award reasonable advocacy and witness fees to a person or organization that represents consumers and has made a substantial contribution on behalf of consumers to the adoption of a regulation or with regard to an order or decision impacting a significant number of enrollees.This bill would extend the operation of that program indefinitely.

Primary Sponsors
Luz Rivas

Introduction Date: 2021-01-26

Labels: Commercial

Bill Number	Status	Position
AB 328	In Assembly	Monitor

Title
Reentry Housing and Workforce Development Program.

Description
AB 328, as amended, Chiu. Reentry Housing and Workforce Development Program. Existing law establishes the Department of Housing and Community Development in the Business, Consumer Services, and Housing Agency and makes the department responsible for administering various housing programs throughout the state, including, among others, the Multifamily Housing Program, the Housing for a Healthy California Program, and the California Emergency Solutions Grants Program. This bill would establish the Reentry Housing and Workforce Development Program. The bill would require the department, on or before July 1, 2022, to take specified actions to, upon appropriation by the Legislature, provide grants to applicants, as defined, for innovative or evidence-based housing, housing-based services, and employment interventions to allow people with recent histories of incarceration to exit homelessness and remain stably housed. The bill would require the department to establish a process, in collaboration with the Department of Corrections and Rehabilitation and with counties in which recipients are operating, for referral of participants, in accordance with certain guidelines and procedures.The bill would require the department to score applicants to the program competitively according to specified criteria. The bill would require recipients of funds from the program to use those funds for, among other things, long-term rental assistance in permanent housing, incentives to landlords, and innovative or evidence-based services to assist participants in accessing permanent supportive housing. The bill would require the department to distribute funds allocated by executing contracts with awarded entities for a term of 5 years, subject to automatic renewal.The bill would require a recipient of the program to submit an annual report to the department. The bill would require the department to hire an independent evaluator to assess outcomes from the program and would require the department to submit that analysis to specified committees of the Legislature.

Primary Sponsors
David Chiu, Ash Kalra, Sharon Quirk-Silva, Buffy Wicks

Introduction Date: 2021-01-26

Labels: Housing/Homelessness

Bill Number	Status	Position
AB 342	In Assembly	Monitor

Title
Health care coverage: colorectal cancer: screening and testing.

Description
AB 342, as introduced, Gipson. Health care coverage: colorectal cancer: screening and testing. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires individual and group health care service plan contracts and health insurance policies to provide coverage for all generally medically accepted cancer screening tests and requires those contracts and policies to also provide coverage for the treatment of breast cancer. Existing law requires an individual or small group health care service plan contract or health insurance policy to, at a minimum, include coverage for essential health benefits, which include preventive services, pursuant to the federal Patient Protection and Affordable Care Act. This bill would require a health care service plan contract or a health insurance policy, except as specified, that is issued, amended, or renewed on or after January 1, 2022, to provide coverage for colorectal cancer screening examinations and laboratory tests, as specified. The bill would require the coverage to include additional colorectal cancer screening examinations as listed by the United States Preventive Services Task Force as a recommended screening strategy and at least at the frequency established pursuant to regulations issued by the federal Centers for Medicare and Medicaid Services for the Medicare program if the individual is at high risk for colorectal cancer. The bill would prohibit a health care service plan contract or a health insurance policy from imposing cost sharing on an individual who is between 50 and 75 years of age for colonoscopies conducted for specified purposes. The bill would also provide that it does not require a health care service plan or health insurer to provide benefits for items or services delivered by an out-of-network provider and does not preclude a health care service plan or health insurer from imposing cost-sharing requirements for items or services that are delivered by an out-of-network provider. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
Mike Gipson

Introduction Date: 2021-01-28

Labels: Commercial

Board of Governors
MOTION SUMMARY

Date: April 1, 2021 **Motion No. BOG 100.0421**

Committee: **Chairperson:** Hector De La Torre

Issue: Approval of L.A. Care's 2021 State and Federal Policy Agenda.

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

Background: In accordance with the process approved by the L.A. Care Governing Board, below is L.A. Care's updated proposed 2021 State and Federal Policy Agenda (Policy Agenda) for consideration.

This Policy Agenda contains principles and policies that serve as the framework for the development and advocacy of positions on federal and state legislative, administrative, and budget issues. This Policy Agenda provides guidance for L.A. Care's Government Affairs Department to respond effectively to proposals that could significantly impact L.A. Care's strategic and operational interests.

2021 State and Federal Policy Principles

Federal Funding and Coverage

1. Retain coverage expansions accomplished by the Affordable Care Act (ACA), including proposals that codify ACA provisions in state statute.
2. Support proposals that stabilize the marketplace (Covered California individual market).
3. Support proposals that provide federal stimulus funds for government-sponsored programs in COVID-19 relief legislation.
4. Oppose efforts by the federal government to recoup Medicaid matching funds.

Public Plan Protection

5. Support proposals that strengthen L.A. Care as the Local Initiative plan in Los Angeles County.
6. Support proposals that build upon California's public Medi-Cal managed care plans to create a local, regional, or statewide Public Option and to continue efforts to ensure L.A. Care is recognized as a Public Option in L.A. County.

Eligibility, Benefits, and Enrollment

7. Support proposals that simplify and coordinate the Medi-Cal enrollment and redetermination processes with existing programs (e.g., CalFresh).
8. Support proposals that strengthen government-sponsored programs and increase no or low-cost health insurance coverage to the uninsured and low-income populations, without eroding existing coverage or access.
9. Support proposals that would eliminate barriers to eligible populations receiving health and social services benefits for which they qualify.
10. Support proposals that improve outreach to the Coordinated Care Initiative and Medi-Cal age-in populations in order to increase enrollment in Cal MediConnect.
11. Support value-based purchasing strategies that are geared towards achieving value through high-quality, cost-efficient member-centric care and that do not result in diminished coverage or benefits.
12. Support proposals that strengthen and improve existing government-sponsored programs in ways that support the safety net, including expanding program eligibility and increasing reimbursement.

13. Support proposals that promote home and community-based care for persons who would otherwise require institutionalization and that do not financially harm the health plan.
14. Support proposals that expand, simplify, or streamline access to behavioral health and substance use disorder services.

Quality

15. Support measures that result in improved quality outcomes in government-sponsored programs.
16. Support integrated delivery and whole person models that are designed to improve quality of care through team-based coordination of care, and that empower patients to be a partner in their own care.
17. Support proposals that improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems, and payment reform.

Rates/Reimbursement

18. Support proposals that increase transparency, accuracy, and appropriateness in the rate-setting process conducted by regulatory agencies (e.g., DMHC, DHCS, CMS, and Covered California).
19. Support use of health plan fees, provider fees, and intergovernmental transfers that maximize California's share of Federal Medicaid funding and help stabilize the Medi-Cal program.
20. Support proposals that improve accuracy in the rate adjustment process.
21. Oppose efforts that continue the countywide averaging of Medi-Cal rates in its current form.
22. Support proposals that align financial incentives among providers, patients, health plans, and payers.
23. Support efforts that result in payment equity among government-sponsored programs (e.g., Medi-Cal payment levels being increased to Medicare payment levels).
24. Oppose proposals that shift the cost burden of COVID-19 testing primarily to health plans, with no consideration of additional reimbursement from the federal or state governments.

Access to Care

25. Support proposals that increase California's health care workforce and address the shortage of appropriate health care providers in underserved communities in order to enhance provider access for Medi-Cal enrollees.
26. Support proposals that encourage rigorous evaluations comparing clinical, risk-adjusted patient outcomes for licensed health care professionals. The results of these evaluations will inform the discussions and deliberations surrounding the scope of practice for licensed practitioners; including their initial and ongoing education, training and supervision, in order to assure they work within their entire scope of practice to deliver safe, culturally competent, high-quality health care.
27. Support proposals that encourage team-based training of groups of medical professionals with different licensure and for these groups to practice team-based medical care. Consideration should also be given to having value-based performance rewards for teams as a whole.
28. Support proposals allowing scope of practice expansion under a particular type of license, only if the public interest is clearly protected by commensurate changes in: education and training standards; testing for knowledge and clinical proficiency; and expectations for life-long learning.
29. Support proposals that establish a Graduate Medical Education Governance Council that would expand graduate medical education to match the needs of California's growing and diverse population, especially in geographically underserved areas.
30. Support proposals to expand the capacity for physician (M.D. and D.O.) residency positions and creating residency positions for Nurse Practitioners who desire additional training. Proposals to expand the number of residency positions that focus on educating individuals to provide medical care to vulnerable and underserved patient populations are considered high priority; especially if they expand primary care positions.

31. Support proposals that improve and expand access to telehealth/virtual care health services and create long-term policy to utilize technology that improves access to care (including community clinics) and include appropriate compensation.
32. Support proposals that expand access to technology to access telehealth services (e.g., broadband expansion devices, and affordable internet services).
33. Support policies that would establish mental health hotlines and expand mental health services and community workforce to meet increased need.
34. Support policies that would result in decreasing the spread of COVID-19 in vulnerable communities, such as effective contact tracing, appropriate access to testing, personal protective equipment, and timely medical intervention.
35. Scope of Practice Expansion Proposals – *To be discussed during the November Executive Committee meeting.*

Social Determinants of Health/Equity

36. Support policies that improve social conditions and quality of life for low-income populations, including policies that support economic stability, education, food security, housing and healthy physical environments.
37. Support proposals that would change policies, behaviors, and beliefs that perpetuate racism by identifying and addressing those policies and practices in areas where L.A. Care has control or influence, such as employment, contracting, and the provision of medical services.

Health Information Technology

38. Support the use of health information technology and interoperability that would result in cost-savings and patient care improvement.
39. Support proposals that improve data collection coordination to address needs and gaps, especially in vulnerable and minority communities.

Fraud

40. Support the strengthening of anti-fraud measures and programs, and provide the ability of health plans and payers to recover lost funds.

For each proposal evaluated by L.A. Care, due consideration will be given to the financial and work burdens placed on healthcare providers and efforts will be taken to minimize those burdens whenever possible.

Member Impact: L.A. Care supports public policies that increase resources for the safety net, and/or leads to improved access and quality of health care services for its members.

Budget Impact: Sufficient funds are budgeted in the Government Affairs Department budget for this fiscal year. We will budget the balance in future fiscal years.

Motion: To approve L.A. Care's updated 2021 State and Federal Policy Agenda, as submitted.

BOARD OF GOVERNORS
Executive Committee
Meeting Minutes – February 22, 2021
1055 West 7th Street, Los Angeles, CA 90017

Members
Hector De La Torre, *Chairperson*
Al Ballesteros, *Vice Chairperson*
Robert H. Curry, *Treasurer*
Layla Gonzalez, *Secretary*
Stephanie Booth, MD
Hilda Perez

Management/Staff
John Baackes, *Chief Executive Officer*
Terry Brown, *Chief Human Resources Officer*
Augustavia J. Haydel, Esq., *General Counsel*
Marie Montgomery, *Chief Financial Officer*
Tom MacDougall, *Chief Information & Technology Officer*
Francisco Oaxaca, *Chief of Communications & Community Relations*
Noah Paley, *Chief of Staff*
Acacia Reed, *Deputy Chief Operating Officer*
Tom Schwaninger, *Senior Executive Advisor Digital, IT*
Richard Seidman, MD, MPH, *Chief Medical Officer*

California Governor issued Executive Order No. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can listen to this meeting via teleconference.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Hector De La Torre, *Chairperson,* called to order the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee meetings at 2:07 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings. • For those who provided public comment for this meeting by voice message or in writing, we are really glad that you provided input today. The Committee will hear your comments and we also have to finish the business on our Agenda today. • If you have access to the internet, the materials for today's meeting are available at the lacare.org website. If you need information about how to locate the meeting materials, please let us know. • Information for public comment is on the Agenda available on the web site. Staff will read the comment from each person for up to three minutes. • The Chairperson will invite public comment before the Committee starts to discuss the item. If the comment is not on a specific agenda item, it will be read at the general Public Comment item 2 on today's agenda.	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVE MEETING AGENDA	The Agenda for today's meeting was approved.	**Approved unanimously by roll call. 6 AYES (Ballesteros, Booth, Curry, De La Torre, Gonzalez and Perez)**
PUBLIC COMMENTS	**Feb 13, 4:58 pm, via Text, sender not self -identified** *Public comment 2-22 -2021 the summary of why I keep commenting at your meetings is because in 2014 after seeing my adult autistic daughter in a 10 day coma that could've been prevented I discover in early 2014 that Synermed was behind the harm done to her , so I go out of my way to report that fact to LA Care , much later in 2019 the DMHC verified that fraud and you f–/– idiots defended Synermed in response to my 2014 complaint and then you denied my daughter your services, so you discriminated against my autistic daughter and retaliated against us for telling you what I believe you already knew, that there was something wrong BIG TIME with those people ! Now I notice that no one has formally notified us that our daughter is a victim , this tells me 1000s of people have no idea they are Synermed fraud victims, my focus isn't the other affected HMOs, my focus is LA Care ignoring our very relevant grievances (I have 100s of copies) and not helping with our daughter post surgical care , she may have died anyway but I will never know of your help may have helped, in any event she had the right to your services, thats what my complaints are, I believe there are many other victims besides my child who have been contacting me . My number is 626-217-0549 bohindy@gmail.com if there a rule I can't share my info show it to me! I don't give a damn what else Synermed called themselves you know perfectly well what I'm talking about!* **Feb 13, 5:41 pm, via Text, sender not self-identified** *Please add to last public comment, I asked you for a copy of your prior medical director justifying denying services to Vanessa in your board notes and you've ignored that request, I believe because this medical director had no actual authority to deny our child services in retaliation for the parents pointing out Synermed was committing fraud! It's suggested people look up what I'm talking about instead of taking LA Care at their word! Their word is trash! My kids dead and I'm going to pursue this indefinitely, if people belong*	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	in jail I will do what I can to make it happen! My child is not the only victim, I know of a dead disabled person where a judge had agreed it was dependent adult abuse ! **Feb 19, 5:09 am, via Text, sender not self-identified** *More public comment 2-22-2021 meeting, I'm requesting formal notification that my daughter Vanessa is a Synermed fraud victim, the DMHC told you in* (*3 minutes expired, and the remainder of this person's comments are included at the bottom of these minutes as an addendum*). Chairperson De La Torre stated that he interrupted the reading of public comment prior to the contact information being given because this particular submitter of public comment, who frequently submits public comment and to whom Chairperson De La Torre had personally expressed condolences for the loss of her daughter, had previously complained and filed complaints regarding her personal information being divulged through the public comment process. He does not want L.A. Care to be in a position of divulging her personal contact information in our meetings, even though she put it in her comments. All her comments were read as submitted except her phone number, because that is personal information, and he does not want L.A. Care in a position of divulging personal information through the public comments.	
APPROVE MEETING MINUTES	The minutes of the January 25, 2021 meeting were approved with correction to delete question marks which were inserted as editor's notes.	**Approved unanimously by roll call. 6 AYES**
CHAIRPERSON'S REPORT	Chairperson De La Torre observed that unfortunately there are geographic pockets in Los Angeles County that do not have COVID-19 vaccination sites which limits access to the vaccine in those areas. He hopes that L.A. Care continues to push for expansion of vaccination sites, particularly throughout the underserved communities all over the county. Clearly, access to COVID-19 vaccine was missing in some communities. The vaccine must be easily accessible for all people.	
CHIEF EXECUTIVE OFFICER REPORT	John Baackes, *Chief Executive Officer*, reported: • State of California has indefinitely postponed implementation of a new prescription drug plan for Medi-Cal beneficiaries. Governor Newsom had proposed in 2019 that the State would take over the purchase of prescription medications for Medi-Cal and the prescription drug benefits would be taken out of the Medi-Cal benefits currently	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	administered by health plans. His proposal included creation of a new bureaucracy on the basis of cost savings. A contract was issued to Magellan, a pharmacy benefit management company (PBM), at the end of 2019. The new program was to begin January 1, 2021. In November 2020, the start was postponed to April 1, 2021. Last week an indefinite postponement was announced. • On January 4, 2021, it was announced that Magellan had been acquired by Centene Corporation, which also owns Health Net, a provider of health coverage for Medi-Cal in California. The request for proposals (RFP) for a PBM that was issued by the State of California stated that the PBMs owned by health plans doing business with the State of California would not be eligible to bid because of the inherent conflict of interest. The acquisition of Magellan after the selection process, by a corporation that also owns a health plan doing business with the State of California, seems to create that conflict of interest. Health plans have been informed that the conflict of interest could not be resolved in time for the new PBM administration to proceed on April 1, 2021, and that State representatives will continue to work with Magellan and Centene to resolve it, with a decision about pharmacy benefits for Medi-Cal expected in May, 2021. • The members of Local Health Plans of California (LHPC), a statewide trade association that represents all 16 local, not-for-profit health plans including L.A. Care, unanimously agreed and recommended in writing to the State of California that implementation of the new PBM be postponed until at least January 1, 2022, and that Magellan be stripped of the contract for administration of the new program. The contract could be awarded to the second choice PBM or a new RFP could be issued. • The postponement of a new PBM program avoided an impossible mess that could have resulted from the significant changes to Medi-Cal pharmacy benefits in the midst of a pandemic and distribution of critical COVID-19 vaccines. • L.A. Care is not an entity that will receive or distribute vaccines. L.A. Care is very concerned about making the vaccine readily accessible for its members and is working to address member concerns about the vaccines and is distributing information to reassure the community and encourage people to get vaccinated. o Work on overcoming inequity gaps in accessing vaccine sites. o Partnered with a variety of health systems with access to the vaccine to help identify eligible members and help them access a vaccine site. o Flu vaccine clinics at the end of 2019 were conducted in conjunction with the USC School of Pharmacy.	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	○ L.A. Care is working with USC School of Pharmacy to develop a distribution of vaccine at L.A. Care's Community Resource Center locations. These will be open for walk-up. • These efforts are hampered by the insufficient supply of vaccine to meet the needs of Californians. • The State of California issued a no-bid contract to Blue Shield of California to act as a third party administrator (TPA) in the distribution of the vaccine. The role of the TPA is not yet clear. • The Federal Emergency Management Agency (FEMA) has announced vaccination sites at the California State University in Los Angeles and at the Oakland-Alameda Coliseum, in Oakland, California. • The federal administration has stated it will deliver COVID-19 vaccines directly to Federally Qualified Health Centers (FQHC). The FQHCs know the patients who are eligible and most in need of vaccines. This will help address equity in distribution. • CalAIM will begin January 1, 2022, and it will be a major change in the Medi-Cal program. CalAIM is a multi-year initiative by California Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of our population by implementing broad delivery system, program and payment reform across the Medi-Cal program. Two important aspects of the program are the enhanced care management benefit and an in lieu of services benefit. Both are modeled after successful ongoing components of previous waiver pilot programs: Whole Person Care (WPC) and Health Homes Program (HHP). WPC and HHP will terminate at the end of 2021. CalAIM will have financial and operational implications for L.A. Care, and will change the benefit programs, and implementation will be a challenge. Mr. Baackes noted that the changes are going in the right direction, and he will provide additional information at future meetings. • L.A. Care's Financial Report through January 2021 shows positive results. Performance is better than was forecast in the Budget approved by the Board in September 2020. Staff remains focused on reducing administrative cost and has started an internal program called, *Re-engineering for Efficiency*. Member Gonzalez asked if vaccine outreach efforts were underway for L.A. Care's members receiving the PASC-SEIU health plan.	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Richard Seidman, MD, MPH, *Chief Medical Officer,* responded that those members have been in a tier eligible for the vaccine for the last month and outreach work is being conducted for those members. Most of them receive care through the Los Angeles County Department of Health Services (DHS) facilities. Dr. Seidman reviewed the groups that would become eligible for vaccine and cautioned that there may be a tightening of supply of the vaccine in the next few weeks. He noted that it is hoped that a third vaccine, from Johnson & Johnson, will receive emergency authorization for us before the end of February. Member Booth asked if L.A. Care was working with other nonprofit medical groups such as Kaiser Permanente. Mr. Baackes indicated he will speak to that organization.	
FY 2019-20 Year-End Sponsorship Report	Mr. Baackes referred to the report included in the meeting materials *(a copy of the report may be requested by contacting Board Services).*	
Government Affairs Update	**Feb 21, 9:04 am, via Text, sender not self-identified** *Government Affairs agenda Public comment, I'm requesting LA Care notify Synermed victims pursuant to Dept Of Managed Healthcare corrective action that your attorney signed, it states affected enrollees are to be followed up with. People who were harmed have the right to know! I know Synermed used another name,people were still affected by Synermed and you know it , stop using the other name they used to justify not telling people! Anyone who feels they were affected by Synermed is welcome to call /text 626-413-0199, you are NOT alone, YOU HAVE RIGHTS!* **Feb 22, 2:16 pm, via Text, sender not self-identified** *Chair report Public comment, I consent to my phone number and email being published, what rule is there otherwise? Also you published grievances which were not public comment which had no reason to be published. I will be following up with Brown Ave office!* *Chair public comment If you edit my public comment I will report that as well, show me the rule I can't share my contact info* *Request or asked for this to b read at govt affairs item*	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Chairperson De La Torre stated that because there is a history of complaints for disclosing personal contact information, L.A. Care will not disclose personal contact information during public comment. Cherie Compartore, *Senior Director, Government Affairs*, reported: • At the federal level, this week the House of Representatives is expected to pass a $1.9 trillion COVID relief package that includes funding for policy changes in Medicaid, public health and funding for some states and localities. A $15 minimum wage increase is in that legislation. This bill is expected to pass the House on a party line vote. Some provisions may be changed by the Senate through the reconciliation process as a result of the Byrd Rule. Medicaid provisions are expected to remain in the bill. The minimum wage increase may be changed or removed. It is expected to be passed by the Senate in mid-March before the current federal unemployment payment increases end. • Some highlights of the Medicaid provisions in the COVID relief packet are: o Increased eligibility for Medicaid up to 12 months for mothers after giving birth. California has a similar law but it only impacts mothers with a post-partum diagnosis. o Provides Medicaid coverage to prisoners that meet eligibility requirements 30 days prior to release. This will remain in effect for 5 years. o Increases subsidies for health exchange coverage premiums. o Provides an addition $1,400 in stimulus payment for people with up to $75,000 in annual income. • A hearing on the nomination of Xavier Becerra, nominee for Health and Human Services Secretary, will be held on February 24. It is expected there will be significant opposition to the nomination by Republican lawmakers. • At the state level, Governor Newsom and the legislative leaders have reached agreement on a $9.6 billion COVID relief bill for Californians. It includes a one-time $600 stimulus payment for low-income residents who qualify and $2.1 billion in grants for small businesses. Mr. Baackes asked Ms. Compartore to comment on the number of bills that have been introduced so far in the current legislative session that may have an impact on L.A. Care. Mr. Baackes asked Ms. Compartore to comment on the number of bills that have been introduced so far in the current legislative session that may have an impact on L.A. Care.	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Ms. Compartore reported that staff is tracking over 200 healthcare related bills, which is surprising as the legislature is not holding in-person hearings. Despite the remote hearings, the public will be able to provide input in a variety of ways. There are a number of bills related to telehealth. Assembly Member Wood, Health Committee Chair, has introduced a package of healthcare bills that deal with cost containment and price transparency. There are also a number of bills that would make some of the COVID relief measures permanent or more expansive. The California Nurses Association will re-introduce single payer legislation. The deadline for bill introduction was February 19. Staff will provide information on the proposed legislation at future meetings. Chairperson De La Torre noted that the large number of bills is to be expected given the reduction in bills introduced last year due to the pandemic and budget uncertainty. Ms. Compartore noted that the expected shortfall in revenue did not occur. The COVID-19 relief package may use some of those funds. Chairperson De La Torre noted that the revenue is more than $10 billion higher than expected. Member Booth asked about AB 890. Ms. Compartore responded that a planned meeting on this did not occur. At this moment there are no scope of practice bills.	
Revised Communications Policy COMM 006 (Sponsorships)	*This item was not discussed and will be brought to a future Committee meeting for consideration.*	
L.A. Care Cash Balance Plan Restatement	Terry Brown, *Chief Human Resources Officer,* summarized the amendments to L.A. Care Cash Balance Plan (the "Plan"), a tax-qualified supplemental retirement plan for senior executives which was established on January 1, 2006, and was most recently restated effective January 1, 2017. The Plan recently received a favorable determination letter from the Internal Revenue Service regarding the Plan's tax-qualified status, which is conditioned on restating the Plan to incorporate these Plan amendments. The proposed restated Plan would also amend the Plan to increase the age at which participants must generally begin receiving distributions from the Plan from age 70½ to age 72 in accordance with the Setting Every Community Up for Retirement Enhancement Act (the "SECURE Act"). Mr. Brown introduced Ed Bernard, a consultant in this area, who is available to answer any questions.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Member Booth asked about some items in this document: • On page 34 of the packet under Benefit Service, there is a statement that earning 2,280 hours of service. She asked why this number is used when a regular work year is usually 2,080. Mr. Brown responded that under this plan the monthly equivalency is 190 hours, so that results in the annual number of 2,280 hours. This is driven by Internal Revenue Service code. • There is a schedule 6 that shows $1 per year. Member Booth asked if this was for employees who became eligible after January 1, 2013. Mr. Bernard responded that schedule is to establish those employees as participants in the plan, as a placeholder. Mr. Brown noted that Public Employee Pension Reform Act changed L.A. Care's ability to use plans such as the Cash Balance Plan. • Member Booth asked about how a participants age impacts participation in the plan. Mr. Brown noted that vesting occurs over three years, and employee contributions are fully vested. • Member Booth asked about the statement in section 5.1 regarding attainment of normal retirement age. Mr. Bernard responded that under the IRS rules, a participant will become fully vested upon attaining normal retirement age during the vesting period. Mr. Brown clarified that vesting occurs when a participant attains normal retirement age as an employee or achieves three years of service, whichever occurs first. **Motion EXE A.0221** **1. To approve the adoption of the restated L.A. Care Cash Balance Plan, in the form attached hereto, to accomplish the aforementioned purposes, effective as of the dates set forth in the restatement; and,** **2. To authorize and direct L.A. Care's General Counsel to execute the restated Plan.**	**Approved unanimously by roll call. 6 AYES**
Approve the Consent Agenda for March 4, 2021 Board of Governors meeting	Approve the list of items that will be considered on a Consent Agenda for March 4, 2021 Board of Governors Meeting. • Minutes of February 4, 2021 Board of Governors Meeting • TransUnion Contract Amendment	**Approved unanimously by roll call. 6 AYES**
PUBLIC COMMENTS	There were no public comments for the closed session items.	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURN TO CLOSED SESSION	Augustavia J. Haydel, Esq., *General Counsel,* announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 3:04 p.m. CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: *February 2023* CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d) (2) of Ralph M. Brown Act Three Potential Cases CONFERENCE WITH LABOR NEGOTIATOR Section 54957.6 of the Ralph M. Brown Act Agency Designated Representative: Hector De La Torre Unrepresented Employee: John Baackes PUBLIC EMPLOYEE PERFORMANCE EVALUATION Section 54957 of the Ralph M. Brown Act Title: Chief Executive Officer	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 5:21 pm. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting adjourned at 5:21 p.m.	

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

APPROVED BY:
DocuSigned by:
019D7F81EB7B442...
Hector De La Torre, *Chair*
Date: 3/22/2021 | 5:44 PM PDT

APPROVED

Public comments not ready during the meeting

(continued from above) … the corrective action to follow up with affected enrollees, your agency is withholding my dead autistic daughters protected health info from us by not notifying us, I don't care who is related to who, I don't care what else they called themselves! You have our conservator papers on file, your supposed to keep them 7 yrs! My signature requesting my child's records is attached.

Feb 19, 5:45 am Text, sender not self-identified
Public comment, you people are the villains, not me, you violated my dead adult autistic daughters rights, along with the rights of 1,000s of enrollees who aren't being notified they are Synermed fraud victims.
Last comment is 2-22-2021

Feb 19, 5:56 am Text, sender not self-identified
DMHC corrective action says to follow up with Synermed victims, I have not been formally notified my dead daughter is a victim! Stop withholding our daughter medical info from us! And other people

Feb 19, 6:44 am Text, sender not self-identified
Public comment 2-22 -21 I don't want my comments read for me, you have no reason other than controlling comments and trying to see them before your meetings!

Feb 21, 10:12 am, Text, sender not self-identified
Public comment governance, 2-22-21 your attorney needs to read DMHC documents that they sign! I have never been "followed up with" in reference to Synermed. I'm starting to wonder if LA Care kept records of complaints but never actually followed regarding grievances because 100s of my grievances were not acknowledged!

Feb 21, 1:25 pm, Text, sender not self-identified
Public comment 2-22-2021 please add to last public comment, or maybe didn't keep records, but I did!
2-22-21 Public comment governance, please affirm you can't hear me in my home, you were able to hear me in my home and record me before without my knowledge.

February 22, 2:05pm, via Text, sender not self-identified
2-22-21 comment I just noticed no Spanish translation today with the usual toll free number, do you expect Spanish speakers not to know about your committee meetings? Also it's stated there may be a toll call for English speakers unlike the usual toll free for Spanish speakers, some people still use pay phones

February 22, 4:53pm, via Text, sender not self-identified
Public comment at 2-22-21 meeting I was unable to hear the adjournment and kept being told I'm not allowed Access and then hung up on 3-4 times. I just made a Brown Act complaint, also I reported not being allowed to share my pone and email but not being told t here is a rule that I can't do so.

Financial Update

Board of Governors Meeting

April 1, 2021

Agenda

Financial Performance – February 2021 YTD

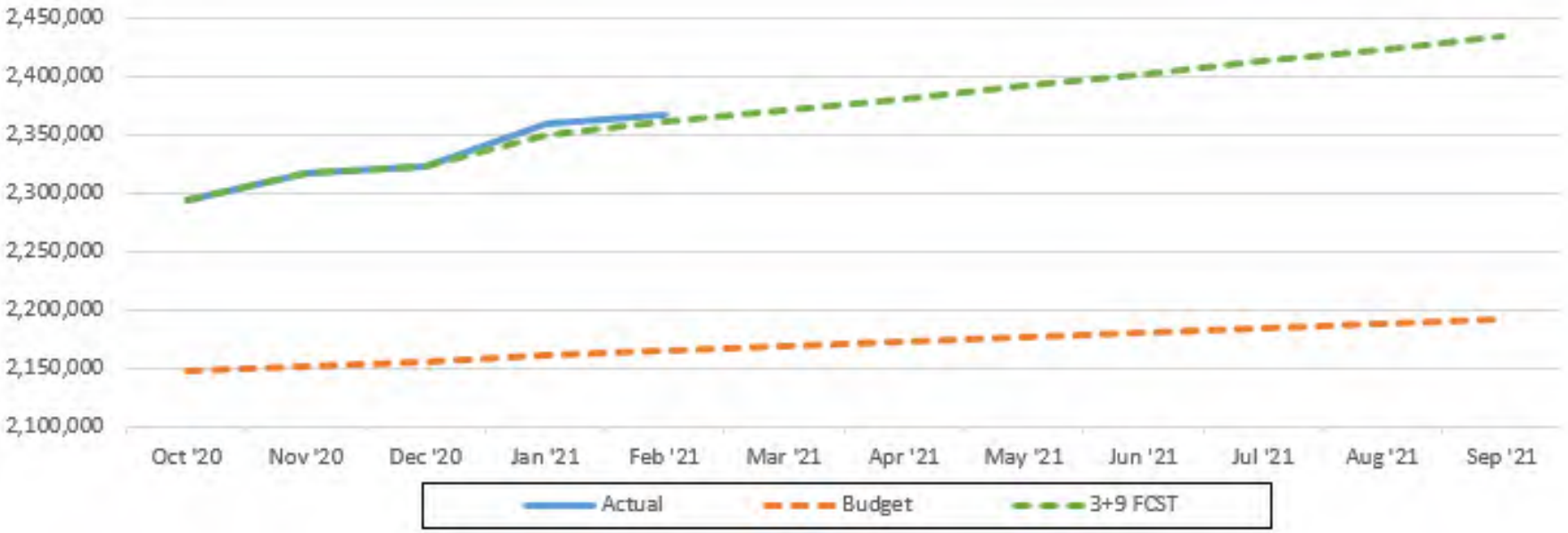
- Membership
- Consolidated Financial Performance
- Reported vs. Paid Claims Trend
- Operating Margins by Segment
- Key Financial Ratios
- Tangible Net Equity & Days of Cash On-Hand Comparison

Financial Informational Updates

- Investment Transactions

Membership
for the 5 months ended February 2021

	February 2021			Year-to-Date		
Sub-Segment	**Actual**	**3+9 FCST**	**Variance**	**Actual**	**3+9 FCST**	**Variance**
Plan Partners	1,028,552	1,028,141	411	5,098,463	5,093,161	5,302
SPD/CCI	228,997	229,894	(897)	1,144,141	1,140,325	3,816
TANF/MCE	947,813	938,790	9,023	4,655,212	4,640,750	14,462
CMC	18,371	17,657	714	92,457	90,908	1,549
Commercial	144,695	146,474	(1,779)	672,974	681,051	(8,077)
Consolidated	**2,368,428**	**2,360,956**	**7,472**	**11,663,247**	**11,646,195**	**17,052**



Consolidated Financial Performance

for the month of February 2021

($ in Thousands)	Actual	3+9 FCST	Variance
Member Months	2,368,428	2,360,956	7,472
Total Revenues	$782,140	$759,303	$22,837
Total Healthcare Expenses	$698,749	$709,710	$10,962
Operating Margin	$83,391	$49,593	$33,799
Total Admin Expenses	$33,959	$37,035	$3,076
Income/(Loss) from Operations	$49,432	$12,557	$36,875
Non-Operating Income (Expense)	$437	($2,371)	$2,808
Net Surplus (Deficit)	**$49,869**	**$10,186**	**$39,683**

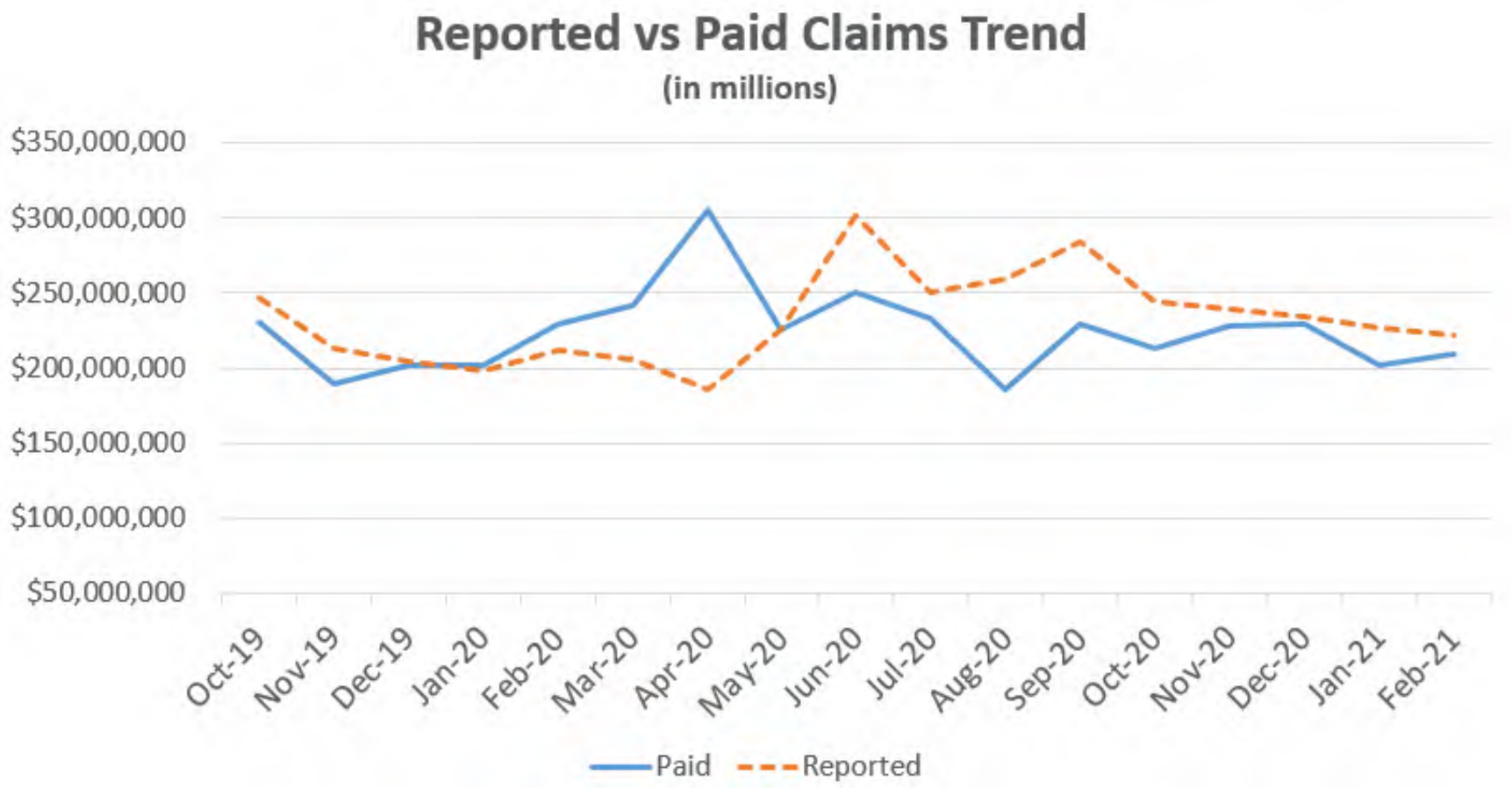
Consolidated Financial Performance

for the 5 months ended February 2021

($ in Thousands)	Actual	3+9 FCST	Variance
Member Months	11,663,247	11,646,195	17,052
Total Revenues	$3,735,818	$3,705,396	$30,422
Total Healthcare Expenses	$3,490,650	$3,526,294	$35,643
Operating Margin	$245,168	$179,103	$66,065
Total Admin Expenses	$180,980	$192,739	$11,759
Income/(Loss) from Operations	$64,188	($13,637)	$77,824
Non-Operating Income (Expense)	$3,827	($7,764)	$11,591
Net Surplus (Deficit)	**$68,015**	**($21,400)**	**$89,415**

Reported vs Paid Claims Trend

Paid Claims through February 2021



Operating Margin by Segment

for the 5 months ended February 2021

($ in Thousands)

	Medi-Cal Plan Partners	Medi-Cal SPD/CCI	Medi-Cal TANF/MCE	CMC	Commercial	Total
Revenue	$1,339,927	$900,052	$1,146,743	$124,851	$224,245	$3,735,818
Healthcare Exp.	$1,283,940	$862,665	$1,053,075	$107,044	$183,926	$3,490,650
Operating Margin	$55,987	$37,387	$93,668	$17,808	$40,319	$245,168
MCR %	95.8%	95.8%	91.8%	85.7%	82.0%	93.4%
Forecast MCR%	96.0%	98.9%	94.0%	86.4%	86.8%	95.2%

Key Financial Ratios

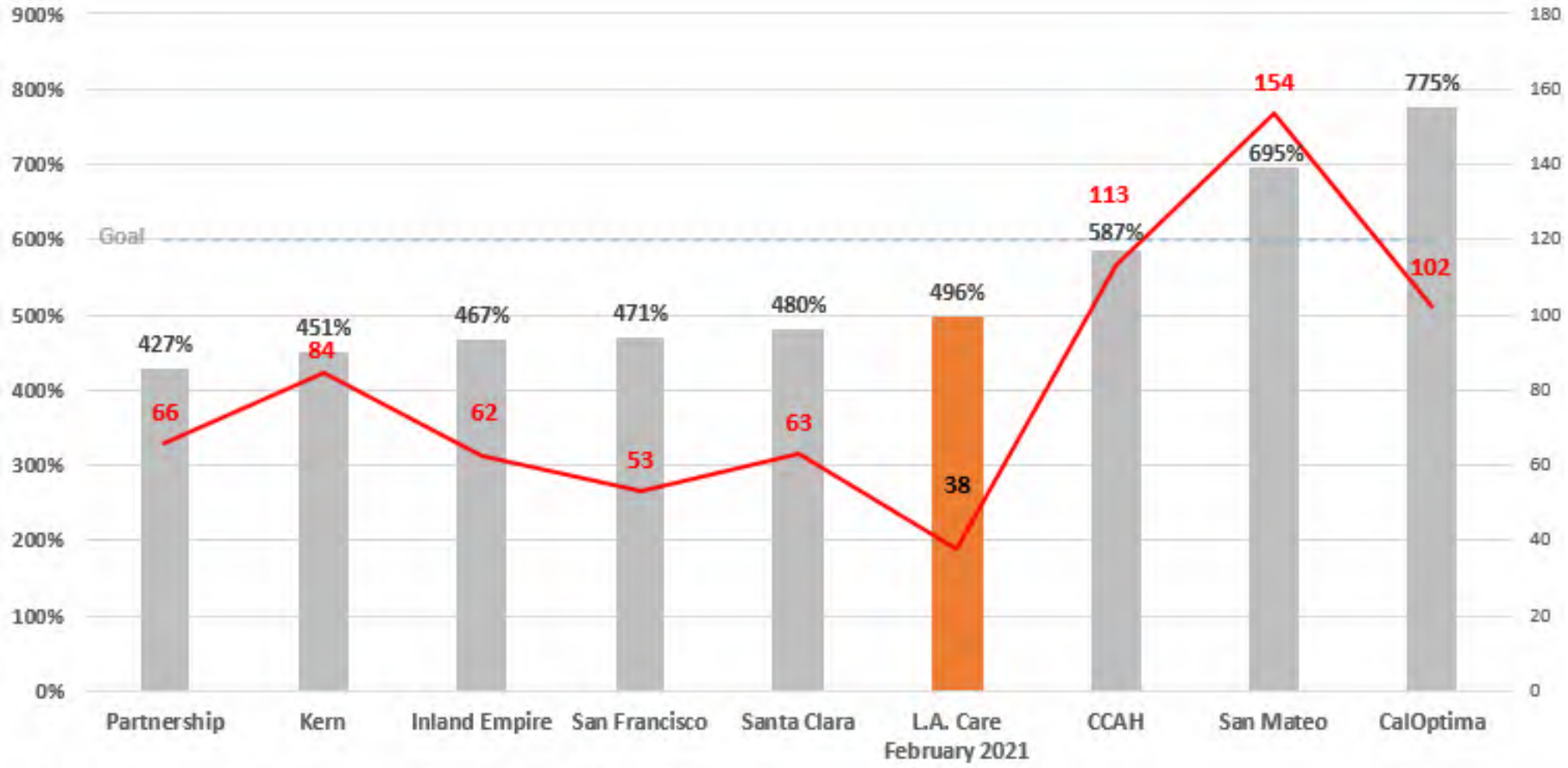
for the 5 months ended February 2021

	Actual		Forecast	
MCR	93.4%	vs.	95.2%	✓
Admin Ratio	4.8%	vs.	5.2%	✓

	Actual		Benchmark	
Working Capital	1.25	vs.	1.00+	✓
Cash to Claims	0.53	vs.	0.75+	✗
Tangible Net Equity	4.96	vs.	1.30+	✓

Tangible Net Equity & Days of Cash On-Hand

for the 5 months ended February 2021



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

Questions & Consideration

Motion FIN 100

- To accept the Financial Reports for the five months ended February 28, 2021, as submitted.

Informational Items

Investment Transactions

- As of February 28, 2021 L.A. Care's total investment market value was $1.6B
  - $1.3B managed by Payden & Rygel and New England Asset Management (NEAM)
  - $73M in Local Agency Investment Fund
  - $252M in Los Angeles County Pooled Investment Fund

L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: April 1, 2021 **Motion No. FIN 100.0421**

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

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

Issue: Acceptance of the Financial Reports for February 2021.

Background: N/A

Member Impact: N/A

Budget Impact: N/A

Motion: To accept the Financial Report for February 2021, as submitted.

Financial Performance
February 2021
(Unaudited)

Overall

The combined member months are 11.7 million year-to-date, which is 17,052 member months favorable to the 3+9 forecast. The performance is a surplus of $68.0 million or 1.8% of revenue and is $89.4 million favorable to the forecast. The favorable variance is due to better than forecasted inpatient and outpatient claims, skilled nursing facility costs and pharmacy expenses. Other items also contributed to the favorable variance in net surplus are timing in provider incentives expense, lower operating expenses and lower non-operating expenses.

MediCal Plan Partners

The member months are 5.1 million, which is 5,302 member months favorable to the 3+9 forecast. The performance is a surplus of $28.8 million and is $5.1 million favorable to the forecast. The favorability in net surplus is driven primarily by timing in provider incentives expense. The favorable variance in revenue which is offset by an unfavorable variance in healthcare expenses are due to an adjustment in institutional member count.

MediCal SPD-CCI

The member months are 1.1 million, which is 3,816 member months favorable to the 3+9 forecast. The performance is a deficit of $22.4 million and is $32.5 million favorable to the 3+9 forecast. The favorable variance is due to better than forecasted skilled nursing facility costs, inpatient claims and outpatient claims. Lower operating expenses also contributed to the favorable variance in net surplus.

MediCal TANF-MCE

The member months are 4.7 million, which is 14,462 member months favorable to the 3+9 forecast. The performance is a surplus of $29.5 million and is $25.9 million favorable to the 3+9 forecast. The favorability is driven by better than forecasted inpatient claims and timing in provider incentives expense.

Cal MediConnect (CMC)

The member months are 92,457, which is 1,549 member months favorable to the 3+9 forecast. The performance is a surplus of $9.9 million and is $2.1 million favorable to the forecast. The favorability is driven by lower inpatient claims, timing in provider incentives expense and lower operating expenses. Partially offsetting these favorable variances is the CY 2019 disenrollment penalty.

Commercial

L.A. Care Commercial consists of LACC and PASC-SEIU. The member months are 672,974, which is 8,077 member months unfavorable to the 3+9 forecast. The performance is a surplus of $23.1 million and is $12.1 million favorable to the forecast due to better than forecasted capitation expense, inpatient claims and pharmacy expense.

L.A. Care HEALTH PLAN

Consolidated Operations Income Statement ($ in thousands)

February 2021

Current Actual $	Current Actual PMPM	Current Forecast $	Current Forecast PMPM	Fav(Unfav) Forecast $	Fav(Unfav) Forecast PMPM		YTD Actual $	YTD Actual PMPM	YTD Forecast $	YTD Forecast PMPM	Fav(Unfav) Forecast $	Fav(Unfav) Forecast PMPM
						Membership						
2,368,428		2,360,956		7,472		Member Months	11,663,247		11,646,195		17,052	
						Revenue						
$ 782,140	$ 330.24	$ 759,303	$ 321.61	$ 22,837	$ 8.63	Capitation	$ 3,735,818	$ 320.31	$ 3,705,396	$ 318.16	$ 30,422	$ 2.14
$ 782,140	**$ 330.24**	**$ 759,303**	**$ 321.61**	**$ 22,837**	**$ 8.63**	**Total Revenues**	**$ 3,735,818**	**$ 320.31**	**$ 3,705,396**	**$ 318.16**	**$ 30,422**	**$ 2.14**
						Healthcare Expenses						
$ 406,573	$ 171.66	$ 382,352	$ 161.95	$ (24,222)	$ (9.72)	Capitation	$ 1,968,888	$ 168.81	$ 1,937,703	$ 166.38	$ (31,184)	$ (2.43)
$ 89,202	$ 37.66	$ 105,167	$ 44.54	$ 15,965	$ 6.88	Inpatient Claims	$ 467,679	$ 40.10	$ 504,468	$ 43.32	$ 36,789	$ 3.22
$ 70,766	$ 29.88	$ 76,586	$ 32.44	$ 5,820	$ 2.56	Outpatient Claims	$ 356,063	$ 30.53	$ 362,436	$ 31.12	$ 6,374	$ 0.59
$ 62,935	$ 26.57	$ 72,996	$ 30.92	$ 10,061	$ 4.35	Skilled Nursing Facility	$ 341,932	$ 29.32	$ 357,895	$ 30.73	$ 15,963	$ 1.41
$ 59,469	$ 25.11	$ 60,244	$ 25.52	$ 775	$ 0.41	Pharmacy	$ 299,550	$ 25.68	$ 302,516	$ 25.98	$ 2,966	$ 0.29
$ 2,049	$ 0.87	$ 6,040	$ 2.56	$ 3,991	$ 1.69	Provider Incentives and Shared Risk	$ 20,958	$ 1.80	$ 28,022	$ 2.41	$ 7,064	$ 0.61
$ 7,754	$ 3.27	$ 6,325	$ 2.68	$ (1,429)	$ (0.60)	Medical Administrative Expenses	$ 35,581	$ 3.05	$ 33,253	$ 2.86	$ (2,327)	$ (0.20)
$ 698,749	**$ 295.03**	**$ 709,710**	**$ 300.60**	**$ 10,962**	**$ 5.58**	**Total Healthcare Expenses**	**$ 3,490,650**	**$ 299.29**	**$ 3,526,294**	**$ 302.79**	**$ 35,643**	**$ 3.50**
89.3%		*93.5%*		*4.1%*		*MCR(%)*	*93.4%*		*95.2%*		*1.7%*	
$ 83,391	**$ 35.21**	**$ 49,593**	**$ 21.01**	**$ 33,799**	**$ 14.20**	**Operating Margin**	**$ 245,168**	**$ 21.02**	**$ 179,103**	**$ 15.38**	**$ 66,065**	**$ 5.64**
$ 33,959	$ 14.34	$ 37,035	$ 15.69	$ 3,076	$ 1.35	**Total Operating Expenses**	$ 180,980	$ 15.52	$ 192,739	$ 16.55	$ 11,759	$ 1.03
4.3%		*4.9%*		*0.5%*		*Admin Ratio(%)*	*4.8%*		*5.2%*		*0.4%*	
$ 49,432	**$ 20.87**	**$ 12,557**	**$ 5.32**	**$ 36,875**	**$ 15.55**	**Income (Loss) from Operations**	**$ 64,188**	**$ 5.50**	**$ (13,637)**	**$ (1.17)**	**$ 77,824**	**$ 6.67**
$ 1,726	$ 0.73	$ (3,336)	$ (1.41)	$ 5,062	$ 2.14	Other Income/(Expense), net	$ 2,269	$ 0.19	$ (11,755)	$ (1.01)	$ 14,023	$ 1.20
$ 899	$ 0.38	$ 965	$ 0.41	$ (66)	$ (0.03)	Interest Income, net	$ 5,389	$ 0.46	$ 5,064	$ 0.43	$ 325	$ 0.03
$ 101	$ 0.04	$ -	$ -	$ 101	$ 0.04	Realized Gain / Loss	$ 1,080	$ 0.09	$ 799	$ 0.07	$ 281	$ 0.02
$ (2,289)	$ (0.97)	$ -	$ -	$ (2,289)	$ (0.97)	Unrealized Gain / Loss	$ (4,910)	$ (0.42)	$ (1,872)	$ (0.16)	$ (3,038)	$ (0.26)
$ 437	**$ (0.18)**	**$ (2,371)**	**$ (1.00)**	**$ 2,808**	**$ 1.19**	**Total Non-Operating Income (Expense)**	**$ 3,827**	**$ 0.33**	**$ (7,764)**	**$ (0.67)**	**$ 11,591**	**$ 0.99**
$ 49,869	**$ 21.06**	**$ 10,186**	**$ 4.31**	**$ 39,683**	**$ 16.74**	**Net Surplus (Deficit)**	**$ 68,015**	**$ 5.83**	**$ (21,400)**	**$ (1.84)**	**$ 89,415**	**$ 7.67**
6.4%		*1.3%*		*5.0%*		*Margin(%)*	*1.8%*		*-0.6%*		*2.4%*	

L.A. Care HEALTH PLAN

MediCal Plan Partners Income Statement ($ in thousands)

February 2021

Current Actual $	Current Actual PMPM	Current Forecast $	Current Forecast PMPM	Fav(Unfav) Forecast $	Fav(Unfav) Forecast PMPM		YTD Actual $	YTD Actual PMPM	YTD Forecast $	YTD Forecast PMPM	Fav(Unfav) Forecast $	Fav(Unfav) Forecast PMPM
						Membership						
1,028,552		1,028,141		411		Member Months	5,098,463		5,093,161		5,302	
						Revenue						
$ 290,926	$ 282.85	$ 268,671	$ 261.32	$ 22,255	$ 21.53	Capitation	$ 1,339,927	$ 262.81	$ 1,314,524	$ 258.10	$ 25,403	$ 4.71
$ 290,926	**$ 282.85**	**$ 268,671**	**$ 261.32**	**$ 22,255**	**$ 21.53**	**Total Revenues**	**$ 1,339,927**	**$ 262.81**	**$ 1,314,524**	**$ 258.10**	**$ 25,403**	**$ 4.71**
						Healthcare Expenses						
$ 277,799	$ 270.09	$ 253,917	$ 246.97	$ (23,882)	$ (23.12)	Capitation	$ 1,270,934	$ 249.28	$ 1,244,298	$ 244.31	$ (26,636)	$ (4.97)
$ 20	$ 0.02	$ -	$ -	$ (20)	$ (0.02)	Inpatient Claims	$ 70	$ 0.01	$ 46	$ 0.01	$ (24)	$ (0.00)
$ 1	$ 0.00	$ -	$ -	$ (1)	$ (0.00)	Outpatient Claims	$ 3	$ 0.00	$ 1	$ 0.00	$ (1)	$ (0.00)
$ -	$ -	$ 2,436	$ 2.37	$ 2,436	$ 2.37	Provider Incentives and Shared Risk	$ 7,074	$ 1.39	$ 11,934	$ 2.34	$ 4,860	$ 0.96
$ 1,164	$ 1.13	$ 975	$ 0.95	$ (189)	$ (0.18)	Medical Administrative Expenses	$ 5,860	$ 1.15	$ 5,194	$ 1.02	$ (665)	$ (0.13)
$ 278,984	**$ 271.24**	**$ 257,328**	**$ 250.29**	**$ (21,655)**	**$ (20.95)**	**Total Healthcare Expenses**	**$ 1,283,940**	**$ 251.83**	**$ 1,261,474**	**$ 247.68**	**$ (22,466)**	**$ (4.15)**
95.9%		*95.8%*		*-0.1%*		*MCR(%)*	*95.8%*		*96.0%*		*0.1%*	
$ 11,942	**$ 11.61**	**$ 11,343**	**$ 11.03**	**$ 599**	**$ 0.58**	**Operating Margin**	**$ 55,987**	**$ 10.98**	**$ 53,050**	**$ 10.42**	**$ 2,937**	**$ 0.57**
$ 5,378	$ 5.23	$ 5,596	$ 5.44	$ 218	$ 0.21	**Total Operating Expenses**	$ 29,188	$ 5.72	$ 30,587	$ 6.01	$ 1,399	$ 0.28
1.8%		*2.1%*		*0.2%*		*Admin Ratio(%)*	*2.2%*		*2.3%*		*0.1%*	
$ 6,564	**$ 6.38**	**$ 5,747**	**$ 5.59**	**$ 817**	**$ 0.79**	**Income (Loss) from Operations**	**$ 26,798**	**$ 5.26**	**$ 22,462**	**$ 4.41**	**$ 4,336**	**$ 0.85**
$ 621	**$ 0.60**	**$ 744**	**$ 0.72**	**$ (124)**	**$ (0.12)**	**Total Non-Operating Income (Expense)**	**$ 2,020**	**$ 0.40**	**$ 1,220**	**$ 0.24**	**$ 800**	**$ 0.16**
$ 7,185	**$ 6.99**	**$ 6,491**	**$ 6.31**	**$ 694**	**$ 0.67**	**Net Surplus (Deficit)**	**$ 28,818**	**$ 5.65**	**$ 23,682**	**$ 4.65**	**$ 5,136**	**$ 1.00**
2.5%		*2.4%*		*0.1%*		*Margin(%)*	*2.2%*		*1.8%*		*0.3%*	

L.A. Care HEALTH PLAN

SPD-CCI Income Statement ($ in thousands)

February 2021

Current Actual $	Current Actual PMPM	Current Forecast $	Current Forecast PMPM	Fav(Unfav) Forecast $	Fav(Unfav) Forecast PMPM		YTD Actual $	YTD Actual PMPM	YTD Forecast $	YTD Forecast PMPM	Fav(Unfav) Forecast $	Fav(Unfav) Forecast PMPM
						Membership						
228,997		229,894		(897)		Member Months	1,144,141		1,140,325		3,816	
						Revenue						
$ 184,478	$ 805.59	$ 184,870	$ 804.15	$ (391)	$ 1.44	Capitation	$ 900,052	$ 786.66	$ 894,474	$ 784.40	$ 5,578	$ 2.26
$ 184,478	**$ 805.59**	**$ 184,870**	**$ 804.15**	**$ (391)**	**$ 1.44**	**Total Revenues**	**$ 900,052**	**$ 786.66**	**$ 894,474**	**$ 784.40**	**$ 5,578**	**$ 2.26**
						Healthcare Expenses						
$ 18,633	$ 81.37	$ 17,976	$ 78.19	$ (657)	$ (3.18)	Capitation	$ 90,053	$ 78.71	$ 88,212	$ 77.36	$ (1,841)	$ (1.35)
$ 31,182	$ 136.17	$ 37,749	$ 164.20	$ 6,567	$ 28.03	Inpatient Claims	$ 189,333	$ 165.48	$ 195,268	$ 171.24	$ 5,935	$ 5.76
$ 38,019	$ 166.03	$ 40,482	$ 176.09	$ 2,462	$ 10.06	Outpatient Claims	$ 190,345	$ 166.37	$ 192,686	$ 168.97	$ 2,340	$ 2.61
$ 52,534	$ 229.41	$ 63,542	$ 276.40	$ 11,008	$ 46.99	Skilled Nursing Facility	$ 294,661	$ 257.54	$ 310,890	$ 272.63	$ 16,229	$ 15.09
$ 16,606	$ 72.51	$ 17,361	$ 75.52	$ 755	$ 3.00	Pharmacy	$ 87,116	$ 76.14	$ 88,037	$ 77.20	$ 921	$ 1.06
$ 144	$ 0.63	$ (488)	$ (2.12)	$ (633)	$ (2.75)	Provider Incentives and Shared Risk	$ (99)	$ (0.09)	$ (1,384)	$ (1.21)	$ (1,286)	$ (1.13)
$ 2,498	$ 10.91	$ 2,159	$ 9.39	$ (339)	$ (1.52)	Medical Administrative Expenses	$ 11,255	$ 9.84	$ 10,913	$ 9.57	$ (342)	$ (0.27)
$ 159,617	**$ 697.03**	**$ 178,780**	**$ 777.66**	**$ 19,163**	**$ 80.64**	**Total Healthcare Expenses**	**$ 862,665**	**$ 753.98**	**$ 884,621**	**$ 775.76**	**$ 21,956**	**$ 21.78**
86.5%		*96.7%*		*10.2%*		*MCR(%)*	*95.8%*		*98.9%*		*3.1%*	
$ 24,862	**$ 108.57**	**$ 6,090**	**$ 26.49**	**$ 18,772**	**$ 82.08**	**Operating Margin**	**$ 37,387**	**$ 32.68**	**$ 9,853**	**$ 8.64**	**$ 27,534**	**$ 24.04**
$ 11,639	$ 50.83	$ 13,039	$ 56.72	$ 1,400	$ 5.89	**Total Operating Expenses**	$ 61,069	$ 53.38	$ 65,452	$ 57.40	$ 4,383	$ 4.02
6.3%		*7.1%*		*0.7%*		*Admin Ratio(%)*	*6.8%*		*7.3%*		*0.5%*	
$ 13,223	**$ 57.74**	**$ (6,949)**	**$ (30.23)**	**$ 20,172**	**$ 87.97**	**Income (Loss) from Operations**	**$ (23,682)**	**$ (20.70)**	**$ (55,599)**	**$ (48.76)**	**$ 31,917**	**$ 28.06**
$ 394	**$ 1.72**	**$ 274**	**$ 1.19**	**$ 120**	**$ 0.53**	**Total Non-Operating Income (Expense)**	**$ 1,272**	**$ 1.11**	**$ 674**	**$ 0.59**	**$ 598**	**$ 0.52**
$ 13,617	**$ 59.46**	**$ (6,675)**	**$ (29.03)**	**$ 20,291**	**$ 88.50**	**Net Surplus (Deficit)**	**$ (22,410)**	**$ (19.59)**	**$ (54,925)**	**$ (48.17)**	**$ 32,515**	**$ 28.58**
7.4%		*-3.6%*		*11.0%*		*Margin(%)*	*-2.5%*		*-6.1%*		*3.7%*	

L.A. Care HEALTH PLAN

TANF-MCE Income Statement ($ in thousands)

February 2021

Current Actual $	Current Actual PMPM	Current Forecast $	Current Forecast PMPM	Fav(Unfav) Forecast $	Fav(Unfav) Forecast PMPM		YTD Actual $	YTD Actual PMPM	YTD Forecast $	YTD Forecast PMPM	Fav(Unfav) Forecast $	Fav(Unfav) Forecast PMPM
						Membership						
947,813		938,790		9,023		Member Months	4,655,212		4,640,750		14,462	
						Revenue						
$ 233,635	$ 246.50	$ 232,444	$ 247.60	$ 1,191	$ (1.10)	Capitation	$ 1,146,743	$ 246.34	$ 1,141,352	$ 245.94	$ 5,391	$ 0.39
$ 233,635	**$ 246.50**	**$ 232,444**	**$ 247.60**	**$ 1,191**	**$ (1.10)**	**Total Revenues**	**$ 1,146,743**	**$ 246.34**	**$ 1,141,352**	**$ 245.94**	**$ 5,391**	**$ 0.39**
						Healthcare Expenses						
$ 96,626	$ 101.95	$ 93,170	$ 99.24	$ (3,456)	$ (2.70)	Capitation	$ 464,967	$ 99.88	$ 456,370	$ 98.34	$ (8,598)	$ (1.54)
$ 48,231	$ 50.89	$ 53,352	$ 56.83	$ 5,121	$ 5.94	Inpatient Claims	$ 227,258	$ 48.82	$ 251,140	$ 54.12	$ 23,882	$ 5.30
$ 27,457	$ 28.97	$ 29,645	$ 31.58	$ 2,187	$ 2.61	Outpatient Claims	$ 133,414	$ 28.66	$ 135,742	$ 29.25	$ 2,328	$ 0.59
$ 7,744	$ 8.17	$ 8,382	$ 8.93	$ 638	$ 0.76	Skilled Nursing Facility	$ 37,273	$ 8.01	$ 39,322	$ 8.47	$ 2,049	$ 0.47
$ 34,134	$ 36.01	$ 33,712	$ 35.91	$ (422)	$ (0.10)	Pharmacy	$ 166,034	$ 35.67	$ 165,172	$ 35.59	$ (862)	$ (0.07)
$ 669	$ 0.71	$ 2,076	$ 2.21	$ 1,407	$ 1.51	Provider Incentives and Shared Risk	$ 7,278	$ 1.56	$ 9,224	$ 1.99	$ 1,946	$ 0.42
$ 3,746	$ 3.95	$ 2,823	$ 3.01	$ (922)	$ (0.94)	Medical Administrative Expenses	$ 16,852	$ 3.62	$ 15,485	$ 3.34	$ (1,366)	$ (0.28)
$ 218,608	**$ 230.64**	**$ 223,160**	**$ 237.71**	**$ 4,553**	**$ 7.07**	**Total Healthcare Expenses**	**$ 1,053,075**	**$ 226.21**	**$ 1,072,455**	**$ 231.10**	**$ 19,379**	**$ 4.88**
93.6%		*96.0%*		*2.4%*		*MCR(%)*	*91.8%*		*94.0%*		*2.1%*	
$ 15,028	**$ 15.86**	**$ 9,284**	**$ 9.89**	**$ 5,744**	**$ 5.97**	**Operating Margin**	**$ 93,668**	**$ 20.12**	**$ 68,897**	**$ 14.85**	**$ 24,771**	**$ 5.27**
$ 12,867	$ 13.58	$ 12,866	$ 13.70	$ (1)	$ 0.13	**Total Operating Expenses**	$ 65,610	$ 14.09	$ 67,505	$ 14.55	$ 1,895	$ 0.45
5.5%		*5.5%*		*0.0%*		*Admin Ratio(%)*	*5.7%*		*5.9%*		*0.2%*	
$ 2,161	**$ 2.28**	**$ (3,582)**	**$ (3.82)**	**$ 5,743**	**$ 6.10**	**Income (Loss) from Operations**	**$ 28,058**	**$ 6.03**	**$ 1,392**	**$ 0.30**	**$ 26,665**	**$ 5.73**
$ 600	**$ 0.63**	**$ 895**	**$ 0.95**	**$ (295)**	**$ (0.32)**	**Total Non-Operating Income (Expense)**	**$ 1,442**	**$ 0.31**	**$ 2,218**	**$ 0.48**	**$ (776)**	**$ (0.17)**
$ 2,761	**$ 2.91**	**$ (2,687)**	**$ (2.86)**	**$ 5,448**	**$ 5.78**	**Net Surplus (Deficit)**	**$ 29,499**	**$ 6.34**	**$ 3,610**	**$ 0.78**	**$ 25,889**	**$ 5.56**
1.2%		*-1.2%*		*2.3%*		*Margin(%)*	*2.6%*		*0.3%*		*2.3%*	

L.A. Care HEALTH PLAN

CMC Income Statement ($ in thousands)

February 2021

Current Actual $	Current Actual PMPM	Current Forecast $	Current Forecast PMPM	Fav(Unfav) Forecast $	Fav(Unfav) Forecast PMPM		YTD Actual $	YTD Actual PMPM	YTD Forecast $	YTD Forecast PMPM	Fav(Unfav) Forecast $	Fav(Unfav) Forecast PMPM
						Membership						
18,371		17,657		714		Member Months	92,457		90,908		1,549	
						Revenue						
$ 25,653	$ 1,396.41	$ 24,949	$ 1,412.99	$ 704	$ (16.58)	Capitation	$ 124,851	$ 1,350.37	$ 127,708	$ 1,404.81	$ (2,857)	$ (54.44)
$ 25,653	**$ 1,396.41**	**$ 24,949**	**$ 1,412.99**	**$ 704**	**$ (16.58)**	**Total Revenues**	**$ 124,851**	**$ 1,350.37**	**$ 127,708**	**$ 1,404.81**	**$ (2,857)**	**$ (54.44)**
						Healthcare Expenses						
$ 11,081	$ 603.18	$ 10,610	$ 600.89	$ (471)	$ (2.29)	Capitation	$ 54,434	$ 588.75	$ 55,318	$ 608.51	$ 884	$ 19.75
$ 3,731	$ 203.09	$ 6,071	$ 343.84	$ 2,340	$ 140.75	Inpatient Claims	$ 21,235	$ 229.67	$ 23,728	$ 261.01	$ 2,493	$ 31.33
$ 2,075	$ 112.95	$ 2,553	$ 144.56	$ 478	$ 31.61	Outpatient Claims	$ 12,872	$ 139.22	$ 13,361	$ 146.97	$ 489	$ 7.75
$ 2,447	$ 133.22	$ 1,071	$ 60.68	$ (1,376)	$ (72.54)	Skilled Nursing Facility	$ 9,521	$ 102.98	$ 7,508	$ 82.59	$ (2,013)	$ (20.39)
$ 994	$ 54.11	$ 1,176	$ 66.61	$ 182	$ 12.50	Pharmacy	$ 5,414	$ 58.56	$ 5,833	$ 64.16	$ 419	$ 5.60
$ 450	$ 24.50	$ 984	$ 55.75	$ 534	$ 31.25	Provider Incentives and Shared Risk	$ 2,420	$ 26.18	$ 3,462	$ 38.09	$ 1,042	$ 11.91
$ 250	$ 13.61	$ 262	$ 14.85	$ 12	$ 1.23	Medical Administrative Expenses	$ 1,147	$ 12.41	$ 1,173	$ 12.91	$ 26	$ 0.50
$ 21,029	**$ 1,144.66**	**$ 22,728**	**$ 1,287.18**	**$ 1,699**	**$ 142.52**	**Total Healthcare Expenses**	**$ 107,044**	**$ 1,157.77**	**$ 110,383**	**$ 1,214.23**	**$ 3,339**	**$ 56.46**
82.0%		*91.1%*		*9.1%*		*MCR(%)*	*85.7%*		*86.4%*		*0.7%*	
$ 4,625	**$ 251.75**	**$ 2,221**	**$ 125.81**	**$ 2,403**	**$ 125.94**	**Operating Margin**	**$ 17,808**	**$ 192.60**	**$ 17,325**	**$ 190.58**	**$ 482**	**$ 2.02**
$ 1,412	$ 76.85	$ 1,815	$ 102.82	$ 404	$ 25.96	**Total Operating Expenses**	$ 7,958	$ 86.08	$ 9,558	$ 105.14	$ 1,600	$ 19.07
5.5%		*7.3%*		*1.8%*		*Admin Ratio(%)*	*6.4%*		*7.5%*		*1.1%*	
$ 3,213	**$ 174.89**	**$ 406**	**$ 22.99**	**$ 2,807**	**$ 151.90**	**Income (Loss) from Operations**	**$ 9,849**	**$ 106.53**	**$ 7,767**	**$ 85.44**	**$ 2,082**	**$ 21.09**
$ 2	**$ 0.10**	**$ 3**	**$ 0.18**	**$ (1)**	**$ (0.08)**	**Total Non-Operating Income (Expense)**	**$ 18**	**$ 0.20**	**$ (12)**	**$ (0.13)**	**$ 30**	**$ 0.33**
$ 3,215	**$ 174.99**	**$ 409**	**$ 23.17**	**$ 2,806**	**$ 151.82**	**Net Surplus (Deficit)**	**$ 9,867**	**$ 106.72**	**$ 7,755**	**$ 85.31**	**$ 2,112**	**$ 21.42**
12.5%		*1.6%*		*10.9%*		*Margin(%)*	*7.9%*		*6.1%*		*1.8%*	

L.A. Care HEALTH PLAN

Commercial Income Statement ($ in thousands)

February 2021

Current Actual $	Current Actual PMPM	Current Forecast $	Current Forecast PMPM	Fav(Unfav) Forecast $	Fav(Unfav) Forecast PMPM		YTD Actual $	YTD Actual PMPM	YTD Forecast $	YTD Forecast PMPM	Fav(Unfav) Forecast $	Fav(Unfav) Forecast PMPM
						Membership						
144,695		146,474		(1,779)		Member Months	672,974		681,051		(8,077)	
						Revenue						
$ 47,447	$ 327.91	$ 48,368	$ 330.22	$ (921)	$ (2.31)	Capitation	$ 224,245	$ 333.21	$ 227,338	$ 333.80	$ (3,093)	$ (0.59)
$ 47,447	**$ 327.91**	**$ 48,368**	**$ 330.22**	**$ (921)**	**$ (2.31)**	**Total Revenues**	**$ 224,245**	**$ 333.21**	**$ 227,338**	**$ 333.80**	**$ (3,093)**	**$ (0.59)**
						Healthcare Expenses						
$ 2,434	$ 16.82	$ 6,679	$ 45.60	$ 4,245	$ 28.77	Capitation	$ 88,499	$ 131.50	$ 93,506	$ 137.30	$ 5,007	$ 5.79
$ 6,038	$ 41.73	$ 7,995	$ 54.58	$ 1,957	$ 12.85	Inpatient Claims	$ 29,783	$ 44.26	$ 34,286	$ 50.34	$ 4,503	$ 6.09
$ 3,213	$ 22.21	$ 3,907	$ 26.68	$ 694	$ 4.47	Outpatient Claims	$ 19,429	$ 28.87	$ 20,647	$ 30.32	$ 1,217	$ 1.45
$ 209	$ 1.45	$ -	$ -	$ (209)	$ (1.45)	Skilled Nursing Facility	$ 477	$ 0.71	$ 175	$ 0.26	$ (302)	$ (0.45)
$ 7,735	$ 53.46	$ 7,995	$ 54.59	$ 260	$ 1.13	Pharmacy	$ 40,987	$ 60.90	$ 43,475	$ 63.83	$ 2,488	$ 2.93
$ 785	$ 5.43	$ 1,032	$ 7.05	$ 247	$ 1.62	Provider Incentives and Shared Risk	$ 4,285	$ 6.37	$ 4,786	$ 7.03	$ 502	$ 0.66
$ 97	$ 0.67	$ 106	$ 0.72	$ 9	$ 0.05	Medical Administrative Expenses	$ 467	$ 0.69	$ 487	$ 0.72	$ 20	$ 0.02
$ 20,512	**$ 141.76**	**$ 27,714**	**$ 189.21**	**$ 7,202**	**$ 47.45**	**Total Healthcare Expenses**	**$ 183,926**	**$ 273.30**	**$ 197,361**	**$ 289.79**	**$ 13,435**	**$ 16.48**
43.2%		*57.3%*		*14.1%*		*MCR(%)*	*82.0%*		*86.8%*		*4.8%*	
$ 26,935	**$ 186.15**	**$ 20,654**	**$ 141.01**	**$ 6,281**	**$ 45.14**	**Operating Margin**	**$ 40,319**	**$ 59.91**	**$ 29,977**	**$ 44.02**	**$ 10,342**	**$ 15.90**
$ 2,413	$ 16.67	$ 3,518	$ 24.02	$ 1,105	$ 7.34	**Total Operating Expenses**	$ 16,887	$ 25.09	$ 18,571	$ 27.27	$ 1,684	$ 2.18
5.1%		*7.3%*		*2.2%*		*Admin Ratio(%)*	*7.5%*		*8.2%*		*0.6%*	
$ 24,522	**$ 169.48**	**$ 17,136**	**$ 116.99**	**$ 7,386**	**$ 52.48**	**Income (Loss) from Operations**	**$ 23,431**	**$ 34.82**	**$ 11,406**	**$ 16.75**	**$ 12,026**	**$ 18.07**
$ (63)	**$ (0.44)**	**$ (71)**	**$ (0.49)**	**$ 8**	**$ 0.05**	**Total Non-Operating Income (Expense)**	**$ (315)**	**$ (0.47)**	**$ (353)**	**$ (0.52)**	**$ 38**	**$ 0.05**
$ 24,459	**$ 169.04**	**$ 17,065**	**$ 116.51**	**$ 7,394**	**$ 52.53**	**Net Surplus (Deficit)**	**$ 23,116**	**$ 34.35**	**$ 11,053**	**$ 16.23**	**$ 12,063**	**$ 18.12**
51.6%		*35.3%*		*16.3%*		*Margin(%)*	*10.3%*		*4.9%*		*5.4%*	

L.A. Care HEALTH PLAN

Comparative Balance Sheet

February 2021

(Dollars in thousands)	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
ASSETS												
CURRENT ASSETS												
Total Current Assets	$4,346,326	$4,605,091	$4,217,117	$4,184,322	$4,252,870	$4,203,693	$4,998,308	$4,241,836	$4,207,217	$4,181,392	$4,809,535	$4,330,863
Capitalized Assets - net	$109,758	$109,899	$110,885	$110,438	$110,474	$110,650	$106,386	$106,066	$106,179	$105,925	$106,571	$106,748
NONCURRENT ASSETS	$25,207	$25,097	$24,974	$24,868	$25,273	$3,533	$4,542	$4,385	$4,249	$4,114	$3,978	$3,843
TOTAL ASSETS	**$4,481,291**	**$4,740,087**	**$4,352,976**	**$4,319,628**	**$4,388,617**	**$4,317,877**	**$5,109,236**	**$4,352,287**	**$4,317,645**	**$4,291,430**	**$4,920,085**	**$4,441,454**
LIABILITIES AND FUND EQUITY												
CURRENT LIABILITIES												
Total Current Liability	$3,378,212	$3,595,155	$3,198,738	$3,281,130	$3,354,605	$3,247,809	$4,189,202	$3,441,433	$3,412,807	$3,385,813	$3,982,202	$3,453,802
Long Term Liability	$3,196	$3,058	$3,012	$2,943	$2,800	$2,770	$3,474	$3,385	$3,441	$3,296	$3,177	$3,078
Total Liabilities	**$3,381,408**	**$3,598,213**	**$3,201,750**	**$3,284,074**	**$3,357,405**	**$3,250,579**	**$4,192,676**	**$3,444,817**	**$3,416,248**	**$3,389,109**	**$3,985,380**	**$3,456,879**
FUND EQUITY												
Invested in Capital Assets, net of related debt	$109,758	$109,899	$110,885	$110,438	$110,474	$110,650	$106,386	$106,066	$106,179	$105,925	$106,571	$106,748
Restricted Equity	$300	$300	$300	$300	$300	$300	$300	$300	$300	$300	$300	$300
Minimum Tangible Net Equity	$177,579	$176,764	$180,036	$186,410	$188,522	$189,555	$192,597	$193,021	$194,442	$196,418	$198,522	$198,522
Board Designated Funds	$101,259	$98,650	$96,729	$84,460	$79,351	$76,347	$74,752	$72,431	$99,641	$96,946	$95,648	$94,811
Unrestricted Net Assets	$710,987	$756,260	$763,276	$653,947	$652,565	$690,446	$542,525	$535,652	$500,835	$502,733	$533,663	$584,193
Total Fund Equity	**$1,099,883**	**$1,141,874**	**$1,151,226**	**$1,035,554**	**$1,031,211**	**$1,067,298**	**$916,560**	**$907,470**	**$901,397**	**$902,321**	**$934,705**	**$984,575**
TOTAL LIABILITIES AND FUND EQUITY	**$4,481,291**	**$4,740,087**	**$4,352,976**	**$4,319,628**	**$4,388,617**	**$4,317,877**	**$5,109,236**	**$4,352,287**	**$4,317,645**	**$4,291,430**	**$4,920,085**	**$4,441,454**
Solvency Ratios												
Working Capital Ratio	1.29	1.28	1.32	1.28	1.27	1.29	1.19	1.23	1.23	1.23	1.21	1.25
Cash to Claims Ratio	0.53	0.71	0.57	0.58	0.58	0.57	0.82	0.55	0.52	0.51	0.72	0.53
Tangible Net Equity Ratio	6.19	6.46	6.39	5.56	5.47	5.63	4.76	4.70	4.64	4.59	4.71	4.96

L.A. Care HEALTH PLAN

Cash Flows Statement ($ in thousands)

February 2021

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	YTD
Cash Flows from Operating Activities:						
Capitation Revenue	$ 733,660	$ 660,475	$ 725,317	$ 820,712	$ 672,640	$ 3,612,804
Other Income (Expense), net	$ 8,578	$ 229	$ (1,303)	$ 84	$ (134)	$ 7,454
Healthcare Expenses	$ (653,134)	$ (666,833)	$ (692,179)	$ (669,618)	$ (657,134)	$ (3,338,898)
Operating Expenses	$ (40,394)	$ (31,516)	$ (46,394)	$ (30,344)	$ (32,090)	$ (180,738)
Net Cash Provided By Operating Activities	**$ 48,710**	**$ (37,645)**	**$ (14,559)**	**$ 120,834**	**$ (16,718)**	**$ 100,622**
Cash Flows from Investing Activities						
Purchase of investments - Net	$ (39,775)	$ 183,866	$ (32,271)	$ 25,040	$ 38,635	$ 175,495
Purchase of Capital Assets	$ (2,115)	$ (2,545)	$ (2,268)	$ (3,109)	$ (2,716)	$ (12,753)
Net Cash Provided By Investing Activities	**$ (41,890)**	**$ 181,321**	**$ (34,539)**	**$ 21,931**	**$ 35,919**	**$ 162,742**
Cash Flows from Financing Activities:						
Gross Premium Tax (MCO Sales Tax) - Net	$ (21)	$ (16,034)	$ (26,731)	$ 24,849	$ 13,253	$ (4,684)
Pass through transactions (AB 85, IGT, etc.)	$ (850,679)	$ 8,822	$ 8,765	$ 551,296	$ (568,538)	$ (850,334)
Net Cash Provided By Financing Activities	**$ (850,700)**	**$ (7,212)**	**$ (17,966)**	**$ 576,145**	**$ (555,285)**	**$ (855,018)**
Net Increase in Cash and Cash Equivalents	**$ (843,880)**	**$ 136,464**	**$ (67,064)**	**$ 718,910**	**$ (536,084)**	**$ (591,654)**
Cash and Cash Equivalents, Beginning	$ 1,144,914	$ 301,034	$ 437,498	$ 370,434	$ 1,089,344	$ 1,144,914
Cash and Cash Equivalents, Ending	**$ 301,034**	**$ 437,498**	**$ 370,434**	**$ 1,089,344**	**$ 553,260**	**$ 553,260**
Reconciliation of Income from Operations to Net Cash Provided By (Used In) Operating Activities:						
Excess of Revenues over Expenses	**$ (9,090)**	**$ (6,073)**	**$ 924**	**$ 32,384**	**$ 49,869**	**$ 68,014**
Adjustments to Excess of Revenues Over Expenses:						
Depreciation	$ 2,435	$ 2,432	$ 2,522	$ 2,463	$ 2,539	$ 12,391
Realized and Unrealized (Gain)/Loss on Investments	$ 1,031	$ 11	$ 31	$ 569	$ 2,188	$ 3,830
Deferred Rent	$ (90)	$ 56	$ (145)	$ (119)	$ (99)	$ (397)
Gross Premium Tax provision	$ 501	$ 368	$ 328	$ (1,232)	$ (2,842)	$ (2,877)
Total Adjustments to Excess of Revenues over Expenses	**$ 3,877**	**$ 2,867**	**$ 2,736**	**$ 1,681**	**$ 1,786**	**$ 12,947**
Changes in Operating Assets and Liabilities:						
Capitation Receivable	$ (21,495)	$ (43,146)	$ (5,090)	$ 55,489	$ (77,042)	$ (91,284)
Interest and Non-Operating Receivables	$ 75	$ 1,244	$ (329)	$ 96	$ 20	$ 1,106
Prepaid and Other Current Assets	$ (2,504)	$ 5,666	$ (1,815)	$ 213	$ (20,181)	$ (18,621)
Accounts Payable and Accrued Liabilities	$ (4,181)	$ 519	$ (8,306)	$ 1,923	$ (2,432)	$ (12,477)
Subcapitation Payable	$ 25,915	$ 28,318	$ (533)	$ (5,044)	$ 55,745	$ 104,401
MediCal Adult Expansion Payable	$ (824)	$ 771	$ (41)	$ 4,583	$ (15)	$ 4,474
Deferred Capitation Revenue	$ 26,137	$ (27,093)	$ (188)	$ 1,873	$ (32,459)	$ (31,730)
Accrued Medical Expenses	$ (4,760)	$ (233)	$ 1,166	$ 82	$ (1,621)	$ (5,366)
Reserve for Claims	$ 30,835	$ 11,611	$ 4,913	$ 25,601	$ 12,534	$ 85,494
Reserve for Provider Incentives	$ 3,990	$ (11,696)	$ (8,819)	$ 1,608	$ (2,984)	$ (17,901)
Grants Payable	$ 735	$ (400)	$ 823	$ 345	$ 62	$ 1,565
Net Changes in Operating Assets and Liabilities	**$ 53,923**	**$ (34,439)**	**$ (18,219)**	**$ 86,769**	**$ (68,373)**	**$ 19,661**
Net Cash Provided By Operating Activities	**$ 48,710**	**$ (37,645)**	**$ (14,559)**	**$ 120,834**	**$ (16,718)**	**$ 100,622**

DATE: March 22, 2021

TO: Finance & Budget Committee

FROM: Marie Montgomery, *Chief Financial Officer*

SUBJECT: Monthly Investment Portfolio Securities Transaction Report for February 2021

To keep the Committee apprised of L.A. Care's investment portfolios and to comply with California Government Code Section 53607, attached are the monthly investment transaction details from February 1 to February 28, 2021.

L.A. Care's investment market value as of February 28, 2021, was $1.6 billion. This includes our funds invested with the government pooled funds. L.A. Care has approximately $73 million invested with the statewide Local Agency Investment Fund (LAIF), and approximately $252 million invested with the Los Angeles County Pooled Investment Fund (LACPIF).

The remainder as of February 28, 2021, of $1.3 billion is managed by two independent asset managers, 1) Payden & Rygel and 2) New England Asset Management (NEAM) and is divided into three portfolios based on investment style,

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

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

LA Care, as a California government entity, only makes investments in bonds/fixed income, as per the California Government Code. The entries on the Investment Securities Portfolio Transaction Report reflect transactions undertaken by financial management companies on L.A. Care's behalf. L.A. Care does not direct these individual transactions. The firms, managing investments on behalf of L.A. Care, conduct the transactions based on L.A. Care's investment guidelines.

Account Name: L.A. CARE HEALTH PLAN

02/01/2021 through 02/28/2021

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
02/04/21	02/04/21	Buy	6,500,000.000	CA LOS ANGELES MTA AUTH CP T MAT 03/04/21 Cpn 0.10 54531HCA3	(6,500,000.00)		0.00	0.00	(6,500,000.00)
02/03/21	02/05/21	Buy	3,000,000.000	TORONTO-DOMINION NY YCD MAT 03/30/21 Cpn 0.25 89114NXT7	(3,000,529.69)	(1,104.17)	0.00	0.00	(3,001,633.86)
02/10/21	02/11/21	Buy	10,000,000.000	U.S. TREASURY BILL MAT 03/18/21 Cpn 9127964N6	(9,999,659.72)		0.00	0.00	(9,999,659.72)
02/10/21	02/11/21	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/18/21 Cpn 9127964N6	(49,998,298.61)		0.00	0.00	(49,998,298.61)
02/10/21	02/11/21	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/18/21 Cpn 9127964N6	(49,998,298.61)		0.00	0.00	(49,998,298.61)
02/10/21	02/11/21	Buy	5,000,000.000	U.S. TREASURY BILL MAT 04/01/21 Cpn 9127964P1	(4,999,775.42)		0.00	0.00	(4,999,775.42)
02/10/21	02/11/21	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/01/21 Cpn 9127964P1	(49,997,754.17)		0.00	0.00	(49,997,754.17)
02/10/21	02/11/21	Buy	5,000,000.000	U.S. TREASURY BILL MAT 04/08/21 Cpn 9127964X4	(4,999,797.78)		0.00	0.00	(4,999,797.78)
02/10/21	02/11/21	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/08/21 Cpn 9127964X4	(49,997,977.78)		0.00	0.00	(49,997,977.78)
02/10/21	02/11/21	Buy	20,000,000.000	CASH MGMT BILL MAT 02/16/21 Cpn 912796B81	(19,999,901.39)		0.00	0.00	(19,999,901.39)
02/10/21	02/11/21	Buy	50,000,000.000	CASH MGMT BILL MAT 02/16/21 Cpn 912796B81	(49,999,753.47)		0.00	0.00	(49,999,753.47)
02/10/21	02/11/21	Buy	50,000,000.000	CASH MGMT BILL MAT 02/16/21 Cpn 912796B81	(49,999,753.47)		0.00	0.00	(49,999,753.47)
02/10/21	02/11/21	Buy	50,000,000.000	CASH MGMT BILL MAT 02/16/21 Cpn 912796B81	(49,999,753.47)		0.00	0.00	(49,999,753.47)

Account Name: L.A. CARE HEALTH PLAN

02/01/2021 through 02/28/2021

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
02/10/21	02/11/21	Buy	50,000,000.000	CASH MGMT BILL MAT 02/16/21 Cpn	912796B81	(49,999,753.47)		0.00	0.00	(49,999,753.47)
02/11/21	02/12/21	Buy	30,000,000.000	U.S. TREASURY BILL MAT 03/23/21 Cpn	912796C98	(29,999,122.50)		0.00	0.00	(29,999,122.50)
02/11/21	02/12/21	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/23/21 Cpn	912796C98	(49,998,537.50)		0.00	0.00	(49,998,537.50)
02/11/21	02/12/21	Buy	20,000,000.000	U.S. TREASURY BILL MAT 02/18/21 Cpn	9127964D8	(19,999,891.67)		0.00	0.00	(19,999,891.67)
02/11/21	02/12/21	Buy	30,000,000.000	U.S. TREASURY BILL MAT 03/16/21 Cpn	912796C80	(29,999,333.33)		0.00	0.00	(29,999,333.33)
02/11/21	02/12/21	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/16/21 Cpn	912796C80	(49,998,888.89)		0.00	0.00	(49,998,888.89)
02/11/21	02/12/21	Buy	20,000,000.000	U.S. TREASURY BILL MAT 02/25/21 Cpn	912796XE4	(19,999,768.89)		0.00	0.00	(19,999,768.89)
02/11/21	02/12/21	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/11/21 Cpn	9127964M8	(49,999,137.50)		0.00	0.00	(49,999,137.50)
02/11/21	02/12/21	Buy	10,000,000.000	U.S. TREASURY BILL MAT 03/25/21 Cpn	9127962F5	(9,999,561.53)		0.00	0.00	(9,999,561.53)
02/11/21	02/12/21	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/25/21 Cpn	9127962F5	(49,997,807.64)		0.00	0.00	(49,997,807.64)
02/11/21	02/12/21	Buy	50,000,000.000	CASH MGMT BILL MAT 02/16/21 Cpn	912796B81	(49,999,772.22)		0.00	0.00	(49,999,772.22)
02/11/21	02/12/21	Buy	50,000,000.000	CASH MGMT BILL MAT 02/16/21 Cpn	912796B81	(49,999,772.22)		0.00	0.00	(49,999,772.22)

Account Name: L.A. CARE HEALTH PLAN

02/01/2021 through 02/28/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
Fixed Income - cont.									
02/25/21	03/04/21	Buy	1,250,000.000	CA LOS ANGELES MUNI IMPT COR MAT 11/01/22 Cpn 0.32 5445872Q0	(1,250,000.00)		0.00	0.00	(1,250,000.00)
			860,750,000.000		(860,732,600.94)	(1,104.17)	0.00	0.00	(860,733,705.11)
02/01/21	02/01/21	Coupon		CA SAN BERNARDINO CCD TXB MAT 08/01/21 Cpn 1.82 796720MD9		14,044.80	0.00	0.00	14,044.80
02/01/21	02/01/21	Coupon		CA SAN DIEGO PUBLIC FACS WTR MAT 08/01/21 Cpn 1.13 79730CJE5		5,655.00	0.00	0.00	5,655.00
02/01/21	02/01/21	Coupon		U.S. TREASURY FRN MAT 10/31/21 Cpn 0.33 912828YN4		24,539.42	0.00	0.00	24,539.42
02/04/21	02/04/21	Coupon		BANK OF MONTREAL CHICAGO YC MAT 02/04/21 Cpn 06367BFU8		4,141.99	0.00	0.00	4,141.99
02/04/21	02/04/21	Coupon		INTER-AMERICAN DEVELOPMENT MAT 02/04/25 Cpn 0.33 4581X0DR6		7,225.43	0.00	0.00	7,225.43
02/04/21	02/04/21	Coupon		CA LOS ANGELES MTA AUTH CP T MAT 02/04/21 Cpn 0.14 54531HBV8		747.95	0.00	0.00	747.95
02/04/21	02/04/21	Coupon		NGN 2011-C1 2A 1MOFRN NCUA G MAT 03/09/21 Cpn 0.65 62889DAB3		441.96	0.00	0.00	441.96
02/05/21	02/05/21	Coupon		FFCB 1ML+13 FRN MAT 11/05/21 Cpn 0.24 3133EK5T9		2,806.51	0.00	0.00	2,806.51
02/08/21	02/08/21	Coupon		CANADIAN IMPERIAL BANK FRN YC MAT 08/06/21 Cpn 0.35 13606CDK7		6,145.25	0.00	0.00	6,145.25
02/11/21	02/11/21	Coupon		MIZUHO BANK LTD FRN YCD MAT 03/11/21 Cpn 0.28 60710ARE4		1,889.90	0.00	0.00	1,889.90

Account Name: L.A. CARE HEALTH PLAN

02/01/2021 through 02/28/2021

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
02/15/21	02/15/21	Coupon		HONDA 2019-3 A2 CAR MAT 04/15/22 Cpn 1.90 43815NAB0		2,119.30	0.00	0.00	2,119.30
02/15/21	02/15/21	Coupon		HONDA 2020-2 A2 CAR MAT 11/15/22 Cpn 0.74 43813DAB4		3,489.27	0.00	0.00	3,489.27
02/15/21	02/15/21	Coupon		HARLEY 2020-A A-2A CYCLE MAT 01/17/23 Cpn 1.83 41284UAB0		4,935.40	0.00	0.00	4,935.40
02/15/21	02/15/21	Coupon		JOHN DEERE 2018-A A3 EQP MAT 04/18/22 Cpn 2.66 47788CAC6		217.37	0.00	0.00	217.37
02/15/21	02/15/21	Coupon		JOHN DEERE 2020-B A2 EQP MAT 03/15/23 Cpn 0.41 47787NAB5		1,113.83	0.00	0.00	1,113.83
02/15/21	02/15/21	Coupon		JOHN DEERE 2020-B A2 EQP MAT 03/15/23 Cpn 0.41 47787NAB5		2,562.50	0.00	0.00	2,562.50
02/15/21	02/15/21	Coupon		MERCEDES 2019-B A2 LEASE MAT 12/15/21 Cpn 2.01 58769QAB7		1,093.47	0.00	0.00	1,093.47
02/15/21	02/15/21	Coupon		MERCEDES 2020-A A2 CAR LEASE MAT 03/15/22 Cpn 1.82 58770FAB8		3,057.96	0.00	0.00	3,057.96
02/15/21	02/15/21	Coupon		MERCEDES 2020-A A2 CAR LEASE MAT 03/15/22 Cpn 1.82 58770FAB8		10,208.82	0.00	0.00	10,208.82
02/15/21	02/15/21	Coupon		MERCEDES 2020-B A2 LEASE MAT 02/15/23 Cpn 0.31 58769EAB4		1,857.42	0.00	0.00	1,857.42
02/15/21	02/15/21	Coupon		MERCEDES 2019-1 A2A CAR MAT 06/15/22 Cpn 2.04 58769TAB1		1,170.60	0.00	0.00	1,170.60
02/15/21	02/15/21	Coupon		MERCEDES 2019-1 A2A CAR MAT 06/15/22 Cpn 2.04 58769TAB1		3,200.86	0.00	0.00	3,200.86
02/15/21	02/15/21	Coupon		MERCEDES 2020-1 A2 CAR MAT 03/15/23 Cpn 0.46 58769VAB6		1,496.34	0.00	0.00	1,496.34

Account Name: L.A. CARE HEALTH PLAN

02/01/2021 through 02/28/2021

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
02/15/21	02/15/21	Coupon		NISSAN 2020-A A2A LEASE MAT 05/16/22 Cpn 1.80 65479NAB0		3,591.98	0.00	0.00	3,591.98
02/15/21	02/15/21	Coupon		CA RIVERSIDE CNTY PENSN OBLG MAT 02/15/21 Cpn 2.17 76913CAV1		20,892.25	0.00	0.00	20,892.25
02/15/21	02/15/21	Coupon		TOYOTA 2018-A A3 CAR MAT 05/16/22 Cpn 2.35 89238BAD4		1,447.09	0.00	0.00	1,447.09
02/15/21	02/15/21	Coupon		TOYOTA 2019-A A3 CAR MAT 07/17/23 Cpn 2.91 89239AAD5		15,596.96	0.00	0.00	15,596.96
02/15/21	02/15/21	Coupon		TOYOTA 2019-C A2A CAR MAT 04/15/22 Cpn 2.00 89238UAB6		1,128.94	0.00	0.00	1,128.94
02/15/21	02/15/21	Coupon		TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2		6,984.23	0.00	0.00	6,984.23
02/15/21	02/15/21	Coupon		TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2		700.33	0.00	0.00	700.33
02/15/21	02/15/21	Coupon		TOYOTA 2019-D A2 CAR MAT 07/15/22 Cpn 1.92 89233MAB9		3,231.40	0.00	0.00	3,231.40
02/15/21	02/15/21	Coupon		TOYOTA 2019-D A2 CAR MAT 07/15/22 Cpn 1.92 89233MAB9		1,180.16	0.00	0.00	1,180.16
02/15/21	02/15/21	Coupon		TOYOTA 2020-C A2 CAR MAT 02/15/23 Cpn 0.36 89237VAA7		2,138.57	0.00	0.00	2,138.57
02/16/21	02/16/21	Coupon		FFCB FRN 3ML+0 MAT 11/16/21 Cpn 0.19 3133EKLZ7		1,242.51	0.00	0.00	1,242.51
02/16/21	02/16/21	Coupon		NISSAN 2019-B A2B LEASE 1MOFR MAT 10/15/21 Cpn 0.40 65478LAC3		28.49	0.00	0.00	28.49
02/18/21	02/18/21	Coupon		HONDA 2019-1 A3 CAR MAT 03/20/23 Cpn 2.83 43814WAC9		9,347.54	0.00	0.00	9,347.54

Account Name: L.A. CARE HEALTH PLAN

02/01/2021 through 02/28/2021

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
02/18/21	02/18/21	Coupon		HONDA 2020-3 A2 CAR MAT 02/21/23 Cpn 0.27 43813KAB8		2,205.00	0.00	0.00	2,205.00
02/20/21	02/20/21	Coupon		FFCB FRN MAT 10/20/21 Cpn 0.12 3133ELW42		2,426.27	0.00	0.00	2,426.27
02/20/21	02/20/21	Coupon		VOLKSWAGEN 2019-A A2A LEASE MAT 03/21/22 Cpn 2.00 92867XAB2		1,174.90	0.00	0.00	1,174.90
02/21/21	02/21/21	Coupon		HONDA 2020-1 A2 CAR MAT 10/21/22 Cpn 1.63 43813RAB3		5,248.22	0.00	0.00	5,248.22
02/23/21	02/23/21	Coupon		INTL FINANCE CORP FRN MAT 08/23/21 Cpn 0.25 45950VNE2		2,042.08	0.00	0.00	2,042.08
02/24/21	02/24/21	Coupon		FHLB FRN MAT 05/24/21 Cpn 0.11 3130AJVE6		1,550.00	0.00	0.00	1,550.00
02/24/21	02/24/21	Coupon		NATL AUSTRALIA BANK YCD FRN MAT 05/24/21 Cpn 0.18 63253TW38		1,250.00	0.00	0.00	1,250.00
02/25/21	02/25/21	Coupon		BMW 2019-A A3 CAR MAT 01/25/24 Cpn 1.92 05588CAC6		3,696.00	0.00	0.00	3,696.00
02/25/21	02/25/21	Coupon		BMW 2020-A A2 CAR MAT 02/27/23 Cpn 0.39 09661RAB7		432.83	0.00	0.00	432.83
02/25/21	02/25/21	Coupon		FHMS KF36 A MAT 08/25/24 Cpn 0.46 3137FBAR7		933.00	0.00	0.00	933.00
02/25/21	02/25/21	Coupon		FHMS KF38 A MAT 09/25/24 Cpn 0.45 3137FBUC8		510.16	0.00	0.00	510.16
02/25/21	02/25/21	Coupon		FHMS KI04 A 1MOFRN CMBS MAT 07/25/24 Cpn 0.48 3137FNAV2		1,737.23	0.00	0.00	1,737.23
02/25/21	02/25/21	Coupon		FHMS KI05 A MAT 07/25/24 Cpn 0.46 3137FQXG3		1,653.39	0.00	0.00	1,653.39

Account Name: L.A. CARE HEALTH PLAN

02/01/2021 through 02/28/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/25/21	02/25/21	Coupon		FHMS KI06 A 1MOFRN CMBS MAT 03/25/25 Cpn 0.34 3137FVNA6		1,954.28	0.00	0.00	1,954.28
02/01/21	02/25/21	Coupon		FHMS KS01 A2 CMBS MAT 01/25/23 Cpn 2.52 3137B1U75		13,992.17	0.00	0.00	13,992.17
02/25/21	02/25/21	Coupon		FHMS Q009 A 1MOFRN CMBS MAT 04/25/24 Cpn 0.47 3137FMTW		1,147.76	0.00	0.00	1,147.76
02/01/21	02/25/21	Coupon		FNA 2011-M3 A2 CMBS MAT 07/25/21 Cpn 3.64 31397UL49		2,974.02	0.00	0.00	2,974.02
02/01/21	02/25/21	Coupon		FNA 2012-M2 A2 CMBS MAT 02/25/22 Cpn 2.72 3136A4TX7		2,805.98	0.00	0.00	2,805.98
02/28/21	02/28/21	Coupon		FFCB 1ML+7.5 FRN MAT 03/29/21 Cpn 0.19 3133EKEX0		815.63	0.00	0.00	815.63
						220,220.72	0.00	0.00	220,220.72
02/01/21	02/01/21	Income	827.330	STIF INT MAT Cpn USD		827.33	0.00	0.00	827.33
02/01/21	02/01/21	Income	803.670	ADJ NET INT MAT Cpn USD		803.67	0.00	0.00	803.67
			1,631.000			1,631.00	0.00	0.00	1,631.00
02/11/21	02/11/21	Contributn	320,000,000.000	NM MAT Cpn USD	320,000,000.00		0.00	0.00	320,000,000.00

Account Name: L.A. CARE HEALTH PLAN

02/01/2021 through 02/28/2021

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
02/03/21	02/04/21	Sell Long	6,500,000.000	U.S. TREASURY BILL MAT 02/09/21 Cpn	912796B73	6,499,756.25	216.67	27.09	0.00	6,499,972.92
02/04/21	02/05/21	Sell Long	2,000,000.000	U.S. TREASURY BILL MAT 02/09/21 Cpn	912796B73	1,999,926.11	70.00	9.44	0.00	1,999,996.11
02/05/21	02/08/21	Sell Long	1,500,000.000	U.S. TREASURY BILL MAT 02/09/21 Cpn	912796B73	1,499,938.83	60.00	1.33	0.00	1,499,998.83
02/05/21	02/08/21	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 02/09/21 Cpn	912796B73	49,997,961.12	1,999.99	44.45	0.00	49,999,961.11
02/05/21	02/08/21	Sell Long	8,500,000.000	U.S. TREASURY BILL MAT 02/11/21 Cpn	9127964C0	8,499,668.50	311.67	19.13	0.00	8,499,980.17
02/16/21	02/16/21	Sell Long	7,000,000.000	U.S. TREASURY BILL MAT 02/18/21 Cpn	9127964D8	6,999,529.06	460.44	18.28	0.00	6,999,989.50
02/16/21	02/17/21	Sell Long	3,000,000.000	U.S. TREASURY BILL MAT 02/18/21 Cpn	9127964D8	2,999,794.25	203.50	3.92	0.00	2,999,997.75
02/16/21	02/17/21	Sell Long	30,000,000.000	U.S. TREASURY BILL MAT 02/18/21 Cpn	9127964D8	29,997,942.50	2,035.00	39.17	0.00	29,999,977.50
02/16/21	02/17/21	Sell Long	20,000,000.000	U.S. TREASURY BILL MAT 02/18/21 Cpn	9127964D8	19,999,894.73	90.27	3.06	0.00	19,999,985.00
02/16/21	02/17/21	Sell Long	7,000,000.000	U.S. TREASURY BILL MAT 02/23/21 Cpn	912796B99	6,999,515.84	449.16	46.67	0.00	6,999,965.00
02/16/21	02/17/21	Sell Long	3,000,000.000	U.S. TREASURY BILL MAT 02/23/21 Cpn	912796B99	2,999,792.50	192.50	20.00	0.00	2,999,985.00
02/16/21	02/17/21	Sell Long	47,000,000.000	U.S. TREASURY BILL MAT 02/23/21 Cpn	912796B99	46,996,749.17	3,015.83	313.33	0.00	46,999,765.00
02/17/21	02/18/21	Sell Long	2,000,000.000	U.S. TREASURY BILL MAT 02/25/21 Cpn	912796XE4	1,999,852.78	137.89	19.06	0.00	1,999,990.67

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/17/21	02/18/21	Sell Long	38,000,000.000	U.S. TREASURY BILL MAT 02/25/21 Cpn 912796XE4	37,997,202.78	2,619.89	362.06	0.00	37,999,822.67
02/17/21	02/18/21	Sell Long	12,000,000.000	U.S. TREASURY BILL MAT 02/25/21 Cpn 912796XE4	11,999,880.00	64.00	18.67	0.00	11,999,944.00
02/19/21	02/22/21	Sell Long	3,000,000.000	U.S. TREASURY BILL MAT 02/23/21 Cpn 912796B99	2,999,777.49	221.67	4.99	0.00	2,999,999.16
02/19/21	02/22/21	Sell Long	8,000,000.000	U.S. TREASURY BILL MAT 02/25/21 Cpn 912796XE4	7,999,922.22	71.11	14.66	0.00	7,999,993.33
02/19/21	02/22/21	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 03/04/21 Cpn 9127964F3	49,995,938.89	3,852.78	805.56	0.00	49,999,791.67
02/23/21	02/23/21	Sell Long	10,000,000.000	U.S. TREASURY BILL MAT 03/09/21 Cpn 912796C72	9,999,145.00	790.83	219.72	0.00	9,999,935.83
02/23/21	02/23/21	Sell Long	20,000,000.000	U.S. TREASURY BILL MAT 03/09/21 Cpn 912796C72	19,998,270.55	1,581.67	420.00	0.00	19,999,852.22
02/24/21	02/25/21	Sell Long	20,000,000.000	U.S. TREASURY BILL MAT 03/16/21 Cpn 912796C80	19,999,581.94	180.56	26.39	0.00	19,999,762.50
02/24/21	02/25/21	Sell Long	20,000,000.000	U.S. TREASURY BILL MAT 03/09/21 Cpn 912796C72	19,998,203.89	1,662.78	353.34	0.00	19,999,866.67
02/24/21	02/25/21	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 03/11/21 Cpn 9127964M8	49,999,147.23	415.27	9.73	0.00	49,999,562.50
			418,500,000.000		418,477,391.62	20,703.49	2,800.03	0.00	418,498,095.11
02/04/21	02/04/21	Pay Princpl	32,915.505	NGN 2011-C1 2A 1MOFRN NCUA G MAT 03/09/21 Cpn 0.65 62889DAB3	32,915.51		(1.87)	0.00	32,915.51
02/15/21	02/15/21	Pay Princpl	329,154.174	HONDA 2019-3 A2 CAR MAT 04/15/22 Cpn 1.90 43815NAB0	329,154.17		0.00	4.20	329,154.17

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/15/21	02/15/21	Pay Princpl	591,464.432	HONDA 2020-2 A2 CAR MAT 11/15/22 Cpn 0.74 43813DAB4	591,464.43		(1,292.01)	0.00	591,464.43
02/15/21	02/15/21	Pay Princpl	583,873.358	HARLEY 2020-A A-2A CYCLE MAT 01/17/23 Cpn 1.83 41284UAB0	583,873.36		(141.03)	0.00	583,873.36
02/15/21	02/15/21	Pay Princpl	65,473.809	JOHN DEERE 2018-A A3 EQP MAT 04/18/22 Cpn 2.66 47788CAC6	65,473.81		0.00	(48.26)	65,473.81
02/15/21	02/15/21	Pay Princpl	405,554.972	JOHN DEERE 2020-B A2 EQP MAT 03/15/23 Cpn 0.41 47787NAB5	405,554.97		13.82	0.00	405,554.97
02/15/21	02/15/21	Pay Princpl	933,025.243	JOHN DEERE 2020-B A2 EQP MAT 03/15/23 Cpn 0.41 47787NAB5	933,025.24		(546.11)	0.00	933,025.24
02/15/21	02/15/21	Pay Princpl	197,674.067	MERCEDES 2019-B A2 LEASE MAT 12/15/21 Cpn 2.01 58769QAB7	197,674.07		0.00	1.20	197,674.07
02/15/21	02/15/21	Pay Princpl	337,534.023	MERCEDES 2020-A A2 CAR LEASE MAT 03/15/22 Cpn 1.82 58770FAB8	337,534.02		0.00	4.94	337,534.02
02/15/21	02/15/21	Pay Princpl	1,126,838.232	MERCEDES 2020-A A2 CAR LEASE MAT 03/15/22 Cpn 1.82 58770FAB8	1,126,838.23		(3,010.20)	0.00	1,126,838.23
02/15/21	02/15/21	Pay Princpl	175,713.045	MERCEDES 2019-1 A2A CAR MAT 06/15/22 Cpn 2.04 58769TAB1	175,713.05		0.00	3.83	175,713.05
02/15/21	02/15/21	Pay Princpl	480,465.357	MERCEDES 2019-1 A2A CAR MAT 06/15/22 Cpn 2.04 58769TAB1	480,465.36		(1,590.47)	0.00	480,465.36
02/15/21	02/15/21	Pay Princpl	378,583.335	MERCEDES 2020-1 A2 CAR MAT 03/15/23 Cpn 0.46 58769VAB6	378,583.34		4.01	0.00	378,583.34
02/15/21	02/15/21	Pay Princpl	338,043.268	NISSAN 2020-A A2A LEASE MAT 05/16/22 Cpn 1.80 65479NAB0	338,043.27		0.00	6.69	338,043.27
02/15/21	02/15/21	Pay Princpl	165,242.632	TOYOTA 2018-A A3 CAR MAT 05/16/22 Cpn 2.35 89238BAD4	165,242.63		0.00	(36.88)	165,242.63

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/15/21	02/15/21	Pay Princpl	447,223.160	TOYOTA 2019-A A3 CAR MAT 07/17/23 Cpn 2.91 89239AAD5	447,223.16		(8,872.56)	0.00	447,223.16
02/15/21	02/15/21	Pay Princpl	209,812.534	TOYOTA 2019-C A2A CAR MAT 04/15/22 Cpn 2.00 89238UAB6	209,812.53		0.00	1.35	209,812.53
02/15/21	02/15/21	Pay Princpl	322,368.963	TOYOTA 2019-D A2 CAR MAT 07/15/22 Cpn 1.92 89233MAB9	322,368.96		0.00	6.72	322,368.96
02/15/21	02/15/21	Pay Princpl	117,734.752	TOYOTA 2019-D A2 CAR MAT 07/15/22 Cpn 1.92 89233MAB9	117,734.75		(266.87)	0.00	117,734.75
02/15/21	02/15/21	Pay Princpl	652,420.964	TOYOTA 2020-C A2 CAR MAT 02/15/23 Cpn 0.36 89237VAA7	652,420.96		15.08	0.00	652,420.96
02/16/21	02/16/21	Pay Princpl	80,843.450	NISSAN 2019-B A2B LEASE 1MOFR MAT 10/15/21 Cpn 0.40 65478LAC3	80,843.45		0.00	(0.00)	80,843.45
02/18/21	02/18/21	Pay Princpl	313,668.345	HONDA 2019-1 A3 CAR MAT 03/20/23 Cpn 2.83 43814WAC9	313,668.35		(5,217.03)	0.00	313,668.35
02/20/21	02/20/21	Pay Princpl	111,415.720	VOLKSWAGEN 2019-A A2A LEASE MAT 03/21/22 Cpn 2.00 92867XAB2	111,415.72		0.00	2.32	111,415.72
02/21/21	02/21/21	Pay Princpl	455,167.297	HONDA 2020-1 A2 CAR MAT 10/21/22 Cpn 1.63 43813RAB3	455,167.30		(2,658.86)	0.00	455,167.30
02/25/21	02/25/21	Pay Princpl	156,323.913	BMW 2020-A A2 CAR MAT 02/27/23 Cpn 0.39 09661RAB7	156,323.91		6.99	0.00	156,323.91
02/25/21	02/25/21	Pay Princpl	1,364.879	FHMS KF36 A MAT 08/25/24 Cpn 0.46 3137FBAR7	1,364.88		0.84	0.00	1,364.88
02/25/21	02/25/21	Pay Princpl	64,481.504	FHMS KF38 A MAT 09/25/24 Cpn 0.45 3137FBUC8	64,481.50		63.51	0.00	64,481.50
02/25/21	02/25/21	Pay Princpl	328,519.429	FHMS KI04 A 1MOFRN CMBS MAT 07/25/24 Cpn 0.48 3137FNAV2	328,519.43		0.00	0.00	328,519.43

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02/25/21	02/25/21	Pay Princpl	137,807.537	FHMS KI05 A MAT 07/25/24 Cpn 0.46 3137FQXG3	137,807.54		0.00	0.00	137,807.54
02/01/21	02/25/21	Pay Princpl	19,853.521	FHMS KS01 A2 CMBS MAT 01/25/23 Cpn 2.52 3137B1U75	19,853.52		(535.34)	0.00	19,853.52
02/25/21	02/25/21	Pay Princpl	486,341.120	FHMS Q009 A 1MOFRN CMBS MAT 04/25/24 Cpn 0.47 3137FMTW	486,341.12		0.00	(0.00)	486,341.12
02/01/21	02/25/21	Pay Princpl	922,704.990	FNA 2011-M3 A2 CMBS MAT 07/25/21 Cpn 3.64 31397UL49	922,704.99		(3,082.61)	0.00	922,704.99
02/01/21	02/25/21	Pay Princpl	50,601.105	FNA 2012-M2 A2 CMBS MAT 02/25/22 Cpn 2.72 3136A4TX7	50,601.10		(642.01)	0.00	50,601.10
			11,020,208.634		11,020,208.63		(27,752.73)	(53.87)	11,020,208.63
02/04/21	02/04/21	Mature Long	28,000,000.000	U.S. TREASURY BILL MAT 02/04/21 Cpn 9127963W7	27,998,872.22	1,127.78	(0.00)	0.00	28,000,000.00
02/04/21	02/04/21	Mature Long	6,000,000.000	BANK OF MONTREAL CHICAGO YC MAT 02/04/21 Cpn 06367BFU8	6,000,000.00		0.00	0.00	6,000,000.00
02/04/21	02/04/21	Mature Long	6,500,000.000	CA LOS ANGELES MTA AUTH CP T MAT 02/04/21 Cpn 0.14 54531HBV8	6,500,000.00		0.00	0.00	6,500,000.00
02/11/21	02/11/21	Mature Long	31,500,000.000	U.S. TREASURY BILL MAT 02/11/21 Cpn 9127964C0	31,498,700.62	1,299.37	(0.00)	0.00	31,500,000.00
02/11/21	02/11/21	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/11/21 Cpn 9127964C0	49,997,937.50	2,062.50	0.00	0.00	50,000,000.00
02/11/21	02/11/21	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/11/21 Cpn 9127964C0	49,997,937.50	2,062.50	0.00	0.00	50,000,000.00
02/11/21	02/11/21	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/11/21 Cpn 9127964C0	49,997,937.50	2,062.50	0.00	0.00	50,000,000.00

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02/11/21	02/11/21	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/11/21 Cpn 9127964C0	49,997,937.50	2,062.50	0.00	0.00	50,000,000.00
02/11/21	02/11/21	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/11/21 Cpn 9127964C0	49,997,937.50	2,062.50	0.00	0.00	50,000,000.00
02/11/21	02/11/21	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/11/21 Cpn 9127964C0	49,997,937.50	2,062.50	0.00	0.00	50,000,000.00
02/11/21	02/11/21	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/11/21 Cpn 9127964C0	49,997,937.50	2,062.50	0.00	0.00	50,000,000.00
02/11/21	02/11/21	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/11/21 Cpn 9127964C0	49,997,937.50	2,062.50	0.00	0.00	50,000,000.00
02/11/21	02/11/21	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/11/21 Cpn 9127964C0	49,997,937.50	2,062.50	0.00	0.00	50,000,000.00
02/11/21	02/11/21	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 02/11/21 Cpn 9127964C0	49,997,937.50	2,062.50	0.00	0.00	50,000,000.00
02/15/21	02/15/21	Mature Long	1,930,000.000	CA RIVERSIDE CNTY PENSN OBLG MAT 02/15/21 Cpn 2.17 76913CAV1	1,930,000.00		0.00	0.00	1,930,000.00
02/16/21	02/16/21	Mature Long	40,000,000.000	CASH MGMT BILL MAT 02/16/21 Cpn 912796B81	39,997,511.11	2,488.89	0.00	0.00	40,000,000.00
02/16/21	02/16/21	Mature Long	50,000,000.000	CASH MGMT BILL MAT 02/16/21 Cpn 912796B81	49,996,888.89	3,111.11	0.00	0.00	50,000,000.00
02/16/21	02/16/21	Mature Long	20,000,000.000	CASH MGMT BILL MAT 02/16/21 Cpn 912796B81	19,999,901.39	98.61	0.00	0.00	20,000,000.00
02/16/21	02/16/21	Mature Long	50,000,000.000	CASH MGMT BILL MAT 02/16/21 Cpn 912796B81	49,999,753.47	246.53	0.00	0.00	50,000,000.00
02/16/21	02/16/21	Mature Long	50,000,000.000	CASH MGMT BILL MAT 02/16/21 Cpn 912796B81	49,999,753.47	246.53	0.00	0.00	50,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
02/16/21	02/16/21	Mature Long	50,000,000.000	CASH MGMT BILL MAT 02/16/21 Cpn	912796B81	49,999,753.47	246.53	0.00	0.00	50,000,000.00
02/16/21	02/16/21	Mature Long	50,000,000.000	CASH MGMT BILL MAT 02/16/21 Cpn	912796B81	49,999,753.47	246.53	0.00	0.00	50,000,000.00
02/16/21	02/16/21	Mature Long	50,000,000.000	CASH MGMT BILL MAT 02/16/21 Cpn	912796B81	49,999,772.22	227.78	0.00	0.00	50,000,000.00
02/16/21	02/16/21	Mature Long	50,000,000.000	CASH MGMT BILL MAT 02/16/21 Cpn	912796B81	49,999,772.22	227.78	0.00	0.00	50,000,000.00
			983,930,000.000			983,899,807.55	30,192.45	(0.01)	0.00	983,930,000.00
02/01/21	02/01/21	Withdrawal	(30,000,000.000)	WD MAT	Cpn USD	(30,000,000.00)		(30,000,000.00)	0.00	(30,000,000.00)
02/01/21	02/01/21	Withdrawal	(3,333.330)	CUSTODY FEE MAT	Cpn USD	(3,333.33)		(3,333.33)	0.00	(3,333.33)
02/04/21	02/04/21	Withdrawal	(40,000,000.000)	WD MAT	Cpn USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
02/08/21	02/08/21	Withdrawal	(60,000,000.000)	WD MAT	Cpn USD	(60,000,000.00)		(60,000,000.00)	0.00	(60,000,000.00)
02/16/21	02/16/21	Withdrawal	(200,000,000.000)	WD MAT	Cpn USD	(200,000,000.00)		(200,000,000.00)	0.00	(200,000,000.00)
02/17/21	02/17/21	Withdrawal	(110,000,000.000)	WD MAT	Cpn USD	(110,000,000.00)		(110,000,000.00)	0.00	(110,000,000.00)
02/18/21	02/18/21	Withdrawal	(110,000,000.000)	WD MAT	Cpn USD	(110,000,000.00)		(110,000,000.00)	0.00	(110,000,000.00)
02/22/21	02/22/21	Withdrawal	(110,000,000.000)	WD MAT	Cpn USD	(110,000,000.00)		(110,000,000.00)	0.00	(110,000,000.00)

Account Name: L.A. CARE HEALTH PLAN

02/01/2021 through 02/28/2021

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
02/23/21	02/23/21	Withdrawal	(150,000,000.000)	WD MAT	Cpn	USD	(150,000,000.00)		(150,000,000.00)	0.00	(150,000,000.00)
02/25/21	02/25/21	Withdrawal	(90,000,000.000)	WD MAT	Cpn	USD	(90,000,000.00)		(90,000,000.00)	0.00	(90,000,000.00)
			(900,003,333.330)				(900,003,333.33)		(900,003,333.33)	0.00	(900,003,333.33)

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

02/01/2021 through 02/28/2021

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
02/02/21	02/03/21	Buy	37,000.000	U.S. TREASURY NOTE MAT 01/31/23 Cpn 0.13 91282CBG5	(37,007.23)	(0.38)	0.00	0.00	(37,007.61)
02/04/21	02/08/21	Buy	330,000.000	U.S. TREASURY NOTE MAT 01/15/24 Cpn 0.13 91282CBE0	(329,407.03)	(27.35)	0.00	0.00	(329,434.38)
02/08/21	02/09/21	Buy	985,000.000	U.S. TREASURY NOTE MAT 01/31/23 Cpn 0.13 91282CBG5	(985,346.29)	(30.61)	0.00	0.00	(985,376.90)
02/12/21	02/16/21	Buy	940,000.000	FHLB C 05/12/21 Q MAT 02/12/26 Cpn 0.60 3130AKXQ4	(939,342.00)	(62.67)	0.00	0.00	(939,404.67)
02/11/21	02/16/21	Buy	505,000.000	U.S. TREASURY NOTE MAT 01/15/24 Cpn 0.13 91282CBE0	(504,270.12)	(55.80)	0.00	0.00	(504,325.92)
02/12/21	02/16/21	Buy	180,000.000	U.S. TREASURY NOTE MAT 01/31/23 Cpn 0.13 91282CBG5	(180,056.25)	(9.94)	0.00	0.00	(180,066.19)
02/26/21	03/01/21	Buy	1,410,000.000	U.S. TREASURY NOTE MAT 01/31/26 Cpn 0.38 91282CBH3	(1,385,435.16)	(423.58)	0.00	0.00	(1,385,858.74)
02/25/21	03/04/21	Buy	360,000.000	CA LOS ANGELES MUNI IMPT COR MAT 11/01/25 Cpn 0.95 5445872T4	(360,000.00)		0.00	0.00	(360,000.00)
02/26/21	03/12/21	Buy	940,000.000	FHLB C 4/12/21 M MAT 03/12/24 Cpn 0.50 3130ALJZ8	(940,000.00)		0.00	0.00	(940,000.00)
			5,687,000.000		(5,660,864.08)	(610.33)	0.00	0.00	(5,661,474.41)
02/01/21	02/01/21	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
02/01/21	02/01/21	Coupon		CA CONTRA COSTA CCD GO/ULT T MAT 08/01/24 Cpn 1.77 212204JE2		1,507.90	0.00	0.00	1,507.90
02/01/21	02/01/21	Coupon		CA COVINA-VALLEY USD GO/ULT T MAT 08/01/24 Cpn 2.03 223093VM4		2,533.75	0.00	0.00	2,533.75

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

02/01/2021 through 02/28/2021

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
02/01/21	02/01/21	Coupon		CA FRESNO USD GO/ULT TXB MAT 08/01/25 Cpn 0.87 3582326T8		1,752.48	0.00	0.00	1,752.48
02/01/21	02/01/21	Coupon		CA GARDEN GROVE USD GO/ULT T MAT 08/01/24 Cpn 1.97 365298Y51		3,882.85	0.00	0.00	3,882.85
02/01/21	02/01/21	Coupon		HOUSING URBAN DEVELOPMENT MAT 08/01/23 Cpn 2.62 911759MW5		1,832.60	0.00	0.00	1,832.60
02/01/21	02/01/21	Coupon		CA LIBERTY UNION HSD GO/ULT T MAT 08/01/24 Cpn 0.65 530319SK9		1,029.17	0.00	0.00	1,029.17
02/01/21	02/01/21	Coupon		CA LOS ALTOS SCH DIST GO BANS MAT 08/01/23 Cpn 2.14 544290JC4		6,857.60	0.00	0.00	6,857.60
02/01/21	02/01/21	Coupon		MA STATE WATER RES AUTH-GRE MAT 08/01/24 Cpn 1.89 576051VE3		2,979.90	0.00	0.00	2,979.90
02/01/21	02/01/21	Coupon		CA OAKLAND-ALAMEDA COLISEUM MAT 02/01/25 Cpn 3.64 672211BM0		16,848.88	0.00	0.00	16,848.88
02/01/21	02/01/21	Coupon		CA SAN BERNARDINO CCD TXB MAT 08/01/24 Cpn 0.94 796720NQ9		942.00	0.00	0.00	942.00
02/01/21	02/01/21	Coupon		CA SAN BERNARDINO CCD TXB MAT 08/01/24 Cpn 2.04 796720MG2		5,825.40	0.00	0.00	5,825.40
02/01/21	02/01/21	Coupon		CA SAN DIEGO PUBLIC FACS WTR MAT 08/01/24 Cpn 1.53 79730CJH8		995.80	0.00	0.00	995.80
02/01/21	02/01/21	Coupon		CA SAN FRANCISCO REDEV AGY-T MAT 08/01/22 Cpn 2.38 79770GGP5		11,875.00	0.00	0.00	11,875.00
02/01/21	02/01/21	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
02/01/21	02/01/21	Coupon		CA SONOMA CNTY CLG DIST TXB MAT 08/01/23 Cpn 1.99 835569GQ1		3,484.25	0.00	0.00	3,484.25

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

02/01/2021 through 02/28/2021

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
02/01/21	02/01/21	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
02/01/21	02/01/21	Coupon		CA UPPER SANTA CLARA VLY JPA MAT 08/01/24 Cpn 0.83 916544ET2		3,498.21	0.00	0.00	3,498.21
02/01/21	02/01/21	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
02/01/21	02/01/21	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
02/12/21	02/12/21	Coupon		FHLMC MAT 02/12/25 Cpn 1.50 3137EAEP0		9,900.00	0.00	0.00	9,900.00
02/15/21	02/15/21	Coupon		CAPITAL ONE 2020-1 A3 CAR MAT 11/15/24 Cpn 1.60 14043MAC5		640.00	0.00	0.00	640.00
02/15/21	02/15/21	Coupon		FIFTH THIRD 2019-1 A3 CAR MAT 12/15/23 Cpn 2.64 31680YAD9		660.22	0.00	0.00	660.22
02/15/21	02/15/21	Coupon		HONDA 2019-3 A3 CAR MAT 08/15/23 Cpn 1.78 43815NAC8		623.00	0.00	0.00	623.00
02/15/21	02/15/21	Coupon		JOHN DEERE 2020-A A3 EQP MAT 08/15/24 Cpn 1.10 47789KAC7		660.00	0.00	0.00	660.00
02/15/21	02/15/21	Coupon		MERCEDES 2020-A A3 CAR LEASE MAT 12/15/22 Cpn 1.84 58770FAC6		352.67	0.00	0.00	352.67
02/15/21	02/15/21	Coupon		CA RIVERSIDE CNTY PENSN OBLG MAT 02/15/23 Cpn 2.36 76913CAX7		3,308.20	0.00	0.00	3,308.20
02/15/21	02/15/21	Coupon		U.S. TREASURY NOTE MAT 02/15/23 Cpn 1.38 912828Z86		2,371.88	0.00	0.00	2,371.88
02/15/21	02/15/21	Coupon		TOYOTA 2019-A A3 CAR MAT 07/17/23 Cpn 2.91 89239AAD5		1,164.57	0.00	0.00	1,164.57

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

02/01/2021 through 02/28/2021

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
02/15/21	02/15/21	Coupon		TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2		668.50	0.00	0.00	668.50
02/20/21	02/20/21	Coupon		VOLKSWAGEN 2019-A A4 LEASE MAT 08/20/24 Cpn 2.02 92867XAE6		538.67	0.00	0.00	538.67
02/20/21	02/20/21	Coupon		VERIZON 2019-C A1A PHONE MAT 04/22/24 Cpn 1.94 92348AAA3		808.33	0.00	0.00	808.33
02/24/21	02/24/21	Coupon		FHLMC MAT 08/24/23 Cpn 0.25 3137EAEV7		1,105.63	0.00	0.00	1,105.63
02/25/21	02/25/21	Coupon		BMW 2019-A A3 CAR MAT 01/25/24 Cpn 1.92 05588CAC6		880.00	0.00	0.00	880.00
02/01/21	02/25/21	Coupon		FHMS K020 A2 CMBS MAT 05/25/22 Cpn 2.37 3137ATRW		613.03	0.00	0.00	613.03
02/01/21	02/25/21	Coupon		FHMS K020 A2 CMBS MAT 05/25/22 Cpn 2.37 3137ATRW		751.45	0.00	0.00	751.45
02/01/21	02/25/21	Coupon		FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2		664.00	0.00	0.00	664.00
02/01/21	02/25/21	Coupon		FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2		1,051.33	0.00	0.00	1,051.33
02/01/21	02/25/21	Coupon		FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2		498.00	0.00	0.00	498.00
02/01/21	02/25/21	Coupon		FHMS K031 A2 MAT 04/25/23 Cpn 3.30 3137B3NX2		2,200.00	0.00	0.00	2,200.00
02/01/21	02/25/21	Coupon		FHMS K033 A2 MAT 07/25/23 Cpn 3.06 3137B4WB8		2,091.00	0.00	0.00	2,091.00
02/01/21	02/25/21	Coupon		FHMS K034 A2 MAT 07/25/23 Cpn 3.53 3137B5JM6		1,412.40	0.00	0.00	1,412.40

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

02/01/2021 through 02/28/2021

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
02/01/21	02/25/21	Coupon		FHMS K725 AM CMBS MAT 02/25/24 Cpn 3.10 3137BWWE		2,095.20	0.00	0.00	2,095.20
02/01/21	02/25/21	Coupon		FHMS K726 AM CMBS MAT 04/25/24 Cpn 2.99 3137BYPR5		1,417.88	0.00	0.00	1,417.88
02/25/21	02/25/21	Coupon		FHMS KI05 A MAT 07/25/24 Cpn 0.46 3137FQXG3		112.09	0.00	0.00	112.09
02/01/21	02/25/21	Coupon		FHMS KJ28 A1 MAT 02/25/25 Cpn 1.77 3137FREB3		615.58	0.00	0.00	615.58
02/01/21	02/25/21	Coupon		FHMS KJ30 A1 CMBS MAT 01/25/25 Cpn 0.53 3137FUZN7		159.79	0.00	0.00	159.79
02/01/21	02/25/21	Coupon		FHMS KS01 A2 CMBS MAT 01/25/23 Cpn 2.52 3137B1U75		708.94	0.00	0.00	708.94
02/01/21	02/25/21	Coupon		FHMS KSMC A2 CMBS MAT 01/25/23 Cpn 2.62 3137B04Y7		1,939.46	0.00	0.00	1,939.46
02/01/21	02/25/21	Coupon		FNA 2011-M5 A2 CMBS MAT 07/25/21 Cpn 2.94 3136A07H4		109.11	0.00	0.00	109.11
02/28/21	02/28/21	Coupon		U.S. TREASURY NOTE MAT 08/31/25 Cpn 0.25 91282CAJ0		587.50	0.00	0.00	587.50
02/28/21	02/28/21	Coupon		U.S. TREASURY NOTE MAT 08/31/25 Cpn 0.25 91282CAJ0		2,225.00	0.00	0.00	2,225.00
02/28/21	02/28/21	Coupon		U.S. TREASURY NOTE MAT 02/28/25 Cpn 1.13 912828ZC7		2,559.38	0.00	0.00	2,559.38

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

02/01/2021 through 02/28/2021

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
Fixed Income - cont.									
02/28/21	02/28/21	Coupon		U.S. TREASURY NOTE MAT 02/29/24 Cpn 2.38 9128286G0		5,106.25	0.00	0.00	5,106.25
						155,257.85	0.00	0.00	155,257.85
02/02/21	02/03/21	Sell Long	37,000.000	FHLMC MAT 06/26/23 Cpn 0.25 3137EAES4	37,088.43	9.51	174.57	0.00	37,097.94
02/04/21	02/08/21	Sell Long	315,000.000	MA STATE WATER RES AUTH-GRE MAT 08/01/24 Cpn 1.89 576051VE3	331,080.75	115.89	0.00	16,080.75	331,196.64
02/05/21	02/09/21	Sell Long	945,000.000	CA SAN FRANCISCO PUB UTIL-WA MAT 11/01/22 Cpn 2.62 79765R3U1	983,801.70	6,737.38	0.00	38,801.70	990,539.08
02/12/21	02/16/21	Sell Long	180,000.000	FNMA MAT 05/22/23 Cpn 0.25 3135G04Q3	180,462.60	105.00	870.81	0.00	180,567.60
02/11/21	02/16/21	Sell Long	500,000.000	CA LIBERTY UNION HSD GO/ULT T MAT 08/01/24 Cpn 0.65 530319SK9	503,285.00	135.42	3,285.00	0.00	503,420.42
02/12/21	02/16/21	Sell Long	940,000.000	U.S. TREASURY NOTE MAT 06/15/22 Cpn 1.75 9128286Y1	960,562.50	2,847.12	0.00	21,340.26	963,409.62
02/24/21	02/26/21	Sell Long	500,000.000	VERIZON 2019-C A1A PHONE MAT 04/22/24 Cpn 1.94 92348AAA3	509,628.91	161.67	0.00	9,650.32	509,790.58
02/26/21	03/01/21	Sell Long	940,000.000	U.S. TREASURY BILL MAT 04/29/21 Cpn 912796Z9	939,902.21	43.87	38.51	0.00	939,946.08
			4,357,000.000		4,445,812.10	10,155.86	4,368.88	85,873.02	4,455,967.96

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

02/01/2021 through 02/28/2021

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
02/15/21	02/15/21	Pay Princpl	21,685.047	FIFTH THIRD 2019-1 A3 CAR MAT 12/15/23 Cpn 2.64 31680YAD9	21,685.05		0.00	2.31	21,685.05
02/15/21	02/15/21	Pay Princpl	33,392.663	TOYOTA 2019-A A3 CAR MAT 07/17/23 Cpn 2.91 89239AAD5	33,392.66		0.00	2.68	33,392.66
02/25/21	02/25/21	Pay Princpl	9,342.884	FHMS KI05 A MAT 07/25/24 Cpn 0.46 3137FQXG3	9,342.88		0.00	(0.00)	9,342.88
02/01/21	02/25/21	Pay Princpl	16,097.883	FHMS KJ28 A1 MAT 02/25/25 Cpn 1.77 3137FREB3	16,097.88		0.05	0.00	16,097.88
02/01/21	02/25/21	Pay Princpl	920.150	FHMS KJ30 A1 CMBS MAT 01/25/25 Cpn 0.53 3137FUZN7	920.15		0.02	0.00	920.15
02/01/21	02/25/21	Pay Princpl	1,005.912	FHMS KS01 A2 CMBS MAT 01/25/23 Cpn 2.52 3137B1U75	1,005.91		0.00	(7.53)	1,005.91
02/01/21	02/25/21	Pay Princpl	90.980	FNA 2011-M5 A2 CMBS MAT 07/25/21 Cpn 2.94 3136A07H4	90.98		0.00	0.09	90.98
			82,535.519		82,535.51		0.06	(2.46)	82,535.51

LA CARE

Cash Activity by Transaction Type GAAP Basis

Accounting Period From 02/01/2021 To 02/28/2021

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/ Withdrawals	Total Amount
BUY										
02/04/21	02/02/21	02/04/21	BKAMER19	06406RAQ0	BANK OF NY MELLON CORP	5,000,000.00	(625.00)	(4,997,050.00)	0.00	(4,997,675.00)
02/04/21	02/02/21	02/04/21	BKAMER19	64952WDW0	NEW YORK LIFE GLOBAL FDG	5,000,000.00	(2,243.06)	(5,012,100.00)	0.00	(5,014,343.06)
02/04/21	02/04/21	02/04/21	BKAMER19	09248U718	BLACKROCK TREASURY TRUST	2,548,824.65	0.00	(2,548,824.65)	0.00	(2,548,824.65)
02/05/21	02/03/21	02/05/21	BKAMER19	29157TAC0	EMORY UNIVERSITY	1,000,000.00	(6,699.00)	(1,038,150.00)	0.00	(1,044,849.00)
TOTAL BUY						13,548,824.65	(9,567.06)	(13,596,124.65)	0.00	(13,605,691.71)
DIVIDEND										
02/01/21	02/01/21	02/01/21	BKAMER19	09248U718	BLACKROCK TREASURY TRUST	4,033,797.42	45.48	0.00	0.00	45.48
TOTAL DIVIDEND						4,033,797.42	45.48	0.00	0.00	45.48
INTEREST										
02/01/21	02/01/21	02/01/21	BKAMER19	05531FBH5	TRUIST FINANCIAL CORP	0.00	62,500.00	0.00	0.00	62,500.00
02/01/21	02/01/21	02/01/21	BKAMER19	54438CYJ5	LOS ANGELES CA CMNTY CLG DIST	0.00	5,072.74	0.00	0.00	5,072.74
02/01/21	02/01/21	02/01/21	BKAMER19	54438CYK2	LOS ANGELES CA CMNTY CLG DIST	0.00	1,913.18	0.00	0.00	1,913.18
02/01/21	02/01/21	02/01/21	BKAMER19	68235PAE8	ONE GAS INC	0.00	78,156.50	0.00	0.00	78,156.50
02/01/21	02/01/21	02/01/21	BKAMER19	969268DG3	WILLIAM S HART CA UNION HIGH S	0.00	1,877.78	0.00	0.00	1,877.78
02/03/21	02/03/21	02/03/21	BKAMER19	025816BW8	AMERICAN EXPRESS CO	0.00	74,000.00	0.00	0.00	74,000.00
02/12/21	02/12/21	02/12/21	BKAMER19	459200HU8	IBM CORP	0.00	36,250.00	0.00	0.00	36,250.00
02/13/21	02/13/21	02/13/21	BKAMER19	89236TGT6	TOYOTA MOTOR CREDIT CORP	0.00	27,000.00	0.00	0.00	27,000.00
02/15/21	02/15/21	02/15/21	BKAMER19	210518CV6	CONSUMERS ENERGY CO	0.00	59,062.50	0.00	0.00	59,062.50
02/15/21	02/15/21	02/15/21	BKAMER19	25468PCT1	WALT DISNEY COMPANY/THE	0.00	63,750.00	0.00	0.00	63,750.00
02/15/21	02/15/21	02/15/21	BKAMER19	384802AE4	WW GRAINGER INC	0.00	9,250.00	0.00	0.00	9,250.00
02/15/21	02/15/21	02/15/21	BKAMER19	576000ZE6	MASSACHUSETTS ST SCH BLDG AUTH	0.00	25,812.50	0.00	0.00	25,812.50
02/20/21	02/20/21	02/20/21	BKAMER19	38141GXE9	GOLDMAN SACHS GROUP INC	0.00	163,125.00	0.00	0.00	163,125.00
02/23/21	02/23/21	02/23/21	BKAMER19	69353REK0	PNC BANK NA	0.00	29,500.00	0.00	0.00	29,500.00
02/25/21	02/25/21	02/25/21	BKAMER19	61746BDJ2	MORGAN STANLEY	0.00	56,250.00	0.00	0.00	56,250.00
TOTAL INTEREST						0.00	693,520.20	0.00	0.00	693,520.20
SELL										
02/04/21	02/02/21	02/04/21	BKAMER19	06406FAB9	BANK OF NY MELLON CORP	4,300,000.00	22,282.36	4,313,158.00	0.00	4,335,440.36
02/04/21	02/02/21	02/04/21	BKAMER19	64952WCE1	NEW YORK LIFE GLOBAL FDG	4,500,000.00	27,750.00	4,515,840.00	0.00	4,543,590.00

LA CARE

Cash Activity by Transaction Type GAAP Basis

Accounting Period From 02/01/2021 To 02/28/2021

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/ Withdrawals	Total Amount
02/04/21	02/04/21	02/04/21	BKAMER19	09248U718	BLACKROCK TREASURY TRUST	4,033,797.42	0.00	4,033,797.42	0.00	4,033,797.42
TOTAL SELL						12,833,797.42	50,032.36	12,862,795.42	0.00	12,912,827.78
WITHDRAW										
02/08/21	02/08/21	02/08/21	BKAMER19	CASHCASH6	C-04 BANK FEE	0.00	0.00	0.00	(701.75)	(701.75)
TOTAL WITHDRAW						0.00	0.00	0.00	(701.75)	(701.75)
GRAND TOTAL						30,416,419.49	734,030.98	(733,329.23)	(701.75)	0.00

Avg Date 4

Board of Governors
MOTION SUMMARY

Date: April 1, 2021 **Motion No. FIN 101.0421**

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

Issue: To amend a contract with Cognizant TriZetto for continued software maintenance, licensing, support, and hosting for the QNXT and CCA core systems.

☐ **New Contract** ☒ **Amendment** ☐ **Sole Source** ☐ **RFP/RFQ was conducted in** 2011

Background: In March 2012, the Board approved a motion summary (BOG 101.0312-CS) that authorized L.A. Care to enter into a contract with TriZetto Group, Inc. for the purposes of implementing a new core information system. Since that time, TriZetto was acquired by Cognizant and now known as Cognizant TriZetto. The software has been implemented at L.A. Care for all lines of business and supports core processing functions for the business. In October 2017, L.A. Care purchased perpetual licenses from Cognizant TriZetto in the amount of $6.5 million obtaining annual operating savings of at least $1.3 million by paying only annual maintenance fees going forward instead of both rental and maintenance fees.

For continued use of the core software products, L.A. Care staff requests approval to amend the purchase order with Cognizant TriZetto in the amount of $7,500,000 through March 2022 for software maintenance, licensing, hosting, and other support services.

Member Impact: The ongoing utilization of the core Cognizant TriZetto software systems (QNXT and CCA) will help ensure that L.A. Care's staff is enabled to provide our members with accurate and timely services.

Budget Impact: The cost of the contract was anticipated and included in the budget for the Information Technology (IT) department for FY 2020-21 and remaining amounts will be included in future years' budgets.

Motion: To amend a purchase order/contract with Cognizant TriZetto in the amount of $7,500,000, total contract not to exceed $96,234,459, for software maintenance, hosting, and other support services for L.A. Care's core information systems.

BOARD OF GOVERNORS

Finance & Budget Committee

Meeting Minutes – February 22, 2021

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

Members

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

**Absent ** Via Teleconference*

Management/Staff

John Baackes, *Chief Executive Officer*
Terry Brown, *Chief Human Resource Officer*
Augustavia J. Haydel, Esq., *General Counsel*
Tom MacDougall, *Chief Information & Technology Officer**
Marie Montgomery, *Chief Financial Officer*
Francisco Oaxaca, *Chief of Communications & Community Relations**
Noah Paley, *Chief of Staff **
Acacia Reed, *Interim Chief Operating Officer*
Richard Seidman, MD, MPH, *Chief Medical Officer*

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

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Hector De La Torre, *Board Chairperson*, called the L.A. Care and JPA Finance & Budget Committee meetings to order at 1:09 p.m. He welcomed everyone and summarized the process for public comment during this meeting as reflected on the meeting agenda. • The Governor's Executive Order temporarily set aside some provisions of the Brown Act because of public health guidelines. • Board Meetings are conducted electronically so that all attendees can be safe and practice social distancing. • Comments from anyone who would like to address the Board and its committees are welcome. • L.A. Care members need us to continue the work of the Board, and the meetings are run so that members of the public can hear the meeting and can submit their comments by voice mail, text, or email. • Staff sends all comments in writing to the Board before the meeting. • All public comment is included in the minutes of the meeting, and any comments that were not read during the meeting are added to the minutes.	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• Submitters of public comment must identify the Agenda item which the comment is addressing. If the submitter does not identify an agenda item for the comment to be read, the submitter's comment will be read for 3 minutes at the "Public Comment" item. • At the appropriate item on the Agenda, staff will read for 3 minutes the public comment from each submitter. Depending on how many comments are submitted, the 3-minute time could be adjusted to allow for more submitters to have their comments read. • The Board will continue reviewing and improving how public comments are received and distributed to Board members.	
APPROVE MEETING AGENDA	The Agenda for today's meeting was approved.	**Approved unanimously by roll call. 3 AYES (De La Torre, Perez and Roybal)**
PUBLIC COMMENTS	There were no public comments.	
MEETING MINUTES	The January 25, 2021 meeting minutes were approved as submitted.	**Approved unanimously by roll call. 3 AYES**
APPROVE CONSENT AGENDA	• TransUnion Contract Amendment **Motion FIN 100.0321** **To authorize staff to amend a contract currently $6,836,000.00 by an amount of $1,200,000 not to exceed $8,036,000 with TransUnion to provide encounter processing services for the period of June 1, 2021 to May 31, 2022.** • Optum (formerly Equian) Contract Amendment **Motion FIN A.0221** **To authorize staff to amend a contract in the amount of $1.38 million with Optum to provide Itemized Bill Review services for the period of April 22, 2021 to December 31, 2022.**	**Approved unanimously by roll call. 3 AYES**
CHAIRPERSON'S REPORT	There was no report from the Chairperson.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHIEF EXECUTIVE OFFICER'S REPORT	John Baackes, *Chief Executive Officer,* reported: • The State of California has indefinitely postponed implementation of the new prescription drug plan for Medi-Cal beneficiaries. In 2019, Governor Newsom had proposed that the State would take over the purchase of prescription medications for Medi-Cal and that the prescription drug benefits would be taken out of the Medi-Cal benefits currently administered by health plans. His proposal included creation of a new bureaucracy on the basis of cost savings. A contract was issued at the end of 2019 to Magellan, a pharmacy benefit management company (PBM). The new pharmacy program was to begin January 1, 2021. In November 2020, the start was postponed to April 1, 2021. Last week an indefinite postponement was announced. • On January 4, 2021, it was announced that Magellan had been acquired by Centene Corporation, which also owns Health Net, a provider of health coverage for Medi-Cal in California. The request for proposals (RFP) for PBM that was issued by the State of California stated that the PBMs owned by health plans doing business with the State of California would not be eligible to bid because of the inherent conflict of interest. The acquisition of Magellan after the selection process, by a corporation that also owns a health plan doing business with the State of California, seems to create that conflict of interest. Health plans have been informed that the conflict of interest could not be resolved in time for the new PBM administration to proceed on April 1, 2021, and that State representatives will continue to work with Magellan and Centene to resolve it, with a decision about pharmacy benefits for Medi-Cal expected in May, 2021. • The members of Local Health Plans of California (LHPC), a statewide trade association that represents all 16 local, not-for-profit health plans including L.A. Care, unanimously agreed and recommended in writing to the State of California that implementation of the new PBM be postponed until at least January 1, 2022, and that Magellan be stripped of the contract for administration of the new program. The contract could be awarded to the second choice PBM or a RFP could be issued to select a new PBM. • The postponement of a new PBM program avoided an impossible mess that could have resulted from the significant changes to Medi-Cal pharmacy benefits in the midst of a pandemic and during distribution of critical COVID-19 vaccines. *(Member Booth joined meeting.)* • L.A. Care is not an entity that will receive or distribute vaccines. L.A. Care is very concerned about making the vaccine readily accessible for its members. L.A. Care is	

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AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	working to address member concerns about the vaccines and is distributing information to reassure the community and encourage people to get vaccinated. o Working on overcoming inequity gaps in access to vaccine sites. o Partnering with a variety of health systems with access to the vaccine to help identify eligible members and help them access a vaccine site. o Working with USC School of Pharmacy to develop a distribution of vaccine at L.A. Care's Community Resource Center locations. These will be open for walk-up. Flu vaccine clinics held at the end of 2019 were conducted in conjunction with the USC School of Pharmacy. • These efforts are hampered by the supply of vaccine that is insufficient to meet the needs of Californians. • The State of California issued a no-bid contract to Blue Shield of California to act as a third party administrator (TPA) in the distribution of the vaccine. The role of the TPA is not yet clear. • The Federal Emergency Management Agency (FEMA) has announced vaccination sites at California State University in Los Angeles and at the Oakland-Alameda Coliseum, in Oakland, California. • The federal administration has stated it will deliver COVID-19 vaccines directly to Federally Qualified Health Centers (FQHC). The FQHCs know the patients who are eligible and most in need of vaccines. This will help address inequity in vaccine distribution.	
COMMITTEE ITEMS		
Chief Financial Officer's Report **Financial Report**	Marie Montgomery, *Chief Financial Officer*, reported: <u>Membership</u> January 2021 enrollment of 2,360,173 was approximately 9,580 members favorable to the forecast, which is the same for the year versus the forecast. The suspension of the redeterminations continues to drive the membership favorability in January. The forecast assumed redeterminations would restart in October 2020 and L.A. Care would begin the fiscal year at pre-COVID membership levels for Plan Partners and MCLA. Commercial business enrollment is below forecast by approximately 6,000 members. L.A. Care Covered (LACC) membership jumped in January 2021 to 88,000 members, an increase of more than 12,000 members from December 2020. The number is expected to increase again in February 2021 as newly enrolled members become effectuated.	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Consolidated Financial Performance The January 2021 net surplus is $32 million, almost $50 million favorable to the forecast. The favorability for the month is driven primarily by an operating margin that is favorable by $32 million. This favorability is driven by incurred claims of $28 million favorable to the forecast. Pharmacy is $2.2 million favorable for the month driven by LACC deductibles. Community Based Adult Services is unfavorable by $1.2 million. The provider incentives of $3 million is favorable due to the timing of the signing of the Plan Partner programs. This offsets the unfavorability from the Cal MediConnect (CMC) CY 2019 $1.1 million disenrollment penalty and lower Risk Adjustment Factor (RAF) accrual estimate for CMC of ($557 thousand net). The $2.8 million capitation expense is unfavorable due to the Department of Health Services (DHS) cap deduct being lower than forecasted, and the moving of Community Family Care members from shared risk to dual risk of ($1.1 million). The net surplus year-to-date is $18 million, $50 million favorable to the forecast. Administrative expenses in January 2021 is $8.7 million favorable. The administrative expenses in December 2020 were favorable by $4 million versus the budget. In the forecast this favorability was carried into January and is still tracking well to the administrative budget. Non-operating costs are $8.8 million favorable in January due to timing of grant spending. The unrealized gain position has been volatile due to market condition and is expected to continue for the fiscal year. Operating Margin • Overall Medical Care Ratio (MCR) is 94.5% versus forecast of 95.6%, lower than forecast due to favorable Fee for Service (FFS) claims. • Plan Partner MCR is just about equal to forecast. • Seniors and People with Disabilities (SPD)/Coordinated Care Initiative (CCI) MCR is lower than the forecast due to the favorable FFS claims. • Temporary Assistance to Needy Families (TANF)/Medi-Cal Expansion (MCE) MCR is lower than the forecast due to lower FFS claims. • CMC MCR is unfavorable to the forecast due to the CY 2019 disenrollment penalty and lower RAF accrual estimate discussed earlier. • Commercial MCR is lower than forecast due to the favorable FFS and LACC pharmacy claims.	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Key Financial Ratio • Overall MCR is 94.5%. • Administrative ratio is 5.0%, better than the 5.3% forecast due to lower spending in Purchased Services. • Working Capital and Tangible Net Equity are ahead of benchmarks. • Cash to claims ratio is below the target. The cash to claims ratio will not fully recover until the In-Home Support Services balance is settled with the Department of Health Care Services. Tangible Net Equity (TNE) The January 2021 Fund Balance was $935 million which represents 471% of TNE. The target of 600% was based on the average of eight other Local Initiatives and County Organized Health Systems in California. **Motion FIN 101.0321** **To accept the Financial Report as submitted for January 2021.**	**Approved unanimously by roll call. 4 AYES (Booth, De La Torre, Perez and Roybal)**
Monthly Investments Transaction Reports	Ms. Montgomery referred to the investment transactions reports included in the meeting materials. (*A copy of the report can be obtained by contacting Board Services).* This is to comply with the California Government Code and is an informational item only. L.A. Care's total investment market value as of January 31, 2021 was $2.2 billion. • $1.8 billion managed by Payden & Rygel and New England Asset Management (NEAM) • $73 million in Local Agency Investment Fund • $252 million in Los Angeles County Pooled Investment Fund	
CEO Delegation Amendment of Data Exchange and Participation Agreement (DEPA) for Los Angeles Network for Enhanced Services (LANES)	Richard Seidman, MD, MPH, *Chief Medical Officer,* and Tom Schwaninger, *Senior Executive Advisor, Digital*, presented a motion requesting approval for CEO Delegation of Authority to amend the Data Exchange and Participation Agreement (DEPA) for Los Angeles Network for Enhanced Services (LANES). In December 2016, L.A. Care approved a participation agreement for up to $2 million with LANES, a health information exchange for health care providers in Los Angeles County. The agreement was effective on April 1, 2018 at an annual cost of $1.2 million. In August 2019 the Board approved for up to $2 million to cover costs through March 31, 2021. The amended LANES DEPA is for additional funding for three years starting April 1, 2021, through March 31, 2024, at $1.5 million per year, for a total cost of $4.5 million over three	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	years. The increase in annual cost is due to the transfer of in kind salary support currently covered by L.A. Care that will become a LANES expense and is covered by this amendment. Over the last several years, LANES has expanded its network of contracted users, now including 17 hospitals and 27 Community Health Centers in Los Angeles, and has made significant improvements to the platform, adding functionality and reporting capacity. This expansion, improvement and ongoing commitment to data quality has made LANES a valued strategic partner. Mr. Schwaninger stated that more payors are starting to ingest data to better understand members for Healthcare Effectiveness Data and Information Set (HEDIS) and quality, care management and case management. L.A. Care is working on a new care management system and will pull more data from LANES so that nurses and physicians can work with the data as part of their daily tasks. LANES is a good partner and L.A. Care is looking forward to continuing to work with LANES. Member Booth asked if the contract should be less expensive and how many jobs LANES will the taking from L.A. Care. Mr. Schwaninger stated that L.A. Care membership has expanded over the years so the cost reflects an effectively lower cost per member. **Motion FIN 102.0321** **To delegate authority to the Chief Executive Officer or his delegate to amend the Data Exchange Participation Agreement (DEPA) with Los Angeles Network for Enhanced Services (LANES) to provide health information exchange services for L.A. Care members (excluding Plan Partner membership) at a cost not to exceed $4.5 million for a total not to exceed $8.5 million through March 31, 2024.**	**Approved unanimously by roll call. 4 AYES**
ADJOURN TO CLOSED SESSION	Augustavia J. Haydel, Esq., *General Counsel*, announced the items that the Committee will discuss in closed session. There was no public comment on the Closed Session items, and the meeting adjourned to closed session at 1:39 pm. CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) • Plan Partner Rates • Provider Rates • DHCS Rates REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n)	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Discussion Concerning New Service, Program, Technology, Business Plan Estimated date of public disclosure: *February 2023*	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 1:54 pm Ms. Haydel advised the public that no reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting was adjourned at 1:54 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 _____

APPROVED

BOARD OF GOVERNORS
Compliance & Quality Committee Meeting
Meeting Minutes – January 21, 2021

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

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

Management
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*
Sabrina Coleman, *Senior Director, Delegation Oversight*

** Absent ** Virtual attendance*

California Governor Newsom issued Executive Orders No. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can hear and observe this meeting via teleconference and videoconference, and can share their comments via voicemail, email or text.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Stephanie Booth, *MD, Committee Chairperson*, opened the meeting without a quorum, and a quorum was subsequently reached. Member Booth called the meeting to order for the L.A. Care Compliance and Quality Committee and the L.A. Care Joint Powers Authority Compliance and Quality Committee at 2:32 p.m. She announced that members of the public may address the Committee on each matter listed on the agenda before the Committee's consideration of the item by submitting their comments via text, voicemail, or email.	
APPROVAL OF MEETING AGENDA	The Agenda was approved as submitted.	**Approved unanimously by roll call. 3 AYES (Ballesteros, Booth, Perez)**
PUBLIC COMMENT	Via text, January 21, 2020, at 1:14pm, sender not-self-identified	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Public comment Jan 21, 2021 Compliance meeting . I have witnesses an LA Care member who lives 25 miles away from UCLA told to go to a UCLA specialist. In a suburban/urban area the the DMHC requires that the specialist 15 miles away . Why is LA Care comporting their service as if areas that are urban or suburban East of Downtown are somehow rural? You put all this energy into advertising, co branding with Blue Shield , which makes you look hard up and pathetic but misrepresent to the public your available doctors and services! Via text, January 21, 2020, at 1:17 p.m., sender not self-identified *Add to compliance, even if UCLA doctor has satellite office , where will this patient go if hospitalization is needed , why have you alienated Keck USC, a respected and probably costly hospital that YOU don't want to pay for, hence you are narrowing patients access to doctors just like Synermed!?*	
APPROVAL OF MEETING MINUTES	*(Member Ilan Shapiro, MD, FAAP joined the meeting.)* The November 19, 2020 meeting minutes were approved as written.	**Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, Shapiro)**
CHAIRPERSON REPORT	Committee Chair Booth stated that there are many people doing good work for this organization. There are several people who participated in a kick off in a learning group on Homelessness. She congratulated and thanked Allison Klurfield, Jessica Jew, Delium Mjahari, and Becky Lee for helping people. She stated that she hopes everyone is staying safe and healthy and are following public health safety recommendations. She hopes that the beginning of vaccinations leads to people being able to reassume some semblance of previous activity soon.	
CHIEF MEDICAL OFFICER REPORT	*(Member Hilda Perez joined the meeting.)* Richard Seidman*, MD, MPH, Chief Medical Officer,* reported (*a copy of his written report can be obtained from Board Services*): **COVID-19 Update** In January, the World Health Organization (WHO) reported over 83 million cases of COVID-19 worldwide and more than 1.8 million deaths. The number of new infections are reported at the highest levels worldwide and in the United States since the beginning of the pandemic, with more than 4 million	

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	new cases per week worldwide for the fourth week in a row. California and Arizona have the highest rates of new infections in the country and the healthcare delivery system in Los Angeles, with over 932,000 cases, is being pushed beyond its capacity to provide safe and effective care to everyone who needs it. The Los Angeles County Department of Public Health has asked people to avoid coming to Emergency Rooms for other than truly life threatening emergencies. Ambulances have been asked not to transport patients to emergency rooms with a low likelihood of survival (trauma and cardiac patients they are not able to resuscitate in the field). The three-day average number of COVID-19 patients hospitalized in Los Angeles is now 10 times higher at 7,873 than it was on November 1, 2020. Some hospitals are preparing to declare crisis standards of care, in which patients will be triaged to determine which patients are priorities for limited resources such as intensive care unit (ICU) beds and ventilators. L.A. Care has documented over 75,000 known cases among L.A. Care members, with nearly 13,000 hospital admissions and over 2,000 deaths. **COVID-19 Vaccine** Over 130,000 first doses have been administered for the two COVID-19 vaccines approved by the Federal Drug Administration for emergency use authorization. Frontline healthcare workers are getting a second dose of vaccine. At this time in Los Angeles County, those eligible for the various tiers of Phase 1a healthcare workers and the residents and staff of Long Term Care and Skilled Nursing Facilities are being vaccinated. It is anticipated those with first tier Phase 1b eligibility will be vaccinated by early February, which includes people 75 and older and frontline essential workers. People 65 and older and a broader list of essential workers are prioritized in the second tier of Phase 1b. Phase 1c, anticipated in late March or early April, will make eligible people 16 to 64 with chronic health conditions and co-morbidities which place them at increased risk for serious disease and death. Influenza activity in Los Angeles County remains relatively low, likely due to all of the precautions in place to reduce the spread of COVID-19 and enhanced flu vaccine efforts during the fall of 2020. L.A. Care collaborated with the Los Angeles County Department of Public Health (DPH), the USC School of Pharmacy, and several local pharmacies to conduct nine mobile flu vaccine clinics, which provided 2,500 members of the community with flu vaccines. Pharmacy staff are currently pursuing the opportunity to leverage these partnerships to assist in the COVID-19 vaccination effort. Member Perez stated that the Health Promoters have advocated to connect the community to resources available through the community link online platform. They are being trained to identify resources and to do resource sharing through Zoom. She thanked L.A. Care for listening and responding to member concerns. She knows firsthand what L.A. Care is doing to serve communities in need. She lives in Compton, and South L.A. communities are mainly Black and Hispanic. These communities have been impacted severely by the pandemic. Many people have close friends or family members who have gotten	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	sick, and it is crucial to connect people to resources they may need. Those communities are composed in large part of essential workers such as people that work at grocery stores, deliver packages, and work in agriculture. She thanked L.A. Care for its efforts in organizing the flu vaccine clinics and for paying attention to the different dynamics in the community. She noted that these events are a great way for L.A. Care to connect and reach out to the community and let them know that L.A. Care is working for them. She has been advocating with Communications and Community Relations on how to conduct outreach about COVID-19. She stated that Health Promoters are working with Francisco Oaxaca, *Chief of Communications and Community relations*, to conduct surveys that address myths and misinformation about the COVID-19 vaccine. There are many people who are being misinformed. L.A. Care is using all its communication platforms to address these issues. She thanked L.A. Care for all its efforts. Dr. Seidman responded that he understands Member Perez's concerns and L.A. Care's message is very much aligned. L.A. Care is in discussion with DPH to participate in the COVID-19 vaccine distribution strategy. He was able to ask detailed questions on two separate calls about the strategy on distribution in the hardest hit areas of the county. He is happy to announce that L.A. Care has a seat at the table. He thanked Member Perez for her comments about L.A. Care's flu vaccine clinics. L.A. Care is trying to leverage its experience and partnerships to do the same with the COVID-19 vaccination effort. He agreed that L.A. Care is working on a very significant and robust messaging plan for its members. He noted that the vaccine is the best tool to fight the virus and reduce transmission. **Year End Activities** The end of the calendar year includes efforts to close clinical care gaps in order to optimize Healthcare Effectiveness Data and Information Set (HEDIS) performance, tabulate and report incentive earnings for the prior measurement year, and to survey members to meet regulatory and accreditation requirements to identify opportunities to improve by gaining a better understanding of their experience during the past year. A more detailed reports of these activities will be presented to the Board throughout the year. The HEDIS team completed outreach efforts with nearly 1,500 providers, over half of L.A. Care's contracted network of primary care providers. The team is also leveraging the more than 2,000 annual wellness exam records that were collected by L.A. Care's Risk Adjustment team, looking to close gaps for Cal-MediConnect members. It is expected that approximately 1,800 gaps will be closed by this review. In addition to surveying members, L.A. Care offered a patient experience training series for providers that offered eight sessions between October 2020 and December 2020. Over 500 unique attendees participated, including 138 individuals who attended more than one session. Feedback from attendees had been very positive, resulting in exceptionally high Net Promoter Scores. L.A. Care is developing a 2021 series with the vendor, SullivanLuallin Group. Additional training offerings include the final QI webinar for 2020 focused on risk adjustment for Cal-Medi Connect. The November session on	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Proposition 56 payments was the highest attended session to date. Webinars continue to be well received and attendance is increasing. The 2021 schedule is being developed.	
PROVIDER QUALITY REVIEW	Christine Chueh, *Manager, Provider Quality, Quality Improvement,* presented information about L.A. Care's Provider Quality Review Annual Report (*a copy of the presentation can be obtained from Board Services*): Business Requirement & Background • The Quality Improvement Provider Quality Review (PQR) team manages the Potential Quality of Care Issue (PQI) process and Critical Incident reporting process, which are regulatory requirements for patient safety and to identify clinical issues/concerns and ensure high quality patient care is delivered to L.A. Care members. • The QI PQR process evaluates an occurrence or occurrences in which there are potential or suspected deviations from accepted standards of clinical care. The QI PQR team conducts the PQI review for L.A. Care's direct lines of business. Plan Partners are delegated to conduct the Quality of Care (QOC) review for members assigned to them and their network providers. • All PQI reviews must be completed within 6 calendar months. • The QI PQR team monitors quarterly submission of Critical Incident Reports required by Cal MediConnect delegates (Participating Physician Groups and Vendors) to appropriately capture critical incidents (abuse, exploitation, neglect, disappearance/missing member, a serious life threatening event, restraints or seclusion, suicide attempt or unexpected death) for the health, safety and welfare of L.A. Care's members. Analysis • 3,278 provider quality reviews were completed during Q4 2019 to Q3 2020. • Top 3 potential issues: - Treatment/Inappropriate Care 34.8% - Delay in Service 17.5% - Access to Care 14.0% • PQI referral per department: - 97.8% referred from Call Solution Center and Appeals & Grievance (A&G) Quality of Care (QOC) & Quality of Service (QOS) • Majority of reviews found no quality of care/service or care was appropriate (70.5%), or with a quality of service issue (17.4%). • Issues identified with borderline quality of care cases leveled C2 (8.6%) were addressed at the case level.	

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	• 10 cases (0.3%) leveled C3 (moderate quality of care) were reviewed by Peer Review Committee with action taken. Trending Analysis Guiding Improvements • All closed cases were tracked and trended using a 4-point system for all severity levels listed below. Upon reaching the threshold of 5 points or more, further analysis was done to identify trends or patterns of issues. - level C0/S0 = 0 point - level C1 = 0 point - Level S1 = 1 point - level C2/S2 = 2 points - level C3 = 3 points - level C4 = 4 points • The following providers met the threshold: - 2 providers: 1 plastic surgeon and 1 internal medicine - 3 Department of Health Services sites: LAC+USC Medical Center, Harbor UCLA Family Health Center, and Mid-Valley Comprehensive Health Center - 1 provider group: AltaMed Medical Group - 3 vendors: Western Drug Medical Supply, CVS Pharmacy, and Westley Health Center Clinic - L.A. Care Health Plan Current State and Solutions in Progress • PQR continues to receive an average 400+ referrals per month. • Ongoing collaborative review with the A&G Team in the following areas: - Efforts to align PQI determination: ➢ A&G refer concerns for PQI based on member allegation solely ➢ PQR makes PQI decision based on member allegation and provider information - Incomplete Provider Information Request (PIR) Process – a large percentage of responses (11%-30% on different months) were either not received by A&G or had been received by A&G, but were not uploaded to A&G's database in PCT. - It creates duplicative work in PQR searching for PIRs that should be in PCT. - The productivity of PQR record collection process is greatly impacted by the amount of incomplete PIR from A&G. - Ongoing review PQI referrals that do not have any care concern. Member Perez thanked her for her presentation and putting this work together. She thanked Ms. Chueh for being very detailed.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHIEF COMPLIANCE OFFICER REPORT	Thomas Mapp, *Chief Compliance Officer*, presented the Chief Compliance Officer report *(a copy of the written report can be obtained from Board Services):* Mr. Mapp presented the 2021 Compliance Work Plan motion for approval. L.A. Care's Compliance Plans establish a foundation for responding to multiple state and federal regulatory initiatives. Not only does the implementation of the Compliance Plans help identify and prevent deficiencies, but it may also reduce the potential for liability should violations occur. Compliance Plans establish the organization's commitment to ethical behavior and the proper way of doing business. **<u>Motion COM 100.0221</u>** **To approve the 2021 Compliance Work Plan, as submitted.** Sabrina Coleman, *Senior Director, Delegation Oversight*, presented 2021 Delegation Oversight Monitoring Plan and the Delegation Oversight Audit Moratorium for approval. In 2021, the Delegation Oversight team will focus its efforts on expanding the Delegation Oversight Monitoring Program by scaling to include all Utilization Management, Care Management, and administrative metrics. Further, the Delegation Oversight program has issued an audit moratorium to respond to the increasing COVID-19 rates due to the pandemic. The moratorium was effective December 23, 2020, and will continue for 90 days with the option to extend for an additional 90 days depending on the state of the pandemic. The plan outlines the oversight projects to be conducted during the year by the Delegation Oversight Department, including the evolution of both the auditing and monitoring program. The Delegation Oversight Department is comprised of the annual Audit, the Administrative and Clinical monitoring, and the Account and Communications Management teams. Information considered in the development of the audit plan include previously identified or known risks, regulatory findings, deficiencies identified in prior audits, and referrals from business units. The audit plan may be updated as new risks materialize or additional areas for review are identified. She stated that although the audit plan contemplates a wide-ranging scope of review, it does not provide coverage for all components or systems. Delegation Oversight Audit will provide reasonable reviews of the business activities and areas that require the most attention. **<u>Motion COM 101.0221</u>** **To approve the 2021 Delegation Oversight Monitoring Plan and Delegation Oversight Audit Moratorium, as submitted.** Mr. Mapp presented the 2021 Risk Assessment for approval. L.A. Care Health Plan leadership recognizes the importance of a structured, consistent process to facilitate risk-informed decision making throughout the organization. The Enterprise Risk Management program utilizes processes and tools to	**Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, Vaccaro)** **Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, Perez, Shapiro, Vaccaro)**

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	effectively align strategy, people, technology and knowledge to evaluate and manage risk across the organization so that goals and objectives can be achieved. The 2021 Risk Assessment Report aims to outline the current process and intends to capture and prioritize the strategic, operational, financial, and regulatory risks that L.A. Care will focus on addressing in calendar year 2021. The risk assessment process is an ongoing effort involving leadership across all functional areas and lines of business, and will continue to evolve to identify, assess, prioritize and manage the internal and external risks impacting the organization. **Motion COM 102.0221** **To approve the 2021 Risk Assessment, as submitted.** Mr. Mapp asked the committee for questions or concerns. Member Booth responded that she has received a response from his team in regard to her concerns. Elysse Tarabola, *Senior Director, Regulatory Compliance, Compliance,* presented information about Key Performance Indicators (KPI). She noted that an updated version of the meeting materials will be provided to the committee after the meeting. The KPI exhibit indicates non-compliance in the claims area in October 2020, specifically timeliness of Medi-Cal claims forwarding and Cal MediConnect (CMC) claims payment timeliness. A delay in onboarding our newly contracted vendor, ImageNet (processes claims) caused a backlog and limitation of resources. Non-compliance has been remediated now that ImageNet is fully transitioned and additional examiners have been trained on CMC to alleviate resource constraints. KPIs will begin to transition to the enterprise-wide Monitoring Program.	**Approved unanimously by roll call. 5 AYES**
ADJOURN TO CLOSED SESSION	*The agenda item was not discussed.*	
ADJOURNMENT	The meeting was adjourned at 4:06 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:

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Stephanie Booth
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Stephanie Booth, MD, *Chairperson*
Date Signed: 3/24/2021 | 7:56 AM PDT

3/19/2021 | 7:34 AM PDT

APPROVED