



L.A. Care
HEALTH PLAN®

For All of L.A.

BOARD OF GOVERNORS MEETING

May 5, 2022 • 2:00 PM

L.A. Care Health Plan

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



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

Statement

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

Overview

Committed to the promotion of accessible, affordable and high quality health care, L.A. Care Health Plan (Local Initiative Health Authority of Los Angeles County) is an independent local public agency created by the State of California to provide health coverage to low-income Los Angeles County residents. Serving more than 2.4 million members in four 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 nine Resource Centers that offer free health education and exercise classes to the community, and has made significant investments in Health Information Technology for the benefit of the more than 10,000 doctors and other health care professionals who serve L.A. Care members.

Programs

- **Medi-Cal** – In addition to offering a direct Medi-Cal line of business, L.A. Care works with three subcontracted health plans to provide coverage to Medi-Cal members. These partners are Anthem Blue Cross, Blue Shield of California Promise Health Plan and Kaiser Permanente. Medi-Cal beneficiaries represent a vast majority of L.A. Care members.
- **L.A. Care Covered™** – As a state selected Qualified Health Plan, L.A. Care provides the opportunity for all members of a family to receive health coverage under one health plan in the Covered California state exchange.



- **L.A. Care Cal MediConnect Plan** – L.A. Care Cal MediConnect Plan provides coordinated care for Los Angeles County seniors and people with disabilities who are eligible for Medicare and Medi-Cal.
- **PASC-SEIU Homecare Workers Health Care Plan** – L.A. Care provides health coverage to Los Angeles County’s In-Home Supportive Services (IHSS) workers, who enable our most vulnerable community members to remain safely in their homes by providing services such as meal preparation and personal care services.

L.A. Care Membership by Product Line – As of April 2022	
Medi-Cal	2,393,537
L.A. Care Covered	116,348
Cal MediConnect	17,787
PASC-SEIU	50,312
Total membership	2,577,984
L.A. Care Providers – As of December 2020	
Physicians	6,061
Specialists	13,723
Both	731
Hospitals, clinics and other health care professionals	12,257
Financial Performance (FY 2021-2022 budget)	
Revenue	\$8.6B
Fund Equity	\$1,143,510
Net Operating Surplus	(\$90,772)
Administrative cost ratio	5.2%
Staffing highlights	
Full-time employees (Actual as of September 2021)	1,911
Projected full-time employees (FY 2021-2022 budget)	1,945





AGENDA
BOARD OF GOVERNORS MEETING
L.A. Care Health Plan
Thursday, May 5, 2022, 2:00 PM
L.A. Care Health Plan, 1055 W. 7th Street, 10th Floor, Los Angeles, CA 90017

DRAFT

Please recheck these directions for updates prior to the start of the meeting.

This meeting will be conducted in accordance with the provisions of the Ralph M. Brown Act , allowing members of the Board, members of the public and staff to participate via teleconference, because State and Local officials are recommending measures to promote social distancing. Accordingly, members of the public should join this meeting via teleconference as follows:

<https://lacare.webex.com/lacare/j.php?MTID=mb24dc2fbc06f6fa903f13645e501ca67>

Audio Call (213) 306-3065

English Access Code **2492 499 7067** Password: **lacare**

Spanish Access Code **2481 957 0815** Password: **lacare**

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 by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420.*

Attendees who log on to lacare.webex using the URL above will be able to use “chat” during the meeting for public comment. You must be logged into Webex to use the “chat” feature. The log in information is at the top of the meeting Agenda. We continue to use different ways to submit public comment live and direct during the meeting.

1. To use the “chat” to submit public comment at any time during the meeting, look at the bottom right of your screen for the icon that has the word, “chat” on it.
2. Click on the chat icon. It will open two small windows.
3. Select “Everyone” in the To: window.
4. Type your public comment in the box that says “Enter chat message here”. The chat message, 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.
5. When you hit the enter key, your message is sent and everyone can see it.
6. L.A. Care staff will read the chat messages for up to three minutes during public comment so people who are on the phone can hear the comment.

If we receive your comment by 2:00 pm on May 5, 2022, it will be provided to the members of the Board of Governors at the beginning of the meeting.. **The chat message, 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.** Public comments submitted will be read for up to 3 minutes during the meeting.

Once the meeting has started, public comment must be received before the agenda item is called by the meeting Chair and staff will read those comments for up to three minutes. Chat messages submitted during the public comment period for before each item will be read for up to three minutes. If your public comment is not related to any of the agenda item topics, your public comment will be read in the general public comment agenda item.

These are extraordinary circumstances, and the process for public comment is evolving and may change at future meetings. We thank you for your patience.

Please note that there may be delay in the digital transmittal of emails, texts and voicemail. The Chair will announce when public comment period is over for each item. If your public comments are not received on time for the specific agenda item you want to address, your public comments will be read at the public comment section prior to the board going to closed session.

The purpose of public comment is that it is an opportunity for members of the public to inform the governing body about their views. The Board appreciates hearing the input as it considers the business on the Agenda.

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

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act (ADA) 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. Approval of findings under the Ralph M. Brown Act (**BOG 100**) p.17 *Chair*
3. Public Comment (*Please read instructions above.*) *Chair*
4. Approve Consent Agenda Items *Chair*
 - April 7, 2022 Meeting Minutes p.19
 - Quarterly Investments Reports (**FIN 100**) p.44
5. Chairperson's Report *Chair*
6. Chief Executive Officer Report p.86 *John Baackes*
 - Vision 2024 Progress Report p.89 *Chief Executive Officer*
 - Grants & Sponsorships Report p.107

Advisory Committee Reports

7. Executive Community Advisory Committee *Hilda Perez / Layla Gonzalez*
 - Motion to reconsider the motion approved to only have quarterly meetings now with the Regional Community Advisory Committees and return to every other month or every 60 days. Allowing more inclusiveness after being disconnected for close to 2 years. This motion is for BOG reconsideration of the decisions to only have 4 RCAC meeting per year and go back to 6 meetings per year. (**ECA 100**) p.115 *Consumer member and Advocate member*

Committee Reports

8. Executive Committee *Chair*
 - Government Affairs Update p.134 *Cherie Compartore*
Senior Director, Government Affairs
 - Approve prioritizing investments in four of the ten Elevating the Safety Net (ESN) initiative programs for an additional five years. (**BOG 101**) p.267 *John Baackes*
Cynthia Carmona
Senior Director, Safety Net Initiatives
9. Finance & Budget Committee *Chair*
 - Chief Financial Officer Report p.295 *Marie Montgomery*
Chief Financial Officer
 - Approve March 2022 Financial Report (**FIN 101**) p.306
 - Monthly Investment Transaction Report p.317
 - Quarterly Internal Policy Reports p.346

10. Compliance & Quality Committee Stephanie Booth, MD
Committee Chair

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

ADJOURN TO CLOSED SESSION (Estimated time: 90 minutes) *Chair*

12. CONTRACT RATES

Pursuant to Welfare and Institutions Code Section 14087.38(m)

- Plan Partner Rates
- Provider Rates
- DHCS Rates

13. 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 2024*

14. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION

Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act

Names of Six Cases:

- Methodist Hospital of Southern CA v. L.A. Care, Case No. 21STCV39978
- THC- Orange County, LLC DBA Kindred Hospital et al. v. L.A. Care, AHLA Case No. 6386
- THC- Orange County, LLC DBA Kindred Hospital et al. v. L.A. Care, Case No. 21STCV38231
- THC- Orange County, LLC DBA Kindred Hospital et al. v. L.A. Care, AHLA Case No. 6798
- USC Center for Health Financing, Policy, and Management, et al. v. Local Initiative Health Authority for Los Angeles County, Case No. 22STCP01429
- Optum Health Plan of California v. L.A. Care, American Health Law Association, Arbitration No. 6276

15. 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

16. THREAT TO PUBLIC SERVICES OR FACILITIES

Consultation with Tom MacDougall, *Chief Information & Technology Officer*

17. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION

Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act

- Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680
- Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF

18. PUBLIC EMPLOYEE PERFORMANCE EVALUATION

Pursuant to Section 54957 of the Ralph M. Brown Act

Title: Chief Executive Officer

19. CONFERENCE WITH LABOR NEGOTIATOR

Pursuant to 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

Adjournment

Chair

**The next meeting is scheduled on Thursday, June 2, 2022 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 IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO BoardServices@lacare.org. Please follow additional instructions on the first page of this Agenda.

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

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

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

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

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



Schedule of Meetings May 2022

Monday	Tuesday	Wednesday	Thursday	Friday
2	3	4	5 <i>Board of Governors Meeting</i> 2 PM	6
9	10	11 <i>ECAC Meeting</i> 10 AM (for approx. 2 hours)	12	13
16	17 <i>CHCAC Meeting</i> 8:30 AM (for approx. 1-1/2 hours)	18	19 <i>Compliance & Quality Committee</i> 2 pm (for approx. 2 hours)	20
23	24 <i>Finance & Budget</i> 1 pm (for approx. 1 hour) <i>Executive Committee</i> 2 pm (for approx. 2 hours)	25	26	27
30	31			

Due to COVID 19 pandemic, California Governor issued Executive Order N-25-20, N-29-20, which among other provisions amends the Ralph M. Brown Act and Executive Order N 33-20, ordering all residents to stay in their homes, except for specific essential functions.
L.A. Care has temporarily suspended some of its public meetings.



	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
BOARD OF GOVERNORS	<p>1st Thursday 2:00 PM <i>(for approximately 3 hours)</i> L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250</p> <p><i>*Placeholder meeting</i> <i>**Offsite meeting – location TBD</i> <i>***All Day Retreat – location TBD</i></p>	<p>May 5 June 2** July 28 <i>No meeting in August</i> September 1*** October 6* November 3 December 1</p>	<p>Hector De La Torre, <i>Chairperson</i> Alvaro Ballesteros, MBA, <i>Vice Chairperson</i> Ilan Shapiro, MD, MBA, FAAP, FACHE. <i>Treasurer</i> Stephanie Booth, MD, <i>Secretary</i> Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. Antonia Jimenez Supervisor Holly J. Mitchell Hilda Perez John G. Raffoul G. Michael Roybal, MD, MPH Nina Vaccaro, MPH</p> <p>Staff Contact: John Baackes <i>Chief Executive Officer, x4102</i> Linda Merkens <i>Senior Manager, Board Services, x4050</i></p>
BOARD COMMITTEES			
EXECUTIVE COMMITTEE	<p>4th Tuesday of the month 2:00 PM <i>(for approximately 2 hours)</i> L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250</p> <p><i>*2nd Tuesday due to religious holiday</i> <i>**2nd Tuesday due to Thanksgiving holiday</i></p>	<p>May 24 June 28 <i>No meeting in July</i> August 23 September 20* October 25 November 15** <i>No meeting in December</i></p>	<p>Hector De La Torre, <i>Chairperson</i> Alvaro Ballesteros, MBA, <i>Vice Chairperson</i> Ilan Shapiro, MD, MBA, FAAP, FACHE. <i>Treasurer</i> Stephanie Booth, MD, <i>Secretary</i> Hilda Perez <i>Compliance & Quality Committee Chair</i></p> <p>Staff Contact: Linda Merkens <i>Senior Manager, Board Services, x4050</i> Malou Balones <i>Board Specialist III, Board Services x4183</i></p>

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

**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES
AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2022 MEETING SCHEDULE / MEMBER LISTING**

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
COMPLIANCE & QUALITY COMMITTEE	<p>3rd Thursday every 2 months 2:00 PM <i>(for approximately 2 hours)</i> L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250</p> <p align="center"><i>*tentative</i></p>	<p>May 19 June 16 July 21 August 18 September 15* October 20 November 17 <i>No meeting in December</i></p>	<p>Stephanie Booth, MD, <i>Chairperson</i> Alvaro Ballesteros, MBA Hilda Perez John G. Raffoul G. Michael Roybal, MD, MPH Nina Vaccaro, MPH</p> <p>Staff Contact: Victor Rodriguez <i>Board Specialist II, Board Services x 5214</i></p>
FINANCE & BUDGET COMMITTEE	<p>4th Tuesday of the month 1:00 PM <i>(for approximately 1 hour)</i> L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250</p> <p><i>*2nd Tuesday due to religious holiday</i> <i>**2nd Tuesday due to Thanksgiving holiday</i></p>	<p>May 24 June 28 <i>No meeting in July</i> August 23 September 20* October 25 November 15** <i>No meeting in December</i></p>	<p>Ilan Shapiro, MD, MBA, FAAP, FACHE, <i>Chairperson</i> Stephanie Booth, MD Hector De La Torre Hilda Perez G. Michael Roybal, MD, MPH</p> <p>Staff Contact: Malou Balones <i>Board Specialist III, Board Services x4183</i></p>
GOVERNANCE COMMITTEE	<p>L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250</p> <p>MEETS AS NEEDED</p>		<p>Hilda Perez, <i>Chairperson</i> Stephanie Booth, MD Layla Gonzalez Antonia Jimenez Nina Vaccaro, MPH</p> <p>Staff Contact: Malou Balones <i>Board Specialist III, Board Services/x 4183</i></p>

FOR INFORMATION ON THE CURRENT MONTH'S MEETINGS, CHECK CALENDAR OF EVENTS AT WWW.LACARE.ORG. MEETINGS MAY BE CANCELLED OR RESCHEDULED AT THE LAST MOMENT. TO CHECK ON A PARTICULAR MEETING, PLEASE CALL (213) 694-1250 OR SEND EMAIL TO BOARDSERVICES@LACARE.ORG.

**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES
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2022 MEETING SCHEDULE / MEMBER LISTING**

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
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, <i>Chairperson</i> George W. Greene Antonia Jimenez Hilda Perez <u>Staff Contact</u> Malou Balones <i>Board Specialist III, Board Services/x 4183</i>
AUDIT COMMITTEE	L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250 MEETS AS NEEDED		Alvaro Ballesteros, MBA, <i>Chairperson</i> Stephanie Booth, MD, Layla Gonzalez <u>Staff Contact</u> Malou Balones <i>Board Specialist III, Board Services, x 4183</i>

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AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2022 MEETING SCHEDULE / MEMBER LISTING**

<p align="center">L.A. CARE COMMUNITY HEALTH PLAN</p>	<p>Meets Annually or as needed L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250</p> <p><i>*Placeholder meeting</i> <i>**Offsite meeting – location TBD</i> <i>***All Day Retreat – location TBD</i></p>		<p>Hector De La Torre, <i>Chairperson</i> Alvaro Ballesteros, MBA, <i>Vice Chairperson</i> Ilan Shapiro, MD, MBA, FAAP, FACHE. <i>Treasurer</i> Stephanie Booth, MD, <i>Secretary</i> Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. Antonia Jimenez Supervisor Holly J. Mitchell Hilda Perez John G. Raffoul G. Michael Roybal, MD, MPH Nina Vaccaro, MPH</p> <p>Staff Contact: John Baackes, <i>Chief Executive Officer, x4102</i> Linda Merkens, <i>Senior Manager, Board Services, x4050</i></p>
<p align="center">L.A. CARE JOINT POWERS AUTHORITY</p>	<p>L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250</p> <p><i>*Placeholder meeting</i> <i>**Offsite meeting – location TBD</i> <i>***All Day Retreat – location TBD</i></p>	<p>May 5 June 2** July 28 <i>No meeting in August</i> September 1*** October 6* November 3 December 1</p>	<p>Hector De La Torre, <i>Chairperson</i> Alvaro Ballesteros, MBA, <i>Vice Chairperson</i> Ilan Shapiro, MD, MBA, FAAP, FACHE. <i>Treasurer</i> Stephanie Booth, MD, <i>Secretary</i> Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. Antonia Jimenez Supervisor Holly J. Mitchell Hilda Perez John G. Raffoul G. Michael Roybal, MD, MPH Nina Vaccaro, MPH</p> <p>Staff Contact: John Baackes, <i>Chief Executive Officer, x4102</i> Linda Merkens, <i>Senior Manager, Board Services, x4050</i></p>

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**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES
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2022 MEETING SCHEDULE / MEMBER LISTING**

PUBLIC ADVISORY COMMITTEES			
<p>CHILDREN'S HEALTH CONSULTANT ADVISORY COMMITTEE GENERAL MEETING</p>	<p>3rd Tuesday of every other month 8:30 AM <i>(for approximately 2 hours)</i></p> <p>L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250</p>	<p>May 17 <i>No meeting in July</i> August 16 September 20 November 15</p>	<p>Tara Ficek, MPH, Chairperson</p> <p>Staff Contact: Victor Rodriguez <i>Board Specialist II, Board Services/x 5214</i></p>
<p>EXECUTIVE COMMUNITY ADVISORY COMMITTEE</p>	<p>2nd Wednesday of the month 10:00 AM <i>(for approximately 3 hours)</i></p> <p>L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250</p>	<p>May 11 June 8 <i>No meeting in July</i> August 10 September 14 October 12 November 9 December 14</p>	<p>Fatima Vasquez, Chairperson</p> <p>Staff Contact: Idalia Chitica, <i>Community Outreach & Education, Ext. 4420</i></p>
<p>TECHNICAL ADVISORY COMMITTEE</p>	<p>Meets Quarterly</p> <p>L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250</p>		<p>Richard Seidman, MD, MPH, Chairperson</p> <p>Staff Contact: Victor Rodriguez <i>Board Specialist II, Board Services/x 5214</i></p>

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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.

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

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2022 MEETING SCHEDULE / MEMBER LISTING**

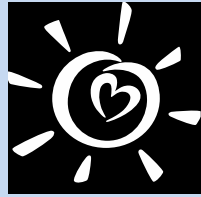
<p align="center">REGION 4 HOLLYWOOD- WILSHIRE, CENTRAL L.A. AND GLENDALE</p>	<p align="center">3rd Wednesday of every other month 9:30 AM <i>(for approximately 2-1/2 hours)</i> L.A. Care Health Plan Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>		<p>Sylvia Poz, <i>Chairperson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

**FOR INFORMATION ON THE CURRENT MONTH'S MEETINGS, CHECK CALENDAR OF EVENTS AT WWW.LACARE.ORG.
MEETINGS MAY BE CANCELLED OR RESCHEDULED AT THE LAST MOMENT. TO CHECK ON A PARTICULAR MEETING,
PLEASE CALL (213) 694-1250 OR SEND EMAIL TO BOARDSERVICES@LACARE.ORG.**

**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES
AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2022 MEETING SCHEDULE / MEMBER LISTING**

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

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L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: May 5, 2022

Motion No. BOG 100.0522

Committee:

Chairperson: Hector De La Torre

Issue: Remote Teleconference Meetings

Background: On March 17, 2020, Governor Newsom issued Executive Order N-29-20 suspending certain provisions of the Ralph M. Brown Act (the “Brown Act”) in order to allow for local legislative bodies to conduct their meetings completely telephonically or by other electronic means due to public health orders restricting gatherings during the COVID-19 pandemic. Executive Order N-29-20’s Brown Act suspension provisions expired September 30, 2021.

Legislation was introduced to amend the Brown Act allowing legislative bodies to continue meeting virtually with relaxed protocols provided there is a state of emergency declared by the Governor, and either (1) state or local officials have imposed or recommended measures to promote social distancing; or (2) the legislative body determines by majority vote that meeting in person would present imminent risks to the health and safety of attendees (AB 361). AB 361 was signed into law on September 16, 2021 and immediately went into effect. The Governor, by executive order signed on September 20, 2021, suspended the effective date of this new legislation to October 1, 2021 to avoid confusion in the overlap between Executive Order N-29-20 and new AB 361 requirements.

In order to continue conducting virtual meeting under the revised provisions of the Brown Act the Board of Governors, or any other legislative bodies of L.A. Care Health Plan and L.A. Care Joint Powers Authority, including Committees, must, within thirty (30) days of the first meeting pursuant to Government Code Section 54953(e)(1) and every thirty (30) days thereafter, make findings that (a) state or local officials continue to recommend measures to promote social distancing, or that (b) an in-person meeting would directly impact the ability of the members to meet safely in person.

Findings:

1. The Board of Governors has reconsidered the circumstances of the state of emergency initially declared by the Governor on March 4, 2020, pursuant to section 8625 of the California Emergency Services Act, relating to the COVID-19 public health crisis and finds that the declaration still remains in effect.
2. The Board of Governors finds that given that the vaccination status of meeting participants is not known and COVID-19 continues to be a threat to people’s health and safety, it is prudent to use caution in protecting the health of the public, L.A. Health Care’s employees and its members. Where, as here, meeting safely in person is impacted by COVID-19 and adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time, the teleconference/videoconference option should be exercised.
3. The Board of Governors finds that state and local officials continue to impose or recommend measures to promote social distancing. The Department of Industrial Relations’ issuance of

Board of Governors

MOTION SUMMARY

COVID-19 Prevention regulations through Title 8 of the California Code of Regulations, section 3205 *et seq.*, includes informing employees that masking and social distancing in the workplace are most effective when used in combination because particles containing the virus can travel more than six feet. Further, as of the date of this Motion, the Los Angeles County Department of Public Health continues to recommend measures to promote social distancing, including recommendations to avoid crowded indoor spaces and to maintain six feet of social distancing, especially in cases where the vaccination status of persons outside a person's household is unknown. The continuation of virtual meetings will allow for full participation by members of the public while social distancing recommendations remain in effect and will facilitate the purposes of such social distancing recommendations by preventing large crowds from congregating in indoor facilities for extended periods of time.

As such, staff recommends approval of this motion so that the Board of Governors, all legislative bodies of the L.A. Care Health Plan, and L.A. Care Joint Powers Authority may continue to meet virtually. The Board of Governors, or other legislative bodies on the Board's behalf, may extend the authorization for an additional thirty (30) days via another motion summary that makes the above specific findings in support of continuing virtual meetings.

Member Impact: L.A. Care members will benefit from this motion by providing for public participation in Board of Governor meetings, while following social distancing measures promoted by State and Local public health officials.

Budget Impact: The approval of a motion to continue virtual meetings will maintain the status quo and minimal financial impact is anticipated by the approval of this motion, though some costs may be associated with the technical solutions required to conduct teleconference meetings in compliance with the Brown Act.

Motion:

- 1. Authorize remote teleconferencing consistent with the Ralph M. Brown Act;**
- 2. Adopt findings as set forth in this Motion Summary and,**
- 3. For all L.A. Care Health Plan and L.A. Care Joint Powers Authority meetings subject to the Ralph M. Brown Act that are not held within 30 days, delegate authority to the Executive Committees to authorize findings to continue remote teleconferencing consistent with the Ralph M. Brown Act.**

Board of Governors
Regular and Supplemental Special Meeting Minutes #306
April 7, 2022



L.A. Care
 HEALTH PLAN

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

Members

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

Management

John Baackes, *Chief Executive Officer*
 Terry Brown, *Chief of Human Resources*
 Augustavia Haydel, *General Counsel*
 James Kyle, MD, *Chief of Equity & Quality Medical Director*
 Tom MacDougall, *Chief Technology & Information Officer*
 Thomas Mapp, *Chief Compliance Officer*
 Marie Montgomery, *Chief Financial Officer*
 Noah Paley, *Chief of Staff*
 Acacia Reed, *Chief Operating Officer*
 Richard Seidman, MD, MPH, *Chief Medical Officer*


All via teleconference

**Absent*

State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care Health Plan’s employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan will continue to meet virtually and the Board will review that decision as provided in the Brown Act.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
WELCOME	<p>Hector De La Torre, <i>Chairperson</i>, called to order at 2:05 p.m. the regular and special meetings of L.A. Care Health Plan Board of Governors and L.A. Care Health Plan Joint Powers Authority Board of Directors. The three meetings were held simultaneously.</p> <p>He announced that, for those with access to the internet, the materials for today’s meeting are available on the L.A. Care website. If you need information about how to locate the materials, please let us know.</p> <p>He welcomed members of the public and thanked those who have submitted public comment by voice mail, text or email. He informed participants that for those using the video software during the meeting, the “chat” function will be available to provide live and direct public comment to everyone participating in the virtual meeting. The Chat feature will be open throughout the meeting for public comment.</p> <p>Board Members have received in writing the voice messages and written comments that were sent before the meeting. All comments sent before and during the meeting will be read for up</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>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. Submission of public comment must be sent before the public comment period for an item.</p> <p>Chairperson De La Torre noted that public comments should be related to the meeting topic on the Agenda. All are welcome to provide input. Public comments are read before the topic is discussed so that the Board can hear what the submitter has to say and can take that input into consideration as it takes action. He thanked participants for their public comment.</p>	
APPROVAL OF MEETING AGENDA	<p>The agendas were approved as submitted.</p>	<p>Unanimously approved by roll call. 12 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Jimenez, Mitchell, Perez, Raffoul, Roybal, Shapiro and Vaccaro)</p>
APPROVAL OF FINDINGS UNDER THE RALPH M. BROWN ACT	<p><u>PUBLIC COMMENT</u></p> <p>Received via email April 7, 2:03 pm, from <i>Carrie Broadus, Resident/Virtual Advocate Division of Neighborhood Research, Los Angeles Metropolitan Churches</i></p> <ol style="list-style-type: none"> 1. <i>I encourage the L.A. Care Board of Governors, approve BOG Motion 100.0422 to continue virtual meetings consistent with the Ralph M. Brown Act.</i> 2. <i>This motion recognizes that continuing virtual meetings is consistent with the Ralph M. Brown Act ensures that L.A. Care members, their families, the communities they live in, direct-service providers, advocates, and policy makers voices matter.</i> 3. <i>Lastly, the vast land size of Los Angeles County, and the cost of fuel and transportation continues to sky rocket. In fact, the greater Los Angeles Area could hold the combined areas of St. Louis, Cleveland, Minneapolis, Milwaukee, Boston, Pittsburg, Manhattan, and San Francisco. Utilizing 21st Century Technology to engage L.A. Care members advances their ability to actively participate in the body that governs their health and wellbeing is much more cost effective than overall transportation cost.</i> 4. <i>Lastly, it is the right thing to do.</i> 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Motion BOG 100.0422</u></p> <ol style="list-style-type: none"> 1. Authorize remote teleconferencing consistent with the Ralph M. Brown Act; 2. Adopt findings as set forth in this Motion Summary and, 3. For all L.A. Care Health Plan and L.A. Care Joint Powers Authority meetings subject to the Ralph M. Brown Act that are not held within 30 days, delegate authority to the Executive Committees to authorize findings to continue remote teleconferencing consistent with the Ralph M. Brown Act. 	<p>Unanimously approved by roll call. 11 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Jimenez, Mitchell, Perez, Raffoul, Roybal and Vaccaro) Board Member Shapiro experienced technical difficulties and was not able to vote.</p>
<p>PUBLIC COMMENTS</p>	<p>Received via text Mar 22, 1:03 pm, sender not self-identified <i>Since your massive \$55 million find you have even more fines under your BS Local Initiative pg, I don't see them listed at the LA "care" pg at the DMHC Ca enforcements database!</i></p> <p>Received via text Mar 23 6:37 pm, sender not self-identified <i>^add to last public comment , this photo says it all, how you liars would not help my daughter and Keck had to step in!</i></p>  <p><i>I know you <expletive> don't give a damn, you just want to fool people into enrolling so you can kill them! The \$55 million fine validates everything I've said about you phonies!</i></p> <p>Received via text March 24, 2:18 pm, sender not self-identified <i>Add to public comment CMS fined LA Care too for non compliance! But it's listed under LA cares fake name they use to confuse consumers!</i> https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/Downloads/LocalInitiativeCMP02272019.pdf</p> <p>Received via text March 30, 8:18 am, sender not self-identified <i>^add prior comment, most of LA Cares enforcements are listed under LA Cares fake "local innitiative" name, saw 106 at DMHC site and 2 listed for LA Care!</i></p>	

Received via text March 30, 3:30 pm, sender not self-identified
LA Care fake name pg list 106 enforcements, regular pg list four, confusing to consumers!

Search Results

There are 2 enforcement documents that meet your search criteria.

Page 1

L.A. Care Health Plan Joint Powers Authority

Organization Type
Health Plan

Document(s)	Action Date	Penal
Accusation ①	03/04/2022	\$0.00

Violation #

There are 106 enforcement documents that meet your search criteria.

Page 1 2 3 4 5 6 7
8 9 10 11

Local Initiative Health Authority for Los Angeles County d.b.a. L.A. Care Health Plan, L.A. Care Plan de Salud

Organization Type
Health Plan

Document(s)	Action Date	Penal
Letter of Agreement	03/15/2022	\$3,000

^add last general comment 4-7-2022 meeting

Received via text April 3, 1:33 am, sender not self-identified
General comment 4-7-2022, I've been following the articles about LA Care's MUCH DESERVED \$55 million fine and not once have I seen or heard any concern on LA Care's part regarding the enrollees who were harmed or are dead because of their conduct, all I see is defensiveness!

<https://www.cms.gov/Medicare/Compliance-and-Audits/Part-C-and-Part-D-Compliance-and-Audits/Downloads/LocalInitiativeCMP02272019.pdf>

Received via text April 7, 12:52 pm, sender not self-identified
General comment 4-7-2022 this massive \$55 million fine against LA Care biggest fine in history affirms the state is sick and tired of your dog and pony show <expletive>!

Received via email, April 7, 2022 at 9:49 am, **from** Cindy Goldman
I am an L.A. Care member. Your grievance and advocacy procedures are simply window dressing.
I already paid cash for a hip replacement because I could not walk. I know your response will be that I wasn't patient enough with your system. Well, I like walking. I think being able to walk is helpful for activities of daily living and health maintenance. Clearly, you people do not believe that timely care is important. You would have to be greedy and malicious to think not walking is a small issue. It is more likely that you are incompetent. Thankfully, by forcing me to pay cash for good care, you saved me from an incorrect procedure. The stage four arthritis in my knee

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>that you failed to treat turned out not to be the real reason I couldn't walk - it was my right hip. Of course, I would have to give a compelling and dramatic reason for a doctor to request authorization for an additional xray and then wait for approval anyways. All I can say is, thank goodness I went out of your socalled network.</i></p> <p><i>NOW, my current issue: I was told in December of 2021 that I have abnormal test results requiring a biopsy. It is April, and the biopsy has not been done. I have been given curiously untrue reasons for not scheduling it (waiting for authorization - not true, Covid issues - not true). Now that I have decided to pay cash outside of network there will be additional delays, but I will be assured that I am receiving the proper standard of care.</i></p> <p><i>It is noteworthy that a large portion of board meetings are spent on pending lawsuits. I wonder why.</i> <i>Cindy Goldman</i></p> <p><i>If you choose to contact me, can I require you to fill out a form letter first and have an anonymous representative respond? I didn't think so.</i></p> <p>Received via email April 7, 12:10 pm, from Elizabeth Cooper <i>Good afternoon Chair Person Mr. De la Torre, members of the board of governors, Mr. John C. Baackes Chief Executive officer and members of the public. I am very excited today, I just cannot hold my joy as an Afro-American and concern person, the joy of confirmation of judge Ketanji Brown Jackson to be appointed to U.S. supreme court the highest court of the land. I am so thankful for our California senate delegation, U.S. senator Diane Feinstein and U.S. senator Alex Padilla for their support. Please let them know your feelings and your appreciation if you so desired. Our health care rights, immigrants' rights, civil rights voters rights etc. are important when the courts of the land make decisions. Their decisions will affect all of our lives. Those nine justices are an important part of the constitution of the united states. Also it is so important and I am proud and hope see diversity across all organizations, boards, staffing etc. I do hope chairperson, members of the board of Governors, Mr. Baackes etc. will continue that policy as it impacts L.A. Care. I also want to give a special thanks to my RCAC 2 field specialist Martin Vicente for listening to my comments and for me to be able to give my comments today. I hope that when all courts are making decision will make fair and just decision, that is my prayer.</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Once again members of the board I want to thank you today for listening to my comments on behalf of Elizabeth Cooper and my son Jonathan Cooper. Thank you once again, my comment is a bit long but this is a very exciting day. Thank you for listening and God bless the State of California, God Bless the Supreme Court, and God Bless America.</i></p> <p>Received via chat message, April 7, 2:14 pm, Carrie Broadus <i>What is the status of staffing the compliance section? How is L.A. Care addressing the backlog of grievances, etc?</i></p> <p>John Baackes, <i>Chief Executive Officer</i>, commented regarding how regulatory agencies list enforcement actions on the websites. To clarify for anyone listening, the Department of Managed Health Care (DMHC) issued the original Knox-Keene Act license under the name <i>Local Initiative Health Authority for Los Angeles County</i>, a local public agency operating as L.A. Care Health Plan. The DMHC also issued a Knox Keene License for the <i>L.A. Care Health Plan Joint Powers Authority</i>. These are legal names attached to licenses. The name “L.A. Care” is trademarked, and that is the name used for marketing purposes for 25 years. We wish that the website included “L.A. Care” so it wouldn’t be confusing for people. L.A. Care and the Local Initiative Health Authority for Los Angeles County are the same organization. L.A. Care does not control those websites or the content listed at those websites. Mr. Baackes noted that he will comment about the enforcement action at the CEO Report later in this meeting. L.A. Care’s statement in response to the enforcement action announcement included an apology for any harm or inconvenience our actions have caused for the members.</p> <p>Board Member Mitchell commented that her District Office also received several calls from her constituents who were struggling with transportation through L.A. Care’s vendor, Call the Car. She thanked L.A. Care staff for being immediately responsive on the same day, and for helping her staff facilitate support to her constituents. She doesn’t usually talk about it in Board Meetings but her office often receives calls asking for support. L.A. Care staff works closely with her staff to quickly resolve those issues. This is but one example and she wanted to acknowledge that as part of public comment, as the issues often come up during public comment. Mr. Baackes thanked Board Member Mitchell and noted that other Supervisors’ offices and state legislators’ offices receive calls from members and L.A. Care’s customer services staff works to quickly resolve those. L.A. Care works to quickly resolve member issues from other sources, as well. Chairperson De La Torre acknowledged that he also has conversations with Board Member Mitchell outside of Board Meetings about these concerns, so this isn’t something that just comes up in Board Meetings. Member issues are important and are addressed throughout the month.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>APPROVE CONSENT AGENDA ITEMS</p>	<ul style="list-style-type: none"> • March 3, 2022 Meeting Minutes • Revised 2022 Board and Committee Meeting Schedule <u>Motion BOG 101.0422</u> To approve the revised 2022 Board of Governors and Committees meeting schedule as submitted. • TransUnion Contract for encounter collection and processing services <u>Motion FIN 100.0422</u> To authorize staff to execute a contract in the amount of \$3,900,000 with TransUnion to provide encounter processing services for the period of June 1, 2022 to May 31, 2025. • Change Health Resources Contract Amendment <u>Motion FIN 101.0422</u> To authorize staff to amend a contract authorizing the expenditure of an additional \$1,000,000 (bringing the total of this statement of work no. 4 to \$5,100,000) with Change Healthcare Resources, LLC to provide staff augmentation and consulting services to support to the Compliance Department. • Invent Health Contract Amendment <u>Motion FIN 102.0422</u> To authorize staff to amend an existing contract with Invent Health for the contract total amount not to exceed \$3,814,850 in order to continue providing risk adjustment analytic services over the next three years for both the Cal MediConnect/DSNP and L.A. Care Covered lines of business. • Interpreting Services International, LLC Contract (ISI) (FIN 103) <u>Motion FIN 103.0422</u> To approve a three-year contract with Interpreting Services International (ISI) for rapid translation services in the total amount of \$2.6 million. 	<p>Unanimously approved by roll call. 12 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Jimenez, Mitchell, Perez, Raffoul, Roybal, Shapiro and Vaccaro)</p>
<p>CHAIRPERSON'S REPORT</p>	<p><u>PUBLIC COMMENTS</u> Received via text March 11, 11:28 am, sender not self-identified <i>Public comment 4-7-2022 chairperson report Are enrollees being formally notified that LA Care was fined by Calif health officials \$55 million for delay and denial of care and due process, enrollees have the right to be informed of this!?</i></p>	

Received via text Mar 11, 9:04 pm, sender not self-identified
^add prior comment, other victims and I notice the uptick in homelessness seems to align with LA "cares" growth that can't keep up with necessary care for enrollees.

Received via fax March 13, 12:31 pm, from sender not self-identified
Add^ prior comment you're a public agency withholding Synermed and you yourselves have botched vetting contractors and now you're once again not notifying enrollees!

Received via text March 20, 8:28 am, sender not self-identified
^add, you people are involved in your contractors not doing their jobs and covering it up, not only do you deserve the \$55 million fine, you deserve to be fined to the curb and shut down, criminally investigated for enrollees deaths!

Received via text March 20, 11:41 am, sender not self-identified
Add^LA Care retaliates when enrollees report bad doctors, some of these doctors have killed patients

Chairperson De La Torre stated that he will take responsibility for many things at L.A. Care, but it is unclear what the connection may be between L.A. Care and the increase in homelessness in Los Angeles County, in California and in the United States. Mr. Baackes will likely speak on the other topics. Chairperson De La Torre stated that for himself, the fine came as a shock because L.A. Care self-reported two out of those four items and was working to resolve the issues internally. L.A. Care was in active discussions with the regulatory agencies about solutions to the problems. Unfortunately, L.A. Care was given only six weeks' notice of the announcement of the enforcement action. Chairperson De La Torre sits on another state regulatory board, and the average time for enforcement actions is two years. L.A. Care will formally respond to the enforcement actions. L.A. Care is very sorry about any delays in service and patient impacts as a result of the issues last spring and since then as reflected in those enforcement actions. That is L.A. Care's top priority and L.A. Care will continue to resolve the problems.

Board Member Booth thanked Chairperson De La Torre for his interview with the California Health Report discussing the Medi-Cal prescription drug program changes and how difficult it is for Medi-Cal patients, and that the health care could even get worse with this kind of situation. Board Member Booth stated that the article was very well written. She thanked him.

Chairperson De La Torre stated it is a topic he is passionate about, going back to his time in the state legislature. He thinks it is bad policy. Unfortunately, the state is going ahead with it. There was an article today in the Los Angeles Times by Amanda Young about the same policy, which lays out many of the same concerns he wrote about in his op-ed, concerning the privatization of the pharmacy benefit for Medi-Cal.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>CHIEF EXECUTIVE OFFICER REPORT</p>	<p><u>PUBLIC COMMENT</u> Received via text April 7 2:22pm, sender not self-identified <i>CEO report comment 4-7-2022, mr Baackes why are all of your DMHC enforcements listed under the local Innitiative page, your only saying you care about members because you've been called out on not acknowledging members harmed, what would you say "whoops sorry, we KILLED your family member ?!" You <expletive>!</i></p> <p>Mr. Baackes reported:</p> <ul style="list-style-type: none"> • The day after the last Board Meeting L.A. Care received a press release about the enforcement action and proposed fine. Mr. Baackes summarized the status of the enforcement actions: • Two of the issues were self-reported in 2021: the delay in authorizations for services by the Utilization Management (UM) department and a backlog of open appeals and grievances in the Appeals & Grievance department. • The UM delays in authorizations began in 2021 when a new computer platform was installed to make authorizations faster and more efficient. L.A. Care staff noticed that there were delays in the authorizations and reported the problem to the California Department of Health Care Services (DHCS) and DMHC. By the end of August, 2021, L.A. Care's authorization process was in compliance, with 95-97% of authorizations completed, the same rate as prior to implementation of the new software, which did not cause enforcement action by the DHCS or DMHC. L.A. Care would like to have authorizations at 100%, but quite often the requests require research and additional documentation, which takes time. • The Appeals & Grievances issue was caused by a problem in the system currently in use. Plans are in place to move to a new system. There was a management failure in the need to report the delays and take action. When a new Director began overseeing the department a group of about 32,000 grievances (about 19% of the total appeals and grievances received over a four-year period) which were not properly closed was discovered within the first week. As of March 31, 2022, all 32,000 were remediated. L.A. Care worked with providers in this effort, and Mr. Baackes expressed appreciation for their assistance. L.A. Care is current in processing in-house appeals and grievances. L.A. Care receives over 40,000 in a year. The current system was patched during the remediation. • Two other items added to the enforcement action included a fairly old issue about L.A. Care's oversight of the Los Angeles County Department of Health Services, one of the largest safety net providers, and timeliness of referrals for specialty care. That had been a subject of a separate audit by the DMHC in January 2021, there were no significant findings 	

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	<p>from that audit. L.A. Care has submitted a Corrective Action Plan in cooperation with the DMHC to address the concerns. The final issue involved payment of interest in disputed claims from providers. When the dispute is resolved outside the payment timeframe, interest must be added. L.A. Care continually follows up with interest payment when it was not automatically included in the resolution payment.</p> <ul style="list-style-type: none"> • L.A. Care has not disputed the findings, and is in negotiations of the fine and the language connected with the fine. <p>Mr. Baackes reported on the implementation of the California Advancing and Innovating Medi-Cal (CalAIM) on January 1, 2022:</p> <ul style="list-style-type: none"> • The program has many additional benefits that begin to address the social barriers that members encounter in receiving the right care, in the right place, at the right time. It was built off two demonstration programs, Health Homes and Whole Person Care, both of which L.A. Care was involved with, particularly with the Los Angeles County in Whole Person Care. • A very important new benefit is called Enhanced Care Management (ECM). As of last week L.A. Care has 18,673 members enrolled in ECM, which means they are getting additional services to coordinate the social service benefits for which they are eligible, in order to mitigate some of the barriers which might impede access to health care in the right place and at the right time. • Encompassed in ECM is the ability of health plans to use Medi-Cal funds for items that previously could not be paid for through Medi-Cal. Those services are known as Community Supports. • Of the total enrollment in ECM, 8,052 members are receiving homeless and housing support services. These are critical services because many of the ECM program enrollees are homeless. • There are 33 patients in recuperative care and 20 members enrolled in the medically tailored meal program within ECM. These programs are expected to grow substantially. L.A. Care has a network of 59 community based entities to serve these members. This program was intended by regulators to serve 3-5% of health plan members, but L.A. Care staff reviewing eligibility believe that a much larger proportion of members may be eligible. • Funding was made available for implementation of ECM, and L.A. Care was notified recently that it will receive \$54 million, to be used to pay ECM providers, to reimburse for infrastructure developments in order to be ready to implement CalAIM and provide services for the health plan members. There is additional funding available through an incentive program, which will be paid next year, according to L.A. Care's achievements in 	

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	<p>implementing ECM. L.A. Care is well-positioned to get the funding next year because of its past experience in implementing Health Homes and Whole Person Care.</p> <p>Mr. Baackes then reported on the federal public health emergency declaration currently set to end on April 15. The emergency declaration suspended a number of federal rules and regulations, including the process for redetermination of eligibility for federal programs, such as Medi-Cal:</p> <ul style="list-style-type: none"> • The required 60-day notice to resume redetermination of eligibility for government programs has not been issued to local public services entities, so it is expected that the federal government will extend the public health emergency through July 15. • The redetermination process is expected to be reflected in lower enrollment in Medi-Cal by next year. L.A. Care’s financial forecast includes a 5% reduction in enrollment in Medi-Cal because of the redetermination process. • Under the public health emergency declaration, no Medi-Cal members have been removed from the roll because they did not qualify for benefits. It is expected that the number of disenrollment will be higher than usual due to income or location when the redetermination is done. The disenrollment has been estimated to be as high as 20%. Redetermination of eligibility is expected to take over a year. • Those who become ineligible for Medi-Cal due to a higher income level will be able to enroll in health care benefits through Covered California. L.A. Care’s Covered California program is an attractive alternative because of the American Rescue Plan, which provides enhanced premium subsidies for people qualified up to 180% of the federal poverty level. Right now, 42% of L.A. Care Covered members pay no monthly premium. The additional funding will be provided through the end of 2022, and it is hoped that federal legislation will be introduced to make the funding permanent. This would provide health care benefits for many Medi-Cal beneficiaries who will become ineligible for Medi-Cal when the redetermination process resumes. • California’s administration appears to be determined to keep as many eligible people as possible enrolled in Medi-Cal and other health coverage programs. L.A. Care is working with state administrators on an Ambassador program and will communicate with the Regional Community Advisory Committees to reach out with information about the redetermination of eligibility program once it starts. L.A. Care will also provide help at the Community Resource Centers to assist enrollees in completing the application in a timely manner. <p><i>Mr. Baackes referred Board Members to the documents attached to his CEO report in the meeting materials.</i></p>	

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	<p>Board Member Booth thanked Mr. Baackes for his op-ed, because it also demonstrates an issue that people need to be aware of in terms of the justice in making health care coverage available for L.A. Care’s members.</p> <p>Mr. Baackes noted that L.A. Care’s concern (about the direct Medi-Cal contract with Kaiser) is not about Kaiser, which has been a wonderful plan partner for 25 years. The concern is with the lack of transparency in the negotiation of a no-bid contract behind closed doors which does not help improve many of the safety net providers in Los Angeles County. California is 47th in the amount of Medicaid reimbursement, and this deal does nothing to help the providers as they try to meet the needs of Medi-Cal beneficiaries with pretty thin resources.</p>	
<ul style="list-style-type: none"> Grants and Sponsorship Report 	<p><i>Mr. Baackes referred Board Members to the written report included in the meeting materials.</i></p>	
<p>CHIEF MEDICAL OFFICER REPORT</p>	<p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, reported:</p> <ul style="list-style-type: none"> There is good news in the ongoing declining rate of COVID-19 infections, hospitalizations and deaths. The sub variant BA-2 is beginning to account for an increasing proportion of total cases across the world, in the United States and here in Los Angeles County. Of the samples that are forwarded for further testing, just a few weeks ago, the BA-2 accounted for 10% of total cases and that proportion is now more than 30% of total cases. Overall, the rate of COVID-19 cases remains relatively stable. The Centers for Disease Control (CDC) has a new framework to rate the overall impact of COVID-19. Los Angeles County is considered to be in the low community level, based on the case rates per 100,000, and the percent of new admissions in hospitals, and staffed beds for COVID-19 in hospitals. Los Angeles County has announced that on April 17 it will relax the outdoor mega event mandates. Masks will be strongly recommended but not required to attend. Proof of vaccination or testing will also not be required. Another positive step is the new COVID-19 <i>test to treat</i> program. This program leverages the amazing availability of the highly effective oral medications for mild to moderate COVID-19 infections for people who are considered at high risk for developing severe disease; those with high-risk conditions such as diabetes, heart or lung disease. People who are tested and can access the medication within five days of the onset of symptoms may have a significant reduction in risk of hospitalization and death. Los Angeles County is confident in the supply of this medication and has published information about the many different locations in Los Angeles County where people can access testing and if positive, get the medication. The location of these sites are on the Los Angeles County website and on L.A. Care’s website. L.A. Care is also distributing the information to members and providers. The sites include many of the CVS minute clinics and Walgreen’s Pharmacies. 	

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	<p>Los Angeles County is sponsoring a number of locations. For people who do not access testing or medication at these sites, there is a phone number that will be staffed by clinicians who will interview callers, determine eligibility and order the medication for the caller.</p> <ul style="list-style-type: none"> • L.A. Care offers incentives to members and providers to encourage vaccination. Over 200,000 members were vaccinated after November 1 and have received a \$50 gift card. Adding to the provider incentives for vaccination among community clinics and pharmacies in the provider network, L.A. Care recently arranged with the Los Angeles County Department of Public Health. L.A. Care’s <i>Educate and Vaccinate</i> program offered financial incentives to high-volume primary care doctors in the L.A. Care network. • L.A. Care’s contracts with Centers for Medicare and Medicaid Services (CMS) and others are increasingly holding health plans responsible for performance in the STAR rating system. There are significant financial and member assignment consequences. L.A. Care is increasing a focus on performing at the highest possible level. An internal STAR steering committee has been formed and staff is being hired throughout L.A. Care to enable this focus on the STAR measures and improve the health plan performance. Measures include categories such as member experience, clinical quality metric performance, Health Effectiveness Data Information Set (HEDIS), and pharmacy adherence. • L.A. Care continues to expand work to improve pharmacy services. L.A. Care participates in a program called, <i>California Right Meds Collaborative</i>, with the School of Pharmacy at USC, and working with L.A. Care’s network pharmacies to focus on chronic disease conditions such as diabetes. L.A. Care is expanding the clinical focus of the programs to include behavioral health and cardio-vascular disease measures, and more pharmacies have been added to the program. Expanding the number of pharmacies and new disease states will further the impact of those programs. 	
ADVISORY COMMITTEE REPORTS		
Executive Community Advisory Committee (ECAC)	<p>Received via email April 7 at 2:23 pm from Ismael Maldonado rcac 2 member, <i>The ada subtitle 3 section b training for la care health plan need to be training for no more use of Uber thank you isMael Maldonado raca,2 equity council member I would like a special shout out to cindy pozo</i></p> <p>Received via email April 7 at 2:27 pm from Ismael Maldonado rcac 2 member, <i>Call the care get rid of Uber due to Uber is not accessible to ride person with disabilities I don't think la care know the Ada,like I do I am a disability right advocate How about valuation of the brown act Is Los Angeles County part of the laterman. Pertes act mr. Bacchus</i></p>	

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	<p>Received via email April 7 at 2:27 pm from Ismael Maldonado rcac 2 member, <i>Whole person was impatient by former director whole person care didn't work in the community for mental health the main event for mental health clients</i></p> <p>Received via email, April 7, 2:43 PM, from Andria McFerson <i>My name is Andria McFerson chair of RCAC 6. I want to say congratulations to Ketanji Brown Jackson She Will be the first Black Woman on Supreme Court. But, while being nominated by the president of the United States of America she still has had a hard time getting a seat on the high court bench. Her character has been questioned by calling her a Nazi defender, a criminal representative in a harsh way as if she wasn't a public defender and it was apart of her job to defend all people. Unfortunately I completely understand what she's going through because I have been trying to gain some form of respect every since I was given the right to represent my region since my committee RCAC 6 voted me in. Even though all my efforts are only to positively impact every single one of our communities. I feel that unless I have a degree or a PHD and I completely stay quiet that unfortunately I won't have an equal opportunity to speak, file motions, submit substantial complaints or unfortunately get any response from the people whose mission within LA Care is equality. It will be so much MORE beneficial, (I say MORE because my fight for better access to proper healthcare has been helpful to many alright), but I want to make sure that the position I held was worth it. I want to make sure that my Executive Chair seat was worthwhile, long after I leave. With that being said I filed a motion just to try to make sure each one of our committee's met at least 6 times a year just so that we could help the board with making major life saving decisions by giving them an opportunity to listen before and after the major decisions are made. Yet unfortunately, during my last motion to due so only 10 chairs were able to vote with: 6 yay's only 2 nay's and 2 abstentions. After that official act it was scary because staff member Ms. Del La Torre then stated that the ECAC committee officially voted Nay because there was not enough yay's. She went on by saying there has to be at least 7 yay's, which is important I agree, but 7 votes out of 13 or 12 not 10. There are normally 13 seats present at are meeting but there were only 10 present. So if the necessary vote amount doesn't depreciate according to available seats then we should have never been able to carry out the vote or the motion. I should not have even been told to carry out this valid motion which was just to solidify our plans to keep the same number of opportunities to speak for our families, (three minutes expired for this submitter, the remainder of her remarks are printed at the end of the Minutes.)</i></p>	

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	<p>Chairperson De La Torre asked Augustavia Haydel to look into the issue.</p> <p>Board Member Gonzalez thanked all the members that are listening to the Board meeting today and those who participated in previous meetings. The Board appreciates your attendance and welcomes your comments, suggestions and questions. She urged everyone to continue to use their masks, get vaccinated, and get the booster shot when eligible. She sends thoughts to those who are affected by the pandemic or have friends or family affected by the pandemic.</p> <p>Board Member Gonzalez reported that ECAC met on March 9.</p> <ul style="list-style-type: none"> • Dr. Seidman gave a COVID-19 update and Mr. Baackes gave a CEO update on the status of L.A. Care. • Dr. Auleria Eakins, <i>Manager, CO&E</i>, provided the following information: <ul style="list-style-type: none"> - She gave an update on DHCS survey participation and is working toward getting 100% response – all members are encouraged to complete the survey which will help in understanding Medi-Cal members’ communication preference. - She reviewed the reopening of Community Resource Centers and the scheduled Grand Openings for Community Resource Centers. - Dr. Eakins also shared information on the fourth Annual Provider Recognition Awards. She shared that for the first time a Provider Equity Award would be awarded. L.A. Care is grateful for the commitment these providers have shown in serving members who live in some of the most vulnerable communities in L.A. County – communities that are also hit hardest by COVID-19. - She provided an update on RCAC Spring reconvening in March and April. <p>Board Member Gonzalez met with RCAC 11 in Pomona and it was nice to see and hear everyone. She encouraged everyone to participate as much as possible. Members can contact CO& E staff if there are connectivity problems. It is hoped that in-person meetings can reconvene again soon.</p> <p>Board Member Perez commented that the CO&E Department sent an invitation for COVID-19 updates from Dr. Seidman. This is important for the members as Dr. Seidman is viewed as a reliable source of information. She thanked him for providing the information.</p> <p>She invited everyone to check out L.A. Care’s social media pages and website (www.lacare.org) to get information about re-openings and events at L.A. Care’s Family Resource Centers and Community Resource Centers (CRC) . She offered congratulations on the opening of the Inglewood CRC in Crenshaw Imperial Plaza. She noted that L.A. Care empowers the</p>	

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	<p>community and keeps the City of Champions healthy. She encouraged everyone to look for the schedule of classes offered at the CRCs.</p> <p>Board Member Perez congratulated L.A. Care’s work on equity and noted that James Kyle, MD, <i>Chief of Equity and Quality</i>, participated in a Facebook Live event about COVID-19 in the Black community. This is important for people to interact in real time with a professional.</p> <p>March was colorectal cancer awareness month. She encouraged everyone to schedule an appointment to talk to their doctor about colorectal health. Health Promoters proudly partners with Venice Family Clinic to provide an online class about colorectal health, colorectal cancer prevention, awareness and screening. She noted that those who are 45-50 years old should talk to their doctor about this. It can save your life, the lives of those who love you and the ones who you love.</p>	
Children’s Health Consultant Advisory Committee	<p>Dr. Seidman reported that the members of the Children’s Health Consultant Advisory Committee met on March 15 (<i>minutes can be obtained by contacting Board Services</i>).</p> <ul style="list-style-type: none"> • He was not able to attend that meeting, and he thanked Dr. Miller-Parrish for presenting the March 2022 Chief Medical Officer report to CHCAC members. • Dr. Michael Brodsky gave a presentation about the Student Behavioral Health Incentive Program. Some targeted interventions include Behavioral Health Wellness Programs, Screening, and suicide prevention strategies, among others. 	
BOARD COMMITTEE REPORTS		
Executive Committee	<p>Chairperson De La Torre, <i>Board Chairperson</i>, reported the Executive Committee met on March 22. A copy of approved meeting minutes can be obtained by contacting Board Services and will be available on the website. The Committee received an update on Elevating the Safety Net Initiatives, which will be presented at the May Board meeting.</p>	
Government Affairs Update	<p>(<i>Member Shapiro left the meeting.</i>)</p> <p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported:</p> <ul style="list-style-type: none"> • Earlier today, the US Senate approved the nomination of Ketanji Brown Jackson to the United States Supreme Court. The vote count was 53 to 47. She had the support of three Republicans, Susan Collins, Lisa Murkowski and Mitt Romney. She will replace Justice Steven Breyer, who is retiring later this year. Her confirmation is the first for Democrats in 12 years. It is extremely interesting that she is the only sitting Justice with experience as a public defender. • It was anticipated that federal legislation for an additional \$10 billion in COVID 19 Relief Funding for states would be voted on this week, but multiple Senators have gone on record 	

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	<p>in saying that the vote will be delayed until after the legislators return from spring break. The Democrats and the Administration are not happy about this, as delays in funding will not help states prepare for potential surges or new variants, and the \$10 billion is likely not to go far and funding may be exhausted in two months. There was objection to the original bill from Republicans that there was initially too much money, and it was reduced to \$10 billion. Republicans also did not want potential global relief funding included in the legislation, and those provisions were also removed. The Democrat caucus members who are up for election this year have joined Republicans in demanding that the legislation include policy that would deal with an expected surge of migrants at the border, and to repel those migrants. This is being tied in to the talks on the COVID relief bill. We will have to wait two to three weeks to hear if legislation for COVID relief funding will be voted on.</p> <ul style="list-style-type: none"> • President Biden and Former President Obama met recently to unveil a measure that will fix an element in the Affordable Care Act known as the “family glitch”. This was a problem that made some family members with employer-based insurance ineligible for premium subsidies, and if the employer-based coverage had a premium that was more expensive, those family members could not access the premium subsidies to assist with the cost of coverage. An Executive Order was signed to fix that, as well as to expand overall health coverage. • There are federal subsidies that are due to expire at the end of 2022. L.A. Care has begun to reach out to national trade associations and the Los Angeles congressional delegation to encourage them to not let these subsidies expire. • In the packet there is a lengthy legislative matrix of current bills under consideration in California’s state legislature. There are hearings going on now to meet an April 29 deadline to get the policy bills out. Hearings will continue through the summer. The initial hearings give us the opportunity to get a sense of amendments and an ability to understand the impact of proposed legislation. <p>Chairperson De La Torre asked Ms. Compartore to provide an update on the Governor’s proposed contract with Kaiser for Medi-Cal enrollment. Ms. Compartore reported that a deal appears to have been made between Kaiser and Governor Newsom’s Administration that would allow Kaiser to contract directly with the state to enroll Medi-Cal members in many of California’s counties, including Los Angeles County. L.A. Care values its 25-year relationship with Kaiser and has no significant issue at all with Kaiser as a health plan. L.A. Care does take issue with the manner in which this arrangement was conducted, in private and outside of the rules that other plans have to follow in order to have a contract for serving Medi-Cal members. There was a fight to take this out of the state budget process and make it a policy bill so it could get more public comment. L.A. Care is working to get some guardrails in place that creates an</p>	

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	<p>even playing field for Kaiser and other health plans. In the current arrangement, Kaiser would bypass the pre-procurement process with which all other commercial health plans have to comply. L.A. Care would like to see a process in place that treats Kaiser the same way.</p> <p>There is a bill, AB2724, introduced by Assembly Member Arambula, and L.A. Care has worked with its trade association, Local Health Plans of California (LHPC), on the legislation. There is a legislative hearing on April 19. L.A. Care, in conjunction with Local Health Plans of California, has submitted amendments and met with California legislators about this legislation. It is likely the provisions will be placed back into the Budget, after the public hearing.</p> <p>Mr. Baackes was part of a delegation with LHPC that met with legislative staff representatives this morning to review provisions of the legislation. The proposed amendments do not prohibit the transaction with Kaiser, but impose measures that would reveal the key provisions of the proposed agreement, which has never been publicly released. He anticipates many more such meetings prior to the April 19 hearing.</p>	
Finance & Budget Committee	<p>Chairperson De La Torre reported that the Committee met on March 22 (<i>contact Board Services to obtain a copy of approved meeting minutes</i>).</p> <ul style="list-style-type: none"> • The Committee reviewed and approved the motions that were approved earlier today on the Consent Agenda. • The Committee reviewed and approved a contract amendment with California Coverage and Health Initiatives which does not require full Board approval. 	
Chief Financial Officer Report	<p>Marie Montgomery, <i>Chief Financial Officer</i>, reported the financial results for February 2022.</p> <p><u>Membership</u> February 2022 membership is 2,550,267; 13,610 members favorable to the 3+9 forecast; 22,332 member months favorable to year-to-date (YTD) forecast. Earlier today Mr. Baackes informed the Board about the impact of Medi-Cal eligibility redeterminations. The original assumptions in the Budget have been revised in the 3+9 forecast and are tracking favorably to that. There is favorability in Medi-Cal segments of the membership, reflecting the additional mandatory managed care enrolled population. The forecast did not include those additional members for Plan Partners. L.A. Care has 115,000 in the L.A. Care Covered population.</p> <p><u>Consolidated Financial Performance</u> There is a \$49 million net deficit for February 2022 and \$48 million unfavorable to the 3+9 forecast. The main driver is higher administrative expenses due to regulatory fines totaling \$55 million. The operating margin is \$6.4 million favorable to the forecast due to pharmacy and timing in provider incentives. Non-operating expense has a small variance due to lower</p>	

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	<p>spending Community Resource Centers spending and timing in grant spending, offset by an unrealized loss of \$3 million.</p> <p>YTD there was a \$20 million net surplus; which is \$4.8 million unfavorable to the forecast. The large variances in revenues and healthcare expenses are due to the Proposition 56 reconciliation which resulted in large decreases to revenue and in health care expenses. That impacts unfavorably on operating margin by about \$15.5 million in January and YTD. The YTD incurred claims are favorable as higher expected health care expenses were included in the forecast for January and February due to the surge in Omicron cases. Provider incentives is also favorable due to timing.</p> <p>Administrative expenses are \$26.5 million unfavorable YTD due to the \$55 million regulatory fines which are offset by the adjustment made last month for the \$22 million Patient-Centered Research Institute (PCORI) fees. Non-operating is \$1.8 million favorable due to lower than anticipated CRC spending and timing in grant spending, but are partially offset by an unrealized loss. The unrealized loss was a result of the market conditions, not the quality of our investment portfolio.</p> <p><u>Operating Margin by Segment</u> The Overall Medical Care Ratio (MCR) is 92.8% versus forecast of 93.8% due to the favorability in operating margin discussed earlier.</p> <p><u>Reported vs Paid Claims Trend</u> Paid claims were higher in January and February, reflecting higher than expected expenses due to the Omicron surge. Staff continues to monitor the development of the paid claims. The reported claims are consistent with recent periods and the overall estimates are holding up well.</p> <p><u>Key Financial Ratios</u> The administrative ratio was 6.2%, higher than the forecast of 5.1% due to the regulatory fines mentioned earlier. Working Capital and Tangible Net Equity are ahead of benchmarks. Cash to claims ratio is below the benchmark. As previously reported, the cash to claims ratio will not fully recover until the settlement of the In-Home Support Services (IHSS) balances with the Department of Healthcare Services.</p> <p><u>Tangible Net Equity and Days of Cash on Hand</u> The February 2022 Fund Balance was \$1.1 billion which represents 522% of Tangible Net Equity, and is equal to 37 days' cash on hand. This was influenced by higher administrative expenses due to the regulatory fines.</p>	

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	<p>Chairperson De La Torre noted that L.A. Care is a public non-profit health plan with a cash reserve. He asked Ms. Montgomery to describe the differences between public and commercial health plans and the reserve requirement.</p> <p>Ms. Montgomery noted that, L.A. Care’s Tangible Net Equity is near the mid-point when compared to similar health plans in California. The reserve funds the community health investment initiative programs, such as the Elevating the Safety Net program. This is a significant commitment of funding for the local communities. There are new contract provisions for health plans which require that part of the profitability is invested into the types of community-benefit programs that L.A. Care has historically supported. Another reason for the reserve is to have access to funds in rare periods when it is needed. L.A. Care has built a reasonable reserve to weather those storms such as when Medi-Cal rates were cut during the pandemic. Commercial health plans turn over their profitability to the corporate parent entity, and sometimes receives funding back during the tough times. L.A. Care does not have a corporate parent and must be sure the reserves are sufficient.</p> <p>Chairperson De La Torre noted that L.A. Care has just 37 days’ cash on hand, and its medical care ratio is around 94-95% for the various programs. This means L.A. Care is spending 94-95 cents of every dollar on medical care for members.</p> <p>Board Member Mitchell noted that in non-profit finance, a cash reserve is often misunderstood by the public. Having run a large non-profit, Board Member Mitchell had responsibility for providing direct services along with a responsibility for the overall financial health of the organization. She understands the importance of the reserve for L.A. Care. When she was elected state legislator during the prior administration when a reserve account was set up, people thought the funds in the reserve should be used for direct services, until the situation changed and the state had to tap into the reserve funds. She was relieved that the reserve funds were there. She thanked L.A. Care for its support of the County’s Care Harbor event, she asked if there was a place in the financial documents where people can see the kinds of support that the reserve is used for?</p> <p>Ms. Montgomery offered to bring more transparency to that in future reports.</p> <p>Mr. Baackes noted that those activities are highlighted in the Annual Report. He thanked her for the question and thinks it’s a great idea to help people understand how the funds are used.</p> <p>Board Member Raffoul noted that 37 days’ cash on hand is really a minimum of what is required. Banks can recall the debt of companies that have less than 30 days’ cash on hand. He asked if there was a set goal for this metric to help people understand it.</p>	

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	<p>Ms. Montgomery noted that there is no specific target. The cash to claims ratio has a required benchmark.</p> <p><u>Motion FIN 104.0422</u> To accept the Financial Reports for February 2022 as submitted.</p>	<p>Unanimously approved by roll call. 11 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Jimenez, Mitchell, Perez, Raffoul, Roybal and Vaccaro)</p>
<p>Monthly Investments Transactions Report</p>	<p>Ms. Montgomery referred to the investment transactions reports included in the meeting materials. <i>(A copy of the report can be obtained by contacting Board Services).</i> This report is provided to comply with the California Government Code and is presented as an informational item. L.A. Care's total investment market value as of February 28, 2022 was \$1.8 billion.</p> <ul style="list-style-type: none"> • \$1.5 billion managed by Payden & Rygel and New England Asset Management (NEAM) • \$73 million in Local Agency Investment Fund • \$253 million in Los Angeles County Pooled Investment Fund 	
<p>Compliance & Quality Committee</p>	<p><u>PUBLIC COMMENT</u></p> <p>Received via chat on April 7, 2:44 PM, from Cindy Goldman <i>Who looks at provider quality of care? Are providers over burdened because most doctors will not participate in this program?</i></p> <p>Received via chat on April 7, 2:46 PM from Cindy Goldman <i>It is just a general comment based on the Quality part of the committee's name. This is my first meeting so I am not very aware,, I don't expect an answer but just throwing it out there.</i></p> <p>Received via chat on April 7, 2:50 PM from Cindy Goldman <i>Thank you!</i></p> <p>Committee Chairperson Booth reported that the Committee met on March 17.</p> <ul style="list-style-type: none"> • Dr. Seidman gave his March 2022 Chief Medical Officer report, and provided an update to us earlier today. • Betsy Santana, <i>Manager, Quality Improvement Initiatives, Quality Improvement</i>, presented the 2022 Quality Improvement Description & Work Plan and the 2021 Quality Improvement Program Annual Report and Evaluation. • Henock Solomon, <i>Senior Manager, Incentives, Population Health Management</i>, gave an update on L.A. Care's Provider Incentive Program. Incentives serve as a motivator and amplifier for Quality Improvement interventions. About 1,000 physicians and clinics participated in the 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>program, and L.A. Care provided \$20.6 million in incentive payments. For the 50 IPAs that participated, \$14.7 million in incentives were provided.</p> <ul style="list-style-type: none"> • Thomas Mapp, <i>Chief Compliance Officer</i>, and Compliance Department staff presented information from the March 2022 Chief Compliance Officer report. Mr. Mapp and representatives of the Compliance Department, Special Investigations Unit and Enterprise Performance Optimization provided an overview of the responsibilities and functions of the Compliance Program, focused on prevention, detection and correction of compliance issues. • Elysse Tarabola, <i>Senior Director, Regulatory Compliance</i>, presented the findings and observations from the annual compliance program effectiveness audit. The findings concerned untimely completion of required training by one Board Member in the sample reviewed, and showed that we need to develop a more comprehensive delegation oversight program and we have had inconsistent management for corrective actions. • The Committee reviewed and approved the Compliance Program document, with a provision that the Compliance & Quality Committee will review the updated description of the Compliance Department will develop a more detailed description of the Compliance & Quality Committee's duties for inclusion in the Compliance Program document. • The Committee will review the updated description of its roles and responsibilities at a future meeting. • Earlier today the Board approved a revised schedule of meetings, increasing the frequency of Compliance & Quality Committee meetings in 2022. 	
<p>PUBLIC COMMENT on Closed Session Items</p>	<p>Received via text April 7, 2:35 pm, sender not self-identified (<i>this text was received after the public comment period had ended for the CEO Report, and so it was read at this item on the Agenda</i>) <i>CEO report comment you did the same crap to my child years ago</i></p> <p>Received via Chat April 7, 2:37 PM from Carrie Broadus <i>Did your discovery determine any corrective action, including monetary to providers non-compliance?</i></p> <p>Received via text April 7, 2:46 pm, sender not self-identified <i>General comment , I don't appreciate being hung up on and unable to hear part of the meeting, who did it? I'm making a brown act complaint ! Weirdos! Who hung up on me?</i></p> <p>Received via email April 7 at 3:01pm from Andria McFerson <i>Chair Del La Torre,</i> <i>This is Andria McFerson Chair of RCAC 6. Happy World Health Day World Health Day is an opportunity to focus on the importance of global health around the world. But let us address the elephant in the room today</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>is also..... I want to again say congratulations to Ketanji Brown Jackson She Will be the first Black Woman on Supreme Court. Does anyone want to acknowledge the fact that we are growing more as a family in the US with equity towards man ACCORDING TO RACE AND GENDER! TODAY IS A WONDERFUL DAY AND I HOPE EACH ONE OF YOU ENJOY AND STAY SAFE. Kindest Regards, Andria McFerson RCAC 6</i></p> <p>Received via chat April 7 at 3:15 PM from Cindy Goldman <i>Is this a partisan group?????</i></p> <p>Received via chat April 7 at 3:16 PM from Cindy Goldman <i>I don't care about your political analysis. You are unqualified and inappropriate.</i></p> <p>Received via chat April 7 at 3:16 PM from Cindy Goldman <i>This is very unsettling.</i></p> <p>Received via chat April 7 at 3:18 PM from Cindy Goldman <i>Do not assume my affiliation. You are not even intelligent enough to hold your own.</i></p> <p>Received April 7 at 2:27pm from Ismael Maldonado rcac 2 member, via email <i>I can't believe Mrs . Elizabeth Cooper community Was inord remember board evey one just feel equity treatment</i></p> <p>Chairperson De La Torre noted that the Government Affairs report is provided monthly to the Board. It is part of the Board's responsibility to be informed about health care legislation and health care actions that could impact L.A. Care. It is not general political conversation, but is tied to legislation in Washington DC and Sacramento that could impact health care or L.A. Care members. This report is important to L.A. Care because Medi-Cal is a government program, and government impacts what happens at L.A. Care.</p> <p>Mr. Baackes commented that discovery did result in corrective actions for some of L.A. Care's providers. There is a process to sanction delegated providers who do not meet their contractual commitments. These are usually not financial penalties unless L.A. Care sees there is no real intent on their part to follow through on the corrective action. L.A. Care tries hard to work with delegated entities to point out deficiencies so they can work to improve on those for the benefit of L.A. Care's members. In this particular one there were some corrective actions which were included in L.A. Care's filing.</p>	
<p>ADJOURN TO CLOSED SESSION</p>	<p>The Joint Powers Authority Board of Directors meeting was adjourned at 4:03 pm.</p> <p>Ms. Haydel announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 4:04 pm.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Provider Rates • DHCS Rates <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>April 2024</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act L.A. Care v. Purdue Pharma L.P. et al.; Case No: 1:19-op-45212-DAP (N.D. Ohio)</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act Butler v. L.A. Care, Case No. 18STCV08155</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four Potential Cases</p> <p><i>From the Supplemental Special Meeting Agenda</i> THREAT TO PUBLIC SERVICES OR FACILITIES Consultation with Tom MacDougall, <i>Chief Information & Technology Officer</i></p> <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION Pursuant to Section 54957 of the Ralph M. Brown Act Title: Chief Executive Officer</p> <p>CONFERENCE WITH LABOR NEGOTIATOR Pursuant to Section 54957.6 of the Ralph M. Brown Act Agency Designated Representative: Hector De La Torre Unrepresented Employee: John Baackes</p> <p><i>(Member Jimenez left the meeting.)</i></p>	
RECONVENE IN OPEN SESSION	<p>The Board reconvened in open session at 5:57 p.m.</p> <p>There was no report from closed session.</p>	
Option to Extend the Department of Health Care Services Medi-	<u>Motion BOG 102.0422</u>	Unanimously approved by roll call.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Cal Contract (04-36069) and Hyde Agreement Contract (03-75799) (BOG 102)	To delegate authority to L.A. Care Chief Executive Officer, John Baackes, to accept the Option to Extend the Medi-Cal Contract (04-36069) and Hyde Agreement Contract (03-75799).	10 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Mitchell, Perez, Raffoul, Roybal and Vaccaro)
ADJOURNMENT	The meeting was adjourned at 5:59 p.m.	

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

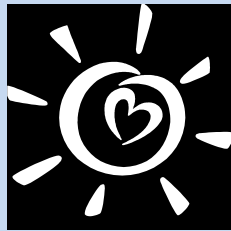
APPROVED BY:

Stephanie Booth, MD, *Board Secretary*
Date Signed _____

Below are comments that were not read during the meeting due to expiration of time, or that the comment was received after public comment had been closed for that item.

Received via email, April 7, 2:43 PM, from Andria McFerson
(continued from Executive Community Advisory Committee report above)

... our friends & our community like we have already done for so many years. So if our voting opportunities change we should be given that information beforehand. Can the board please give me a call or can you please ask the relevant staff member to call me and explain to me what proper protocol is as it relates to the voting process this will then give me some validation to the reason our community members brought us here.



L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: May 5, 2022

Motion No. FIN 100.0522

Committee: Finance & Budget

Chairperson: Ilan Shapiro MD, MBA, FAAP, FACHE

Issue: Accept the Investment Report for the quarter ended March 31, 2022.

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

Background: Per L.A. Care's Investment Policy, the Finance & Budget Committee is responsible for reviewing L.A. Care's investment portfolio to confirm compliance with the Policy, including its diversification and maturity guidelines.

Member Impact: N/A

Budget Impact: L.A. Care budgets a reasonable return on investment holdings.

Motion: To accept the Quarterly Investment Report for the quarter ending March 31, 2022, as submitted.



DATE: April 26, 2022
 TO: Finance & Budget Committee
 FROM: Marie Montgomery, *Chief Financial Officer*

SUBJECT: Quarterly Investment Report – March 2022

As of March 31, 2022, L.A. Care's combined investments value was approximately \$2.5 billion. Interest income, amortization, realized gains and losses was approximately \$2.9 million for the quarter. Unrealized loss due to market price fluctuations was \$16.7 million for the quarter. The rate of return for the quarter was -0.75%. Based upon an independent compliance review performed as of March 31, 2022, LA Care is in compliance with its investment policy guidelines pursuant to the California Government Code and the California Insurance Code.

At quarter end \$1.84 billion (or approx. 74% of total investments) and \$0.33 billion (or approx. 13% of total investments) were under the management of Payden & Rygel and New England Asset Management, respectively. Both are external professional investment management firms. A list of the securities held under management of these two firms are attached. Below are the same securities grouped by investment type:

	Payden	NEAM	Combined
Cash and Money Market Mutual Fund	2%	0%	1%
U.S. Treasury Securities	81%	0%	69%
U.S. Agency & Municipal Securities	2%	4%	3%
Corporate bonds	0%	95%	14%
Asset Backed and Mortgage Backed Securities	8%	0%	7%
Negotiable CDs	6%	0%	5%
Other	1%	1%	1%
	100%	100%	100%
Average credit quality:	AAA	A1	
Average duration:	0.22 years	2.43 years	
Average yield to maturity:	0.45%	2.68%	

The funds managed by Payden & Rygel are managed as two separate portfolios based on investment style – 1) the short-term portfolio and 2) the extended term portfolio. The short-term portfolio had approximately \$1,750 million invested as of March 31, 2022, and returned -0.09% for the quarter. The comparative benchmark returned 0.04% for the quarter. The extended term portfolio had approximately \$90 million invested March 31, 2022, and returned -2.91% for the quarter. The comparative benchmark had a return of -3.36%.

PORTFOLIO RETURNS

Periods over one year annualized

Periods ended 3/31/2022

	1st Quarter	YTD 2022	Trailing 1 Year	Trailing 3 Year
Performance				
LA Care - Short-Term Portfolio	-0.09	-0.09	-0.08	0.83
Benchmark*	0.04	0.04	0.06	0.81
LA Care - Extended-Term Portfolio	-2.91	-2.91	-3.28	1.23
Benchmark**	-3.36	-3.36	-3.95	0.86
LA Care - Combined Portfolio	-0.27	-0.27	-0.28	0.87

* ICE BoA 91 Day Treasury Index

** Bloomberg US Govt 1-5 Yr Bond Index

The \$326 million portfolio managed by New England Asset Management, Inc (NEAM), focused on corporate fixed income bonds returned -3.12% for the quarter. The comparative benchmark returned -3.56% for the quarter.

LA Care also invests with 2 government pooled investment funds, the Local Agency Investment Fund (LAIF) and the Los Angeles County Pooled Investment Fund (LACPIF). L.A. Care's investment balances as of March 31, 2022 were \$73 million in LAIF and \$253 million in LACPIF.

The Local Agency Investment Fund (LAIF) yielded approximately 0.06% for the quarter. The fund's total portfolio market value as of February 28, 2022, was \$199.1 billion, with a weighted average maturity of 310 days. LAIF is administered and overseen by the State Treasurer's office. The fund's investment holdings as of February 28, 2022 were as follows:

U.S. Treasury Securities	66%
Agencies	18%
CD's and bank notes	7%
Commercial paper	6%
Time deposits	2%
Other	1%
	<u>100%</u>

The Los Angeles County Pooled Investment Fund (LACPIF) yielded approximately 0.14% for the quarter. The fund's market value as of February 28, 2022, was \$41.6 billion, with a weighted average maturity of 1015 days. LACPIF is administered and overseen by the Los Angeles County Treasurer. The fund's most recent published investment holdings (February 28, 2022) were as follows:

U.S. Govt. and Agency Securities	68%
Commercial paper	27%
CD's	5%
	<u>100%</u>

Lastly, LA Care also has a \$100,000 certificate of deposit (CD) account at Banc of California. The CD account is FDIC insured. The CD yielded 0.03% for the quarter and will mature on May 11, 2022.

LA Care Securities Holdings

as of March 31, 2022

Portfolio	CUSIP/Identifier	Security	Type	Par	Maturity date
Payden	USD	DREYFUS TREASURY & AGENCY CASH	Cash/Money Market Funds	29,458,296	NA
NEAM	USD	BLACKROCK TREASURY TRUST	Cash/Money Market Funds	1,483,296	NA
Payden	912796T74	U.S. TREASURY BILL	U.S. Treasury Security	280,000,000	4/5/2022
Payden	912796N47	U.S. TREASURY BILL	U.S. Treasury Security	50,000,000	4/7/2022
Payden	912796T82	U.S. TREASURY BILL	U.S. Treasury Security	530,000,000	4/12/2022
Payden	912796P29	U.S. TREASURY BILL	U.S. Treasury Security	100,000,000	4/14/2022
Payden	912796T90	U.S. TREASURY BILL	U.S. Treasury Security	60,000,000	4/19/2022
Payden	912796G45	U.S. TREASURY BILL	U.S. Treasury Security	50,000,000	4/21/2022
Payden	912796U23	U.S. TREASURY BILL	U.S. Treasury Security	30,000,000	4/26/2022
Payden	912796P37	U.S. TREASURY BILL	U.S. Treasury Security	40,000,000	4/28/2022
Payden	912796U72	U.S. TREASURY BILL	U.S. Treasury Security	60,000,000	5/3/2022
Payden	912796P45	U.S. TREASURY BILL	U.S. Treasury Security	30,000,000	5/5/2022
Payden	912796U80	U.S. TREASURY BILL	U.S. Treasury Security	60,000,000	5/10/2022
Payden	912796Q28	U.S. TREASURY BILL	U.S. Treasury Security	60,000,000	5/12/2022
Payden	912796U98	U.S. TREASURY BILL	U.S. Treasury Security	30,000,000	5/17/2022
Payden	91282CBU4	U.S. TREASURY NOTE	U.S. Treasury Security	50,000,000	3/31/2023
Payden	91282CBA8	U.S. TREASURY NOTE	U.S. Treasury Security	12,000,000	12/15/2023
Payden	91282CBD2	U.S. TREASURY NOTE	U.S. Treasury Security	460,000	12/31/2022
Payden	912828Z29	U.S. TREASURY NOTE	U.S. Treasury Security	455,000	1/15/2023
Payden	91282CBG5	U.S. TREASURY NOTE	U.S. Treasury Security	217,000	1/31/2023
Payden	912828Z86	U.S. TREASURY NOTE	U.S. Treasury Security	345,000	2/15/2023
Payden	9128285U0	U.S. TREASURY NOTE	U.S. Treasury Security	595,000	12/31/2023
Payden	91282CBE0	U.S. TREASURY NOTE	U.S. Treasury Security	1,975,000	1/15/2024
Payden	9128285Z9	U.S. TREASURY NOTE	U.S. Treasury Security	798,000	1/31/2024
Payden	9128286G0	U.S. TREASURY NOTE	U.S. Treasury Security	430,000	2/29/2024
Payden	91282CEA5	U.S. TREASURY NOTE	U.S. Treasury Security	1,410,000	2/29/2024
Payden	91282CBR1	U.S. TREASURY NOTE	U.S. Treasury Security	845,000	3/15/2024
Payden	912828W71	U.S. TREASURY NOTE	U.S. Treasury Security	1,170,000	3/31/2024
Payden	912828XT2	U.S. TREASURY NOTE	U.S. Treasury Security	4,010,000	5/31/2024
Payden	9128286Z8	U.S. TREASURY NOTE	U.S. Treasury Security	885,000	6/30/2024
Payden	91282CCL3	U.S. TREASURY NOTE	U.S. Treasury Security	1,700,000	7/15/2024
Payden	912828YH7	U.S. TREASURY NOTE	U.S. Treasury Security	890,000	9/30/2024
Payden	912828YM6	U.S. TREASURY NOTE	U.S. Treasury Security	40,000	10/31/2024
Payden	912828YV6	U.S. TREASURY NOTE	U.S. Treasury Security	305,000	11/30/2024
Payden	91282CDZ1	U.S. TREASURY NOTE	U.S. Treasury Security	320,000	2/15/2025
Payden	912828ZC7	U.S. TREASURY NOTE	U.S. Treasury Security	455,000	2/28/2025
Payden	912828ZF0	U.S. TREASURY NOTE	U.S. Treasury Security	1,686,000	3/31/2025
Payden	912828ZL7	U.S. TREASURY NOTE	U.S. Treasury Security	935,000	4/30/2025
Payden	912828ZT0	U.S. TREASURY NOTE	U.S. Treasury Security	365,000	5/31/2025
Payden	91282CAJ0	U.S. TREASURY NOTE	U.S. Treasury Security	2,250,000	8/31/2025
Payden	91282CAM3	U.S. TREASURY NOTE	U.S. Treasury Security	500,000	9/30/2025
Payden	91282CAZ4	U.S. TREASURY NOTE	U.S. Treasury Security	4,365,000	11/30/2025
Payden	91282CBC4	U.S. TREASURY NOTE	U.S. Treasury Security	2,051,000	12/31/2025
Payden	91282CBH3	U.S. TREASURY NOTE	U.S. Treasury Security	1,410,000	1/31/2026
Payden	91282CBT7	U.S. TREASURY NOTE	U.S. Treasury Security	2,315,000	3/31/2026
Payden	91282CBW0	U.S. TREASURY NOTE	U.S. Treasury Security	1,595,000	4/30/2026
Payden	91282CCF6	U.S. TREASURY NOTE	U.S. Treasury Security	470,000	5/31/2026
Payden	91282CCJ8	U.S. TREASURY NOTE	U.S. Treasury Security	470,000	6/30/2026
Payden	91282CCP4	U.S. TREASURY NOTE	U.S. Treasury Security	2,350,000	7/31/2026
Payden	91282CCW9	U.S. TREASURY NOTE	U.S. Treasury Security	1,880,000	8/31/2026
Payden	91282CCZ2	U.S. TREASURY NOTE	U.S. Treasury Security	1,405,000	9/30/2026

LA Care Securities Holdings

as of March 31, 2022

Portfolio	CUSIP/Identifier	Security	Type	Par	Maturity date
Payden	91282CDQ1	U.S. TREASURY NOTE	U.S. Treasury Security	930,000	12/31/2026
Payden	91282CEF4	U.S. TREASURY NOTE	U.S. Treasury Security	450,000	3/31/2027
NEAM	912828TY6	UNITED STATES TREASURY NOTE	U.S. Treasury Security	1,400,000	11/15/2022
Payden	911759MW5	HOUSING URBAN DEVELOPMENT	U.S. Agency Security	140,000	8/1/2023
Payden	3134GXDZ4	FHLMC C 11/25/22 Q	U.S. Agency Security	510,000	11/25/2024
Payden	3135G0X24	FNMA	U.S. Agency Security	940,000	1/7/2025
Payden	3135G03U5	FNMA	U.S. Agency Security	960,000	4/22/2025
Payden	3137EAEU9	FHLMC	U.S. Agency Security	570,000	7/21/2025
Payden	3135G06G3	FNMA	U.S. Agency Security	410,000	11/7/2025
Payden	3130AKXQ4	FHLB C 05/12/21 Q	U.S. Agency Security	940,000	2/12/2026
Payden	45818WCP9	INTER-AMERICAN DEV BANK FRN SOFRRATE	Non U.S. Government Bond	1,300,000	9/16/2022
Payden	459058JQ7	INTL BANK RECON & DEVELOP FRN SOFRRATE	Non U.S. Government Bond	2,491,000	1/13/2023
Payden	45950KCW8	INTL FINANCE CORP FRN SOFRRATE	Non U.S. Government Bond	10,000,000	6/30/2023
Payden	45950VQM1	INTL FINANCE CORP FRN SOFRRATE	Non U.S. Government Bond	8,430,000	4/3/2024
Payden	459058JV6	INTL BANK RECON & DEVELOP	Non U.S. Government Bond	340,000	4/20/2023
Payden	4581X0DM7	INTER-AMERICAN DEVELOPMENT BANK	Non U.S. Government Bond	300,000	5/24/2023
Payden	4581X0DP0	INTER-AMERICAN DEVELOPMENT BANK	Non U.S. Government Bond	560,000	11/15/2023
Payden	459058JM6	INTL BANK RECON & DEVELOP	Non U.S. Government Bond	580,000	11/24/2023
NEAM	459058JV6	INTL BANK RECON & DEVELOP	Non U.S. Government Bond	3,000,000	4/20/2023
Payden	22532XQP6	CREDIT AGRICOLE YCD FRN SOFRRATE	Negotiable CD	2,000,000	5/9/2022
Payden	06367CGJ0	BANK OF MONTREAL YCD	Negotiable CD	7,500,000	5/10/2022
Payden	83050PUW7	SKANDINAV ENSKILDA BK YCD	Negotiable CD	7,500,000	5/10/2022
Payden	65558UBA9	NORDEA BANK ABP NY YCD	Negotiable CD	6,060,000	5/11/2022
Payden	0727MCNR4	BAYERISCHE LANDESBANK YCD	Negotiable CD	4,000,000	5/12/2022
Payden	22536UY61	CREDIT INDUST ET COMM YCD FRN SOFRRATE	Negotiable CD	5,000,000	5/16/2022
Payden	22532XQR2	CREDIT AGRICOLE YCD FRN SOFRRATE	Negotiable CD	6,500,000	5/18/2022
Payden	60710REF8	MIZUHO BANK YCD	Negotiable CD	7,260,000	5/18/2022
Payden	06742TA55	BARCLAYS YCD	Negotiable CD	5,000,000	5/24/2022
Payden	63873QRJ5	NATIXIS NY YCD	Negotiable CD	7,450,000	5/24/2022
Payden	65558UPT3	NORDEA BANK ABP NY YCD	Negotiable CD	1,400,000	6/7/2022
Payden	86564MEZ7	SUMITOMO MITSUI TR NY YCD	Negotiable CD	7,500,000	6/22/2022
Payden	05966DE32	BANCO SANTANDER FRN YCD SOFRRATE	Negotiable CD	3,500,000	7/25/2022
Payden	86565C4F3	SUMITOMO MITSUI BANK FRN YCD SOFRRATE	Negotiable CD	2,600,000	8/2/2022
Payden	53947BCH1	LLOYDS BANK YCD FRN	Negotiable CD	7,500,000	8/17/2022
Payden	55380TM64	MUFG BANK LTD YCD FRN SOFRRATE	Negotiable CD	7,500,000	8/24/2022
Payden	86959RXQ8	SVENSKA HANDELSBANKEN YCD FRN SOFRRA	Negotiable CD	7,500,000	9/1/2022
Payden	06417MVT9	BANK OF NOVA SCOTIA FRN YCD SOFRRATE	Negotiable CD	2,500,000	9/14/2022
Payden	78012U4J1	ROYAL BANK OF CANADA YCD	Negotiable CD	7,400,000	9/16/2022
Payden	06417MVM4	BANK OF NOVA SCOTIA FRN YCD SOFRRATE	Negotiable CD	5,000,000	10/27/2022
Payden	79815WCY2	CA SAN JOSE FIN AUTH LEASE CP TXB	Municipal Securities	8,000,000	4/28/2022
Payden	97705MRS6	WI STATE GO/ULT TXB	Municipal Securities	610,000	5/1/2022
Payden	20772KNT2	CT STATE GO TXB	Municipal Securities	1,280,000	6/1/2022
Payden	672325M53	CA OAKLAND USD GO/ULT TXB	Municipal Securities	3,820,000	8/1/2022
Payden	796720NX4	CA SAN BERNARDINO CCD TXB	Municipal Securities	700,000	8/1/2022
Payden	5445872Q0	CA LOS ANGELES MUNI IMPT CORP LEASE TXB	Municipal Securities	1,250,000	11/1/2022
Payden	757696AP4	CA REDONDO BEACH FIN AUTH LEASE REV TX	Municipal Securities	1,155,000	5/1/2023
Payden	13077DFD9	CA STATE UNIVERSITY SYSTEM WIDE	Municipal Securities	350,000	11/1/2022
Payden	13063DAD0	CA STATE GO/ULT-TXB	Municipal Securities	480,000	4/1/2022
Payden	544445VX4	CA LOS ANGELES DEPT AIRPORTS-LAX TXBL	Municipal Securities	105,000	5/15/2022
Payden	91412HDJ9	CA UNIV OF CALIFORNIA REV TXB	Municipal Securities	400,000	5/15/2022
Payden	604146DQ0	MN ST GEN FUND REVS-TXBL	Municipal Securities	320,000	6/1/2022

LA Care Securities Holdings

as of March 31, 2022

Portfolio	CUSIP/Identifier	Security	Type	Par	Maturity date
Payden	79770G5P5	CA SAN FRANCISCO REDEV AGY-TXBL	Municipal Securities	1,000,000	8/1/2022
Payden	924397DD1	CA VERNON ELEC SYS REV-TXBL	Municipal Securities	750,000	8/1/2022
Payden	67232TAT2	CA OAKLAND REDEV AGY TXB	Municipal Securities	455,000	9/1/2022
Payden	76246PBC1	CA RIALTO REDEV AGENCY TAB-TXBL	Municipal Securities	660,000	9/1/2022
Payden	79876CBS6	CA SAN MARCOS REDEV AGY TAB TXB	Municipal Securities	515,000	10/1/2022
Payden	797299LU6	CA SAN DIEGO CITY PUB FACS LEASE TXB	Municipal Securities	850,000	10/15/2022
Payden	76913CAX7	CA RIVERSIDE CNTY PENSN OBLG TXB	Municipal Securities	280,000	2/15/2023
Payden	64990FX82	NY STATE DORUM AUTH-PIT TXB	Municipal Securities	900,000	3/15/2023
Payden	544445BC2	CA LOS ANGELES DEPT AIRPORTS LAX-TXBL	Municipal Securities	865,000	5/15/2023
Payden	84247PHY0	CA SOUTHERN CA PUBLIC POWER TXB	Municipal Securities	750,000	7/1/2023
Payden	13034PZM2	CA ST HSG FIN AGY REV-TXBL	Municipal Securities	250,000	8/1/2023
Payden	79770GGQ3	CA SAN FRANCISCO REDEV AGY TXB	Municipal Securities	500,000	8/1/2023
Payden	835569GQ1	CA SONOMA CNTY CLG DIST TXB	Municipal Securities	350,000	8/1/2023
Payden	42806KAS2	CA HESPERIA REDEV AGY SUCCESSOR TXB	Municipal Securities	790,000	9/1/2023
Payden	79730WAZ3	CA SAN DIEGO REDEV AGY TAB TXB	Municipal Securities	450,000	9/1/2023
Payden	798189RE8	CA SAN JOSE-EVERGREEN CCD TXB	Municipal Securities	390,000	9/1/2023
Payden	801096AR9	CA SANTA ANA CMNTY REDEV AGY TXB	Municipal Securities	450,000	9/1/2023
Payden	56453RAX2	CA MANTECA REDEV AGY TAB TXB	Municipal Securities	500,000	10/1/2023
Payden	54473ERV8	CA LOS ANGELESX CNTY PUB WORKS TXB	Municipal Securities	425,000	12/1/2023
Payden	072024WP3	CA BAY AREA TOLL AUTH TOLL BRDG REV TX	Municipal Securities	1,220,000	4/1/2024
Payden	13032UVB1	CA HEALTH FACS-NO PLACE LIKE HOME-TXB	Municipal Securities	380,000	6/1/2024
Payden	769036BL7	CA CITY OF RIVERSIDE POB TXB	Municipal Securities	320,000	6/1/2024
Payden	20772KJW0	CT STATE OF CONNECTICUT GO/ULT TXB	Municipal Securities	210,000	7/1/2024
Payden	284035AC6	CA CITY OF EL SEGUNDO POBS TXB	Municipal Securities	500,000	7/1/2024
Payden	664845EA8	CA NORTHERN CA PUB POWER TXB	Municipal Securities	410,000	7/1/2024
Payden	842475P66	CA SOUTHERN CA PUBLIC POWER TXB	Municipal Securities	900,000	7/1/2024
Payden	212204JE2	CA CONTRA COSTA CCD GO/ULT TXB	Municipal Securities	170,000	8/1/2024
Payden	223093VM4	CA COVINA-VALLEY USD GO/ULT TXB	Municipal Securities	250,000	8/1/2024
Payden	365298Y51	CA GARDEN GROVE USD GO/ULT TXB	Municipal Securities	395,000	8/1/2024
Payden	796720MG2	CA SAN BERNARDINO CCD TXB	Municipal Securities	570,000	8/1/2024
Payden	796720NQ9	CA SAN BERNARDINO CCD TXB	Municipal Securities	200,000	8/1/2024
Payden	378460YD5	CA GLENDALE USD GO/ULT TXB	Municipal Securities	250,000	9/1/2024
Payden	798736AW4	CA SAN LUIS WESTLANDS WTR DIST TXB	Municipal Securities	410,000	9/1/2024
Payden	544290JH3	CA LOS ALTOS SCH DIST GO BANS TXB	Municipal Securities	800,000	10/1/2024
Payden	861398CH6	CA STOCKTON PFA WTR REV-GREEN-TXB	Municipal Securities	300,000	10/1/2024
Payden	544587Y44	CA LOS ANGELES MUNI IMPT CORP LEASE TXB	Municipal Securities	500,000	11/1/2024
Payden	13080SZL1	CA STWD CMTY DEV AUTH REV-CAISO-TXB	Municipal Securities	750,000	2/1/2025
Payden	672211BM0	CA OAKLAND-ALAMEDA COLISEUM AUTH-TXB	Municipal Securities	925,000	2/1/2025
Payden	64990FD43	NY STATE DORM AUTH PERS INC TAX TXB	Municipal Securities	680,000	3/15/2025
Payden	91412HFM0	CA UNIVERSITY OF CALIFORNIA TXB	Municipal Securities	750,000	5/15/2025
Payden	088006JZ5	CA BEVERLY HILLS PFA LEASE REV TXB	Municipal Securities	670,000	6/1/2025
Payden	13034AN55	CA INFRA & ECON BANK-SCRIPPS TXB	Municipal Securities	500,000	7/1/2025
Payden	3582326T8	CA FRESNO USD GO/ULT TXB	Municipal Securities	600,000	8/1/2025
Payden	672325M95	CA OAKLAND USD GO/ULT TXB	Municipal Securities	420,000	8/1/2025
Payden	5445872T4	CA LOS ANGELES MUNI IMPT CORP LEASE TXB	Municipal Securities	360,000	11/1/2025
NEAM	68609TN61	OREGON ST	Municipal Securities	1,000,000	5/1/2024
NEAM	54438CYJ5	LOS ANGELES CA CMNTY CLG DIST	Municipal Securities	3,350,000	8/1/2024
NEAM	54438CYK2	LOS ANGELES CA CMNTY CLG DIST	Municipal Securities	1,100,000	8/1/2025
NEAM	969268DG3	WILLIAM S HART CA UNION HIGH S	Municipal Securities	2,350,000	8/1/2025
NEAM	576000ZE6	MASSACHUSETTS ST SCH BLDG AUTH	Municipal Securities	5,000,000	8/15/2025
Payden	3137B1U75	FHMS KS01 A2 CMBS	Mortgage-Backed Security	2,744,991	1/25/2023

LA Care Securities Holdings

as of March 31, 2022

Portfolio	CUSIP/Identifier	Security	Type	Par	Maturity date
Payden	3137FNAV2	FHMS KI04 A 1MOFRN CMBS	Mortgage-Backed Security	788,868	7/25/2024
Payden	3137FQXG3	FHMS KI05 A	Mortgage-Backed Security	532,384	7/25/2024
Payden	3137FBAR7	FHMS KF36 A	Mortgage-Backed Security	1,713,479	8/25/2024
Payden	3137FYUR5	FHMS Q015 A 1MOFRN CMBS	Mortgage-Backed Security	1,659,006	8/25/2024
Payden	3137FBUC8	FHMS KF38 A	Mortgage-Backed Security	533,801	9/25/2024
Payden	3137FVNA6	FHMS KI06 A 1MOFRN CMBS	Mortgage-Backed Security	1,915,794	3/25/2025
Payden	3137H3KA9	FHMS KI07 A SOFRFRN	Mortgage-Backed Security	6,950,000	9/25/2026
Payden	3137H4RC6	FHMS KI08 A 1MOFRN CMBS	Mortgage-Backed Security	3,750,000	10/25/2026
Payden	3137ATRW4	FHMS K020 A2 CMBS	Mortgage-Backed Security	82,701	5/25/2022
Payden	3137B04Y7	FHMS KSMC A2 CMBS	Mortgage-Backed Security	890,000	1/25/2023
Payden	3137B36J2	FHMS K029 A2 CMBS	Mortgage-Backed Security	771,397	2/25/2023
Payden	3137B3NX2	FHMS K031 A2	Mortgage-Backed Security	800,000	4/25/2023
Payden	3137B4WB8	FHMS K033 A2	Mortgage-Backed Security	820,000	7/25/2023
Payden	3137B5JM6	FHMS K034 A2	Mortgage-Backed Security	480,000	7/25/2023
Payden	3137BWWE0	FHMS K725 AM CMBS	Mortgage-Backed Security	810,000	2/25/2024
Payden	3137BYPR5	FHMS K726 AM CMBS	Mortgage-Backed Security	570,000	4/25/2024
Payden	3137FUZN7	FHMS KJ30 A1 CMBS	Mortgage-Backed Security	262,302	1/25/2025
Payden	3137FREB3	FHMS KJ28 A1	Mortgage-Backed Security	260,801	2/25/2025
NEAM	747525AE3	QUALCOMM INC	Corporate Security	2,500,000	5/20/2022
NEAM	74153WCN7	PRICOA GLOBAL FUNDING 1	Corporate Security	5,000,000	9/21/2022
NEAM	59217GAX7	MET LIFE GLOB FUNDING I	Corporate Security	3,000,000	1/10/2023
NEAM	06051GEU9	BANK OF AMERICA CORP	Corporate Security	2,750,000	1/11/2023
NEAM	61746BDJ2	MORGAN STANLEY	Corporate Security	3,000,000	2/25/2023
NEAM	26442CAV6	DUKE ENERGY CAROLINAS	Corporate Security	5,000,000	3/15/2023
NEAM	904764BA4	UNILEVER CAPITAL CORP	Corporate Security	5,000,000	3/22/2023
NEAM	05565EAW5	BMW US CAPITAL LLC	Corporate Security	3,000,000	4/12/2023
NEAM	377372AL1	GLAXOSMITHKLINE CAPITAL	Corporate Security	3,250,000	5/15/2023
NEAM	91324PDJ8	UNITEDHEALTH GROUP INC	Corporate Security	4,500,000	6/15/2023
NEAM	025816BW8	AMERICAN EXPRESS CO	Corporate Security	4,000,000	8/3/2023
NEAM	210518CV6	CONSUMERS ENERGY CO	Corporate Security	3,500,000	8/15/2023
NEAM	741531FA0	PRICOA GLOBAL FUNDING 1	Corporate Security	5,500,000	9/1/2023
NEAM	010392FK9	ALABAMA POWER CO	Corporate Security	4,500,000	12/1/2023
NEAM	89236TFS9	TOYOTA MOTOR CREDIT CORP	Corporate Security	5,000,000	1/8/2024
NEAM	59217GCT4	MET LIFE GLOB FUNDING I	Corporate Security	1,000,000	1/11/2024
NEAM	02665WCT6	AMERICAN HONDA FINANCE	Corporate Security	6,500,000	1/12/2024
NEAM	17325FAS7	CITIBANK NA	Corporate Security	9,300,000	1/23/2024
NEAM	693475AV7	PNC FINANCIAL SERVICES	Corporate Security	5,250,000	1/23/2024
NEAM	68235PAE8	ONE GAS INC	Corporate Security	4,330,000	2/1/2024
NEAM	459200HU8	IBM CORP	Corporate Security	2,000,000	2/12/2024
NEAM	38141GXE9	GOLDMAN SACHS GROUP INC	Corporate Security	9,000,000	2/20/2024
NEAM	06051GHP9	BANK OF AMERICA CORP	Corporate Security	7,000,000	3/5/2024
NEAM	375558AW3	GILEAD SCIENCES INC	Corporate Security	6,000,000	4/1/2024
NEAM	05565EBH7	BMW US CAPITAL LLC	Corporate Security	6,000,000	4/18/2024
NEAM	904764AX5	UNILEVER CAPITAL CORP	Corporate Security	1,250,000	5/5/2024
NEAM	66989HAG3	NOVARTIS CAPITAL CORP	Corporate Security	5,000,000	5/6/2024
NEAM	46625HJX9	JPMORGAN CHASE & CO	Corporate Security	1,000,000	5/13/2024
NEAM	06406HCV9	BANK OF NEW YORK MELLON	Corporate Security	3,750,000	5/15/2024
NEAM	459200JY8	IBM CORP	Corporate Security	3,000,000	5/15/2024
NEAM	14913Q2V0	CATERPILLAR FINL SERVICE	Corporate Security	2,500,000	5/17/2024
NEAM	747525AT0	QUALCOMM INC	Corporate Security	5,000,000	5/20/2024
NEAM	24422ESP5	JOHN DEERE CAPITAL CORP	Corporate Security	2,000,000	6/12/2024

LA Care Securities Holdings

as of March 31, 2022

Portfolio	CUSIP/Identifier	Security	Type	Par	Maturity date
NEAM	02665WCZ2	AMERICAN HONDA FINANCE	Corporate Security	2,250,000	6/27/2024
NEAM	05531FBH5	TRUIST FINANCIAL CORP	Corporate Security	5,000,000	8/1/2024
NEAM	828807DG9	SIMON PROPERTY GROUP LP	Corporate Security	5,000,000	9/13/2024
NEAM	828807CS4	SIMON PROPERTY GROUP LP	Corporate Security	2,500,000	10/1/2024
NEAM	61761JVL0	MORGAN STANLEY	Corporate Security	3,000,000	10/23/2024
NEAM	05348EAU3	AVALONBAY COMMUNITIES	Corporate Security	5,000,000	11/15/2024
NEAM	46647PAY2	JPMORGAN CHASE & CO	Corporate Security	4,000,000	12/5/2024
NEAM	07330NAT2	TRUIST BANK	Corporate Security	4,750,000	12/6/2024
NEAM	976656CL0	WISCONSIN ELECTRIC POWER	Corporate Security	1,500,000	12/15/2024
NEAM	57629WCG3	MASSMUTUAL GLOBAL FUNDIN	Corporate Security	2,500,000	1/11/2025
NEAM	89236TGT6	TOYOTA MOTOR CREDIT CORP	Corporate Security	3,000,000	2/13/2025
NEAM	384802AE4	WW GRAINGER INC	Corporate Security	1,000,000	2/15/2025
NEAM	69353REK0	PNC BANK NA	Corporate Security	2,000,000	2/23/2025
NEAM	57636QAN4	MASTERCARD INC	Corporate Security	3,000,000	3/3/2025
NEAM	30231GBH4	EXXON MOBIL CORPORATION	Corporate Security	2,000,000	3/19/2025
NEAM	254687FN1	WALT DISNEY COMPANY/THE	Corporate Security	3,000,000	3/24/2025
NEAM	458140BP4	INTEL CORP	Corporate Security	2,500,000	3/25/2025
NEAM	341081FZ5	FLORIDA POWER & LIGHT CO	Corporate Security	7,500,000	4/1/2025
NEAM	369550BK3	GENERAL DYNAMICS CORP	Corporate Security	5,000,000	4/1/2025
NEAM	911312BX3	UNITED PARCEL SERVICE	Corporate Security	5,000,000	4/1/2025
NEAM	438516CB0	HONEYWELL INTERNATIONAL	Corporate Security	5,000,000	6/1/2025
NEAM	29157TAC0	EMORY UNIVERSITY	Corporate Security	4,305,000	9/1/2025
NEAM	68233JBZ6	ONCOR ELECTRIC DELIVERY	Corporate Security	3,000,000	10/1/2025
NEAM	64952WDW0	NEW YORK LIFE GLOBAL FDG	Corporate Security	10,000,000	1/15/2026
NEAM	927804FU3	VIRGINIA ELEC & POWER CO	Corporate Security	5,000,000	1/15/2026
NEAM	06406RAQ0	BANK OF NY MELLON CORP	Corporate Security	5,000,000	1/28/2026
NEAM	037833BY5	APPLE INC	Corporate Security	1,500,000	2/23/2026
NEAM	20030NBS9	COMCAST CORP	Corporate Security	3,500,000	3/1/2026
NEAM	14913R2K2	CATERPILLAR FINL SERVICE	Corporate Security	5,000,000	3/2/2026
NEAM	74456QCF1	PUBLIC SERVICE ELECTRIC	Corporate Security	9,000,000	3/15/2026
NEAM	90320WAF0	UPMC	Corporate Security	1,000,000	4/15/2026
NEAM	95000U2N2	WELLS FARGO & COMPANY	Corporate Security	10,000,000	4/30/2026
NEAM	459200JZ5	IBM CORP	Corporate Security	1,250,000	5/15/2026
NEAM	57629WDE7	MASSMUTUAL GLOBAL FUNDIN	Corporate Security	5,000,000	7/16/2026
NEAM	61761J3R8	MORGAN STANLEY	Corporate Security	3,000,000	7/27/2026
NEAM	931142ER0	WALMART INC	Corporate Security	5,000,000	9/17/2026
NEAM	46625HRV4	JPMORGAN CHASE & CO	Corporate Security	3,500,000	10/1/2026
NEAM	743756AB4	PROV ST JOSEPH HLTH OBL	Corporate Security	1,500,000	10/1/2026
NEAM	025816CM9	AMERICAN EXPRESS CO	Corporate Security	5,000,000	11/4/2026
NEAM	641062AV6	NESTLE HOLDINGS INC	Corporate Security	5,000,000	1/14/2027
NEAM	756109AS3	REALTY INCOME CORP	Corporate Security	3,750,000	1/15/2027
NEAM	771196BV3	ROCHE HOLDINGS INC	Corporate Security	5,000,000	3/10/2027
Payden	24702VAA0	DEFT 2021-2 A1 EQP 144A	Asset-Backed Security	788,642	9/22/2022
Payden	58769EAB4	MERCEDES 2020-B A2 LEASE	Asset-Backed Security	106,354	2/15/2023
Payden	43813KAB8	HONDA 2020-3 A2 CAR	Asset-Backed Security	362,273	2/21/2023
Payden	43814WAC9	HONDA 2019-1 A3 CAR	Asset-Backed Security	494,806	3/20/2023
Payden	29375JAA2	EFF 2022-1 A1 FLEET 144A	Asset-Backed Security	2,650,000	4/20/2023
Payden	89239AAD5	TOYOTA 2019-A A3 CAR	Asset-Backed Security	1,431,688	7/17/2023
Payden	89240BAB4	TOYOTA 2021-A A2 CAR	Asset-Backed Security	1,429,678	7/17/2023
Payden	380144AB1	GMALT 2021-2 A2 LEASE	Asset-Backed Security	2,498,843	7/20/2023
Payden	44891PAC8	HALST 2020-B A3 CAR LEASE 144A	Asset-Backed Security	6,743,534	9/15/2023

LA Care Securities Holdings

as of March 31, 2022

Portfolio	CUSIP/Identifier	Security	Type	Par	Maturity date
Payden	89238UAD2	TOYOTA 2019-C A3 CAR	Asset-Backed Security	1,636,364	9/15/2023
Payden	43811JAB3	HONDA 2021-2 A2 CAR	Asset-Backed Security	3,799,457	11/15/2023
Payden	09690AAB9	BMW 2021-2 A2 LEASE	Asset-Backed Security	4,709,294	11/27/2023
Payden	92349GAA9	VERIZON 2019-B 1A1 PHONE	Asset-Backed Security	2,560,037	12/20/2023
Payden	44933MAB7	HALST 2021-C A2 CAR LEASE 144A	Asset-Backed Security	5,790,791	1/16/2024
Payden	58769KAC8	MERCEDES 2021-B A2 LEASE	Asset-Backed Security	5,796,808	1/16/2024
Payden	05588CAC6	BMW 2019-A A3 CAR	Asset-Backed Security	785,428	1/25/2024
Payden	44933LAB9	HYUNDAI 2021-A A2 CAR	Asset-Backed Security	1,226,867	2/15/2024
Payden	43815EAB0	HONDA 2021-3 A2 CAR	Asset-Backed Security	2,788,649	2/20/2024
Payden	14315NAC4	CARMAX 2019-1 A3 CAR	Asset-Backed Security	550,321	3/15/2024
Payden	14316LAC7	CARMX 2019-2 A3 CAR	Asset-Backed Security	1,030,780	3/15/2024
Payden	50117WAC8	KUBOTA 2020-1A A3 EQP 144A	Asset-Backed Security	4,444,538	3/15/2024
Payden	80286CAB6	SRT 2021-C A2 LEASE 144A	Asset-Backed Security	3,213,192	4/22/2024
Payden	92348AAA3	VERIZON 2019-C A1A PHONE	Asset-Backed Security	4,024,878	4/22/2024
Payden	58768UAM5	MBMOT 2019-BA A 144A	Asset-Backed Security	5,678,000	5/15/2024
Payden	380149AB0	GMCAR 2021-A A2 CAR	Asset-Backed Security	2,467,195	6/17/2024
Payden	14687TAB3	CRVNA 2021-P2 A2 CAR	Asset-Backed Security	3,817,789	7/10/2024
Payden	98163LAB6	WORLD OMNI 2021-B A2 CAR	Asset-Backed Security	2,867,210	7/15/2024
Payden	14315PAD7	CARMAX 2019-3 A3 CAR	Asset-Backed Security	3,755,494	8/15/2024
Payden	43815BAB6	HAROT 2022-1 A2 CAR	Asset-Backed Security	5,000,000	10/15/2024
Payden	92868KAB9	VALET 2021-1 A2 CAR	Asset-Backed Security	7,500,000	10/21/2024
Payden	14317JAB3	CARMX 2021-4 A2A CAR	Asset-Backed Security	3,682,687	11/15/2024
Payden	12598LAB2	CNH 2021-C A2 EQP	Asset-Backed Security	7,500,000	1/15/2025
Payden	14687KAB2	CRVNA 2021-P4 A2 CAR	Asset-Backed Security	7,500,000	4/10/2025
Payden	88161KAB1	TESLA 2021-B A2 LEASE 144A	Asset-Backed Security	3,450,000	9/22/2025
Payden	58770FAC6	MERCEDES 2020-A A3 CAR LEASE	Asset-Backed Security	28,116	12/15/2022
Payden	43815NAC8	HONDA 2019-3 A3 CAR	Asset-Backed Security	149,641	8/15/2023

California State Treasurer *Fiona Ma, CPA*



Local Agency Investment Fund
P.O. Box 942809
Sacramento, CA 94209-0001
(916) 653-3001

April 04, 2022

[LAIF Home](#)
[PMIA Average Monthly Yields](#)

LOCAL INITIATIVE HEALTH AUTHORITY
FOR LOS ANGELES COUNTY
DIRECTOR, ACCOUNTING SERVICES
1055 WEST 7TH STREET, 10TH FLOOR
LOS ANGELES, CA 90017

[Tran Type Definitions](#)

Account Number: 20-19-007

March 2022 Statement

Account Summary

Total Deposit:	0.00	Beginning Balance:	72,870,985.39
Total Withdrawal:	0.00	Ending Balance:	72,870,985.39



COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 462, Los Angeles, California 90012
Telephone: (213) 974-2139 Fax: (213) 626-1701
ttc.lacounty.gov and propertytax.lacounty.gov

KEITH KNOX
TREASURER AND TAX COLLECTOR

Board of Supervisors
HILDA L. SOLIS
First District
HOLLY J. MITCHELL
Second District
SHEILA KUEHL
Third District
JANICE HAHN
Fourth District
KATHRYN BARGER
Fifth District

April 6, 2022

Jason Chen, Manager
Financial Planning and Analysis
L.A. Care Health Plan
1055 West 7th Street, 10th Floor
Los Angeles, California 90017

Dear Jason Chen:

MONTHLY eCAPS REPORT

Attached please find for your review and reference, the Balance Sheet Detail Activity by Fund report from eCAPS for the month ended March 31, 2022.

Should you have any questions, you may contact Marivic Liwag, Assistant Operations Chief, of my staff at (213) 974-7371 or mliwag@ttc.lacounty.gov.

Very truly yours,

KEITH KNOX
Treasurer and Tax Collector

Jennifer Koai
Operations Chief

JK::ML:en

Attachment
Fund: T4P



Balance Sheet Detail Activity By Fund

March 1, 2022 - March 31, 2022

Fiscal Year: 2022

Fiscal Period: 9

Fund Class: TT15 TTC-ICG LAPIF

Fund: T4P LA Care Health

Balance Sheet Category	Balance Sheet Class	Balance Sheet Account	Record Date	Document	Description	Beginning Balance	Debits	Credits	Ending Balance
Asset									
					1A Pooled Cash & Investments				
					100 Cash				
					1000 Cash				
						252,967,939.03	0.00	0.00	252,967,939.03
			03/01/2022	JVA AC IA022200030 72	INTEREST ALLOCATION FOR THE MONTH ENDING February 28, 2022	0.00	54,379.19	0.00	253,022,318.22
					Total for 1000 Cash	\$252,967,939.03	\$54,379.19	\$0.00	\$253,022,318.22
					Total for 100 Cash	\$252,967,939.03	\$54,379.19	\$0.00	\$253,022,318.22
					Total for 1A Pooled Cash & Investments	\$252,967,939.03	\$54,379.19	\$0.00	\$253,022,318.22
					Total for Asset	\$252,967,939.03	\$54,379.19	\$0.00	\$253,022,318.22
					Total for T4P Los Angeles Care Health Plan	\$252,967,939.03	\$54,379.19	\$0.00	\$253,022,318.22
					Total for TT15 TTC-ICG Los Angeles County Pool Investment Fund	\$252,967,939.03	\$54,379.19	\$0.00	\$253,022,318.22



L.A. Care Health Plan
Quarterly Investment Compliance Report
January 1, 2022 through March 31, 2022

OVERVIEW

The California Government Code requires the L.A. Care Treasurer to submit a quarterly report detailing its investment activity for the period. This investment report covers the three-month period from January 1, 2022 through March 31, 2022.

PORTFOLIO SUMMARY

As of March 31, 2022, the market values of the portfolios managed by Payden & Rygel and New England Asset Management are as follows:

<u>Portfolios</u>	<u>Payden & Rygel</u>
<i>Cash Portfolio #2365</i>	<i>\$1,749,605,518.98</i>
<i>Low Duration Portfolio #2367</i>	<i>\$90,422,880.92</i>
Total Combined Portfolio	<u>\$1,840,028,399.90</u>

<u>Portfolios</u>	<u>NEAM</u>
<i>Government and Corporate Debt</i>	<u>\$326,161,490.52</u>

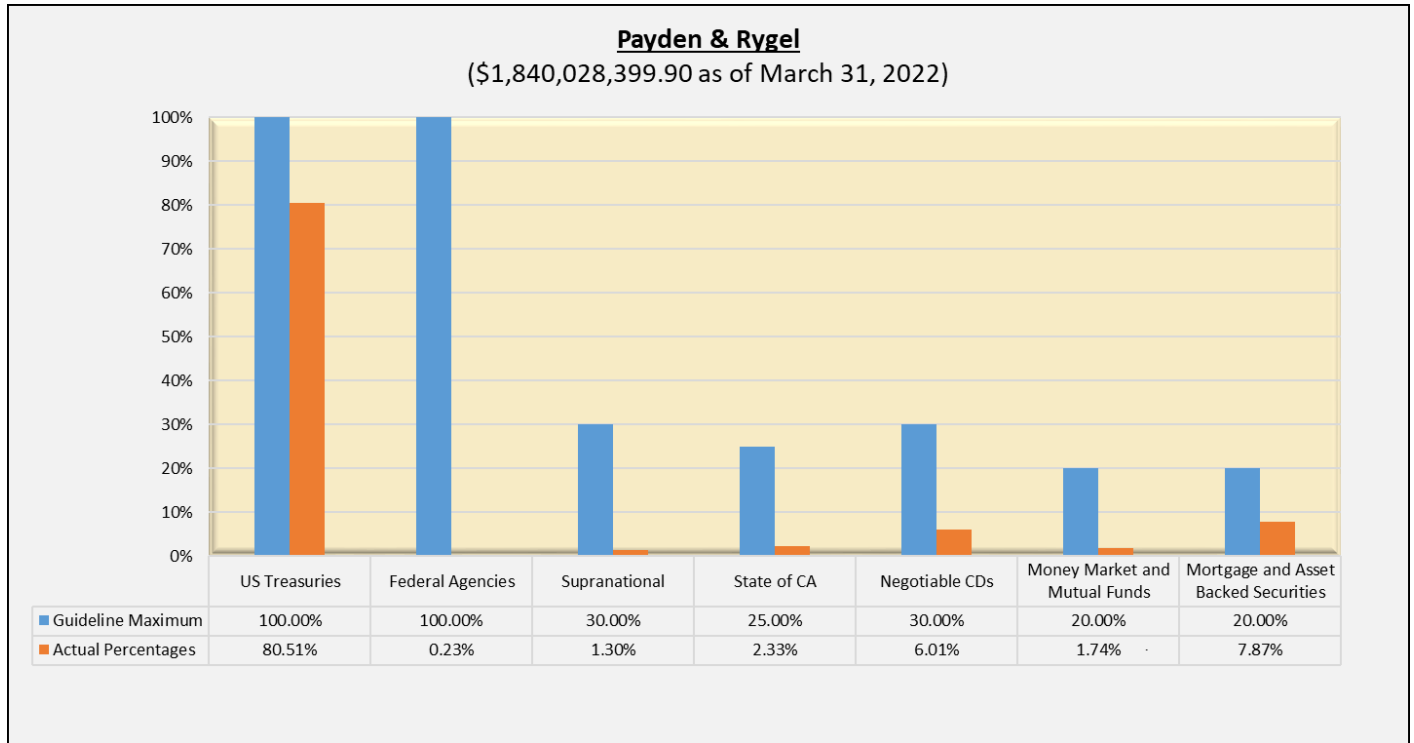
COMPLIANCE WITH ANNUAL INVESTMENT POLICY

Based on an independent compliance review of the Payden & Rygel and NEAM portfolios performed by Wilshire (using 3rd party data), L.A. Care is in compliance with the investment guidelines pursuant to the California Government Code and California Insurance Code. The Payden & Rygel and NEAM investment reports for L.A. Care are available upon request.

L.A. Care has invested funds in California’s Local Agency Investment Fund (LAIF) and the Los Angeles County Treasurer’s Pooled Investment Fund (LACPIF). In a LAIF statement dated April 4, 2022, the March 31, 2022 balance is reported as \$72,870,985.39 with accrued interest of \$43,416. In the LACPIF statement dated April 6, 2022, the March 31, 2022 balance is reported as \$253,022,318.22. The LACPIF account balance does not reflect accrued interest.

Payden & Rygel Compliance Verification

California Government Code Compliance Verification Detail as of March 31, 2022



	Maximum Permitted Maturity		Actual Maximum Maturity		Compliance
	#2365	#2367	#2365	#2367	
	Enhanced Cash	Low Duration	Enhanced Cash	Low Duration	
US Treasuries	5 Years	5 Years	1.71 Years	5.00 Years	YES
Federal Agencies	5 Years	5 Years	-	3.87 Years	YES
Supranational	5 Years	5 Years	2.01 Years	2.01 Years	YES
State of CA	5 Years	5 Years	1.08 Years	3.59 Years	YES
Negotiable CDs	270 Days	270 Days	210 days	-	YES
Money Market and Mutual Funds	NA	NA	1 Day	1 Day	YES
Mortgage and Asset Backed Securities	5 Years	5 Years	4.57 Years	4.21 Years	YES

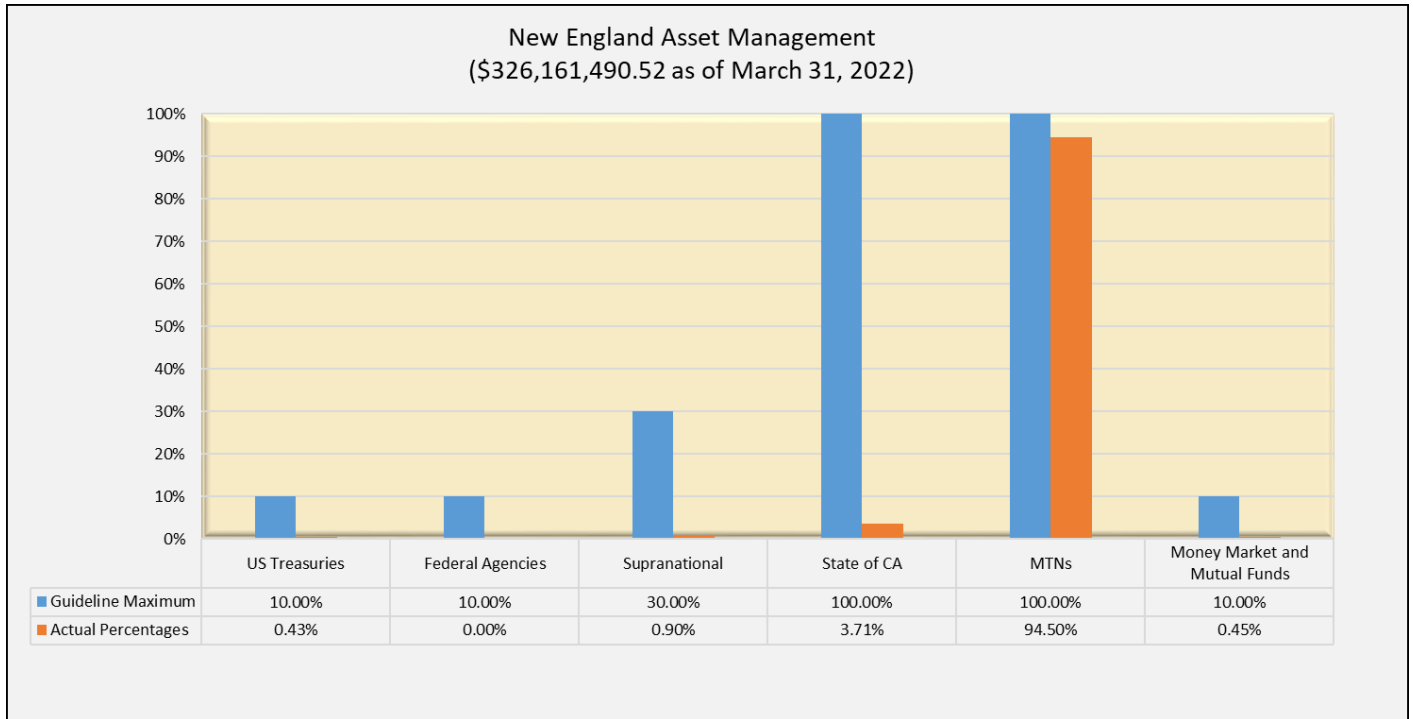
Payden & Rygel Compliance Verification

Combined #2365 and #2367 Portfolios as of March 31, 2022

	Govt. Code	Insur. Code Sections
	Section 53601	1170-1182 1191-1202
US Treasuries	<i>YES (1)(2)(3)</i>	<i>YES (4)(5)</i>
Federal Agencies	<i>YES (1)(2)(3)</i>	<i>YES (4)(5)</i>
Supranational	<i>YES (1)(2)(3)</i>	<i>YES (4)(5)</i>
State of CA	<i>YES (1)(2)(3)</i>	<i>YES (4)(5)</i>
Negotiable CDs	<i>YES (1)(2)(3)</i>	<i>YES (4)(5)</i>
Money Market and Mutual Funds	<i>YES (1)(2)(3)</i>	<i>YES (4)(5)</i>
Mortgage and Asset Backed Securities	<i>YES (1)(2)(3)</i>	<i>YES (4)(5)</i>

- (1) Approved security
- (2) Meets minimum rating (A3/A-)
- (3) Meets diversification maximums (max market value of issue: 5%)
- (4) NAIC High Grade Obligations
- (5) Authorized by Insurance Code Sections 1174 and 1194.5
- (6) Authorized by Insurance Code Section 1196.1

New England Asset Management Compliance Verification
California Government Code Compliance Verification Detail as of March 31, 2022



	Maximum Permitted Maturity	Actual Maximum Maturity	Compliance
	NEAM	NEAM	
US Treasuries	5 Years	0.63 Years	YES
Federal Agencies	5 Years	-	YES
Supranational	5 Years	1.05 Years	YES
State of CA	5 Years	3.38 Years	YES
MTNs	5 Years	4.94 Years	YES
Money Market and Mutual Funds	NA	1 Day	YES

New England Asset Management Compliance Verification

As of March 31, 2022

	Govt. Code Section 53601	Insur. Code Sections 1170-1182 1191-1202
US Treasuries	<i>YES (1)(2)(3)</i>	<i>YES (4)(5)</i>
Federal Agencies	<i>YES (1)(2)(3)</i>	<i>YES (4)(5)</i>
Supranational	<i>YES (1)(2)(3)</i>	<i>YES (4)(5)</i>
State of CA	<i>YES (1)(2)(3)</i>	<i>YES (4)(5)</i>
MTNs	<i>YES (1)(2)(3)</i>	<i>YES (4)(5)</i>
Money Market and Mutual Funds	<i>YES (1)(2)(3)</i>	<i>YES (4)(5)</i>

- (1) Approved security
- (2) Meets minimum rating (A3/A-)
- (3) Meets diversification maximums (max market value of issue: 5%)
- (4) NAIC High Grade Obligations
- (5) Authorized by Insurance Code Sections 1174 and 1194.5
- (6) Authorized by Insurance Code Section 1196.1

Based on an independent review of Payden & Rygel’s and New England Asset Management’s month-end portfolios performed by Wilshire, L.A. Care’s portfolios are compliant with its Annual Investment Guidelines, the California Government Code, and the Insurance Code sections noted above. In addition, based on the review of the latest LAIF and LACPIF reports and their respective investment guidelines, the LAIF and LACPIF investments comply with the Annual Investment Policy, the California Government Code, and the California Insurance Code.

MARKET COMMENTARY

Economic Highlights

- **GDP:** Real GDP growth accelerated during the fourth quarter, up an annualized 6.9%. The main drivers of growth were again private investment (up 36.7%) and personal consumption (up 2.5%). Imports continue to rise while exports also increased, the net effect being a slight drag on economic growth of -0.2%. The Atlanta Fed's GDPNow forecast for the first quarter currently stands at 1.3%.

Source: Bureau of Economic Analysis

- **Interest Rates:** The Treasury curve rose across the maturity spectrum during the first quarter, with the short-intermediate section up the most. The 3-year Treasury was up 1.6% while the 10-year closed at 2.34%, up 83 basis points. The 10-year real yield (i.e., net of inflation) rose 61 basis points to -0.49%. The Federal Open Market Committee increased the Fed Funds Rate by 0.25% at its March meeting while increasing the median outlook to 1.875% for year-end 2022.

Source: U.S. Treasury

- **Inflation:** Consumer price changes have accelerated rapidly as the Consumer Price Index jumped 2.0% for the three months ending February. For the one-year period, the CPI is up 7.9%. The 10-year breakeven inflation rate increased to 2.83% in March versus 2.59% in December.

Source: Dept. of Labor (BLS), U.S. Treasury

- **Employment:** Jobs growth continues to be quite strong, with an average of 562k jobs/month added during the three months ending March. The unemployment rate continued to fall, dropping to 3.6%. Reported job openings remain elevated with a record 1.8 jobs available for every person unemployed.

Source: Dept. of Labor (BLS)

U.S. Fixed Income Markets

The U.S. Treasury yield curve was up across all maturities during the quarter but most sharply in the intermediate range, with pronounced flattening further out the curve. The 2-year Treasury was up 160 basis points to 2.34% while the 10-year Treasury yield also ended the quarter at 2.34%, up 83 basis points. The now nonexistent spread is as low as it has been since August 2019, a time of slowing economic growth. Investment-grade credit spreads widened during the quarter as did the spread on the broad high yield market, closing the quarter at 3.25%. The Federal Open Market Committee met twice during the quarter as scheduled, raising the overnight rate by 0.25% at their March meeting. Through the Fed's "dot plot," it is messaging that the current intent is for additional increases totaling 150 basis points before the end of 2022. Their median forecast for year-end 2023 is for a Fed Funds Rate of 2.75%. During the January meeting, the committee announced that it will continue to reduce (i.e., taper) the monthly pace of its asset purchases and likely end them completely "in early March." As the quarter ended, however, the Fed was still adding assets, moving its balance sheet toward \$9 trillion.

Payden & Rygel

QUARTERLY PORTFOLIO REVIEW

1st Quarter 2022



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April 2022

Dear Client,

First, I am pleased to let you know that this marks the completion of our firm's 38th year since our inception in 1983. Our unique private ownership and collaborative culture remain steadfast. These two foundational elements ensure that our competition is external rather than internal, enabling us to put you, the client, at the center of our work.

During the past two years, our offices in Boston, London, Los Angeles, and Milan have been operating remotely during the pandemic, but we are very much looking forward to starting a new quarter with everyone back at their respective offices.

As we reflect on the past two years, there have been many unprecedented events. These events caused a monumental shift in the balance of supply and demand leading to rising inflation. As a result, headline inflation numbers, as measured by the Consumer Price Index (CPI), exceeded 7%, their fastest pace of growth in nearly 40 years.

The question we face now is, "How aggressive will the Federal Reserve's response be?" In March, the Federal Open Market Committee voted to hike the federal funds rate target range by 0.25% and signaled that more rate increases are coming this year. We expect the target rate to approach 2.5% by year-end.

During a period of rising interest rates and heightened risk, we have positioned portfolios cautiously. While first-quarter returns were impacted by the dramatic repricing of the U.S. Treasury curve, we expect less dramatic shifts moving forward, which will allow us to take advantage of higher interest rates.

Lastly, we want to recognize the millions who are suffering the tragic consequences of Russia's invasion of Ukraine. As a firm, we have partnered with the Ukrainian embassy to provide much-needed medical supplies. While our initial exposure to Russian investments was limited, we have implemented a firm-wide ban on any future investments in Russian sovereign bonds.

In closing, our best wishes for safety and health during this ongoing period of unexpected challenges that require creative solutions.

Warmest regards,

Joan A. Payden

President & CEO



Unprecedented Combination of Risks Remains...Perspective Helps

Plagued with **one unprecedented event after another**, investors are facing increased uncertainty. We find that **four key themes will be the primary drivers of markets** for the remainder of the year. We offer our take on these themes below.

MARKET MOVING HEADLINE

RECENT GEOPOLITICAL EVENTS HAVE BEEN TROUBLING



A New Geopolitical Era Comes with Warning Signs for Markets
— Barron's

CONTEXT

Russia and Ukraine, while only accounting for 3.4% of global output, are big players in the export of commodities (specifically wheat, oil, and certain metals) and the **conflict will compound supply chain issues**.

- The shock to energy prices will impact euro-area growth more negatively than U.S. growth.
- **Our perspective: Geopolitical events typically have a short-lived impact on markets.**

Event	Year	S&P 500 at Trough	Days to Recover to Pre-Shock Level
Covid-19	2020	-32.6%	197
Sep. 11, 2001	2001	-11.6%	31
Saudi Aramco Drone Strike	2019	-4.0%	41
Boston Marathon Bombing	2013	-3.0%	18
North Korea Missile Crisis	2017	-1.5%	36
U.S. Pulls Out of Afghanistan	2021	-0.1%	4
Fed Pivots and Russia Conflict with Ukraine Intensifies	2022 YTD	-12.3% On 3/08	? Down -3.1% as of 3/31

Source: LPL Financial, Bloomberg

MARKET MOVING HEADLINE

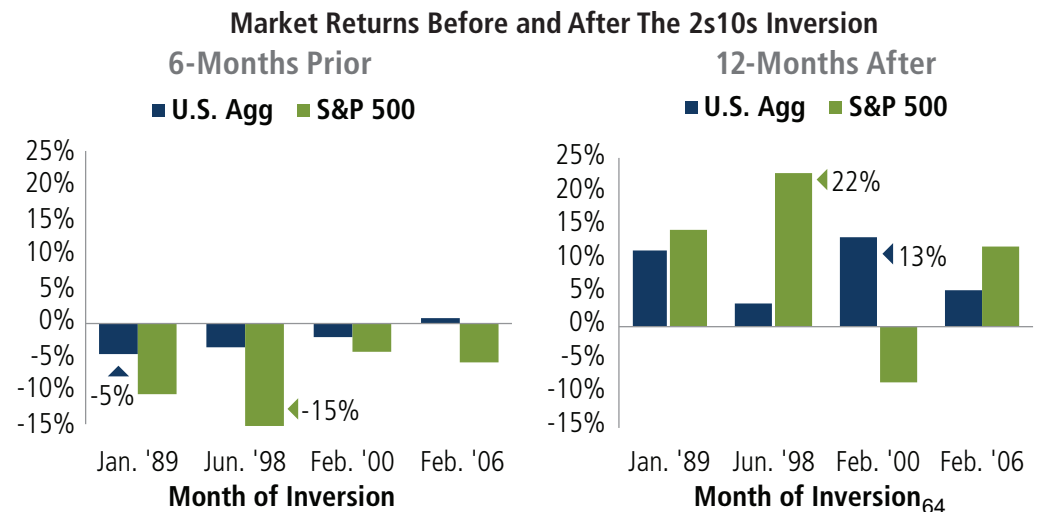
INVERTED YIELD CURVE RAISES RECESSION FEARS



The Yield Curve is 'Scaring the Bajeezus Out of Most Investors,'
Strategist Says
— Yahoo! Finance

CONTEXT

- The two-year to ten-year (2s10s) yield curve has typically inverted before recessions, but the lags between inversion and recession are long and variable (11 months – 34 months), and there have been false alarms.
- The three-month to ten-year yield curve, a more indicative predictor of recessions, remains positive at 1.9%.
- Economic data from the labor market, consumer spending and housing does not yet raise recessionary alarm bells.
- **Our perspective: Even after inversion, market returns are often positive.**



Source: Bloomberg, S&P, Payden Calculations



MARKET MOVING HEADLINE

INFLATION REMAINS STUBBORNLY HIGH



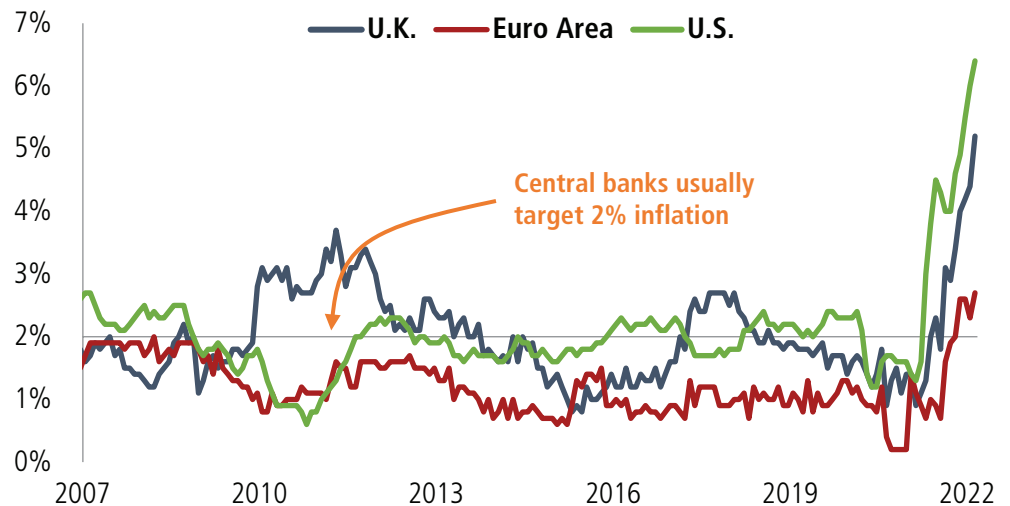
Bond Market Unsettled By Inflation Worries

— *New York Times*

CONTEXT

- Inflation has broadened and is less “transitory.” However, high inflation numbers are still primarily driven by supply and demand mismatches and energy price shocks that will likely ease.
- **Our perspective: It will take time for inflation to move lower, and that is why central banks are raising interest rates.**

Core Inflation Readings in the Euro Area, the U.K., and the U.S.



Source: Bloomberg, Eurostat, U.K. Office for National Statistics, Bureau of Economic Analysis

MARKET MOVING HEADLINE

CENTRAL BANK BALANCE SHEET NORMALIZATION IMPACTS ARE UNKNOWN

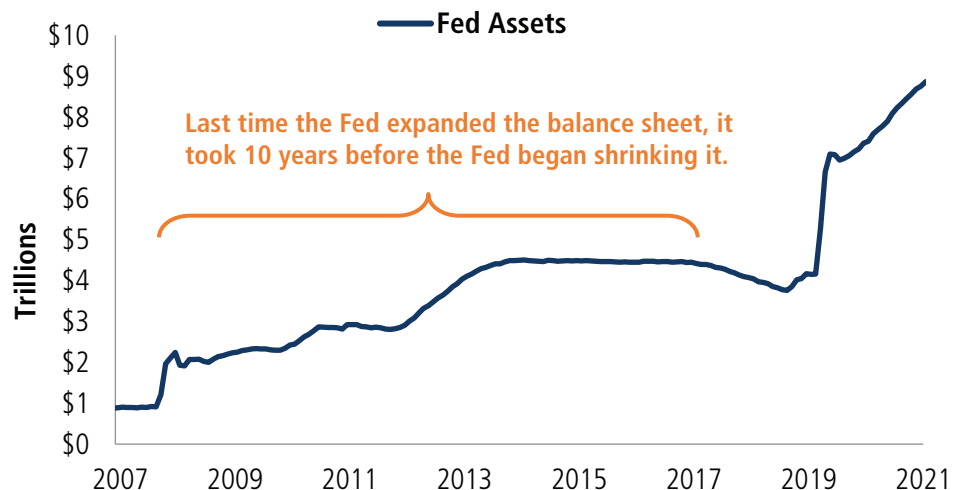


What Happens to Money When the Fed Starts Shrinking its Balance Sheet?

— *MarketWatch*

CONTEXT

- The Federal Reserve’s balance sheet doubled in size during the pandemic. Policymakers at the Fed would prefer a smaller balance sheet.
- **Our perspective: The Fed is unsure how quickly it can shrink the balance sheet and what the market impact will be. Policymakers will be very gradual and clearly communicate the pace and composition of their balance sheet unwind.**



Source: Federal Reserve

L.A. CARE HEALTH PLAN COMBINED PORTFOLIO

Portfolio Review and Market Update – 1st Quarter 2022

PORTFOLIO CHARACTERISTICS (As of 3/31/2022)

Market Value	1,840,028,400
Avg Credit Quality	AAA
Avg Duration	0.22
Avg YTM	0.45%

SECTOR ALLOCATION

Sector	Market Value	% of Port
Cash	29,458,296	1.60%
Money Market	110,622,565	6.01%
Treasury	1,481,444,632	80.51%
Agency	4,241,382	0.23%
Government Related	23,951,363	1.30%
Credit	-	0.00%
ABS/MBS	147,525,303	8.02%
Municipal	42,784,858	2.33%
Total	1,840,028,400	100.0%

MATURITY DISTRIBUTION

Sector	Market Value	% of Port
<90 day	1,564,933,196	85.0%
90 days - 1 Year	126,354,849	6.9%
1 - 2 Years	98,296,005	5.3%
2 - 5 years	50,444,350	2.7%
Total	1,840,028,400	100%

PORTFOLIO RETURNS

Periods over one year annualized

Periods ended 3/31/2022

	1st Quarter	YTD 2022	Trailing 1 Year	Trailing 3 Year
Performance				
LA Care - Short-Term Portfolio	-0.09	-0.09	-0.08	0.83
Benchmark*	0.04	0.04	0.06	0.81
LA Care - Extended-Term Portfolio	-2.91	-2.91	-3.28	1.23
Benchmark**	-3.36	-3.36	-3.95	0.86
LA Care - Combined Portfolio	-0.27	-0.27	-0.28	0.87

* ICE BoA 91 Day Treasury Index

** Bloomberg US Govt 1-5 Yr Bond Index



L.A. CARE HEALTH PLAN SHORT TERM PORTFOLIO

Portfolio Review and Market Update – 1st Quarter 2022

PORTFOLIO CHARACTERISTICS (As of 3/31/2022)

Market Value	1,749,605,519
Avg Credit Quality	AAA
Avg Duration	0.12
Avg YTM	0.35%

SECTOR ALLOCATION

Sector	Market Value	% of Port
Cash	28,866,574	1.65%
Money Market	110,622,565	6.32%
Treasury	1,440,728,990	82.35%
Agency	-	0.00%
Government Related	21,287,871	1.22%
Corporate Credit	-	0.00%
ABS/MBS	131,291,456	7.50%
Municipal	16,808,063	0.96%
Total	1,749,605,519	100.0%

MATURITY DISTRIBUTION

Sector	Market Value	% of Port
<90 day	1,561,792,387	89.3%
90 days - 1 Year	113,478,290	6.5%
1 - 2 Years	74,334,841	4.2%
2 - 5 years	-	0.0%
Total	1,749,605,519	100.0%

PORTFOLIO RETURNS

Periods over one year annualized

Periods ended 3/31/2022

Performance	1st Quarter	YTD 2022	Trailing 1 Year	Trailing 3 Year
L.A. Care - Short-Term Portfolio	-0.09	-0.09	-0.08	0.83
Benchmark*	0.04	0.04	0.06	0.81

* ICE BofA 91 Day Treasury Index

L.A. CARE HEALTH PLAN EXTENDED TERM PORTFOLIO

Portfolio Review and Market Update – 1st Quarter 2022

PORTFOLIO CHARACTERISTICS (As of 3/31/2022)

Market Value	90,422,881
Avg Credit Quality	AA+
Avg Duration	2.23
Avg YTM	2.37%

SECTOR ALLOCATION

Sector	Market Value	% of Port
Cash	591,722	0.65%
Money Market	-	0.00%
Treasury	40,715,643	45.03%
Agency	4,241,382	4.69%
Government Related	2,663,492	2.95%
Credit	-	0.00%
ABS/MBS	16,233,847	17.95%
Municipal	25,976,795	28.73%
Total	90,422,881	100.0%

MATURITY DISTRIBUTION

Sector	Market Value	% of Port
<90 day	3,140,809	3.5%
90 days - 1 Year	12,876,558	14.2%
1 - 2 Years	23,961,164	26.5%
2 - 5 years	50,444,350	55.8%
Total	90,422,881	100%

PORTFOLIO RETURNS

Periods over one year annualized

Periods ended 3/31/2022

Performance	1st Quarter	YTD 2022	Trailing 1 Year	Trailing 3 Year
LA Care - Extended-Term Portfolio	-2.91	-2.91	-3.28	1.23
Benchmark**	-3.36	-3.36	-3.95	0.86

** Bloomberg US Govt 1-5 Yr Bond Index



MARKET THEMES

Stock and bond markets had a challenging start to the year, as central bank activity and geopolitical events exacerbated market volatility and negatively impacted returns. Aggressive repricing of monetary policy expectations dominated fixed income markets, while the geopolitical climate deteriorated sharply with Russia's invasion of Ukraine, which also sent commodity prices higher. The U.S. labor market remained strong while inflation data showed that consumer prices continued to rise at a rapid rate, hitting 7.9% year-over-year - notably prior to any impact of the Russia/Ukraine conflict. In March, the Federal Reserve ended its asset purchase program, increased the target range for the Federal Funds rate by 0.25%, and shifted their median expectations for the future path of rate adjustments both higher and faster. The U.S. Treasury curve flattened, and then partially inverted, as the quarter ended with three-to-seven year yields higher than the ten-year yield of 2.34%. The lingering question for the market remains whether global central banks can navigate tighter policies to rein in inflation without choking off growth in the face of higher commodity prices and war in Europe.

STRATEGY

- We continue to position the portfolio defensively to protect against higher interest rates through both shorter overall duration positioning and the continued use of floating-rate securities.
- We continue to emphasize a balance between credit diversification and quality using asset-backed securities (ABS), mortgage-backed securities (MBS) and taxable municipal securities to maintain various sources of high-quality income.
- We were reticent to add to higher-yielding, longer-maturity assets as we anticipated additional increases in short-term rates. As we reinvest maturities, higher market yields provide higher income opportunities.

INTEREST RATES

Short interest rates continued to move materially higher during the first quarter to reflect a more hawkish Fed outlook, resulting in negative returns. The Fed increased their 2022 median policy rate projection by 100 basis points to 1.875% at their March meeting, while various Fed members discussed the potential for hiking rates in 50 basis point increments, something they have not done in over twenty years. As short rates rose to reflect this more aggressive path of hikes, the yield curve flattened to reflect concerns around the ability of the current economic expansion to tolerate higher rates.

- The three-month U.S. Treasury bill rose 45 basis points (bps) to 0.48%, while the six-month Treasury bill increased 83 bps to 1.01%. The one-year yield closed at 1.60%, up 122 bps and longer maturity two and three-year yields increased 160 and 155 basis points to 2.33% and 2.51%, respectively.
- One-month LIBOR rose 35 bps to 0.45%, while three-month LIBOR was higher by 75 bps to 0.96%. The SOFR overnight rate finished the quarter at 0.29%. SOFR coupons will follow the pace of the Fed Funds rate and move higher as rate hikes are announced.

SECTORS

Credit spreads widened across most sectors during the quarter, contributing to negative returns. However, performance was driven almost entirely by the rapid increase in Treasury rates.



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OUR STRATEGIES

Multi-Sector

Short Maturity Bonds

U.S. Core Bond

Absolute Return Fixed Income

Strategic Income

Global Fixed Income

Liability Driven Investing

Sector-Specific

Emerging Markets Debt

Government/Sovereign

High Yield Bonds & Loans

Inflation-Linked/TIPS

Investment Grade Corporate Bonds

Municipal Bonds (U.S.)

Securitized Bonds

Income-Focused Equities

Equity Income

Available in:

Separate Accounts – Mutual Funds (U.S. and UCITS)

Collective Trusts (“CITs”) – Customized Solutions

For more information about Payden & Rygel’s strategies, contact us at a location listed below.

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L.A. Care Health Plan

NEAM's L.A. Care Board Report



Data as of March 31, 2022

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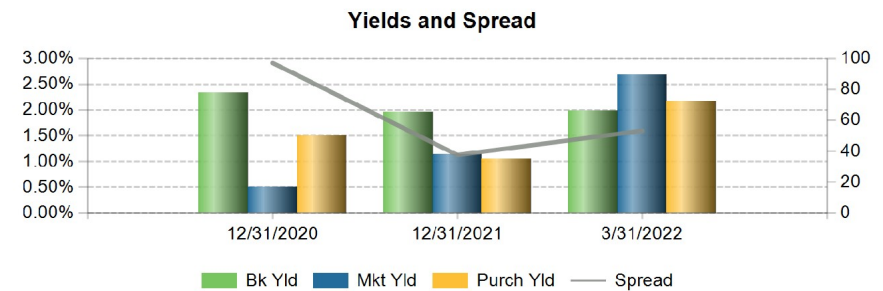
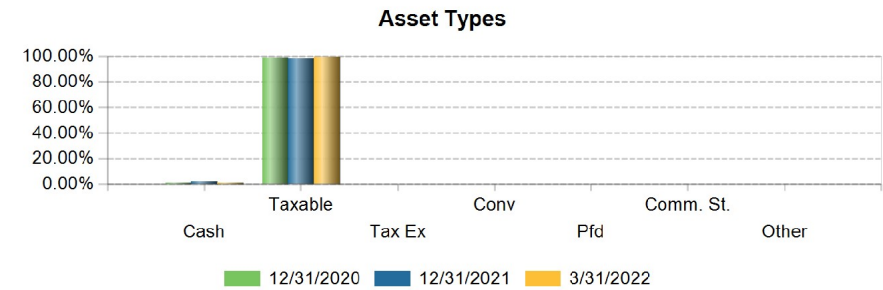
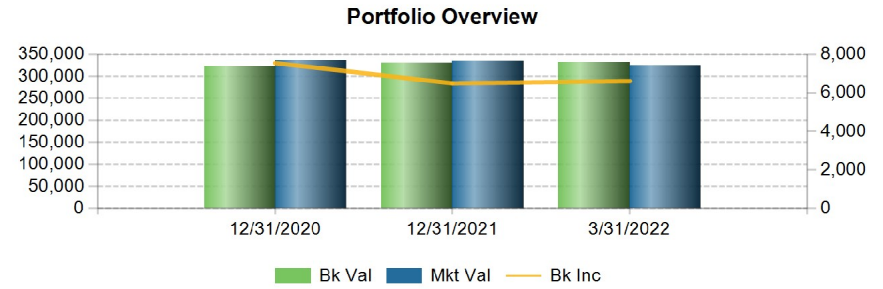
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L.A. Care Health Plan - Comparative Overview



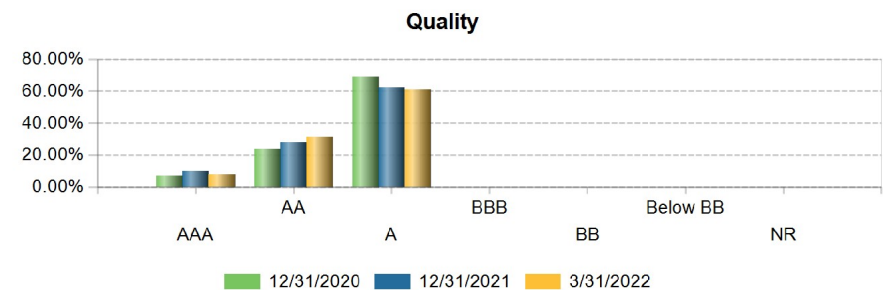
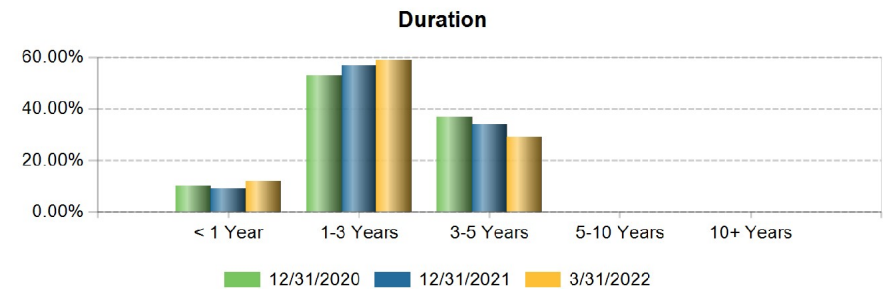
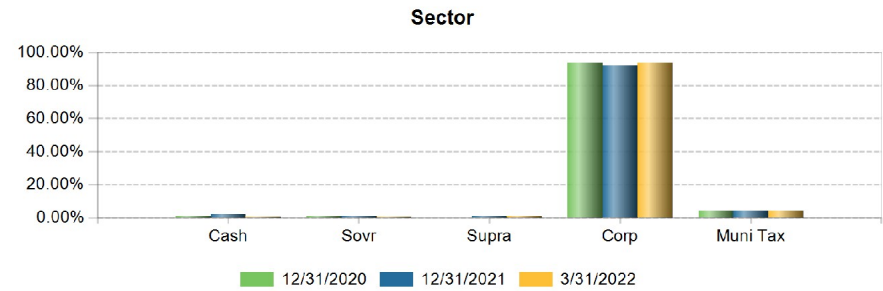
	12/31/2020	12/31/2021	3/31/2022	Change since 12/31/2021		
Portfolio Overview (000's Omitted)						
Book Value	322,620	330,684	332,673	1,989		
Market Value	336,396	334,273	324,007	(10,266)		
Total Unrealized Gain/Loss	13,776	3,589	(8,666)	(12,255)		
Net Gains	13,786	5,519	819	(4,699)		
Net Losses	(11)	(1,929)	(9,485)	(7,556)		
Realized Gain / Loss	1,239	1,024	105			
Annualized Book Income	7,548	6,490	6,609	119		
After Tax Book Income	5,963	5,127	5,221	94		
Asset Types						
Cash / Cash Equivalents	1.0%	1.7%	0.5%	(1.3%)		
Taxable Fixed Income	99.0%	98.3%	99.5%	1.3%		
Portfolio Yields						
Book Yield (Before Tax)	2.34%	1.96%	1.99%	0.02%		
Book Yield (After Tax)	1.85%	1.55%	1.57%	0.02%		
Market Yield	0.50%	1.14%	2.68%	1.54%		
Fixed Income Analytics						
Average OAD	2.56	2.42	2.43	< 0.01		
Average Life	2.78	2.62	2.62	< 0.01		
Average OAC	6.45	6.66	6.89	0.23		
Average Quality	A+	A+	A+			
144A %	9.59%	12.43%	15.28%	2.85%		
Average Purchase Yield	1.49%	1.06%	2.18%	1.12%		
Average Spread Over Tsy	97	38	53	16		
5 Year US Govt On The Run	0.36%	1.26%	2.46%	1.20%		
				Change since 12/31/2021		
MV Excl. Acc. Int. Inc.	03/31/21 335,086,214	06/30/21 336,631,293	09/30/21 336,748,657	12/31/21 334,273,290	03/31/22 324,007,405	(10,265,885)
Acc. Int. Inc.	2,257,370	2,389,372	2,202,333	2,394,948	2,154,086	(240,863)
MV Inc. Acc. Int. Inc.	337,343,585	339,020,665	338,950,990	336,668,238	326,161,491	(10,506,748)



L.A. Care Health Plan - Fixed Income Summary



	12/31/2020	12/31/2021	3/31/2022	Change since 12/31/2021
Sector				
Cash & Cash Equivalents	1%	2%	< 1%	(2%)
Sovereigns	1%	1%	< 1%	(1%)
Supranationals	-	1%	1%	-
Corporates	94%	92%	94%	2%
Municipals - Taxable	4%	4%	4%	-
Fixed Income	100%	100%	100%	
Duration				
< 1 Year	10%	9%	12%	3%
1-3 Years	53%	57%	59%	2%
3-5 Years	37%	34%	29%	(5%)
Average Duration	2.56	2.42	2.43	< 0.01
Quality				
AAA	7%	10%	8%	(2%)
AA	24%	28%	31%	3%
A	69%	62%	61%	(1%)
Average Quality	A+	A+	A+	



Average Portfolio Rating at 3/31/22					
	Moody	S&P	Fitch	Lowest	Highest
Average Rating	A1	A	A+	A	A+



L.A. Care Health Plan - Transaction Summary



(000's Omitted)

Purchases	Market Value	%	Spread (Bp)	Book Yld	High	Duration
Corporates	21,564	100.0	53	2.18	A+	4.53
Total Purchases	21,564	100.0	53	2.18	A+	4.53
Sales	Market Value	%	Realized G/L	Trade / Book Yld	High	Duration
Sovereigns	3,421	23.0	20	0.81 / 1.60	AAA	0.78
Corporates	11,432	77.0	85	0.95 / 2.50	A+	0.52
Total Sales	14,853	100.0	105	0.92 / 2.29	AA-	0.58



L.A. Care Health Plan - Performance Report Not Tax Adjusted



	Mar 2022	Feb 2022	Jan 2022	Q1	12 Month	Annualized		Inception	Inc Date
						3 Year	5 Year		
LA Care HealthPlan	(1.56)	(0.59)	(1.00)	(3.12)	(3.31)	1.74		1.97	Jan 2018
Barclay Bloomberg U.S. Credit: 1-5 Yr A- or better (Highest)	(1.79)	(0.69)	(1.13)	(3.56)	(3.70)	1.46		1.83	Jan 2018
Difference	0.23	0.10	0.13	0.44	0.39	0.28		0.14	

Please see the accompanying Disclosure Page for important information regarding this Performance Exhibit.

L.A. Care Health Plan - Performance Report Not Tax Adjusted



Disclosures

Management start date is 10/1/17 and performance start date is 1/1/18 to allow for seasoning.

The performance results reflect LA Care Health Plan's portfolio managed by NEAM. A Daily Valuation Methodology that adjusts for cash flows is utilized to calculate portfolio performance. Portfolio returns are calculated daily and geometrically linked to create monthly gross of fee rates of return. Performance results are reported gross of management fees and of custody fees and other charges by the custodian for your account and net of commissions, mark-ups or mark-downs, spreads, discounts or commission equivalents. The performance results for your account are shown in comparison to an index that has been chosen by you. The securities comprising this index are not identical to those in your account. The index is comprised of securities that are not actively managed and does not reflect the deduction of any management or other fees or expenses. Past performance is not indicative of future performance.



Appendix



Risk Reports

L.A. Care Health Plan - Profile Report



Distribution by Class

	Quantity	Book	Market	Unrealized Gain/ Loss	Book Yield	OAY	OAD	OAC	Avg Life	% of Portfolio
Cash & Cash Equivalents	1,483,296	1,483,296	1,483,296	-	0.01	0.53	0.08	0.05	0.08	0.46
Sovereigns	1,400,000	1,400,244	1,403,063	2,818	1.60	1.27	0.62	0.69	0.63	0.43
Supranationals	3,000,000	2,996,728	2,945,121	(51,607)	0.23	1.89	1.05	1.61	1.06	0.91
Corporates	258,185,000	263,116,646	256,654,775	(6,461,872)	2.04	2.72	2.39	6.28	2.61	79.21
144A	51,000,000	50,827,942	49,500,348	(1,327,594)	2.24	2.67	2.67	9.92	2.78	15.28
Municipals - Taxable	12,800,000	12,848,511	12,020,803	(827,708)	0.63	2.90	2.92	10.27	2.99	3.71
Total Portfolio	327,868,296	332,673,368	324,007,405	(8,665,963)	1.99	2.69	2.43	6.89	2.62	100.00

Rating Analysis - Highest

	% of Portfolio
AAA	7.86
AA	31.03
A	61.11
BBB	-
Below BBB	-
NR	-
Total Fixed Income	100.00
Equity	-
Total	100.00

Average Rating: A+

Scenario Analysis - % of Market

	-300	-200	-100	-50	+50	+100	+200	+300
Cash & Cash Equivalents	0.02	0.03	0.08	0.04	(0.04)	(0.08)	(0.16)	(0.24)
Sovereigns	0.84	0.82	0.62	0.31	(0.31)	(0.62)	(1.23)	(1.83)
Supranationals	1.87	1.68	1.05	0.52	(0.52)	(1.04)	(2.06)	(3.06)
Corporates	5.91	4.47	2.43	1.21	(1.19)	(2.36)	(4.65)	(6.87)
144A	6.72	5.10	2.72	1.35	(1.32)	(2.62)	(5.13)	(7.55)
Municipals - Taxable	7.61	5.59	2.97	1.47	(1.45)	(2.87)	(5.64)	(8.31)
Total Portfolio	6.02	4.55	2.46	1.22	(1.20)	(2.39)	(4.70)	(6.94)

Key Rate Duration

	Market Value	1 Year	2 Year	3 Year	5 Year	7 Year	10 Year	15 Year	20 Year	30 Year
Cash & Cash Equivalents	1,483,296	0.08	-	-	-	-	-	-	-	-
Sovereigns	1,403,063	0.62	-	-	-	-	-	-	-	-
Supranationals	2,945,121	0.99	0.06	-	-	-	-	-	-	-
Corporates	256,654,775	0.23	0.66	1.04	0.47	< 0.00	-	-	-	-
144A	49,500,348	0.27	0.36	0.73	1.31	< 0.00	-	-	-	-
Municipals - Taxable	12,020,803	0.01	0.56	1.96	0.38	-	-	-	-	-
Total Portfolio	324,007,405	0.23	0.60	1.01	0.59	< 0.00	-	-	-	-



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April 26, 2022

TO: Board of Governors

FROM: John Baackes, *Chief Executive Officer*

SUBJECT: CEO Report – May 2022

As we move further into Spring, I am pleased to see continued positive development on the COVID-19 front. Here at L.A. Care we remain focused on both implementation of and preparation for major changes.

CalAIM implementation efforts, particularly for Enhanced Care Management (ECM) and Community Supports (CS), continue to move forward, as does the timeline for the launch of our Dual Eligible Special Needs Plan (D-SNP). Looking ahead, we are preparing for the many changes outlined in the restructured Medi-Cal Managed Care contract recently released by the state. The contract, which will go into effect in January 2024, includes a number of changes that will require significant effort from Medi-Cal managed care plans like L.A. Care. We are beginning work now to assess the level of effort required and to make the necessary preparations. I will continue to keep you abreast of our efforts during my updates here.

Additional changes to Medi-Cal will occur in the near future. Once the COVID-19 public health emergency officially ends, Medi-Cal redeterminations will begin again. We are engaging in robust member outreach to prepare them for this change and ensure as few members as possible experience any lapse in coverage. Furthermore, on May 1 undocumented older adults age 50 and older will become eligible for Medi-Cal and as I have mentioned before, we are anticipating an influx in membership as a result. Across L.A. Care we are getting ready for these changes and making sure we are prepared to provide responsive support to new and existing members alike.

Finally, efforts are underway to actively recruit nurses here at L.A. Care, particularly Utilization Management (UM) and Care Management (CM) nurses. You will all hopefully start seeing elements of the public advertising campaign we are launching to recruit as many UM and CM nurses as we can.

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

	Since last CEO report (3/25/22)	As of 4/26/22
Provider Recruitment Program Physicians hired under PRP ¹	1	142
Provider Loan Repayment Program Active grants for medical school loan repayment ²	-5	83
Medical School Scholarships Grants for medical school scholarships ³	—	32
Elevating Community Health Home care worker graduates from CCA’s IHSS training program	—	4,428

Notes:

1. The number of physicians fluctuates as physicians are hired and/or leave clinics.
2. The number of active grants for loan repayment may decrease due to physicians completing their service commitment, paying off debt, or leaving prior to completing their service commitment.
3. The count includes scholarships that have been awarded, not prospective scholars.

Below please find organizational updates for April:

L.A. Care Supports Legislation to Ensure Martin Luther King, Jr. Community Hospital is Fully Funded for Medi-Cal Patients

L.A. Care sent a letter to the chair of the Assembly Appropriations Committee urging support for AB 2426, which would provide funding to support Martin Luther King, Jr. Community Hospital (MLKCH), a vital safety net provider serving South L.A. MLKCH sees over 100,000 emergency department visits a year, despite being designed to see closer to 40,000. Given that 87% of patients seen are covered by Medi-Cal or uninsured, MLKCH suffers millions of dollars in losses on these visits each year. Equity funding included in AB 2426 would help MLKCH make up for these losses by providing them the resources necessary to be more financially secure and able to invest in priorities such as preventive care and provider recruitment.

L.A. Care Awards Funding to Support L.A. County Safety Net Initiatives

- **L.A. Care Provider Recruitment Program (PRP)** – L.A. Care awarded \$1.75 million in its latest round of PRP grants to nine clinics and four independent provider offices. This funding, part of L.A. Care’s Elevating the Safety Net initiative, could bring up to 14 new physicians into the Los Angeles County safety net.
- **L.A. Care Oral Health Initiative** – L.A. Care awarded \$1.5 million to 12 organizations in the 13th round of its Oral Health Initiative. These grants will help expand access and improve the quality of oral health in poor communities of color in an ongoing effort to reduce ‘dental deserts’ in L.A. County. Each of the 12 awardees will receive up to \$125,000 to use for additional dental staffing, expanded hours, and equipment and supplies to mitigate the risk of COVID-19. The funding will help to serve more than 11,000 new dental patients.
- **CCALAC Workforce Development Initiative** – L.A. Care awarded the Community Clinic Association of Los Angeles County (CCALAC) a \$200,000 grant to support its workforce development initiative. The funding will allow CCALAC, an advocacy agency representing 65 nonprofit clinics and health centers that serve low-income populations across the county, to facilitate four learning collaboratives over a two-year period. The collaboratives will provide clinic assessments, targeted trainings (including Diversity, Equity, and Inclusion training), and coaching related to staff recruitment and retention at 20 health centers that serve L.A. Care members and other low-income populations. L.A. Care’s support is leveraging investments from other funders, including The California Endowment.

Attachments

AB 2426 – Support Letter

April 15, 2022

The Honorable Chris Holden, Chair
Assembly Appropriations Committee
Capitol Office, 1021 O Street, Suite 5650
Sacramento, CA 94249



Re: Support: AB 2426 – SUPPORT

Dear Chair Holden,

L.A. Care Health Plan – the nation’s largest public plan with nearly 2.5 million Medi-Cal, Cal MediConnect (Dual Eligibles), PASC- SEIU Homecare Workers, and Covered California enrollees — writes in support of AB 2426- which will ensure Martin Luther King Jr. Community Hospital (MLKCH) will have the resources to properly care for those who are most vulnerable by adding outpatient services to the existing supplemental payment program.

South LA desperately needed health services when MLKCH opened in 2015 and has remained a vital part of the safety net in the community. Nothing made this more clear than COVID-19 -underlying health conditions contributed to extreme health disparities, causing Black and Latino community members to suffer at rates three to four times that of other communities. Many emergency patients have gone too long without medical care; their chronic conditions have progressed to serious complications.

The hospital was designed to serve 40,000 in its emergency department, yet they care for over 100,000 annually. Chronic conditions are the true epidemic—a diabetes rate 3x the state average, a life expectancy 10 years less. As a frontline hospital serving the most vulnerable, MLK Community Hospital loses millions on emergency department visits, because 87 of the hospital’s emergency department patients are Medi-Cal or uninsured. MLKCH has the worst payer mix of any general acute care hospital in California.

However, with equity funding included in AB 2426, to make up for the losses—87% of MLKCH’s emergency room visits are from Medi-Cal or uninsured patients—MLKCH can invest resources in preventive care, eventually improving the health of the community and reducing emergency department usage. The bill would ensure MLKCH will have more money to recruit doctors in South Los Angeles and focus on preventative care and outpatient services. The funding will help make the hospital financially secure, filling the gap so they can invest in the community and expand community-based care.

For these reasons, we support AB 2426 and respectfully request your “aye” vote to support Martin Luther King Jr. Community Hospital which provides high quality, lifesaving care to one of the most underserved communities in California.

Sincerely,

Joanne Campbell
Health Care Policy Analyst
L.A. Care Health Plan



April 18, 2022

TO: Board of Governors

FROM : John Baackes, CEO

SUBJECT: 2nd Quarter FY 2021/22 Vision 2024 Progress Report

This report summarizes the progress made on the activities outlined in Vision 2024, L.A. Care's strategic plan. This is the second quarterly report for the 2021/22 fiscal year, which represents the first year of our three-year plan.

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

- CalAIM components such as L.A. Care's Enhanced Care Management (ECM) program and Community Supports launched successfully in January.
- The first Generating African American Infant and Nurturer's Survival (GAAINS) CHIF grant initiative was released.
- Member health reminders launched for cancer screenings and wellness visits, including a new pilot program that includes text messaging.
- L.A. Care's Quality Improvement team paid out the inaugural Direct Network (DN) Pay-for-Performance (P4P) program.



High Performing Plan

Achieve operational excellence by improving health plan functionality.

Build out information technology systems that support improved health plan functionality.	
Tactics	Update
Improve customer service through the Voice of the Customer (VOICE) initiative, our customer service information technology system.	<p>Voice of the Customer (VOICE) continues to work on the Call Flow project, which includes features such as courtesy call back and post-call surveys. The project is currently in the development phase and is scheduled to be deployed by end of FY 21-22. The development will help improve overall customer experience and shorten handle times.</p> <p>Work is being continued on the enhanced provider assignment/change tool, with an anticipated deployment for Q3 FY 21-22. Improvements in the IVR (Interactive Voice Response) Call Flows have an anticipated deployment of Q4 FY 21-22.</p>
Improve efficiency and effectiveness of financial management functions with the implementation of the additional phases of the SAP system, our Enterprise Resource Platform (ERP).	<p>The Enterprise Resource Planning implementation for two SAP key projects:</p> <ul style="list-style-type: none"> • 80% of configuration is completed for the FI-GL (General Ledger), Controlling, Fixed Asset, Project, and Accounts Payable modules in SAP. This implementation will replace Solomon, our old accounting system. Interface connections are being configured between our Payroll system, Concur Travel and Expense, and SAP Billing and Disbursements, which will eliminate manual intervention between the systems. • SAP Revenue Automation configuration is under way and will replace the manual process performed by the Medical Payment System and Services department. <p>The target date for SAP ERP and Revenue Automation project is June 1, 2022.</p>
Complete the implementation of SyntraNet to support operational improvements across the enterprise, with a particular emphasis on appeals and grievances.	Additional improvements have been made to the Utilization Management (UM) module of SyntraNet to improve efficiency and compliance. Work was initiated to address changes needed for new requirements for translating member notices. A number of additional foundational enhancements have been bundled, with the first of three phases to go live in Q3.



Build out information technology systems that support improved health plan functionality.	
Tactics	Update
Modernize provider data management by defining and creating a roadmap for achieving our target state for our provider data ecosystem.	<p>The Provider Roadmap initiative is a multi-year program focused on improving L.A. Care’s provider data quality and management, including enhancements to data intake, standardization, validation, storage, and reporting processes. As part of this initiative, L.A. Care is in the process of sourcing a provider data management platform that will:</p> <ul style="list-style-type: none"> • establish a centralized provider data repository that will enable multiple disparate systems to be discontinued; • delineate all network affiliations, hierarchies, and subnetworks in order to facilitate the identification and management of all providers available to a member within a closed sub-network; • integrate contracting and credentialing workflows and task performance; • support the use of the standardized provider file (SPF) to receive provider data directly from our PPG partners; • leverage validated provider data available through a partnership with the Symphony Provider Directory Utility; and • employ the newly established data governance framework to ensure better data quality.
Refine and implement our three-year technology roadmap and ensure that the reference architecture serves as a blueprint that evolves with L.A. Care’s needs.	The Technology Roadmap continues to evolve and is being refined as we move forward. Successful delivery of the first phase of CalAIM along with the additional foundational development made on the SyntraNet platform has allowed us to continue delivery on the components of design contained in the reference architecture. This further advances our goal for the exploitation of more modern technology services.
Develop real-time interoperability capabilities to share data with providers and members.	The first phase is complete with public facing provider directory API’s (Application Program Interfaces) which allow any system or software application to search and download L.A. Care’s complete Provider Directory. This allows search engines such as Google and others to access our Provider Directory and present results to their users. Additional work is underway to launch a data connection API for members to access all of their health information maintained by L.A. Care. Coming in June 2022, the data connection API will enable third party applications (typically on smart phones) to access member data, but only with member consent.



Support and sustain a diverse and skilled workforce and plan for future needs.	
Tactics	Update
Conduct succession planning, particularly at the leadership level.	We are working with members of Senior Leadership to develop strategies to ensure succession within the organization.
Maintain a diverse and inclusive workforce, validated by data analysis, to model L.A. Care’s commitment to Diversity, Equity, and Inclusion.	L.A. Care continues to monitor and enhance its diversity dashboard, including monitoring ethnicity/race and gender by employee category (i.e. staff, supervisory, management, Director, Sr. Director, Officer).
Support a culture of accountability that encourages transparency.	L.A. Care is developing remote educational classes for management focused on ensuring proper performance assessment/management in the remote environment.
Improve managed care and Management Services Organization (MSO) acumen among staff.	We are assessing the knowledge gaps for staff and will develop a plan to target our training more specifically to address these needs.
Promote retention of staff in an evolving work environment.	L.A. Care has completed our Employee Engagement Survey and we are currently working on action plans. We actively support employees through our Employee Recognition Program and Employee Resource Groups. We established a Return to Office strategy, focused on remote work until 2024 to promote employee retention, that was shared with staff in January.

Ensure long-term financial sustainability.	
Tactics	Update
Implement recommendations from the administrative expense benchmarking study and update the administrative expense target in the revised forecasts.	L.A. Care continues to assess the findings from the benchmarking study and will implement appropriate changes to optimize staffing to meet business demands in the next forecast and FY 22-23 budget.



Ensure long-term financial sustainability.	
Tactics	Update
Develop risk arrangements for Enhanced Care Management (ECM) and the Dual Eligible Special Needs Plan (D-SNP).	<p>Network Enhanced Care Management (ECM) & Community Supports (CS) updates for July 2022 effective date:</p> <ul style="list-style-type: none"> • Seven projected providers for ECM • Still assessing number of providers for Community Supports. Providers currently going through certification. • LA County Contracts: <ul style="list-style-type: none"> ◦ Department of Public Health will not be ready for a July start and will be pushed to the Fall.

Mature L.A. Care’s family of product lines, taking an “all products” approach whenever possible.	
Tactics	Update
Launch a D-SNP to serve the dually-eligible Medicare and Medi-Cal population and transition members from Cal MediConnect (CMC) to the D-SNP.	<ul style="list-style-type: none"> • L.A. Care received and responded to CMS’s Medicare Advantage Part C and D Applications Deficiency Notices. • Monthly Department of Health Care Services Cal MediConnect to D-SNP Enrollment Transition Workgroups continue. • Operational processes to support Exclusively Aligned Enrollment (EAE) continue to be developed by the state in partnership with stakeholders. • L.A. Care D-SNP implementation work streams continue, led by the Enterprise Portfolio Management Office.
Increase membership across all products by implementing member recruitment and retention strategies.	<p>Marketing</p> <ul style="list-style-type: none"> • L.A. Care Covered (LACC): Open Enrollment campaign concluded in March. We are still currently in the market with a “lights on effort” that will lead into our Special Enrollment Period (SEP) campaign launch in April. • CMC: Campaign will launch at the end of this month, with a bold growth intent, until October 1st. • D-SNP: Marketing plan for D-SNP launch to be finalized by April 15, highlighting all Marketing and Sales efforts.



Mature L.A. Care’s family of product lines, taking an “all products” approach whenever possible.	
Tactics	Update
	<ul style="list-style-type: none"> • L.A. Care Brand Research: Annual research/focus groups for our brand were concluded for FY 21-22. Presentation of results currently being drafted to share with leadership in April. <p>Spring Campaigns</p> <ul style="list-style-type: none"> • Medi-Cal: Campaign underway for redetermination and set to launch expansion campaign in April. • CMC: Campaign set to launch by end of April. • LACC: SEP campaign launching in April. • L.A. Care: HR Recruitment campaign launching in second week of April. Community Resource Centers (CRCs) campaign set to launch in June. <p>Sales</p> <ul style="list-style-type: none"> • Execution of Sales organization re-alignment is underway in support of: <ul style="list-style-type: none"> ○ D-SNP (Duals Special Needs Plan) launch, ○ continued Commercial (Covered CA) growth, and ○ expanded Medi-Cal grass roots community marketing and redetermination support. • Critical technology projects: Continue including overall CRM (customer relationship management) systems integration, broker portal enhancements, and electronic enrollment application capabilities • Sales paradigm shift: Being driven by Medicare product shift from Cal MediConnect to D-SNP, including expansion of the broker channel through a significant increase in direct general agency contracts and selling through brokers.
Engage in a provider network strategy that meets distinct business and competitive needs of all products and ensures that members receive high-value care.	We continue to focus on building, growing, and adding valued providers to our Direct Network through focused recruitment efforts. Membership continues to grow and has increased 5.3% to nearly 31,650 members from the previous quarter. The team has been utilizing Quest Analytics software to leverage market data to ensure we are meeting network adequacy for members in all areas. Additionally, we continue to work closely with our regulators to ensure we are meeting the time and distance standards across all lines of business for all our members to access high-value care within the appropriate distance or time.



Mature L.A. Care’s family of product lines, taking an “all products” approach whenever possible.	
Tactics	Update
	We continue to evaluate opportunities to transition PPG shared risk business to dual risk where it aligns with our capitated hospital partners, as appropriate. We currently have two provider groups in process of transition from shared risk to dual risk.

High Quality Network

Support a robust provider network that offers access to high-quality, cost-efficient care.

Mature and grow our Direct Network.	
Tactics	Update
Insource delegation functions that are currently outsourced, as appropriate and cost effective.	OptumHealth (Optum) continues to perform select Utilization Management (UM) and Care Management (CM) services for the L.A. Care Direct Network (DN) members. To ensure a transition that is seamless for L.A. Care’s members and providers, L.A. Care is continuing work on a comprehensive readiness plan to in-source these services, by taking a holistic approach to ensure that the plan will be able to meet or exceed all compliance and quality standards to serve the DN members, and partner with DN providers.
Improve the operations of all L.A. Care functions necessary to support and scale up the Direct Network.	Continued efforts for operational improvements, with the support of the Direct Network Administration Steering Committee, include improving the overall Provider Experience. Improvements in progress include adoption of tools such as Therefore to enhance the provider load process, the availability of additional downloadable provider portal reporting, and the ability to access training opportunities through the Learning Management System, available through recorded trainings and instructor led. Additionally, we are closely evaluating the provider satisfaction results from 2021 to prepare for opportunities where necessary.
Strategically address gaps in the Direct Network to meet all member needs countywide.	L.A. Care continues to improve network adequacy by utilizing targeted provider recruitment data, analytics, and dashboards to make strategic network decisions. Quest Analytics software is utilized along with Tableau dashboards to help identify recruitment opportunities, mitigate access gaps, and identify market providers in rural areas. The team successfully added 55 in-demand specialty sites into the Direct Network in areas of dense member populations within



Mature and grow our Direct Network.	
Tactics	Update
	rural zip codes. The focus now remains on the continued expansion of specialty offices, in order to ensure we meet the needs of our growing membership countywide.
Increase access to virtual care by implementing L.A. Care’s Virtual Specialty Care Program (VSCP).	<ul style="list-style-type: none"> As of March 31, 2022, the Virtual Specialty Care project team has trained four high volume Direct Network practices and we are in the process of recruiting and training more. We are still working with Children’s Hospital Los Angeles (CHLA) to bring them onboard as our preferred pediatric virtual specialist.

Improve our quality across products and providers.	
Tactics	Update
Achieve quality scores for the Direct Network that are commensurate with the median IPA network scores.	L.A. Care's Quality Improvement team paid out the inaugural Direct Network (DN) Pay-for-Performance (P4P) program in March 2022. A total of \$300,000 was distributed to 58 providers. The Direct Network received a performance report as part of the Medi-Cal Value Initiative for IPA Performance (VIIP) program, but not a payment. A provider was recognized as the Top Performing Direct Network practitioner during the annual Provider Recognition Awards. The Measurement Year 2022 Direct Network P4P Program Description was developed and approved.
Exceed the DHCS Minimum Performance Level for all measures for Medi-Cal, achieve a four-star quality rating for L.A. Care Covered, and build the infrastructure to achieve a four-star quality rating for our D-SNP.	<p>To address our multi-year plan to improve quality, L.A. Care is launching initiatives that address members, providers, the community, and L.A. Care staff needs.</p> <ul style="list-style-type: none"> Member Experience trainings are scheduled to launch next quarter for select L.A. Care staff and L.A. Care providers. Member health reminders launched for cancer screenings and wellness visits, including a new pilot program that includes text messaging. These will continue throughout the year, targeting different age groups and conditions. Social media ads encouraging checkups and screenings launched this quarter and will also continue throughout the year. L.A Care has been meeting with different medical groups to discuss and collaborate on quality improvement activities.



Improve our quality across products and providers.	
Tactics	Update
	<ul style="list-style-type: none"> • New pilot programs are being developed with the goal of providing more tools for high risk members to monitor and manage their health at home. These include items such as blood pressure monitors, at-home test kits, and meal deliveries. • Quality Improvement teams continue to work with IT to obtain and ingest more data more efficiently through Clinical Data Integration processes. • Stars Improvements continue with a new core team, Stars Steering and Stars workgroups, multiple consultant reviews, and more focus on closing gaps through appropriate staffing and resources. <p><i>* Of the 15 Measurement Year (MY) 2021/Reporting Year (RY) 2022 Managed Care Accountability Set (MCAS) Minimum Performance Level measures, 10 are above the 50th percentile and two more are expected by the end of RY2022.</i></p>
Improve clinical data integration and data governance, starting with race, ethnicity, language, sexual orientation, and gender identity data, in order to achieve the NCQA Health Equity Distinction.	The programs to further define and integrate race and ethnicity data elements and provide governance were launched in February as planned. We will complete a schedule for analysis of the language, sexual orientation, and gender identity elements, as well as the planning for governance and integration of the elements.
Improve clinical performance for children’s care.	A social media campaign focused on adolescent immunizations launched during Preteen Vaccine Week. A text messaging campaign targeting the parents/guardians of children without a current well care visit also launched. These text messages provided reminders for well care visits, vaccines, and helpful health tips.



Invest in providers and practices serving our members and the L.A. County safety net.	
Tactics	Update
Assist our providers in adopting and using Health Information Technology (HIT) resources.	The 15 Transform L.A. practices are reporting 10 clinical quality measures from their electronic health record system. A new effort to ensure Primary Care Providers receive discharge notifications electronically is in progress.
Provide practice coaching to support patient-centered care.	<p>Transform L.A. has maintained the number of Direct Network practices at 15 (31 sites) with 91 providers, 28% of Direct Network members, and 18% of L.A. Care’s total members. Five practices are reporting improvement in Controlling High Blood Pressure and two practices are reporting improvements in Diabetes A1c Poor Control.</p> <p>The Help Me Grow initiative continues to progress. The program has two enrolled practices in their three-year pilot to increase developmental milestone screenings in L.A. Care members aged 0-5 years old. Early childhood development classes for the community and L.A. Care members have been launched at the CRCs. The first CME event "Childhood Health Conference" has been finalized and is scheduled for May 19, 2022.</p>
Implement innovative programs to train, recruit, and retain highly qualified providers through the Elevating the Safety Net initiative.	<ul style="list-style-type: none"> • Health Career Internship Program: After hosting 35 interns in the summer of 2021, Health Career Connection (HCC) has confirmed various organizations to host the second cohort of 31 interns in the summer of 2022. Interviews and intern placement will occur April through May to launch internship activities in June. • Residency Support Program (RSP): L.A. Care is finalizing grant agreements with the institutions awarded under cycle 3 funding—AltaMed, Charles R. Drew University of Medicine and Science (CDU), UCLA, and White Memorial. The approved funds will support salaries and benefits for 25 residents across the four institutions starting in academic year 2022-23 through 2024-25. • Medical School Scholarships: CDU and UCLA are reviewing student applications to confirm the fifth cohort of eight L.A. Care Scholars as early as May 2022. Students from the first four cohorts are on track to complete their four-year medical education and training. • Provider Loan Repayment Program (PLRP): We have 86 active physician awards. Starting in May 2022, we anticipate between 30-60 additional awards for physicians who commit to practicing in our safety net for at least three years.



Invest in providers and practices serving our members and the L.A. County safety net.	
Tactics	Update
	<ul style="list-style-type: none"> • Provider Recruitment Program (PRP): We continue to grow the PRP program, with 142 providers hired totaling more than \$19.2 million in investment. There are currently 19 vacancies. • Elevating Community Health: For the Community Health Worker (CHW) program, the third cohort of CHWs completed the remaining continuing education sessions covering Emotional Intelligence and Self-Care and Boundaries and Professionalism. In the Center for Caregiver Advancement’s (CCA) IHSS training program, 4,428 IHSS workers have graduated since the beginning of the program. (Note: the reporting process for the IHSS training program has been updated for accuracy, so the graduation count may vary from previous reports). • National Medical Fellowship (NMF): L.A. Care is reviewing the opportunity to fund a fifth cohort of seven fellows starting in June 2022. • Keck Graduate Institute (KGI) Master of Science in Community Medicine (MSCM): KGI is reviewing student applications to award twenty-three new scholarships as part of L.A. Care’s \$5 million investment in the graduate program. Twenty-two students who received a scholarship in 2021 are on track to complete their first year of graduate education in the MSCM program. • CDU New Medical Education Program: With L.A. Care’s \$5 million investment, CDU is making progress towards establishing the New Medical Education Program in preparation for welcoming the first class of 60 medical students in 2023.
Utilize the Community Health Investment Fund (CHIF) to leverage opportunities for providers to increase quality and access to care.	During the second quarter, the Community Benefits department released three CHIF grant Initiatives and two invitations for CHIF Ad Hoc applications. The Oral Health Initiative XIII for \$1.5 million was released in January and is designed to support the hiring and retention of dental staff at community-based clinics. Recommended OHI XIII grants are in the process of being approved. The first Generating African American Infant and Nurturer’s Survival (GAAINS) Initiative for \$1.5 million was released in February and is designed to reduce and eventually eradicate the racial disparity in infant and maternal mortality. The grant review committee will be held in late April. The Robert E. Tranquada, MD Safety Net Initiative XIII for \$2.25 million was released in March and is designed to support the hiring and retention of non-licensed personnel who work on-site at community-based clinics. The grant review committee



Invest in providers and practices serving our members and the L.A. County safety net.	
Tactics	Update
	will be held in early June. All these CHIF Initiatives and Ad Hoc grants focus on low-income individuals, including L.A. Care Health Plan members.

Member Centric Care

Provide services and care that meet the broad health and social needs of our members.

Operate all components of California Advancing and Innovating Medi-Cal (CalAIM) as they are launched.	
Tactics	Update
Maximize care for L.A. Care members, within funding constraints, through successful implementation of Enhanced Care Management (ECM) and Community Supports (CS) for specified populations of focus.	<p>Enhanced Care Management (ECM): L.A. Care’s ECM program launched successfully in January 2022, with a provider network of 44 ECM providers. More than 18,000 members were grandfathered into ECM from Health Homes and Whole Person Care, and several thousand additional members were identified as newly ECM-eligible by meeting the criteria for one or more ECM Populations of Focus. L.A. Care continues to partner with the other Los Angeles managed care plans and Los Angeles County entities to develop and streamline ECM operations. In Q2, we initiated work to optimize internal processes and technology; this work will continue into Q3 and support the expansion of ECM to include additional providers and future Populations of Focus.</p> <p>Community Supports (CS): L.A. Care grandfathered more than 7,000 members from Whole Person Care (WPC) and the Health Homes Program (HHP) to appropriate Community Supports (CS), Homeless and Housing Support Services (HHSS), and/or Recuperative Care on January 1, 2022.</p> <p>L.A. Care met with providers to go over program expectations, answer questions, and provide support in launch of the various CS programs. L.A. Care hosted various internal and external training sessions on each of the specific Community Supports that launched in January 2022 to ensure appropriate support and coordination.</p>



Operate all components of California Advancing and Innovating Medi-Cal (CalAIM) as they are launched.

Tactics	Update
	L.A. Care is working on program development, provider certification, and IT business requirements for the upcoming CS July 2022 services—Housing Deposits, Personal Care and Homemaker Services, Sobering Centers, and Respite Services.
Ensure CalAIM Population Health Management (PHM) requirements are met.	The member assessment workgroup is actively meeting and creating an inventory of all member facing assessments across all lines of business. Next, a comparison analysis will be done to identify duplications and future state coordination. We are identifying IT and non-IT requirements needed to meet all PHM program requirements. We are also identifying gaps in PHM program requirements. We will be working on closing those gaps with a cross-functional team.
Monitor and establish infrastructure for longer-term CalAIM initiatives.	<ul style="list-style-type: none"> • CalAIM Core Planning Team continues to meet on a bi-weekly basis. • Phase I of the Mandatory Managed Care Enrollment transition brought approximately 20,000 new members to L.A. Care and Plan Partners. • The member assessment workgroup kicked off in February and meets bi-weekly to ensure readiness for the Population Health Management (PHM) initiative. • Internal readiness activities continue for Community Supports (CS) that are going live July 2022, and the Long Term Care carve-in slated for January 2023, which is actively being managed by MLTSS (Managed Long-Term Services and Supports) and PNM (Provider Network Management).

Establish and implement a strategy for a high-touch care management approach.

Tactics	Update
Maximize use of care managers and community health workers within our care management model.	Now that Enhanced Care Management (ECM) and Community Supports (CS) have gone live, our Care Managers and Community Health Workers have been working with new and existing members enrolled in Care Management to ensure enrollees are being connected with the services and supports that they need to regain optimal health. Part of this effort has gone toward ensuring that there is effective and widespread Community Supports utilization to connect all appropriate Medi-Cal eligible members to Medically Tailored Meals (MTM), Homeless & Housing Support Services (HHSS), and/or Recuperative Care. Additionally, we have coordinated processes to ensure that members receive the best kind of care



Establish and implement a strategy for a high-touch care management approach.	
Tactics	Update
	management to meet their unique needs, whether that be through our internal care management team or through ECM. This includes, when necessary, facilitating a warm handoff of members from care management to ECM or vice versa to support continuity of care coordination needs.
Increase use of field-based care management in the community.	As the COVID-19 positivity rate decreases and L.A. County begins to loosen restrictions, efforts have been underway to prepare our community health workers for redeployment into the community. Through planning and preparation efforts in Q2, the community health workers are ready to safely redeploy into members' homes, Community Resource Centers, and elsewhere in the community to provide high-touch support to members enrolled in High Risk and Complex care management in the beginning of Q3. The re-deployment of community health workers into the community is an important step toward achieving the field-based care management model that was underway pre-pandemic.
Expand upon our progress with palliative care and add other end-of-life services.	Palliative care provides an additional layer of support to members with serious illness. Our program is expanding and we have been able to enroll more members for these home-based supportive services. We are reaching out to community partners and increasing our reach to long-term care facilities, as well as working with local providers to enroll members during transitions of care.

Ensure that the services we provide to members promote equity and are free of implicit and explicit bias.	
Tactics	Update
Leverage external partnerships, grantmaking, and sponsorships to implement programs that address the root causes of inequity, including racism and poverty.	The Member Health Equity Council continues working on established goals and metrics for FY 21-22. The Consumer Health Equity Council, comprised of L.A. Care health plan members, met in March 2022 to discuss L.A. Care transportation services. The Health Equity team is meeting with community partners and finalizing documents for a Health Equity focused Community Health Investment Fund (CHIF) grant. This is planned to launch by the end of the fiscal year.



Ensure that the services we provide to members promote equity and are free of implicit and explicit bias.	
Tactics	Update
Identify and reduce health disparities among our members by implementing targeted quality improvement programs.	<p>L.A. Care focused on disparities in diabetes, hypertension, and prenatal care:</p> <ul style="list-style-type: none"> • The Diabetes Disparities Performance Improvement Project launched in November at a clinic in Antelope Valley. The health educator reached 14 out of 33 eligible members. All eligible members received educational materials. • The Diabetes Quality Improvement Project focuses on Black/African American Covered California members. This project will provide medically tailored meals to eligible members along with the option for nutrition counseling with a registered dietitian. • The QI intervention to improve blood pressure began early December and outreached six providers with information on how to capture blood pressure readings via telehealth. The six providers have 870 members with hypertension. The next round of intervention includes the delivery of 200 blood pressure cuffs to three providers with a large volume of members with high blood pressure as part of a pilot program. Other efforts to address hypertension include Case Management, Pharmacy, and soon, health promoters in Community Resource Centers. • L.A. Care plans to launch a targeted text messaging campaign to address disparities among Black/African American pregnant individuals seeking prenatal care by providing education about the importance of timely prenatal care and a connection to L.A. Care for assistance with appointment scheduling. • The Community Health Investment Fund (CHIF) launched its Close the Health Disparities Gap priority with a new initiative, Generating African American Infant and Nurturers Survival Initiative I (GAAINS I). Projects will reduce structural barriers that impede medical treatment and social supports, and produce positive outcomes at the individual, community/clinic, and/or systems level. Grantees will be announced by mid-June. • L.A. Care continues to work to address disparities in COVID-19 vaccination rates. The state's program officially concluded at the end of February.
Implement initiatives to promote diversity among providers, vendors, and purchased services.	L.A. Care engaged the LA Chamber of Commerce in a plan to sponsor tuition for up to 10 Small Business Training slots which will start in June/July 2023. The purpose of the training is to train and coach small businesses on how to prepare for RFPs, build proposals, and sustain performance in order to win more business as well as keep current business. We are currently developing a process and criteria for selecting 10 small businesses from a pool of small



Ensure that the services we provide to members promote equity and are free of implicit and explicit bias.	
Tactics	Update
	business vendors collected from the L.A. Care website and L.A. Care active vendor database by May/June 2023.
Offer providers Diversity, Equity, and Inclusion resources to promote bias-free care.	The L.A. Care Provider & Vendor Equity Council continues work on initiatives aimed at increasing provider access to Diversity, Equity, and Inclusion resources.

Health Leader

Serve as a national leader in promoting equitable healthcare to our members and the community and act as a catalyst for community change.

Drive improvements to the Affordable Care Act by serving as a model of a successful public option.	
Tactics	Update
Play a leading role in advocating for a public option at the state and national levels.	As the largest public plan in the country, L.A. Care continues to advocate for policies that would benefit Medi-Cal and the safety net. This quarter's advocacy emphasized the need to increase Medi-Cal reimbursement and the inherent inequity of lower reimbursement rates for services to low income populations.
Provide expertise and assistance to other public plans interested in participating in state exchanges.	L.A. Care continues to provide high level guidance to another plan considering joining the state exchange.



Optimize members' use of Community Resource Centers and expand our member and community offerings.	
Tactics	Update
Increase the number of Community Resource Centers to 14, in partnership with Blue Shield of California Promise Health Plan, and increase number of annual visits to 50,000 across all centers by Q4 2022 and 60,000 by Q4 2023.	Inglewood CRC reopened in its new location and the new El Monte and Norwalk CRCs opened to the public. Construction continues on the Long Beach CRC and lease negotiations continue for sites in South L.A., Lincoln Heights, and Panorama City.
Partner with community-based organizations to offer a range of services onsite.	Partnership formation continued to be delayed due to reduced CRC operations. With the planned resumption of in-person classes in Q3, onsite partners will be invited to the CRCs at that time.

Drive change to advance health and social services for our members and the community.	
Tactics	Update
Identify and prioritize actions, interventions, and programs to promote equity and social justice.	The Equity Council Steering Committee continues to meet on a bi-weekly basis to discuss and strategize around equity for members, staff, providers, and vendors. L.A. Care hosted a series of live and pre-recorded events in February for Black History Month. Events included "Revolutionizing Access to Care in the Black Community" and "Housing and Homelessness in the Black Community: Looking at the Numbers." Cultural Humility and Anti-Racism trainings are planned for Senior Directors and above in Q3.
Support regional Health Information Exchanges (HIE).	L.A. Care is committed to strengthening the regional Health Information Exchanges (HIE) by directly engaging with them on strategic and regulatory requirements. This is accomplished by delivering a network priority list specific to each HIE that would help them achieve the maximum market penetration and improve community access to member data. The regional HIE networks are making steady progress in onboarding new clinical partners. L.A Care's Leadership and the HIE Steering Committee are closely collaborating with the HIEs to address participant onboarding and are taking additional measures to strengthen the contract language for the hospitals around HIE participation. In addition, L.A Care has revised the Health Information Ecosystem (HIEc) Strategy to build a sustainable HIE infrastructure and laid out



Drive change to advance health and social services for our members and the community.	
Tactics	Update
	<p>recommendations to further improve the regional HIE networks. L.A. Care is in the process of establishing a digital exchange with the HIEs using the latest Fast Healthcare Interoperability Resources (FHIR) format, in compliance with federal and state regulatory requirements. L.A. Care maintains close communication with the exchanges through bi-weekly operations meetings and we use this regular cadence to:</p> <ul style="list-style-type: none"> • optimize the workflows to support clinical pharmacy initiatives, case management, utilization management, HEDIS measures, and behavioral health; and • develop and coordinate community based care workflows with the clinical partners such as Federally Qualified Health Centers, Independent Practice Associations, and Managed Services Organizations, to benefit at-risk populations and improve patient outcomes.
Create a deliberate and tailored strategy to address homelessness among our members.	<p>As of end of March, Homeless and Housing Support Services (HHSS) had over 8,000 members enrolled.</p> <p>L.A. Care has been focused on improving HHSS program operations by working with IT and UpHealth teams to develop reporting specifications for HHSS operations, including DHCS regulatory reporting due May 2022. We continue to engage and meet with HHSS providers to offer assistance on various items such as referral processes to ensure program compliance and improvement.</p>



L.A. Care
HEALTH PLAN

March 1, 2022

TO: Hector De La Torre, Chair, Executive Committee

VIA: Francisco Oaxaca, Chief, Communications & Community Relations

FROM: Mariah Walton, Sr. Community Relations Specialist

SUBJECT: Fiscal Year 2020-2021 Sponsorship Report

Staff is submitting the annual sponsorship report to the Board, as required by L.A. Care policy 603.

Fiscal Year Highlights

This year with the ongoing COVID-19 pandemic, staff continued to support organizations that met the community's immediate needs, supported COVID-19 vaccination and the safety net, and addressed Health Equity and Social Determinants of Health (SDOH) via the sponsorship program.

All sponsorships were carefully reviewed to determine whether the requesting organization and/or the event met the requirements of L.A. Care's sponsorship policies. Special consideration was given if 1) the organization provided immediate COVID-19 relief; 2) the event offered considerable exposure to L.A. Care; 3) the organization was a CHIF grantee; 4) the organization was within L.A. Care's provider network; 5) the event focused on health equity or one or more of L.A. Care's identified SDOH priority areas; or 6) an L.A. Care department was interested in participating.

The Communications department sponsored 116 organizations and awarded a total of \$1,068,400. Additionally, we provided 21 organizations with \$37,735 worth of in-kind donations of L.A. Care branded promotional items, such as face masks, hand-sanitizers, reusable tote bags for food distributions, and stress balls. This helped to elevate L.A. Care's brand while engaging with our partners and members.

Given the food insecurity needs that were made worse by the pandemic, this year the Communications team focused on collaborating with more organizations that provide access to food. We sponsored 37 organizations hosting food distribution events, which served approximately 38,700 families and individuals throughout L.A. County.

Sponsorship by SDOH Priorities

The Communications team focused on strengthening existing relationships and cultivating new partnerships with community-based organizations that address SDOH. Of the 116 approved sponsorships, 105 (about 90%) addressed SDOH. A few of those organizations were LA vs. Hate, Health Matters Clinic, CultivaLA, Move LA, and Asian Pacific Community Fund.

Staff will continue to identify and collaborate with organizations that enhance the diversity of organizations supported by the sponsorship program, with a special focus on targeting several SDOH areas and Health Equity,

including social justice organizations. The below bar graph depicts the total amount of investment we made per SDOH category. Most of our investment went toward supporting access to health care and food security.

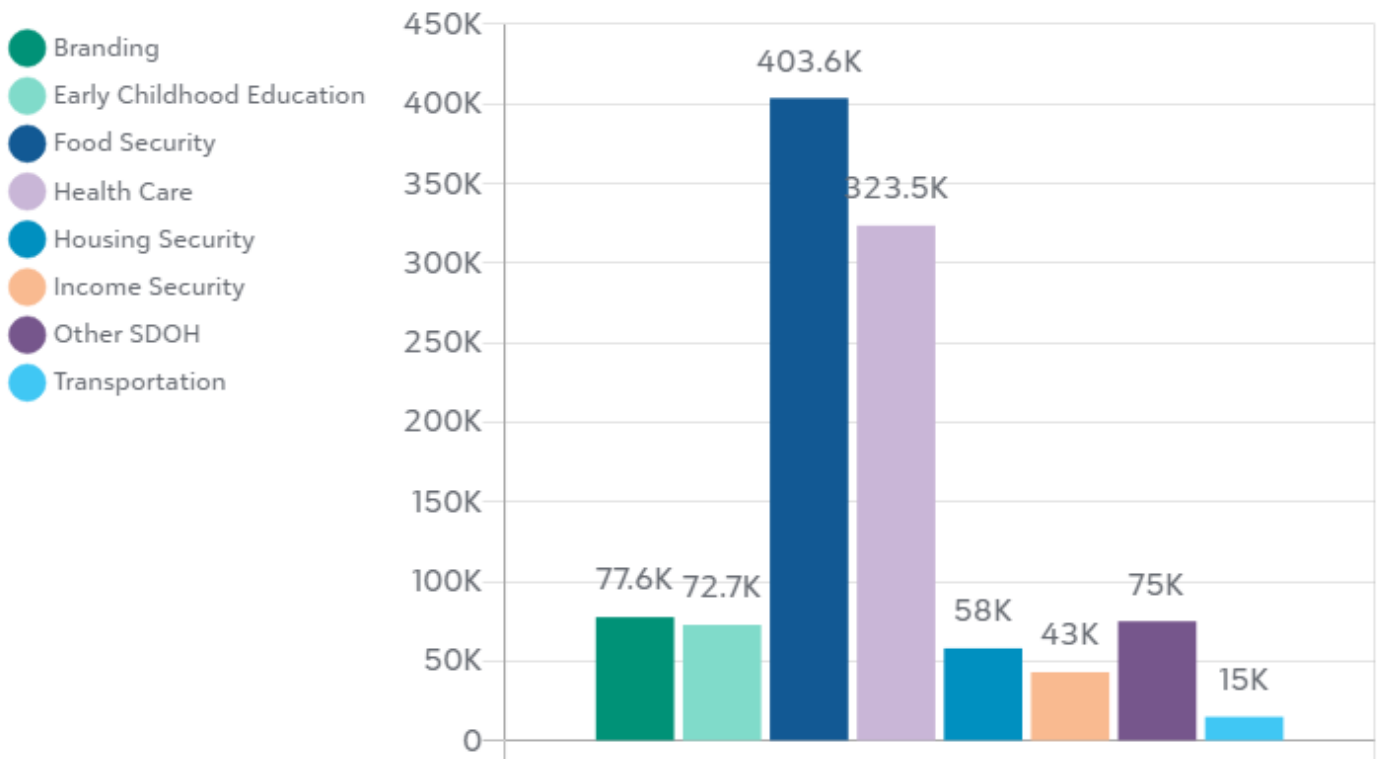


Figure 1. Total amount of investment categorized by Social Determinants of Health focus areas, including branding.

In the coming year, the Communications department will continue to identify organizations that are meeting COVID-19 and SDOH needs, promoting health equity, or supporting the safety net, and that align with L.A. Care’s Strategic Vision to make L.A. Care a recognized leader in improving health for low income and vulnerable communities.

Please reference the FY 2020-2021 sponsorship log for further details on individual sponsorships.

Approved Sponsorships FY 2020-2021

	Approved Sponsorship Requests
	Recognized at grantee event, but no sponsorship
	In-kind promotional items

Event Date	Name	Project Title	Grant Amount
6/2/2021	Maternal Mental Health Now	Annual Conference	\$10,000
11/14/2021	Alzheimer's Los Angeles	Making Memories	\$5,000
10/30/2021	Meet Each Need with Dignity	Dignity Awards	\$5,000
10/26/2021	California Primary Care Association	Annual Conference	\$5,000
10/8/2021	Network of Ethnic Physicians Organization	Physicians for a Healthy Californian	\$5,000
9/30/2021	L.A. Trust for Childrens Health	Salute to Student Health	\$5,000
9/28/2021	Southern California Grantmakers	Annual Conference	\$2,500
9/25/2021	Meet Each Need with Dignity	Farmers Market Grand Opening- CRC Joint Sponsorship	\$5,000
9/25/2021	Friends of Cabrillo Marine Aquarium	Grand Gurion Fundraising Gala	\$3,500
9/25/2021	Boys and Girls Club LA Harbor	CRC Wilmington Grand Opening Rock Garden- CRC Joint Sponsorship	\$500
9/25/2021	Dual Immersion Foundation	CRC Wilmington Grand Opening Rock Garden- CRC Joint Sponsorship	\$500
9/25/2021	KJLH	Men's Empowerment Summit	\$15,000
9/23/2021	Esperanza Community Housing	Dancing Under the Stars	\$5,000
9/23/2021	State of Reform	State of Reform	\$7,500
9/20/2021	DMTL Family	Umoja Project- Transportation	\$5,000
9/18/2021	South LA Cafe Community Foundation	Women's Entrepreneur & Networking Mixer	\$15,000
9/18/2021	Starview Children and Family Services	Food and Diaper Distribution and COVID testing	\$10,000
9/14/2021	Farmworker Justice	Awards Dinner	\$2,500
9/10/2021	Imagine LA	Imagine Ball	\$5,000
9/9/2021	Eisner Health	National Health Center Week	\$3,000
9/6/2021	Chinatown Service Center	Annual Celebration Gala	\$3,000
9/1/2021	Imagine LA	Missouri Place Housing	\$10,000
8/27/2021	Community Family Guidance Center	Food Drive/Movie	\$5,000
8/27/2021	DTLA Proud	DTLA Proud Festival	\$5,000

8/18/2021	Los Angeles Business Journal	Healthcare Leadership Panel & Awards	\$5,900
8/18/2021	Los Angeles Business Journal	Women in Leadership Awards	\$5,000
8/13/2021	South Central Family Health Center	National Health Center Week	\$2,500
8/9/2021	Arroyo Vista Family Health Center	National Health Center Week	\$1,500
8/8/2021	Venice Family Clinic	National Health Center Week	\$10,000
8/8/2021	Northeast Community Clinic	National Health Center Week	\$5,000
8/7/2021	Drew Child Development Corporation	Back to School Event	\$2,500
8/5/2021	Los Angeles County Medical Association	Installation of Presidents & Officers	\$3,500
7/13/2021	Drew Child Development Corporation	N/A	\$1,689
7/7/2021	South LA Cafe Community Foundation	Food Distribution	\$20,000
7/3/2021	St. Joseph Center	Taste of Hope	\$5,000
7/1/2021	Asian American's Advancing Justice	Bystander Trainings	\$5,000
7/1/2021	Crossroads Inc.	Essential Needs/Speakers Series	\$8,000
6/24/2021	Los Angeles Area Chamber of Commerce Foundation	OneLA Economic Development Program	\$25,000
6/21/2021	Partners in Care Foundation	Annual Tribute Dinner	\$5,000
6/19/2021	Black Arts LA	Juneteenth	\$5,000
6/19/2021	ONEgeneration	Senior Symposium	\$2,500
6/19/2021	The Garage Board Shop	Covid-19 Vaccination pop-up	\$5,000
6/17/2021	Community Family Guidance Center	Back to school	\$5,000
6/17/2021	Community Family Guidance Center	Essential Needs Distribution	\$5,000
6/17/2021	Asian Pacific Community Fund (APCF)	Giving for all Seasons Fundraising Event	\$5,000
6/17/2021	The Garage Board Shop	N/A	\$552
6/12/2021	Cultiva LA	Food Distribution CRC	\$5,000
6/12/2021	American Heart Association	Heart & Stroke Ball	\$25,000
6/10/2021	Los Angeles Department of Public Health	N/A	\$152
6/9/2021	Black Women for Wellness	N/A	\$608
6/5/2021	Starview Children and Family Services	Compton Pride	\$4,000
6/3/2021	Maternal Mental Health Now	Laws & Ethics Education Series	\$5,000
6/3/2021	Community Family Guidance Center	N/A	\$2,116
6/2/2021	Heart of Compassion	Food distributions	\$10,000
6/2/2021	Health Matters Clinic	Emergency Street Medicine	\$5,000
6/2/2021	Leonard Nimoy Foundation	Live Long and Prosper Campaign	\$15,000

6/1/2021	Black Women for Wellness	Food Distribution Events	\$14,000
5/26/2021	Didi Hirsch Mental Health	Mental Health is Health	\$2,500
5/26/2021	FEAST	CRC Food Distribution	\$3,000
5/26/2021	ONEgeneration	N/A	\$586
5/24/2021	Los Angeles County Commission on Human Relations	Black History Month	\$7,500
5/24/2021	Los Angeles County Office of Human Relations	LA vs. Hate	\$42,500
5/20/2021	Justice In Aging	Fundraiser and Awards Celebration	\$2,500
5/20/2021	Eisner Health	Anniversary Dinner	\$10,000
5/12/2021	See-LA	N/A	\$3,218
5/8/2021	KJLH	Women's Health Forum	\$10,000
5/5/2021	Frontline Doulas	Food Distribution, Donuts with Dads, Black Maternal Health Discussion	\$10,000
5/1/2021	United Friends of the Children	Mental Health Support + Grocery Gift Cards	\$30,000
5/1/2021	Homeboy Industries	Lo Maximo Fundraiser	\$6,000
5/1/2021	Food Help	CRC Food Distribution	\$10,000
5/1/2021	Interfaith Food Center	Food Distribution	\$10,000
4/29/2021	Hospital Association of Southern California	Better Together Conference	\$6,000
4/24/2021	Speak Up Empowerment Foundation, Inc.	Ms. Single Women Empowerment Foundation	\$3,000
4/22/2021	Resilient Agency	Food Distribution	\$5,000
4/21/2021	Access Books	Back to School Events	\$40,000
4/21/2021	Food Forward	Spring Melt 2021, Social Media Campaign, Food Distribution	\$25,000
4/20/2021	Maternal Mental Health Now	Courageous Conversation	\$5,000
4/20/2021	Trinity Harvest AV	CRC Food Distribution	\$6,333
4/16/2021	Community Family Guidance Center	Food Distribution	\$10,000
4/16/2021	Los Angeles County Medical Association	LA Healthcare Awards	\$5,000
4/13/2021	UCLA Center for Health Policy Research	Leaders of Today, Leaders of Tomorrow	\$3,720
4/13/2021	Ohana Center	Operation Hydration & PPE Distribution	\$2,500
4/12/2021	Southern California Grantmakers	Policy Conference	\$5,800
4/9/2021	Community Clinic Association of Los Angeles County	Reinvesting in Our Roots	\$5,800
4/8/2021	Resilient Agency	N/A	\$4,222
4/6/2021	Star View Children and Family Services	N/A	\$2,408
3/23/2021	World Mission University	Report Hate Booklet	\$25,000
3/23/2021	Interfaith Food Center	N/A	\$1,844

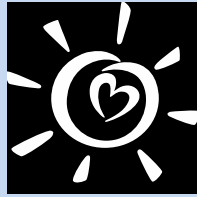
3/22/2021	Charles Drew University School of Medicine	President's Breakfast/ Equity Summit	\$5,000
3/21/2021	Karsh Center	CRC Food Distribution	\$16,875
3/20/2021	Weingart YMCA- South Vermont	CRC Food Distribution	\$21,875
3/19/2021	God's Pantry	CRC Food Distribution	\$21,875
3/17/2021	Los Angeles Business Journal	Diversity & Inclusion Panel	\$5,000
3/5/2021	Children's Defense Fund	Child Watch 2021	\$2,500
3/3/2021	Seeds of Hope	CRC Food Distribution	\$20,000
2/27/2021	Antelope Valley Dream Center	CRC Food Distribution	\$6,333
2/26/2021	Antelope Valley Partners for Health	CRC Food distribution	\$6,333
2/23/2021	Be Social Productions	Community health fair events; Huntington Parks, Lynwood, South Park	\$10,000
2/20/2021	Voices of Our Youth	CRC Food Distribution	\$6,333
2/20/2021	Meet Each Need with Dignity	CRC Food Distribution	\$21,411
2/18/2021	The Positive Results Corp	Advancing Social Justice & Equity	\$5,000
2/12/2021	5 Breads 2 Fish	CRC Food distribution	\$11,875
2/11/2021	Crenshaw YMCA	CRC Food Distribution	\$15,000
1/28/2021	Fiesta Educativa, Inc.	Statewide Conference	\$3,000
1/26/2021	Pollo's Pantry	N/A	\$2,050
1/17/2021	Martin Luther King, Jr. Community Hosptial	The Dream Show	\$25,000
1/14/2021	Community Partners	Move LA	\$10,000
12/30/2020	Unite LA	College Program	\$1,000
12/18/2020	South Central Family Health Center	N/A	\$1,063
12/11/2020	Salvadoran American Leadership and Educational Fund	Food Distribution & Legal services	\$20,000
12/8/2020	DIVA Foundation	Simply Singing	\$5,000
12/8/2020	State of Reform	State of Reform	\$7,500
12/5/2020	One Love Food Ministries	Food Distribution-Metro L.A.	\$2,500
12/1/2020	Be Social Productions	N/A	\$1,216
11/24/2020	Homeboy Industries	N/A	\$6,855
11/20/2020	University of Southern California Leonard Davis School of Gerontology	Caregivers Conference	\$2,000
11/18/2020	Northeast Valley Health Corporation	N/A	\$42
11/16/2020	Southside Coalition of Community Health Centers	Flu Clinic	\$7,500
11/15/2020	Project Angel Food	Angel Auction	\$10,000
11/15/2020	Project Angel Food	Angel Auction	\$10,000
11/12/2020	Hollywood Chamber of CommerceCommunity Foundation	Heros of Hollywood	\$900
11/1/2020	Homeboy Industries	Food distribution	\$25,000
10/30/2020	Southern California Resource Services for Independent Living	Food distributions	\$2,500

10/29/2020	United Friends of the Children	Education Program	\$30,000
10/28/2020	Southside Coalition of Community Health Centers	N/A	\$6,551
10/21/2020	Be Social Productions	N/A	\$505
10/12/2020	City of Los Angeles	ReelAbilities	\$2,500
10/11/2020	Venice Family Clinic	Anniversary Celebration	\$50,000
9/12/2020	Weingart YMCA- South Vermont	Food Distribution	\$5,000
9/12/2020	Antelope Valley Dream Center	Food Distribution	\$8,300
8/1/2020	South Antelope Valley Emergency Services	Food Distribution	\$8,300
7/23/2020	Crenshaw Family YMCA	Food Distribution	\$7,500
6/1/2020	Achievable Foundation	Evening with Achievable	\$5,000
2/9/2021	California Pan-Ethnic Health Network	Voices of Change	\$5,000

**March 2022
Grants & Sponsorships Report
May 2022 Board of Governors Meeting**

#	Organization Name	Project Description	Grant/ Sponsorship Approval Date	Grant Category/ Sponsorship	Grant Amount*	Sponsorship Amount	FY CHIF & Sponsorships Cummulative Total
1	Justice In Aging	50th Anniversary Celebration	3/17/2022	Sponsorship	\$ -	\$ 2,500	\$ 2,500
2	Long Beach Department of Health and Human Services	To administer a minimum of 15,000 COVID-19 vaccine doses to Long Beach residents. Approximately 50% of COVID-19 vaccine doses will be administered to L.A. Care Health Plan members. This grant aligns with L.A. Care's COVID-19 Vaccination Incentive Program.	2/7/2022	Grant	\$ 250,000	\$ -	\$ 250,000
3	ONEgeneration	Enriching Lives Awards Dinner	3/17/2022	Sponsorship	\$ -	\$ 2,500	\$ 2,500
4	Pacoima Beautiful	Environmental Justice Awards	3/17/2022	Sponsorship	\$ -	\$ 3,000	\$ 3,000
5	Speak Up Empowerment Foundation, Inc.	Ms. Single Mom Empowerment Forum	3/24/2022	Sponsorship	\$ -	\$ 1,000	\$ 1,000
6	Special Needs Network, Inc.	Pink Pump Fundraising event & Grand Opening	3/24/2022	Sponsorship	\$ -	\$ 25,000	\$ 30,000
7	Valley Village	50th Anniversary Celebration	3/17/2022	Sponsorship	\$ -	\$ 2,500	\$ 2,500
8	YMCA- Mid & West Valley	COVID-19 Vaccination Clinics	3/16/2022	Sponsorship	\$ -	\$ 10,000	\$ 10,000
Total of grants and sponsorships approved in March 2022					\$ 250,000	\$ 46,500	

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



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: May 5, 2022

Motion No. ECA 100.0522

Committee: ECAC

Chairperson: Fatima Vazquez

New Contract Amendment Sole Source RFP/RFQ was conducted

Issue:

Background:

Member Impact:

Budget Impact:

Motion: For the BOG and all relative bodies to reconsider the motion approved to have quarterly meetings now with the Regional Community Advisory Committees and return to every other month or every 60 days. Allowing more inclusiveness after being disconnected for close to 2 years. This motion is for BOG reconsideration of the decision to only have 4 RCAC meetings per year and go back to 6 meeting per year and the same stipends.

Board of Governors

Executive Community Advisory Committee

Meeting Minutes – March 9, 2022

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



L.A. Care
HEALTH PLAN

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Senior Staff
<p>Russell Mahler, RCAC 1 Chair *** Estela Lara, RCAC 2 Chair * Cynthia Contreas-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 ***</p>	<p>Phillip Chamy, Interpreter *** Pablo De La Puente, Interpreter *** Isaac Ibarlucea, Interpreter *** Eduardo Kogan, Interpreter *** Alex Mendez, Interpreter *** Ruth Nuno, Interpreter *** Carrie Broadus, Public Silvia Quezada, RCAC 4, Public Elizabeth Mitchell, RCAC 9, Public Gladis Álvarez, RCAC 11, Public</p>	<p>Hilda Pérez, Member, Board of Governors *** Layla Gonzalez, Advocate, Board of Governors *** John Baackes, Chief Executive Office, L.A. Care *** James Kyle, MD, M.Div., Director of Quality, L.A. Care *** Richard Seidman, M.D, Chief Medical Officer, L.A. Care *** Miriam Admasu, Department Assistant, CO&E *** Malou Balones, Board Specialist, Board Services *** Kristina Chung, Community Outreach Field Specialist, CO&E *** Idalia De La Torre, Field Specialist Supervisor, CO&E *** Wilma Diaz, Senior Manager, Provider Contract and Management, Provider Network Operations *** Auleria Eakins, Manager, CO&E *** Hilda Herrera, Community Outreach Field Specialist, CO&E *** Linda Merkens, Senior Manager, Board Services *** Frank Meza, Community Outreach Field Specialist, CO&E *** Nicole Moussa, Manager, Technical Information, Pharmacy & Formulary *** Cindy Pozos, Community Outreach Field Specialist, CO&E *** Jose Ricardo Rivas, Community Outreach Field Specialist, CO&E *** Victor Rodriguez, Board Specialist, Board Services *** Martin Vicente, Community Outreach Field Specialist, CO&E ***</p>
<p>* Excused Absent ** Absent *** Via teleconference **** Via teleconference (with technical issues)</p>		

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>CALL TO ORDER</p>	<p>Fatima Vazquez, <i>ECAC Chair</i>, read the instructions for today’s meeting agenda.</p> <p>She advised the public to please recheck these directions for updates prior to the start of the meeting.</p> <p>She said: “This meeting will be conducted in accordance with the provisions of the Ralph M. Brown Act, allowing members of the Executive Community Advisory Committee, members of the public and staff to participate via teleconference, because State and Local officials are recommending measures to promote social distancing. Accordingly, members of the public should join this meeting via teleconference as follows: https://zoom.us/j/94868158863</p> <p>Teleconference Call –In information/Site Call-in number: 1-415-655-0002 Participants Access Code: 2485 475 1579 (English) Call-in number: 1-415-655-0002 Participants Access Code: 2480 644 8365 (Spanish)</p> <p>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) 503-6199.</p> <p>Attendees who log on using the URL above will be able to use “chat” during the meeting for public comment. Attendees must be logged into Zoom to use the “chat” feature. The log in information is at the top of the meeting Agenda. This is a new function during the meeting so public comments can be made live and direct.</p> <ol style="list-style-type: none"> 1. The “chat” will be available during the public comment periods before each item. 2. To use the “chat” during public comment periods, look at the bottom of the screen for the icon that has the word, “chat” on it. 3. Click on the chat icon. It will open a window. 4. Select “Everyone” in the To: window. 5. Type the public comment in the box. 6. After hitting the enter key, the message is sent and everyone can see it. 7. The chat message, text, voicemail, or email must indicate if the submitter wishes to be identified or remain anonymous, and must also include the name of the item to which the comment relates. 8. L.A. Care staff will read the chat messages for up to three minutes during public comment so people who are on the phone can hear the comment. <p>Your comments can also be sent by text, voicemail, or email. If we receive your comments by 10:00 a.m. on March 9, 2022, it will be provided to the members of the Executive</p>	

Community Advisory Committee at the beginning of the meeting. The chat message, 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 VIII Public Comments on the Agenda.

Once the meeting has started public comments should be submitted prior to the time the Chair announces public comments for each agenda item and staff will read those comments for up to three minutes. Chat messages submitted during the public comment period for each agenda item will be read for up to three minutes. If your public comment agenda is not related to any of the agenda item topics, your public comment will be read for up to 3 minutes at item VIII Public Comments on the agenda.

These are extraordinary circumstances, and the process for public comment is evolving and may change at future meetings. We thank you for your patience.

Please note that there may be delay in the digital transmittal of emails, texts and voicemail. The Chair will announce when public comment period is over for each item. If your public comments are not received on time for the specific agenda item you want to address, your public comments will be read at the public comment section of the agenda.

The purpose of public comment is that it is an opportunity for members of the public to inform the governing body about their views. The Executive Community Advisory Committee appreciates hearing the input as it considers the business on the Agenda.

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

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act please contact the Community Outreach & Engagement staff prior to the meeting for assistance by text (213) 503-6199 or by email to COEpubliccomments@lacare.org.”

Idalia De La Torre, *Field Specialist Supervisor, CO&E* called roll.

Chairperson Vazquez called the meeting to order at 10:12 a.m.

<p>APPROVE MEETING AGENDA</p>	<p>Andria McFerson, <i>RCAC 6 Chair</i>, stated that her motion was revised. Idalia De La Torre, <i>Field Specialist Supervisor</i>, advised Member McFerson that she can make an amendment once they are on that section of the agenda.</p> <p>The Agenda for today’s meeting was approved with the requested changes.</p>	<p>Approved by roll call. 12 AYES (Byrd, Contreas-Wood, Hernandez De Cordero, Mahler, McClain, McFerson, Poz, Romo, Salazar, Sanchez, Refugio, Vazquez)</p>
<p>APPROVE MEETING MINUTES</p>	<p>Member McFerson stated that there may have been a misunderstanding about her comment to Dr. Seidman in regards to giving tickets to the Rams game to members who have gotten vaccinated. She meant it can be done in the form of a raffle. As they get vaccinations they put their name in a box and be entered in a raffle for the tickets. Member McFerson asked Richard Seidman if her comments about the black community can be presented as a topic to the Equity Council Steering Committee.</p> <p>The February 9, 2022 meeting minutes were approved with the changes noted above.</p>	<p>Approved by roll call. 12 AYES (Byrd, Hernandez De Cordero, Mahler, McClain, McFerson, Poz, Romo, Salazar, Sanchez, Refugio, Vazquez)</p>
<p>STANDING ITEMS</p>		
<p>UPDATE FROM CHIEF MEDICAL OFFICER</p>	<p>Richard Seidman, <i>MD, MPH, Chief Medical Officer</i>, gave the following report:</p> <p>Thanked ECAC members for the invitation to attend the meeting. He stated that in terms of the pandemic, locally and US overall is doing much better. Globally most regions of the world are seeing a reduction in cases and deaths. There are still very high levels of cases and deaths throughout the world. He noted that many are still getting infected and dying. Worldwide there are a reported over 10 million cases. In most regions the trends are improving with the exception of the western pacific. Countries with highest rates of infection are Korea, Vietnam, and Japan. Throughout the world the World Health Organization (WHO) reported 5.9 million deaths, now there are over 6 million deaths. In the US cases and deaths are going down. The country is approaching a million deaths since the start of the pandemic. He pointed out that it is still a serious diseases and everyone is not out of the woods yet. Amongst L.A. Care members there were over 1,500 cases reported in the past week. There are over 200 hospitalizations and 42 deaths amongst members. Dr. Seidman noted that President Biden announced his plan to manage the pandemic in the State of the Union address. The Test to Treat Program was one notable development to stay informed about. He said the bottom line is just like for the flu, there are tests available for that and there are antiviral medications, oral medications people can take by mouth. If people are tested for the flu and are found to have it, and they only had it</p>	

for a couple of days, that's when the medication is most effective. People can take the oral medication and that significantly reduces the risk of developing symptoms. This will be the case with COVID-19 moving forward.

Last Thursday night the L.A. County Health Officer released a new order relaxing the masking mandate for indoor places. Business can still require masking. In schools, this will be in effect start on March 12. He encouraged people to wear masks and get vaccinated if they have not done so.

PUBLIC COMMENT

Submitted by Elizabeth Cooper, RCAC 2 Member, on March 8, 2022 at 8:33 p.m. via phone call:

What is your opinion on different governmental agencies and providers agreeing and disagreeing regarding mask mandates. Some people are wearing then and some are not, we don't know who is vaccinated and who is not. What kind of cautions do you recommend for people take?

Dr. Seidman responded that there are mask mandates still in place in certain settings. Transportation hubs and healthcare settings require masking. Any business that would like to toss the masking mandate can do so. He recommended that people check the postings on the doors and websites of business before going. It is not wrong to wear a mask, particularly if people are high risk.

Layla Gonzalez, *Member Advocate, Board of Governors*, stated that she wonders of the people that getting infected with COVID-19 and/or dying are people that have not been fully vaccinated. She asked Dr. Seidman if he feels people should limit their attendance at St. Patrick Day festivities. Dr. Seidman responded that L.A. Care is not certain if mainly people that are not fully vaccinated are getting infected and dying. It only receives reports about the number of cases, but not their medical records. He knows that the risk is much high for people that are not vaccinated. In terms of gatherings, there is good news. The county did not see a spike in cases after the super bowl. He noted that when people attend crowded gatherings they must weigh the risk factors. The city of Los Angeles is looking to rescind its vaccination mandates, although it has not been announced yet.

Member McFerson asked Dr. Seidman to clarify his data on COVID-19 cases and deaths. Dr. Seidman responded that there are 10 million reported cases worldwide in the past week. He said that in the Western Pacific, Korea, Vietnam, and Japan are reporting an increase in cases. Approximately 5.9 million cases were reported in that area in the past week. That data was reported by the WHO. L.A. Care reported 1,500 cases and 42 deaths this year so far. Member McFerson stated that she has spoken about an incentive for members so they

	<p>are encouraged to get vaccinated. Dr. Seidman noted that L.A. Care has an incentive program for members and providers. L.A. Care has provided resources to high volume primary care providers, community clinics, and some contracted pharmacies.</p> <p>Hilda Perez, <i>Member Representative, Board of Governors</i>, asked Dr. Seidman if he can provide more information about L.A. Care’s vaccination efforts, for example information about the partnership between the Pasadena Department of Public Health and L.A. Care. She pointed out that the deadline has been extended for The Tiktok video contest for students. She stated that it is important to make an effort to encourage parents that are hesitant to get their children vaccinated. She noted that L.A. Care is doing a lot in its efforts to get members vaccinated with its incentive programs. Dr. Seidman responded that there is always more than L.A. Care can do. The day emergency vaccinations were approved, L.A. Care was fighting and advocating to ensure equitable access. Some people that are hesitant to get vaccination will remain hesitant. People must be respectful of their decisions.</p> <p>Maria Refugio, <i>RCAC 11 Chair</i>, asked why are people getting sick after getting fully vaccinated and getting a booster shot. Dr. Seidman responded that the vaccine is not 100% effective. He noted that the Omicron Variant was highly effective in infecting people.</p>	
<p>UPDATE FROM CHIEF EXECUTIVE OFFICER</p>	<p>John C. Baackes, <i>Chief Executive Officer</i>, gave the following update:</p> <p>Thanked ECAC members for attending today’s meeting. He reported that there was a press release last Friday, where two regulatory agencies, the Department of Managed Healthcare and the Department of Healthcare Services were proposing an enforcement action and applying a \$55 million fine. The items mentioned in there, are all gold items meaning that they have been addressed by L.A. Care and corrected. Last Spring L.A. Care reported two items that were out of Compliance and self-reported. L.A. Care was falling behind in prior authorizations requests due a new system that was put in place and took longer. It is now current starting in September 1. The other issues were grievances that were not properly closed out. Those items will be closed out before the end of the month. L.A. Care is paying interest on claims that were paid late. L.A. Care is in negotiations with both regulatory agencies to bring the fine down. L.A. Care is deeply disappointed about the press release because it renege a verbal agreement. He wanted to point out that this press release was for old items that have been addressed and corrected.</p> <p>He reported that in May a cohort of undocumented residents over the age of 50 will be enrolled into Medi-Cal. L.A. Care estimates for there to be thousands of people that qualify in L.A. County. He hopes that members will begin alerting anyone that may be eligible. He shared that L.A. Care Covered ended the open enrollment season, with over 25,000 new members and 95% of the members from prior year were reenrolled. It is up to 121,000 lives there. About 42% of the people that are enrolled, pay no monthly premium. In other</p>	

words, their income is too high to qualify for Medi-Cal, but also falls below the 180% of the federal poverty level. They have no premium. Depending on which plan they buy, they may have copayments and deductibles, but people should be aware of that there is access if they don't fall under that account to get good coverage.

PUBLIC COMMENT

Submitted by Elizabeth Cooper, *RCAC 2 Member*, on March 8, 2022 at 8:40 p.m. via phone call:

Mr. Baackes how can we have the board listen to more of the public comments including the CEO, especially from the disabled population, who are members of L.A. Care, either by their representatives or themselves etc.

Submitted by Carolyn Rogers Navarro, on March 5, 2022 at 8:22 p.m. via text:

Public comment 3-9-2022 Executive Committee meeting CEO update.: at the board meeting the other day I mentioned hundreds of thousands in fines handed down by Dept of Managed Care. Today another LA Care victim notified me that LA Care has just been fined \$55 million in fines from Managed Care and DHCS, this massive fine is actually in proportion to the years of sloppy work making sure your contractors are fulfilling care and attests that LA Care has been involved in disrupting and withholding care, LA Care doesn't resolve grievances, LA Care undermines them. LA Care's management needs to be fired. This denial of care in this \$55 million fine is what LA Care has done for years, did it with my autistic daughter. The state needs to shut you down! With exception of members who partake in meetings your board is mostly arrogant and phony, doesn't care about quality of care! My next step is to alert HHS about your conduct abusing Medi Cal patients!

I am betting you won't even mention this \$55 million fine so I am doing it. You brag about all your members but the state has spoken about the hack job you do providing services ! \$55 million isn't just some "bitchy " members complaining, it validated what's wrong with YOU!

Ms. Gonzalez thanked Mr. Baackes for his report on the DMHC fines and the steps L.A. Care has taken to address and correct these issues. She asked if he can elaborate more on the personnel or staffing changes. She noted that there have been changes in staff. She said that L.A. Care can only rise to the occasion and do better in the future. The Board has shown L.A. Care support in regards to this issue. Mr. Baackes responded as far as the staffing is concerned, L.A. Care has had a turnover of staff in the Appeals and Grievance

area. The person that was brought into the Appeals and Grievance joined a year ago. That person discovered that we had these appeals and grievances mostly grievances that had not been closed. Now by not being closed, that meant they didn't get a letter either to the member or the provider saying, here's what happened. That doesn't mean they weren't worked. It meant we didn't send a closing letter. We also will be having a turnover in leadership called the customer service department or customer solution center as we call it, which is where the appeals and grievance department is housed. The turnover has not changed much from pre-pandemic levels. Many people who are looking for employment also want to have so they can work remotely. That's become kind of a requirement for many people.

Ms. Perez thanked Mr. Baackes for his report. She wanted to speak about staffing. She said the CO&E department has gone above to try to stay connected with its members. She noted that there are RCAC members that are pushing to restart the RCAC meetings. She stated that they need help. The RCACs are important and bring value to the organization. The responsibilities from them, the members to bring value, because they represent people and what they bring to the table makes difference and changes. To mention one, examination tables for gynecology. That made a difference. She noted that Member McFerson has been eager to put some different ad hocs together, to talk about different topics that are of concern. The vaccination efforts and the food pantries have also been a success thanks to the Health Promoters. Mr. Baackes thanked her recognizing the contributions of the RCACs and ECAC, many programs have been a result of these groups. we are under staffed across the organization and places. He commented on that in relation to working remotely L.A. Care adjusted its policy to help that. He also mentioned that it has raised the lowest the minimum wage for people at L.A. Care coming in, to \$20 an hour. We were at \$1,750 an hour. And at the end of January, it was raised to \$20. The lowest pay for a full time employee here is about \$42,000 a year.

Deaka McClain, *At-Large Member*, stated that she is concerned about the caller that discussed the fine and her autistic daughter. She read an article that mentioned how some members were not receiving quality care. They have to wait to see their doctors. She noted that it is a major issue for everyone as a whole. She asked if L.A. Care is talking to providers identify the problem. Mr. Baackes responded that the L.A. Times article listed patients had problems with long waits, they were all patients who used the Los Angeles Department of Health Services (DHCS) 24 primary care clinics. DHCS was using a program called E Consult. If the patient needed a referral, E Consult had the primary care doctor making a referral. Part of the problem L.A. Care is having is getting DHCS not to use E Consult and make sure that going to have to get the Department of Health services not to use E Consult, but to make sure that people have they have physical appointments.

	<p>Member McFerson thanked Mr. Baackes for his report. She asked about the regulatory fines and noted that there is a stigma when it comes to low income people and then also customer service in itself. People don't feel any responsibility to assist low income people. Sometimes they get a bad attitude when members are seeking lifesaving preventative care. She said that needs to be discussed in a focus group so they can come up with solutions. She asked if RCAC members will still play a part in deciding who will be receiving the \$5,000 grants they would normally give to Community Based Organizations. Mr. Baackes responded that people that a minority and low income are unfortunately treated different sometimes. Addressing that is part of L.A. Care's diversity, equity, and inclusion efforts. He was shocked when he read that some physicians thought that people that are black can tolerate pain more. He said that more feedback from members would be helpful. He noted that L.A. Care has a diverse work force. He said he will ask staff to look into the \$5,000 grants award.</p>	
<p>BOARD MEMBER REPORT</p>	<p>Hilda Perez, <i>Member Representative, Board of Governors</i>, and Layla Gonzalez, <i>Member Advocate, Board of Governors</i>, gave the Board member report (<i>a copy of the report can be obtained from CO&E</i>).</p> <p>Ms. Gonzalez reported that the Board of Governors met virtually on March 3. Meeting materials are available on L.A. Care's website. She thanked all of the RCAC members that joined this Board meeting and all the past ECAC and BOG meetings. She encouraged members to reach out to CO&E staff if they have any issues using Zoom. Mr. Baackes and Dr. Seidman gave their reports. Ms. Compartore gave an update on Governor Newsom's Proposal for California's 2022-23 State Budget. The list of motions approved at the board and committee meetings is available from CO&E or Board Services. She thanked Mr. Baackes for his report on the DMHC fine.</p> <p>Ms. Perez stated that she receives information about the financial part of the organization so she feels responsibility about everything that is happening. Board members are open to suggestions on how L.A. Care can improve. Their duty is aligning efforts to provide healthcare services, the needed healthcare services and resources to most vulnerable communities and members that we represent. She will report on this issue at a future meeting. She noted that yesterday was International Women's Day, Cervical Cancer, and Breast Cancer Awareness month. She noted that the women of the house normally make all the healthcare decision in the house. She congratulated all the women that are part of the RCACs. She asked that all women please reach out to their doctor. If they don't have a doctor, you can always call a specialist and you can reach out to the Health Department for additional resources.</p>	

	<p>PUBLIC COMMENT Submitted by Elizabeth Cooper, RCAC 2 member, on March 8, 2022 at 8:55 p.m., via phone call: <i>To the two board members, thank you for your representation. I still want to see at the end of your term, I would like to see the board members mentor the new board representatives.</i></p> <p>Member McFerson thanked the Board members for their report. She said that the RCACs are a family and they give necessary information to the Board for policy making and motions and say different things like that. This helps save people's lives. They still need to engage and participate at events and different things like that. All levels of learning must be respected and then also build an incentive and they will be able to make the largest public insurance company in the nation. She asked about restarting face-to-face meetings and having fun activities like having a painter teach a class to build engagement. Ms. Perez responded that she will have a conversation with CO&E to speak about her concerns. She invited everyone to attend the food pantry at the El Monte Community Resource Center 3570 Santa Anita Avenue El Monte (213) 428-1495.</p>	
<p>COMMUNICATION AND COMMUNITY RELATIONS DEPARTMENT UPDATE</p>	<p>Auleria Eakins, <i>Ed.D, Manager, CO&E</i>, gave the Communications and Community Relations update (<i>a copy of the report can be obtained from CO&E</i>):</p> <p>DHCS Survey Participation</p> <ul style="list-style-type: none"> • She thanked those who had an opportunity to complete the DHCS survey to assist the state in understanding Medi-Cal members' communication preference. She asked that they assist staff to get to 100% participation or as close to it as possible. <p>Community Resource Centers (CRC)</p> <ul style="list-style-type: none"> • CRCs will begin to offer in-person non-exercise classes again in April with more added in May. Exercise classes will resume in June along with restoration of child care services. • The Inglewood CRC is now staffed and opened its doors on 2/28. The full opening is on April 4 with classes. Grand reopening event is to be planned. • Norwalk location is now staffed and open. Grand opening event will be held with date TBD. • El Monte location is also now staffed and open. Grand opening event tentatively planned for early May. • Long Beach location is under construction and expected to be completed by late June/early July. • Westside location is also under construction and expected to be completed by October. 	

Provider Recognition Awards

- This is the fourth year of L.A. Care’s Provider Recognition Awards, and the awardees have certainly earned these honors as the pandemic stretched beyond what anyone could have imagined
- L.A. care is grateful for the commitment these providers have shown to serving members who live in some of the most vulnerable communities in L.A. County – communities hit hardest by COVID-19
- L.A. Care is recognizing practitioners, clinics and medical groups in a variety of categories. And, for the first time, we are awarding a Provider Equity Award
- L.A. Care created this award to honor health care organizations that are working to reduce health disparities in underserved communities, advancing the health plan’s commitment to providing equitable care to its members
- This inaugural award is going to the Los Angeles County Department of Health Services (DHS) for a program that addresses food insecurity and another that works to reduce high blood pressure, an L.A. Care priority health outcome measure
- To learn more about the winners, visit lacare.org/thankyouproviders, and follow along on our social media channels, Facebook, Twitter, LinkedIn, Instagram and YouTube

RCAC Spring Reconvening

- By now members should have received information on the RCAC connection meetings for their assigned RCAC. Please be clear that these meeting will be informal and used to ensure that we can start meetings with maximum participation.
- If they have not received information, she asked they please reach out to their assigned Field Specialist for additional information and next steps.
- To maximize access and participation of members and the public we will utilize the Zoom platform and call in features.
- RCAC meetings will be held quarterly in March and April, June and July and tentatively looking at in person meetings in the fall depending on the state and local COVID status and recommendations.

PUBLIC COMMENT

Submitted by Elizabeth Cooper, RCAC 2 member, on March 8, 2022, via phone call:
Dr. Eakins, a few weeks ago a survey was conducted on behalf of DHCS, in which the RCACs were included, I would like to know the purpose and the findings of these survey.

Submitted by Carrie Broadus on March 9, 2022 at 11:46am via chat:
Has LA Care, conducted an assessment of members' readiness to re-engage face-to-face?

	<p>Member McFerson asked Dr. Eakins for information regarding the DHS survey. She would like to know who participated and how they can reach out to the members that didn't. She asked if all RCAC members will be invited to the Inglewood CRC opening. She would also like to know if RCAC members will get a chance to select a winner of the Provider Equity Awards. She asked if the RCAC meetings will start in March and April. She received an email about RCAC allotments and it said the RCACs received \$205,000 so they can each give away \$5,000 to an organization. She asked if RCAC members get to choose what to do with the money. Dr. Eakins responded that there will be a soft opening in April, but there has not been a date set for an opening to the public. She will provide more information at a later date. She does not believe that members can participate in the nomination process for the Provider Equity Awards. She will report back on that at a later time. Dr. Eakins confirmed said that the RCACs will reconvene starting in March and April will pause in May and there will be meetings again in June and July.</p> <p>Member McClain asked if there will be COVID-19 protocols at RCAC meetings. She asked if there will be hybrid option at meetings. Dr. Eakins responded that they will follow the same protocol that staff will have to follow in the office.</p>	
MEMBER ISSUES	<p>Submitted by unanimous, on March 5, 2022 at 10:36 pm, via text: <i>Agenda member issues comment 3-9-2022 executive meeting: in ref to the 55 million dollar fine against LA Care (Google it) it is warranted and you've deserved it for years for the abusive treatment of enrollees and their families. So you whine it's unfair, unwarranted? you people are so arrogant that your mothers needed wash your mouths with soap and slap you because you're nothing but lying sociopaths! We personally have complained to DMHC for years about you and your <expletive>, I keep complaining because I think about all of the other special needs people you denied due process and they could not talk back to you phonies!</i></p> <p>Member McFerson stated that she has a comment about the fine that L.A. Care received for \$55 million. She stated that her friend's mother has not been able to get a proper follow up with her doctor. She has received rudeness while calling the L.A. Care customer care line.</p>	
UPDATE FROM L.A. CARE'S EQUITY STEERING COMMITTEE	<p>James Kyle, MD, M.Div., <i>Chief of Equity and Quality Medical Director, Quality Improvement</i>, did not give his report. He will be added to the April 13, 2022 ECAC meeting agenda.</p>	
OLD BUSINESS		

<p>ECAC AD HOC COMMITTEE – MEETING GUIDELINES</p>	<p>Cynthia Contreas-Wood, <i>RCAC 3 Chair</i>, gave an update on the ECAC ad hoc committee meeting guidelines.</p> <p>Ad-Hoc Committee Purpose: To review and revise the ECAC meeting participation and engagement guidelines as needed to support virtual meetings.</p> <p>The Ad-Hoc Committee members met and recommend the following:</p> <ul style="list-style-type: none"> • Meeting Ground Rules • Meeting Guidelines • Reduce items in Agenda and increase time • Time Clock • Recommendation <p>Meeting Ground Rules</p> <ul style="list-style-type: none"> • We treat each other with respect • Raise your virtual hand icon and wait to be called on • Lower virtual hand icon when done speaking • Only one member speaks at a time • We speak up when something is wrong or not working: we confront issues directly • We do not personally attack each other <p>Meeting Guidelines</p> <ul style="list-style-type: none"> • ECAC members will have three (3) minutes to speak on each agenda item. • The ECAC Chair can reduce the time to two (2) minutes if time is limited. • The three (3) or two (2) minute allotment will be consecutive and may include questions, comments, and/or anecdotes as long as they fall within the time limit. • If time is limited and ECAC members are unable to make a comment or ask a question, the member/s will be asked to forward their comment or question to CO&E staff for follow-up. The response will be recorded in the ECAC meeting minutes for that meeting. • The L.A. Care staff scheduled to provide an update or present during ECAC meetings will be timed to ensure they stay within their allotted time. <p>Other recommendations for consideration:</p> <p>Reduce Agenda Items and Increase time</p> <ul style="list-style-type: none"> • Reduce the number of agenda items and increase time for each agenda item. <p>Time Clock</p>	<p>Approved by roll call. 12 AYES (Byrd, Contreas-Wood, Hernandez De Cordero, Mahler, McClain, McFerson,</p>
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	<ul style="list-style-type: none"> Utilize a time clock when presenters and ECAC members speak. <p>The committee voted to move forward with the implementation of the meeting guidelines.</p> <p>Submitted by Carolyn Rogers Navarro, on March 7, 2022 at 6:16 pm, via text: <i>Agenda member issues comment 3-9-2022 executive meeting: in ref to the 55 million dollar fine against LA Care (Google it) it is warranted and you've deserved it for years for the abusive treatment of enrollees and their families. So you whine it's unfair, unwarranted? you people are so arrogant that your mothers needed wash your mouths with soap and slap you because you're nothing but lying sociopaths! We personally have complained to DMHC for years about you and your <expletive>, I keep complaining because I think about all of the other special needs people you denied due process and they could not talk back to you phonies!</i></p>	<p>Poz, Romo, Salazar, Sanchez, Refugio, Vazquez)</p>
<p>CAC AD HOC COMMITTEE – MENTAL HEALTH AWARENESS MONTH</p>	<p>Andria McFerson, RCAC 6 Chair, and Deaka McClain, At-Large Member, gave an update about the ad hoc on Mental Health Awareness Month.</p> <p>Ad-Hoc Committee Purpose: To make recommendations to ECAC on an education program that focuses on mental health and the community. This program is scheduled to take place during Mental Health Awareness May 2022.</p> <p>The Ad-Hoc Committee members met and recommend the following topics for inclusion during Mental Health Awareness month held May 2022:</p> <ul style="list-style-type: none"> Cultural Perspectives and stigmas of mental health Mental Health in Adolescents and young Adults Mental Health and the homeless <p>PUBLIC COMEMNT</p> <p>Submitted by Gladis Alvarado on March 9, 2022, via chat: <i>Estoy de acuerdo con Andrea la salud Mental es muy importante en todos las aspectos y es muy importante abordar esto y proveer a las comunidades mas vulnerables con El Facil acceso a Este recurso.</i></p> <p>Member McFerson stated that she thinks they need to meet again because they did not discuss how many meetings they will have in May. She asked the chairs if they have any suggestions for organizations to come and speak. She said they need to meet to discuss the organizations.</p>	<p>Approved by roll call.</p>

	<p>Dr. Eakins thanked Member McFerson and Member McClain and reminded everyone about the agreement on the three topics that were selected. These topics will be shared with Dr. Seidman and then staff will decide on next steps then reconvene. One of the three topics will be selected and discussed.</p> <p>Ms. Perez thanked ECAC member for their work on the ad hoc.</p> <p>Members voted to move forward with the recommendations made by the ad hoc committee</p>	<p>12 AYES (Byrd, Conteas-Wood, Hernandez De Cordero, Mahler, McClain, McFerson, Poz, Romo, Salazar, Sanchez, Refugio, Vazquez)</p>
NEW BUSINESS		
MOTION TO ECAC	<p>Andria McFerson, <i>RCAC 6 Chair</i>, presented the following motion to ECAC:</p> <p><i>Motion: Motion for the BOG and all relative bodies to reconsider the motion approved to only have quarterly meetings now with the Regional Community Advisory Committees and return to every other month or every 60 days. Allowing more inclusiveness after being disconnected for close to 2 years. This motion if for BOG reconsideration of the decisions to only have 4 RCAC meeting per year and go back to 6 meetings per year.</i></p> <p>Member Conteas-Wood said that the PowerPoint and presentation were very nice, but does not believe it is necessary at this point. She noted that it seems as everything is already in process and Dr. Eakins mentioned that meetings will be held to find out our readiness.</p> <p>Member McFerson stated that she is glad that she asked that question too. This motion is specifically once we are allotted amount of time in order to have RCAC meetings, after March and April. This motion is to start having all six meetings again. That's through government mandate, through L.A. Care and how they make their decisions.</p> <p>Ms. Gonzalez stated that it would be difficult to hold the Board Seat Election is the RCACs are limited to only four meetings a year. She thinks they can agree for the RCACs to meet more often.</p> <p>Member McClain stated that staff already confirmed that they will at some point resume their normal operating schedule. She feels they can suspend the motion and they do not have to vote on it.</p> <p>Lluvia Salazar, <i>Member At-Large</i>, asked if the RCAC will reconvene on their regular schedule starting in the Fall. Dr. Eakins responded that they are currently in March and first they need to see who's at the table. The second set of meetings will be held in June and July. Staff needs to have an understanding of what the quorum is. RCAC will reconvene as normal starting in August or September if State guidelines allow it.</p>	<p>Did not pass by roll call.</p> <p>6 AYES (Byrd, Hernandez De Cordero, Mahler, McFerson, Romo, Salazar)</p> <p>3 Nays (Conteas-Wood, Refugio, Vazquez)</p> <p>2 Abstentions (Poz and McClain)</p> <p>(Member Sanchez did not cast a vote.)</p>

FUTURE AGENDA ITEMS

Submitted by anonymous on March 9, 2022 at 11:46 am, via text:
public comment 3-9-2022 future agenda idea, your "technical issues" are not justification for closing a public comment that you have not completely read. That is sloppy moderation of a public meeting!

Submitted by anonymous on March 9, 2022 at 11:46 am, via text:
public comment 3-9-2022 future agenda ideas, it seems convenient that the \$55 million dollar fine that LA Care deserves BIG TIME that there was a technical issue reading just that comment to the extent that you were not going to read all this comment until you were ordered to by the public commenter! This has been reported to DAs office, you recorded this yourselves!

Member McFerson stated that it is important to touch on things such as Latino Awareness month in September. She asked if the RCACs can discuss that. They need to discuss different groups at RCAC meetings. She wants to make sure that they reach out to all communities and envelope them with positivity.

PUBLIC COMMENTS

PUBLIC COMMENT

Submitted by anonymous on March 6, 2022 at 3:39 am, via text:
*This 2014 email proves I lodged grievances and reported Synermed fraud, this is part of what LA Care got fined for, abusing enrollees for years , I still have 100s of emails !
 As soon as I reported Synermed breaking the law I'm 2014 , LA Care would not respond to us because the truth is LA Care does the same fraudulent things that Synermed does! The \$55 million fine proves you people are crooks!*

Submitted by anonymous on March 6, 2022 at 8:46 pm, via text:
Another victim told me you recently sent her a letter stating you "mishandled "her grievances, where the (expletive) is my letter that you ignored us because we told you Synermed was breaking the law and then you go on to get fined for doing the exact same things! You've been very rude to me when you people are TRASH!

Submitted by anonymous on March 6, 2022 at 1:46 pm, via text:
Did L.A. Care get contributions from Synermed?

Submitted by anonymous on March 7, 2022 at 10:06 pm, via text:
LA Cares doctors, lawyers , managers and board members need to be criminally investigated, I'm contacting the dept of justice, the Dept of Managed Care investigation admits people died because of LA Cares negligence!

Submitted by anonymous on March 7, 2022 at 11:15 am, via text:
Yeah, you lowlifes, abusing enrollees for years and getting fined \$55 million while having upity meetings where you further abuses!

Submitted by Elizabeth Cooper, RCAC 2 Member, March 8, 2022 at 9:20 pm, via phone call:
Members there are two holidays coming up in the month of March 8, 2022. I would to thank all the farmworkers and to honored the work of advocacy of the late Cesar Chavez, and the farm workers who are out there making sure we have healthy food to eat. On behalf of myself and my son. I would like to also wish happy saint Patrick's day which is coming up on Thursday March 17, on behalf of me and my son Jonathan Cooper.

Submitted by anonymous on March 8, 2022 at 9:37 pm, via text:
General comment 3-9-22 just read through this, I'm glad I've come to your meetings the past 2 yrs acusing you if the very things in this DMHC accusation, you people are disgusting, need to be put in jail!

Submitted by anonymous on March 9, 2022 at 3:10 am, via text:
^add General comments \$55 million fine LA Care did the same things mentioned in this huge enforcement (above) to me in 2014-15 when I tried to get assistance with my child, you've done this (expletive) for years and I made a public record coming to your meetings calling you on it , I kept telling DMHC what you were doing . I'm going to push the DMHC to investigate the past 20 years, I know there are other victims just like my kid!

Submitted by anonymous on March 9, 2022 at 10:54 am, via email:
Alex journey to be accountable for Raca we need to have the meeting consistently and more pay for our buck because we are not being paid enough as advisors to La care

Submitted by anonymous on March 9, 2022 at 10:54 am, via text:
*People are dead and you are "moving forward"
Your audio is now just fine before and after my comments read, you just recorded yourselves lying!*

Submitted by anonymous on March 9, 2022 at 10:54 am via text:

	<p><i>I just reported to DA office that you technical issues only happened during my comments and magically vanished after my comment, you do better, stop killing people.</i></p> <p><i>You just recorded yourselves having all these “technical issues” just during MY comments.</i></p> <p><i>Stop abusing enrollees!</i></p>	
ADJOURNMENT	The meeting was adjourned at 1:17 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 4/13/2022



Legislative Matrix

Last Updated: April 15, 2022

Legislative Matrix as of 4/15/2022

The following is a list of the 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 includes the priority bills, that could have a direct impact on L.A. Care's operations and also bills of interest, which could have an indirect impact or are of significance to L.A. Care's strategic interests.

If there are any questions, please contact Cherie Compartore, Senior Director of Government Affairs at ccompartore@lacare.org or (916) 216.7963.

Bills by Issue

2022 Legislation (136)

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, David Chiu, Mike Gipson, Lorena Gonzalez, Eloise Reyes, Miguel Santiago, Bonta

Organizational Notes

Last edited by Joanne Campbell at Apr 15, 2022, 8:24 PM

Support: L.A. Care, Local Health Plans of CA, California Medical Association, California Association of Health Plans

Title

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

Cecilia Aguiar-Curry, Robert Rivas

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)

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 disability insurance policy, as specified, issued, amended, delivered, or renewed on or after January 1, 2022, from imposing a deductible on an insulin prescription drug, except as specified for a high deductible health plan, as defined. 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

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:06 PM

Oppose: CA. Assoc. of Health Plans

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

Title

Local health department workforce assessment.

Description

AB 240, as amended, 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

Title

Behavioral health: older adults.

Description

AB 383, as amended, Salas. Behavioral health: older adults. Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs, including the Adult and Older Adult Mental Health System of Care Act. Existing law authorizes the MHSA to be amended by a 2/3 vote of the Legislature if the amendments are consistent with, and further the purposes of, the MHSA, and also permits the Legislature to clarify procedures and terms of the MHSA by a majority vote. This bill would establish within the State Department of Health Care Services an Older Adult Behavioral Health Services Administrator to oversee behavioral health services for older adults. The bill would require that position to be funded with administrative funds from the Mental Health Services Fund. The bill would prescribe the functions of the administrator and its responsibilities, including, but not limited to, developing outcome and related indicators for older adults for the purpose of assessing the status of behavioral health services for older adults, monitoring the quality of programs for those adults, and guiding decisionmaking on how to improve those services. The bill would require the administrator to receive data from other state agencies and departments to implement these provisions, subject to existing state or federal confidentiality requirements. The bill would require the administrator to report to the entities that administer the MHSA on those outcome and related indicators by July 1, 2022, and would require the report to be posted on the department's internet website. The bill would also require the administrator to develop a strategy and standardized training for all county behavioral health personnel in order for the counties to assist the administrator in obtaining the data necessary to develop the outcome and related indicators. This bill would declare that it clarifies procedures and terms of the Mental Health Services Act.

Primary Sponsors

Rudy Salas

Title

Medi-Cal: eligibility.

Description

AB 470, as amended, Carrillo. Medi-Cal: eligibility. Existing law, the Medi-Cal Act, provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires Medi-Cal benefits to be provided to individuals eligible for services pursuant to prescribed standards, including a modified adjusted gross income (MAGI) eligibility standard. Existing law prohibits the use of an asset or resources test for individuals whose financial eligibility for Medi-Cal is determined based on the application of MAGI. Existing federal law authorizes a state to establish a non-MAGI standard for determining the eligibility of specified individuals, and existing law imposes the use of a resources test for establishing Medi-Cal eligibility for prescribed populations. This bill would prohibit the use of resources, including property or other assets, to determine eligibility under the Medi-Cal program to the extent permitted by federal law, and would require the department to seek federal authority to disregard all resources as authorized by the flexibilities provided pursuant to federal law. The bill would authorize the department to implement this prohibition by various means, including provider bulletins, without taking regulatory authority. By January 1, 2023, the bill would require the department to adopt, amend, or repeal regulations on the prohibition, and to update its notices and forms to delete any reference to limitations on resources or assets. Because counties are required to make Medi-Cal eligibility determinations, and this bill would expand Medi-Cal eligibility, the bill would impose a state-mandated local program. With respect to the prohibition on resources, the bill would make various conforming and technical changes to the Medi-Cal Act. 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

Wendy Carrillo

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:07 PM
Support - L.A. Care, Local Health Plans of California

Title

Health insurance.

Description

AB 493, as introduced, Wood. Health insurance. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various health care market reforms. Existing law requires an individual or small group health insurance policy issued, amended, or renewed on or after January 1, 2017, to cover essential health benefits as prescribed, and provides that these provisions shall be implemented only to the extent essential health benefits are required pursuant to PPACA. This bill would delete the provision that conditions the implementation of that provision only to the extent essential health benefits are required pursuant to PPACA, and would make technical, nonsubstantive changes to that provision. Existing law prohibits a nongrandfathered health benefit plan for individual coverage from imposing a preexisting condition provision or waived condition provision upon a person, and makes this provision inoperative if prescribed federal law on minimum essential coverage is repealed or amended. This bill would delete the conditional operation of that provision. Among other things, PPACA requires each health insurance issuer that offers health insurance coverage in the individual or group market in a state to accept every employer and individual in the state that applies for coverage, and prohibits discriminatory premium rates, as specified. PPACA also requires applicable individuals to maintain minimum essential coverage, and imposes a shared responsibility penalty on an applicable individual who does not maintain minimum essential coverage. This provision is referred to as the individual mandate. Existing law requires a carrier to fairly and affirmatively offer, market, and sell all of the carrier's health benefit plans that are sold to, offered through, or sponsored by, small employers or associations that include small employers for plan years on or after January 1, 2014, to all small employers in each geographic region in which the carrier makes coverage available or provides benefits. Existing law provides that the premium rate for a small employer health benefit plan issued, amended, or renewed on or after January 1, 2014, shall vary with respect to the particular coverage involved only by age, geographic region, and whether the contract covers an individual or family, as specified. Under existing law, these provisions would become inoperative 12 months after the repeal of the federal coverage guarantee and premium rate regulation provisions, as prescribed. This bill would delete the conditional operation of the above-described provisions based on the continued operation of the federal coverage guarantee and premium rate r... (click bill link to see more).

Primary Sponsors

Jim Wood

Title

Out-of-network health care benefits.

Description

AB 510, as introduced, Wood. Out-of-network health care benefits. 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. Existing law provides for the regulation of health insurers by the Department of Insurance. If an enrollee or insured receives services under a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2017, that includes coverage for out-of-network benefits, existing law authorizes a noncontracting individual health professional to bill or collect the out-of-network cost-sharing amount directly from the enrollee or insured if specified criteria are met, including that the enrollee or insured consents in writing to receive services from the noncontracting individual health professional at least 24 hours in advance of care. Existing law requires the consent to advise the enrollee or insured that they may seek care from a contracted provider for lower out-of-pocket costs and to be provided in the language spoken by the enrollee or insured, as specified. This bill would instead authorize a noncontracting individual health professional, excluding specified professionals, to bill or collect the out-of-network cost-sharing amount directly from the enrollee or insured receiving services under a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2022, if the enrollee consents in writing or electronically at least 72 hours in advance of care. The bill would require the consent to include a list of contracted providers at the facility who are able to provide the services and to be provided in the 15 most commonly used languages in the facility's geographic region.

Primary Sponsors

Jim Wood

Title

Program of All-Inclusive Care for the Elderly.

Description

AB 540, as amended, Petrie-Norris. Program of All-Inclusive Care for the Elderly. Existing federal law establishes the Program of All-Inclusive Care for the Elderly (PACE), which provides specified services for older individuals at a PACE center, defined, in part, as a facility that includes a primary care clinic, so that they may continue living in the community. Federal law authorizes states to implement the PACE program as a Medicaid state option. Existing state law establishes the California Program of All-Inclusive Care for the Elderly (PACE program) to provide community-based, risk-based, and capitated long-term care services as optional services under the state's Medi-Cal State Plan, as specified. Existing law authorizes the State Department of Health Care Services to enter into contracts with various entities for the purpose of implementing the PACE program and fully implementing the single-state agency responsibilities assumed by the department in those contracts, as specified. This bill would exempt a Medi-Cal beneficiary who is enrolled in a PACE organization with a contract with the department from mandatory or passive enrollment in a Medi-Cal managed care plan, and would require persons enrolled in a PACE plan to receive all Medicare and Medi-Cal services from the PACE program. The bill would require, in areas where a PACE plan is available, that the PACE plan be presented as a Medi-Cal managed care plan enrollment option in the same manner as other Medi-Cal managed care plan options. In areas of the state where a presentation on Medi-Cal managed care plan enrollment options is unavailable, the bill would require the department or its contracted vendor to provide outreach and enrollment materials on PACE. The bill would require the department to establish a system to identify Medi-Cal beneficiaries who appear to be eligible for PACE based on age, residence, and prior use of services, and, with respect to that system, would require the department to conduct specified outreach and referrals.

Primary Sponsors

Cottie Petrie-Norris

Title

Integrated School-Based Behavioral Health Partnership Program.

Description

AB 552, as amended, Quirk-Silva. Integrated School-Based Behavioral Health Partnership Program. Existing law requires the governing board of any 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 the work. The School-based Early Mental Health Intervention and Prevention Services for Children Act of 1991 authorizes the Director of Health Care Services, in consultation with the Superintendent of Public Instruction, to award matching grants to local educational agencies to pay the state share of the costs of providing school-based early mental health intervention and prevention services to eligible pupils at schoolsites of eligible pupils, subject to the availability of funding each year. This bill would authorize the Integrated School-Based Behavioral Health Partnership Program, which the bill would establish, to provide prevention and early intervention for, and access to, behavioral health services for pupils. The bill would authorize a county behavioral health agency and the governing board or governing body of a local educational agency to agree to collaborate on conducting a needs assessment on the need for school-based mental health and substance use disorder services, and implement an integrated school-based behavioral health partnership program, to develop a memorandum of understanding outlining the requirements for the partnership program, and to enter into a contract for mental health or substance use disorder services. As part of a partnership program, the bill would require a county behavioral health agency to provide, through its own staff or through its network of contracted community-based organizations, one or more behavioral health professionals that meet specified contract, licensing, and supervision requirements, and who have a valid, current satisfactory background check, to serve pupils with serious emotional disturbances or substance use disorders, or who are at risk of developing a serious behavioral health condition. The bill would require a local educational agency to provide school-based locations, including space at schools, appropriate for the delivery of behavioral health services, and would additionally authorize these services to be provided through telehealth or through appropriate referral. The bill would establish processes for delivering services, and would specify the types of services, including prevention, intervention, and brief initial intervention services, as specified, that may be provided pursuant to the partnership program. The bill would require the local educational agency and county behavioral health agency to develop a process related to servi... (click bill link to see more).

Primary Sponsors

Sharon Quirk-Silva

Title

Pupil health: health and mental health services: School Health Demonstration Project.

Description

AB 586, as amended, O'Donnell. Pupil health: health and mental health services: School Health Demonstration Project. 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, as provided. Existing law authorizes a county to use funds from the Mental Health Services Act, enacted by the voters at the November 2, 2004, statewide general election as Proposition 63, to provide a grant to a school district or county office of education, or to a charter school, within the county, for purposes of funding specified activities relating to pupil mental health. This bill would establish, within the State Department of Education, the School Health Demonstration Project, a pilot project, to be administered by the department, in consultation with the State Department of Health Care Services, to expand comprehensive health and mental health services to public school pupils by providing training and support services to selected local educational agencies to secure ongoing Medi-Cal funding for those health and mental health services, as provided. The bill would, subject to an appropriation, require a local educational agency selected to serve as a pilot project participant to receive \$500,000 each year of the 2-year pilot project, to be used for contracting with one of 3 technical assistance teams selected by the Superintendent of Public Instruction. The bill would authorize the funds to also be used by the local educational agency for staffing, professional development, outreach, and data analysis and reporting, related to the project. The bill would require the State Department of Education, in consultation with the State Department of Health Care Services, participating local educational agencies, and the technical assistance teams, to prepare and submit a report to the Legislature that includes specified information related to the results of the pilot project.

Primary Sponsors

Patrick O'Donnell, Rudy Salas, Jim Wood

Title

Health care service plans: reimbursement.

Description

AB 685, as amended, Maienschein. Health care service plans: reimbursement. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law requires a health care service plan to reimburse complete claims, or portions thereof, within specified timeframes. Existing law establishes the process and for a health care service plan to contest or deny a claim for reimbursement. Existing law requires every insurer issuing group or individual policies of health insurance that cover hospital, medical, or surgical expenses to reimburse claims within specified timeframes and establishes the process for an insurer to contest or deny a claim for reimbursement. This bill would require health service plans and insurers to obtain an independent board-certified emergency physician review of the medical decisionmaking related to a service before denying benefits, reimbursing for a lesser procedure, reducing reimbursement based on the absence of a medical emergency, or making a determination that medical necessity was not present for claims billed by a licensed physician and surgeon for emergency medical services, as specified. 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

Brian Maienschein

Title

Prescription drug coverage.

Description

AB 752, as amended, Nazarian. Prescription drug coverage. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy that provides coverage for outpatient prescription drugs to cover medically necessary prescription drugs and subjects those policies to certain limitations on cost sharing and the placement of drugs on formularies. Existing law limits the maximum amount an enrollee or insured may be required to pay at the point of sale for a covered prescription drug to the lesser of the applicable cost-sharing amount or the retail price, and requires that payment to apply to any applicable deductible. This bill would require a health care service plan or health insurer to furnish specified information about a prescription drug upon request by an enrollee or insured or their health care provider. The bill would require a health care service plan or health insurer to, among other things, respond in real time to a request for the above-described information. The bill would prohibit a health care service plan or health insurer from, among other things, restricting a health care provider from sharing the information furnished about the prescription drug or penalizing a provider for prescribing a lower cost 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

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:08 PM

Support: California Chronic Care Coalition (Sponsor) Oppose: CA. Assoc. of Health Plans

Title

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

Description

AB 852, as amended, Wood. Nurse practitioners: scope of practice: practice without standardized procedures. (1) Existing law, the Nursing Practice Act, provides for the certification and regulation of nurse practitioners by the Board of Registered Nursing. Existing law authorizes a nurse practitioner who meets certain education, experience, and certification requirements to perform, in certain settings or organizations, specified functions without standardized procedures, including, but not limited to, conducting an advanced assessment; ordering, performing, and interpreting diagnostic procedures, as specified; and prescribing, administering, dispensing, and furnishing controlled substances. Existing law, beginning January 1, 2023, authorizes a nurse practitioner to perform the functions described above without standardized procedures outside of the specified settings or organizations, in accordance with certain conditions and requirements, if the nurse practitioner holds an active certification issued by the board. Existing law requires those nurse practitioners to obtain physician consultation as specified in the individual protocols and under certain circumstances, including acute decompensation of patient situation. Existing law also requires those nurse practitioners to establish a referral plan for complex medical cases and emergencies to a physician and surgeon or other appropriate healing arts provider that addresses various circumstances and conditions, including a patient that has acute decomposition or rare condition. This bill would refer to practice protocols, as defined, instead of individual protocols and would delete the requirement to obtain physician consultation in the case of acute decompensation of patient situation. The bill would revise the requirement to establish a referral plan, as described above, by requiring it to address the situation of a patient who is acutely decompensating in a manner that is not consistent with the progression of the disease and corresponding treatment plan. This bill would include references and incorporate nurse practitioners who function pursuant to the above-described provisions without standardized procedures into various provisions of law regulating healing arts licensees. (2) Existing law exempts from discovery as evidence the proceedings and records of specified organized committees of health care professionals and review committees having the responsibility of evaluation and improvement of the quality of care. This bill would extend this exemption, for purposes of civil proceedings only, to the proceedings and records of nurse practitioner organized committees and review committees, as specified.

Primary Sponsors

Jim Wood

Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program.

Description

AB 882, as amended, Gray. Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016, an initiative measure approved as Proposition 56 at the November 8, 2016, statewide general election, increases taxes imposed on distributors of cigarettes and tobacco products and requires all revenues to be deposited into the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 Fund, a continuously appropriated fund. Proposition 56 requires the Controller to transfer 82% of those revenues to the Healthcare Treatment Fund, to be used by the department to increase funding for the Medi-Cal program and other specified health care programs and services in a way that, among other things, ensures timely access, limits geographic shortages of services, and ensures quality care. The act authorizes the Legislature to amend the provision relating to the allocation of revenues in the Healthcare Treatment Fund to further the purposes of the act with a 2/3 vote of the membership of each house of the Legislature. Existing law, until January 1, 2026, establishes the Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program, which requires the department to develop and administer the program to provide loan assistance payments to qualifying, recent graduate physicians and dentists who serve beneficiaries of the Medi-Cal program and other specified health care programs using moneys from the Healthcare Treatment Fund. Existing law requires this program to be funded using moneys appropriated to the department for this purpose in the Budget Act of 2018, and requires the department to administer 2 separate payment pools for participating physicians and dentists, respectively, consistent with the allocations provided for in the Budget Act of 2018. For purposes of that program, and by January 1, 2022, this bill would require the department to exclusively provide loan assistance payments to Medi-Cal physicians and dentists who maintain a patient caseload composed of a minimum of 30% Medi-Cal beneficiaries and who meet one or more of specified requirements relating to practicing in areas, or serving populations, with provider shortages. The bill would make this provision inapplicable to an individual who enters into, and maintains compliance with, an Awardee Agreement to receive loan assistance payments before January 1, 2022. The b... (click bill link to see more).

Primary Sponsors

Adam Gray, Rudy Salas, Melissa Hurtado

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:09 PM
Oppose Unless Amended: Local Health Plans of California

Title

Medi-Cal: specialty mental health services: foster youth.

Description

AB 1051, as amended, Bennett. Medi-Cal: specialty mental health services: foster youth. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services (department), 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, specialty mental health services include federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services provided to eligible Medi-Cal beneficiaries under 21 years of age. Existing law requires each local mental health plan to establish a procedure to ensure access to outpatient specialty mental health services, as required by the EPSDT program standards, for youth in foster care who have been placed outside their county of adjudication, as described. Existing law requires the department to issue policy guidance concerning the conditions for, and exceptions to, presumptive transfer of responsibility for providing or arranging for specialty mental health services to a foster youth from the county of original jurisdiction to the county in which the foster youth resides, as prescribed. This bill would make those provisions for presumptive transfer inapplicable to a foster youth or probation-involved youth placed in a community treatment facility, group home, or a short-term residential therapeutic program (STRTP) outside of their county of original jurisdiction, as specified. The bill would prohibit the presumptive transfer of foster youth placed in a group home, community treatment facility, or a STRTP unless an exception is invoked, as requested by one of specified individuals or entities pursuant to certain criteria. The bill would make the county probation agency or the child welfare services agency responsible for determining whether invoking the exception is appropriate. Upon the approval of an exception by the county probation agency or the child welfare services agency, the bill would require presumptive transfer to immediately occur, and would require the mental health plan in the county in which the foster youth resides to assume responsibility for the authorization and provision of specialty mental health services and payments for those services. The bill would impose various notification requirements on the county placing agency and county mental health plans, and would require documentation of the invoked exception to be included in the foster youth's case plan. The bill would authorize a requester who disagrees with the county agency's determination to request judicial review, as specified. The bill would impose procedural requirements for mental health assessments of the affected foster youth... (click bill link to see more).

Primary Sponsors

Steve Bennett

Title

Telephone medical advice services.

Description

AB 1102, as introduced, Low. Telephone medical advice services. Existing law requires a telephone medical advice service, as defined, to be responsible for, among other requirements, ensuring that all health care professionals who provide medical advice services are appropriately licensed, certified, or registered, as specified. Existing law requires the respective healing arts licensing board to be responsible for enforcing specified provisions related to telephone medical advice services. Existing law requires a telephone medical advice service to ensure that all health care professionals who provide telephone medical advice services from an out-of-state location are licensed, registered, or certified in the state within which they are providing the telephone medical advice services and are operating consistent with the laws governing their respective scopes of practice. Existing law further requires a telephone medical advice service to comply with all directions and requests for information made by the Department of Consumer Affairs. This bill would specify that a telephone medical advice service is required to ensure that all health care professionals who provide telephone medical advice services from an out-of-state location are operating consistent with the laws governing their respective licenses. The bill would specify that a telephone medical advice service is required to comply with all directions and requests for information made by the respective healing arts licensing boards.

Primary Sponsors

Evan Low

Title

Emergency ground medical transportation.

Description

AB 1107, as introduced, Boerner Horvath. Emergency ground medical transportation. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires that health care service plan contracts and health insurance policies provide coverage for certain services and treatments, including emergency medical transportation services. This bill would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2022, that offers coverage for emergency ground medical transportation services to include those services as in-network services and would require the plan or insurer to pay those services at the contracted rate pursuant to the plan contract or policy. Because a willful violation of the bill's requirements relative to 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

Tasha Boerner Horvath

Title

California Health Care Quality and Affordability Act.

Description

AB 1130, as amended, Wood. California Health Care Quality and Affordability Act. Existing law generally requires the State Department of Public Health to license, inspect, and regulate health facilities, including hospitals. Existing law requires health facilities to meet specified cost and disclosure requirements, including maintaining an understandable written policy regarding discount payments and charity. Existing law establishes the Department of Health Care Access and Information (HCAI) to oversee various aspects of the health care market, including oversight of hospital facilities and community benefit plans. Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Violation of the Knox-Keene Act is a misdemeanor. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires each department to develop and adopt regulations to ensure that enrollees and insureds have access to needed health care services in a timely manner. Existing law requires that health care service plans and health insurers submit rates to their regulating entity for review. This bill would establish, within HCAI, the Office of Health Care Affordability to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers and purchasers, set and enforce cost targets, and create a state strategy for controlling the cost of health care and ensuring affordability for consumers and purchasers. The bill would also establish the Health Care Affordability Board, composed of 8 members, appointed as prescribed. The bill would require the board to establish a statewide health care cost target, as defined, for the 2025 calendar year, and specific targets for each health care sector, including fully integrated delivery system sector and geographic region, and for an individual health care entity, as appropriate, for the 2028 calendar year. The bill, commencing in 2026, would require the office to take progressive actions against health care entities for failing to meet the cost targets, including performance improvement plans and escalating administrative penalties. The bill would establish the Health Care Affordability Fund for the purpose of receiving and, upon appropriation by the Legislature, expending revenues collected pursuant to the provisions of the bill. The bill would require the office to set standards for various health care metrics, including health care quality and equity, alternative payment models, primary care and behavioral health investment... (click bill link to see more).

Primary Sponsors

Jim Wood

Organizational Notes

Last edited by Joanne Campbell at Apr 14, 2022, 3:49 PM

Support: Western Center on Law and Poverty

Title

Health information network.

Description

AB 1131, as amended, Wood. Health information network. Existing law makes legislative findings and declarations on health information technology, including that there is a need to promote secure electronic health data exchange among specified individuals, such as health care providers and consumers of health care, and that specified federal law provides unprecedented opportunity for California to develop a statewide health information technology infrastructure to improve the state's health care system. 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. Existing law provides for the regulation of health insurers by the Department of Insurance. 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. This bill would establish the statewide health information network (statewide HIN) governing board, an independent public entity not affiliated with an agency or department with specified membership, to provide the data infrastructure needed to meet California's health care access, equity, affordability, public health, and quality goals, as specified. The bill would require the governing board to issue a request for proposals to select an operating entity with specified minimum capabilities to support the electronic exchange of health information between, and aggregate and integrate data from multiple sources within, the State of California, among other responsibilities. The bill would require the statewide HIN to take specified actions with respect to reporting on, and auditing the security and finances of, the health information network. The bill would require the statewide HIN to convene a health technology advisory committee with specified membership to advise the statewide HIN and set agendas, hold public meetings with stakeholders, and solicit external input on behalf of the statewide HIN. The bill would also require a health care entity, including a hospital, health system, skilled nursing facility, laboratory, physician practice, health care service plan, health insurer, and the State Department of Health Care Services, to submit specified data to the operating entity. The bill would authorize the statewide HIN to add additional health care entities or data to the list of entities required to submit data to the statewide HIN by adopting a subsequent regulation. The bill would also require a health care service plan, health insurer, and a health care provider to col... (click bill link to see more).

Primary Sponsors

Jim Wood

Organizational Notes

Last edited by Cherie Compartore at Apr 6, 2021, 3:46 PM

Support: Anthem Blue Cross, Blue Shield, Inland Empire Health plan, Manifest Medex, SEIU.

Title

Medi-Cal.

Description

AB 1132, as amended, Wood. Medi-Cal. (1) Existing law authorizes the board of supervisors in each county to designate an entity or entities to assist county jail inmates with applying for a health insurance affordability program, as defined, consistent with federal requirements. Commencing January 1, 2023, this bill would instead require the board of supervisors, in consultation with the county sheriff, to designate an entity or entities to assist both county jail inmates and juvenile inmates with the application process, and would make conforming changes to provisions relating to the coordination duties of jail administrators. By creating new duties for local officials, including boards of supervisors and jail administrators, the bill would impose a state-mandated local program. No sooner than January 1, 2023, the bill would require the department to develop and implement a mandatory process for county jails and county juvenile facilities to coordinate with Medi-Cal managed care plans and Medi-Cal behavioral health delivery systems to facilitate continued behavioral health treatment in the community for inmates, as specified, and would authorize the sharing of prescribed data with and among counties and other specified entities, as determined necessary by the department. (2) Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including mental health and substance use disorder services, either through a fee-for-service or managed care delivery system. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing federal law provides for the federal Medicare program, which is a public health insurance program for persons who are 65 years of age or older and specified persons with disabilities who are under 65 years of age. Under existing law, a demonstration project known as the Coordinated Care Initiative (CCI) enables beneficiaries who are dually eligible for the Medi-Cal program and the Medicare Program to receive a continuum of services that maximizes access to, and coordination of, benefits between these programs. Existing law, the Medi-Cal 2020 Demonstration Project Act, requires the department to implement specified components of a Medi-Cal demonstration project, including the Global Payment Program (GPP), the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) program, and the Whole Person Care pilot program, consistent with the Special Terms and Conditions approved by the federal Centers for Medicare and Medicaid Services. Pursuant to existing law, the department has created a multiyear initiative, the California Advancing... (click bill link to see more).

Primary Sponsors

Jim Wood

Title

Health care coverage: claims payments.

Description

AB 1162, as amended, Villapudua. Health care coverage: claims payments. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer to provide access to medically necessary health care services to its enrollees or insureds who have been displaced by a state of emergency. Existing law enumerates actions that a plan or insurer may be required to take to meet the needs of its enrollees or insureds during the state of emergency. Under existing law, the department may relax time limits for prior authorization during a state of emergency. Existing law requires a health care service plan or a health insurer to reimburse each complete claim, as specified, as soon as practical, but no later than 30 working days, or for a health maintenance organization, 45 working days, after receipt of the complete claim. Under existing law, within 30 working days, or 45 working days for a health maintenance organization, after receipt of the claim, a plan or insurer can contest or deny a claim, as specified. Existing law also authorizes the plan or insurer to request reasonable additional information about a contested claim within 30 working days, or for a health maintenance organization, 45 working days. Existing law allows the plan or insurer 30 working days, or a health maintenance organization 45 working days, after receipt of the additional information to reconsider the claim. Under existing law, once the plan or insurer has received all the information necessary to determine payer liability for the claim and has not reimbursed the claim deemed to be payable within 30 working days, or 45 working days for a health maintenance organization, interest will accrue as specified. Under existing law, for an unpaid claim for nonemergency services, the plan or insurer is required to pay interest, and a plan is required to automatically include the interest in its payment to the claimant on an uncontested claim that has not been paid within the prescribed period. Under existing law, if a plan fails to automatically include this interest owed, it is required to also pay the claimant a \$10 fee for failing to comply with this requirement. Under existing law, if a claim for emergency services is not contested by the plan or insurer, and the plan or insurer fails to pay the claim within the 30- or 45-day respective period, the plan or insurer is required to pay a fee or interest, as specified. This bill would require a health care ... (click bill link to see more).

Primary Sponsors

Carlos Villapudua

Organizational Notes

Last edited by Joanne Campbell at Apr 15, 2022, 8:28 PM

Oppose: California Association of Health Plans

Title

Medi-Cal: serious mental illness: drugs.

Description

AB 1178, as amended, Irwin. Medi-Cal: serious mental illness: drugs. Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services and under which health care services are provided to qualified low-income persons pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, the provision of prescription drugs is a Medi-Cal benefit, subject to the list of contract drugs and utilization controls. After a determination of cost benefit, existing law requires the Director of Health Care Services to modify or eliminate the requirement of prior authorization as a control for treatment, supplies, or equipment that costs less than \$100, except for prescribed drugs. This bill would delete the prior authorization requirement for any drug prescribed for the treatment of a serious mental illness, as defined, for a period of 180 days after the initial prescription has been dispensed for a person over 18 years of age who is not under the transition jurisdiction of the juvenile court. The bill would require the department to automatically approve a prescription for a drug for the treatment of a serious mental illness if that drug was previously dispensed to the patient, as specified, and certain conditions are met, including that the patient is not under the transition jurisdiction of the juvenile court. The bill would require the department to authorize a pharmacist to dispense a 90-day supply of a drug prescribed for the treatment of a serious mental illness if that prescription drug is included in the Medi-Cal list of contract drugs and the prescription otherwise conforms to applicable formulary requirements, including that the patient has filled at least a 30-day supply for the same prescription in the previous 90 days, and to dispense an early refill prescribed for the treatment of a serious mental illness if that prescription drug is included in the Medi-Cal list of contract drugs and the prescription otherwise conforms to prescribed standards, such as limiting the number of refills to no more than 3 in a calendar year.

Primary Sponsors

Jacqui Irwin

Title

Medi-Cal: Independent Medical Review System.

Description

AB 1355, as amended, Levine. Medi-Cal: Independent Medical Review System. (1) Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services and under which health care services are provided to qualified low-income persons pursuant to a schedule of benefits, which includes pharmacy benefits, through various health care delivery systems, including fee-for-service and managed care. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law authorizes the department to enter into various types of contracts for the provision of services to beneficiaries, including contracts with a managed care plan. Existing law generally requires Medi-Cal managed care plan contractors to be licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975. The act provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. The act requires the Department of Managed Health Care to establish the Independent Medical Review System, which generally serves to address grievances involving disputed health care services based on whether the service is medically necessary. This bill would require the State Department of Health Care Services to establish the Independent Medical Review System (IMRS) for the Medi-Cal program, commencing on January 1, 2023, which generally models the above-described requirements of the Knox-Keene Health Care Service Plan Act. The bill would provide that any Medi-Cal beneficiary appeal involving a disputed health care service is eligible for review under the IMRS if certain requirements are met, and would define "disputed health care service" as any service covered under the Medi-Cal program that has been denied, modified, or delayed by a decision of the department, or by one of its contractors, including, but not limited to, a Medi-Cal managed care plan, that makes a final decision, in whole or in part, due to a finding that the service is not medically necessary. The bill would require information on the IMRS to be displayed in or on specified material, including the "myMedi-Cal: How to Get the Health Care You Need" publication and the department's internet website. The bill would specify that Medi-Cal managed care plans licensed pursuant to the Knox-Keene Health Care Service Plan Act and enrollees of those plans would instead follow the review system established pursuant to that act. The bill would authorize a beneficiary to apply to the department for an Independent Medical Review (IMR) of a decision involving a disputed health care service within 6 months of receipt of the notice of adverse action, and would prohibit a requirement that the beneficiary pay any app... (click bill link to see more).

Primary Sponsors

Marc Levine

Organizational Notes

Last edited by Joanne Campbell at Apr 14, 2022, 3:45 PM
Support: Western Center on Law and Poverty (Sponsor)

Title

Mental Health Services Oversight and Accountability Commission.

Description

AB 1668, as amended, Patterson. Mental Health Services Oversight and Accountability Commission. Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Oversight and Accountability Commission to oversee the implementation of the MHSA. Existing law specifies the composition of the 16-member commission, including the Attorney General or their designee, the Superintendent of Public Instruction or their designee, specified members of the Legislature, and 12 members appointed by the Governor, as prescribed. Existing law authorizes the MHSA to be amended by a 2/3 vote of the Legislature if the amendments are consistent with, and further the purposes of, the MHSA, or by a majority vote to clarify procedures and terms. This bill would urge the Governor, in making appointments, to consider ensuring geographic representation among the 10 regions of California defined by the 2020 census.

Primary Sponsors

Jim Patterson

Title

Student health insurance.

Description

AB 1823, as amended, Bryan. Student health insurance. Existing law provides for the regulation of disability insurers by the Department of Insurance. Under existing law, disability insurance includes health insurance and blanket disability insurance that covers hospital, medical, or surgical benefits. Existing law requires, among other things, a health insurer to offer, market, and sell all of its health benefit plans to all individuals and dependents in each service area in which the insurer provides health care services, and requires all individual health benefit plans to be renewable, as specified. Existing law also requires a health insurer to establish specified enrollment periods and to provide specified levels of insurance coverage. Under existing law, a health insurer is required to consider the claims experience of all insureds and enrollees as a single risk pool for rating purposes in the individual market. This bill, for policy years beginning on or after January 1, 2023, would require student health insurance coverage, as defined, to be considered individual health insurance coverage. The bill would define student health insurance coverage as a blanket disability policy provided to students enrolled in an institution of higher education and to their dependents, that covers hospital, medical, or surgical benefits. The bill would exempt student health insurance coverage from certain requirements otherwise applicable to health insurers and health benefit plans, including the establishment of enrollment periods, guaranteed availability and renewability, specified coverage level requirements, and single risk pool rating requirements.

Primary Sponsors

Isaac Bryan

Title

Mental health services.

Description

AB 1859, as introduced, Levine. Mental health services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2017, to include coverage for essential health benefits, which include mental health services. Existing law, the Lanterman-Petris-Short Act, sets forth procedures for the involuntary detention, for up to 72 hours for evaluation and treatment, of a person who, as a result of a mental health disorder, is a danger to others or to themselves or is gravely disabled. This bill would require a health care service plan or a health insurance policy issued, amended, or renewed on or after January 1, 2023, that includes coverage for mental health services to, among other things, approve the provision of mental health services for persons who are detained for 72-hour treatment and evaluation under the Lanterman-Petris-Short Act and to schedule an initial outpatient appointment for that person with a licensed mental health professional on a date that is within 48 hours of the person's release from detention. The bill would prohibit a noncontracting provider of covered mental health services from billing the previously described enrollee or insured more than the cost-sharing amount the enrollee or insured would pay to a contracting provider for those services. Because a willful violation of the bill's requirement by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Marc Levine

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:10 PM
Oppose: CA. Assoc. of Health Plans

Title

California Health Benefit Exchange: affordability assistance.

Description

AB 1878, as introduced, Wood. California Health Benefit Exchange: affordability assistance. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Existing state law creates the California Health Benefit Exchange (Exchange), also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law requires the Exchange, in consultation with stakeholders and the Legislature, to develop options for providing cost-sharing reduction subsidies to reduce cost sharing for low- and middle-income Californians, and requires the Exchange to report the developed options on or before January 1, 2022. Existing law requires the options to include, among other things, options for all Covered California enrollees with income up to 400 percent of the federal poverty level to reduce cost sharing, including copays, deductibles, coinsurance, and maximum out-of-pocket costs. This bill would require the Exchange to implement those options for providing health care affordability assistance. The bill would require the affordability assistance to reduce cost sharing, including copays, coinsurance, and maximum out-of-pocket costs, and to eliminate deductibles for all benefits. The bill would specify the actuarial value of cost-sharing assistance based on the income level of an enrollee, and would require the Exchange to adopt standard benefit designs consistent with these specifications.

Primary Sponsors

Jim Wood

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:11 PM

Support if Amended: CA. Assoc. of Health Plans

Title

Prior authorization and step therapy.

Description

AB 1880, as amended, Arambula. Prior authorization and step therapy. 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 and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes a health care service plan or health insurer to require step therapy if there is more than one drug that is appropriate for the treatment of a medical condition, as specified. Existing law requires a health care service plan or health insurer to expeditiously grant a step therapy exception request if the health care provider submits justification and supporting clinical documentation, as specified. Under existing law, if a health care service plan or other related entity fails to notify a prescribing provider of its coverage determination within a prescribed time period after receiving a prior authorization or step therapy exception request, the prior authorization or step therapy exception request is deemed approved for the duration of the prescription. Existing law excepts contracts entered into under specified medical assistance programs from these time limit requirements. Existing law permits a health care provider or prescribing provider to appeal a denial of a step therapy exception request for coverage of a nonformulary drug, a prior authorization request, or a step therapy exception request, consistent with the current utilization management processes of the health care service plan or health insurer. Existing law also permits an enrollee or insured, or the enrollee's or insured's designee or guardian, to appeal a denial of a step therapy exception request for coverage of a nonformulary drug, prior authorization request, or step therapy exception request by filing a grievance under a specified provision. This bill would require health care service plan's or health insurer's utilization management process to ensure that an appeal of a denial of an exception request is reviewed by a clinical peer of the health care provider or prescribing provider, as specified. The bill would define the term "clinical peer" for these purposes. The bill would require health care service plans and health insurers that require step therapy or prior authorization to maintain specified information, including, but not limited to, the number of exception requests for coverage of a nonformulary drug, step therapy exception requests, and prior authorization requests received by the plan or insurer, and, upon request, to provide the information in a deidentified format to the department or commissioner, as appropriate... (click bill link to see more).

Primary Sponsors

Joaquin Arambula

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:12 PM

Support: Arthritis Foundation (Co-Sponsor), the California Rheumatology Alliance (Co-Sponsor), and the Crohn's and Colitis Foundation (Co-Sponsor) Oppose: CA. Assoc. of Health Plans

Title

Medi-Cal: orthotic and prosthetic appliances.

Description

AB 1892, as amended, Flora. Medi-Cal: orthotic and prosthetic appliances. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department to establish a list of covered services and maximum allowable reimbursement rates for prosthetic and orthotic appliances and requires that the list be published in provider manuals. Existing law prohibits reimbursement for prosthetic and orthotic appliances from exceeding 80% of the lowest maximum allowance for California established by the federal Medicare Program for the same or similar services. This bill would instead require reimbursement for these appliances to be set at least at 80% of the lowest maximum allowance for California established by the federal Medicare Program, and would require that reimbursement to be adjusted annually, as specified.

Primary Sponsors

Heath Flora

Title

Medi-Cal: income level for maintenance.

Description

AB 1900, as introduced, Arambula. Medi-Cal: income level for maintenance. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law, to the extent federal financial participation is available, requires the department to exercise its option under federal law to implement a program for individuals who are 65 years of age or older or are disabled, without a share of cost, if they meet certain financial eligibility criteria, including not exceeding 138% of the federal poverty level in their countable income or as specified. Under existing law, certain medically needy persons with higher incomes qualify for Medi-Cal with a share of cost, if they meet specified criteria. Under existing law, the share of cost for those persons is generally the total after deducting an amount for maintenance from the person's monthly income. Existing law requires the department to establish income levels for maintenance at the lowest levels that reasonably permit a medically needy person to meet their basic needs for food, clothing, and shelter, and for which federal financial participation will still be provided under applicable federal law. Under existing law, for a single individual, the amount of the income level for maintenance per month is based on a calculation of 80% of the highest amount that would

ordinarily be paid to a family of 2 persons, without any income or resources, under specified cash assistance provisions, multiplied by the federal financial participation rate, adjusted as specified. This bill, to the extent that any necessary federal authorization is obtained, would increase the above-described income level for maintenance per month to be equal to the income limit for Medi-Cal without a share of cost for individuals who are 65 years of age or older or are disabled, generally totaling 138% of the federal poverty level. The bill would require the department to seek any necessary federal authorization for maintaining that income level for maintenance and would make conforming changes to related provisions.

Primary Sponsors

Joaquin Arambula, Jim Wood

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:13 PM

Support: L.A. Care, Local Health Plans of California, Bet Tzedek (co-sponsor), California Advocates for Nursing Home Reform (co-sponsor), Disability Rights California (co-sponsor), Justice in Aging (co-sponsor), Senior and Disability Action SF (co-sponsor), Western Center on Law & Poverty (co-sponsor), AARP, Alameda County Homeless Action Center, Asian Law Alliance, Bay Area Legal Aid, California Association of Health Facilities, California Council of The Blind, California Dental Association, California Health Advocates, California Pan-Ethnic Health Network, California Physicians Alliance, California PACE Association, Coalition of California Welfare Rights Organizations, County Behavioral Health Directors Association, Desert AIDS Project, Friends Committee on Legislation of California, Health Access California, Legal Aid Society of San Mateo County, Marin Center for Independent Living, Maternal and Child Health Access, Meals on Wheels Orange County, National Association of Social Workers, California Chapter, National Health Law Program, National Multiple Sclerosis Society, Public Law Center, Senior Advocates of The Desert Senior Services Coalition of Alameda County, Urban Counties of California, AARP, Bay Area Legal Aid, California Council of The Blind, California Physicians Alliance, California PACE Association, Coalition of California Welfare Rights Organizations, County Behavioral Health Directors Association, Friends Committee on Legislation of California, Health Access California, Justice in Aging, Marin Center for Independent Living, Maternal and Child Health Access, Meals on Wheels Orange County, National Multiple Sclerosis Society, Public Law Center, Senior Advocates of The Desert

Bill Number

AB 1917

Status

In Assembly

Position

Monitor

Title

Personal information: contact tracing.

Description

AB 1917, as amended, Levine. Personal information: contact tracing. Existing law, the Information Practices Act of 1977, prescribes a set of requirements, prohibitions, and remedies applicable to public agencies, as defined, with regard to their collection, storage, and disclosure of personal information. Existing law, the California Consumer Privacy Act of 2018 (CCPA), grants a consumer various rights with respect to personal information, as defined, that is collected or sold by a business, as defined, including the right to direct a business that sells personal information about the consumer to third parties not to sell the consumer's personal information. This bill would, with certain exceptions, prohibit a correctional officer or an officer, deputy, employee, or agent of a law enforcement agency, as defined, from conducting contact tracing, as defined. The bill would authorize a person to bring a civil action to obtain injunctive relief for a violation of these provisions.

Primary Sponsors

Marc Levine

Title

Medi-Cal: violence preventive services.

Description

AB 1929, as amended, Gabriel. Medi-Cal: violence preventive services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program, including various mental health services. Existing federal law authorizes, at the option of the state, preventive services, as defined, that are recommended by a physician or other licensed practitioner of the healing arts. This bill would require the department to establish a community violence prevention and recovery program, under which violence preventive services would be provided by qualified violence prevention professionals, as defined, as a covered benefit under the Medi-Cal program, in order to reduce the incidence of violent injury or reinjury, trauma, and related harms, and promote trauma recovery, stabilization, and improved health outcomes. Under the bill, the services would be available to a Medi-Cal beneficiary who (1) has been violently injured as a result of community violence, as defined, (2) for whom a licensed health care provider has determined that the beneficiary is at significant risk of experiencing violent injury as a result of community violence, or (3) has experienced chronic exposure to community violence. The bill would authorize the department to meet these requirements by ensuring that qualified violence prevention professionals are designated as community health workers. The bill would set forth training and certification and continuing education requirements for those professionals, as specified, and would require the department to approve one or more training and certification programs with certain curriculum components. The bill would require an entity that employs or contracts with a qualified violence prevention professional to take specified actions to ensure the professional's compliance with these requirements. The bill would require the department to post on its internet website the date upon which violence preventive services could be provided and billed. The bill would condition implementation of its provisions on receipt of any necessary federal approvals and the availability of federal financial participation.

Primary Sponsors

Jesse Gabriel, Mike Gipson

Title

Medi-Cal: comprehensive perinatal services.

Description

AB 1930, as amended, Arambula. Medi-Cal: comprehensive perinatal services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including comprehensive perinatal services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, a pregnant individual or targeted low-income child who is eligible for, and is receiving, health care coverage under any of specified Medi-Cal programs is eligible for full-scope Medi-Cal benefits for the duration of the pregnancy and for a period of one year following the last day of the individual's pregnancy. This bill, during the one-year postpregnancy eligibility period, and as part of comprehensive perinatal services under Medi-Cal, would require the department to cover additional comprehensive perinatal assessments and individualized care plans and to provide additional visits and units of services in an amount, duration, and scope that are at least proportional to those available on July 27, 2021, during pregnancy and the initial 60-day postpregnancy period in effect on that date. The bill would require the department to collaborate with the State Department of Public Health and a broad stakeholder group to determine the specific number of additional comprehensive perinatal assessments, individualized care plans, visits, and units of services to be covered. The bill would require the department to seek any necessary federal approvals to cover preventive services that are recommended by a physician or other licensed practitioner and that are rendered by a nonlicensed perinatal health worker in a beneficiary's home or other community setting away from a medical site, as specified. The bill would also require the department to seek any necessary federal approvals to allow a nonlicensed perinatal health worker rendering those preventive services to be supervised by (1) an enrolled Medi-Cal provider that is a clinic, hospital, community-based organization (CBO), or licensed practitioner, or (2) a CBO that is not an enrolled Medi-Cal provider, so long as an enrolled Medi-Cal provider is available for Medi-Cal billing purposes. The bill would condition implementation of the provisions above on receipt of any necessary federal approvals and the availability of federal financial participation.

Primary Sponsors

Joaquin Arambula

Organizational Notes

Last edited by Joanne Campbell at Apr 14, 2022, 3:50 PM
Support: Western Center on Law and Poverty

Title

Medi-Cal: out-of-pocket pregnancy costs.

Description

AB 1937, as amended, Patterson. Medi-Cal: out-of-pocket pregnancy costs. 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, an individual is eligible for Medi-Cal benefits, as though the individual was pregnant, for all pregnancy-related and postpartum services for a one-year period beginning on the last day of pregnancy. Existing law also establishes the Medi-Cal Access Program, which provides health care services to a person who is pregnant or in their postpartum period and whose household income is between specific thresholds and to a child under 2 years of age who is delivered by a mother enrolled in the program, as specified. This bill would require the department, on or before July 1, 2023, to establish a health expense account program for pregnant Medi-Cal beneficiaries and pregnant subscribers of the Medi-Cal Access Program. The bill would make a Medi-Cal beneficiary who is pregnant or a pregnant subscriber of the Medi-Cal Access Program eligible for reimbursement for "out-of-pocket pregnancy-related costs," as specified, in an amount not to exceed \$1,250. The bill would require the person to submit the request for reimbursement within 3 months of the end of the pregnancy in order to be reimbursed. The bill would require the department to seek to maximize federal financial participation in implementing the program. The bill would require the department, to the extent federal financial participation is unavailable, to implement the program only with state funds. The bill would require the department to contract out for purposes of implementing the health expense account program, as specified. The bill would authorize the department to implement the above-described provisions through all-county or plan letters, or similar instructions, and would require regulatory action no later than January 1, 2026.

Primary Sponsors

Jim Patterson

Title

Local government: open and public meetings.

Description

AB 1944, as introduced, Lee. Local government: open and public meetings. Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act contains specified provisions regarding the timelines for posting an agenda and providing for the ability of the public to observe and provide comment. The act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. Existing law, until January 1, 2024, authorizes a local agency to use teleconferencing without complying with those specified teleconferencing requirements in specified circumstances when a declared state of emergency is in effect, or in other situations related to public health. This bill would specify that if a member of a legislative body elects to teleconference from a location that is not public, the address does not need to be identified in the notice and agenda or be accessible to the public when the legislative body has elected to allow members to participate via teleconferencing. This bill would require all open and public meetings of a legislative body that elects to use teleconferencing to provide a video stream accessible to members of the public and an option for members of the public to address the body remotely during the public comment period through an audio-visual or call-in option. Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest. This bill would make legislative findings to that effect. The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating t... (click bill link to see more).

Primary Sponsors

Alex Lee, Cristina Garcia

Title

Telehealth: dental care.

Description

AB 1982, as introduced, Santiago. Telehealth: dental care. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires contract 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 or health insurer that offers a service via telehealth to meet specified conditions, including, that the health care service plan or health insurer disclose to the enrollee or insured the availability of receiving the service on an in-person basis or via telehealth, from, among others, the primary care provider or from another contracting individual health professional. Existing law defines "contracting individual health professional" for those purposes and excludes a licensed dentist from that definition. This bill would remove the exclusion for dentists from the definition of "contracting individual health professional" and would instead require a health care service plan or health insurer offering telehealth, for dental plans, to disclose to the enrollee or insured the impact of third-party telehealth visits on the patient's benefit limitations, including frequency limitations and the patient's annual maximum. 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

Miguel Santiago

Title

Medi-Cal: premiums, contributions, and copayments.

Description

AB 1995, as amended, Arambula. Medi-Cal: premiums, contributions, and copayments. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program

provisions. Existing law requires that Medi-Cal benefits be provided to optional targeted low-income children, as defined, based on a certain income eligibility threshold. Existing law also establishes the Medi-Cal Access Program, which provides health care services to a woman who is pregnant or in her postpartum period and whose household income is between certain thresholds, and to a child under 2 years of age who is delivered by a mother enrolled in the program, as specified. Existing law also establishes a program under which certain employed persons with disabilities are eligible for Medi-Cal benefits based on income and other criteria. Existing law requires the department to exercise the option, available to the state under federal law, to impose specified monthly premiums, based on income level, for the above-described children and employed persons with disabilities. Existing law requires the department to determine schedules for subscriber contribution amounts for persons enrolled in the Medi-Cal Access Program. This bill would eliminate the premiums and subscriber contributions for the above-described populations. The bill would make conforming changes to related provisions. Existing law creates the County Health Initiative Matching Fund in the State Treasury, administered by the department for the purpose of providing matching state funds and local funds received by the fund through intergovernmental transfers to a county agency, a local initiative, or a county organized health system in order to provide health insurance coverage to certain children and adults in low-income households who do not qualify for health care benefits through the Healthy Families Program or Medi-Cal. This bill would prohibit the department from imposing subscriber contributions for that program, to the extent allowable by federal law, as specified. Existing law requires Medi-Cal beneficiaries to make set copayments for specified services, including for nonemergency services received in an emergency department or emergency room. This bill would prohibit the department from imposing copayments on recipients of specified services, to the extent allowable by federal law.

Primary Sponsors

Joaquin Arambula

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:14 PM

Support: L.A. Care, Local Health Plans of California, Western Center on Law and Poverty (Sponsor), Children Now (co-sponsor), American Academy of Pediatrics, California, American College of Obstetricians and Gynecologists District IX, Bay Area Legal Aid, California Coverage & Health Initiatives, California Dental Association, California Pan-Ethnic Health Network, California School-Based Health Alliance, California Advocates for Nursing Home Reform, Central California Asthma Collaborative, Children Now, Children's Specialty Care Coalition, Community Health Councils, County Behavioral Health Directors Association, County Health Executives Association of California, Desert AIDS Project, Disability Rights Education and Defense Fund, Friends Committee on Legislation of California, Grace Institute - End Child Poverty in California, Health Access California, Justice in Aging, Latino Coalition for a Healthy California, Legal Aid Society of San Mateo County, National Association of Social Workers, California Chapter, National Health Law Program, Nurse-Family Partnership, Shields for Families, The Los Angeles Trust for Children's Health, The Primary School, Youth Leadership Institute

Title

Medi-Cal: behavioral health: individuals with vision loss.

Description

AB 1999, as amended, Arambula. Medi-Cal: behavioral health: individuals with vision loss. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including certain behavioral health services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would require the department to establish a pilot project to provide behavioral health services to Medi-Cal beneficiaries who are blind or have low vision, as a covered benefit under the Medi-Cal program. The bill would require that the pilot project be implemented in at least 6 counties that have agreed to participate, with at least one of those counties being in northern California, one in central California, and one in southern California, as specified. The bill would require the participating counties to conduct outreach, as specified, and report certain information to the department and the Legislature no later than December 31, 2025. The bill would make related legislative findings. The bill would condition implementation of the pilot project on an appropriation by the Legislature, receipt of any necessary federal approvals, and the availability of federal financial participation.

Primary Sponsors

Joaquin Arambula

Title

Health care language assistance services.

Description

AB 2007, as introduced, Valladares. Health care language assistance services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law requires the Department of Managed Health Care to adopt regulations establishing standards and requirements for health care service plans to provide enrollees with appropriate access to language assistance in obtaining health care services. Existing law requires the department to report biennially to, among others, the Legislature, regarding plan compliance with the standards. This bill would instead require the department to provide that report 3 times a year.

Primary Sponsors

Suzette Valladares

Title

Health care coverage: diagnostic imaging.

Description

AB 2024, as amended, Friedman. Health care coverage: diagnostic imaging. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract issued, amended, delivered, or renewed on or after January 1, 2000, or an individual or group policy of disability insurance or self-insured employee welfare benefit plan to provide coverage for mammography for screening or diagnostic purposes upon referral by specified professionals. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, to provide coverage for screening mammography, medically necessary diagnostic or supplemental breast examinations, or testing for screening or diagnostic purposes upon referral by specified professionals. The bill would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, from imposing cost sharing for screening mammography, medically necessary or supplemental breast examinations, or testing. 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

Laura Friedman

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:14 PM

Oppose: CA. Assoc. of Health Plans

Title

Health care coverage: treatment for infertility.

Description

AB 2029, as amended, Wicks. Health care coverage: treatment for infertility. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law imposes various requirements and restrictions on health care service plans and health insurers, including, among other things, a requirement that every group health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 1990, offer coverage for the treatment of infertility, except in vitro fertilization. Existing law provides that any employer that is a religious organization, or a health care service plan or health insurer that is a subsidiary of an entity whose owner or corporate member is a religious organization, shall not be required to offer coverage for forms of treatment of infertility in a manner inconsistent with the religious organization's religious and ethical principles, as specified. This bill would require a health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 2023, to provide coverage for the diagnosis and treatment of infertility and fertility services. The bill would revise the definition of infertility, and would remove the exclusion of in vitro fertilization from coverage. The bill would delete the exemption for religiously affiliated health care service plans and health insurers from the requirements relating to coverage for the treatment of infertility, thereby imposing these requirements on these employers, plans, and policies. The bill would also delete a requirement that a health care service plan contract and health insurance policy provide infertility treatment under agreed-upon terms that are communicated to all group contractholders and prospective group contractholders. With respect to a health care service plan, the bill would not apply to Medi-Cal managed care health care service plan contracts or any entity that enters into a contract with the State Department of Health Care Services for the delivery of health care services pursuant to specified provisions. The bill would prohibit a health care service plan or health insurer from placing different conditions or coverage limitations on fertility medications or services, or the diagnosis and treatment of infertility and fertility services, than would apply to other conditions, as specified. Because the violation of these provisions by a health care service plan would be a crime, the bill would impose a stat... (click bill link to see more).

Primary Sponsors

Buffy Wicks

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:15 PM
Oppose: CA. Assoc. of Health Plans

Title

Medi-Cal: monthly maintenance amount: personal and incidental needs.

Description

AB 2077, as amended, Calderon. Medi-Cal: monthly maintenance amount: personal and incidental needs. 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 provisions. Qualified individuals under the Medi-Cal program include medically needy persons and medically needy family persons who meet the required eligibility criteria, including applicable income requirements. Existing law requires the department to establish income levels for maintenance need at the lowest levels that reasonably permit a medically needy person to meet their basic needs for food, clothing, and shelter, and for which federal financial participation will still be provided under applicable federal law. In calculating the income of a medically needy person in a medical institution or nursing facility, or a person receiving institutional or noninstitutional services from a Program of All-Inclusive Care for the Elderly organization, the required monthly maintenance amount includes an amount providing for personal and incidental needs in the amount of not less than \$35 per month while a patient. Existing law authorizes the department to increase, by regulation, this amount as necessitated by increasing costs of personal and incidental needs. This bill would increase the monthly maintenance amount for personal and incidental needs from \$35 to \$80.

Primary Sponsors

Lisa Calderon

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:15 PM

Support: L.A. Care, Local Health Plans of California, California Senior Legislature (sponsor), Support California Senior Legislature (sponsor), Alzheimer's Association State Policy Office, California Long-term Care Ombudsman Association, California Advocates for Nursing Home Reform, California Hospital Association, California PACE Association, Justice in Aging

Title

Health Care Consolidation and Contracting Fairness Act of 2022.

Description

AB 2080, as amended, Wood. Health Care Consolidation and Contracting Fairness Act of 2022. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law regulates contracts between health care service plans or health insurers and health care providers or health facilities, including requirements for reimbursement and the cost-sharing amount collected from an enrollee or insured. This bill, the Health Care Consolidation and Contracting Fairness Act of 2022, would prohibit a contract issued, amended, or renewed on or after January 1, 2023, between a health care service plan or health insurer and a health care provider or health facility from containing terms that, among other things, restrict the plan or insurer from steering an enrollee or insured to another provider or facility or require the plan or insurer to contract with other affiliated providers or facilities. The bill would authorize the appropriate regulating department to refer a plan's or insurer's contract to the Attorney General, and would authorize the Attorney General or state entity charged with reviewing health care market competition to review a health care practitioner's entrance into a contract that contains specified terms. 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. Existing law requires a health care service plan that intends to merge with, consolidate with, or enter into an agreement resulting in its purchase, acquisition, or control by, an entity to give notice to, and secure prior approval from, the Director of the Department of Managed Health Care. Existing law authorizes the director to disapprove the transaction or agreement if the director finds it would substantially lessen competition in health care service plan products or create a monopoly in this state. This bill would additionally require a health care service plan that intends to acquire or obtain control of an entity, as specified, to give notice to, and secure prior approval from, the director. Because a willful violation of this provision would be a crime, the bill would impose a state-mandated local program. The bill would also authorize the director to disapprove a transaction or agreement if it would substantially lessen competition in the health system or among a particular category of health care providers, and would require the director to provide information related to competition to the Attorney General. Ex... (click bill link to see more).

Primary Sponsors

Jim Wood

Organizational Notes

Last edited by Cherie Compartore at Apr 11, 2022, 6:18 PM
California Assoc. of Health Plans - Oppose Unless Amended

Title

Disclosure of information: reproductive health and foreign penal civil actions.

Description

AB 2091, as amended, Mia Bonta. Disclosure of information: reproductive health and foreign penal civil actions. (1) Existing law provides that every individual possesses a fundamental right of privacy with respect to their personal reproductive decisions. Existing law prohibits the state from denying or interfering with a person's right to choose or obtain an abortion prior to viability of the fetus, or when the abortion is necessary to protect the life or health of the person. Existing law requires a health insurer to take specified steps to protect the confidentiality of an insured's medical information, and prohibits an insurer from disclosing medical information related to sensitive health care services to the policyholder or any insureds other than the protected individual receiving care. Existing law generally prohibits a provider of health care, a health care service plan, or a contractor from disclosing medical information regarding a patient, enrollee, or subscriber without first obtaining an authorization, unless a specified exception applies, including that the disclosure is in response to a subpoena. Existing law authorizes a California court or attorney to issue a subpoena if a foreign subpoena has been sought in this state. This bill would prohibit compelling a person to identify or provide information that would identify an individual who has sought or obtained an abortion in a state, county, city, or other local criminal, administrative, legislative, or other proceeding if the information is being requested based on another state's laws that interfere with a person's right to choose or obtain an abortion or a foreign penal civil action, as defined. The bill would authorize the Insurance Commissioner to assess a civil penalty, as specified, against an insurer that has disclosed an insured's confidential medical information. The bill would prohibit a provider of health care, a health care service plan, or a contractor from releasing medical information related to an individual seeking or obtaining an abortion in response to a subpoena or a request if that subpoena or request is based on either another state's laws that interfere with a person's rights to choose or obtain an abortion or a foreign penal civil action. The bill would prohibit issuance of a subpoena if the submitted foreign subpoena relates to a foreign penal civil action. (2) Existing law sets forth the health care access rights of an incarcerated pregnant person and an incarcerated person who is identified as possibly pregnant or capable of becoming pregnant. Existing law prohibits the imposition of conditions or restrictions on an incarcerated person's ability to obtain an abortion. This bill would prohibit prison staff from disclosi... (click bill link to see more).

Primary Sponsors

Mia Bonta

Title

Acute hospital care at home.

Description

AB 2092, as amended, Akilah Weber. Acute hospital care at home. Existing law provides for the licensure and regulation of various types of health facilities, including general acute care hospitals, by the State Department of Public Health. Existing law generally makes a violation of these provisions a misdemeanor. The federal Centers for Medicare and Medicaid Services (CMS) provides for a waiver program authorizing a hospital to establish an Acute Hospital Care at Home (AHCaH) program, as specified, if the hospital meets certain conditions, including receiving approval from CMS after submitting a waiver request. This bill would authorize a general acute care hospital to provide AHCaH services if the hospital (1) meets the requirements established by CMS for AHCaH services, as specified, (2) has received approval from CMS to operate an AHCaH program, and (3) has notified the department of the establishment of an AHCaH program, including certain information about the program. The bill would define AHCaH services as services provided by a general acute care hospital to qualified patients in their homes by using methods that include telehealth, remote monitoring, and regular in-person visits by nurses and other medical staff. Under the bill, patients cared for in a general acute care hospital's AHCaH program would be considered inpatients of the hospital, with hospital services being subject to oversight by the department. Under the bill, a violation of its provisions would not constitute the above-described misdemeanor.

Primary Sponsors

Akilah Weber

Title

Mobile stroke units: health care coverage.

Description

AB 2117, as introduced, Gipson. Mobile stroke units: health care coverage. Existing law provides for the licensure and regulation of health facilities by the State Department of Public Health, and defines various types of health facilities for those purposes. This bill would define "mobile stroke unit" to mean a multijurisdictional mobile facility that serves as an emergency response critical care ambulance under the direction and approval of a local emergency medical services (EMS) agency, and as a diagnostic, evaluation, and treatment unit, providing radiographic imaging, laboratory testing, and medical treatment under the supervision of a physician in person or by telehealth, for patients with symptoms of a stroke, to the extent consistent with any federal definition of a mobile stroke unit, as specified. 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 that act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law imposes certain requirements relating to coverage for emergency and ambulance services on health care service plan contracts, health insurance policies, and the Medi-Cal program. This bill would require a health care service plan contract or a health insurance policy that is issued, amended, or renewed on or after January 1, 2023, and that provides coverage for emergency health care services to include coverage for services performed by a mobile stroke unit, as defined above. Because a willful violation of this requirement by a health care service plan would be a crime, the bill would impose a state-mandated local program. The bill would also require Medi-Cal coverage for services performed by a mobile stroke unit, subject to receipt of any necessary federal approvals and the availability of federal financial participation. 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

Title

Bringing Health Care into Communities Act of 2023.

Description

AB 2123, as amended, Villapudua. Bringing Health Care into Communities Act of 2023. Existing law establishes various programs, including the Family Homelessness Challenge Grants and Technical Assistance Program, with the goal of providing housing. Existing law charges various agencies with the administration of these programs, including the Department of Housing and Community Development and the California Housing Finance Agency. Existing law also establishes various programs to facilitate the expansion of the health care workforce in rural and underserved communities, including, but not limited to, the Health Professions Career Opportunity Program and the California Registered Nurse Education Program. This bill, the Bringing Health Care into Communities Act of 2023, would establish the Bringing Health Care into Communities Program to be administered by the agency to provide housing grants to specified health professionals to be used for mortgage payments for a permanent residence in a health professional shortage area, as specified. Under the bill, a health professional would be eligible for a grant for up to 5 years. The bill would make its provisions operative upon appropriation by the Legislature.

Primary Sponsors

Carlos Villapudua

Title

Health care coverage: dependent adults.

Description

AB 2127, as amended, Santiago. Health care coverage: dependent adults. Existing law establishes the Health Insurance Counseling and Advocacy Program (HICAP) in the California Department of Aging to provide Medicare beneficiaries and those imminently eligible for Medicare with counseling and advocacy regarding health care coverage options. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires an individual health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, that provides dependent coverage to make dependent coverage available to a qualified dependent parent or stepparent. Existing law requires a plan, an insurer, or the California Health Benefit Exchange to provide an applicant seeking to add a dependent parent or stepparent with written notice about HICAP at the time of solicitation and on the application. This bill would clarify that a health care service plan, a health insurer, or a solicitor is required to provide an individual with the name, address, and telephone number of the local HICAP program and the statewide HICAP telephone number at the time of solicitation and, for a plan or insurer, on the application. Because a violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The bill would state the intent of the Legislature to ensure an individual is informed of and understands their specific rights and health care options before enrolling a Medicare-eligible or enrolled dependent parent or stepparent in individual health care coverage. 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

Miguel Santiago

Title

California Medical School Tuition for Medical Service Pilot Program.

Description

AB 2132, as amended, Villapudua. California Medical School Tuition for Medical Service Pilot Program. Existing law establishes the Student Aid Commission as the primary state agency for the administration of state-authorized student financial aid programs available to students attending all segments of postsecondary education. Existing law expresses the intent of the Legislature to review, during the annual budget process, the distribution of University of California medical school graduates with regard to placement in areas, and service to populations, underserved by the medical profession, as specified. This bill would establish the California Medical School Tuition for Medical Service Pilot Program under the administration of the Student Aid Commission. The bill would provide financial aid to certain students to support their undergraduate, medical school, and graduate medical educations. The bill would require these students to commit to practicing for a specified period of time in primary care or a high-needs specialty in California in medically underserved populations and areas. The bill would require the commission to begin implementing the pilot program during the 2023–24 academic year, including by developing program eligibility, outreach, and monitoring criteria. The bill would, among other things, require the commission to develop eligibility criteria, including by prioritizing students who are underrepresented in medicine based on race, ethnicity, and language. The bill would establish the Medical School Tuition for Medical Service Pilot Program Scholarship Fund in the State Treasury. The bill would authorize the commission to enter into certain contracts related to the pilot program with nonprofit entities headquartered in California, as specified. The bill would, regarding certain aspects of the pilot program, prohibit an exercise of discretion by the commission and its contractors from being subject to judicial review, except as specified. The bill would make its provisions operative only upon the appropriation of funds for purposes of the pilot program by the Legislature in the annual Budget Act or in another statute.

Primary Sponsors

Carlos Villapudua

Title

Reproductive health care.

Description

AB 2134, as amended, Akilah Weber. Reproductive health care. Existing law, the Reproductive Privacy Act, prohibits the state from denying or interfering with a person's right to choose or obtain an abortion prior to viability of the fetus, or when the abortion is necessary to protect the life or health of the person. The act defines "abortion" as a medical treatment intended to induce the termination of a pregnancy except for the purpose of producing a live birth. Existing law establishes the Department of Health Care Access and Information to oversee and administer various health programs. Existing law establishes the Medi-Cal program, under which qualified low-income individuals receive health care services. Existing law establishes a schedule of benefits under the Medi-Cal program and provides for various services, including comprehensive clinical family planning services that are rendered through the Family Planning, Access, Care, and Treatment (Family PACT) Waiver Program. This bill would establish the California Reproductive Health Equity Program within the Department of Health Care Access and Information to ensure abortion and contraception services are affordable for and accessible to all patients and to provide financial support for safety net providers of these services. The bill would authorize a Medi-Cal enrolled provider to apply to the department for a grant, and a continuation award after the initial grant, to provide abortion and contraception at no cost to an individual with a household income at or below 400% of the federal poverty level who is uninsured or has health care coverage that does not include both abortion and contraception, and who is not eligible to receive both abortion and contraception at no cost through the Medi-Cal and Family PACT programs. The bill would establish the California Reproductive Health Equity Fund, a continuously appropriated fund, to provide this grant funding. The bill would require the department to conduct an annual evaluation of the program and report its findings to the Legislature. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires group health care service plan contracts and disability insurance policies to cover contraceptive services and methods without cost sharing, as specified. Existing law authorizes a religious employer to request a contract or policy that does not include contraception coverage for its employees. Existing law requires public and private employers to p... (click bill link to see more).

Primary Sponsors

Akilah Weber, Cristina Garcia, Anna Caballero

Title

Mental health: information sharing.

Description

AB 2144, as introduced, Ramos. Mental health: information sharing. Existing law, the Children's Civil Commitment and Mental Health Treatment Act of 1988, authorizes a minor, if they are a danger to self or others, or they are gravely disabled, as a result of a mental health disorder, and authorization for voluntary treatment is not available, upon probable cause, to be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services as a facility for 72-hour treatment and evaluation of minors. Existing law, the Lanterman-Petris-Short Act, also authorizes the involuntary commitment and treatment of persons with specified mental health disorders. Under the act, if a person, as a result of a mental health disorder, is a danger to self or others, or is gravely disabled, the person may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment. Existing law prohibits a person detained pursuant to the Lanterman-Petris-Short Act because the person is a danger to self or others, from owning, possessing, controlling, receiving, or purchasing, or attempting to own, possess, control, receive, or purchase, any firearm. In order for the Department of Justice to determine the eligibility of the person to own, possess, control, receive, or purchase a firearm, existing law requires each designated facility, within 24 hours of admitting an individual subject to that prohibition, to submit a report to the Department of Justice that contains specified information, including the identity of the person. This bill would require the Department of Justice to provide to the State Department of Health Care Services, in a secure format, a copy of reports submitted pursuant to those provisions. The bill would also require a designated facility to submit a quarterly report to the State Department of Health Care Services that identifies people admitted to the facility pursuant to the Lanterman-Petris-Short Act because the person is gravely disabled and minors admitted pursuant to the Children's Civil Commitment and Mental Health Treatment Act of 1988 who are younger than 13 years of age. The bill would require the designated facility to include in the report the same information required to be reported to the Department of Justice for individuals who are subject to the above-described firearms restrictions. The bill would require the State Department of Health Care Services to annually submit a publicly accessible report to the Legislature of deidentified and aggregated data received p... (click bill link to see more).

Primary Sponsors

James Ramos

Title

Birthing Justice for California Families Pilot Project.

Description

AB 2199, as amended, Wicks. Birthing Justice for California Families Pilot Project. 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. Existing law requires the department to convene a workgroup to examine the implementation of the Medi-Cal doula benefit, as specified. Existing law also requires the department, no later than July 1, 2024, to publish a report that addresses the number of Medi-Cal recipients utilizing doula services and identifies barriers that impede access to doula services, among other things. This bill would establish the Birthing Justice for California Families Pilot Project, which would include a 3-year grant program to provide grants to specified entities, including community-based doula groups, to provide full-spectrum doula care to members of communities with high rates of negative birth outcomes who are not eligible for Medi-Cal and incarcerated people. The bill would require the State Department of Public Health to take specified actions with regard to awarding grants, including awarding grants to selected entities on or before January 1, 2024. The bill would require a grant recipient to use grants funds to pay for the costs associated with providing full-spectrum doula care to eligible individuals and establishing, managing, or expanding doula services. The bill would require a grant recipient, in setting the payment rate for a doula being paid with grant funds, to comply with specified parameters, including that the payment rate not be less than the Medi-Cal reimbursement rate for doulas or the median rate paid for doula care in existing local pilot projects providing doula care in California, whichever is higher. The bill would require the department to utilize a portion of the funds allocated for administrative purposes to arrange for or provide, at no cost to the participants, training on the core competencies for doulas to people who want to become doulas, and community-based doulas in need of additional training to maintain competence, and who are from communities experiencing the highest burden of birth disparities in the state. The bill would require the department, on or before January 1, 2027, to submit a report to the appropriate policy and fiscal committees of the Legislature on the expenditure of funds and relevant outcome data for the pilot project. The bill would repeal these provisions on January 1, 2028.

Primary Sponsors

Buffy Wicks

Title

California Health Benefit Exchange: abortion services coverage reporting.

Description

AB 2205, as amended, Carrillo. California Health Benefit Exchange: abortion services coverage reporting. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Existing state law creates the California Health Benefit Exchange (Exchange), also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. If a qualified health plan covers abortion services, PPACA requires the plan to deposit the premium amounts that equal the actuarial value of the coverage of those services into a separate account, as specified. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Existing law also requires the Department of Insurance to regulate health insurers. This bill would require, beginning July 1, 2023, a health care service plan or health insurer offering qualified health plans, as defined, to annually report the total amount of funds in the segregated account maintained pursuant to PPACA. The bill would require the annual report to include the ending balance of the account and the total dollar amount of claims paid during a reporting year. By expanding the scope of a crime, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Wendy Carrillo

Title

Mental health services: involuntary treatment.

Description

AB 2291, as amended, Muratsuchi. Mental health services: involuntary treatment. Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of persons with specified mental disorders for the protection of the persons committed. Under the act, when a person, as a result of a mental health disorder, is a danger to others, or to themselves, or gravely disabled, the person may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. If certain conditions are met after the 72-hour detention, the act authorizes the certification of the person for a 14-day maximum period of intensive treatment, and then a 30-day maximum period of intensive treatment after the 14-day period. Existing law requires the professional person in charge of the facility providing the 72-hour evaluation and treatment or the intensive treatment to notify the county behavioral health director when the person is released and certain conditions apply. This bill would, for each person admitted for evaluation and treatment, require the facility providing the 72-hour evaluation and treatment to keep with the person's medical record contact information for an individual designated by the patient as their medical emergency contact, and would require that facility to develop a continuity of care plan for the person, which the facility shall make available to certain individuals and facilities, as specified. The bill would require, before the release of a person from the 72-hour detention or the intensive treatment, the professional person in charge of the facility providing the treatment to provide the county behavioral health director with the medical emergency contact information, the continuity of care plan, and the possible release date of the person, and would require the county behavioral health director to contact the person's medical emergency contact and provide that individual with the person's continuity of care plan. The bill would also require a county to offer a person who is released from involuntary detention after receiving 72-hour evaluation and treatment or intensive treatment, and who is homeless, a local crisis bed or recuperative care upon their release from the designated facility providing the involuntary treatment. By imposing new duties on county 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, if t... (click bill link to see more).

Primary Sponsors

Al Muratsuchi

Title

CalWORKs and CalFresh: work requirements.

Description

AB 2300, as amended, Kalra. CalWORKs and CalFresh: work requirements. (1) Existing law provides for the California Work Opportunity and Responsibility to Kids (CalWORKs) program, under which each county provides cash assistance and other benefits to qualified low-income families and individuals. Existing law generally requires a recipient of CalWORKs benefits to participate in welfare-to-work activities as a condition of eligibility for aid. Existing law exempts certain persons from the welfare-to-work activities, including an individual whose presence in the home is required because of the illness or incapacity of another member of the household and whose caretaking responsibilities impair the recipient's ability to be regularly employed or to participate in welfare-to-work activities. Under this bill, a parent, including both a birthing and nonbirthing parent, would qualify for that exemption for 12 weeks following the birth of a child. Under the bill, an adoptive or foster parent would also qualify for the exemption for 12 weeks following the adoption or foster placement of each child. Existing law prohibits sanctions from being applied for a failure or refusal to comply with program requirements if, among other reasons, the employment, offer of employment, activity, or other training for employment discriminates on specified bases or involves conditions that are in violation of applicable health and safety standards, or the employment or offer of employment exceeds the daily or weekly hours of work customary to the occupation. This bill would additionally prohibit sanctions from being applied for a failure or refusal to comply with program requirements if the recipient provides documentation that the anticipated hours would be so unpredictable for that specific recipient that they would not allow the recipient to anticipate compliance with program requirements related to the job, or if the recipient provides documentation that the scheduled hours exhibit a pattern of unpredictability for that specific recipient so that the recipient cannot anticipate compliance with program requirements related to the job. The bill would also prohibit sanctions from being applied if the recipient states that the employment or offer of employment fails to comply with the Healthy Workplaces, Healthy Families Act of 2014, that the recipient experienced sexual harassment or other abusive conduct at the workplace, or that the recipient's rights under specified laws were violated. The bill would require the county human services agency, when an applicant or recipient reports refusing any offer of employment, reducing hours, voluntarily quitting any employment, or being discharged from any employment, to provide the applicant or recip... (click bill link to see more).

Primary Sponsors

Ash Kalra

Organizational Notes

Last edited by Joanne Campbell at Apr 14, 2022, 3:48 PM
Support: Western Center on Law and Poverty (Sponsor)

Title

Nutrition Assistance: "Food as Medicine."

Description

AB 2304, as introduced, Mia Bonta. Nutrition Assistance: "Food as Medicine." Existing law provides for the California Health and Human Services Agency, which includes the State Department of Health Care Services, the State Department of Public Health, and the State Department of Social Services. Existing law establishes various programs and services under those departments, including the Medi-Cal program, under which qualified low-income individuals receive health care services, such as enteral nutrition products, the California Special Supplemental Nutrition Program for Women, Infants, and Children, which is administered by the State Department of Public Health and counties and under which nutrition and other assistance are provided to eligible individuals who have been determined to be at nutritional risk, and the CalFresh program, under which supplemental nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county. This bill would declare the intent of the Legislature to enact the Wilma Chan Food as Medicine Act of 2022.

Primary Sponsors

Mia Bonta

Title

Children's psychiatric residential treatment facilities.

Description

AB 2317, as introduced, Ramos. Children's psychiatric residential treatment facilities. Existing law, the California Community Care Facilities Act, provides for the licensing and regulation of community care facilities, including a children's crisis residential program, by the State Department of Social Services, and defines a children's crisis residential program to mean a facility licensed as a short-term residential therapeutic program and approved by the State Department of Health Care Services, or a county mental health plan, to operate a children's crisis residential mental health program to serve children experiencing mental health crises as an alternative to psychiatric hospitalization. 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 specified mental health and substance use disorder services. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions. Existing federal Medicaid regulations provide for inpatient psychiatric services for individuals under 21 years of age in psychiatric facilities, as prescribed. The bill would require the State Department of Health Care Services to license and establish regulations for psychiatric residential treatment facilities, which the bill would define as a licensed residential facility operated by a public agency or private organization that provides psychiatric services, as prescribed under the Medicaid regulations, to individuals under 21 years of age, in an inpatient setting. The bill would require the department's regulations and certifications to be consistent with applicable Medicaid regulations governing psychiatric residential treatment facilities, in order to maximize federal financial participation, as specified. The bill would include inpatient psychiatric services to individuals under 21 years of age provided in a licensed children's crisis psychiatric residential treatment facility as mental health services provided under the Medi-Cal program.

Primary Sponsors

James Ramos

Title

Reproductive health care pilot program.

Description

AB 2320, as introduced, Cristina Garcia. Reproductive health care pilot program. Existing law establishes the State Department of Health Care Services, and requires the department to administer various health programs. Existing law authorizes the department to award funding and grants for specified health programs and studies, including maternal and child health grants. This bill, until January 1, 2028, would require the department to establish and administer a pilot program to direct funds to community health clinics that provide reproductive health care services in 5 counties. The bill would require a participating health clinic to undertake specified activities to improve health care delivery for marginalized patients, and to annually report to the department over 2 years regarding its efforts and progress with those activities. The bill would require the department to report to the Legislature on the program on or before June 1, 2026.

Primary Sponsors

Cristina Garcia

Title

Lead poisoning prevention: laboratory reporting.

Description

AB 2326, as introduced, Reyes. Lead poisoning prevention: laboratory reporting. Existing law, the Childhood Lead Poisoning Prevention Act of 1991, requires the State Department of Public Health to adopt regulations establishing a standard of care at least as stringent as the most recent federal Centers for Disease Control and Prevention (CDC) screening guidelines, whereby all children are evaluated for risk of lead poisoning by health care providers during each child's periodic health assessment. Existing law requires a laboratory that performs a blood lead analysis on a specimen of human blood drawn in California to report specified information to the State Department of Public Health for each analysis on every person tested and requires other specified information to be reported when the laboratory has that information. Existing law authorizes the department to fine a laboratory that knowingly fails to meet the reporting requirements. This bill would require the laboratory to report additional information, including the National Provider Identifier (NPI) of the health care provider that ordered the analysis, the Clinical Laboratory Improvement Amendments (CLIA) number and the NPI of the laboratory, and the person's race, ethnicity, and pregnancy status. The bill would require a laboratory to request all of the required information from the health care provider who obtained the blood sample or ordered the test, but would waive the laboratory's reporting requirement when the health care provider cannot, or will not, provide the requested information. Existing law requires the laboratory to report within 3

working days if the result of the blood lead analysis is a blood lead level equal to or greater than 10 micrograms of lead per deciliter of blood and within 30 working days if the blood lead level is lower than that threshold. This bill would make the threshold for reporting within 3 working days the most recent CDC reference level for an elevated blood lead level. Existing law requires that all information reported be confidential, except that the department is authorized to share the information for the purpose of surveillance, case management, investigation, environmental assessment, environmental remediation, or abatement with the local health department, environmental health agency, or building department, and with the State Department of Health Care Services for the purpose of determining whether children enrolled in Medi-Cal are being screened for lead poisoning and receiving appropriate related services. This bill would authorize the department to share the information for purposes of care coordination as well. The bill would authorize the department to share the information with health care providers and with the person to... (click bill link to see more).

Primary Sponsors

Eloise Reyes

Organizational Notes

Last edited by Joanne Campbell at Apr 14, 2022, 3:50 PM

Support: Western Center on Law and Poverty

Title

Prescription drug coverage.

Description

AB 2352, as amended, Nazarian. Prescription drug coverage. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy that provides coverage for outpatient prescription drugs to cover medically necessary prescription drugs and subjects those policies to certain limitations on cost sharing and the placement of drugs on formularies. Existing law limits the maximum amount an enrollee or insured may be required to pay at the point of sale for a covered prescription drug to the lesser of the applicable cost-sharing amount or the retail price, and requires that payment to apply to the applicable deductible. This bill would require a health care service plan or health insurer that provides prescription drug benefits and maintains one or more drug formularies to furnish specified information about a prescription drug upon request by an enrollee or insured, or their prescribing provider. The bill would require the plan or insurer to respond in real time to that request and ensure the information is current no later than one business day after a change is made. The bill would prohibit a health care service plan or health insurer from, among other things, restricting a prescribing provider from sharing the information furnished about the prescription drug or penalizing a provider for prescribing a lower cost 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

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:16 PM
Oppose Unless Amended: CA. Assoc. of Health Plans

Title

Medi-Cal: continuous eligibility.

Description

AB 2402, as amended, Blanca Rubio. Medi-Cal: continuous eligibility. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and

under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department, to the extent federal financial participation is available, to exercise a federal option to extend continuous eligibility to children 19 years of age and younger until the earlier of either the end of a 12-month period following the eligibility determination or the date the child exceeds 19 years of age. Under this bill, a child under 5 years of age would be continuously eligible for Medi-Cal, including without regard to income, until the child reaches 5 years of age. The bill would prohibit the redetermination of Medi-Cal eligibility before the child reaches 5 years of age, unless the department or county possesses facts indicating that the family has requested the child's voluntary disenrollment, the child is deceased, the child is no longer a state resident, or the child's original enrollment was based on a state or county error or on fraud, abuse, or perjury, as specified. The bill would condition implementation of these provisions on receipt of any necessary federal approvals and, except as specified, on the availability of federal financial participation. Existing law establishes the Medi-Cal Access Program, which provides health care services to a woman who is pregnant or in her postpartum period and whose household income is above 208% but does not exceed 317% of the federal poverty level, and to a child under 2 years of age who is delivered by a mother enrolled in the program, as specified. Existing law requires a subscriber to provide income information at the end of 12 months of coverage, and requires that the infant be disenrolled from the program if the annual household income exceeds 317% of the federal poverty level or if the infant is eligible for full-scope Medi-Cal with no share of cost. This bill would remove the requirement for providing income information at the end of the 12 months, and would instead require that the infant remain continuously eligible for the Medi-Cal program until they are 5 years of age, as specified, to the extent that any necessary federal approvals are obtained and federal financial participation is available. Existing law establishes the County Health Initiative Matching Fund, administered by the department, through which an applicant county, county agency, a local initiative, or a county organized health system that provides an intergovernmental transfer, as specified, is authorized to subm... (click bill link to see more).

Primary Sponsors

Blanca Rubio

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:17 PM

Support: L.A. Care, Local Health Plans of California, Western Center on Law and Poverty, The Children's Partnership (cosponsor), First 5 Center for Children's Policy (cosponsor), First 5 Association of California (cosponsor), Children Now (cosponsor), March of Dimes (cosponsor), Maternal and Child Health Access (cosponsor), National Health Law Program (cosponsor), Access Reproductive Justice, California Alliance of Child and Family Services, California Catholic Conference, California Pan-Ethnic Health Network, California Rural Legal Assistance Foundation, INC., CaliforniaHealth+ Advocates, Children's Specialty Care Coalition, Community Clinic Association of Los Angeles County, Community Health Initiative of Orange County, County Behavioral Health Directors Association, Friends Committee on Legislation of California, Health Access California, National Association of Social Workers, California Chapter, National Health Law Program, Nurse - Family Partnership, United Ways of California

Title

Martin Luther King, Jr. Community Hospital.

Description

AB 2426, as amended, Gipson. Martin Luther King, Jr. Community Hospital. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides that Medi-Cal funding be made available to a new hospital, now known as the Martin Luther King, Jr. Community Hospital, to serve the population of South Los Angeles. This bill would require the department, in consultation with the hospital, to create a directed payment program in Medi-Cal managed care for outpatient hospital services to provide that total Medi-Cal managed care reimbursement received for services is approximately equal to the hospital's costs for those services, as specified. The bill would establish funding provisions if those minimum reimbursements required under the program would result in payments above the level of compensation the hospital would have otherwise received, and if a nonfederal share is necessary with respect to the additional compensation. The bill would require that the hospital's projected costs be based on specified principles. The bill would also require the department, in consultation with the hospital, to develop an alternative mechanism for ensuring inpatient services payment levels from Medi-Cal managed care plans, as specified. The bill would authorize the department to develop value-based quality directed payment, for use in payments to the hospital. The bill would authorize the department to implement those provisions by means of, among other things, all-facility letters. The bill would require the department to obtain federal approvals or waivers as necessary to implement those provisions, to obtain federal matching funds to the maximum extent permitted by federal law, and would condition the implementation of those provisions on obtaining federal approval. This bill would make related findings and declarations. This bill would make legislative findings and declarations as to the necessity of a special statute for the County of Los Angeles.

Primary Sponsors

Mike Gipson

Organizational Notes

Last edited by Joanne Campbell at Apr 14, 2022, 10:52 PM

Support: L.A. Care, Martin Luther King, Jr. Community Hospital (sponsor), Black Beauty and Wellness Foundation, Black Business Association, Boys & Girls Club Metro Los Angeles, Brotherhood Crusade, Cal State Dominguez Hills, California Black Women's Health Project, Charles R. Drew University of Medicine and Science, Community Coalition, Congress for Racial Equality - California, Forgiving for Living, Inc., Forgotten Children Inc., Girls Club of Los Angeles, Impact Enterprises Global, Inc., Inner City Youth Orchestra of Los Angeles, International Association of Chiefs of Police, Kappa Alpha Psi Western Region Province, Los Angeles Metropolitan Churches, Los Angeles Sentinel, Los Angeles Urban League, National Action Network – Los Angeles Chapter, National Association for the Advancement of Colored People – Los Angeles, National Coalition of 100 Black Women, Parents of Watts, Positive Results Corporation, Sanctuary of Hope, Southern Christian Leadership Conference of Southern California, Southside Coalition of Community Health Centers, St. Anne's Family Services, The Baptist Ministers Conference, The Latin Link, UNITE HERE Local 11, United Voices of Literacy, Watts Labor Community Action Committee, Willowbrook Inclusion Network

Title

Open meetings: local agencies: teleconferences.

Description

AB 2449, as introduced, Blanca Rubio. Open meetings: local agencies: teleconferences. Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act contains specified provisions regarding the timelines for posting an agenda and providing for the ability of the public to observe and provide comment. The act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. Existing law, until January 1, 2024, authorizes a local agency to use teleconferencing without complying with those specified teleconferencing requirements in specified circumstances when a declared state of emergency is in effect, or in other situations related to public health. This bill would authorize a local agency to use teleconferencing without complying with those specified teleconferencing requirements if at least a quorum of the members of the legislative body participates in person from a singular location clearly identified on the agenda that is open to the public and situated within the local agency's jurisdiction. The bill would impose prescribed requirements for this exception relating to notice, agendas, the means and manner of access, and procedures for disruptions. The bill would require the legislative body to implement a procedure for receiving and swiftly resolving requests for reasonable accommodation for individuals with disabilities, consistent with federal law. Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest. This bill would make legislative findings to that effect. The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that ame... (click bill link to see more).

Primary Sponsors

Blanca Rubio

Title

California Children's Services: reimbursement rates.

Description

AB 2458, as introduced, Akilah Weber. California Children's Services: reimbursement rates. Existing law establishes the California Children's Services (CCS) Program, administered by the State Department of Health Care Services and a designated agency of each county, to provide medically necessary services for persons under 21 years of age who have any of specified medical conditions and who meet certain financial eligibility requirements. Existing law establishes the Medi-Cal program, which is administered by the department and under which qualified low-income individuals receive health care services. Existing law requires that provider rates of payment for services rendered in the CCS Program be identical to the rates of payment for the same service performed by the same provider type pursuant to the Medi-Cal program. Notwithstanding that requirement, existing law authorizes the reimbursement of services provided under the CCS Program at rates greater than the Medi-Cal rate that would otherwise be applicable if those rates are adopted by the Director of Health Care Services in regulations. Existing law establishes a Whole Child Model program for Medi-Cal eligible CCS children and youth enrolled in a Medi-Cal managed care plan served by a county organized health system or Regional Health Authority in specified counties. Existing law requires the department to pay a participating managed care plan a certain rate, and requires the plan to pay physician and surgeon provider services at rates that are equal to or exceed the applicable CCS fee-for-service rates, except as specified. Physician services provided under the CCS Program are currently reimbursed at rates that are 39.7% greater than the applicable Medi-Cal rates. This bill would make legislative findings relating to the need for an increase in the reimbursement rates for physician services provided under the CCS Program. Under the bill, subject to an appropriation, and commencing January 1, 2023, those reimbursement rates would be increased by adding at least 25% to the above-described augmentation percentage relative to the applicable Medi-Cal rates. The bill would make the rate increase applicable only if the services are provided by a physician in a practice in which at least 30% of the practice's pediatric patients are Medi-Cal beneficiaries. The bill would, no later than January 1, 2026, and every 3 years thereafter, require the department to complete a review of those reimbursement rates, including whether the department recommends an increase in the rates, as specified. The bill would require that the reviews contain data disaggregated by rural or urban area, ZIP Code, and satellite clinic providing CCS services. The bill would require the department to submit rep... (click bill link to see more).

Primary Sponsors

Akilah Weber

Title

Health care coverage: human papillomavirus.

Description

AB 2516, as introduced, Aguiar-Curry. Health care coverage: human papillomavirus. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2002, to provide coverage for an annual cervical cancer screening test, including a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA). Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which health care services are provided to low-income individuals pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law also establishes the Family Planning, Access, Care, and Treatment (Family PACT) Program, administered by the Office of Family Planning within the department, under which comprehensive clinical family planning services are provided to a person who has a family income at or below 200% of the federal poverty level, and who is eligible to receive these services. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, to provide coverage without cost sharing for the HPV vaccine for persons for whom the vaccine is FDA approved. 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 bill would also expand comprehensive clinical family planning services under the Family PACT Program to include the HPV vaccine for persons for whom it is FDA approved. 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

Cecilia Aguiar-Curry

Title

California Health Benefit Exchange: financial assistance.

Description

AB 2530, as introduced, Wood. California Health Benefit Exchange: financial assistance. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Existing state law creates the California Health Benefit Exchange (Exchange), also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Under existing regulations, an individual may enroll in a plan through the Exchange in a special enrollment period that is triggered if the individual loses other coverage due to termination of employment or reduction in the number of hours of employment. Existing law requires the Exchange, until January 1, 2023, to administer a program to provide health care coverage financial assistance to California residents with household incomes at or below 600% of the federal poverty level. This bill, upon appropriation by the Legislature, would require the Exchange to administer a program of financial assistance to help Californians obtain and maintain health benefits through the Exchange if they lose employer-provided health care coverage as a result of a labor dispute. Under the bill, an individual who has lost minimum essential coverage from an employer or joint labor management trust fund as a result of a strike, lockout, or other labor dispute would receive the same premium assistance and cost-sharing reductions as an individual with a household income of 133% of the federal poverty level, and would also not pay a deductible for any covered benefit.

Primary Sponsors

Jim Wood

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:18 PM

Oppose Unless Amended: CA. Assoc. of Health Plans Support: CA Labor Fed. LA County Labor Fed. UNITE HERE Teamsters UFCW SEIU California Conference Board of the Amalgamated Transit Union California Conference of Machinists The Utility Workers Union of America The Engineers and Scientists of California

Title

Public health: COVID-19 vaccination: proof of status.

Description

AB 2539, as introduced, Choi. Public health: COVID-19 vaccination: proof of status. Existing federal law, the Federal Food, Drug, and Cosmetic Act, authorizes the United States Secretary of Health and Human Services to approve new drugs and products, including vaccines, for introduction into interstate commerce, and authorizes the secretary to authorize vaccines for use in an emergency upon declaring a public health emergency. On February 4, 2020, the secretary determined that there is a public health emergency and declared circumstances exist justifying the authorization of emergency use of drugs and biological products. The secretary subsequently authorized the emergency use of 3 vaccines for the prevention of COVID-19, and on August 23, 2021, the secretary approved a vaccine for the prevention of COVID-19. The California Emergency Services Act authorizes the Governor to declare a state of emergency during conditions of disaster or extreme peril to persons or property, including epidemics. On March 4, 2020, the Governor declared a state of emergency relating to the COVID-19 pandemic. Pursuant to this authority, the Governor issued several executive orders requiring individuals in specified employment, health care, school, or other settings to provide proof of COVID-19 vaccination status, unless specified exceptions are met. This bill would require a public or private entity that requires a member of the public to provide documentation regarding the individual's vaccination status for any COVID-19 vaccine as a condition of receipt of any service or entrance to any place to accept a written medical record or government-issued digital medical record in satisfaction of the condition, as specified.

Primary Sponsors

Steve Choi

Title

Individual Shared Responsibility Penalty: waiver: health care service plans.

Description

AB 2564, as introduced, Bigelow. Individual Shared Responsibility Penalty: waiver: health care service plans. Existing law establishes the Minimum Essential Coverage Individual Mandate to require an individual who is a California resident to ensure that the individual, and any spouse or dependent of the individual, is enrolled in and maintains minimum essential medical coverage for each month, except as specified. Existing law imposes the Individual Shared Responsibility Penalty for the failure to maintain minimum essential coverage, as determined and collected by the Franchise Tax Board, in collaboration with the California Health Benefit Exchange, as specified. This bill would require the Franchise Tax Board to waive the Individual Shared Responsibility Penalty for an individual who either was enrolled in minimum essential coverage for at least 6 consecutive months during the taxable year, or had at least one verified meeting with a specified employee to discuss the individual's health care insurance purchasing options. The bill would require verification of a meeting with a specified employee under penalty of perjury, and would thereby 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

Frank Bigelow

Title

Health care service plans: mental health and substance use disorders: provider credentials.

Description

AB 2581, as introduced, Salas. Health care service plans: mental health and substance use disorders: provider credentials. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law requires a health care service plan contract issued, amended, or renewed on or after January 1, 2021, that provides hospital, medical, or surgical coverage to provide coverage for medically necessary treatment of mental health and substance use disorders, under the same terms and conditions applied to other medical conditions, as specified. For provider contracts issued, amended, or renewed on and after January 1, 2023, this bill would require a health care service plan that provides coverage for mental health and substance use disorders and credentials health care providers of those services for the health care service plan's networks, to assess and verify the qualifications of a health care provider within 45 days after receiving a completed provider credentialing application. The bill would authorize an applicant to make a written request for a temporary credential if the health care service plan has not approved or denied the completed application within 45 days of receipt, and would require the health care service plan to issue the temporary credential, unless the applicant has reported a history of malpractice, substance abuse or mental health issues, or disciplinary action on their application. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Rudy Salas

Title

Health care coverage: nonpharmacological pain management treatment.

Description

AB 2585, as introduced, McCarty. Health care coverage: nonpharmacological pain management treatment. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. These provisions require specified services and drugs to be covered by various health care services plans and health insurers. This bill would permit an individual or group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, that covers hospital, medical, or surgical expenses to provide coverage for nonpharmacological pain management treatment, as defined. Because a willful violation of these provisions by a health care service plan is a crime, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Kevin McCarty

Title

Air ambulance services.

Description

AB 2648, as amended, Grayson. Air ambulance services. Existing law imposes a penalty of \$4 until December 1, 2022, upon every conviction for a violation of the Vehicle Code or a local ordinance adopted pursuant to the Vehicle Code, other than a parking offense. Existing law requires the court that imposed the fine to transfer the revenues collected to the Treasurer for deposit into the Emergency Medical Air Transportation and Children's Coverage Fund. Existing law requires the assessed penalty to continue to be collected, administered, and distributed until exhausted or until December 31, 2023, whichever occurs first. Under existing law, moneys remaining unexpended and unencumbered in the fund on December 31, 2023, are to be transferred to the General Fund. These provisions remain operative until July 1, 2024, and are repealed effective January 1, 2025. This bill would change the date on which moneys remaining unexpended and unencumbered in the fund are to be transferred to the General Fund to June 30, 2024. The bill would make the above-described provisions inoperative on July 1, 2025, and would repeal them as of January 1, 2026.

Primary Sponsors

Tim Grayson

Title

Medi-Cal managed care: midwifery services.

Description

AB 2659, as amended, Patterson. Medi-Cal managed care: midwifery services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various delivery systems, including managed care. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes certain time and distance and appointment time standards for specified Medi-Cal managed care covered services, including obstetrics and gynecology primary care, consistent with federal regulations relating to network adequacy standards, to ensure that those services are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner, as specified. Existing law sets forth other network adequacy requirements for a Medi-Cal managed care plan with respect to its service area. Existing law authorizes the holder of a midwifery license or nurse-midwifery certificate to provide prenatal, intrapartum, and postpartum care, as specified. Under existing law, midwifery services and nurse-midwifery services are covered under the Medi-Cal program, subject to utilization controls and other conditions. This bill would require a Medi-Cal managed care plan to have within its provider network at least one licensed midwife (LM) and one certified-nurse midwife (CNM) within each county where the Medi-Cal managed care plan provides services to Medi-Cal beneficiaries. The bill would exempt a Medi-Cal managed care plan from that requirement for purposes of a given county if no LM or CNM is available in that county or if no LM or CNM in that county accepts Medi-Cal payments. If a Medi-Cal managed care plan is exempt from that requirement, the bill would require the Medi-Cal managed care plan to reevaluate its network adequacy for midwifery care in the county on an annual basis and to make a good faith effort to work with the appropriate professional midwifery organizations for LMs and CNMs, and their respective licensing and regulatory agencies, to assist in determining the availability of midwives in the county who accept Medi-Cal payments. The bill would also require a Medi-Cal managed care plan to have within its provider network at least one licensed alternative birth center speciality clinic within each county where the Medi-Cal managed care plan provides services to Medi-Cal beneficiaries provided that at least one qualified licensed alternative birth center speciality clinic is available in that county and is willing to contract with the Medi-Cal managed care plan. The bill would condition implementation of these provisions on receipt of any necessary federal approvals and ... (click bill link to see more).

Primary Sponsors

Jim Patterson

Title

Medi-Cal: Community Health Navigator Program.

Description

AB 2680, as amended, Arambula. Medi-Cal: Community Health Navigator Program. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing law requires that counties administer public social services, including Medi-Cal. Existing law also authorizes a county to collaborate with a community-based organization to maintain up-to-date contact information in order to assist with timely submission of annual reaffirmation forms, among others. This bill would require the department to create the Community Health Navigator Program to make direct grants to qualified community-based organizations, as defined, to conduct targeted outreach, enrollment, retention, and access activities for Medi-Cal-eligible individuals and families. The bill would specify the basis for issuing a grant, including specified factors in the applicant's service area. The bill would require the department to contract with a private foundation to administer the grant application and allocation process. The bill would require the department to contract with specified providers to furnish training and technical assistance to grant recipients. The bill would also require the department to coordinate and partner with Covered California and counties that elect to participate, on an approach for outreach, enrollment, retention, and access activities for marketing to eligible individuals, including development of a joint application tracker system to allow specified persons and entities to track application and referrals between commercial and Medi-Cal enrollment progress and facilitation of quarterly meetings on enrollment and access barriers and solutions, among other requirements.

Primary Sponsors

Joaquin Arambula

Title

Medi-Cal: community health workers and promotores.

Description

AB 2697, as amended, Aguiar-Curry. Medi-Cal: community health workers and promotores. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various delivery systems, including fee-for-service and managed care. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would require the department to implement a community health workers (CHW) and promotores benefit under the Medi-Cal program, subject to receipt of any necessary federal approvals and the availability of federal financial participation. Under the bill, CHW and promotores services would be preventive services, as defined under federal law, and would be designed for certain target populations based on health conditions and need for services, for Medi-Cal beneficiaries in the managed care or fee-for-service delivery system. The bill would require CHW and promotores, as defined, to provide health education and navigation, as specified. Under the bill, provision of the services would be subject to referral by a physician or other licensed practitioner of the healing arts within their scope of practice under state law. The bill would require the department, in collaboration with CHW and promotores stakeholders, to implement and evaluate the benefit, including the development of detailed policy guidance, letters, manuals, and other documents. If the benefit is implemented, the bill would require a Medi-Cal managed care plan to develop an annual outreach and education plan for enrollees and another for providers, including notices and materials containing specified information about the CHW and promotores benefit. The bill would require these outreach and education efforts to, among other things, meet cultural and linguistic appropriateness standards and be subject to review and approval by the department, as specified. The bill would also require a Medi-Cal managed care plan to conduct an annual assessment of CHW and promotores capacity and enrollee need, and to share the assessments with the department, including specified data. The bill would require the department to annually review the outreach and education plans and assessments, and to annually publish an analysis of the CHW and promotores benefit on its internet website, including specified data.

Primary Sponsors

Cecilia Aguiar-Curry

Organizational Notes

Last edited by Joanne Campbell at Apr 14, 2022, 3:51 PM
Support: Western Center on Law and Poverty

Title

Emergency ground medical transportation.

Description

AB 2709, as introduced, Boerner Horvath. Emergency ground medical transportation. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires that health care service plan contracts and health insurance policies provide coverage for certain services and treatments, including emergency medical transportation services. This bill would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2023, to require an enrollee or insured who receives covered services from a noncontracting ground ambulance provider to pay no more than the same cost-sharing amount that the enrollee or insured would pay for the same covered services received from a contracting ground ambulance provider, and would prohibit the noncontracting ground ambulance provider from billing or sending to collections a higher amount. The bill would require the plan or insurer to reimburse a noncontracting ground ambulance provider the greater of the average contracted rate or 125% of the Medicare reimbursement rate for those services, as specified. Because a willful violation of the bill's requirements relative to 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

Tasha Boerner Horvath

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:19 PM
Oppose: CA. Assoc. of Health Plans

Title

Medi-Cal: alternate health care service plan.

Description

AB 2724, as amended, Arambula. Medi-Cal: alternate health care service plan. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various delivery systems, including managed care pursuant to Medi-Cal managed care plan contracts. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would authorize the department to enter into one or more comprehensive risk contracts with an alternate health care service plan (AHCSP), as defined, to serve as a primary Medi-Cal managed care plan for specified eligible beneficiaries in geographic regions designated by the department. The bill would require the Health Care Options Program, which is an entity overseen by the department for Medi-Cal managed care education and enrollment, to disenroll any member of an AHCSP if the member meets any one of the reasons for disenrollment enumerated in specified regulations. Under the bill, except where an AHCSP is already contracted with the department as a Medi-Cal managed care plan as of January 1, 2022, contracts entered into pursuant to these provisions would be effective no sooner than January 1, 2024, as specified. The bill would authorize the department to implement these provisions through plan letters or other similar instructions. The bill would condition implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation.

Primary Sponsors

Joaquin Arambula

Organizational Notes

Last edited by Cherie Compartore at Apr 13, 2022, 11:17 PM

Oppose: L.A. Care, Local Health Plans of California, California State Association of Counties, Central Coast Alliance for Health (Public Plan), Inland Empire Health Plan (Public Plan), Santa Clara Family Health Plan (Public Plan), Humboldt County, Mariposa County, Mendocino County, Plumas County, Colusa County, Monterey County, Santa Barbara County, San Mateo County, Ventura County, Sonoma County, San Luis Obispo County, Santa Cruz County, Yolo County, Santa Clara County, Santa Cruz Community Health Clinic, Salud Para La Gente Clinic, California Partnership for Health, Santa Barbara Neighborhood Clinics, Newman Medical Clinic, Big Sur Health Center Oppose Unless Amended: CalOptima (Public Plan) Letter of Concern: CPCA/CA Health+ Advocates, Health Care LA IPA

Title

Medi-Cal: eligibility.

Description

AB 2727, as amended, Wood. Medi-Cal: eligibility. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law prohibits the use of an assets or resources test for individuals whose financial eligibility for Medi-Cal is determined based on the application of a modified adjusted gross income (MAGI) standard, as specified. Existing law prohibits the use of resources, including property or other assets, to determine Medi-Cal eligibility for applicants or beneficiaries whose eligibility is not determined using the MAGI-based financial methods, and requires the department to seek federal authority to disregard all resources as authorized by the flexibilities provided under federal law. Existing law conditions implementation of that provision on the Director of Health Care Services determining that systems have been programmed for those disregards and their communicating that determination in writing to the Department of Finance, no sooner than January 1, 2024. Existing law also conditions implementation of that provision on receipt of any necessary federal approvals and the availability of federal financial participation. Existing law states the intent of the Legislature to provide, to the extent practicable, through the Medi-Cal program, for health care for those aged and other persons, including family persons who lack sufficient annual income to meet the costs of health care, and whose other assets are so limited that their application toward the costs of that care would jeopardize the person or family's future minimum self-maintenance and security. This bill would, commencing on January 1, 2024, remove from that statement of legislative intent the above-described assets as an eligibility criterion. The bill would also refer to residents of the state and make other changes to that statement.

Primary Sponsors

Jim Wood

Organizational Notes

Last edited by Joanne Campbell at Apr 14, 2022, 3:52 PM
Support: L.A. Care, Western Center on Law and Poverty

Bill Number

AB 2768

Status

In Assembly

Position

Monitor

Title

Mental health and substance use disorders: database of facilities.

Description

AB 2768, as amended, Waldron. Mental health and substance use disorders: database of facilities. Existing law establishes a system of mental health programs, largely administered through the counties, to provide mental health and substance use disorder services in the state. Existing law regulates the facilities that provide these services, including acute psychiatric hospitals, residential substance abuse treatment facilities, and outpatient programs. This bill would require the California Health and Human Services Agency, either on its own or through the Behavioral Health Task Force established by the Governor, to create an ad hoc committee to study how to develop, in real time, an internet-based database to collect, aggregate, and display information about beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and residential alcoholism or substance abuse treatment facilities in order to facilitate the identification and designation of facilities for the temporary treatment of individuals in mental health or substance use disorder crisis.

Primary Sponsors

Marie Waldron

Bill Number

AB 2783

Status

In Assembly

Position

Monitor

Title

Health care coverage.

Description

AB 2783, as introduced, Waldron. Health care coverage. Existing law provides for the regulation of health care service plans by the Department of Managed Health Care and the regulation of health insurers by the Department of Insurance. This bill would state the intent of the Legislature to enact legislation relating to health care coverage.

Primary Sponsors

Marie Waldron

Title

Long-Term Services and Supports Benefit Program.

Description

AB 2813, as introduced, Santiago. Long-Term Services and Supports Benefit Program. Existing law, the Mello-Granlund Older Californians Act, establishes the California Department of Aging in the California Health and Human Services Agency, and sets forth its mission to provide leadership to the area agencies on aging in developing systems of home- and community-based services that maintain individuals in their own homes or least restrictive homelike environments. Existing law establishes an Aging and Disability Resource Connection (ADRC) program, administered by the department, to provide information to consumers and their families on available long-term services and supports (LTSS) programs and to assist older adults, caregivers, and persons with disabilities in accessing LTSS programs at the local level. Existing law requires the ADRC program to provide services within the geographic area served and provide information to the public about the services provided by the program. Existing law makes the operation of these provisions contingent upon the appropriation of funds for that purpose. This bill would require the department, upon appropriation, in conjunction with an unspecified board operating under the auspices of the State Treasurer, to establish and administer a Long-Term Services and Supports Benefits Program with the purpose of providing supportive care to aging Californians and those with physical disabilities. The bill would establish the Long-Term Services and Supports Benefit Program Fund and would require the department and the board to administer the program using proceeds from the fund. The bill would require an individual to have paid into the fund for an unspecified number of years to be eligible to receive benefits pursuant to the program. The bill would authorize the maximum amount of benefit available to an eligible individual to exceed the amount the individual contributed into the fund. The bill would authorize eligible individuals to use the benefits pursuant to the program for specified services, including in-home support services support for an individual in need of assistance for at least 2 activities of daily living. The bill would require the department to ensure that all vendors and providers of services pursuant to the program have not taken any actions to actively discourage their employees' membership in labor organizations or collective bargaining. The bill would make related findings and declarations.

Primary Sponsors

Miguel Santiago

Title

COVID-19 testing capacity.

Description

AB 2833, as amended, Irwin. COVID-19 testing capacity. Existing law requires the State Department of Public Health to examine the causes of communicable diseases occurring, or likely to occur, in the state and sets forth the department's duties for disease inspection and reporting, including through state and local public health laboratories. Existing law requires the department and the Office of Emergency Services to establish a personal protective equipment (PPE) stockpile, upon appropriation and as necessary, with PPE-related guidelines established for a pandemic or other health emergency. Existing law sets forth various provisions specific to COVID-19 testing, including, among others, provisions relating to health care coverage for testing and certain programs or requirements for the workplace or educational setting. This bill would require the department to make plans to ensure that the laboratory infrastructure in the state is sufficient and prepared for COVID-19 testing capacity to be scaled, within a period of 2 calendar weeks, to 500,000 tests per day, and for results of at least 90% of those COVID-19 tests to be returned to the individuals tested and to the department within 24 hours of collection of the testing samples. The bill would authorize the department to make plans to use the laboratory infrastructure for public health applications other than COVID-19 testing, as the department deems reasonable and appropriate based on the circumstances, including, but not limited to, testing for other specified infections, so long as that testing is otherwise authorized under law and the laboratory infrastructure continues to meet the above-described COVID-19 testing conditions.

Primary Sponsors

Jacqui Irwin

Title

Prescription drug cost sharing.

Description

AB 2942, as introduced, Daly. Prescription drug cost sharing.

(1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care under authority of the Director of the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance under the authority of the Insurance Commissioner. Existing law limits the maximum amount an enrollee or insured may be required to pay at the point of sale for a covered prescription drug to the lesser of the applicable cost-sharing amount or the retail price. This bill would require an enrollee's or insured's defined cost sharing for each prescription drug to be calculated at the point of sale based on a price that is reduced by an amount equal to 90% of all rebates received, or to be received, in connection with the dispensing or administration of the drug. The bill would require a health care service plan or health insurer to, among other things, pass through to each enrollee or insured at the point of sale a good faith estimate of their decrease in cost sharing. The bill would require a health care service plan or health insurer to calculate an enrollee's or insured's defined cost sharing and provide that information to the dispensing pharmacy, as specified. The bill would require a health care service plan or health insurer to disclose information, as specified, sufficient to show compliance with these provisions to the director or commissioner. The bill would prohibit a health care service plan, health insurer, or a plan's or insurer's agents from publishing or otherwise revealing information regarding the actual amount of rebates the health care service plan or health insurer receives on a product-specific, manufacturer-specific, or pharmacy-specific basis. The bill would make a violation of its provisions not a crime under the act. The bill would authorize the director or commissioner to assess a civil penalty for each violation of these provisions, as specified. The bill would make those provisions inoperative on January 1, 2025. The bill would require the department and the commissioner, on or before March 1 each year, to provide a report on the impact of those provisions on drug prices and health care premium rates, as specified. The bill would repeal those provisions January 1, 2026.

(2) Existing law requires a health care service plan or health insurer that files certain rate information to report to the appropriate department specified cost information regarding covered prescription drugs, including generic drugs, brand name drugs, and specialty drugs, dispens... (click bill link to see more).

Primary Sponsors

Tom Daly

Title

Taxes to fund health care coverage and cost control.

Description

ACA 11, as introduced, Kalra. Taxes to fund health care coverage and cost control. Existing law imposes various taxes, including personal income and excise taxes. The California Constitution requires a 2/3 vote of both houses of the Legislature for the passage of any change in statute that results in any taxpayer paying a higher tax. The California Constitution generally prohibits the total annual appropriations subject to limitation of the state and each local government from exceeding the appropriations limit of the entity of government for the prior fiscal year, adjusted for the change in the cost of living and the change in population, and prescribes procedures for making adjustments to the appropriations limit. This measure would impose an excise tax, payroll taxes, and a State Personal Income CalCare Tax at specified rates to fund comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of every resident of the state, as well as reserves deemed necessary to ensure payment, to be established in statute. The measure would authorize the Legislature, upon an economic analysis determining insufficient amounts to fund these purposes, to increase any or all of these tax rates by a statute passed by majority vote of both houses of the Legislature. This measure would establish the CalCare Trust Fund in the State Treasury and would deposit these tax revenues in the fund for the purpose of funding this health care coverage, cost control system, and reserves, and would authorize the Legislature to appropriate these funds by a statute passed by a majority vote of the membership of both houses. The measure would exclude appropriations of revenues from the CalCare Trust Fund from the limitation on appropriations and from consideration for purposes of educational funding mandated by the California Constitution. This measure would prohibit the above-described provisions from becoming operative until the later operative date of a statute that establishes comprehensive universal single-payer health care coverage, a health care cost control system, and necessary reserves, and a statute that establishes the administration, collection, and enforcement of the excise tax, payroll taxes, and a State Personal Income CalCare Tax imposed by the measure.

Primary Sponsors

Ash Kalra, Alex Lee

Title

Office of Racial Equity.

Description

SB 17, as amended, Pan. Office of Racial Equity. Existing law establishes an Office of Health Equity in the State Department of Public Health for purposes of aligning state resources, decisionmaking, and programs to accomplish certain goals related to health equity and protecting vulnerable communities. Existing law requires the office to develop department-wide plans to close the gaps in health status and access to care among the state's diverse racial and ethnic communities, women, persons with disabilities, and the lesbian, gay, bisexual, transgender, queer, and questioning communities, as specified. Existing law requires the office to work with the Health in All Policies Task Force to assist state agencies and departments in developing policies, systems, programs, and environmental change strategies that have population health impacts by, among other things, prioritizing building cross-sectoral partnerships within and across departments and agencies to change policies and practices to advance health equity. Existing law establishes the Task Force to Study and Develop Reparation Proposals for African Americans, with a Special Consideration for African Americans Who are Descendants of Persons Enslaved in the United States to, among other things, identify, compile, and synthesize the relevant corpus of evidentiary documentation of the institution of slavery that existed within the United States and the colonies. Existing law requires the task force to submit a written report of its findings and recommendations to the Legislature. This bill, until January 1, 2029, would establish in state government an Office of Racial Equity, an independent public entity not affiliated with an agency or department, governed by a Racial Equity Advisory and Accountability Council. The bill would authorize the council to hire an executive director to organize, administer, and manage the operations of the office. The bill would task the office with coordinating, analyzing, developing, evaluating, and recommending strategies for advancing racial equity across state agencies, departments, and the office of the Governor. The bill would require the office, in consultation with state agencies, departments, and public stakeholders, as appropriate, to develop a statewide Racial Equity Framework that includes a strategic plan with policy and inclusive practice recommendations, guidelines, goals, and benchmarks to reduce racial inequities, promote racial equity, and address individual, institutional, and structural racism. The bill would require the office to develop the statewide Racial Equity Framework in collaboration with a Chief Equity Officer, who would be appointed and serve at the pleasure of the Governor and who would report to the Secret... (click bill link to see more).

Primary Sponsors

Richard Pan, Joaquin Arambula, David Chiu

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:21 PM

Support - L.A. Care, L.A. Board of Supervisors, Community Clinic Association of Las Angeles County, California Assoc. of Public Hospitals, County Welfare Directors Association

Title

Health care workforce development: California Medicine Scholars Program.

Description

SB 40, as amended, Hurtado. Health care workforce development: California Medicine Scholars Program. Existing law establishes various programs to facilitate the expansion of the health care workforce in rural and underserved communities, including, but not limited to, the Health Professions Career Opportunity Program, the California Registered Nurse Education Program, and the Steven M. Thompson Medical School Scholarship Program. This bill, contingent upon an appropriation by the Legislature, as specified, would create the California Medicine Scholars Program, a 5-year pilot program commencing January 1, 2023, and would require the Office of Statewide Health Planning and Development to establish and facilitate the pilot program. The bill would require the pilot program to establish a regional pipeline program for community college students to pursue premedical training and enter medical school, in an effort to address the shortage of primary care physicians in California and the widening disparities in access to care in vulnerable and underserved communities, including building a comprehensive statewide approach to increasing the number and representation of minority primary care physicians in the state. The bill would require the office to contract with a managing agency for the pilot program, as specified. The bill would require the pilot program to consist of 4 Regional Hubs of Health Care Opportunity (RHHO) to achieve its objectives, and would require each RHHO to include, at a minimum, 3 community colleges, one public or nonprofit, as defined, 4-year undergraduate institution, one public or nonprofit, as defined, medical school, and 3 local community organizations. The bill would require the managing agency to appoint an objective selection committee, with specified membership, to evaluate prospective RHHO applications and select RHHOs that meet certain requirements to participate in the pilot program. The bill would require each selected RHHO to enter into memoranda of understanding between the partnering entities setting forth participation requirements, and to perform other specified duties, including establishing an advisory board to oversee and guide the programmatic direction of the RHHO and developing partnership agreements with one or more campus-based learning communities, groups, or entities to assist with outreach, recruitment, and support of students. The bill would require the selection process to be completed by June 30, 2022. This bill would require each RHHO to recruit and select 50 California Medicine Scholars each calendar year from 2023 to 2026, inclusive, in accordance with specified criteria, and to provide, by December 31, 2023, and by that date of each year thereafter, up to and including 2026, ... (click bill link to see more).

Primary Sponsors

Melissa Hurtado

Title

Medi-Cal: eligibility.

Description

SB 56, as amended, Durazo. Medi-Cal: eligibility. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services (department), 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, and extends eligibility for full-scope Medi-Cal benefits to individuals 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, and requires the department to maximize federal financial participation for purposes of implementing the requirements. To the extent that federal financial participation is unavailable, existing law requires the department to implement those provisions using state funds appropriated for that purpose. 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, will 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 with full-scope Medi-Cal benefits. This bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 60 years of age or older, and who are otherwise eligible for those benefits but for their immigration status. The bill would delete provisions delaying implementation until the director makes the determination described above. The bill would require the department to seek federal approvals to obtain federal financial participation to implement these requirements, and would require that state-only funds be used for those benefits if federal financial participation is una... (click bill link to see more).

Primary Sponsors

Maria Durazo, Joaquin Arambula

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:23 PM

Support: L.A. Care, Local Health Plans of California, CA. Assoc. of Health Plans, Community Clinic Association of Los Angeles County, County Welfare Directors Assoc, California Hospital Assoc.

Title

Health care coverage: abortion services: cost sharing.

Description

SB 245, Gonzalez. Health care coverage: abortion services: cost sharing. Existing law, the Reproductive Privacy Act, prohibits the state from denying or interfering with a person's right to choose or obtain an abortion prior to viability of the fetus, or when the abortion is necessary to protect the life or health of the person. The act defines "abortion" as a medical treatment intended to induce the termination of a pregnancy except for the purpose of producing a live birth. Existing law also establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services through, among other things, managed care plans licensed under the act that contract with the State Department of Health Care Services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Existing law also requires the Department of Insurance to regulate health insurers. Existing law requires group and individual health care service plan contracts and disability insurance policies to cover contraceptives, without cost sharing, as specified. This bill would prohibit a health care service plan or an individual or group policy or certificate of health insurance or student blanket disability insurance that is issued, amended, renewed, or delivered on or after January 1, 2023, from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on coverage for all abortion and abortion-related services, as specified. The bill would prohibit a health care service plan and an insurer subject to these requirements from imposing utilization management or utilization review on the coverage for outpatient abortion services. The bill would require that for a contract, certificate, or policy that is a high deductible health plan, the cost-sharing prohibition would apply once the enrollee's or insured's deductible has been satisfied for the benefit year. The bill would not require an individual or group contract or policy to cover an experimental or investigational treatment. The bill's requirements would also apply to Medi-Cal managed care plans and their providers, independent practice associations, preferred provider groups, and all delegated entities that provide physician services, utilization management, or utilization review. The bill would require the Department of Managed Health Care and the Department of Insurance to adopt related regulations on or before January 1, 2026. Because a violation of the bill by a health care service plan would be a crime, the bill would impose a state-... (click bill link to see more).

Primary Sponsors

Lena Gonzalez, Sydney Kamlager, Connie Leyva

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:25 PM

Oppose: CA. Assoc. of Health Plans

Title

Health care coverage.

Description

SB 250, as amended, Pan. Health care coverage. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer to establish criteria or guidelines that meet specified requirements to be used to determine whether or not to authorize, modify, or deny health care services. This bill would authorize the Department of Managed Health Care and the Insurance Commissioner, as appropriate, to review a plan's or insurer's clinical criteria, guidelines, and utilization management policies to ensure compliance with existing law. If the criteria and guidelines are not in compliance with existing law, the bill would require the Director of the Department of Managed Health Care or the commissioner to issue a corrective action and send the matter to enforcement, if necessary. The bill would require each department, on or before July 1, 2022, to develop a methodology for a plan or insurer to report the number of prospective utilization review requests it denied in the preceding 12 months, as specified. This bill would require a health care service plan contract or health insurance contract issued, amended, or renewed on or after January 1, 2022, to reimburse a contracting individual health professional, as defined, the in-network cost-sharing amount for services provided to an enrollee or insured at a contracting health facility, as defined. The bill would also require a plan or insurer and its delegated entities, on or before January 1, 2023, and annually thereafter, to report, among other things, its average number of denied prospective utilization review requests, as specified. The bill would require, on and after January 1, 2023, a plan or insurer to examine an individual health professional's record of prospective utilization review requests during the preceding 12 months and grant the individual health professional "deemed approved" status for 2 years, meaning an exemption from the prospective utilization review process, if specified criteria are met. The bill would authorize a plan or insurer to request an audit of an individual health professional's records after the initial 2 years of an individual health professional's deemed approved status and every 2 years thereafter, and would specify the audit criteria by which an individual health professional would keep or lose that status. The bill would authorize the commissioner to adopt regulations to implement these provisions, as specified. Because a willful... (click bill link to see more).

Primary Sponsors

Richard Pan

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:25 PM

Oppose: CA. Assoc. of Health Plans

Title

California Advancing and Innovating Medi-Cal.

Description

SB 256, as amended, Pan. California Advancing and Innovating Medi-Cal. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Under existing law, health care services are provided under the Medi-Cal program pursuant to a schedule of benefits, and those benefits are provided to beneficiaries through various health care delivery systems, including fee-for-service and managed care. Existing law authorizes the department to enter into various types of contracts for the provision of services to beneficiaries, including contracts with a Medi-Cal managed care plan. Existing law imposes various requirements on Medi-Cal managed care plan contractors, and requires the department to pay capitation rates to health plans participating in the Medi-Cal managed care program using actuarial methods. Existing law authorizes the department to establish, and requires the department to utilize, health-plan- and county-specific rates for specified Medi-Cal managed care plan contracts, and requires those developed rates to include identified information, such as health-plan-specific encounter and claims data. Existing law, the Medi-Cal 2020 Demonstration Project Act, requires the department to implement specified components of a Medi-Cal demonstration project, including the Global Payment Program, the Whole Person Care pilot program, and the Dental Transformation Initiative, consistent with the Special Terms and Conditions approved by the federal Centers for Medicare and Medicaid Services. Pursuant to existing law, the department has created a multiyear initiative, the California Advancing and Innovating Medi-Cal (CalAIM) initiative, for purposes of building upon the outcomes of various Medi-Cal pilots and demonstration projects, including the Medi-Cal 2020 demonstration project. Existing federal law authorizes specified managed care entities that participate in a state's Medicaid program to cover, for enrollees, services or settings that are in lieu of services and settings otherwise covered under a state plan. This bill would establish the CalAIM initiative, and would require the implementation of CalAIM to support stated goals of identifying and managing the risk and needs of Medi-Cal beneficiaries, transitioning and transforming the Medi-Cal program to a more consistent and seamless system, and improving quality outcomes. The bill would require the department to seek federal approval for the CalAIM initiative, and would condition its implementation on receipt of any necessary federal approvals and... (click bill link to see more).

Primary Sponsors

Richard Pan

Title

Medi-Cal: California Community Transitions program.

Description

SB 281, as amended, Dodd. Medi-Cal: California Community Transitions program. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing federal law establishes the Money Follows the Person Rebalancing Demonstration, which is designed to achieve various objectives with respect to institutional and home- and community-based long-term care services provided under state Medicaid programs. Under the Money Follows the Person Rebalancing Demonstration, an eligible individual is required to meet prescribed qualifications, including that they have resided in an inpatient facility for at least 90 consecutive days. Existing law requires the department to provide services consistent with the Money Follows the Person Rebalancing Demonstration for transitioning eligible individuals out of an inpatient facility who have not resided in the facility for at least 90 days, and to cease providing those services on January 1, 2024. Existing law repeals these provisions on January 1, 2025. This bill would instead require the department to provide those services for individuals who have not resided in the facility for at least 60 days, and would make conforming changes. The bill would extend the provision of those services to January 1, 2029, and would extend the repeal date of those provisions to January 1, 2030. This bill would require the department to implement and administer the California Community Transitions program to provide services for qualified beneficiaries who have resided in the facility for 60 days or longer. The bill would require a lead organization to provide services under the program. The bill would require program services to include prescribed services, such as transition coordination services. The bill would authorize a Medi-Cal beneficiary to participate in this program if the Medi-Cal beneficiary meets certain requirements, and would require eligible Medi-Cal beneficiaries to continue to receive program services once they have transitioned into a qualified residence. The bill would require the department to use federal funds, which are made available through the Money Follows the Person Rebalancing Demonstration, to implement this program, and to administer the program in a manner that attempts to maximize federal financial participation if that program is not reauthorized or if there are insufficient funds. This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors

Bill Dodd

Title

Medi-Cal specialty mental health services.

Description

SB 293, as amended, Limón. Medi-Cal specialty mental health services. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including specialty mental health services, and Early and Periodic Screening, Diagnostic, and Treatment services for an individual under 21 years of age. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, one of the methods by which Medi-Cal services are provided is pursuant to contracts with various types of managed care health plans, including mental health plans that provide specialty mental health services. Existing law requires the department to ensure that Medi-Cal managed care contracts include a process for screening, referral, and coordination with mental health plans of specialty mental health services, to convene a steering committee to provide advice on the transition and continuing development of the Medi-Cal mental health managed care systems, and to ensure that the mental health plans comply with various standards, including maintaining a system of outreach to enable Medi-Cal beneficiaries and providers to participate in and access Medi-Cal specialty mental health services under the mental health plans. With respect to specialty mental health services provided under the Early and Periodic Screening, Diagnostic, and Treatment Program, on or after January 1, 2022, this bill would require the department to develop standard forms, including intake and assessment forms, relating to medical necessity criteria, mandatory screening and transition of care tools, and documentation requirements pursuant to specified terms and conditions, and, for purposes of implementing these provisions, would require the department to consult with representatives of identified organizations, including the County Behavioral Health Directors Association of California. The bill would authorize the department to develop and maintain a list of department-approved nonstandard forms, and would require the department to conduct, on or before July 1, 2023, regional trainings for county mental health plan personnel and their provider networks on proper completion of the standard forms. The bill would require each county mental health plan contractor to distribute the training material and standard forms to their provider networks, and to commence, by July 1, 2023, exclusively using the standard forms, unless they use department-approved nonstandard forms.

Primary Sponsors

Monique Limon, Adam Gray, Anthony Portantino

Title

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

Description

SB 316, as introduced, Eggman. Medi-Cal: federally qualified health centers and rural health clinics. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides that FQHC and RHC services are to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including a physician and marriage and family therapist. Under existing law, "physician," for these purposes, includes, but is not limited to, a physician and surgeon, an osteopath, and a podiatrist. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. The bill would authorize an FQHC or RHC that currently includes the cost of a medical visit and a mental health visit that take place on the same day at a single location as a single visit for purposes of establishing the FQHC's or RHC's rate to apply for an adjustment to its per-visit rate, and after the department has approved that rate adjustment, to bill a medical visit and a mental health visit that take place on the same day at a single location as separate visits, in accordance with the bill. This bill would also include a licensed acupuncturist within those health professionals covered under the definition of a "visit." The bill would require the department, by July 1, 2022, to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services to reflect certain changes described in the bill, and to seek necessary federal approvals. The bill would also make conforming and technical changes.

Primary Sponsors

Susan Eggman, Mike McGuire, Cecilia Aguiar-Curry, Jim Wood

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:27 PM

Support: L.A. Care, CA. Assoc. of Health Plans, Local Health Plans of California, Community Clinic Association of Los Angeles, County Welfare Directors Assoc. California Medical Assoc.

Title

Health information technology.

Description

SB 371, as amended, Caballero. Health information technology. Existing law establishes the California Health and Human Services Agency (CHHSA), which includes departments charged with the administration of health, social, and other human services. Existing law authorizes CHHSA to apply for federal health information technology and exchange funding. If CHHSA applies for and receives that funding through the federal American Recovery and Reinvestment Act of 2009, existing law requires those funds to be deposited in the California Health Information Technology and Exchange Fund for use, upon appropriation by the Legislature, for purposes related to health information technology and exchange. This bill would require any federal funds CHHSA receives for health information technology and exchange to be deposited in the California Health Information Technology and Exchange Fund. The bill would authorize CHHSA to use the fund to provide grants to health care providers to implement or expand health information technology and to contract for direct data exchange technical assistance for safety net providers. The bill would require a health information organization to be connected to the California Trusted Exchange Network and to a qualified national network. The bill would also require a health care provider, health system, health care service plan, or health insurer that engages in health information exchange to comply with specified federal standards. This bill would create the position of Deputy Secretary for Health Information Technology within CHHSA to serve as a single point of contact for health information technology programs that interact with the state government and to coordinate with specified federal agencies. The bill would require the deputy secretary to establish and appoint specified members to the California Health Information Technology Advisory Committee, which would provide information and advice to CHHSA on health information technology issues. On or before July 1, 2022, the bill would require the deputy secretary, in consultation with the advisory committee, to develop a plan to use federal funding to promote data exchange. The bill would also require the deputy secretary, in consultation with the advisory committee, to annually submit a report to the Legislature and the Secretary of California Health and Human Services. Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department to make incentive payments to Medi-Cal providers for the implementation an... (click bill link to see more).

Primary Sponsors

Anna Caballero

Organizational Notes

Last edited by Cherie Compartore at Mar 31, 2021, 4:06 PM

Support: California Medical Association (Sponsor), California Hospital Association, California Dental Association, Kaiser Permanente, Sutter Health

Title

California Health Benefit Exchange.

Description

SB 455, as amended, Leyva. California Health Benefit Exchange. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Existing state law creates the California Health Benefit Exchange, also known as Covered California, governed by an executive board, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law specifies the powers of the board. Existing law authorizes the board to adopt necessary rules and regulations by emergency regulations until January 1, 2022, with the exception of regulations implementing prescribed provisions relating to criminal background history checks for persons with access to confidential, personal, or financial information. Existing law authorizes the Office of Administrative Law to approve more than 2 readoptions of emergency regulations until January 1, 2027. Existing law provides that these extensions apply to any regulation adopted before January 1, 2019. This bill would instead extend the authority of the board to adopt those necessary rules and regulations by emergency regulations to January 1, 2027, and would extend the authority of the Office of Administrative Law to approve more than 2 readoptions of emergency regulations until January 1, 2032. The bill would provide that these prescribed time extensions apply to any regulation adopted before January 1, 2022, as specified.

Primary Sponsors

Connie Leyva

Title

Health care coverage: insulin cost sharing.

Description

SB 473, as amended, Bates. Health care coverage: insulin cost sharing. 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 health insurance policy issued, amended, delivered, or renewed on or after January 1, 2000, to include coverage for equipment, supplies, and, if the contract or policy covers prescription benefits, prescriptive medications for the management and treatment of insulin-using diabetes, non-insulin-using diabetes, and gestational diabetes, as medically necessary. This bill would prohibit a health care service plan contract or a health insurance policy that is issued, amended, delivered, or renewed on or after January 1, 2023, from imposing cost sharing on a covered insulin prescription, except for a copayment not to exceed \$35 per month per each dosage form of insulin products. The bill would also prohibit a health care service plan contract that is issued, amended, delivered, or renewed on or after January 1, 2023, from imposing a deductible requirement on benefits related to managing and treating diabetes, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Pat Bates

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:28 PM
Oppose: CA. Assoc. of Health Plans

Title

Drug manufacturers: value-based arrangement.

Description

SB 521, as amended, Bradford. Drug manufacturers: value-based arrangement. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including prescription drugs that are subject to the Medi-Cal List of Contract Drugs, pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed by, and funded pursuant to, federal Medicaid program provisions. Existing law provides that the department is the purchaser of prescribed drugs under the Medi-Cal program for the purpose of enabling the department to obtain from manufacturers of prescribed drugs the most favorable price for those drugs furnished by those manufacturers, based upon the large quantity of the drugs purchased under the Medi-Cal program, and to enable the department to obtain from the manufacturers discounts, rebates, or refunds based on the quantities purchased under the Medi-Cal program. Existing law requires the department to contract with manufacturers of single-source drugs on a negotiated basis, and with manufacturers of multisource drugs on a bid or negotiated basis. This bill would authorize the department to enter into a value-based arrangement, including a rebate, discount, or price reduction, with drug manufacturers based on outcome data or other metrics, as determined by the department and the drug manufacturers, pursuant to those contracts. The bill would require the department to report to the Legislature, on or before July 1, 2022, on how value-based arrangements may be implemented in the Medi-Cal program.

Primary Sponsors

Steve Bradford

Title

Health care coverage: contraceptives.

Description

SB 523, as amended, Leyva. Health care coverage: contraceptives.

(1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law establishes health care coverage requirements for contraceptives, including, but not limited to, requiring a health care service plan, including a Medi-Cal managed care plan, or a health insurance policy issued, amended, renewed, or delivered on or after January 1, 2017, to cover up to a 12-month supply of federal Food and Drug Administration approved, self-administered hormonal contraceptives when dispensed at one time for an enrollee or insured by a provider or pharmacist, or at a location licensed or authorized to dispense drugs or supplies. This bill, the Contraceptive Equity Act of 2021, would make various changes to expand coverage of contraceptives by a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on and after January 1, 2022, including requiring a health care service plan or health insurer to provide point-of-sale coverage for over-the-counter FDA-approved contraceptive drugs, devices, and products at in-network pharmacies without cost sharing or medical management restrictions. The bill would require health care service plans and insurance policies offered by public or private institutions of higher learning that directly provide health care services only to its students, faculty, staff, administration, and their respective dependents, approved on or after January 1, 2023, to comply with these contraceptive coverage requirements. The bill would also require coverage for clinical services related to the provision or use of contraception, as specified. The bill would revise provisions applicable when a covered, therapeutic equivalent of a drug, device, or product is deemed medically inadvisable by deferring to the attending provider, as specified. This bill would also prohibit a health care service plan contract or disability insurance policy issued, amended, renewed, or delivered on or after January 1, 2022, with certain exceptions, from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on vasectomy services and procedures, as specified, under conditions similar to those applicable to other contraceptive coverage. This bill would require a health benefit plan or contract with the Board of Public Relations of the Public Employees' Retirement System to provide coverage for contraceptives and vasectomies consistent with th... (click bill link to see more).

Primary Sponsors

Connie Leyva

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:31 PM

Oppose: CA. Assoc. of Health Plans

Title

Health care coverage: pervasive developmental disorders or autism.

Description

SB 562, as amended, Portantino. Health care coverage: pervasive developmental disorders or autism. Existing law, the Lanterman Developmental Disabilities Services Act, requires the State Department of Developmental Services to contract with regional centers to provide services and supports to individuals with developmental disabilities and their families. Existing law defines developmental disability for these purposes to include, among other things, autism. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or a health insurance policy to provide coverage for behavioral health treatment for pervasive developmental disorder or autism, and defines "behavioral health treatment" to mean specified services and treatment programs, including treatment provided pursuant to a treatment plan that is prescribed by a qualified autism service provider and administered either by a qualified autism service provider or by a qualified autism service professional or qualified autism service paraprofessional who is supervised as specified. Existing law defines a "qualified autism service provider" to refer to a person who is certified or licensed and a "qualified autism service professional" to refer to a person who meets specified educational, training, and other requirements and is supervised and employed by a qualified autism service provider. Existing law defines a "qualified autism service paraprofessional" to mean an unlicensed and uncertified individual who meets specified educational, training, and other criteria, is supervised by a qualified autism service provider or a qualified autism service professional, and is employed by the qualified autism service provider. Existing law also requires a qualified autism service provider to design, in connection with the treatment plan, an intervention plan that describes, among other information, the parent participation needed to achieve the plan's goals and objectives, as specified. This bill would revise the definition of behavioral health treatment to require the services and treatment programs provided to be based on behavioral, developmental, relationship-based, or other evidence-based models. The bill also would expand the definition of a "qualified autism service professional" to include behavioral service providers who meet specified educational and professional or work experience qualifications, and to expressly include licensed occupational therapy a... (click bill link to see more).

Primary Sponsors

Anthony Portantino

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:32 PM

Oppose: CA. Assoc. of Health Plans, Dept. of Managed Health Care

Title

Deductibles: chronic disease management.

Description

SB 568, as amended, Pan. Deductibles: chronic disease management. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law, in accordance with the federal Patient Protection and Affordable Care Act, requires a health care service plan or health insurance issuer offering coverage in the individual or small group market to ensure that the coverage includes the essential health benefits package and defines this package to mean coverage that, among other requirements, includes preventive and wellness services and chronic disease management. Existing law, with respect to those individual or group health care service plan contracts and health insurance policies, prohibits the copayment, coinsurance, or any other form of cost sharing for a covered outpatient prescription drug for an individual prescription from exceeding \$250, as specified. Existing law requires a health care service plan contract that covers hospital, medical, or surgical expenses to include coverage for certain equipment and supplies for the management and treatment of various types of diabetes as medically necessary, even if those items are available without a prescription. This bill would prohibit a health care service plan contract or health insurance policy that is issued, amended, or renewed on or after January 1, 2023, from imposing a deductible requirement for a covered prescription drug or the above equipment and supplies used to treat a chronic disease, as defined. The bill would limit the amount paid for the benefit by an enrollee, subscriber, policyholder, or insured to no more than the amount of copayment or coinsurance specified in the health care service plan contract or disability insurance policy for a covered prescription drug or similar benefit that is not used to treat a chronic disease, as specified. This bill would prohibit a health care service plan contract or disability insurance policy that meets the definition of a "high deductible health plan" under specified federal law from imposing a deductible requirement with respect to any covered benefit for preventive care, in accordance with that law, and is not subject to the other deductible restrictions imposed by the bill. The bill would authorize the Insurance Commissioner to implement, interpret, or make specific its provisions by issuing guidance, without taking regulatory action, until regulations are adopted. Because a violation of the requirements of the bill by a health care service plan would be... (click bill link to see more).

Primary Sponsors

Richard Pan

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:33 PM

Oppose: CA. Assoc. of Health Plans

Title

Medi-Cal managed care: behavioral health services.

Description

SB 773, as amended, Roth. Medi-Cal managed care: behavioral health services. Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which health care services, such as behavioral health treatment services, are provided to qualified, low-income persons by various health care delivery systems, including managed care. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law imposes requirements on Medi-Cal managed care plans, including standards on network adequacy, alternative access, and minimum loss ratios. This bill would, commencing with the January 1, 2022, rating period, and through December 31, 2024, require the department to make incentive payments to qualifying Medi-Cal managed care plans that meet predefined goals and metrics associated with targeted interventions, rendered by school-affiliated behavioral health providers, that increase access to preventive, early intervention, and behavioral health services for children enrolled in kindergarten and grades 1 to 12, inclusive, at those schools. The bill would require the department to consult with certain stakeholders on the development of interventions, goals, and metrics, to determine the amount of incentive payments, and to seek any necessary federal approvals. The bill would condition the issuance of incentive payments on compliance with specified federal requirements and the availability of federal financial participation. Alternatively, if federal approval is not obtained, the bill would authorize the department to make incentive payments on a state-only funding basis, but only to the extent the department determines that federal financial participation for the Medi-Cal program is not otherwise jeopardized.

Primary Sponsors

Richard Roth

Title

Health care: prescription drugs.

Description

SB 838, as amended, Pan. Health care: prescription drugs. Existing law, the California Affordable Drug Manufacturing Act of 2020, requires the California Health and Human Services Agency (CHHSA) to enter into partnerships, in consultation with other state departments as necessary to, among other things, increase patient access to affordable drugs. Existing law requires CHHSA to enter into such partnerships to produce or distribute at least one form of insulin, if a viable pathway for manufacturing a more affordable form of insulin exists at a price that results in savings. Existing law exempts all nonpublic information and documents obtained under this program from disclosure under the California Public Records Act in order to protect proprietary, confidential information regarding manufacturer or distribution costs and drug pricing, utilization, and rebates. For purposes of implementing the California Affordable Drug Manufacturing Act of 2020, this bill would permit, until December 31, 2032, CHHSA and its departments to enter into exclusive or nonexclusive contracts on a bid or negotiated basis and would exempt these contracts from review or approval by the Department of General Services, as specified. The bill would eliminate the viability requirement for the manufacturing of insulin pursuant to these provisions and would require any partnership, among other things, to guarantee priority access to insulin supply for the state. The bill would additionally exempt all nonpublic information and documents prepared under the California Affordable Drug Manufacture Act of 2020 from disclosure under the California Public Records Act. This bill would require, upon appropriation by the Legislature, the development of a California-based manufacturing facility for generic drugs with the intent of creating high-skill, high-paying jobs within the state. Existing law, subject to appropriation by the Legislature, requires CHHSA to submit a report to the Legislature on or before July 1, 2023, that, among other things, assesses the feasibility and advantages of directly manufacturing generic prescription drugs and selling generic prescription drugs at a fair price. This provision is operative until January 1, 2025. Existing law also requires CHHSA to report to the Legislature on or before July 1, 2022, a description of the status of the drugs targeted for manufacture and an analysis of how CHHSA's activities have impacted competition, access, and costs for those drugs. Under existing law, this provision is operative until January 1, 2026. This bill would instead require CHHSA to submit the report assessing the feasibility of directly manufacturing generic prescription drugs on or before December 31, 2023. The bill would extend the de... (click bill link to see more).

Primary Sponsors

Richard Pan

Title

Prescription drug coverage.

Description

SB 853, as amended, Wiener. Prescription drug coverage. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law prohibits a health care service plan contract that covers prescription drug benefits or a specified health insurance policy from limiting or excluding coverage for a drug on the basis that the drug is prescribed for a use that is different from the use for which it was approved by the federal Food and Drug Administration if specified conditions are met. Existing law also prohibits a health care service plan that covers prescription drug benefits from limiting or excluding coverage for a drug that was previously approved for coverage if an enrollee continues to be prescribed that drug, as specified. This bill would expand the above-described prohibitions to prohibit limiting or excluding coverage of a dose of a drug or dosage form. The bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, that covers prescription drug benefits to provide coverage for a drug, dose of a drug, or dosage form during utilization review and any appeals if that drug has been previously approved for a medical condition of the enrollee or insured and has been prescribed by a health care provider. The bill would prohibit a plan or insurer from seeking reimbursement for that coverage if the final utilization review decision is to deny coverage for the prescription drug, dose, or dosage form. 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

Scott Wiener

Organizational Notes

Last edited by Cherie Compartore at Apr 11, 2022, 6:20 PM

Oppose: CA. Assoc. of Health Plans

Last edited by Joanne Campbell at Jan 20, 2022, 3:03 PM

Sponsored by Crohn's & Colitis Foundation

Title

Health care service plans: discipline: civil penalties.

Description

SB 858, as introduced, Wiener. Health care service plans: discipline: civil penalties. 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. Existing law authorizes the Director of the Department of Managed Health Care to take disciplinary measures, including the imposition of civil penalties, against a licensee when the director determines that the licensee has committed an act or omission constituting grounds for disciplinary action, as specified. Under existing law, a person who violates the act, or a rule or order adopted or issued under the act, is generally liable for a civil penalty not to exceed \$2,500 per violation. Existing law also includes various provisions that assess specific civil and administrative penalties for certain violations. Fines and penalties under the act are deposited into the Managed Care Administrative Fines and Penalties Fund, and used, upon appropriation by the Legislature, for designated purposes. This bill would increase the maximum base amount of the civil penalty from \$2,500 per violation to \$25,000 per violation, which would be adjusted annually commencing January 1, 2024, as specified. The bill would multiply the amounts of other specified civil and administrative penalties by 4, commencing January 1, 2023, and would also annually adjust those penalties, commencing January 1, 2024. The bill would authorize the director to impose a corrective action plan to require future compliance with the act, under certain circumstances. If a health care service plan fails to comply with the corrective action plan in a timely manner, the bill would require the department to monitor the health care service plan through medical surveys, financial examinations, or other means necessary to ensure timely compliance. The bill would require the director, when assessing administrative penalties against a health care service plan, to determine the appropriate amount of the penalty for each violation, based upon consideration of specified factors, such as the nature, scope, and gravity of the violation, whether the violation is an isolated incident, and the amount of the penalty necessary to deter similar violations in the future. The bill would require the director to provide a written explanation of the amount of the penalty, including the factors the director relied upon in assessing that amount.

Primary Sponsors

Scott Wiener

Organizational Notes

Last edited by Joanne Campbell at Apr 14, 2022, 3:53 PM

Oppose: CA. Assoc. of Health Plans Support: Western Center on Law and Poverty

Title

Minors: vaccine consent.

Description

SB 866, as amended, Wiener. Minors: vaccine consent. Existing law prescribes various circumstances under which a minor may consent to their medical care and treatment without the consent of a parent or guardian. These circumstances include, among others, authorizing a minor 12 years of age or older who may have come into contact with an infectious, contagious, or communicable disease to consent to medical care related to the diagnosis or treatment of the disease, if the disease or condition is one that is required by law or regulation to be reported to the local health officer, or is a related sexually transmitted disease, as may be determined by the State Public Health Officer. This bill would additionally authorize a minor 12 years of age or older to consent to vaccines that meet specified federal agency criteria. The bill would authorize a vaccine provider, as defined, to administer a vaccine pursuant to the bill, but would not authorize the vaccine provider to provide any service that is otherwise outside the vaccine provider's scope of practice.

Primary Sponsors

Scott Wiener, Richard Pan, Buffy Wicks

Title

Public health: immunizations.

Description

SB 871, as introduced, Pan. Public health: immunizations. Existing law prohibits the governing authority of a school or other institution from unconditionally admitting any person as a pupil of any public or private elementary or secondary school, childcare center, day nursery, nursery school, family day care home, or development center, unless prior to their admission to that institution they have been fully immunized against various diseases, including measles, mumps, pertussis, hepatitis B, and any other disease deemed appropriate by the State Department of Public Health, as specified. Existing law authorizes an exemption from those provisions for medical reasons. Under existing law, notwithstanding the above-described prohibition, full immunization against hepatitis B is not a condition by which the governing authority admits or advances a pupil to the 7th grade level of a public or private elementary or secondary school. This bill would remove the above-described exception relating to hepatitis B. The bill would additionally prohibit the governing authority of a school or other institution from unconditionally admitting any person as a pupil of any public or private elementary or secondary school, childcare center, day nursery, nursery school, family day care home, or development center, unless prior to their admission to that institution they have been fully immunized against COVID-19. To the extent that the bill would create new duties for school districts, the bill would impose a state-mandated local program. For purposes of the additional immunizations deemed appropriate by the department, and that would be mandated before a pupil's first admission to the institution, existing law requires that exemptions be allowed for both medical reasons and personal beliefs. This bill would repeal that provision, thereby removing the personal belief exemption from any additional immunization requirements deemed appropriate by the department. 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

Richard Pan, Cecilia Aguiar-Curry, Josh Newman, Akilah Weber, Buffy Wicks, Scott Wiener

Title

Biomarker testing.

Description

SB 912, as introduced, Limón. Biomarker testing. (1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after July 1, 2000, to provide coverage for all generally medically accepted cancer screening tests, and prohibits that contract or policy issued, amended, delivered, or renewed on or after July 1, 2022, from requiring prior authorization for biomarker testing for certain enrollees or insureds. Existing law applies the provisions relating to biomarker testing to Medi-Cal managed care plans, as prescribed. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2023, to provide coverage for biomarker testing, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition if the test is supported by medical and scientific evidence, as prescribed. This bill would apply these provisions relating to biomarker testing to the Medi-Cal program, including Medi-Cal managed care plans, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.(2) Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and 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. Existing law includes Rapid Whole Genome Sequencing as a covered benefit for any Medi-Cal beneficiary who is one year of age or younger and is receiving inpatient hospital services in an intensive care unit. Subject to the extent that federal financial participation is available and not otherwise jeopardized, and any necessary federal approvals have been obtained, this bill would expand the Medi-Cal schedule of benefits to include biomarker testing for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of a Medi-Cal beneficiary's disease or condition if the test is supported by medical and scientific evidence, as prescribed. The bill would authorize the department to implement this provision by various means without taking regulatory action.(3) The California Constitu... (click bill link to see more).

Primary Sponsors

Monique Limon

Organizational Notes

Last edited by Cherie Compartore at Apr 11, 2022, 6:21 PM

Oppose: CA. Assoc. of Health Plans

Title

Gender-affirming care.

Description

SB 923, as amended, Wiener. Gender-affirming care. (1) Existing law establishes the Transgender Wellness and Equity Fund, administered by the Office of Health Equity within the State Department of Public Health, for the purpose of grant funding focused on coordinating trans-inclusive health care for individuals who identify as transgender, gender nonconforming, or intersex (TGI). Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various health care delivery systems, including managed care. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes the California Program of All-Inclusive Care for the Elderly (PACE program) to provide community-based, long-term care services for older individuals under the Medi-Cal State Plan. Under existing law, certain entities that exclusively serve PACE participants are exempt from licensure by the State Department of Public Health and are subject to oversight and regulation as PACE organizations by the State Department of Health Care Services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. This bill would require a Medi-Cal managed care plan, a PACE organization, a health care service plan, or a health insurer, as specified, to require its staff and contracted providers to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care, as defined, for individuals who identify as TGI. The bill would specify the required components of the training and would make use of any training curricula subject to approval by the respective departments. The bill would require an individual to complete a refresher course if a complaint has been filed, and a decision has been made in favor of the complainant, against that individual for not providing trans-inclusive health care, or on a more frequent basis if deemed necessary. The bill would require the respective departments to develop and implement procedures, and would authorize them to impose sanctions, to ensure compliance with the above-described provisions. The bill would also require the plan, organization, or insurer to annually and publicly report certain information relating to compliance, monitoring, and any related complaints or grievances. Because a violation of these new requirements by a health care service p... (click bill link to see more).

Primary Sponsors

Scott Wiener, Cristina Garcia

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:34 PM

Sponsor: California LGBTQ Health and Human Services Network, Equality California, National Health Law Program, and Western Center on Law & Poverty Oppose Unless Amended: CA. Assoc. of Health Plans

Title

Prescription drug pricing.

Description

SB 939, as amended, Pan. Prescription drug pricing. Existing federal law requires the United States Secretary of Health and Human Services to enter into an agreement with each manufacturer of covered outpatient drugs to ensure the amount a covered entity is required to pay for those drugs does not exceed the average manufacturer price of the drug under the federal Medicaid program. Existing state law requires a covered entity to dispense only drugs subject to these federal pricing requirements to Medi-Cal beneficiaries. Existing law defines a "covered entity" to include a federally qualified health center and entities receiving specified grants and federal funding. This bill would prohibit a pharmacy benefit manager from discriminating against a covered entity or its pharmacy in connection with dispensing a drug subject to federal pricing requirements or preventing a covered entity from retaining the benefit of discounted pricing for those drugs. The bill would prohibit a drug manufacturer that is subject to federal pricing requirements from imposing preconditions, limitations, delays, or other barriers to the purchase of covered drugs that are not required under federal law or regulations.

Primary Sponsors

Richard Pan

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:35 PM

Sponsor: APLA Health, CA Health+ Advocates Oppose Unless Amended: CA. Assoc. of Health Plans, Association of Health Insurance Plans

Title

California Health Benefit Exchange: affordability assistance.

Description

SB 944, as introduced, Pan. California Health Benefit Exchange: affordability assistance. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Existing state law creates the California Health Benefit Exchange (Exchange), also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law requires the Exchange, in consultation with stakeholders and the Legislature, to develop options for providing cost-sharing reduction subsidies to reduce cost sharing for low- and middle-income Californians, and requires the Exchange to report the developed options on or before January 1, 2022. Existing law requires the options to include, among other things, options for all Covered California enrollees with income up to 400 percent of the federal poverty level to reduce cost sharing, including copays, deductibles, coinsurance, and maximum out-of-pocket costs. This bill would require the Exchange to implement those options for providing health care affordability assistance. The bill would require the affordability assistance to reduce cost-sharing, including copays, coinsurance, and maximum out-of-pocket costs, and to eliminate deductibles for all benefits. The bill would specify the actuarial value of cost sharing assistance based on the income level of an enrollee, and would require the Exchange to adopt standard benefit designs consistent with these specifications.

Primary Sponsors

Richard Pan

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:35 PM

Support if Amended: CA. Assoc. of Health Plans Support: Western Center on Law and Poverty

Title

Medication and Patient Safety Act of 2022.

Description

SB 958, as amended, Limón. Medication and Patient Safety Act of 2022. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy that provides coverage for outpatient prescription drugs to cover medically necessary prescription drugs. This bill would prohibit a health care service plan or health insurer, or its designee, from arranging for or requiring a vendor to dispense an infused or injected medication directly to a patient with the intent that the patient will transport the medication to a health care provider for administration. The bill would prohibit a plan or insurer, or its designee, from requiring an infused or injected medication to be administered in an enrollee's or insured's home as a condition of coverage, unless the treating health care provider determines home administration is safe and appropriate. The bill would prohibit a plan or insurer, or its designee, from requiring an infused or injected medication to be supplied by a vendor specified by the plan or insurer, or its designee, as a condition of coverage, unless specified criteria are met. 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

Monique Limon, Anthony Portantino

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:36 PM

Oppose: CA. Assoc. of Health Plans

Title

Behavioral health.

Description

SB 964, as amended, Wiener. Behavioral health. (1) Existing law, the Donahoe Higher Education Act, sets forth the missions and functions of the 3 segments comprising the state's public postsecondary education system. These segments are the University of California, administered by the Regents of the University of California, the California State University, administered by the Trustees of the California State University, and the California Community Colleges, administered by the Board of Governors of the California Community Colleges. Provisions of the act apply to the University of California only to the extent that the regents act, by resolution, to make the provisions applicable. This bill would amend the act to require the California Community Colleges, the California State University, and, if made applicable by the regents by appropriate resolution, the University of California, to develop 2 accelerated programs of study related to degrees in social work. The bill would require one program to offer a concurrent bachelor's and master's of social work program that will allow students to combine their last one or 2 years of undergraduate study in social work with their graduate study in social work in order to complete both programs at an accelerated rate. The bill would require the second program to offer an accelerated academic program in which students with experience as peer support specialists, community health workers, or psychiatric technicians could receive their associate's degree, as well as a bachelor's and master's degree in social work. The bill would require both programs to require a student to take a course on working with the severely mentally ill, with a focus on working in the public behavioral health system. (2) Existing law establishes the Department of Health Care Access and Information and authorizes the department, among other things, to award competitive grants to entities and individuals it deems qualified to expand the supply of behavioral health counselors, coaches, peer supports, and other allied health care providers serving children and youth. This bill would establish the Behavioral Health Workforce Preservation and Restoration Fund as a fund in the state treasury, to be administered by the department, for the purpose of stabilizing the current licensed clinical behavioral health workforce. The bill would authorize moneys from the fund to be used, upon appropriation by the Legislature, to provide hiring or performance-based bonuses, salary augmentation, overtime pay, or hazard pay to licensed professionals working in the behavioral health sector. The bill would also require the department to establish a stipend program, in addition to and separate from the fund, for students pursuing a ... (click bill link to see more).

Primary Sponsors

Scott Wiener, Anna Caballero, Henry Stern

Title

Federally qualified health centers and rural health clinics: visits.

Description

SB 966, as introduced, Limón. Federally qualified health centers and rural health clinics: visits. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, to the extent that federal financial participation is available, FQHC and RHC services are reimbursed on a per-visit basis, as specified. "Visit" is defined as a face-to-face encounter between an FQHC or RHC patient and any of specified health care professionals, including a physician, a licensed clinical social worker, or a marriage and family therapist. This bill would also include, within the definition of a visit, a face-to-face encounter between an FQHC or RHC patient and an associate clinical social worker or associate marriage and family therapist when supervised by a licensed behavioral health practitioner as required by the Board of Behavioral Sciences, as specified. The bill would make this provision operative 60 days after the termination of the national emergency declared on March 13, 2020. If an FQHC or RHC that currently includes the cost of the services of a dental hygienist in alternative practice, or a marriage and family therapist for the purposes of establishing its FQHC or RHC rate chooses to bill these services as a separate visit, existing law requires the FQHC or RHC to apply for an adjustment to its per-visit rate, and, after the rate adjustment has been approved by the department, to bill these services as a separate visit. Under existing law, multiple encounters with dental professionals or marriage and family therapists that take place on the same day constitute a single visit. Existing law requires the department to develop the appropriate forms to determine which FQHC's or RHC's rates are to be adjusted and to facilitate the calculation of the adjusted rates. This bill would require that the forms for calculation of the adjusted rates be the same or substantially similar for each provider described above. Existing law requires an FQHC or RHC that does not provide dental hygienist, dental hygienist in alternative practice, or marriage and family therapist services, and later elects to add these services and bill these services as a separate visit, to process the addition of these services as a change in scope of service, as specified. This bill would remove marriage and family therapist services from that requirement.

Primary Sponsors

Monique Limon, Rudy Salas

Organizational Notes

Last edited by Joanne Campbell at Mar 28, 2022, 5:01 PM

Support: California Health+ Advocates (co-sponsored), California Association of Marriage and Family Therapists (co-sponsored)

Title

Health care coverage: tax returns: information sharing authorization and outreach.

Description

SB 967, as amended, Hertzberg. Health care coverage: tax returns: information sharing authorization and outreach. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans. Existing state law creates the California Health Benefit Exchange (Exchange), also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law requires every California resident, their spouse, and their dependents to be enrolled in and maintain minimum essential coverage for each month, except as specified, and requires the Exchange to administer a financial assistance program to help low-income and middle-income Californians access affordable health care coverage through the Exchange until January 1, 2023. Existing law requires the Franchise Tax Board to provide specified information to the Exchange regarding individuals who do not maintain minimum essential coverage, and requires the Exchange to annually conduct outreach and enrollment efforts with those individuals. Existing law requires the Franchise Tax Board (board) to disclose to the Exchange individual income tax return information, as described, for purposes of conducting this outreach and enrollment effort to those individuals. This bill would require the Exchange to annually conduct outreach and enrollment efforts to individuals who indicate on their individual income tax returns that they are interested in no-cost or low-cost health care coverage. The bill would require the board to include, on and after January 1, 2023, a checkbox for a taxpayer to indicate on their individual income tax return that they are interested in no-cost or low-cost health care coverage and authorize the board to share information from their tax return with the Exchange for purposes of conducting outreach and enrollment efforts to these taxpayers.

Primary Sponsors

Bob Hertzberg, Joaquin Arambula

Title

Health care coverage: diagnostic imaging.

Description

SB 974, as amended, Portantino. Health care coverage: diagnostic imaging. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract issued, amended, delivered, or renewed on or after January 1, 2000, or an individual or group policy of disability insurance or self-insured employee welfare benefit plan to provide coverage for mammography for screening or diagnostic purposes upon referral by specified professionals. Under existing law, mammography performed pursuant to those requirements or that meets the current recommendations of the United States Preventive Services Task Force is provided to an enrollee or an insured without cost sharing. This bill would require a health care service plan contract, an individual or group policy of disability insurance that provides hospital, medical, or surgical coverage, or a self-insured employee welfare benefit plan issued, amended, or renewed on or after January 1, 2023, to provide coverage without imposing cost sharing for screening mammography and medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result and for an enrollee or insured indicated to have a risk factor associated with breast cancer. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Anthony Portantino, Cristina Garcia

Organizational Notes

Last edited by Cherie Compartore at Apr 11, 2022, 6:22 PM

Oppose: CA. Assoc. of Health Plans

Title

California Cancer Care Equity Act.

Description

SB 987, as amended, Portantino. California Cancer Care Equity Act. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various health care delivery systems, including managed care pursuant to Medi-Cal managed care plan contracts. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would require a Medi-Cal managed care plan to include in its contracted provider network at least one National Cancer Institute (NCI) Designated Cancer Center, as specified, and ensure that any beneficiary diagnosed with a complex cancer diagnosis, as defined, is referred to an NCI-Designated Cancer Center within 15 business days of the diagnosis, unless the beneficiary selects a different cancer treatment provider. Existing law also requires a Medi-Cal managed care plan to give a beneficiary timely and adequate notice of an adverse benefit determination, as defined, in writing consistent with specified federal regulations that set forth, among other things, rules for standard and expedited decisions regarding authorization of services. This bill would require a Medi-Cal managed care plan to give a request for, or related to, treatment pursuant to a complex cancer diagnosis to receive an expedited authorization decision, as specified. This bill, to the extent necessary federal approvals are obtained and federal financial participation is available, would, among other things, also require Medi-Cal managed care plans to comply with additional requirements, including ensuring that access to an NCI-Designated Cancer Center occurs only at the primary Medi-Cal managed care plan level. The bill would require contracts between Medi-Cal managed care plans and primary care providers to require primary care physicians to inform enrollees who receive a complex cancer diagnosis of the enrollee's health status, medical care, or treatment options, as specified. The bill would require a Medi-Cal managed care plan to provide written and verbal notice to an enrollee of their right to access care through an NCI-Designated Cancer center, and would require the department, in consultation with others, to develop a standard written notice and a process for verbally notifying enrollees of their right to access cancer treatment care through an NCI-Designated Cancer Center. The bill would authorize the department to implement, interpret, or make specific the provisions by means of all-county letters or similar guidance.

Primary Sponsors

Anthony Portantino

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:37 PM

Oppose: CA. Assoc. of Health Plans Support: Western Center on Law and Poverty

Title

Health coverage: mental health and substance use disorders.

Description

SB 999, as amended, Cortese. Health coverage: mental health and substance use disorders. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Existing law also requires the Department of Insurance to regulate health insurers. Existing law requires a health care service plan or disability insurer, as specified, to base medical necessity determinations and the utilization review criteria the plan or insurer, and any entity acting on the plan's or insurer's behalf, applies to determine the medical necessity of health care services and benefits for the diagnosis, prevention, and treatment of mental health and substance use disorders, on current generally accepted standards of mental health and substance use disorder care. This bill would require the Director of Managed Health Care and the Insurance Commissioner to adopt rules mandating specific requirements for utilization review, including requiring the health care service plan or the disability insurer, as applicable, or an entity acting on the plan's or insurer's behalf, to maintain telephone access during California business hours for a health care provider to request authorization for mental health and substance use disorder care and conduct peer-to-peer discussions regarding specific issues related to treatment. Under the bill, if a health care service plan or a disability insurer, or an entity acting on the plan's or insurer's behalf, does not respond to a request for coverage or an appeal of a denial of coverage within the timeframe required for urgent care or nonurgent care treatment, coverage for the requested services would be deemed approved. Existing law requires every health care service plan and disability insurer to conduct interrater reliability testing to ensure consistency in utilization review decisionmaking covering how medical necessity decisions are made. Existing law prohibits a contract between a health care service plan or a disability insurer, and a physician, physician group, or other licensed health care practitioner from containing any incentive plan that includes specific payment made directly to a physician, physician group, or other licensed health care practitioner as an inducement to deny, reduce, limit, or delay specific, medically necessary, and appropriate services, as specified. Under this bill, an individual or health care provider who has an interrater reliability pass rate of less than 70% and is compensated more than 25% of the usual and customary rate paid to a health care provider in the plan or provider network would be deemed to violate the prohibition against incentive plans.... (click bill link to see more).

Primary Sponsors

Dave Cortese

Organizational Notes

Last edited by Cherie Compartore at Apr 11, 2022, 6:23 PM

Oppose: CA. Assoc. of Health Plans

Title

Enhanced Clinically Integrated Program for Federally Qualified Health Centers.

Description

SB 1014, as amended, Hertzberg. Enhanced Clinically Integrated Program for Federally Qualified Health Centers. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, federally qualified health center (FQHC) services are covered benefits under the Medi-Cal program, to be reimbursed on a per-visit basis, as specified, to the extent that federal financial participation is obtained. Existing federal law authorizes a state plan to provide for payment in any fiscal year to an FQHC for specified services in an amount that is determined under an alternative payment methodology (APM) if it is agreed to by the state and the FQHC and results in a payment to the FQHC of an amount that is at least equal to the amount otherwise required to be paid to the FQHC. Existing state law requires the department to authorize an APM pilot project for FQHCs that agree to participate, for implementation with respect to a county for a period of up to 3 years. This bill would require the department to authorize a new supplemental payment program for FQHCs pursuant to federal law, or as specified, to be named the Enhanced Clinically Integrated Program (ECIP). Under the bill, the nonfederal share of ECIP funding would be subject to an appropriation. The bill would require the department to request at least this amount to fund the program on an ongoing basis in future fiscal years. Under the bill, participation in ECIP would be optional for FQHCs, supplemental funding under ECIP would be provided in addition to all other funding received by FQHCs, as specified, and participation in ECIP would result in total payments to participating FQHCs that are greater than the prospective payment system (PPS) rate otherwise required to be paid to the FQHC. The bill would, subject to an appropriation, require the department, no later than July 1, 2023, to make funding available for the purpose of direct compensation of health center workers. The bill would require ECIP to improve quality and access to care by allocating funds, if appropriated, to FQHCs that meet certain standards relating to wage thresholds and participation in bona fide labor-management cooperation committees, as specified. The bill would set forth various requirements for funding allocations to, and uses by, participating FQHCs. The bill would require the department to establish a statewide 15-member board, as specified, with the responsibility of developing eligibility criteria, an application process, a fund distribution process, reporting r... (click bill link to see more).

Primary Sponsors

Bob Hertzberg, Wendy Carrillo, Ash Kalra

Title

Medi-Cal managed care plans: mental health benefits.

Description

SB 1019, as introduced, Gonzalez. Medi-Cal managed care plans: mental health benefits. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various delivery systems, including fee-for-service and managed care. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires a Medi-Cal managed care plan to provide mental health benefits covered in the state plan, excluding those benefits provided by county mental health plans under the Specialty Mental Health Services Waiver. This bill would require a Medi-Cal managed care plan to conduct annual outreach and education to its enrollees regarding the mental health benefits that are covered by the plan, and to also develop annual outreach and education to inform primary care physicians regarding those mental health benefits. The bill would require that the outreach and education efforts be informed by stakeholder engagement and the plan's Population Needs Assessment, as specified, and that the efforts meet cultural and linguistic appropriateness standards and incorporate best practices in stigma reduction. The bill would require the department to review and approve annual outreach and education efforts, and to consult with stakeholders to develop the standards for the review and approval. The bill would require the department to annually assess enrollee experience with mental health benefits covered by Medi-Cal managed care plans. The bill would require the department, by January 1, 2024, to develop survey tools and methodologies relating to the assessment of consumer experience, including best practice methods for data collection and reporting, as specified. The bill would require the department to publish annual reports on its internet website on consumer experience with mental health benefits covered by Medi-Cal managed care plans. The bill would require the reports to include plan-by-plan data, provide granularity for subpopulations, address inequities based on key demographic factors, and provide recommendations.

Primary Sponsors

Lena Gonzalez

Organizational Notes

Last edited by Joanne Campbell at Apr 14, 2022, 3:55 PM

Support: CPEHN (Sponsor), API Equality-LA Bakersfield American Indian Health Project California Alliance of Child and Family Services Central Valley Immigrant Integration Collaborative Children Now Maternal and Child Health Access National Association of Social Workers, California Chapter Racial and Ethnic Mental Health Disparities Coalition, Western Center on Law and Poverty

Title

Health care coverage.

Description

SB 1033, as introduced, Pan. Health care coverage. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance, which is under the control of the Insurance Commissioner. Existing law requires the Department of Managed Health Care and the commissioner to develop and adopt regulations establishing standards and requirements to provide enrollees and insureds with appropriate access to language assistance in obtaining health care services and covered benefits. Existing law requires the Department of Managed Health Care and commissioner, in developing the regulations, to require health care service plans and health insurers to assess the linguistic needs of the enrollee and insured population, and to provide for translation and interpretation for medical services, as indicated. Existing law requires the regulations to include, among other things, requirements for conducting assessments of the enrollees and insured groups, and requires health care service plans and health insurers to update the needs assessment, demographic profile, and language translation requirements every 3 years. This bill would require the Department of Managed Health Care and the commissioner to revise these regulations, no later than July 1, 2023, and to require health care service plans and health insurers to assess the cultural, linguistic, and health-related social needs of the enrollees and insured groups for the purpose of identifying and addressing health disparities, improving health care quality and outcomes, and addressing population health. The bill would also require the department and commissioner to require plans and insurers to obtain accreditation, as described, establish standardized categories for the collection and reporting of self-reported demographic and health-related social needs, as outlined, and establish a program to provide technical assistance and other support to plans and providers. The bill would require plans and insurers to update the assessments every year. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Richard Pan

Organizational Notes

Last edited by Joanne Campbell at Apr 14, 2022, 3:54 PM

Support: CPEN (Sponsor), Western Center on Law and Poverty

Title

CalWORKs: pregnancy and homeless assistance.

Description

SB 1083, as introduced, Skinner. CalWORKs: pregnancy and homeless assistance. Existing law provides for the California Work Opportunity and Responsibility to Kids (CalWORKs) program, under which each county provides cash assistance and other benefits to qualified low-income families and individuals. Existing law requires \$47 per month to be paid to a pregnant person qualified for CalWORKs aid to meet special needs resulting from pregnancy, and requires county human services agencies to refer all these recipients of aid to a local provider of the California Special Supplemental Nutrition Program for Women, Infants, and Children. This bill would, among other things, also require county human services agencies to refer those recipients to perinatal home visiting services administered by county public health departments. Existing law provides for homeless assistance to a homeless family seeking shelter when the family is eligible for CalWORKs aid, and provides that a family is considered homeless for these purposes when, among other things, the family has received a notice to pay rent or quit. Existing law limits eligibility for temporary shelter assistance and permanent housing assistance to 16 cumulative calendar days of temporary assistance and one payment of permanent assistance every 12 months, except as specified. This bill would also make the homeless assistance available to a family that is in danger of becoming homeless, and would additionally provide that a family is considered homeless if they receive any notice that may lead to an eviction. The bill would require homeless assistance to be granted immediately after the family's application is submitted. This bill would increase the maximum days of benefits in a 12-month period to 40 cumulative calendar days, and would exclude from those limits an eligible family that includes a pregnant person. This bill would also authorize a county human services agency to provide additional days of temporary shelter assistance, for an indeterminate period, if the pregnant person or family would be without any shelter if the assistance were ended, and would require a family receiving homeless assistance to remain eligible for that assistance following termination of their participation in the CalWORKs program due to reporting income that makes the family ineligible for aid, as specified. By imposing duties on counties that administer CalWORKs, the bill would impose a state-mandated local program. Existing law continuously appropriates moneys from the General Fund to defray a portion of county costs under the CalWORKs program. This bill would instead provide that the continuous appropriation would not be made for purposes of implementing these provisions. The California Constitution... (click bill link to see more).

Primary Sponsors

Nancy Skinner

Organizational Notes

Last edited by Joanne Campbell at Apr 14, 2022, 3:46 PM
Support: Western Center on Law and Poverty (Sponsor)

Title

Medi-Cal: eyeglasses: Prison Industry Authority.

Description

SB 1089, as amended, Wilk. Medi-Cal: eyeglasses: Prison Industry Authority. Existing law establishes the Prison Industry Authority within the Department of Corrections and Rehabilitation and authorizes it to operate industrial, agricultural, and service enterprises that will provide products and services needed by the state, or any political subdivision of the state, or by the federal government, or any department, agency, or corporation of the federal government, or for any other public use. Existing law requires state agencies to purchase these products and services at the prices fixed by the authority. Existing law also requires state agencies to make maximum utilization of these products and consult with the staff of the authority to develop new products and adapt existing products to meet their needs. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including certain optometric services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill, for purposes of Medi-Cal reimbursement for covered optometric services, would authorize a provider to obtain eyeglasses from a private entity, as an alternative to a purchase of eyeglasses from the Prison Industry Authority. The bill would condition implementation of this provision on the availability of federal financial participation. The bill, notwithstanding the above-described requirements, would authorize a provider participating in the Medi-Cal program to obtain eyeglasses from the authority or private entities, based on the optometrist's needs and assessment of quality and value.

Primary Sponsors

Scott Wilk

Title

Medi-Cal: time and distance standards for managed care services.

Description

SB 1180, as amended, Pan. Medi-Cal: time and distance standards for managed care services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, either through a fee-for-service or managed care delivery system. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes, until January 1, 2023, certain time and distance and appointment time standards for specified Medi-Cal managed care covered services, consistent with federal regulations relating to network adequacy standards, to ensure that those services are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner, as specified. This bill would extend the operation of those standards to January 1, 2026, and would require the department to seek input from stakeholders, as specified, prior to January 1, 2025, to determine what changes are needed to these provisions.

Primary Sponsors

Richard Pan

Title

Confidentiality of Medical Information Act: school-linked services coordinators.

Description

SB 1184, as amended, Cortese. Confidentiality of Medical Information Act: school-linked services coordinators. Existing law, the Confidentiality of Medical Information Act, prohibits a provider of health care, a health care service plan, or contractor from disclosing medical information, as defined, regarding a patient of the provider of health care or an enrollee or subscriber of the health care service plan without first obtaining an authorization, except as prescribed. The act authorizes a provider of health care or a health care service plan to disclose medical information in certain circumstances, including by authorizing disclosure to providers of health care, health care service plans, contractors, or other health care professionals or facilities for purposes of diagnosis or treatment of the patient. This bill would additionally authorize a provider of health care or a health care service plan to disclose medical information to a school-linked services coordinator, as prescribed. The bill would define the term "school-linked services coordinator" as an individual that holds a services credential with a specialization in pupil personnel services, as specified, located on a school campus or under contract by a county behavioral health provider agency for the treatment and health care operations and referrals of students and their families.

Primary Sponsors

Dave Cortese

Title

Medi-Cal: pharmacogenomic testing.

Description

SB 1191, as amended, Bates. Medi-Cal: pharmacogenomic testing. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth a schedule of covered benefits under the Medi-Cal program. This bill, to be known as the Utilizing Pharmacogenomics to Greatly Reduce Adverse Drug Events (UPGRADE) Act, would add pharmacogenomic testing as a covered benefit under Medi-Cal. The bill would define pharmacogenomic testing as laboratory genetic panel testing, by a laboratory with specified licensing and accreditation, to identify how a person's genetics may impact the efficacy, toxicity, and safety of medications. The bill would cover the benefit under Medi-Cal if a medication is being considered for use, or is already being administered, and is approved for use, in treating a Medi-Cal beneficiary's condition and is known to have a gene-drug or drug-drug-gene interaction that has been demonstrated to be clinically actionable, as specified, if the medication is ordered by an enrolled Medi-Cal clinician or pharmacist. The bill would authorize the department to implement the above-described provisions through all-county or plan letters, or similar instructions, without taking any further regulatory action. The bill, subject to implementation of the provisions above, and in collaboration with certain stakeholders, would require the Department of Health Care Access and Information to assess the impact of Medi-Cal coverage of pharmacogenomic testing and to annually prepare and publish a report on its internet website. The bill would require the annual reports to include an assessment of health economics and health outcomes of the benefit coverage, as specified.

Primary Sponsors

Pat Bates

Title

Health care coverage: maternal and pandemic-related mental health conditions.

Description

SB 1207, as amended, Portantino. Health care coverage: maternal and pandemic-related mental health conditions. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of that act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plans and health insurers to provide specified mental health and substance use disorder coverage, and requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, that provides hospital, medical, or surgical coverage to provide coverage for medically necessary treatment of mental health and substance use disorders, under the same terms and conditions applied to other medical conditions, as specified. Existing law requires health care service plans and health insurers, by July 1, 2019, to develop, consistent with sound clinical principles and processes, a maternal mental health program designed to promote quality and cost-effective outcomes, as specified. This bill would make findings and declarations relating to the effect of the COVID-19 pandemic on mental health in California and the importance of outreach, education, and access to quality mental health treatment. The bill would extend the deadline for establishment of the maternal mental health program to July 1, 2023. The bill would revise the requirements of the program to include quality measures to encourage screening, diagnosis, treatment, and referral. The bill also would encourage health care service plans and health insurers to include coverage for doulas, incentivize training opportunities for contracting obstetric providers, and educate enrollees and insureds about the program. Because a violation of the bill by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Anthony Portantino

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:38 PM

Oppose: CA. Assoc. of Health Plans

Bill Number

SB 1245

Status

In Senate

Position

Monitor

Title

Los Angeles County Abortion Access Safe Haven Pilot Program.

Description

SB 1245, as amended, Kamlager. Los Angeles County Abortion Access Safe Haven Pilot Program. Existing law, the Reproductive Privacy Act, provides that every individual possesses a fundamental right of privacy with respect to their personal reproductive decisions, including the fundamental right to choose to bear a child or to choose and to obtain an abortion. This bill would establish, subject to appropriation by the Legislature, the Los Angeles County Abortion Access Safe Haven Pilot Program for the purpose of expanding and improving access to reproductive and sexual health care, including abortion, in the County of Los Angeles. The bill would require any funds allocated for the Los Angeles County Abortion Access Safe Haven Pilot Program to be used by the County of Los Angeles to administer a pilot project to support innovative approaches and patient-centered collaborations to safeguard patient access to abortions, regardless of residency. The bill would authorize the funds to be used for implementing recommendations from the County of Los Angeles, including building secure infrastructure, among other things.

Primary Sponsors

Sydney Kamlager

Bill Number

SB 1298

Status

In Senate

Position

Monitor

Title

Behavioral Health Continuum Infrastructure Program.

Description

SB 1298, as introduced, Ochoa Bogh. Behavioral Health Continuum Infrastructure Program. Existing law authorizes the State Department of Health Care Services to, subject to an appropriation, establish a Behavioral Health Continuum Infrastructure Program. Existing law authorizes the department, pursuant to this program, to award competitive grants to qualified entities to construct, acquire, and rehabilitate real estate assets or to invest in needed mobile crisis infrastructure to expand the community continuum of behavioral health treatment resources to build or expand the capacity of various treatment and rehabilitation options for persons with behavioral health disorders, as specified. This bill would authorize the department, in awarding the above-described grants, to give preference to qualified entities that are, among other things, intending to place their projects in any recently closed hospitals or skilled nursing facilities, as specified. The bill would continuously appropriate, without regard to fiscal year, \$1,000,000,000 to the department for purposes of implementing the Behavioral Health Continuum Infrastructure Program.

Primary Sponsors

Rosilicie Ochoa Bogh

Title

Coordinated specialty care for first-episode psychosis.

Description

SB 1337, as introduced, McGuire. Coordinated specialty care for first-episode psychosis. 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 and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contracts and health insurance policies that provide hospital, medical, or surgical coverage to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses, as defined, of a person of any age. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on and after January 1, 2023, to provide coverage for coordinated specialty care (CSC) services for the treatment of first-episode psychosis, which is described by the bill as a team-based service delivery method composed of specified treatment modalities and affiliated activities including, but not limited to, case management, pharmacotherapy and medication management, psychotherapy, and outreach and recruitment activities. The bill would require the CSC services provided to be consistent with the Coordinated Specialty Care for First Episode Psychosis Manual II: Implementation, developed by the National Institute of Mental Health. The bill would specify the membership of the CSC team and applicable training and supervision requirements. The bill would require the health care service plan or health insurer to use specified billing procedures for the services provided by the CSC team. The bill would require the Department of Managed Health Care and the Department of Insurance, as appropriate, in collaboration with the State Department of Health Care Services, to create a working group to establish guidelines, including, but not limited to, inclusion and exclusion criteria for individuals eligible to receive CSC services, and caseload and geographic boundary parameters for the treatment team. The bill would provide that its requirements would not apply to a nongrandfathered individual health care service plan contract or health insurance policy, or group health care service plan contract or health insurance policy covering 50 or fewer employees, if the appropriate department determines that compliance with any or all of those requirements would require the state to assume the cost and provide payments to enrollees or insureds to defray the cost of providing services described in the bill, pursuant to specified federal law. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill wo... (click bill link to see more).

Primary Sponsors

Mike McGuire

Organizational Notes

Last edited by Cherie Compartore at Apr 15, 2022, 5:39 PM
Oppose: CA. Assoc. of Health Plans

Title

Importation of prescription drugs.

Description

SB 1361, as introduced, Kamlager. Importation of prescription drugs. Existing law establishes the California Health and Human Services Agency (CHHSA), which includes departments charged with the administration of health, social, and other human services. Existing law requires CHHSA to enter into partnerships to increase patient access to affordable drugs and to produce or distribute generic prescription drugs and at least one form of insulin, as specified. This bill would create the Affordable Prescription Drug Importation Program in CHHSA, under which the state would be a licensed wholesaler that imports prescription drugs, as specified, for the exclusive purpose of dispensing those drugs to program participants. The bill would require CHHSA to seek federal approval for the importation program on or before June 1, 2023, and would require CHHSA to contract with at least one contracted importer to provide services under the importation program within 6 months of receiving federal approval. The bill would require a contracted importer to, among other things, establish a wholesale prescription drug importation list that identifies the prescription drugs that have the highest potential for cost savings to the state and identify and contract with eligible Canadian suppliers who have agreed to export prescription drugs on that list. This bill would authorize a contracted importer to import a prescription drug from a Canadian supplier if specified requirements are met. The bill would authorize CHHSA to expand the importation program to authorize a manufacturer, wholesale distributor, or pharmacy in a foreign country other than Canada to export prescription drugs to California if specified requirements are met, including a change in federal law. If the importation program is expanded, the bill would authorize a contracted importer to import prescription drugs from a manufacturer, wholesale distributor, or pharmacy in a foreign country other than Canada.

Primary Sponsors

Sydney Kamlager

Title

Nursing: nurse practitioners.

Description

SB 1375, as introduced, Atkins. Nursing: nurse practitioners.

(1) Existing law, the Nursing Practice Act, provides for the licensure and regulation of registered nurses, including nurse practitioners and certified nurse-midwives, by the Board of Registered Nursing. Existing law makes a violation of this act a crime. In order to perform an abortion by aspiration techniques under the act, a person with a license or certificate to practice as a nurse practitioner or a certified nurse-midwife is required to complete board-recognized training. This bill would revise that provision to specify that it applies to a person with a license or certificate to practice as a nurse practitioner practicing pursuant to a standardized procedure, and to a qualified nurse practitioner functioning pursuant to certain advanced practice provisions. By expanding the application of a crime, the bill would impose a state-mandated local program. Existing law requires a person with a license or certificate to practice as a nurse practitioner or a certified nurse midwife, in order to perform an abortion by aspiration techniques, to adhere to standardized procedures that specify, among other conditions, the extent of supervision by a physician and surgeon with relevant training and expertise. This bill would revise the above-described requirement, with respect to a nurse practitioner, to apply to practice as a nurse practitioner practicing pursuant to standardized procedures and would specify that it does not apply to a qualified nurse practitioner functioning pursuant to certain advanced practice registered nurse practitioner provisions. The bill would also delete a provision authorizing a nurse practitioner or certified nurse-midwife who has completed training and achieved clinical competency to perform abortions by aspiration techniques. Existing law defines specified terms for purposes of provisions governing advanced practice registered nurses. Existing law defines "transition to practice" under these provisions to mean additional clinical experience and mentorship provided to prepare a nurse practitioner to independently practice. Existing law requires the board, by regulation, to define minimum standards for transition to practice and further specifies that clinical experience may include experience obtained before January 1, 2021, if the experience meets the requirements established by the board. This bill would delete the above-described requirement for the board to define, by regulation, minimum standards for transition to practice. The bill would require a nurse practitioner who has been practicing a minimum of 3 full-time equivalent years or 4,600 hours as of January 1, 2023, to satisfy the transition to practice requirement. The bill would... (click bill link to see more).

Primary Sponsors

Toni Atkins, Jim Wood

Title

Pharmacy: remote services.

Description

SB 1379, as amended, Ochoa Bogh. Pharmacy: remote services.

The Controlled Substances Act regulates, among other matters, the dispensing by prescription of controlled substances, which are classified into schedules, and the Pharmacy Law regulates, among other matters, the dispensing by prescription of dangerous drugs and dangerous devices, which also include controlled substances.

Existing law authorizes a prescriber, a prescriber's authorized agent, or a pharmacist to electronically enter a prescription or order from outside of a pharmacy or hospital, as specified, except for prescriptions for controlled substances classified in Schedules II, III, IV, or V. Under existing law, a violation of these provisions is a crime. This bill would extend the authority to remotely enter a prescription or order to include prescriptions for controlled substances classified in Schedules II, III, IV, or V. The bill would also authorize a pharmacist working for a hospital pharmacy to perform various services remotely, as specified, on behalf of a hospital pharmacy located in California and under the written authorization of a pharmacist-in-charge. The bill would condition this authority on specified actions by the hospital pharmacy for which the pharmacist performs those services, including obtaining the consent of the pharmacist, developing and training the pharmacist on policies and procedures for the performance of those services, and taking specified steps to ensure the security of the information processed and the integrity of the hospital pharmacy's system. Because violation of these provisions would be a crime, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Rosilicie Ochoa Bogh

Title

Health information.

Description

SB 1419, as amended, Becker. Health information. (1) Existing law generally requires a health care professional at whose request a test is performed to provide or arrange for the provision of the results of a clinical laboratory test to the patient who is the subject of the test if so requested by the patient, in oral or written form. Existing law requires those results to be disclosed in plain language and in oral or written form, except the results may be disclosed in electronic form if requested by the patient and if deemed most appropriate by the health care professional who requested the test. Existing law requires a patient's consent to receive their laboratory results by internet posting or other electronic means and requires those results to be disclosed to the patient in a reasonable time period, but only after the results have been reviewed by a health care professional and if access to the results is restricted by use of a secure personal identification number when the results are disclosed to the patient. This bill would define "test" for these purposes to apply to both clinical laboratory tests and imaging scans, such as x-rays, magnetic resonance imaging, ultrasound, or other similar technologies. The bill would also make conforming changes. (2) Existing law establishes procedures for providing access to health care records or summaries of those records by patients and those persons having responsibility for decisions respecting the health care of others. Under existing law, any adult patient of a health care provider, any minor patient authorized by law to consent to medical treatment, and any patient's personal representative is entitled to inspect patient records upon presenting to the health care provider a request for those records and upon payment of reasonable costs, except as specified. A patient who is a minor is entitled to inspect patient records pertaining only to health care of a type for which the minor is lawfully authorized to consent. Existing law also prohibits the representative of a minor from inspecting the minor's patient records under certain circumstances. This bill would additionally prohibit the representative of a minor from inspecting the minor's patient records that relate to sensitive medical services, as defined. (3) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing federal regulations require the implementation of specified application programming interfaces (API) for the access to and exchange of he... (click bill link to see more).

Primary Sponsors

Josh Becker

Title

Health care coverage: enrollment periods.

Description

SB 1473, as amended, Pan. Health care coverage: enrollment periods. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Existing state law creates the California Health Benefit Exchange (Exchange), also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer to provide a special enrollment period for individual health benefit plans offered through the Exchange from December 16 of the preceding calendar year to January 31 of the benefit year, inclusive, for policy years beginning on or after January 1, 2020. Under existing law, February 1 of the benefit year is the effective coverage date for individual health benefit plans offered outside and through the Exchange that are selected from December 16 to January 31, inclusive. This bill would eliminate the above-described special enrollment period for individual health benefit plans offered through the Exchange for policy years on or after January 1, 2023, and would instead create an annual enrollment period from November 1 of the preceding calendar year to January 31 of the benefit year, inclusive. The bill would specify that the effective date of coverage for individual health benefit plans offered outside and through the Exchange would be no later than January 1 of the benefit year for plan selection made from November 1 to December 31 of the preceding calendar year, inclusive, and would be no later than February 1 of the benefit year for plan selection made from January 1 to January 31 of the benefit year, inclusive. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Richard Pan

Title

COVID-19 testing in schools: COVID-19 testing plans.

Description

SB 1479, as amended, Pan. COVID-19 testing in schools: COVID-19 testing plans. Existing law appropriates funds to the State Department of Public Health for various programs related to the safe reopening of schools during the COVID-19 pandemic, including funds to support COVID-19 testing in schools allocated from the federal American Rescue Plan Act of 2021 and funds from the General Fund for the Safe Schools For All Team to coordinate technical assistance, community engagement, increased transparency, and enforcement by the appropriate entity for public school health and safety during the COVID-19 pandemic. Existing law authorizes certain school apportionments to be used for any purpose consistent with providing in-person instruction for any pupil participating in in-person instruction, including, but not limited to, COVID-19 testing, as provided. Existing law prescribes public health reporting requirements related to COVID-19 for local educational agencies, including the development of a COVID-19 safety plan, as provided. This bill would require the department to coordinate specified school district, county office of education, and charter school COVID-19 testing programs that are currently federally funded or organized under the California COVID-19 Testing Task Force. The bill would require the department to provide supportive services, including technical assistance, vendor support, guidance, monitoring, and testing education, related to testing programs for teachers, staff, and pupils to help schools reopen and keep schools operating safely for in-person learning. The bill would also require the department to expand its contagious, infectious, or communicable disease testing and other public health mitigation efforts to include prekindergarten, onsite after school programs, and childcare centers. This bill would require each school district, county office of education, and charter school to create a COVID-19 testing plan that is consistent with guidance from the department and to designate one staff member to report information on its COVID-19 testing program to the department. The bill would require each school within a school district to designate one staff member to report information on its COVID-19 testing program to the school district, and would authorize each school within a school district to name a staff member to lead its COVID-19 testing program. The bill would require that all COVID-19 testing data be in a format that facilitates a simple process by which parents and local educational agencies may report data to the department. By imposing new obligations on local educational agencies, the bill would impose a state-mandated local program. The bill would require the department to determine which CO... (click bill link to see more).

Primary Sponsors

Richard Pan

Elevating the Safety Net (ESN) Initiative

Impact Summary and Funding Recommendations

Presented by: Safety Net Initiatives, Strategic Planning, Community Benefits, and Communications (ESN Workgroup)



L.A. Care
HEALTH PLAN[®]

For All of L.A.

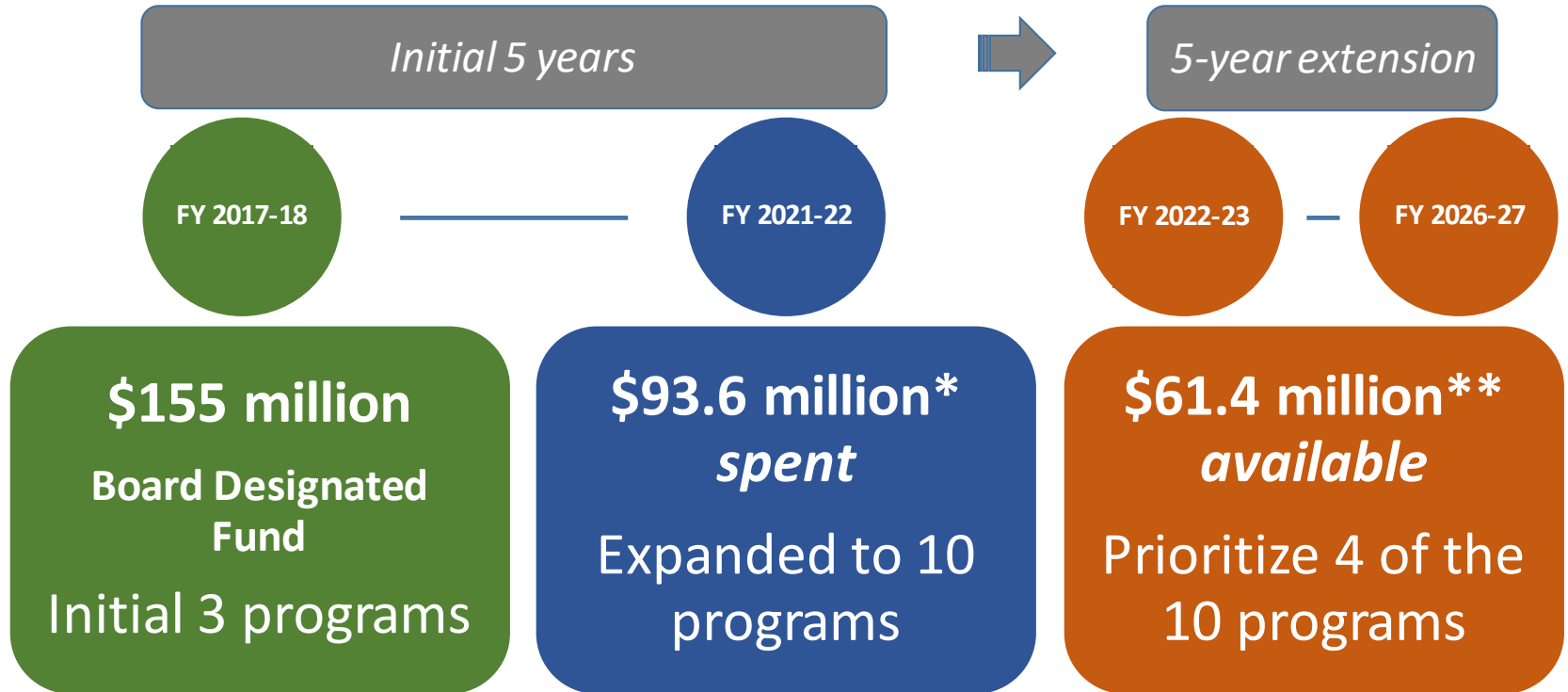


**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

Date: Thursday, May 5, 2022
Board of Governors Meeting

Summary of funding commitment

Opportunity to extend funding for an additional five years across four programs



* \$93,599,981.52 projected expenditures by end of FY 2021-22

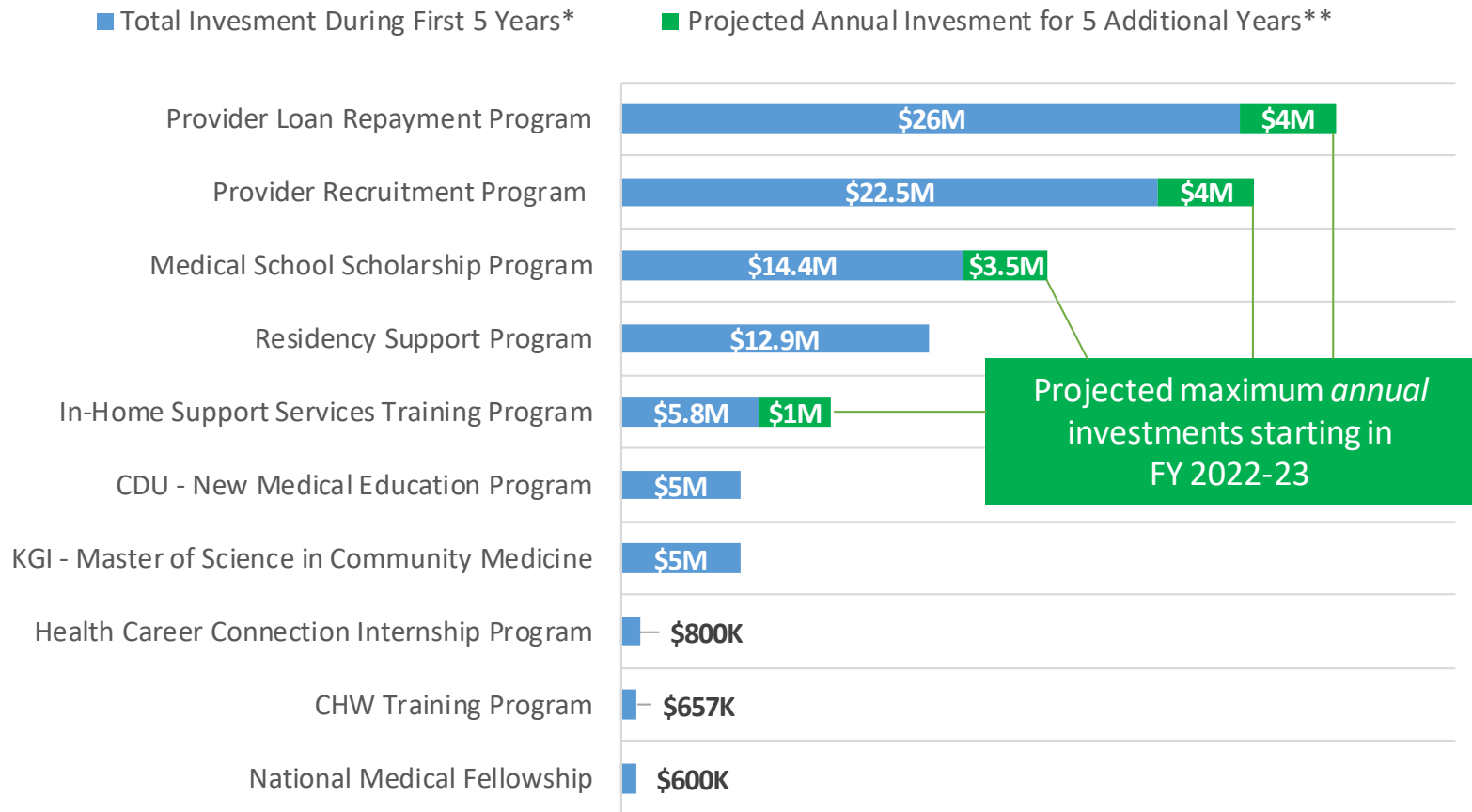
**\$61,400,018.48 projected available starting FY 2022-23 and recommending four of the ten programs for continuity funding



Elevating the Safety Net (ESN) Investments

Over \$61.4 million available for future investments to address ongoing workforce needs

Investments by Program



*Includes investments from FY 2017-18 through closing of FY 2021-22 totaling approximately \$93,599,981.52

**Provides estimated annual investments with flexibility to incorporate new programs based on future workforce needs



Elevating the Safety Net initiative (ESN)

Programs Recommended for 5 years of Additional ESN Funding

Program	Benefit to L.A. Care Members and Participants
Provider Recruitment Program (PRP)	<ul style="list-style-type: none"> Physicians hired alleviate workloads and improve access to care* PRP funded grantees experienced a 44.6% increase in MCLA membership compared to 38.2% among non-PRP funded clinics/entities. 87% physician retention rate through Cycle 10 (134 of 154 physician slots are currently filled)
Provider Loan Repayment Program	<ul style="list-style-type: none"> 89% (96 of 108) of physicians retained and on track to complete 3 years of service 73% (70 of 96) of physicians deliver at least 32 hours of direct patient care/week 73% (70 of 96) of physicians report at least \$200k in education debt
Medical School Scholarships	<ul style="list-style-type: none"> 87.4% of students identify as Hispanic/Latinx or Black/African American Eliminates between \$337k and \$390k in school debt per student
In-Home Support Services Training Program	<ul style="list-style-type: none"> Efficient training and placement – 300 to 400 providers/quarter Reduces ER and inpatient visits among members receiving care from trained providers**

*Based on report summaries submitted by PRP funded grantees.

**Utilization data was reported by L.A. Care’s Population Health Management on February 5, 2020 summarizing the decrease of ER and inpatient visit rate.



Elevating the Safety Net (ESN) initiative

Programs with Funding Alternative to ESN	ESN Funding Commitment by Fiscal Year*								
Program <i>Institutions and organizations are pursuing alternative local, state and federal funding.</i>	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28
Residency Support Program									
CHW Training Program <i>Reviewing state funding and reimbursement</i>				← Proposed 5-year ESN extension period →					
Health Career Connection Internship Program									
National Medical Fellowship <i>L.A. Care’s Community Benefits may offer annual ad-hoc grants moving forward</i>									
Keck Graduate Institute – Master of Science in Community Medicine									
CDU – New Medical Education Program									

*Based on the grant or service contract terms agreed upon by both Parties (L.A. Care and funding recipient(s)). Orange cells represent the 5-year extension period to continue investing the remaining ~\$61.4 million

Data Limitations

Definition: ESN program participants include physicians, students, in-home support service providers, fellows, residents, CHWs and interns.

- **Population Sizes:** Data sets for ESN program participants are significantly smaller (where $n < 4,200$) when compared to MCLA members (where $n > 1,200,000$) as of January 2022.

Program or Group	n*
L.A. Care Medi-Cal (MCLA) Members – <i>reference population</i>	1,278,571
Provider Recruitment Program (PRP)	134
Provider Loan Repayment Program (PLRP)	96
Medical School Scholarship Program (Scholars)	32
In-Home Support Services (IHSS) Training Program	4,182

*Data as of January 2022

- **Limited Representation:** Data for ESN program participants does not represent the entire workforce category (i.e. all physicians or CHWs in L.A. County or L.A. Care's provider network).
- **Limited Data Collection:** For data categories presented, not all programs collected the same data in the same format. Comparisons among ESN program participants and MCLA populations vary across programs, based on availability of data.
- **Exclusive Representation:** ESN program participants represented in each of the data categories are exclusive. Exception where *29 physicians* awarded in the Provider Loan Repayment Program and Provider Recruitment Program are represented in both programs.



ESN Program Participants Compared to MCLA Members

Race and Ethnicity*

Legend
Green: Low priority
Yellow: Moderate priority
Red: High priority

Group	MCLA	IHSS	Scholars	PRP	PLRP
Hispanic or Latinx	39.7%	53.9%	53%	14.2%	20.8%
White or Caucasian	30.4%	7.1%	6.3%	29.1%	28.1%
Black or African American	12.5%	9.2%	34.4%	7.5%	9.4%
Asian	10.6%	14.3%	6.3%	31%	15.6%
Native Hawaiian or Pacific Islander	0.2%	0.2%	0%	0%	11.5%
American Indian or Alaska Native	0.2%	0.3%	0%	0%	0%

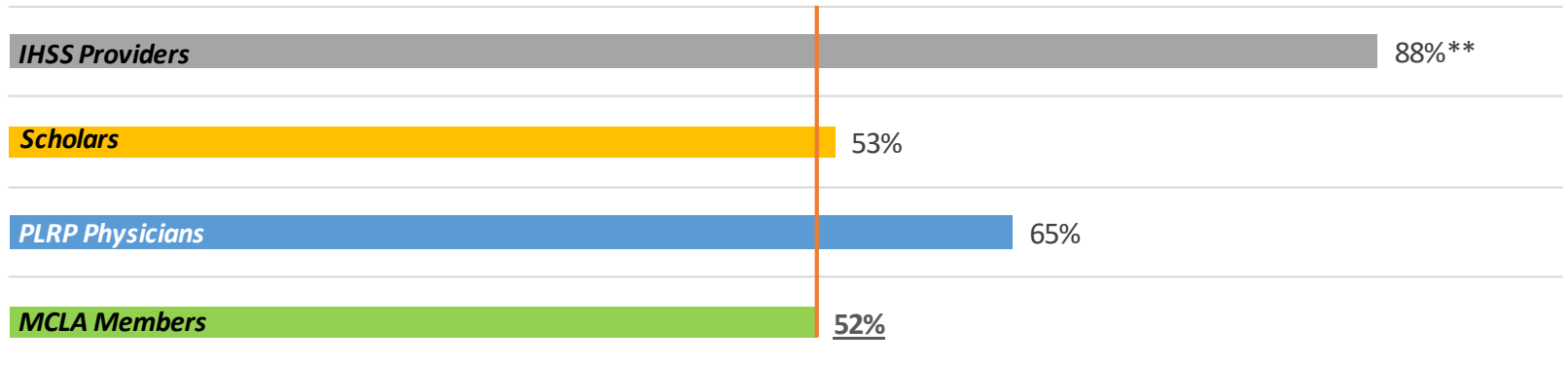
*Data: As of January 2022
 Groups including Declined or Unknown, Not Reported and Other were omitted due to low representation among participants



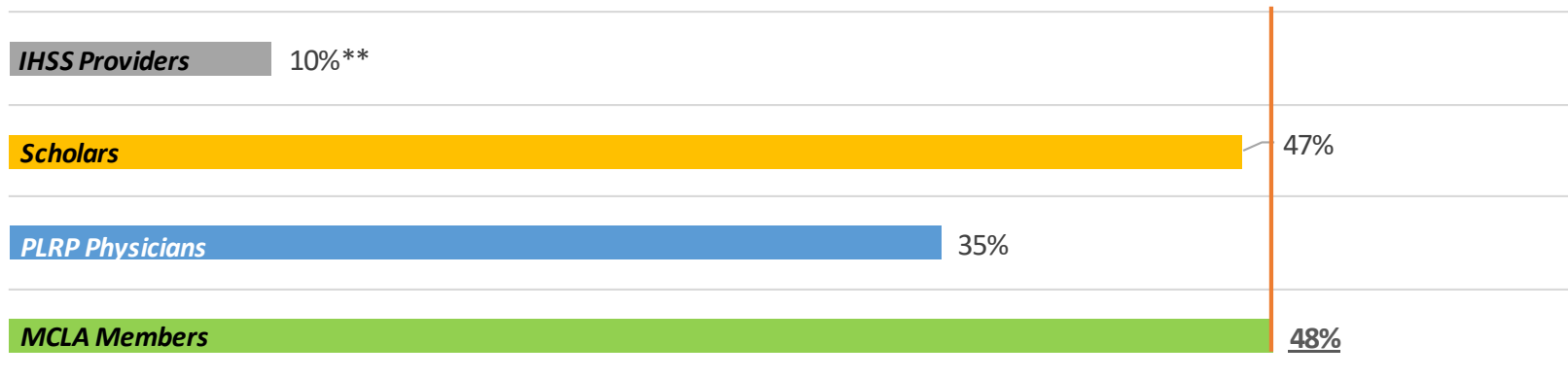
ESN Program Participants Compared to MCLA Members

GENDER

Female*



Male*



*Data: As of January 2022

**2% of IHSS Providers Declined to State their gender.

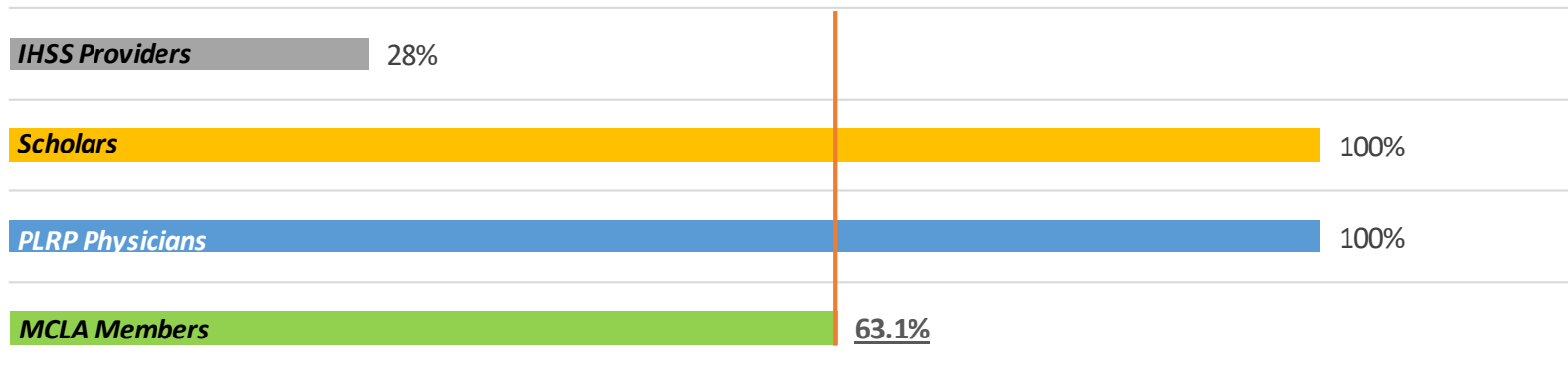
Data for Provider Recruitment Physicians (PRP) physicians is not available



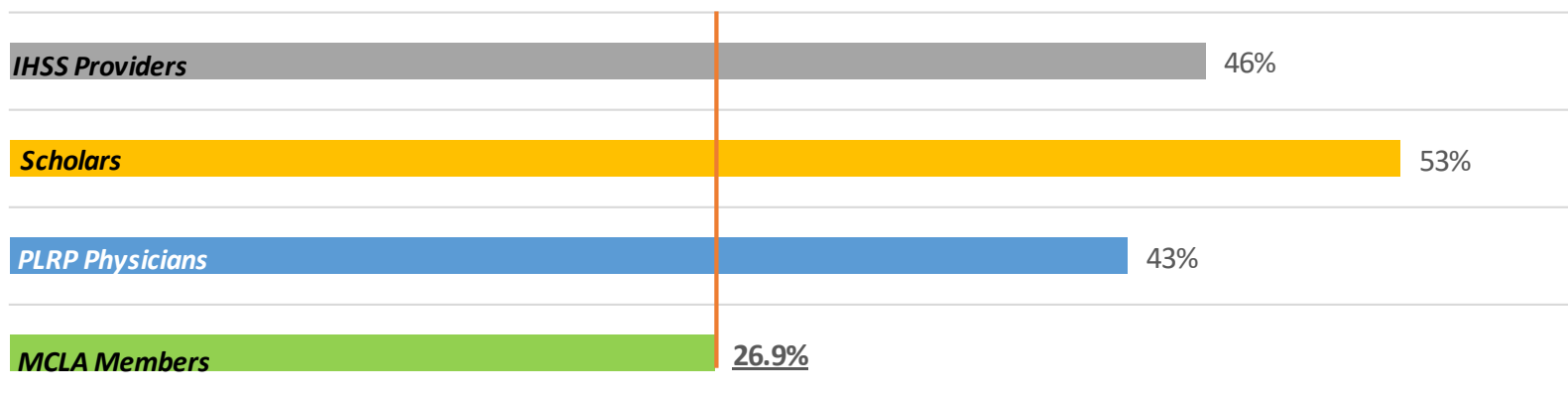
ESN Program Participants Compared to MCLA Members

LANGUAGES

English*



Spanish*



*Data: As of January 2022. Only listing the two major languages spoken by 90% of MCLA members. Other languages accounted for the remaining 10% of languages spoken by MCLA members.

Data for Provider Recruitment Program (PRP) physicians is not available.



ESN Program Participants by Regional Community Advisory Council (RCAC)

Legend
Green: Low priority
Yellow: Moderate priority
Red: High priority

RCAC	MCLA Members	PRP	PLRP*
RCAC 1 - Antelope Valley	5.5%	6%	4.2%
RCAC 2 - Van Nuys, Pacoima, West Hills, North Hills, Arleta, Sepulveda	17.3%	12.7%	13.5%
RCAC 3 - Alhambra, Pasadena, Foothill	5.9%	3%	6.3%
RCAC 4 - Hollywood, Wilshire, Central L.A., Glendale	13.2%	19.4%	31.3%
RCAC 5 - Culver City, Venice, Santa Monica, Malibu, Westchester	3.6%	5.2%	2.1%
RCAC 6 - Compton, Inglewood, Watts, Gardena, Hawthorne	21.3%	23.1%	12.5%
RCAC 7 - Huntington Park, Bellflower, Norwalk, Cudahy	7.4%	4.5%	10.4%
RCAC 8 - Carson, Torrance, San Pedro, Wilmington	3.9%	5.2%	2.1%
RCAC 9 - Long Beach	4.1%	7.5%	7.3%
RCAC 10 - East Los Angeles, Whittier, Highland Park	7.9%	4.5%	6.3%
RCAC 11 - Pomona, El Monte	9.3%	9%	4.2%
Unidentified	0.6%	0%	0%

Provider Recruitment Program (PRP) Provider Loan Repayment Program (PLRP)

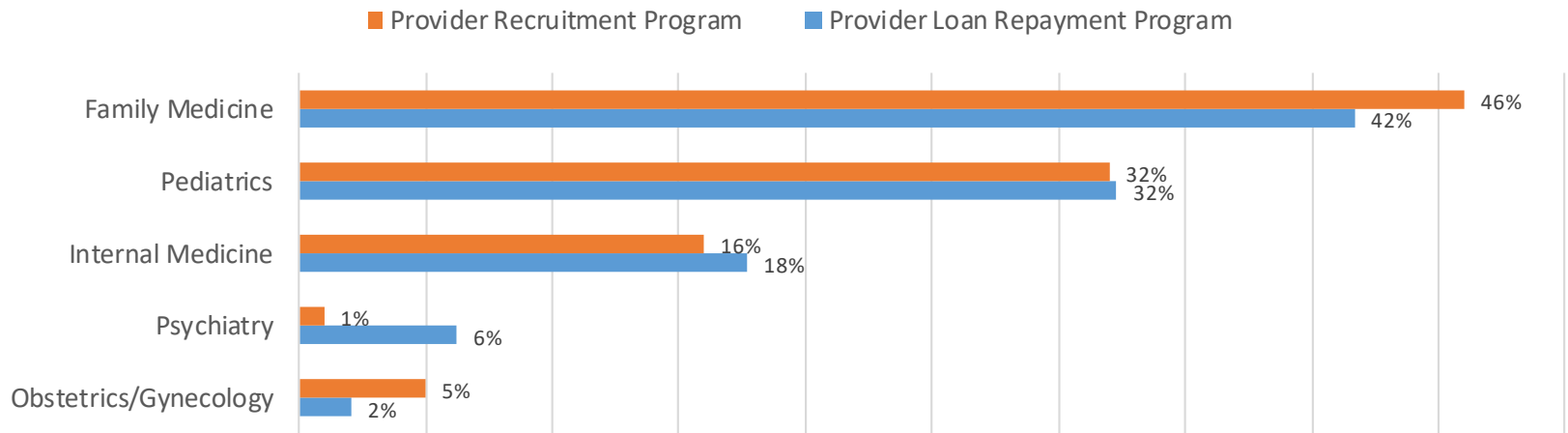
Data: As of January 2022. 29 physicians overlap between the PRP and PLRP

*RCAC listed as primary site or site where physician is delivering the majority of patient care per week

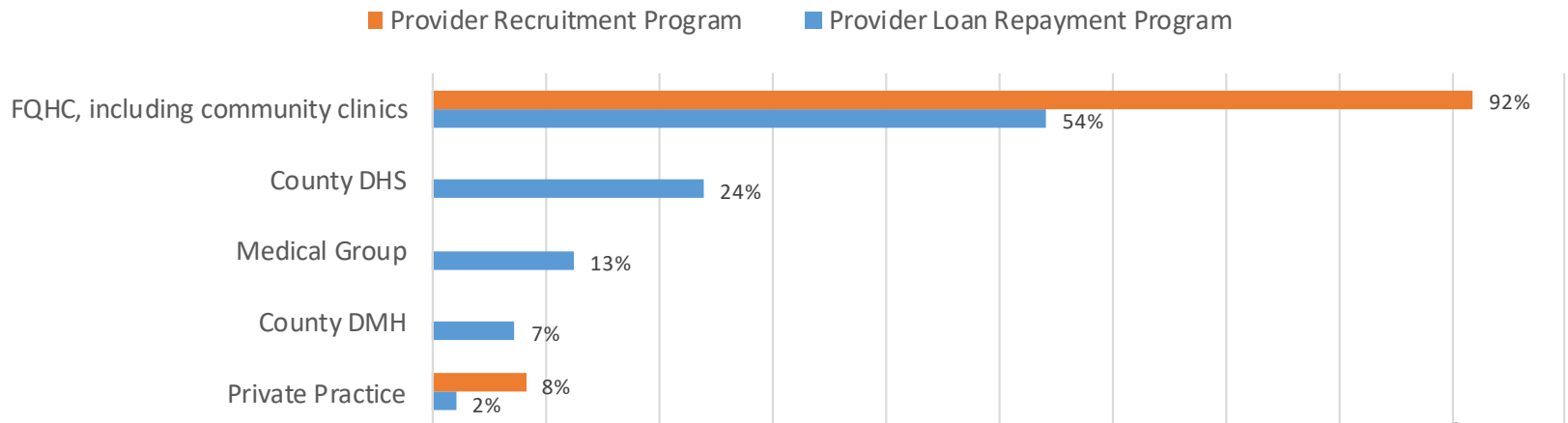


Provider Loan Repayment Program (PLRP) and Provider Recruitment Program (PRP)

Primary Care Specialty*



Employer Type*

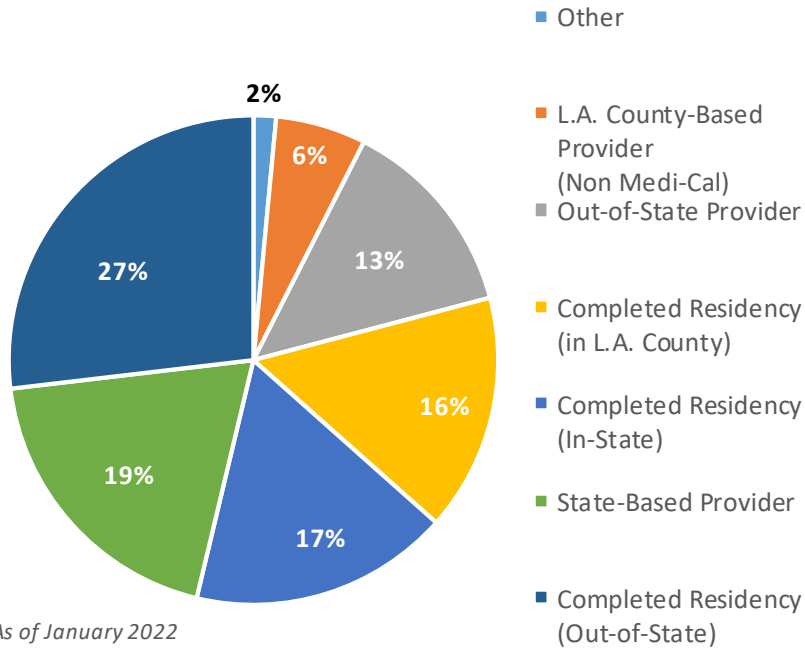


*Data: As of January 2022



Provider Recruitment Program

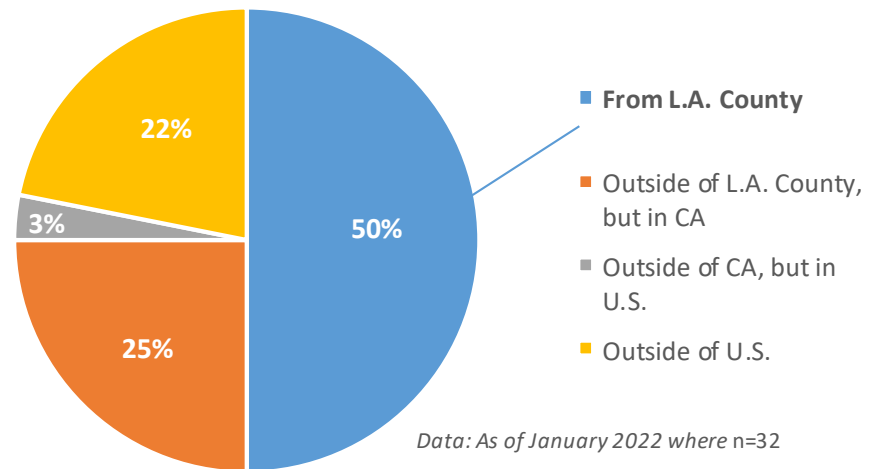
Physician Residency Location Prior to Hire



Data: As of January 2022
 Provider Recruitment Program (PRP) n=134

Medical School Scholarship Program

Scholar Birthplace/Hometown*



Data: As of January 2022 where n=32

*All students reported CA residency and were raised in CA. Regions outside of the U.S. where L.A. Care Scholars report their birthplace include Mexico, Nigeria, Lebanon, and Vietnam.



Future Recommendations

Provider Recruitment Program

Annual Investment	Up to \$4M annually (from FY 2022-23 through FY 2026-27)
Flexible grantmaking	Continue the grantmaking process launched in FY 2021-22 of two Scheduled Cycles and Rolling Deadline Grants, while also restricting all PRP grants to filling newly created physician positions only.
Prioritize funding	Consider prioritizing funding for clinics/entities with small to mid-sized annual operating budgets.
Private practices	Increase the number/percentage of PRP physicians employed with independent private practices.

Provider Loan Repayment Program

Annual Investment	Up to \$4M annually to award new physicians and offer award extensions
Prioritize gaps in representation	RCAC, Employer Type, Specialties and other categories by adjusting priorities throughout the year.
Conduct Targeted Outreach	Promote among associations and residency programs to encourage applications from underrepresented groups in medicine.



Future Recommendations (continued)

Medical School Scholarship Program

Annual Investment	Up to \$3.5M annually to support 8 students. Account for 2-3% annual tuition increase.
Eligibility Requirements	Prioritize awards for local (L.A. County raised) students Highly encourage that students pursue primary care specialties – Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics and Psychiatry

In-Home Support Services (IHSS) Training

Annual Investment	Up to \$1M annually to train 300-400 new workers per quarter starting in the summer of 2023
Review anticipated cost increase	Review budget since Center for Caregiver Advancement (CCA) anticipates an 8% increase in training costs starting in 2023.
Monitor State funding	SB172 funds caregiver training for IHSS workers across the state, includes a stipend post-training, as well as pays workers their hourly wage for each hour of class attended.



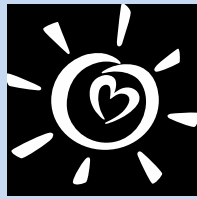
Elevating the Safety Net

Recommended Future Funding

Projections for future funding - *Starting FY 2022-23 through FY 2026-27 (5 years)*

Program and Projected Investment Yield	Proposed Funding
Provider Loan Repayment Program Combination of new awards and award extensions (<i>will vary</i>)	Up to \$4M / Yr
Provider Recruitment Program Multiple cycle-based and ad-hoc grants per fiscal year (<i>will vary</i>)	Up to \$4M / Yr
Medical School Scholarship Program 8 scholars (4 at CDU and 4 at UCLA annually)	Up to \$3.5M / Yr
In-Home Support Services Training 300-400 Providers per quarter (<i>will vary</i>). Current contract expires in May 2023	Up to \$1M / Yr
<i>Other programs to address future workforce needs (flexible)</i>	<i>TBD</i>
Total Remaining for Future Funding	\$61.4M





L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: May 5, 2022

Motion No. BOG 101.0522

Committee: Board of Governors

Chairperson: Hector De La Torre

Issue: Approve prioritizing investments in four of the ten Elevating the Safety Net (ESN) initiative programs for an additional five years.

New Contract **Amendment** **Sole Source** **RFP/RFQ was conducted in N/A**

Background: Since the launch of the ESN initiative in 2018, with a Board of Governors approved investment of up to \$155 million to address various gaps in our local workforce, L.A. Care has invested nearly \$93.6 million across ten programs. With over \$61.4 million available for future investments, we recommend prioritizing funding for four of the ten current programs over the next five years - starting FY 2022-23 through FY 2026-27.

The four programs listed below have demonstrated an impact on member access to care, increase in the number of providers in our network and diversity among program participants. Through our data collection and analysis, we have also identified opportunities for improving the eligibility criteria and funding priorities for each of the four programs.

1. **Provider Loan Repayment Program** – \$26 million invested through the end of FY 2021-22 and we recommend investing up to \$4 million annually starting FY 2022-23 through FY 2026-27.
2. **Provider Recruitment Program** – \$22.5 million invested through the end of FY 2021-22 and we recommend investing up to \$4 million annually starting FY 2022-23 through FY 2026-27.
3. **Medical School Scholarship Program** – \$14.4 million invested through the end of FY 2021-22 and we recommend investing up to \$3.5 million annually starting FY 2022-23 through FY 2026-27.
4. **In-Home Support Services Training Program** – \$5.8 million invested through the end of FY 2021-22 and we recommend investing up to \$1 million annually Starting FY 2023-24 through FY 2026-27.

L.A. Care considers the continued investments in the four programs listed above well aligned with our ESN guiding principles of increasing health access, promoting equity and cultural competence, as well as building a premier health care workforce. L.A. Care's ESN programs seek to increase access for our members in Los Angeles County and improve equity and cultural competence among our provider network.

The remaining six programs listed below have also demonstrated a strong impact in addressing various gaps in the workforce pipeline. Grantees and contractors for the programs below will leverage alternative local, state and federal funding streams to sustain the programs beyond L.A. Care's ESN investments.

5. **National Medical Fellowship** – \$600,000 invested through FY 2022-23.
6. **Community Health Worker Training** – \$657,000 invested through FY 2021-22.
7. **Health Career Connection Internship Program** – \$800,000 invested through FY 2023-24.

Board of Governors

MOTION SUMMARY

8. **Keck Graduate Institute, Master of Science in Community Medicine** – \$5 million investment through FY 2023-24.
9. **Charles R. Drew University of Medicine and Science, New Medical Education Program** – \$5 million investment through FY 2027-28.
10. **Residency Support Program** – \$12.9 million invested through FY 2024-25.

We highly encourage you to review the accompanying slides, which include more detail on the impact, demographic data collected and recommendations for continued funding.

Member Impact: This initiative aligns with L.A. Care’s organizational goal 2.2: develop and implement strategies to promote quality performance in the provider network. The initiative also aligns with organizational goal 4.3: mobilize our community resources to ensure that we are responsive and accountable to the needs of our members and constituents. Goal 4.5 is also addressed: foster innovative approaches to improving the health status of our members and the quality of care provided by the safety net.

Budget Impact: This expenditure will be funded by the Board Designated Funds which is already set aside for the workforce development initiative.

Motion: **Authorize an expenditure over the next five years in the amount of \$61.4 million by prioritizing four programs – Provider Loan Repayment Program, Provider Recruitment Program, Medical School Scholarship Program and In-Home Support Services Training Program – starting FY 2022-23 through FY 2026-27.**

BOARD OF GOVERNORS
Executive Committee
Meeting Minutes – March 22, 2022

1055 West 7th Street, Los Angeles, CA 90017



L.A. Care
 HEALTH PLAN

Members

Hector De La Torre, *Chairperson*
 Al Ballesteros, *Vice Chairperson*
 Ilan Shapiro MD, MBA, FAAP, FACHE, *Treasurer*
 Stephanie Booth, MD, *Secretary*
 Hilda Perez

Management/Staff

John Baackes, *Chief Executive Officer*
 Terry Brown, *Chief of Human Resources*
 Augustavia Haydel, *General Counsel*
 James Kyle, MD, *Chief of Equity & Quality Medical Director*
 Tom MacDougall, *Chief Technology & Information Officer*
 Thomas Mapp, *Chief Compliance Officer*
 Marie Montgomery, *Chief Financial Officer*
 Noah Paley, *Chief of Staff*
 Acacia Reed, *Chief Operating Officer*
 Richard Seidman, MD, MPH, *Chief Medical Officer*

State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care’s employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan, and the Board of Directors and all legislative bodies of the Joint Powers Authority will continue to meet virtually and the Boards will review that decision on an on-going basis as provided in the Brown Act. Members of the public had the opportunity to listen to the meeting via teleconference, and share their comments via voicemail, email, or text.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Hector De La Torre, <i>Chairperson</i> , called to order the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee meetings at 2:12 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings. <ul style="list-style-type: none"> • 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. 	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> The Chairperson will invite public comment before the Committee starts to discuss an 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. <p>He provided information on how to comment live and directly using the "chat" feature.</p>	
APPROVE MEETING AGENDA	The Agenda for today's meeting was approved.	Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, De La Torre, Perez, and Shapiro).
PUBLIC COMMENT	There were no public comments.	
APPROVE MEETING MINUTES	The minutes of the February 22, 2022 meeting were approved as submitted.	Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, De La Torre, Perez and Shapiro).
CHAIRPERSON'S REPORT	There was no report from the Chairperson.	
CHIEF EXECUTIVE OFFICER REPORT	<p>John Baackes, <i>Chief Executive Officer</i>, reported</p> <ul style="list-style-type: none"> On January 1, 2024, L.A. Care will have a new contract for Medi-Cal with the California Department of Health Care Services (DHCS). The contract has been available for review. The timing is motivated by the re-procurement process for commercial plans in Medi-Cal. L.A. Care is reviewing the contract terms, which appear to present new reporting requirements in the oversight of plan partners and delegated entities (which includes nearly all the medical groups with which L.A. Care contracts). L.A. Care's goal is to determine the true administrative costs of the contracted entities. Payments to the Plan Partners and delegated entities are considered to be medical expense, although those payments include some administrative expense. This is likely to be a huge adjustment burden for health plans. Reports on the provisions will be provided to the Board at future meetings. L.A. Care will work with DHCS to adjust the provisions as needed. L.A. Care enrollment remains higher than forecast. In May, undocumented seniors (estimated 123,000 people in Los Angeles County) will become eligible to enroll in 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Medi-Cal. L.A. Care estimated in the budget that 60,000 new members may be added. It was assumed in the budget estimate that the public health emergency would be over and Medi-Cal eligibility redetermination would have resumed, resulting in erosion of up to 5%. The public health emergency has recently been extended to July 15. This means that the effect of the redetermination will be a smaller impact on enrollment in Fiscal Year 2022.</p> <ul style="list-style-type: none"> L.A. Care has experienced difficulty in recruiting employees. Earlier this year, to attract candidates, changes were made in L.A. Care's minimum salary, raising it to \$20.00 and announced that a return to the office for employees would not take place until September, 2024. L.A. Care's senior management is currently in the office three days a week, to participate in in-person meetings. These changes seemed to increase hiring, and with new enrollment expected later this year, L.A. Care will offer enhancements to further improve recruitment. 	
<p>Government Affairs Update</p>	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported that:</p> <ul style="list-style-type: none"> The California Legislative Analyst's Office (LAO) is a non-partisan department which provides the legislature with fiscal and policy analysis. LAO released a report that the cost of a proposed single payer health care system would be \$500-\$550 billion per year, which does not include necessary startup costs. Although the bill was not approved by California's legislature and will likely not be brought up again this year, a proposal will probably be brought forward in future years. Recently the California legislature considered a resolution to end the Governor's state of emergency powers, which was considered in committee and was not approved. Governor Newsom's emergency powers, enacted in March 2020, will continue. The Committee will reconsider the resolution at a later date. Funding that was being considered by Congress to provide additional COVID relief, also contained provisions to assist Ukraine. The proposal would retrieve previously enacted funding which remained unused in some states, and would redistribute those funds to other states. Speaker Pelosi thought that there was sufficient support from Democrats, but that was not the case. There appears to be some finger-pointing between the Speaker's office and the White House over this issue. The vote planned for this legislation does not seem to be moving forward. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN								
Elevating the Safety Net Initiatives Update	<p>Cynthia Carmona, <i>Senior Director, Safety Net Initiatives</i>, presented an Impact Summary and Funding Recommendations for Elevating the Safety Net (ESN) (<i>a copy of her presentation is available by contacting Board Services</i>). The initiative has reached the fifth year of investment. The initial commitment was \$155 million in Board Designated funds, starting with three programs. The initiative expanded to 10 programs, with \$93.6 million expended so far. Although approval was for five years of investments from the Board of Governors, because the fund is a Board Designated fund, we don't have a time limit on when we should spend the remaining funds. Of the initial commitment, \$61.4 million remains unspent.</p> <p>Staff proposes to prioritize the most effective programs at a future Board Meeting for approval of a five-year extension of the initiative, including:</p> <table border="0" data-bbox="514 613 1543 1323"> <tr> <td data-bbox="514 613 703 649">Program</td> <td data-bbox="745 613 1333 649">Benefit to L.A. Care Members and Participants</td> </tr> <tr> <td data-bbox="514 755 703 893">Provider Recruitment Program (PRP)</td> <td data-bbox="745 698 1543 950"> <ul style="list-style-type: none"> • Physicians hired alleviate workloads and improve access to care • PRP funded grantees experienced a 44.6% increase in MCLA membership compared to 38.2% among non-PRP funded clinics/entities. • 87% physician retention rate through Cycle 10 (134 of 154 physician slots are currently filled) </td> </tr> <tr> <td data-bbox="514 990 703 1128">Provider Loan Repayment Program</td> <td data-bbox="745 974 1543 1153"> <ul style="list-style-type: none"> • 89% of physicians retained and on track to complete 3 years of service • 73% of physicians deliver at least 32 hours of direct patient care/week • 73% of physicians report at least \$200k in education debt </td> </tr> <tr> <td data-bbox="514 1193 703 1307">Medical School Scholarships</td> <td data-bbox="745 1177 1543 1323"> <ul style="list-style-type: none"> • 87.4% of students identify as Hispanic/Latinx or Black/African American • Eliminates between \$337k and \$390k in school debt per student </td> </tr> </table>	Program	Benefit to L.A. Care Members and Participants	Provider Recruitment Program (PRP)	<ul style="list-style-type: none"> • Physicians hired alleviate workloads and improve access to care • PRP funded grantees experienced a 44.6% increase in MCLA membership compared to 38.2% among non-PRP funded clinics/entities. • 87% physician retention rate through Cycle 10 (134 of 154 physician slots are currently filled) 	Provider Loan Repayment Program	<ul style="list-style-type: none"> • 89% of physicians retained and on track to complete 3 years of service • 73% of physicians deliver at least 32 hours of direct patient care/week • 73% of physicians report at least \$200k in education debt 	Medical School Scholarships	<ul style="list-style-type: none"> • 87.4% of students identify as Hispanic/Latinx or Black/African American • Eliminates between \$337k and \$390k in school debt per student 	
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AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>In-Home Support Services Training Program</p> <ul style="list-style-type: none"> • Efficient training and placement – 300 to 400 providers/quarter • Reduces ER and inpatient visits among members receiving care from trained providers** <p>Ms. Carmona noted statistics regarding the race and ethnicity of participants in the ESN Workforce Initiative programs compared with the members of L.A. Care, and she noted:</p> <ul style="list-style-type: none"> • Scholarships and IHHS provider training are supporting underrepresented groups in medicine • Assumption: Not enough physicians identifying as Black or African American and Hispanic or Latinx are applying or represented in our PRP and PLRP. May be due to upstream factors affecting medical school admissions. • 14% of IHSS providers did not self-report in this category • 17.9% and 14.6% of physicians in PRP and PLPR, respectively, identified as other Race or Ethnicity <p>Future Recommendations</p> <p>Provider Recruitment Program</p> <p>Annual Investment Extend PRP grant making for five additional years (of up to \$4 million per year) from FY 2022-23 through FY 2026-27.</p> <p>Flexible grant making Continue the grant making process launched in FY 2021-22 of two Scheduled Cycles and Rolling Deadline Grants, while also restricting all PRP grants to filling newly created physician positions only.</p> <p>Prioritize funding Consider prioritizing funding for clinics/entities with small to midsized annual operating budgets.</p> <p>Private practices Increase the number/ percentage of PRP physicians employed with independent private practices.</p> <p>Provider Loan Repayment Program</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS		ACTION TAKEN
	Annual Investment	Up to \$4M annually to award new physicians and offer award extensions	
	Prioritize gaps in representation	RCAC, Employer Type, Specialties and other categories by adjusting priorities throughout the year.	
	Conduct Targeted Outreach	Promote among associations and residency programs to encourage applications from underrepresented groups in medicine.	
	Medical School Scholarship Program		
	Annual Investment	Up to \$3.5M annually to support 8 students. Account for 2-3% annual tuition increase.	
	Eligibility Requirements	Prioritize awards for local (L.A. County raised) students Highly encourage that students pursue primary care specialties – Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics and Psychiatry	
	In-Home Support Services (IHSS) Training		
	Annual Investment	Up to \$1M annually to train 300-400 new workers per quarter starting in the summer of 2023	
	Review anticipated cost increase	Review budget since Center for Caregiver Advancement (CCA) anticipates an 8% increase in training costs starting in 2023.	
	Monitor State funding	SB172 funds caregiver training for IHSS workers across the state, includes a stipend post-training, as well as pays workers their hourly wage for each hour of class attended.	
	Program and Projected Investment Yield	Proposed Funding	
	Provider Loan Repayment Program		
	Combination of new awards and award extensions (<i>will vary</i>)		Up to \$4M / Yr.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Provider Recruitment Program Multiple cycle-based and ad-hoc grants per fiscal year (<i>will vary</i>)</p> <p>Medical School Scholarship Program 8 scholars (4 at CDU and 4 at UCLA annually)</p> <p>In-Home Support Services Training 300-400 Providers per quarter (<i>will vary</i>). Current contract expires in May 2023</p> <p><i>Other programs to address future workforce needs (flexible)</i></p> <p>Total Remaining for Future Funding</p> <p>Board Member Booth asked for additional information that would help her understand if the program is helping to increase the workforce for safety net providers to serve L.A. Care’s members. Mr. Baackes indicated that the proposal will be brought to the Board at the May 2022 meeting, and staff will provide additional data. He noted that he and Dr. Seidman will attend the upcoming graduations for the first group of L.A. Care Scholars in May.</p> <p>Board Member Perez asked about the In-Home Supportive Services (IHSS) future funding and if additional medical schools could be added to the scholarship program. Ms. Carmona noted that current funding for the IHSS program is approved through 2023. The proposal will include continued funding of the same program beyond 2023.</p> <p>Mr. Baackes noted that L.A. Care has trained 4,400 home caregivers through this program. Mr. Baackes also noted that the IHSS training program was not included in the ESN program. Since the IHSS training is workforce development it was moved under ESN. Mr. Baackes reported that the mission of Charles Drew Medical School is to educate minority students and to encourage them to work in the local community, which fits well with the ESN Initiative. The Geffen School of Medicine at UCLA was also selected for ESN because it has the goal of recruiting minority students. L.A. Care felt these two schools uniquely align with the long-range goal of building a pipeline to produce physicians who reflect the Medi-Cal membership at L.A. Care.</p>	<p>Up to \$4M / Yr.</p> <p>Up to \$3.5M / Yr.</p> <p>Up to \$1M / Yr.</p> <p>TBD</p> <p>\$61.4M</p>


AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, added that UCLA is a public institution and was chosen alongside Drew because of the alignment with the ESN goals. Other private local universities have endowments and other funds to assist students with tuition and costs.</p> <p>Board Member Perez asked how L.A. Care ensure that students remain in Los Angeles County to serve Medi-Cal members.</p> <p>Mr. Baackes responded that L.A. Care is getting information but it takes time. Medical School is four years and residency is three more years. Mr. Baackes is confident that the data will show that the L.A. Care Scholars will remain in Los Angeles County.</p> <p>Board Member Perez remains focused on serving L.A. Care members, and on the medical services and resources that the communities receive. Mr. Baackes noted that the reason for starting the ESN Workforce Initiative was to increase number of racially diverse physicians in Los Angeles County to serve Medi-Cal members. It takes seven years to go through medical school and residency. L.A. Care’s investment in ESN is a small risk, and he expressed his gratitude to the Board of Governors for supporting this program.</p> <p>Board Member Perez noted that she sees that the ESN program changes the lives of these students and hopefully will improve the health and happiness of L.A. Care members and the community.</p> <p>Mr. Baackes related that at the last luncheon for L.A. Care Scholars in 2019, an L.A. Care Scholar from the Long Beach area announced that the scholarship had changed her life, because she would not be burdened with medical school debt and she will be able to pursue her dream of working in the community she came from, which is why she went to medical school in the first place. Mr. Baackes noted that by relieving these students from debt, they won’t have to work in a high-paying position just to pay off loans incurred during medical school, and they can instead choose to work where they wish.</p> <p>Board Member Booth noted that it would be interesting to look at the tuition cost at other schools.</p> <p>Chairperson De La Torre asked about programs for Doctor of Osteopathic Medicine. Dr. Seidman noted that there is additional training for this degree after medical school. Ms. Carmona will provide data to Board Member Booth on emergency room visits for the IHSS training participants.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	Mr. Baackes commended Ms. Carmona for not only leading the ESN program, but also leading the implementation of the CalAIM program at L.A. Care. Information about the Enhanced Care Management program will be provided at future Board meetings, as this program is expected to grow substantially, and it will be important to understand the program and the funding for these services.	
Approve Consent Agenda	<p>Approve the list of items that will be considered on a Consent Agenda for April 7, 2022 Board of Governors Meeting.</p> <ul style="list-style-type: none"> • March 3, 2022 Board of Governors Meeting Minutes • TransUnion Contract for encounter collection and processing services • Change Health Resources Contract Amendment • Invent Health Contract Amendment • Interpreting Services International, LLC Contract (ISI) 	<p>Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, De La Torre, Perez and Shapiro).</p>
PUBLIC COMMENTS	<p>Received via email on March 22 at 2:41 pm, from Andria McFerson</p> <p><i>Hello Chairperson De La Torre, I felt I needed to discuss the process of which the budget is determined. If you have staff members who can be effective and recognize good ethics and follow through with addressing the needs of the people they are here for then the budget could go towards meaningful public participation that would help save lives. But, due to the fact that you do have some staff members who believe that either systematic racism or negative treatment to those stakeholders who speak up is like a job requirement and is almost a popularity contest to hurt the ones they should help serve then I feel that some money needs to go towards staff empathy training. I get harassed during every ECAC meeting. Why? Is it my skin color or perhaps, maybe the positive impact that I have made and been advocating for I have no idea? Staff should not virtually mute a chair who has the floor and in turn keep their jobs let alone, get a raise, bonus or promotion for those actions. There was a motion that I placed on the floor and only 10 out of 13 chairs where able to vote yet staff member Idalia Del La Torre told us that 6 yay's only 2 nay's and 2 obstensions was enough to vote ☹️❌{✓NAY}, so the motion was thrown out. Please let us know what our rights are and if that was the proper procedure. But, if not then why is this happening and more importantly why is it allowed to continue after so much harassment is reported? We are told not to tell personal stories but yet personal harassment is being done to us publicly on a</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>regular basis so why is this allowed to happen we have every right to voice our strife because it's publicly being shown after so many years at ECAC meetings on a regular basis. Anytime you have been called by a chair to speak yet staff members purposely mute you MANY TIMES that is a form of cyberbullying and this needs to be reported but yet my past complaints are not even followed through by LA Care so I am reluctant to fo so. I hear from no one after I submit my complaints. This has to stop and the whole Robert's Rule of Order process needs to be respected during a meeting along with the people that are affected by it. Please instruct your staff to help and not hinder the stakeholder committee meetings and uphold the rules and ethics relative to a proper meeting and please evaluate the budget that affects proper work performance with your staff so that we could feel we are here for a credible and lifesaving cause. Please let us know if we need a focus group for budget related topics to broaden our own standards and outreach. Thanks, Andria McFerson</i></p> <p>Chairperson De La Torre asked Augustavia J. Haydel, <i>General Counsel</i>, to look into the issue about the vote and how it was conducted.</p>	
<p>ADJOURN TO CLOSED SESSION</p>	<p>The Joint Powers Authority Executive Committee meeting was adjourned at 3:15 p.m.</p> <p>Ms. Haydel announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 3:16 p.m.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: March 2024</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act Butler v. L.A. Care, Case No. 18STCV08155</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act L.A. Care v. Purdue Pharma L.P. et al.; Case No: 1:19-op-45212-DAP (N.D. Ohio)</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four Potential Cases</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680</p> <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION Pursuant to Section 54957 of the Ralph M. Brown Act Title: Chief Executive Officer</p> <p>CONFERENCE WITH LABOR NEGOTIATOR Pursuant to Section 54957.6 of the Ralph M. Brown Act Agency Designated Representative: Hector De La Torre Unrepresented Employee: John Baackes</p>	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 4:35 p.m. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting adjourned at 4:37 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:

Hector De La Torre, *Chair*
Date: 4/27/2022 | 6:27 PM PDT



Financial Update

Board of Governors Meeting

May 5, 2022



Agenda

Financial Performance – March 2022 YTD

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

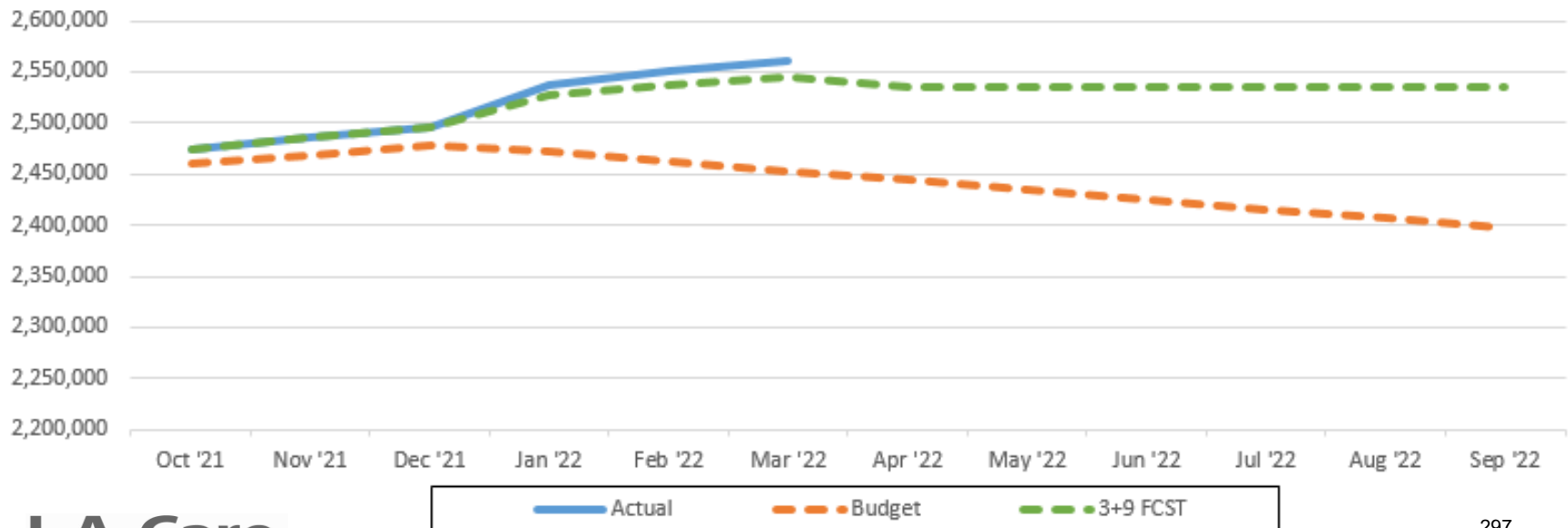
Financial Informational Updates

- Investment Transactions
- Quarterly Internal Policy Reports

Membership

for the 6 months ended March 2022

Sub-Segment	March 2022			Year-to-Date		
	Actual	3+9 FCST	Variance	Actual	3+9 FCST	Variance
Plan Partners	1,086,282	1,078,339	7,943	6,446,330	6,426,045	20,285
SPD/CCI	236,878	244,443	(7,565)	1,420,829	1,438,745	(17,916)
TANF/MCE	1,054,496	1,044,983	9,513	6,175,655	6,153,572	22,083
CMC	17,908	17,823	85	110,239	109,778	461
Commercial	165,511	160,225	5,286	951,153	938,473	12,680
Consolidated	2,561,075	2,545,812	15,263	15,104,206	15,066,612	37,594



Consolidated Financial Performance

for the month of March 2022

(\$ in Thousands)	Actual	3+9 FCST	Variance
Member Months	2,561,075	2,545,812	15,263
Total Revenues	\$796,037	\$768,494	\$27,543
Total Healthcare Expenses	\$731,529	\$704,927	(\$26,602)
Operating Margin	\$64,508	\$63,567	\$941
Total Admin Expenses	\$40,471	\$41,188	\$717
Income/(Loss) from Operations	\$24,037	\$22,378	\$1,659
Non-Operating Income (Expense)	(\$8,180)	(\$4,628)	(\$3,552)
Net Surplus (Deficit)	\$15,857	\$17,750	(\$1,893)

Consolidated Financial Performance

for the 6 months ended March 2022

(\$ in Thousands)	Actual	3+9 FCST	Variance
Member Months	15,104,206	15,066,612	37,594
Total Revenues	\$4,473,747	\$4,709,344	(\$235,597)
Total Healthcare Expenses	\$4,145,243	\$4,401,754	\$256,511
Operating Margin	\$328,504	\$307,590	\$20,914
Total Admin Expenses	\$269,062	\$243,275	(\$25,787)
Income/(Loss) from Operations	\$59,442	\$64,315	(\$4,873)
Non-Operating Income (Expense)	(\$23,554)	(\$21,776)	(\$1,779)
Net Surplus (Deficit)	\$35,888	\$42,539	(\$6,652)

Operating Margin by Segment

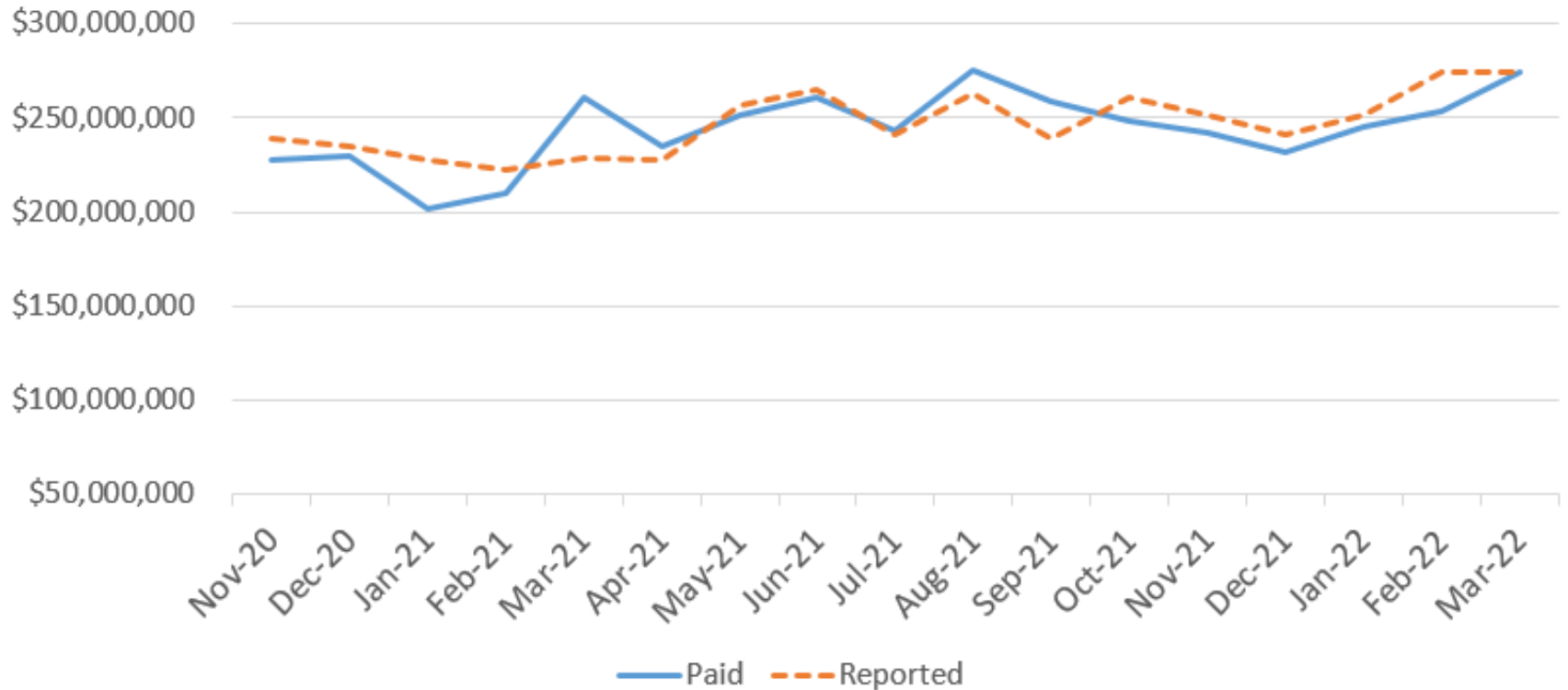
for the 6 months ended March 2022

(\$ in Thousands)

	Medi-Cal Plan Partners	Medi-Cal SPD/CCI	Medi-Cal TANF/MCE	CMC	Commercial	Total
Revenue	\$1,450,746	\$1,154,905	\$1,407,839	\$170,291	\$289,965	\$4,473,747
Healthcare Exp.	\$1,372,160	\$1,079,300	\$1,288,042	\$153,488	\$252,257	\$4,145,243
Operating Margin	\$78,585	\$75,605	\$119,797	\$16,803	\$37,708	\$328,504
MCR %	94.6%	93.5%	91.5%	90.1%	87.0%	92.7%
Forecast MCR%	95.6%	91.5%	93.4%	93.3%	90.2%	93.5%

Reported vs Paid Claims Trend

Paid Claims through March 2022



Key Financial Ratios

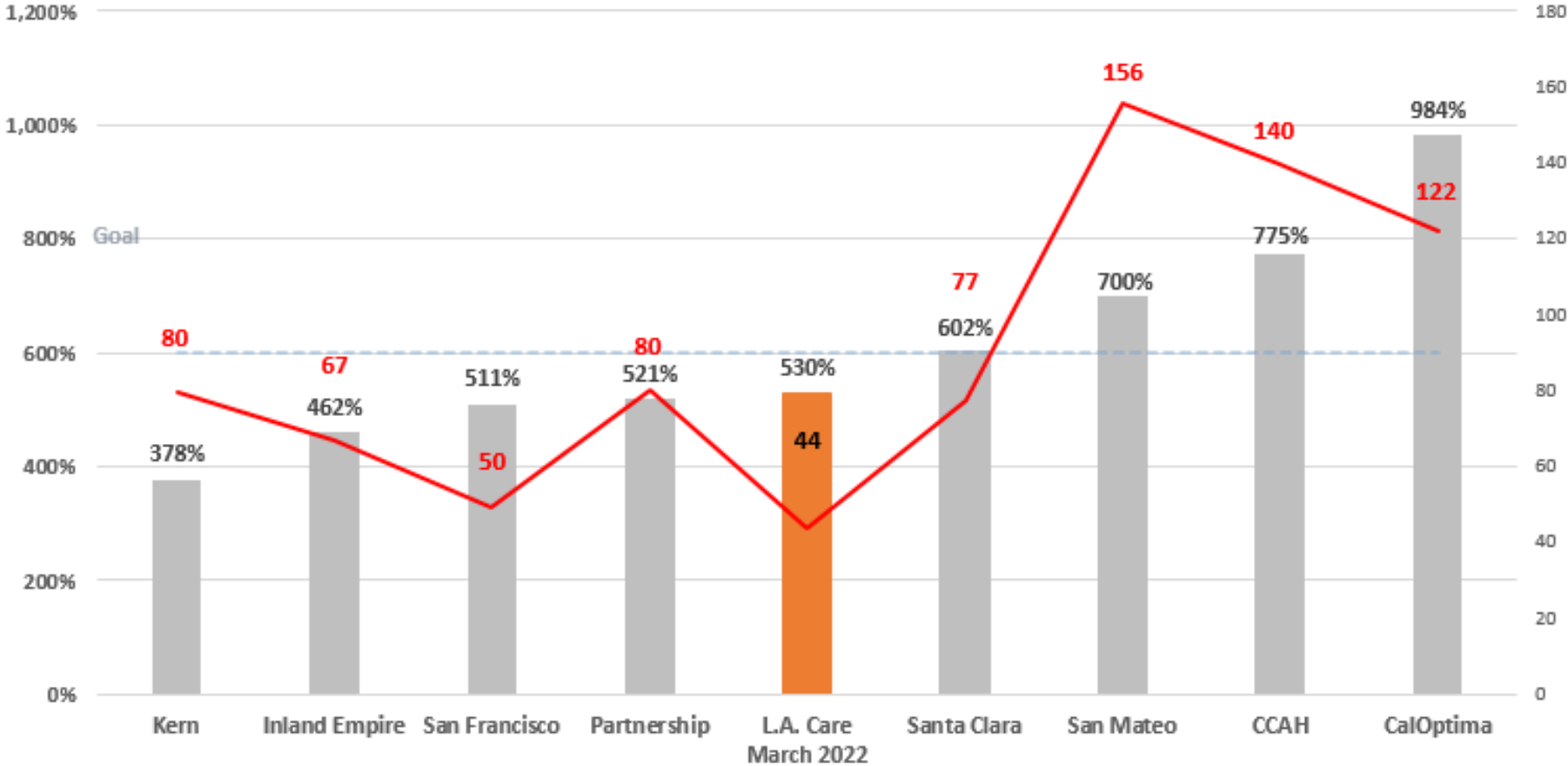
for the 6 months ended March 2022

	Actual	3+9 FCST	
MCR	92.7%	vs. 93.5%	✓
Admin Ratio	6.0%	vs. 5.2%	✗

	Actual	Benchmark	
Working Capital	1.22	vs. 1.00+	✓
Cash to Claims	0.76	vs. 0.75+	✓
Tangible Net Equity	5.30	vs. 1.30+	✓

Tangible Net Equity & Days of Cash On-Hand

for the 6 months ended March 2022



• As of December 2021 Quarterly filings, unless noted otherwise.

Questions & Consideration

Motion FIN 101

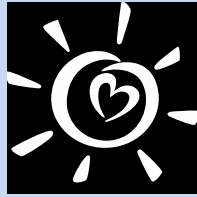
- To accept the Financial Reports for the six months ended March 31, 2022, as submitted.

Informational Items

Investment Transactions

- As of March 31, 2022, L.A. Care's total investment market value was \$2.5B
 - \$2.2B managed by Payden & Rygel and New England Asset Management (NEAM)
 - \$73M in Local Agency Investment Fund
 - \$253M in Los Angeles County Pooled Investment Fund

Quarterly Internal Policy Reports



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: May 5, 2022

Motion No. FIN 101.0522

Committee: Finance & Budget

Chairperson: Ilan Shapiro MD, MBA, FAAP, FACHE

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

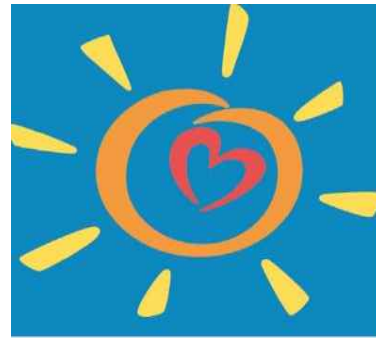
Issue: Acceptance of the Financial Reports for March 2022.

Background: N/A

Member Impact: N/A

Budget Impact: N/A

Motion: To accept the Financial Reports for March 2022, as submitted.



L.A. Care
HEALTH PLAN®

Financial Performance
March 2022
(Unaudited)



Overall

The combined member months are 15.1 million year-to-date, which is 37,594 member months favorable to the 3+9 forecast. The performance is a surplus of \$35.9 million or 0.8% of revenue and is \$6.7 million unfavorable to the forecast. The unfavorability is driven by higher operating expenses as a result of regulatory fines totaling \$55 million. Inpatient claims are favorable but offset by higher skilled nursing facility costs and outpatient claims. Other favorable items contribute to the surplus are lower provider incentives expense due to timing, CMC Medicare quality withhold earnings for calendar year 2020, and an adjustment to a governmental fee incurred related to LACC and PASC-SEIU members for prior periods. A final shared risk true-up for calendar year 2021 is a reduction in net surplus. The unfavorable variance in revenues and favorable variance in capitation expenses are driven by the reconciliation of the Prop 56 risk corridor for SFY 18-19 and the Bridge Period, which reduces \$280 million in revenues and \$264 million in capitation expenses. The previously accrued liability due to providers for Prop 56 is now a payable due to DHCS under the risk corridor provision.

MediCal Plan Partners

The member months are 6.4 million, which is 20,285 member months favorable to the 3+9 forecast. The performance is a surplus of \$25.9 million and is \$8.9 million unfavorable to the forecast. The unfavorability is due to higher operating expenses as a result of the regulatory fines. Partially offsetting the unfavorability is the timing in provider incentives expense accrual. The reconciliation for Prop 56 risk corridor related to SFY 18-19 and the Bridge Period reduces revenues by \$188 million with a corresponding decrease in capitation expenses.

MediCal SPD-CCI

The member months are 1.4 million which is 17,916 member months unfavorable to the 3+9 forecast. The performance is a deficit of \$22.4 million and is \$42.7 million unfavorable to the forecast. The unfavorability is due to higher skilled nursing facility costs and outpatient claims, but is partially offset by lower inpatient claims. Higher operating expenses as a result of the regulatory fines also contribute to the unfavorable variance in surplus. The reconciliation for Prop 56 risk corridor related to SFY 18-19 and the Bridge Period reduces revenues by \$11 million and capitation expenses by \$9 million.

MediCal TANF-MCE

The member months are 6.2 million, which is 22,083 member months favorable to the forecast. The performance is a surplus of \$11.1 million and is \$5.3 million unfavorable to the forecast. The unfavorability is driven by higher operating expenses as a result of the regulatory fines, higher skilled nursing facility costs, and the reconciliation for Prop 56 risk corridor for SFY 18-19 and the Bridge Period which reduces revenues by \$81 million and capitation expenses by \$67 million. Partially offsetting these unfavorable variances is lower inpatient claims. The favorability in the timing of the provider incentives expenses accrual is offset by an unfavorable variance in shared risk driven by the final true-up for calendar year 2021.

Cal MediConnect (CMC)

The member months are 110,239, which is 461 member months favorable to the forecast. The performance is a surplus of \$5.8 million and is \$6.1 million favorable to the forecast. The favorability is driven by lower inpatient claims and the quality withhold earnings for calendar year 2020 for Medicare. Partially offsetting these favorable variances is the shared risk final true-up for calendar year 2021.

Commercial

L.A. Care Commercial consists of LACC and PASC-SEIU. The member months are 951,153, which is 12,680 member months favorable to the forecast. The performance is a surplus of \$28.9 million and is \$31.2 million favorable to the forecast due to lower operating expenses driven by the adjustment to a governmental fee incurred related to LACC and PASC-SEIU members for prior periods and higher membership than forecasted. The shared risk final true-up for calendar year 2021 also contributes to the surplus.



Consolidated Operations Income Statement (\$ in thousands)

March 2022

Current Actual		Current Forecast		Fav(Unfav) Forecast		YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
2,561,075		2,545,812		15,263							
						Membership					
						Member Months	15,104,206	15,066,612		37,594	
						Revenue					
\$ 796,037	\$ 310.82	\$ 768,494	\$ 301.87	\$ 27,543	\$ 8.96	Capitation	\$ 4,473,747	\$ 296.19	\$ 4,709,344	\$ 312.57	\$ (235,597) \$ (16.38)
\$ 796,037	\$ 310.82	\$ 768,494	\$ 301.87	\$ 27,543	\$ 8.96	Total Revenues	\$ 4,473,747	\$ 296.19	\$ 4,709,344	\$ 312.57	\$ (235,597) \$ (16.38)
						Healthcare Expenses					
\$ 430,864	\$ 168.24	\$ 419,407	\$ 164.74	\$ (11,457)	\$ (3.49)	Capitation	\$ 2,304,189	\$ 152.55	\$ 2,546,119	\$ 168.99	\$ 241,929 \$ 16.44
\$ 95,932	\$ 37.46	\$ 108,131	\$ 42.47	\$ 12,199	\$ 5.02	Inpatient Claims	\$ 595,813	\$ 39.45	\$ 647,513	\$ 42.98	\$ 51,700 \$ 3.53
\$ 97,957	\$ 38.25	\$ 84,365	\$ 33.14	\$ (13,592)	\$ (5.11)	Outpatient Claims	\$ 487,855	\$ 32.30	\$ 476,510	\$ 31.63	\$ (11,345) \$ (0.67)
\$ 81,864	\$ 31.96	\$ 71,099	\$ 27.93	\$ (10,765)	\$ (4.04)	Skilled Nursing Facility	\$ 471,722	\$ 31.23	\$ 435,366	\$ 28.90	\$ (36,356) \$ (2.34)
\$ 10,401	\$ 4.06	\$ 6,378	\$ 2.51	\$ (4,022)	\$ (1.56)	Pharmacy	\$ 213,359	\$ 14.13	\$ 214,767	\$ 14.25	\$ 1,408 \$ 0.13
\$ 8,184	\$ 3.20	\$ 7,558	\$ 2.97	\$ (627)	\$ (0.23)	Provider Incentives and Shared Risk	\$ 32,127	\$ 2.13	\$ 39,281	\$ 2.61	\$ 7,154 \$ 0.48
\$ 6,327	\$ 2.47	\$ 7,989	\$ 3.14	\$ 1,662	\$ 0.67	Medical Administrative Expenses	\$ 40,179	\$ 2.66	\$ 42,199	\$ 2.80	\$ 2,019 \$ 0.14
\$ 731,529	\$ 285.63	\$ 704,927	\$ 276.90	\$ (26,602)	\$ (8.74)	Total Healthcare Expenses	\$ 4,145,243	\$ 274.44	\$ 4,401,754	\$ 292.15	\$ 256,511 \$ 17.71
91.9%		91.7%		-0.2%		MCR(%)	92.7%		93.5%		0.8%
\$ 64,508	\$ 25.19	\$ 63,567	\$ 24.97	\$ 941	\$ 0.22	Operating Margin	\$ 328,504	\$ 21.75	\$ 307,590	\$ 20.42	\$ 20,914 \$ 1.33
\$ 40,471	\$ 15.80	\$ 41,188	\$ 16.18	\$ 717	\$ 0.38	Total Operating Expenses	\$ 269,062	\$ 17.81	\$ 243,275	\$ 16.15	\$ (25,787) \$ (1.67)
5.1%		5.4%		0.3%		Admin Ratio(%)	6.0%		5.2%		-0.8%
\$ 24,037	\$ 9.39	\$ 22,378	\$ 8.79	\$ 1,658	\$ 0.60	Income (Loss) from Operations	\$ 59,442	\$ 3.94	\$ 64,315	\$ 4.27	\$ (4,873) \$ (0.33)
\$ (1,122)	\$ (0.44)	\$ (5,304)	\$ (2.08)	\$ 4,182	\$ 1.65	Other Income/(Expense), net	\$ (6,566)	\$ (0.43)	\$ (20,812)	\$ (1.38)	\$ 14,247 \$ 0.95
\$ 1,005	\$ 0.39	\$ 675	\$ 0.27	\$ 330	\$ 0.13	Interest Income, net	\$ 5,181	\$ 0.34	\$ 4,473	\$ 0.30	\$ 708 \$ 0.05
\$ (52)	\$ (0.02)	\$ -	\$ -	\$ (52)	\$ (0.02)	Realized Gain / Loss	\$ 1	\$ 0.00	\$ 26	\$ 0.00	\$ (25) \$ (0.00)
\$ (8,011)	\$ (3.13)	\$ -	\$ -	\$ (8,011)	\$ (3.13)	Unrealized Gain / Loss	\$ (22,174)	\$ (1.47)	\$ (5,462)	\$ (0.36)	\$ (16,709) \$ (1.11)
\$ (8,180)	\$ (3.19)	\$ (4,628)	\$ (1.82)	\$ (3,552)	\$ (1.38)	Total Non-Operating Income (Expense)	\$ (23,555)	\$ (1.56)	\$ (21,776)	\$ (1.45)	\$ (1,779) \$ (0.11)
\$ 15,857	\$ 6.19	\$ 17,750	\$ 6.97	\$ (1,894)	\$ (0.78)	Net Surplus (Deficit)	\$ 35,887	\$ 2.38	\$ 42,539	\$ 2.82	\$ (6,652) \$ (0.45)
2.0%		2.3%		-0.3%		Margin(%)	0.8%		0.9%		-0.1%



MediCal Plan Partners Income Statement (\$ in thousands)

March 2022

Current Actual		Current Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM
1,086,282		1,078,339		7,943	
\$ 268,591	\$ 247.26	\$ 259,460	\$ 240.61	\$ 9,132	\$ 6.65
\$ 268,591	\$ 247.26	\$ 259,460	\$ 240.61	\$ 9,132	\$ 6.65
\$ 253,950	\$ 233.78	\$ 244,055	\$ 226.33	\$ (9,895)	\$ (7.45)
\$ (0)	\$ (0.00)	\$ -	\$ -	\$ 0	\$ 0.00
\$ (1)	\$ (0.00)	\$ -	\$ -	\$ 1	\$ 0.00
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ 3,029	\$ 2.81	\$ 3,029	\$ 2.81
\$ 1,256	\$ 1.16	\$ 1,412	\$ 1.31	\$ 156	\$ 0.15
\$ 255,205	\$ 234.93	\$ 248,496	\$ 230.44	\$ (6,709)	\$ (4.49)
95.0%		95.8%		0.8%	
\$ 13,386	\$ 12.32	\$ 10,964	\$ 10.17	\$ 2,422	\$ 2.16
\$ 6,751	\$ 6.21	\$ 6,818	\$ 6.32	\$ 67	\$ 0.11
2.5%		2.6%		0.1%	
\$ 6,635	\$ 6.11	\$ 4,146	\$ 3.84	\$ 2,490	\$ 2.26
\$ (2,413)	\$ (2.22)	\$ 695	\$ 0.64	\$ (3,108)	\$ (2.87)
\$ 4,222	\$ 3.89	\$ 4,840	\$ 4.49	\$ (618)	\$ (0.60)
1.6%		1.9%		-0.3%	

	YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
	\$	PMPM	\$	PMPM	\$	PMPM
Membership						
Member Months	6,446,330		6,426,045		20,285	
Revenue						
Capitation	\$ 1,450,746	\$ 225.05	\$ 1,622,930	\$ 252.55	\$ (172,184)	\$ (27.51)
Total Revenues	\$ 1,450,746	\$ 225.05	\$ 1,622,930	\$ 252.55	\$ (172,184)	\$ (27.51)
Healthcare Expenses						
Capitation	\$ 1,360,928	\$ 211.12	\$ 1,530,533	\$ 238.18	\$ 169,605	\$ 27.06
Inpatient Claims	\$ (0)	\$ (0.00)	\$ 0	\$ 0.00	\$ 0	\$ 0.00
Outpatient Claims	\$ (1)	\$ (0.00)	\$ (0)	\$ (0.00)	\$ 1	\$ 0.00
Pharmacy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Provider Incentives and Shared Risk	\$ 4,281	\$ 0.66	\$ 13,342	\$ 2.08	\$ 9,061	\$ 1.41
Medical Administrative Expenses	\$ 6,952	\$ 1.08	\$ 7,232	\$ 1.13	\$ 280	\$ 0.05
Total Healthcare Expenses	\$ 1,372,160	\$ 212.86	\$ 1,551,108	\$ 241.38	\$ 178,947	\$ 28.52
MCR(%)	94.6%		95.6%		1.0%	
Operating Margin	\$ 78,585	\$ 12.19	\$ 71,822	\$ 11.18	\$ 6,763	\$ 1.01
Total Operating Expenses	\$ 48,262	\$ 7.49	\$ 38,668	\$ 6.02	\$ (9,594)	\$ (1.47)
Admin Ratio(%)	3.3%		2.4%		-0.9%	
Income (Loss) from Operations	\$ 30,324	\$ 4.70	\$ 33,154	\$ 5.16	\$ (2,830)	\$ (0.46)
Total Non-Operating Income (Expense)	\$ (4,462)	\$ (0.69)	\$ 1,654	\$ 0.26	\$ (6,116)	\$ (0.95)
Net Surplus (Deficit)	\$ 25,861	\$ 4.01	\$ 34,808	\$ 5.42	\$ (8,946)	\$ (1.40)
Margin(%)	1.8%		2.1%		-0.4%	



SPD-CCI Income Statement (\$ in thousands)

March 2022

Current Actual		Current Forecast		Fav(Unfav) Forecast		YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
236,878		244,443		(7,565)							
Membership						Member Months					
						1,420,829		1,438,745		(17,916)	
Revenue						Capitation					
\$ 192,469	\$ 812.52	\$ 187,163	\$ 765.67	\$ 5,305	\$ 46.85	\$ 1,154,905	\$ 812.84	\$ 1,161,229	\$ 807.11	\$ (6,324)	\$ 5.73
\$ 192,469	\$ 812.52	\$ 187,163	\$ 765.67	\$ 5,305	\$ 46.85	\$ 1,154,905	\$ 812.84	\$ 1,161,229	\$ 807.11	\$ (6,324)	\$ 5.73
Healthcare Expenses						Capitation					
\$ 23,151	\$ 97.73	\$ 23,699	\$ 96.95	\$ 548	\$ (0.78)	\$ 125,183	\$ 88.11	\$ 133,607	\$ 92.86	\$ 8,423	\$ 4.76
\$ 36,539	\$ 154.25	\$ 38,159	\$ 156.11	\$ 1,621	\$ 1.86	\$ 233,244	\$ 164.16	\$ 240,831	\$ 167.39	\$ 7,586	\$ 3.23
\$ 52,201	\$ 220.37	\$ 44,582	\$ 182.38	\$ (7,619)	\$ (37.99)	\$ 251,478	\$ 176.99	\$ 247,482	\$ 172.01	\$ (3,996)	\$ (4.98)
\$ 68,119	\$ 287.57	\$ 60,590	\$ 247.87	\$ (7,529)	\$ (39.70)	\$ 401,863	\$ 282.84	\$ 371,748	\$ 258.38	\$ (30,115)	\$ (24.45)
\$ (2,334)	\$ (9.85)	\$ (1,074)	\$ (4.39)	\$ 1,260	\$ 5.46	\$ 48,659	\$ 34.25	\$ 50,596	\$ 35.17	\$ 1,936	\$ 0.92
\$ 223	\$ 0.94	\$ 222	\$ 0.91	\$ (1)	\$ (0.03)	\$ 5,837	\$ 4.11	\$ 4,228	\$ 2.94	\$ (1,610)	\$ (1.17)
\$ 1,946	\$ 8.21	\$ 2,600	\$ 10.64	\$ 654	\$ 2.42	\$ 13,035	\$ 9.17	\$ 13,542	\$ 9.41	\$ 508	\$ 0.24
\$ 179,845	\$ 759.23	\$ 168,779	\$ 690.46	\$ (11,066)	\$ (68.77)	\$ 1,079,300	\$ 759.63	\$ 1,062,033	\$ 738.17	\$ (17,267)	\$ (21.46)
93.4%		90.2%		-3.3%		93.5%		91.5%		-2.0%	
\$ 12,624	\$ 53.29	\$ 18,384	\$ 75.21	\$ (5,760)	\$ (21.92)	\$ 75,605	\$ 53.21	\$ 99,196	\$ 68.95	\$ (23,591)	\$ (15.73)
Operating Margin						Operating Margin					
\$ 13,138	\$ 55.46	\$ 14,029	\$ 57.39	\$ 891	\$ 1.93	\$ 94,223	\$ 66.32	\$ 79,200	\$ 55.05	\$ (15,024)	\$ (11.27)
6.8%		7.5%		0.7%		8.2%		6.8%		-1.3%	
\$ (514)	\$ (2.17)	\$ 4,355	\$ 17.82	\$ (4,870)	\$ (19.99)	\$ (18,618)	\$ (13.10)	\$ 19,996	\$ 13.90	\$ (38,614)	\$ (27.00)
Total Operating Expenses						Total Operating Expenses					
\$ (1,935)	\$ (8.17)	\$ 269	\$ 1.10	\$ (2,204)	\$ (9.27)	\$ 94,223	\$ 66.32	\$ 79,200	\$ 55.05	\$ (15,024)	\$ (11.27)
Admin Ratio(%)						Admin Ratio(%)					
						8.2%		6.8%		-1.3%	
Income (Loss) from Operations						Income (Loss) from Operations					
Total Non-Operating Income (Expense)						Total Non-Operating Income (Expense)					
\$ (2,449)	\$ (10.34)	\$ 4,624	\$ 18.92	\$ (7,073)	\$ (29.26)	\$ (18,618)	\$ (13.10)	\$ 19,996	\$ 13.90	\$ (38,614)	\$ (27.00)
-1.3%		2.5%		-3.7%		\$ (3,763)	\$ (2.65)	\$ 317	\$ 0.22	\$ (4,080)	\$ (2.87)
Net Surplus (Deficit)						Net Surplus (Deficit)					
						\$ (22,381)	\$ (15.75)	\$ 20,313	\$ 14.12	\$ (42,695)	\$ (29.87)
Margin(%)						Margin(%)					
						-1.9%		1.7%		-3.7%	



TANF-MCE Income Statement (\$ in thousands)

March 2022

Current Actual		Current Forecast		Fav(Unfav) Forecast		YTD Actual		YTD Forecast		Fav(Unfav) Forecast		
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	
1,054,496		1,044,983		9,513								
						Membership						
						Member Months	6,175,655	6,153,572	22,083			
						Revenue						
\$ 242,864	\$ 230.31	\$ 245,041	\$ 234.49	\$ (2,177)	\$ (4.18)	Capitation	\$ 1,407,839	\$ 227.97	\$ 1,486,425	\$ 241.55	\$ (78,586)	\$ (13.59)
\$ 242,864	\$ 230.31	\$ 245,041	\$ 234.49	\$ (2,177)	\$ (4.18)	Total Revenues	\$ 1,407,839	\$ 227.97	\$ 1,486,425	\$ 241.55	\$ (78,586)	\$ (13.59)
						Healthcare Expenses						
\$ 119,959	\$ 113.76	\$ 120,413	\$ 115.23	\$ 455	\$ 1.47	Capitation	\$ 632,887	\$ 102.48	\$ 699,001	\$ 113.59	\$ 66,115	\$ 11.11
\$ 47,672	\$ 45.21	\$ 55,400	\$ 53.01	\$ 7,728	\$ 7.81	Inpatient Claims	\$ 270,441	\$ 43.79	\$ 306,938	\$ 49.88	\$ 36,497	\$ 6.09
\$ 36,822	\$ 34.92	\$ 32,810	\$ 31.40	\$ (4,012)	\$ (3.52)	Outpatient Claims	\$ 185,672	\$ 30.07	\$ 184,278	\$ 29.95	\$ (1,395)	\$ (0.12)
\$ 11,809	\$ 11.20	\$ 9,204	\$ 8.81	\$ (2,605)	\$ (2.39)	Skilled Nursing Facility	\$ 56,484	\$ 9.15	\$ 53,374	\$ 8.67	\$ (3,110)	\$ (0.47)
\$ (559)	\$ (0.53)	\$ (2,145)	\$ (2.05)	\$ (1,586)	\$ (1.52)	Pharmacy	\$ 108,910	\$ 17.64	\$ 109,578	\$ 17.81	\$ 668	\$ 0.17
\$ 5,254	\$ 4.98	\$ 2,675	\$ 2.56	\$ (2,579)	\$ (2.42)	Provider Incentives and Shared Risk	\$ 15,261	\$ 2.47	\$ 15,377	\$ 2.50	\$ 115	\$ 0.03
\$ 2,723	\$ 2.58	\$ 3,537	\$ 3.38	\$ 814	\$ 0.80	Medical Administrative Expenses	\$ 18,387	\$ 2.98	\$ 19,391	\$ 3.15	\$ 1,004	\$ 0.17
\$ 223,680	\$ 212.12	\$ 221,894	\$ 212.34	\$ (1,786)	\$ 0.22	Total Healthcare Expenses	\$ 1,288,042	\$ 208.57	\$ 1,387,936	\$ 225.55	\$ 99,895	\$ 16.98
92.1%		90.6%		-1.5%		MCR(%)	91.5%		93.4%		1.9%	
\$ 19,184	\$ 18.19	\$ 23,147	\$ 22.15	\$ (3,963)	\$ (3.96)	Operating Margin	\$ 119,797	\$ 19.40	\$ 98,489	\$ 16.01	\$ 21,309	\$ 3.39
\$ 13,900	\$ 13.18	\$ 13,263	\$ 12.69	\$ (637)	\$ (0.49)	Total Operating Expenses	\$ 106,123	\$ 17.18	\$ 83,708	\$ 13.60	\$ (22,415)	\$ (3.58)
5.7%		5.4%		-0.3%		Admin Ratio(%)	7.5%		5.6%		-1.9%	
\$ 5,284	\$ 5.01	\$ 9,884	\$ 9.46	\$ (4,600)	\$ (4.45)	Income (Loss) from Operations	\$ 13,675	\$ 2.21	\$ 14,781	\$ 2.40	\$ (1,106)	\$ (0.19)
\$ (1,678)	\$ (1.59)	\$ 582	\$ 0.56	\$ (2,259)	\$ (2.15)	Total Non-Operating Income (Expense)	\$ (2,588)	\$ (0.42)	\$ 1,584	\$ 0.26	\$ (4,172)	\$ (0.68)
\$ 3,606	\$ 3.42	\$ 10,466	\$ 10.02	\$ (6,859)	\$ (6.60)	Net Surplus (Deficit)	\$ 11,087	\$ 1.80	\$ 16,365	\$ 2.66	\$ (5,279)	\$ (0.86)
1.5%		4.3%		-2.8%		Margin(%)	0.8%		1.1%		-0.3%	



Commercial Income Statement (\$ in thousands)

March 2022

Current Actual		Current Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM
165,511		160,225		5,286	
\$ 53,639	\$ 324.08	\$ 51,224	\$ 319.70	\$ 2,415	\$ 4.38
\$ 53,639	\$ 324.08	\$ 51,224	\$ 319.70	\$ 2,415	\$ 4.38
\$ 20,516	\$ 123.96	\$ 20,511	\$ 128.01	\$ (5)	\$ 4.06
\$ 7,159	\$ 43.25	\$ 8,684	\$ 54.20	\$ 1,525	\$ 10.94
\$ 6,220	\$ 37.58	\$ 4,430	\$ 27.65	\$ (1,790)	\$ (9.93)
\$ 66	\$ 0.40	\$ -	\$ -	\$ (66)	\$ (0.40)
\$ 10,383	\$ 62.73	\$ 8,358	\$ 52.16	\$ (2,025)	\$ (10.57)
\$ (4,639)	\$ (28.03)	\$ 662	\$ 4.13	\$ 5,301	\$ 32.16
\$ 121	\$ 0.73	\$ 127	\$ 0.79	\$ 5	\$ 0.06
\$ 39,827	\$ 240.63	\$ 42,771	\$ 266.94	\$ 2,944	\$ 26.31
74.2%		83.5%		9.2%	
\$ 13,812	\$ 83.45	\$ 8,453	\$ 52.76	\$ 5,359	\$ 30.70
\$ 4,867	\$ 29.40	\$ 4,959	\$ 30.95	\$ 92	\$ 1.55
9.1%		9.7%		0.6%	
\$ 8,945	\$ 54.05	\$ 3,494	\$ 21.80	\$ 5,452	\$ 32.24
\$ (95)	\$ (0.57)	\$ (95)	\$ (0.59)	\$ 0	\$ 0.02
\$ 8,851	\$ 53.48	\$ 3,399	\$ 21.21	\$ 5,452	\$ 32.26
16.5%		6.6%		9.9%	

	YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
	\$	PMPM	\$	PMPM	\$	PMPM
Membership						
Member Months	951,153		938,473		12,680	
Revenue						
Capitation	\$ 289,965	\$ 304.86	\$ 283,650	\$ 302.25	\$ 6,316	\$ 2.61
Total Revenues	\$ 289,965	\$ 304.86	\$ 283,650	\$ 302.25	\$ 6,316	\$ 2.61
Healthcare Expenses						
Capitation	\$ 114,583	\$ 120.47	\$ 116,767	\$ 124.42	\$ 2,183	\$ 3.95
Inpatient Claims	\$ 56,277	\$ 59.17	\$ 57,925	\$ 61.72	\$ 1,648	\$ 2.56
Outpatient Claims	\$ 33,832	\$ 35.57	\$ 28,624	\$ 30.50	\$ (5,208)	\$ (5.07)
Skilled Nursing Facility	\$ 617	\$ 0.65	\$ 328	\$ 0.35	\$ (289)	\$ (0.30)
Pharmacy	\$ 50,547	\$ 53.14	\$ 50,011	\$ 53.29	\$ (536)	\$ 0.15
Provider Incentives and Shared Risk	\$ (4,247)	\$ (4.47)	\$ 1,559	\$ 1.66	\$ 5,807	\$ 6.13
Medical Administrative Expenses	\$ 648	\$ 0.68	\$ 669	\$ 0.71	\$ 22	\$ 0.03
Total Healthcare Expenses	\$ 252,257	\$ 265.21	\$ 255,883	\$ 272.66	\$ 3,626	\$ 7.45
MCR(%)	87.0%		90.2%		3.2%	
Operating Margin	\$ 37,708	\$ 39.64	\$ 27,766	\$ 29.59	\$ 9,942	\$ 10.06
Total Operating Expenses	\$ 8,228	\$ 8.65	\$ 29,479	\$ 31.41	\$ 21,251	\$ 22.76
Admin Ratio(%)	2.8%		10.4%		7.6%	
Income (Loss) from Operations	\$ 29,481	\$ 30.99	\$ (1,712)	\$ (1.82)	\$ 31,193	\$ 32.82
Total Non-Operating Income (Expense)	\$ (568)	\$ (0.60)	\$ (568)	\$ (0.61)	\$ 0	\$ 0.01
Net Surplus (Deficit)	\$ 28,913	\$ 30.40	\$ (2,280)	\$ (2.43)	\$ 31,193	\$ 32.83
Margin(%)	10.0%		-0.8%		10.8%	



Comparative Balance Sheet

(Dollars in thousands)	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
ASSETS												
CURRENT ASSETS												
Total Current Assets	\$4,329,113	\$5,008,584	\$4,417,086	\$4,476,248	\$4,406,866	\$4,782,439	\$4,483,572	\$4,781,058	\$4,475,327	\$5,037,258	\$4,719,524	\$5,474,251
Capitalized Assets - net	\$106,981	\$108,499	\$108,480	\$108,396	\$106,100	\$105,915	\$105,290	\$105,477	\$105,456	\$105,465	\$105,437	\$106,054
NONCURRENT ASSETS	\$3,572	\$3,587	\$3,451	\$3,525	\$3,637	\$3,523	\$3,466	\$3,393	\$3,251	\$3,170	\$3,023	\$2,878
TOTAL ASSETS	\$4,439,665	\$5,120,670	\$4,529,017	\$4,588,169	\$4,516,602	\$4,891,876	\$4,592,328	\$4,889,928	\$4,584,034	\$5,145,893	\$4,827,984	\$5,583,182
LIABILITIES AND FUND EQUITY												
CURRENT LIABILITIES												
Total Current Liability	\$3,401,470	\$4,098,215	\$3,506,888	\$3,550,234	\$3,486,394	\$3,838,981	\$3,516,064	\$3,810,650	\$3,498,864	\$4,025,400	\$3,756,304	\$4,494,782
Long Term Liability	\$2,890	\$2,666	\$2,520	\$2,429	\$2,994	\$3,441	\$3,328	\$3,417	\$2,174	\$2,231	\$2,194	\$3,058
Total Liabilities	\$3,404,360	\$4,100,881	\$3,509,407	\$3,552,663	\$3,489,388	\$3,842,421	\$3,519,391	\$3,814,067	\$3,501,038	\$4,027,631	\$3,758,498	\$4,497,840
FUND EQUITY												
Invested in Capital Assets, net of related debt	\$106,981	\$108,499	\$108,480	\$108,396	\$106,100	\$105,915	\$105,290	\$105,477	\$105,456	\$105,465	\$105,437	\$106,054
Restricted Equity	\$300	\$450	\$450	\$450	\$450	\$600	\$600	\$600	\$600	\$600	\$600	\$600
Minimum Tangible Net Equity	\$204,021	\$204,783	\$202,695	\$202,973	\$204,075	\$200,751	\$201,278	\$202,065	\$203,167	\$203,167	\$205,043	\$204,666
Board Designated Funds	\$107,345	\$106,234	\$101,558	\$97,416	\$93,180	\$91,741	\$103,141	\$100,133	\$89,697	\$88,702	\$86,298	\$125,441
Unrestricted Net Assets	\$616,659	\$599,822	\$606,426	\$626,271	\$623,409	\$650,449	\$662,628	\$667,585	\$684,076	\$720,328	\$672,107	\$648,581
Total Fund Equity	\$1,035,306	\$1,019,789	\$1,019,609	\$1,035,506	\$1,027,214	\$1,049,455	\$1,072,937	\$1,075,861	\$1,082,996	\$1,118,262	\$1,069,486	\$1,085,342
TOTAL LIABILITIES AND FUND EQUITY	\$4,439,665	\$5,120,670	\$4,529,017	\$4,588,169	\$4,516,602	\$4,891,876	\$4,592,328	\$4,889,928	\$4,584,034	\$5,145,893	\$4,827,984	\$5,583,182
Solvency Ratios												
Working Capital Ratio	1.27	1.22	1.26	1.26	1.26	1.25	1.28	1.25	1.28	1.25	1.26	1.22
Cash to Claims Ratio	0.56	0.77	0.57	0.57	0.55	0.72	0.59	0.66	0.59	0.66	0.54	0.76
Tangible Net Equity Ratio	5.07	4.98	5.03	5.10	5.03	5.23	5.33	5.32	5.33	5.50	5.22	5.30



Cash Flows Statement (\$ in thousands)

March 2022

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	YTD
Cash Flows from Operating Activities:							
Capitation Revenue	\$ 763,872	\$ 743,782	\$ 830,492	\$ 703,097	\$ 725,391	\$ 761,918	\$ 4,528,552
Other Income (Expense), net	\$ 10,099	\$ (2,297)	\$ (8,057)	\$ (1,229)	\$ (1,606)	\$ (861)	\$ (3,951)
Healthcare Expenses	\$ (769,260)	\$ (685,351)	\$ (854,089)	\$ (606,627)	\$ (673,516)	\$ (767,350)	\$ (4,356,193)
Operating Expenses	\$ (31,084)	\$ (30,643)	\$ (54,724)	\$ (33,016)	\$ (39,706)	\$ (36,746)	\$ (225,919)
Net Cash Provided By Operating Activities	\$ (26,373)	\$ 25,491	\$ (86,378)	\$ 62,225	\$ 10,563	\$ (43,039)	\$ (57,511)
Cash Flows from Investing Activities							
Purchase of investments - Net	\$ 70,245	\$ 85,685	\$ (82,191)	\$ 22,709	\$ 511	\$ 32,993	\$ 129,952
Purchase of Capital Assets	\$ (1,333)	\$ (2,179)	\$ (1,833)	\$ (1,847)	\$ (1,827)	\$ (2,552)	\$ (11,571)
Net Cash Provided By Investing Activities	\$ 68,912	\$ 83,506	\$ (84,024)	\$ 20,862	\$ (1,316)	\$ 30,441	\$ 118,381
Cash Flows from Financing Activities:							
Gross Premium Tax (MCO Sales Tax) - Net	\$ (26,829)	\$ 14,276	\$ 14,596	\$ (26,338)	\$ 14,591	\$ 14,999	\$ 5,295
Pass through transactions (AB 85, IGT, etc.)	\$ (297,777)	\$ 160,499	\$ (137,249)	\$ 360,537	\$ (395,556)	\$ 762,594	\$ 453,048
Net Cash Provided By Financing Activities	\$ (324,606)	\$ 174,775	\$ (122,653)	\$ 334,199	\$ (380,965)	\$ 777,593	\$ 458,343
Net Increase in Cash and Cash Equivalents	\$ (282,067)	\$ 283,772	\$ (293,055)	\$ 417,286	\$ (371,718)	\$ 764,995	\$ 519,213
Cash and Cash Equivalents, Beginning	\$ 990,897	\$ 708,830	\$ 992,602	\$ 699,547	\$ 1,116,833	\$ 745,115	\$ 990,897
Cash and Cash Equivalents, Ending	\$ 708,830	\$ 992,602	\$ 699,547	\$ 1,116,833	\$ 745,115	\$ 1,510,110	\$ 1,510,110
Reconciliation of Income from Operations to Net Cash Provided By (Used In) Operating Activities:							
Excess of Revenues over Expenses	\$ 23,481	\$ 2,924	\$ 7,135	\$ 35,266	\$ (48,776)	\$ 15,857	\$ 35,887
Adjustments to Excess of Revenues Over Expenses:							
Depreciation	\$ 1,957	\$ 1,991	\$ 1,855	\$ 1,838	\$ 1,856	\$ 1,935	\$ 11,432
Realized and Unrealized (Gain)/Loss on Investments	\$ 2,947	\$ 1,228	\$ 1,261	\$ 5,239	\$ 3,431	\$ 8,064	\$ 22,170
Deferred Rent	\$ (113)	\$ 90	\$ (1,244)	\$ 57	\$ (37)	\$ 864	\$ (383)
Gross Premium Tax provision	\$ (280)	\$ (516)	\$ (837)	\$ (2,011)	\$ (1,000)	\$ (1,072)	\$ (5,716)
Loss on Disposal of Capital Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Adjustments to Excess of Revenues over Expenses	\$ 4,511	\$ 2,793	\$ 1,035	\$ 5,123	\$ 4,250	\$ 9,791	\$ 27,503
Changes in Operating Assets and Liabilities:							
Capitation Receivable	\$ (47,907)	\$ (64,579)	\$ 25,121	\$ 216,121	\$ (45,704)	\$ (35,458)	\$ 47,594
Interest and Non-Operating Receivables	\$ 164	\$ (19)	\$ (209)	\$ 176	\$ (8)	\$ 160	\$ 264
Prepaid and Other Current Assets	\$ 1,810	\$ (964)	\$ (971)	\$ 3,108	\$ (4,076)	\$ (3,123)	\$ (4,216)
Accounts Payable and Accrued Liabilities	\$ 68	\$ 6,440	\$ (10,195)	\$ (19,850)	\$ 56,020	\$ 2,273	\$ 34,756
Subcapitation Payable	\$ 36,845	\$ 75,826	\$ (105,110)	\$ (147,776)	\$ 29,226	\$ (43,177)	\$ (154,166)
MediCal Adult Expansion Payable	\$ 37,928	\$ (40)	\$ (171)	\$ (114)	\$ (54)	\$ 467	\$ 38,016
Deferred Capitation Revenue	\$ (898)	\$ (567)	\$ 1,353	\$ 4,098	\$ 1,887	\$ 1,339	\$ 7,212
Accrued Medical Expenses	\$ (2,474)	\$ 2,920	\$ 625	\$ (44,258)	\$ 6,593	\$ 9,589	\$ (27,005)
Reserve for Claims	\$ 12,037	\$ 9,596	\$ 9,601	\$ 11,579	\$ 17,754	\$ 138	\$ 60,705
Reserve for Provider Incentives	\$ (92,318)	\$ (9,394)	\$ (16,679)	\$ (483)	\$ (7,007)	\$ (1,061)	\$ (126,942)
Grants Payable	\$ 380	\$ 555	\$ 2,087	\$ (765)	\$ 458	\$ 166	\$ 2,881
Net Changes in Operating Assets and Liabilities	\$ (54,365)	\$ 19,774	\$ (94,548)	\$ 21,836	\$ 55,089	\$ (68,687)	\$ (120,901)
Net Cash Provided By Operating Activities	\$ (26,373)	\$ 25,491	\$ (86,378)	\$ 62,225	\$ 10,563	\$ (43,039)	\$ (57,511)



DATE: April 26, 2022
TO: Finance & Budget Committee
FROM: Marie Montgomery, *Chief Financial Officer*

SUBJECT: Monthly Investment Portfolio Securities Transaction Report for March, 2022

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 March 1 to March 31, 2022.

L.A. Care's investment market value as of March 31, 2022, was \$2.5 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 \$254 million invested with the Los Angeles County Pooled Investment Fund (LACPIF).

The remainder as of March 31, 2022, of \$2.2 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.

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

03/01/2022
through 03/31/2022

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	Tc Amo
03/07/22	03/08/22	Buy	30,000,000.000	U.S. TREASURY BILL MAT 03/15/22 Cpn 912796S83	(29,999,941.67)		0.00	0.00	(29,999,941.67)
03/08/22	03/09/22	Buy	1,400,000.000	NORDEA BANK ABP NY YCD MAT 06/07/22 Cpn 0.70 65558UPT3	(1,400,000.00)		0.00	0.00	(1,400,000.00)
03/11/22	03/11/22	Buy	40,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn 912796T25	(39,998,600.00)		0.00	0.00	(39,998,600.00)
03/11/22	03/11/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn 912796T25	(49,998,250.00)		0.00	0.00	(49,998,250.00)
03/11/22	03/11/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn 912796T25	(49,998,250.00)		0.00	0.00	(49,998,250.00)
03/11/22	03/11/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn 912796T25	(49,998,250.00)		0.00	0.00	(49,998,250.00)
03/11/22	03/11/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn 912796T25	(49,998,250.00)		0.00	0.00	(49,998,250.00)
03/11/22	03/11/22	Buy	25,000,000.000	U.S. TREASURY BILL MAT 04/14/22 Cpn 912796P29	(24,996,954.17)		0.00	0.00	(24,996,954.17)
03/11/22	03/11/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/14/22 Cpn 912796P29	(49,993,908.33)		0.00	0.00	(49,993,908.33)
03/11/22	03/11/22	Buy	30,000,000.000	U.S. TREASURY BILL MAT 04/26/22 Cpn 912796U23	(29,992,659.17)		0.00	0.00	(29,992,659.17)
03/11/22	03/11/22	Buy	30,000,000.000	U.S. TREASURY BILL MAT 05/05/22 Cpn 912796P45	(29,990,604.17)		0.00	0.00	(29,990,604.17)
03/11/22	03/11/22	Buy	300,000.000	U.S. TREASURY BILL MAT 03/24/22 Cpn 912796F38	(299,996.75)		0.00	0.00	(299,996.75)
03/11/22	03/11/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/24/22 Cpn 912796F38	(49,999,620.83)		0.00	0.00	(49,999,620.83)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

03/01/2022
through 03/31/2022

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	Tc Amo
03/11/22	03/11/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/24/22 Cpn	912796F38	(49,999,620.83)		0.00	0.00	(49,999,620.83)
03/11/22	03/11/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/24/22 Cpn	912796F38	(49,999,620.83)		0.00	0.00	(49,999,620.83)
03/11/22	03/11/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/24/22 Cpn	912796F38	(49,999,620.83)		0.00	0.00	(49,999,620.83)
03/11/22	03/11/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/24/22 Cpn	912796F38	(49,999,620.83)		0.00	0.00	(49,999,620.83)
03/11/22	03/11/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/24/22 Cpn	912796F38	(49,999,620.83)		0.00	0.00	(49,999,620.83)
03/11/22	03/11/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/21/22 Cpn	912796G45	(49,990,034.72)		0.00	0.00	(49,990,034.72)
03/11/22	03/11/22	Buy	40,000,000.000	U.S. TREASURY BILL MAT 04/28/22 Cpn	912796P37	(39,989,333.33)		0.00	0.00	(39,989,333.33)
03/11/22	03/11/22	Buy	10,000,000.000	U.S. TREASURY BILL MAT 05/03/22 Cpn	912796U72	(9,996,680.14)		0.00	0.00	(9,996,680.14)
03/11/22	03/11/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/03/22 Cpn	912796U72	(49,983,400.69)		0.00	0.00	(49,983,400.69)
03/11/22	03/11/22	Buy	10,000,000.000	U.S. TREASURY BILL MAT 04/19/22 Cpn	912796T90	(9,998,326.25)		0.00	0.00	(9,998,326.25)
03/11/22	03/11/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/19/22 Cpn	912796T90	(49,991,631.25)		0.00	0.00	(49,991,631.25)
03/11/22	03/11/22	Buy	30,000,000.000	U.S. TREASURY BILL MAT 04/05/22 Cpn	912796T74	(29,997,916.67)		0.00	0.00	(29,997,916.67)
03/11/22	03/11/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/05/22 Cpn	912796T74	(49,996,527.78)		0.00	0.00	(49,996,527.78)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

03/01/2022
through 03/31/2022

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	Tc Amo
03/11/22	03/11/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/05/22 Cpn	912796T74	(49,996,527.78)		0.00	0.00	(49,996,527.78)
03/11/22	03/11/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/05/22 Cpn	912796T74	(49,996,527.78)		0.00	0.00	(49,996,527.78)
03/14/22	03/15/22	Buy	10,000,000.000	U.S. TREASURY BILL MAT 05/12/22 Cpn	912796Q28	(9,995,730.56)		0.00	0.00	(9,995,730.56)
03/14/22	03/15/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/12/22 Cpn	912796Q28	(49,978,652.78)		0.00	0.00	(49,978,652.78)
03/14/22	03/15/22	Buy	10,000,000.000	U.S. TREASURY BILL MAT 05/10/22 Cpn	912796U80	(9,995,566.67)		0.00	0.00	(9,995,566.67)
03/14/22	03/15/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/10/22 Cpn	912796U80	(49,977,833.33)		0.00	0.00	(49,977,833.33)
03/15/22	03/16/22	Buy	7,400,000.000	ROYAL BANK OF CANADA YCD MAT 09/16/22 Cpn 1.41	78012U4J1	(7,400,000.00)		0.00	0.00	(7,400,000.00)
03/16/22	03/17/22	Buy	30,000,000.000	U.S. TREASURY BILL MAT 05/17/22 Cpn	912796U98	(29,984,877.08)		0.00	0.00	(29,984,877.08)
03/23/22	03/24/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn	912796T25	(49,998,947.92)		0.00	0.00	(49,998,947.92)
03/23/22	03/24/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn	912796T25	(49,998,947.92)		0.00	0.00	(49,998,947.92)
03/23/22	03/24/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn	912796T25	(49,998,947.92)		0.00	0.00	(49,998,947.92)
03/23/22	03/24/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn	912796T25	(49,998,947.92)		0.00	0.00	(49,998,947.92)
03/23/22	03/24/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn	912796T25	(49,998,947.92)		0.00	0.00	(49,998,947.92)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

03/01/2022
through 03/31/2022

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	Tc Amo
03/23/22	03/24/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn 912796T25	(49,998,947.92)		0.00	0.00	(49,998,947.92)
03/23/22	03/25/22	Buy	1,126,756.830	HALST 2021-C A2 CAR LEASE 144A MAT 01/16/24 Cpn 0.24 44933MAB7	(1,115,489.27)	(75.12)	0.00	0.00	(1,115,564.39)
03/24/22	03/25/22	Buy	7,500,000.000	SUMITOMO MITSUI TR NY YCD MAT 06/22/22 Cpn 0.88 86564MEZ7	(7,500,000.00)		0.00	0.00	(7,500,000.00)
03/28/22	03/29/22	Buy	20,000,000.000	U.S. TREASURY BILL MAT 04/12/22 Cpn 912796T82	(19,998,833.33)		0.00	0.00	(19,998,833.33)
03/28/22	03/29/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/12/22 Cpn 912796T82	(49,997,083.33)		0.00	0.00	(49,997,083.33)
03/28/22	03/29/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/12/22 Cpn 912796T82	(49,997,083.33)		0.00	0.00	(49,997,083.33)
03/28/22	03/29/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/12/22 Cpn 912796T82	(49,997,083.33)		0.00	0.00	(49,997,083.33)
03/28/22	03/29/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/12/22 Cpn 912796T82	(49,997,083.33)		0.00	0.00	(49,997,083.33)
03/28/22	03/29/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/12/22 Cpn 912796T82	(49,997,083.33)		0.00	0.00	(49,997,083.33)
03/28/22	03/29/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/12/22 Cpn 912796T82	(49,997,083.33)		0.00	0.00	(49,997,083.33)
03/28/22	03/29/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/12/22 Cpn 912796T82	(49,997,083.33)		0.00	0.00	(49,997,083.33)
03/28/22	03/29/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/12/22 Cpn 912796T82	(49,997,083.33)		0.00	0.00	(49,997,083.33)
03/28/22	03/29/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/12/22 Cpn 912796T82	(49,997,083.33)		0.00	0.00	(49,997,083.33)

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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	Tc Amo.
03/28/22	03/29/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/05/22 Cpn 912796T74	(49,999,227.08)		0.00	0.00	(49,999,227.08)
03/23/22	03/30/22	Buy	2,650,000.000	EFF 2022-1 A1 FLEET 144A MAT 04/20/23 Cpn 1.49 29375JAA2	(2,650,000.00)		0.00	0.00	(2,650,000.00)
			<u>2,085,376,756.830</u>		<u>(2,085,163,943.22)</u>	<u>(75.12)</u>	<u>0.00</u>	<u>0.00</u>	<u>(2,085,164,018.34)</u>
03/02/22	03/02/22	Coupon		SUMITOMO MITSUI BANK FRN YCD MAT 08/02/22 Cpn 0.46 86565C4F3		464.39	0.00	0.00	464.39
03/03/22	03/03/22	Coupon		SUMITOMO MITSUI BANK YCD MAT 03/03/22 Cpn 0.15 86565C5M7		3,576.88	0.00	0.00	3,576.88
03/03/22	03/03/22	Coupon		SWEDBANK NY YCD 3ML FRN MAT 03/03/22 Cpn 87019VT56		1,207.76	0.00	0.00	1,207.76
03/09/22	03/09/22	Coupon		CREDIT AGRICOLE YCD FRN SOFR MAT 05/09/22 Cpn 0.40 22532XQP6		263.89	0.00	0.00	263.89
03/10/22	03/10/22	Coupon		CRVNA 2021-P2 A2 CAR MAT 07/10/24 Cpn 0.30 14687TAB3		1,108.44	0.00	0.00	1,108.44
03/10/22	03/10/22	Coupon		CRVNA 2021-P4 A2 CAR MAT 04/10/25 Cpn 0.82 14687KAB2		5,125.00	0.00	0.00	5,125.00
03/14/22	03/14/22	Coupon		BANK OF NOVA SCOTIA FRN YCD MAT 09/14/22 Cpn 0.45 06417MVT9		427.78	0.00	0.00	427.78
03/15/22	03/15/22	Coupon		CARMAX 2019-1 A3 CAR MAT 03/15/24 Cpn 3.05 14315NAC4		1,665.17	0.00	0.00	1,665.17
03/15/22	03/15/22	Coupon		CARMX 2019-2 A3 CAR MAT 03/15/24 Cpn 2.68 14316LAC7		2,623.74	0.00	0.00	2,623.74
03/15/22	03/15/22	Coupon		CARMAX 2019-3 A3 CAR MAT 08/15/24 Cpn 2.18 14315PAD7		7,453.94	0.00	0.00	7,453.94

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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	Tc Amo.
03/15/22	03/15/22	Coupon		CARMX 2021-4 A2A CAR MAT 11/15/24 Cpn 0.24 14317JAB3		804.48	0.00	0.00	804.48
03/15/22	03/15/22	Coupon		CNH 2021-C A2 EQP MAT 01/15/25 Cpn 0.33 12598LAB2		2,062.50	0.00	0.00	2,062.50
03/15/22	03/15/22	Coupon		HALST 2020-B A3 CAR LEASE 144A MAT 09/15/23 Cpn 0.51 44891PAC8		2,965.65	0.00	0.00	2,965.65
03/15/22	03/15/22	Coupon		HALST 2021-C A2 CAR LEASE 144A MAT 01/16/24 Cpn 0.24 44933MAB7		1,000.86	0.00	0.00	1,000.86
03/15/22	03/15/22	Coupon		HONDA 2021-2 A2 CAR MAT 11/15/23 Cpn 0.17 43811JAB3		611.06	0.00	0.00	611.06
03/15/22	03/15/22	Coupon		HAROT 2022-1 A2 CAR MAT 10/15/24 Cpn 1.44 43815BAB6		4,400.00	0.00	0.00	4,400.00
03/15/22	03/15/22	Coupon		HYUNDAI 2021-A A2 CAR MAT 02/15/24 Cpn 0.23 44933LAB9		268.26	0.00	0.00	268.26
03/15/22	03/15/22	Coupon		INTER-AMERICAN DEV BANK FRN MAT 03/15/22 Cpn 45818WCM		1,745.63	0.00	0.00	1,745.63
03/15/22	03/15/22	Coupon		INTER-AMERICAN DEV BANK FRN MAT 03/15/22 Cpn 45818WCM		3,491.25	0.00	0.00	3,491.25
03/15/22	03/15/22	Coupon		KUBOTA 2020-1A A3 EQP 144A MAT 03/15/24 Cpn 1.96 50117WAC8		6,298.87	0.00	0.00	6,298.87
03/15/22	03/15/22	Coupon		KUBOTA 2020-1A A3 EQP 144A MAT 03/15/24 Cpn 1.96 50117WAC8		1,511.16	0.00	0.00	1,511.16
03/15/22	03/15/22	Coupon		MERCEDES 2020-B A2 LEASE MAT 02/15/23 Cpn 0.31 58769EAB4		148.14	0.00	0.00	148.14
03/15/22	03/15/22	Coupon		MERCEDES 2021-B A2 LEASE MAT 01/16/24 Cpn 0.22 58769KAC8		1,176.85	0.00	0.00	1,176.85

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03/15/22	03/15/22	Coupon		MBMOT 2019-BA A 144A MAT 05/15/24 Cpn 2.61 58768UAM5		12,349.65	0.00	0.00	12,349.65
03/15/22	03/15/22	Coupon		NY STATE DORM AUTH PERS INC T MAT 03/15/22 Cpn 0.17 64990FC93		8,507.72	0.00	0.00	8,507.72
03/15/22	03/15/22	Coupon		TOYOTA 2019-A A3 CAR MAT 07/17/23 Cpn 2.91 89239AAD5		3,849.22	0.00	0.00	3,849.22
03/15/22	03/15/22	Coupon		TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2		2,516.15	0.00	0.00	2,516.15
03/15/22	03/15/22	Coupon		TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2		252.30	0.00	0.00	252.30
03/15/22	03/15/22	Coupon		TOYOTA 2021-A A2 CAR MAT 07/17/23 Cpn 0.16 89240BAB4		246.13	0.00	0.00	246.13
03/15/22	03/15/22	Coupon		WORLD OMNI 2021-B A2 CAR MAT 07/15/24 Cpn 0.20 98163LAB6		535.58	0.00	0.00	535.58
03/16/22	03/16/22	Coupon		CREDIT INDUST ET COMM YCD FR MAT 05/16/22 Cpn 0.40 22536UY61		661.11	0.00	0.00	661.11
03/16/22	03/16/22	Coupon		GMCAR 2021-A A2 CAR MAT 06/17/24 Cpn 0.27 380149AB0		633.76	0.00	0.00	633.76
03/16/22	03/16/22	Coupon		INTER-AMERICAN DEV BANK FRN MAT 09/16/22 Cpn 0.52 45818WCP9		1,007.14	0.00	0.00	1,007.14
03/16/22	03/16/22	Coupon		ROYAL BANK OF CANADA YCD MAT 03/16/22 Cpn 0.20 78012U2N4		3,700.00	0.00	0.00	3,700.00
03/18/22	03/18/22	Coupon		CREDIT AGRICOLE YCD FRN SOFR MAT 05/18/22 Cpn 0.42 22532XQR2		859.44	0.00	0.00	859.44
03/18/22	03/18/22	Coupon		HONDA 2019-1 A3 CAR MAT 03/20/23 Cpn 2.83 43814WAC9		1,586.82	0.00	0.00	1,586.82

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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	Tc Amo.
03/18/22	03/18/22	Coupon		HONDA 2020-3 A2 CAR MAT 02/21/23 Cpn 0.27 43813KAB8		236.68	0.00	0.00	236.68
03/18/22	03/18/22	Coupon		HONDA 2021-3 A2 CAR MAT 02/20/24 Cpn 0.20 43815EAB0		500.00	0.00	0.00	500.00
03/20/22	03/20/22	Coupon		GMALT 2021-2 A2 LEASE MAT 07/20/23 Cpn 0.22 380144AB1		523.41	0.00	0.00	523.41
03/20/22	03/20/22	Coupon		SRT 2021-C A2 LEASE 144A MAT 04/22/24 Cpn 0.29 80286CAB6		857.94	0.00	0.00	857.94
03/20/22	03/20/22	Coupon		TESLA 2021-B A2 LEASE 144A MAT 09/22/25 Cpn 0.36 88161KAB1		915.00	0.00	0.00	915.00
03/20/22	03/20/22	Coupon		VALET 2021-1 A2 CAR MAT 10/21/24 Cpn 0.49 92868KAB9		3,062.50	0.00	0.00	3,062.50
03/20/22	03/20/22	Coupon		VOLKSWAGEN 2019-A A3 LEASE MAT 11/21/22 Cpn 1.99 92867XAD8		723.84	0.00	0.00	723.84
03/20/22	03/20/22	Coupon		VOLKSWAGEN 2019-A A3 LEASE MAT 11/21/22 Cpn 1.99 92867XAD8		231.76	0.00	0.00	231.76
03/20/22	03/20/22	Coupon		VERIZON 2019-B 1A1 PHONE MAT 12/20/23 Cpn 2.33 92349GAA9		1,567.24	0.00	0.00	1,567.24
03/20/22	03/20/22	Coupon		VERIZON 2019-B 1A1 PHONE MAT 12/20/23 Cpn 2.33 92349GAA9		393.41	0.00	0.00	393.41
03/20/22	03/20/22	Coupon		VERIZON 2019-B 1A1 PHONE MAT 12/20/23 Cpn 2.33 92349GAA9		3,975.04	0.00	0.00	3,975.04
03/20/22	03/20/22	Coupon		VERIZON 2019-C A1A PHONE MAT 04/22/24 Cpn 1.94 92348AAA3		4,921.93	0.00	0.00	4,921.93
03/20/22	03/20/22	Coupon		VERIZON 2019-C A1A PHONE MAT 04/22/24 Cpn 1.94 92348AAA3		2,411.75	0.00	0.00	2,411.75

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03/22/22	03/22/22	Coupon		DEFT 2021-2 A1 EQP 144A MAT 09/22/22 Cpn 0.18 24702VAA0		161.09	0.00	0.00	161.09
03/25/22	03/25/22	Coupon		BMW 2021-2 A2 LEASE MAT 11/27/23 Cpn 0.19 09690AAB9		816.42	0.00	0.00	816.42
03/25/22	03/25/22	Coupon		BMW 2019-A A3 CAR MAT 01/25/24 Cpn 1.92 05588CAC6		1,172.14	0.00	0.00	1,172.14
03/25/22	03/25/22	Coupon		FHMS KF36 A MAT 08/25/24 Cpn 0.58 3137FBAR7		668.77	0.00	0.00	668.77
03/25/22	03/25/22	Coupon		FHMS KF38 A MAT 09/25/24 Cpn 0.57 3137FBUC8		181.63	0.00	0.00	181.63
03/25/22	03/25/22	Coupon		FHMS KI04 A 1MOFRN CMBS MAT 07/25/24 Cpn 0.60 3137FNAV2		440.42	0.00	0.00	440.42
03/25/22	03/25/22	Coupon		FHMS KI05 A MAT 07/25/24 Cpn 0.58 3137FQXG3		173.29	0.00	0.00	173.29
03/25/22	03/25/22	Coupon		FHMS KI06 A 1MOFRN CMBS MAT 03/25/25 Cpn 0.46 3137FVNA6		670.73	0.00	0.00	670.73
03/25/22	03/25/22	Coupon		FHMS KI07 A SOFRFRN MAT 09/25/26 Cpn 0.22 3137H3KA9		1,182.03	0.00	0.00	1,182.03
03/25/22	03/25/22	Coupon		FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 0.25 3137H4RC6		725.29	0.00	0.00	725.29
03/01/22	03/25/22	Coupon		FHMS KS01 A2 CMBS MAT 01/25/23 Cpn 2.52 3137B1U75		12,404.65	0.00	0.00	12,404.65
03/25/22	03/25/22	Coupon		FHMS Q015 A 1MOFRN CMBS MAT 08/25/24 Cpn 0.31 3137FYUR5		321.29	0.00	0.00	321.29
03/25/22	03/25/22	Coupon		BANCO SANTANDER FRN YCD SOF MAT 07/25/22 Cpn 0.44 05966DE32		571.67	0.00	0.00	571.67

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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	Tc Amo.
03/25/22	03/25/22	Coupon		SUMITOMO MITSUI TR NY YCD FR MAT 03/25/22 Cpn 86564GW64		1,233.33	0.00	0.00	1,233.33
03/31/22	03/31/22	Coupon		INTL FINANCE CORP FRN SOFRR MAT 06/30/23 Cpn 0.39 45950KCW8		3,516.14	0.00	0.00	3,516.14
03/31/22	03/31/22	Coupon		U.S. TREASURY NOTE MAT 03/31/23 Cpn 0.13 91282CBU4		31,250.00	0.00	0.00	31,250.00
						<u>162,916.11</u>	<u>0.00</u>	<u>0.00</u>	<u>162,916.11</u>
03/01/22	03/01/22	Income	742.000	STIF INT MAT Cpn USD		742.00	0.00	0.00	742.00
03/01/22	03/01/22	Income	633.630	ADJ NET INT MAT Cpn USD		633.63	0.00	0.00	633.63
			<u>1,375.630</u>			<u>1,375.63</u>	<u>0.00</u>	<u>0.00</u>	<u>1,375.63</u>
03/10/22	03/10/22	Contributn	100,000,000.000	NM MAT Cpn USD	100,000,000.00		0.00	0.00	100,000,000.00
03/11/22	03/11/22	Contributn	1,085,000,000.000	NM MAT Cpn USD	1,085,000,000.00		0.00	0.00	1,085,000,000.00
			<u>1,185,000,000.000</u>		<u>1,185,000,000.00</u>		<u>0.00</u>	<u>0.00</u>	<u>1,185,000,000.00</u>
03/02/22	03/03/22	Sell Long	10,000,000.000	U.S. TREASURY BILL MAT 03/08/22 Cpn 912796S75	9,999,434.31	513.61	7.64	0.00	9,999,947.96
03/04/22	03/07/22	Sell Long	10,000,000.000	U.S. TREASURY BILL MAT 03/08/22 Cpn 912796S75	9,999,424.72	561.39	(1.95)	0.00	9,999,986.17

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03/04/22	03/07/22	Sell Long	20,000,000.000	U.S. TREASURY BILL MAT 03/08/22 Cpn	912796S75	19,998,849.44	1,122.78	(3.89)	0.00	19,999,972.:
03/15/22	03/16/22	Sell Long	12,000,000.000	U.S. TREASURY BILL MAT 03/17/22 Cpn	912796N21	11,999,773.33	226.67	6.67	0.00	12,000,000.0
03/15/22	03/16/22	Sell Long	28,000,000.000	U.S. TREASURY BILL MAT 03/17/22 Cpn	912796N21	27,999,471.11	528.89	15.56	0.00	28,000,000.0
03/15/22	03/16/22	Sell Long	22,000,000.000	U.S. TREASURY BILL MAT 03/17/22 Cpn	912796N21	21,999,584.45	415.55	12.22	0.00	22,000,000.0
03/18/22	03/21/22	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 03/22/22 Cpn	912796S91	49,997,690.98	2,031.25	(225.70)	0.00	49,999,722.:
03/25/22	03/28/22	Sell Long	10,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn	912796T25	9,998,974.80	958.34	(46.03)	0.00	9,999,933.:
03/25/22	03/28/22	Sell Long	25,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn	912796T25	24,997,437.02	2,395.83	(115.07)	0.00	24,999,832.:
03/25/22	03/28/22	Sell Long	25,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn	912796T25	24,997,437.02	2,395.83	(115.07)	0.00	24,999,832.:
03/25/22	03/28/22	Sell Long	25,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn	912796T25	24,999,006.45	826.39	(118.55)	0.00	24,999,832.:
			<u>237,000,000.000</u>			<u>236,987,083.63</u>	<u>11,976.52</u>	<u>(584.14)</u>	<u>0.00</u>	<u>236,999,060.:</u>
03/10/22	03/10/22	Pay Princpl	615,970.349	CRVNA 2021-P2 A2 CAR MAT 07/10/24 Cpn 0.30	14687TAB3	615,970.35		75.37	0.00	615,970.:
03/15/22	03/15/22	Pay Princpl	104,828.694	CARMAX 2019-1 A3 CAR MAT 03/15/24 Cpn 3.05	14315NAC4	104,828.69		(740.27)	0.00	104,828.:
03/15/22	03/15/22	Pay Princpl	144,030.415	CARMAX 2019-2 A3 CAR MAT 03/15/24 Cpn 2.68	14316LAC7	144,030.42		(1,280.79)	0.00	144,030.:

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03/15/22	03/15/22	Pay Princpl	347,594.102	CARMAX 2019-3 A3 CAR MAT 08/15/24 Cpn 2.18 14315PAD7	347,594.10		(3,285.05)	0.00	347,594.10
03/15/22	03/15/22	Pay Princpl	339,710.216	CARMX 2021-4 A2A CAR MAT 11/15/24 Cpn 0.24 14317JAB3	339,710.22		2.59	0.00	339,710.22
03/15/22	03/15/22	Pay Princpl	234,465.671	HALST 2020-B A3 CAR LEASE 144A MAT 09/15/23 Cpn 0.51 44891PAC8	234,465.67		(15.30)	0.00	234,465.67
03/15/22	03/15/22	Pay Princpl	340,282.672	HALST 2021-C A2 CAR LEASE 144A MAT 01/16/24 Cpn 0.24 44933MAB7	340,282.67		8.15	0.00	340,282.67
03/15/22	03/15/22	Pay Princpl	513,881.675	HONDA 2021-2 A2 CAR MAT 11/15/23 Cpn 0.17 43811JAB3	513,881.68		2.56	0.00	513,881.68
03/15/22	03/15/22	Pay Princpl	172,766.227	HYUNDAI 2021-A A2 CAR MAT 02/15/24 Cpn 0.23 44933LAB9	172,766.23		8.81	0.00	172,766.23
03/15/22	03/15/22	Pay Princpl	271,887.299	KUBOTA 2020-1A A3 EQP 144A MAT 03/15/24 Cpn 1.96 50117WAC8	271,887.30		(3,808.70)	0.00	271,887.30
03/15/22	03/15/22	Pay Princpl	65,228.567	KUBOTA 2020-1A A3 EQP 144A MAT 03/15/24 Cpn 1.96 50117WAC8	65,228.57		(845.51)	0.00	65,228.57
03/15/22	03/15/22	Pay Princpl	467,109.130	MERCEDES 2020-B A2 LEASE MAT 02/15/23 Cpn 0.31 58769EAB4	467,109.13		0.00	4.33	467,109.13
03/15/22	03/15/22	Pay Princpl	622,381.563	MERCEDES 2021-B A2 LEASE MAT 01/16/24 Cpn 0.22 58769KAC8	622,381.56		31.53	0.00	622,381.56
03/15/22	03/15/22	Pay Princpl	255,089.993	TOYOTA 2019-A A3 CAR MAT 07/17/23 Cpn 2.91 89239AAD5	255,089.99		0.00	(1,613.84)	255,089.99
03/15/22	03/15/22	Pay Princpl	212,616.267	TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2	212,616.27		0.00	0.00	212,616.27
03/15/22	03/15/22	Pay Princpl	21,319.771	TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2	21,319.77		0.00	(0.00)	21,319.77

TRANSACTIONS BY TYPE

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Tc Amo
03/15/22	03/15/22	Pay Princpl	416,325.144	TOYOTA 2021-A A2 CAR MAT 07/17/23 Cpn 0.16 89240BAB4	416,325.14		(12.39)	0.00	416,325.14
03/15/22	03/15/22	Pay Princpl	346,243.906	WORLD OMNI 2021-B A2 CAR MAT 07/15/24 Cpn 0.20 98163LAB6	346,243.91		6.55	0.00	346,243.91
03/16/22	03/16/22	Pay Princpl	349,507.781	GMCAR 2021-A A2 CAR MAT 06/17/24 Cpn 0.27 380149AB0	349,507.78		10.13	0.00	349,507.78
03/18/22	03/18/22	Pay Princpl	178,052.732	HONDA 2019-1 A3 CAR MAT 03/20/23 Cpn 2.83 43814WAC9	178,052.73		0.00	(701.54)	178,052.73
03/18/22	03/18/22	Pay Princpl	689,615.753	HONDA 2020-3 A2 CAR MAT 02/21/23 Cpn 0.27 43813KAB8	689,615.75		0.00	6.91	689,615.75
03/18/22	03/18/22	Pay Princpl	211,350.984	HONDA 2021-3 A2 CAR MAT 02/20/24 Cpn 0.20 43815EAB0	211,350.98		14.53	0.00	211,350.98
03/20/22	03/20/22	Pay Princpl	356,128.585	GMALT 2021-2 A2 LEASE MAT 07/20/23 Cpn 0.22 380144AB1	356,128.59		3.69	0.00	356,128.59
03/20/22	03/20/22	Pay Princpl	336,925.360	SRT 2021-C A2 LEASE 144A MAT 04/22/24 Cpn 0.29 80286CAB6	336,925.36		12.39	0.00	336,925.36
03/20/22	03/20/22	Pay Princpl	436,484.526	VOLKSWAGEN 2019-A A3 LEASE MAT 11/21/22 Cpn 1.99 92867XAD8	436,484.53		(509.62)	0.00	436,484.53
03/20/22	03/20/22	Pay Princpl	139,755.143	VOLKSWAGEN 2019-A A3 LEASE MAT 11/21/22 Cpn 1.99 92867XAD8	139,755.14		(159.05)	0.00	139,755.14
03/20/22	03/20/22	Pay Princpl	131,218.781	VERIZON 2019-B 1A1 PHONE MAT 12/20/23 Cpn 2.33 92349GAA9	131,218.78		(747.62)	0.00	131,218.78
03/20/22	03/20/22	Pay Princpl	32,938.592	VERIZON 2019-B 1A1 PHONE MAT 12/20/23 Cpn 2.33 92349GAA9	32,938.59		(179.31)	0.00	32,938.59
03/20/22	03/20/22	Pay Princpl	332,813.677	VERIZON 2019-B 1A1 PHONE MAT 12/20/23 Cpn 2.33 92349GAA9	332,813.68		(1,685.85)	0.00	332,813.68

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

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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	Tc Amo
03/20/22	03/20/22	Pay Princpl	343,232.293	VERIZON 2019-C A1A PHONE MAT 04/22/24 Cpn 1.94 92348AAA3	343,232.29		(2,426.03)	0.00	343,232.29
03/20/22	03/20/22	Pay Princpl	168,183.823	VERIZON 2019-C A1A PHONE MAT 04/22/24 Cpn 1.94 92348AAA3	168,183.82		(1,149.40)	0.00	168,183.82
03/22/22	03/22/22	Pay Princpl	347,212.088	DEFT 2021-2 A1 EQP 144A MAT 09/22/22 Cpn 0.18 24702VAA0	347,212.09		0.00	0.00	347,212.09
03/25/22	03/25/22	Pay Princpl	447,070.642	BMW 2021-2 A2 LEASE MAT 11/27/23 Cpn 0.19 09690AAB9	447,070.64		19.02	0.00	447,070.64
03/25/22	03/25/22	Pay Princpl	98,203.790	BMW 2019-A A3 CAR MAT 01/25/24 Cpn 1.92 05588CAC6	98,203.79		0.00	(600.87)	98,203.79
03/25/22	03/25/22	Pay Princpl	210,709.358	FHMS KF36 A MAT 08/25/24 Cpn 0.58 3137FBAR7	210,709.36		0.00	89.33	210,709.36
03/25/22	03/25/22	Pay Princpl	754.277	FHMS KF38 A MAT 09/25/24 Cpn 0.57 3137FBUC8	754.28		0.00	0.52	754.28
03/25/22	03/25/22	Pay Princpl	424,038.570	FHMS KI04 A 1MOFRN CMBS MAT 07/25/24 Cpn 0.60 3137FNAV2	424,038.57		0.00	0.00	424,038.57
03/25/22	03/25/22	Pay Princpl	722,532.729	FHMS KI06 A 1MOFRN CMBS MAT 03/25/25 Cpn 0.46 3137FVNA6	722,532.73		0.00	0.00	722,532.73
03/01/22	03/25/22	Pay Princpl	3,289,675.092	FHMS KS01 A2 CMBS MAT 01/25/23 Cpn 2.52 3137B1U75	3,289,675.09		0.00	(40,487.60)	3,289,675.09
			<u>14,738,136.236</u>		<u>14,738,136.24</u>		<u>(16,649.59)</u>	<u>(43,302.76)</u>	<u>14,738,136.24</u>
03/03/22	03/03/22	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/03/22 Cpn 912796L98	49,997,611.11	2,388.89	0.00	0.00	50,000,000.00
03/03/22	03/03/22	Mature Long	4,850,000.000	SUMITOMO MITSUI BANK YCD MAT 03/03/22 Cpn 0.15 86565C5M7	4,850,000.00		0.00	0.00	4,850,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

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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	Tc Amo
03/03/22	03/03/22	Mature Long	2,420,000.000	SWEDBANK NY YCD 3ML FRN MAT 03/03/22 Cpn 87019VT56	2,420,000.00		0.00	0.00	2,420,000.00
03/08/22	03/08/22	Mature Long	30,000,000.000	U.S. TREASURY BILL MAT 03/08/22 Cpn 912796S75	29,998,280.00	1,720.00	0.00	0.00	30,000,000.00
03/10/22	03/10/22	Mature Long	40,000,000.000	U.S. TREASURY BILL MAT 03/10/22 Cpn 912796M97	39,997,694.44	2,305.56	0.00	0.00	40,000,000.00
03/15/22	03/15/22	Mature Long	35,000,000.000	U.S. TREASURY BILL MAT 03/15/22 Cpn 912796S83	34,997,748.24	2,251.76	0.00	0.00	35,000,000.00
03/15/22	03/15/22	Mature Long	35,000,000.000	U.S. TREASURY BILL MAT 03/15/22 Cpn 912796S83	34,999,358.33	641.67	0.00	0.00	35,000,000.00
03/15/22	03/15/22	Mature Long	30,000,000.000	U.S. TREASURY BILL MAT 03/15/22 Cpn 912796S83	29,999,941.67	58.33	0.00	0.00	30,000,000.00
03/15/22	03/15/22	Mature Long	3,000,000.000	INTER-AMERICAN DEV BANK FRN MAT 03/15/22 Cpn 45818WCM	3,000,000.00		0.00	0.00	3,000,000.00
03/15/22	03/15/22	Mature Long	6,000,000.000	INTER-AMERICAN DEV BANK FRN MAT 03/15/22 Cpn 45818WCM	6,000,000.00		0.00	0.00	6,000,000.00
03/15/22	03/15/22	Mature Long	7,000,000.000	NY STATE DORM AUTH PERS INC T MAT 03/15/22 Cpn 0.17 64990FC93	7,000,000.00		0.00	0.00	7,000,000.00
03/16/22	03/16/22	Mature Long	7,400,000.000	ROYAL BANK OF CANADA YCD MAT 03/16/22 Cpn 0.20 78012U2N4	7,400,000.00		0.00	0.00	7,400,000.00
03/17/22	03/17/22	Mature Long	28,000,000.000	U.S. TREASURY BILL MAT 03/17/22 Cpn 912796N21	27,999,455.56	544.44	0.00	0.00	28,000,000.00
03/24/22	03/24/22	Mature Long	30,000,000.000	U.S. TREASURY BILL MAT 03/24/22 Cpn 912796F38	29,997,375.00	2,625.00	0.00	0.00	30,000,000.00
03/24/22	03/24/22	Mature Long	300,000.000	U.S. TREASURY BILL MAT 03/24/22 Cpn 912796F38	299,996.75	3.25	0.00	0.00	300,000.00

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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	Tc Amo
03/24/22	03/24/22	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/24/22 Cpn 912796F38		49,999,620.83	379.17	0.00	0.00	50,000,000.0
03/24/22	03/24/22	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/24/22 Cpn 912796F38		49,999,620.83	379.17	0.00	0.00	50,000,000.0
03/24/22	03/24/22	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/24/22 Cpn 912796F38		49,999,620.83	379.17	0.00	0.00	50,000,000.0
03/24/22	03/24/22	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/24/22 Cpn 912796F38		49,999,620.83	379.17	0.00	0.00	50,000,000.0
03/24/22	03/24/22	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/24/22 Cpn 912796F38		49,999,620.83	379.17	0.00	0.00	50,000,000.0
03/24/22	03/24/22	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/24/22 Cpn 912796F38		49,999,620.83	379.17	0.00	0.00	50,000,000.0
03/25/22	03/25/22	Mature Long	7,500,000.000	SUMITOMO MITSUI TR NY YCD FR 86564GW64 MAT 03/25/22 Cpn		7,500,000.00		0.00	0.00	7,500,000.0
03/29/22	03/29/22	Mature Long	15,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn 912796T25		14,999,475.00	525.00	0.00	0.00	15,000,000.0
03/29/22	03/29/22	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn 912796T25		49,998,250.00	1,750.00	0.00	0.00	50,000,000.0
03/29/22	03/29/22	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn 912796T25		49,998,250.00	1,750.00	0.00	0.00	50,000,000.0
03/29/22	03/29/22	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn 912796T25		49,998,250.00	1,750.00	0.00	0.00	50,000,000.0
03/29/22	03/29/22	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn 912796T25		49,998,250.00	1,750.00	0.00	0.00	50,000,000.0
03/29/22	03/29/22	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn 912796T25		49,998,947.92	1,052.08	0.00	0.00	50,000,000.0

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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	Tc Amo.
03/29/22	03/29/22	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn	912796T25	49,998,947.92	1,052.08	0.00	0.00	50,000,000.0
03/29/22	03/29/22	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn	912796T25	49,998,947.92	1,052.08	0.00	0.00	50,000,000.0
03/29/22	03/29/22	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn	912796T25	49,998,947.92	1,052.08	0.00	0.00	50,000,000.0
03/29/22	03/29/22	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn	912796T25	49,998,947.92	1,052.08	0.00	0.00	50,000,000.0
03/29/22	03/29/22	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/29/22 Cpn	912796T25	49,998,947.92	1,052.08	0.00	0.00	50,000,000.0
			<u>1,131,470,000.000</u>			<u>1,131,441,348.60</u>	<u>28,651.41</u>	<u>0.01</u>	<u>0.00</u>	<u>1,131,470,000.0</u>
03/01/22	03/01/22	Withdrawal	(3,783.410)	CUSTODY FEE MAT Cpn USD		(3,783.41)		(3,783.41)	0.00	(3,783.4
03/03/22	03/03/22	Withdrawal	(80,000,000.000)	WD MAT Cpn USD		(80,000,000.00)		(80,000,000.00)	0.00	(80,000,000.0
03/07/22	03/07/22	Withdrawal	(30,000,000.000)	WD MAT Cpn USD		(30,000,000.00)		(30,000,000.00)	0.00	(30,000,000.0
03/10/22	03/10/22	Withdrawal	(40,000,000.000)	WD MAT Cpn USD		(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.0
03/15/22	03/15/22	Withdrawal	(60,000,000.000)	WD MAT Cpn USD		(60,000,000.00)		(60,000,000.00)	0.00	(60,000,000.0
03/17/22	03/17/22	Withdrawal	(100,000,000.000)	WD MAT Cpn USD		(100,000,000.00)		(100,000,000.00)	0.00	(100,000,000.0
03/21/22	03/21/22	Withdrawal	(50,000,000.000)	WD MAT Cpn USD		(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.0

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<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>			<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Tc Amo</i>
03/22/22	03/22/22	Withdrawal	(40,000,000.000)	WD MAT	Cpn	USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
03/25/22	03/25/22	Withdrawal	(30,000,000.000)	WD MAT	Cpn	USD	(30,000,000.00)		(30,000,000.00)	0.00	(30,000,000.00)
03/28/22	03/28/22	Withdrawal	(60,000,000.000)	WD MAT	Cpn	USD	(60,000,000.00)		(60,000,000.00)	0.00	(60,000,000.00)
			<u>(490,003,783.410)</u>				<u>(490,003,783.41)</u>		<u>(490,003,783.41)</u>	<u>0.00</u>	<u>(490,003,783.41)</u>

TRANSACTIONS BY TYPE

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

03/01/2022
through 03/31/2022

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	Tc Amo
03/07/22	03/08/22	Buy	495,000.000	U.S. TREASURY NOTE MAT 02/29/24 Cpn 1.50 91282CEA5	(494,477.93)	(161.41)	0.00	0.00	(494,639.3
03/16/22	03/25/22	Buy	900,000.000	NY STATE DORUM AUTH-PIT TXB MAT 03/15/23 Cpn 2.01 64990FX82	(900,000.00)		0.00	0.00	(900,000.0
03/30/22	03/31/22	Buy	450,000.000	U.S. TREASURY NOTE MAT 03/31/27 Cpn 2.50 91282CEF4	(451,177.73)		0.00	0.00	(451,177.7
			<u>1,845,000.000</u>		<u>(1,845,655.66)</u>	<u>(161.41)</u>	<u>0.00</u>	<u>0.00</u>	<u>(1,845,817.0</u>
03/01/22	03/01/22	Coupon		CA STATE GO/ULT-TXBL BABS MAT 03/01/22 Cpn 6.65 13063BFS6		6,483.75	0.00	0.00	6,483.7
03/01/22	03/01/22	Coupon		CA GLENDALE USD GO/ULT TXB MAT 09/01/24 Cpn 1.46 378460YD5		1,821.25	0.00	0.00	1,821.2
03/01/22	03/01/22	Coupon		CA HESPERIA REDEV AGY SUCCE MAT 09/01/23 Cpn 3.13 42806KAS2		12,343.75	0.00	0.00	12,343.7
03/01/22	03/01/22	Coupon		CA OAKLAND REDEV AGY TXB MAT 09/01/22 Cpn 3.78 67232TAT2		8,606.33	0.00	0.00	8,606.3
03/01/22	03/01/22	Coupon		CA RIALTO REDEV AGENCY TAB-T MAT 09/01/22 Cpn 4.00 76246PBC1		13,200.00	0.00	0.00	13,200.0
03/01/22	03/01/22	Coupon		CA SANTA ANA CMNTY REDEV AG MAT 09/01/23 Cpn 3.57 801096AR9		8,025.75	0.00	0.00	8,025.7
03/01/22	03/01/22	Coupon		CA SAN DIEGO REDEV AGY TAB T MAT 09/01/23 Cpn 3.38 79730WAZ3		7,593.75	0.00	0.00	7,593.7
03/01/22	03/01/22	Coupon		CA SAN JOSE-EVERGREEN CCD T MAT 09/01/23 Cpn 3.50 798189RE8		6,825.00	0.00	0.00	6,825.0
03/01/22	03/01/22	Coupon		CA SAN LUIS WESTLANDS WTR DI MAT 09/01/24 Cpn 1.45 798736AW4		2,970.45	0.00	0.00	2,970.4

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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	Tc Amo.
03/15/22	03/15/22	Coupon		CARMX 2020-1 A3 CAR MAT 12/16/24 Cpn 1.89 14315XAC2		644.60	0.00	0.00	644.60
03/15/22	03/15/22	Coupon		CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8		411.67	0.00	0.00	411.67
03/15/22	03/15/22	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		435.42	0.00	0.00	435.42
03/15/22	03/15/22	Coupon		CAPITAL ONE 2020-1 A3 CAR MAT 11/15/24 Cpn 1.60 14043MAC5		461.13	0.00	0.00	461.13
03/15/22	03/15/22	Coupon		FIFTH THIRD 2019-1 A3 CAR MAT 12/15/23 Cpn 2.64 31680YAD9		141.91	0.00	0.00	141.91
03/15/22	03/15/22	Coupon		FORDL 2021-B A3 LEASE MAT 10/15/24 Cpn 0.37 345329AC0		277.50	0.00	0.00	277.50
03/15/22	03/15/22	Coupon		HONDA 2019-3 A3 CAR MAT 08/15/23 Cpn 1.78 43815NAC8		254.65	0.00	0.00	254.65
03/15/22	03/15/22	Coupon		JOHN DEERE 2020-A A3 EQP MAT 08/15/24 Cpn 1.10 47789KAC7		481.06	0.00	0.00	481.06
03/15/22	03/15/22	Coupon		JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6		165.00	0.00	0.00	165.00
03/15/22	03/15/22	Coupon		KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2		443.33	0.00	0.00	443.33
03/15/22	03/15/22	Coupon		MERCEDES 2020-A A3 CAR LEASE MAT 12/15/22 Cpn 1.84 58770FAC6		85.03	0.00	0.00	85.03
03/15/22	03/15/22	Coupon		MERCEDES 2021-B A3 LEASE MAT 11/15/24 Cpn 0.40 58769KAD6		200.00	0.00	0.00	200.00
03/15/22	03/15/22	Coupon		NY STATE URBAN DEV CORP TXB MAT 03/15/22 Cpn 2.10 6500354S4		630.00	0.00	0.00	630.00

TRANSACTIONS BY TYPE

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

03/01/2022
through 03/31/2022

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	Tc Amo
03/15/22	03/15/22	Coupon		NY STATE DORM AUTH PERS INC T MAT 03/15/25 Cpn 0.89 64990FD43		4,389.66	0.00	0.00	4,389.66
03/15/22	03/15/22	Coupon		U.S. TREASURY NOTE MAT 03/15/24 Cpn 0.25 91282CBR1		181.25	0.00	0.00	181.25
03/15/22	03/15/22	Coupon		U.S. TREASURY NOTE MAT 03/15/24 Cpn 0.25 91282CBR1		875.00	0.00	0.00	875.00
03/15/22	03/15/22	Coupon		TOYOTA 2019-A A3 CAR MAT 07/17/23 Cpn 2.91 89239AAD5		287.41	0.00	0.00	287.41
03/15/22	03/15/22	Coupon		TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2		240.83	0.00	0.00	240.83
03/15/22	03/15/22	Coupon		WORLD OMNI 2021-A A3 LEASE MAT 08/15/24 Cpn 0.42 98163JAC9		245.00	0.00	0.00	245.00
03/16/22	03/16/22	Coupon		GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8		93.50	0.00	0.00	93.50
03/20/22	03/20/22	Coupon		GMALT 2021-2 A LEASE MAT 05/20/25 Cpn 0.41 380144AD7		256.25	0.00	0.00	256.25
03/20/22	03/20/22	Coupon		SRT 2021-C A3 LEASE 144A MAT 03/20/25 Cpn 0.50 80286CAC4		208.33	0.00	0.00	208.33
03/20/22	03/20/22	Coupon		TESLA 2021-B A2 LEASE 144A MAT 09/22/25 Cpn 0.36 88161KAB1		120.00	0.00	0.00	120.00
03/20/22	03/20/22	Coupon		VOLKSWAGEN 2019-A A4 LEASE MAT 08/20/24 Cpn 2.02 92867XAE6		538.67	0.00	0.00	538.67
03/20/22	03/20/22	Coupon		VERIZON 2020-B A PHONE MAT 02/20/25 Cpn 0.47 92290BAA9		372.08	0.00	0.00	372.08
03/25/22	03/25/22	Coupon		BMW 2021-1 A4 LEASE MAT 07/25/24 Cpn 0.37 05591RAD6		92.50	0.00	0.00	92.50

TRANSACTIONS BY TYPE

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

03/01/2022
through 03/31/2022

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	Tc Amo.
03/25/22	03/25/22	Coupon		BMW 2019-A A3 CAR MAT 01/25/24 Cpn 1.92 05588CAC6		279.08	0.00	0.00	279.08
03/01/22	03/25/22	Coupon		FHMS K020 A2 CMBS MAT 05/25/22 Cpn 2.37 3137ATRW		304.10	0.00	0.00	304.10
03/01/22	03/25/22	Coupon		FHMS K020 A2 CMBS MAT 05/25/22 Cpn 2.37 3137ATRW		372.77	0.00	0.00	372.77
03/01/22	03/25/22	Coupon		FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2		642.08	0.00	0.00	642.08
03/01/22	03/25/22	Coupon		FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2		1,016.63	0.00	0.00	1,016.63
03/01/22	03/25/22	Coupon		FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2		481.56	0.00	0.00	481.56
03/01/22	03/25/22	Coupon		FHMS K031 A2 MAT 04/25/23 Cpn 3.30 3137B3NX2		2,200.00	0.00	0.00	2,200.00
03/01/22	03/25/22	Coupon		FHMS K033 A2 MAT 07/25/23 Cpn 3.06 3137B4WB8		2,091.00	0.00	0.00	2,091.00
03/01/22	03/25/22	Coupon		FHMS K034 A2 MAT 07/25/23 Cpn 3.53 3137B5JM6		1,412.40	0.00	0.00	1,412.40
03/01/22	03/25/22	Coupon		FHMS K725 AM CMBS MAT 02/25/24 Cpn 3.10 3137BWWE		2,095.20	0.00	0.00	2,095.20
03/01/22	03/25/22	Coupon		FHMS K726 AM CMBS MAT 04/25/24 Cpn 2.99 3137BYPR5		1,417.88	0.00	0.00	1,417.88
03/25/22	03/25/22	Coupon		FHMS KI05 A MAT 07/25/24 Cpn 0.58 3137FQXG3		11.75	0.00	0.00	11.75
03/01/22	03/25/22	Coupon		FHMS KJ28 A1 MAT 02/25/25 Cpn 1.77 3137FREB3		386.05	0.00	0.00	386.05

TRANSACTIONS BY TYPE

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

03/01/2022
through 03/31/2022

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	Tc Amo.
03/01/22	03/25/22	Coupon		FHMS KJ30 A1 CMBS MAT 01/25/25 Cpn 0.53 3137FUZN7		118.28	0.00	0.00	118.28
03/01/22	03/25/22	Coupon		FHMS KS01 A2 CMBS MAT 01/25/23 Cpn 2.52 3137B1U75		628.50	0.00	0.00	628.50
03/01/22	03/25/22	Coupon		FHMS KSMC A2 CMBS MAT 01/25/23 Cpn 2.62 3137B04Y7		1,939.46	0.00	0.00	1,939.46
03/31/22	03/31/22	Coupon		U.S. TREASURY NOTE MAT 09/30/25 Cpn 0.25 91282CAM3		625.00	0.00	0.00	625.00
03/31/22	03/31/22	Coupon		U.S. TREASURY NOTE MAT 03/31/25 Cpn 0.50 912828ZF0		4,215.00	0.00	0.00	4,215.00
03/31/22	03/31/22	Coupon		U.S. TREASURY NOTE MAT 03/31/26 Cpn 0.75 91282CBT7		3,506.25	0.00	0.00	3,506.25
03/31/22	03/31/22	Coupon		U.S. TREASURY NOTE MAT 03/31/26 Cpn 0.75 91282CBT7		3,412.50	0.00	0.00	3,412.50
03/31/22	03/31/22	Coupon		U.S. TREASURY NOTE MAT 03/31/26 Cpn 0.75 91282CBT7		1,762.50	0.00	0.00	1,762.50
03/31/22	03/31/22	Coupon		U.S. TREASURY NOTE MAT 09/30/26 Cpn 0.88 91282CCZ2		6,146.88	0.00	0.00	6,146.88
03/31/22	03/31/22	Coupon		U.S. TREASURY NOTE MAT 09/30/24 Cpn 1.50 912828YH7		6,675.00	0.00	0.00	6,675.00
03/31/22	03/31/22	Coupon		U.S. TREASURY NOTE MAT 03/31/24 Cpn 2.13 912828W71		3,187.50	0.00	0.00	3,187.50

TRANSACTIONS BY TYPE

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

03/01/2022
through 03/31/2022

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	Tc Amo
Fixed Income - cont.									
03/31/22	03/31/22	Coupon		U.S. TREASURY NOTE MAT 03/31/24 Cpn 2.13 912828W71		9,243.75	0.00	0.00	9,243.75
						<u>134,572.93</u>	<u>0.00</u>	<u>0.00</u>	<u>134,572.93</u>
03/18/22	03/21/22	Sell Long	230,000.000	U.S. TREASURY NOTE MAT 12/31/22 Cpn 0.13 91282CBD2	228,140.23	63.54	0.00	(1,824.06)	228,203.71
03/18/22	03/21/22	Sell Long	390,000.000	U.S. TREASURY NOTE MAT 12/31/22 Cpn 0.13 91282CBD2	386,846.49	107.73	0.00	(3,135.14)	386,954.14
			<u>620,000.000</u>		<u>614,986.72</u>	<u>171.27</u>	<u>0.00</u>	<u>(4,959.20)</u>	<u>615,157.95</u>
03/15/22	03/15/22	Pay Princpl	27,895.755	CARMX 2020-1 A3 CAR MAT 12/16/24 Cpn 1.89 14315XAC2	27,895.76		(398.00)	0.00	27,895.76
03/15/22	03/15/22	Pay Princpl	24,827.440	CAPITAL ONE 2020-1 A3 CAR MAT 11/15/24 Cpn 1.60 14043MAC5	24,827.44		0.00	2.36	24,827.44
03/15/22	03/15/22	Pay Princpl	12,769.942	FIFTH THIRD 2019-1 A3 CAR MAT 12/15/23 Cpn 2.64 31680YAD9	12,769.94		0.00	0.48	12,769.94
03/15/22	03/15/22	Pay Princpl	22,035.290	HONDA 2019-3 A3 CAR MAT 08/15/23 Cpn 1.78 43815NAC8	22,035.29		0.00	0.03	22,035.29
03/15/22	03/15/22	Pay Princpl	37,791.142	JOHN DEERE 2020-A A3 EQP MAT 08/15/24 Cpn 1.10 47789KAC7	37,791.14		0.00	1.05	37,791.14
03/15/22	03/15/22	Pay Princpl	27,341.842	MERCEDES 2020-A A3 CAR LEASE MAT 12/15/22 Cpn 1.84 58770FAC6	27,341.84		0.00	0.49	27,341.84
03/15/22	03/15/22	Pay Princpl	19,046.719	TOYOTA 2019-A A3 CAR MAT 07/17/23 Cpn 2.91 89239AAD5	19,046.72		0.00	0.49	19,046.72

TRANSACTIONS BY TYPE

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

03/01/2022
through 03/31/2022

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	Tc Amo.
03/15/22	03/15/22	Pay Princpl	20,350.691	TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2	20,350.69		0.00	(0.00)	20,350.69
03/20/22	03/20/22	Pay Princpl	320,000.000	VOLKSWAGEN 2019-A A4 LEASE MAT 08/20/24 Cpn 2.02 92867XAE6	320,000.00		0.00	1.70	320,000.00
03/25/22	03/25/22	Pay Princpl	23,381.855	BMW 2019-A A3 CAR MAT 01/25/24 Cpn 1.92 05588CAC6	23,381.86		0.00	0.71	23,381.86
03/01/22	03/25/22	Pay Princpl	116,624.200	FHMS K020 A2 CMBS MAT 05/25/22 Cpn 2.37 3137ATRW	116,624.20		0.00	(53.01)	116,624.20
03/01/22	03/25/22	Pay Princpl	142,958.697	FHMS K020 A2 CMBS MAT 05/25/22 Cpn 2.37 3137ATRW	142,958.70		0.00	(410.98)	142,958.70
03/01/22	03/25/22	Pay Princpl	659.552	FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2	659.55		0.00	(8.64)	659.55
03/01/22	03/25/22	Pay Princpl	1,044.291	FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2	1,044.29		0.00	(13.66)	1,044.29
03/01/22	03/25/22	Pay Princpl	494.664	FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2	494.66		0.00	(5.64)	494.66
03/01/22	03/25/22	Pay Princpl	1,518.014	FHMS KJ28 A1 MAT 02/25/25 Cpn 1.77 3137FREB3	1,518.01		0.00	(0.00)	1,518.01
03/01/22	03/25/22	Pay Princpl	7,536.140	FHMS KJ30 A1 CMBS MAT 01/25/25 Cpn 0.53 3137FUZN7	7,536.14		0.00	0.09	7,536.14
03/01/22	03/25/22	Pay Princpl	166,676.871	FHMS KS01 A2 CMBS MAT 01/25/23 Cpn 2.52 3137B1U75	166,676.87		0.00	(569.23)	166,676.87
			<u>972,953.105</u>		<u>972,953.10</u>		<u>(398.00)</u>	<u>(1,053.78)</u>	<u>972,953.10</u>

TRANSACTIONS BY TYPE

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

03/01/2022
through 03/31/2022

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Tc Amo</i>
03/01/22	03/01/22	Mature Long	195,000.000	CA STATE GO/ULT-TXBL BABS MAT 03/01/22 Cpn 6.65 13063BFS6	195,000.00		0.00	0.00	195,000.0
03/15/22	03/15/22	Mature Long	60,000.000	NY STATE URBAN DEV CORP TXB MAT 03/15/22 Cpn 2.10 6500354S4	60,000.00		0.00	0.00	60,000.0
			<u>255,000.000</u>		<u>255,000.00</u>		<u>0.00</u>	<u>0.00</u>	<u>255,000.0</u>

LA CARE
Cash Activity by Transaction Type GAAP Basis
Accounting Period From 03/01/2022 To 03/31/2022

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
BUY										
03/14/22	03/10/22	03/14/22	BKAMER19	771196BV3	ROCHE HOLDINGS INC	5,000,000.00	(1,285.55)	(4,933,250.00)	0.00	(4,934,535.55)
03/14/22	03/14/22	03/14/22	BKAMER19	09248U718	BLACKROCK TREASURY TRUST	1,483,295.87	0.00	(1,483,295.87)	0.00	(1,483,295.87)
TOTAL BUY						6,483,295.87	(1,285.55)	(6,416,545.87)	0.00	(6,417,831.42)
DIVIDEND										
03/01/22	03/01/22	03/01/22	BKAMER19	09248U718	BLACKROCK TREASURY TRUST	536,780.82	2.65	0.00	0.00	2.65
TOTAL DIVIDEND						536,780.82	2.65	0.00	0.00	2.65
INTEREST										
03/01/22	03/01/22	03/01/22	BKAMER19	20030NBS9	COMCAST CORP	0.00	55,125.00	0.00	0.00	55,125.00
03/01/22	03/01/22	03/01/22	BKAMER19	29157TAC0	EMORY UNIVERSITY	0.00	33,708.15	0.00	0.00	33,708.15
03/01/22	03/01/22	03/01/22	BKAMER19	741531FA0	PRICOA GLOBAL FUNDING 1	0.00	94,875.00	0.00	0.00	94,875.00
03/02/22	03/02/22	03/02/22	BKAMER19	14913R2K2	CATERPILLAR FINL SERVICE	0.00	22,500.00	0.00	0.00	22,500.00
03/03/22	03/03/22	03/03/22	BKAMER19	57636QAN4	MASTERCARD INC	0.00	30,000.00	0.00	0.00	30,000.00
03/05/22	03/05/22	03/05/22	BKAMER19	06051GHF9	BANK OF AMERICA CORP	0.00	124,250.00	0.00	0.00	124,250.00
03/13/22	03/13/22	03/13/22	BKAMER19	828807DG9	SIMON PROPERTY GROUP LP	0.00	50,000.00	0.00	0.00	50,000.00
03/15/22	03/15/22	03/15/22	BKAMER19	26442CAV6	DUKE ENERGY CAROLINAS	0.00	76,250.00	0.00	0.00	76,250.00
03/15/22	03/15/22	03/15/22	BKAMER19	74456QCF1	PUBLIC SERVICE ELECTRIC	0.00	42,750.00	0.00	0.00	42,750.00
03/17/22	03/17/22	03/17/22	BKAMER19	931142ER0	WALMART INC	0.00	26,250.00	0.00	0.00	26,250.00
03/19/22	03/19/22	03/19/22	BKAMER19	30231GBH4	EXXON MOBIL CORPORATION	0.00	29,920.00	0.00	0.00	29,920.00
03/21/22	03/21/22	03/21/22	BKAMER19	74153WCN7	PRICOA GLOBAL FUNDING 1	0.00	61,250.00	0.00	0.00	61,250.00
03/22/22	03/22/22	03/22/22	BKAMER19	904764BA4	UNILEVER CAPITAL CORP	0.00	78,125.00	0.00	0.00	78,125.00
03/24/22	03/24/22	03/24/22	BKAMER19	254687FN1	WALT DISNEY COMPANY/THE	0.00	50,250.00	0.00	0.00	50,250.00
03/25/22	03/25/22	03/25/22	BKAMER19	458140BP4	INTEL CORP	0.00	42,500.00	0.00	0.00	42,500.00
TOTAL INTEREST						0.00	817,753.15	0.00	0.00	817,753.15
SELL										
03/14/22	03/11/22	03/14/22	BKAMER19	67021CAG2	NSTAR ELECTRIC CO	5,000,000.00	49,149.31	5,014,850.00	0.00	5,063,999.31
03/14/22	03/14/22	03/14/22	BKAMER19	09248U718	BLACKROCK TREASURY TRUST	536,780.82	0.00	536,780.82	0.00	536,780.82
TOTAL SELL						5,536,780.82	49,149.31	5,551,630.82	0.00	5,600,780.13

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LA CARE
Cash Activity by Transaction Type GAAP Basis
 Accounting Period From 03/01/2022 To 03/31/2022

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
WITHDRAW										
03/07/22	03/07/22	03/07/22	BKAMER19	CASHCASH6	C-04 BANK FEE	0.00	0.00	0.00	(704.51)	(704.51)
TOTAL WITHDRAW						0.00	0.00	0.00	(704.51)	(704.51)
GRAND TOTAL						12,556,857.51	865,619.56	(864,915.05)	(704.51)	0.00
Avg Date 14										



April 26, 2022

TO: Finance & Budget Committee
FROM: Marie Montgomery, *Chief Financial Officer*

SUBJECT: Accounting & Financial Services Policies AFS-004 (Non-Travel Expenses), AFS-027 (Travel Related Expenses), AFS-006 (Authorization and Approval Limits) and AFS-007 (Procurement Policy) Reports for the 2nd Quarter of FY 2021-22

The below Accounting & Financial Services (AFS) policies are required to be reported to the Finance & Budget Committee:

1. Policies AFS-004 (Non-Travel Expenses) and AFS-027 (Travel Related Expenses) 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.
2. Policy AFS-006 (Authorization and Approval Limits) requires reports for executed vendor contracts for all expenditures.
3. Policy AFS-007 (Procurement Policy) requires reports for all sole source purchases over \$250,000.

Attached are the reports for the 2nd Quarter of FY 2021-22.

AFS-004 Non-Travel Expense Report Q2 FY 21-22

Division	January - March 2022	Description
Executive Services	\$ 1,356	Expenses are related to refreshments for committee meetings.
Health Services	\$ 362	Expenses are related to refreshments for performance improvement projects.
Legal Services	\$ 498	Expenses are attributable to refreshments for the committee meetings.
Total Non-Travel Expenses	\$ 2,217	

AFS-027 Travel Expense Report Q2 FY 21-22

Division	January - March 2022	Description
Chief Product Officer	\$ 2,980	Expenses are related to gift card purchases for Sales Outreach events.
Clinical Operations	\$ 1,362	Expenses are related to L.A. Care staff mileage reimbursement and attendance of CAHF conference.
Executive Services	\$ 26	Expenses are related to travel agent fees.
Finance Services	\$ 1,478	Expenses are related to Society of Actuaries Fellowship Admissions Course.
Grants	\$ 873	Expenses are related to L.A. Care staff mileage reimbursement.
Health Services	\$ 15,615	Expenses are related to attendance of Healthcare Information and Management Systems Society (HIMSS) 2022 conference, and staff expense and mileage reimbursement for clinics.
Human Resources	\$ 31	Expenses are related to L.A. Care staff mileage reimbursement.
Information Technology	\$ 390	Expenses attributable to attendance of SoCal Chief Information Security Officer (CISO) Executive summit and LA Care staff mileage reimbursement
Operations	\$ 1,062	Expenses related to approved L.A. Care staff education and travel, and staff transportation for CRC visits.
Strategic Services	\$ 409	Primarily attributable to support fees for CRC workshops and Outreach events. Expenses are also related to approved L.A. Care staff transportation for site visits and meetings.
Total Travel Expenses	\$ 24,225	



L.A. Care Health Plan
AFS-006 Authorization and Approval Limits Quarterly Report
January 2022 - March 2022

New POs and Contracts

Vendor Name	PO and Contract Total
Faneuil, Inc.	\$23,000,000.00
Customer Motivators, LLC	\$10,653,374.41
County of Los Angeles, Department of Health Services	\$7,309,170.00
I Color Printing & Mailing Inc	\$4,350,913.92
Verizon Business Network Services Inc	\$2,458,745.68
Lorenzo Campos	\$1,868,788.56
Charles R. Drew University of Medicine and Science (Grant)	\$1,556,902.00
AltaMed Health Services Corporation (Grant)	\$1,123,356.60
SHI International Corp	\$1,022,218.39
White Memorial Medical Center Charitable Foundation (Grant)	\$897,600.00
Cognizant TriZetto Software Group, Inc.	\$832,420.15
MinuteClinic, LLC	\$750,000.00
Advantmed, LLC	\$695,000.00
Informatica LLC	\$558,914.96
UCLA Foundation, The (Grant)	\$558,231.00
Young Communications Group, Inc.	\$525,000.00
Ollivier Corporation	\$507,160.00
Applied Research Works, Inc.	\$500,000.00
Daponde Simpson Rowe PC	\$500,000.00
SKKN, INC.	\$490,606.38
Aquent LLC	\$450,000.00
Toney HealthCare Consulting, LLC	\$400,000.00
Intex Solutions	\$355,109.00
Southern California Edison Company	\$326,350.00
Cognizant Technology Solutions U.S. Corporation	\$307,440.00
Arent Fox LLP	\$300,000.00
Crowell & Moring LLP	\$300,000.00
Sheppard Mullin Richter & Hampton LLP	\$300,000.00
North Star Alliances, LLC	\$250,000.00
Via Care Community Health Center (Grant)	\$250,000.00
Iron Mountain Inc	\$225,000.00
Canon Financial Services, Inc.	\$216,000.00
Isaacs Friedberg LLP	\$200,000.00
Mintz, Levin, Cohn, Ferris, Glovsky and Popeo P.C.	\$200,000.00
Musick, Peeler & Garrett LLP	\$200,000.00
Orbach, Huff, Suarez & Henderson LLP	\$200,000.00
Robin Powered, Inc.	\$197,438.00
CrowdCircle, Inc.	\$191,000.00
Pitney Bowes Presort Services, LLC	\$184,000.00
Earth Print, Inc.	\$182,239.70
CBRE Group, Inc.	\$175,000.00
City of Pasadena (Grant)	\$167,500.00
Ex Novo, Inc	\$163,993.63
DocuSign Inc	\$157,014.00
Center for Health Care Strategies Inc.	\$150,000.00
Lina Sarthi Shah	\$150,000.00
HALO BRANDED SOLUTIONS, INC.	\$135,365.25
Asian Pacific Health Care Venture, Inc. (Grant)	\$125,000.00
The Los Angeles Free Clinic (Grant)	\$125,000.00
Sequoia Quality Health, Inc. (Grant)	\$125,000.00
FCS Medical Corporation (Grant)	\$125,000.00
Pediatric & Family Medical Center (Grant)	\$125,000.00
Janesri De Silva M.D. A Professional Corp (Grant)	\$125,000.00
CenturyLink Communications, LLC	\$122,050.80
3M Company	\$113,073.79
Partners In Care Foundation Inc.	\$106,340.00
Carl Andrew Botterud	\$100,000.00
Meyers, Nave, Riback, Silver & Wilson	\$100,000.00
Procopio, Cory, Hargreaves, & Savitch, LLP	\$100,000.00
Rebellis Group, LLC	\$100,000.00
SonBern LLC.	\$99,840.00
Sprinklr, Inc.	\$96,745.36
Edmund Jung & Associates, Inc.	\$90,000.00
Instant InfoSystems	\$79,980.00
FanelliPM	\$77,607.00
Healthy Cooking LLC	\$75,340.00
Cognisight, LLC	\$75,000.00
Michelle Fischer Holmes	\$75,000.00
Kinema Fitness, Inc.	\$73,680.00
Pacific Business Group on Health	\$72,000.00
City of Long Beach	\$68,783.00
Hanaa N Hanna MD (Grant)	\$62,500.00
Gartner Inc.	\$60,000.00
Advantage Mailing, LLC	\$57,216.00
BrandFuse, inc.	\$57,200.00
DST Healthcare Holdings, Inc.	\$57,126.84
Merito Solutions, Inc	\$56,600.58
NTT America Solutions, Inc.	\$51,928.46
Martha Navarro	\$51,800.00
Milliman Inc	\$50,000.00
University of Southern California	\$50,000.00

New POs and Contracts

Vendor Name	PO and Contract Total
Jennifer Baez	\$49,920.00
Zones, LLC (Wholly Owned by Zones IT Solutions Inc.)	\$48,963.84
RightStar, Inc.	\$47,797.63
Brent Powell	\$42,400.00
JeffersonLarsonSmith, LLC	\$41,250.00
Southern California Gas Company	\$40,000.00
Allies for Every Child	\$39,986.00
ABF Data Systems, Inc	\$37,200.00
Watts Healthcare Corporation	\$34,580.00
God's Pantry	\$33,980.00
Critical Care Training Center	\$33,600.00
Ana Maria Delgado	\$33,480.00
Sierra Pacific Constructors, Inc.	\$32,183.00
ZAHealth, LLC	\$32,000.00
City of Inglewood	\$30,320.00
The Messina Group, Inc.	\$30,000.00
Franklin Covey Client Sales, Inc.	\$29,850.00
ePlus Technology, inc.	\$29,254.09
EVERFI INC.	\$24,000.00
Office Depot, Inc.	\$23,715.87
Paradise Signs, Inc.	\$21,000.00
IPROS Insurance Professionals Agency Inc	\$20,000.00
Public Health Foundation Enterprises, Inc.	\$20,000.00
DLT Solutions, LLC.	\$19,921.85
Mayra Selene Sosa	\$19,725.00
Uline, Inc.	\$19,072.50
Amazon Capital Services, Inc.	\$17,934.44
Meltwater News US Inc.	\$15,950.00
Kimberley Carruthers	\$15,600.00
Footage Firm, Inc	\$15,500.00
Safe and Sound Surveillance Solutions Inc	\$15,282.00
Concur Technologies, Inc.	\$14,750.00
VideoGuard, LLC	\$14,400.00
Optum360 LLC	\$14,234.25
Melissa Data Corporation	\$11,882.50
Zoom Video Communications, Inc.	\$11,294.00
Momentive Inc.	\$10,454.79
Playcore Wisconsin, Inc.	\$9,484.72
Dewey Pest Control	\$9,431.00
Lithia Motors, Inc.	\$9,000.00
Optiv Security, Inc.	\$8,920.00
Angela P. Ahmu	\$8,320.00
Netscout Systems Inc.	\$8,270.83
Getty Images (US), Inc.	\$8,200.00
Bootstrap Software Partners, LLC	\$6,894.00
Training Connection LLC	\$6,875.00
Lakeshore Equipment Company	\$6,445.93
Christopher Lopez	\$6,240.00
Michael Moldofsky	\$5,760.00
Articulate Global, Inc.	\$5,064.64
NexTec Operating Corp.	\$4,407.50
The Positive Results Corporation	\$4,200.00
Majestic Marketing, Inc.	\$3,860.00
Homeboy Industries	\$3,144.00
Lands' End, Inc	\$2,878.64
Blue Ribbon Technologies, LLC	\$2,340.00
ISC Electronic Systems, Inc	\$2,340.00
GOANIMATE, INC.	\$1,598.40
Digicert, Inc.	\$1,364.20
Administrative Services Co-Op	\$1,255.14
Metalcraft, Inc	\$1,199.10
Norm's Refrigeration, LLC.	\$325.00
WW North America Holdings LLC	\$211.00
Total	\$70,541,174.32



L.A. Care Health Plan
AFS-006 Authorization and Approval Limits Quarterly Report
January 2022 - March 2022

Amended Vendor Contracts

Vendor Name	Current Contract Total	Amendment	New Contract Total	Term Date
Scout Exchange LLC	\$11,100,000.00	\$16,364,908.00	\$27,464,908.00	05/12/22
Toney HealthCare Consulting, LLC	\$10,332,000.00	\$188,571.00	\$10,520,571.00	06/30/22
Infosys Limited	\$3,798,970.00	\$4,765,913.00	\$8,564,883.00	09/30/22
Cognizant Technology Solutions U.S. Corporation	\$5,068,069.00	\$255,000.00	\$5,323,069.00	05/31/22
Payspan, Inc	\$1,875,000.00	\$1,000,000.00	\$2,875,000.00	12/31/23
I Color Printing & Mailing Inc	\$995,000.00	\$1,300,000.00	\$2,295,000.00	06/30/23
Avantpage Inc.	\$1,350,000.00	\$600,000.00	\$1,950,000.00	02/07/24
North Star Alliances, LLC	\$975,000.00	\$625,000.00	\$1,600,000.00	09/30/22
Toney HealthCare Consulting, LLC	\$1,306,000.00	\$126,000.00	\$1,432,000.00	06/30/22
Language Select, LLC	\$906,000.00	\$300,000.00	\$1,206,000.00	01/31/24
Customer Motivators, LLC	\$500,000.00	\$500,000.00	\$1,000,000.00	06/30/23
Infosys Limited	\$852,495.00	\$145,865.00	\$998,360.00	05/31/22
Center for the Study of Services	\$591,204.00	\$358,796.00	\$950,000.00	04/30/22
AEGIS.net, Inc.	\$645,550.00	\$302,400.00	\$947,950.00	06/30/22
Edifecs, Inc.	\$777,044.00	-\$134,875.00	\$642,169.00	09/02/22
LA Net Community Health Research and Resource Network	\$310,000.00	\$95,000.00	\$405,000.00	09/30/22
Integrated Healthcare Association	\$194,668.00	\$77,686.35	\$272,354.35	No expiration
RELX Inc.	\$67,102.00	\$200,370.48	\$267,472.48	12/31/24
Infosys Limited	\$126,970.00	\$67,584.00	\$194,554.00	05/01/22
Leavitt Partners, LLC	\$124,800.00	\$30,000.00	\$154,800.00	12/31/22
Invent Health Inc.	\$75,000.00	\$36,000.00	\$111,000.00	06/19/22
RightStar, Inc.	\$45,000.00	\$30,000.00	\$75,000.00	06/30/22
God's Pantry	\$32,000.00	\$4,000.00	\$36,000.00	07/31/22
Karen Escalante-Dalton	\$25,000.00	\$10,000.00	\$35,000.00	09/30/22
Epidemic Sound US Inc	\$8,280.00	\$6,900.00	\$15,180.00	11/29/22
C3/Customer Contact Channels, Inc	\$25,500,000.00	time only	no change	05/31/22
Infocrossing, LLC	\$2,747,949.00	time only	no change	12/31/23
Diabetes Care Pharmacy Inc	\$150,000.00	time only	no change	05/31/22
Wilmington Community Clinic	\$125,000.00	time only	no change	06/01/23
Gomez Research Inc.	\$60,000.00	time only	no change	06/30/22
Imagenet LLC	\$1,400,000.00	time only	no change	01/31/23
Edmund Jung & Associates, Inc.	\$732,000.00	time only	no change	12/31/23
Toney HealthCare Consulting, LLC	\$400,000.00	scope only	no change	10/31/22
Advanced Medical Reviews LLC	\$299,000.00	time only	no change	12/31/22
CrowdCircle, Inc.	\$294,411.00	time only	no change	11/30/22
Solera Health, Inc.	\$250,000.00	time only	no change	08/31/22
Bayard Advertising Agency, Inc.	\$220,000.00	time only	no change	09/30/22
Infosys Limited	\$111,284.00	time and scope	no change	05/01/22
RightStar, Inc.	\$51,400.00	time only	no change	06/30/22
Kimberley Carruthers	\$46,800.00	time only	no change	11/30/22
Brent Powell	\$32,000.00	scope only	no change	09/30/22
American Partners Insurance Mkt. Inc.	\$0.00	scope only	no change	12/31/23
Dickerson Employee Benefits, an Alera Group Agency, LLC	\$0.00	scope only	no change	12/31/22
IPROS Insurance Professionals Agency Inc	\$0.00	scope only	no change	12/31/23
iXerv Americas Inc	\$0.00	time only	no change	03/31/24
JAR Insurance Services LLC	\$0.00	scope only	no change	12/31/22
Payspan, Inc	\$0.00	time only	no change	12/31/23
Solugenix Corporation	\$0.00	time only	no change	12/31/23
Wakely Consulting Group, LLC	\$0.00	time only	no change	11/30/22
Total			\$69,336,270.83	



L.A. Care Health Plan
AFS-007 Authorization and Approval Limits Quarterly Report
January 2022 - March 2022

Vendor Selection - Sole Source

Vendor Name	Contract Total	Paid As Of 04/01/22	Vendor Selection
Minute Clinic	\$750,000	\$10,000	Sole Source

BOARD OF GOVERNORS

Finance & Budget Committee

Meeting Minutes – March 22, 2022

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

Members

Ilan Shapiro MD, MBA, FAAP, FACHE, *Chairperson*
 Stephanie Booth, MD
 Hector De La Torre
 Hilda Perez
 G. Michael Roybal, MD

**Absent ** Via Teleconference*



L.A. Care
 HEALTH PLAN

Management/Staff

John Baackes, *Chief Executive Officer*
 Terry Brown, *Chief of Human Resources*
 Augustavia Haydel, *General Counsel*
 James Kyle, MD, *Chief of Equity & Quality Medical Director*
 Tom MacDougall, *Chief Technology & Information Officer*
 Marie Montgomery, *Chief Financial Officer*
 Noah Paley, *Chief of Staff*
 Acacia Reed, *Chief Operating Officer*
 Richard Seidman, MD, MPH, *Chief Medical Officer*

State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care’s employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan, and the Board of Directors and all legislative bodies of the Joint Powers Authority will continue to meet virtually and the Boards will review that decision on an on-going basis as provided in the Brown Act. Members of the public had the opportunity to listen to the meeting via teleconference, and share their comments via voicemail, email, or text.

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	<p>Ilan Shapiro MD, <i>Chairperson</i>, called the L.A. Care and JPA Finance & Budget Committee meetings to order at 1:00 p.m. He welcomed everyone and summarized the process for public comment during this meeting.</p> <p>Board Meetings are conducted electronically so that everyone participating can be safe and practice social distancing. 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 participate by submitting comments.</p> <p>Comments from anyone who would like to address the Board and its committees are welcome and there are instructions on the Agenda. Staff sends all comments received before the meeting to the Board members in writing. All public comment is included in the minutes of the meeting, and any comments received that were not read during the meeting are added at the end of the minutes.</p>	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>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 three minutes at the “Public Comment” item. At the appropriate item on the Agenda, staff will read for three minutes the public comment from each submitter. Depending on how many comments are submitted, the three-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.</p>	
APPROVE MEETING AGENDA	The Agenda for today’s meeting was approved.	Approved unanimously by roll call. 3 AYES (Booth, Roybal and Shapiro)
PUBLIC COMMENTS	There were no public comments.	
APPROVE CONSENT AGENDA	<p><i>(Board Chairperson De La Torre and Board Member Perez joined the meeting.)</i></p> <p>Thomas Mapp, <i>Chief Compliance Officer</i>, explained that the changes to FIN 101 for Change Healthcare Resources (CHR) contract amendment is to add funds for any additional support for Compliance & Regulatory Department related to backlog remediation activities for Utilization Management and Appeals & Grievance. Staff augmentation of approximately 20 individuals over the course of the last two months was previously approved, and as the end of that work is approaching, that additional manpower will now shift to support the Compliance Department for projects including Appeals & Grievance remediation and other regulatory agency enforcement matter support.</p> <p>Board Member Booth noted the motion summary stated that a request for proposal (RFP) process was conducted in 2021, and the box for “RFP conducted” was not checked. Board Member Booth asked the meaning of “by providing support to Compliance”, as this seems like a broad reference when past descriptions were for specific tasks. Mr. Mapp explained that the scope of work was initially for audit activity and has since moved to staff augmentation to support Appeals & Grievances for various issues.</p> <p>Board Member Booth asked if there would be an RFP conducted in the future. Mr. Mapp responded that an RFP was not conducted for CHR, an existing contractor which L.A. Care has been using, since July 2021, the contractor is familiar with specific information about</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>L.A. Care and has performed satisfactorily. Bringing on a new vendor would present challenges to continuing work in this area.</p> <p>Board Member Booth requested clarifications on motions FIN 102 (Invent Health) and FIN A (California Coverage and Health Initiatives).</p> <p>Board Member Booth also noted that CHR has been referenced several times, as has Edifecs with Optum for Cal MediConnect (CMC). She asked about the work these companies are doing for CMC members.</p> <p>Marie Montgomery, <i>Chief Financial Officer</i>, explained that Edifecs is working on the operational aspect of processing member encounters. Optum and Invent Health are working on the analytic side of risk adjustment for CMC, which requires different expertise.</p> <p>Chairperson Shapiro asked Board Member Booth if the detail can be discussed offline. Board Member Booth agreed to discuss it offline, and Tom MacDougall, <i>Chief Information & Technology Officer</i>, offered to provide information to Board Member Booth.</p> <p>The Invent Health contract amendment is for risk adjustment analytics and consolidates the risk adjustment analytics for CMC and LACC with Invent Health, with better pricing, better user interface, and better integration with department workflows. L.A. Care will no longer be engaged with Optum for risk adjustment analytics.</p> <p>Francisco Oaxaca, <i>Chief of Communications & Community Relations</i>, summarized the relationship with California Coverage and Health Initiatives (CCHI), which began in 2020 during the pandemic to carry out a provision in L.A. Care and Blue Shield of Community Resource Centers (CRC) Partnership Grant Agreement to jointly operate the CRCs. One of the provisions calls for L.A. Care to contract with an independent third party to provide one-on-one enrollment services and navigation support for both community and health plan members in the CRCs. This motion is for an extension of time and to add services at four CRCs.</p> <ul style="list-style-type: none"> • February 22, 2022 meeting minutes • TransUnion Contract for encounter collection and processing services <u>Motion FIN 100.0422</u> To authorize staff to execute a contract in the amount of \$3,900,000 with TransUnion to provide encounter processing services for the period of June 1, 2022 to May 31, 2025. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Change Health Resources Contract Amendment <u>Motion FIN 101.0422</u> To authorize staff to amend a contract authorizing the expenditure of an additional \$1,000,000 (bringing the total of this statement of work no. 4 to \$5,100,000) with Change Healthcare Resources, LLC to provide staff augmentation and consulting services to support to the Compliance Department. • Invent Health Contract Amendment <u>Motion FIN 102.0422</u> To authorize staff to amend an existing contract with Invent Health for the contract total amount not to exceed \$3,814,850 in order to continue providing risk adjustment analytic services over the next three years for both the Cal MediConnect/dSNP and L.A. Care Covered lines of business. • Interpreting Services International, LLC Contract (ISI) <u>Motion FIN 103.0422</u> To approve a three-year contract with Interpreting Services International (ISI) for rapid translation services in the total amount of \$2.6 million. • California Coverage and Health Initiatives Contract Amendment (FIN A) <u>Motion FIN A.0322</u> To authorize staff to amend a contract in the amount of \$1,323,304.88 with California Coverage and Health Initiatives to provide onsite one-on-one enrollment and navigation support services at all CRCs through October 31, 2022 for a new contract total of \$1,948,404.48. 	<p>Approved unanimously by roll call. 5 AYES (Booth, De La Torre, Perez, Roybal and Shapiro)</p> <p>The Committee approved including FIN 100, FIN 101, FIN 102 and FIN 103 to the Consent Agenda for the April 7, 2022 Board of Governors' meeting.</p> <p>FIN A does not require full Board approval.</p>
CHAIRPERSON'S REPORT	There was no Chairperson report.	
CHIEF EXECUTIVE OFFICER'S REPORT	John Baackes, <i>Chief Executive Officer</i> , reported that moving forward, the CFO and CEO will be reporting in more detail on the changes in L.A. Care's contracts for Medi-Cal. The re-procurement will be conducted for commercial plans that participate in Medi-Cal. As a public plan, L.A. Care does not participate in the re-procurement, but L.A. Care will have to sign a contract that will begin on January 2024. This contract is expected to have significant changes. Staff is reviewing the changes and potential impact for L.A. Care.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>An area of concern for L.A. Care is its financial relationship with its Plan Partners (Anthem Blue Cross, Blue Shield Promise and Kaiser) and with medical groups that are capitated or have delegated arrangements. One of the significant reporting changes is that L.A. Care will have to report an administrative cost. Centers for Medicaid & Medicare Services (CMS) and California’s health insurance agencies will review administrative cost for each of the delegated entities, to ensure that the 85% medical cost ratio is sustained at every level. This may be challenging because typically the actuaries will compare administrative cost to fee for service (FFS) claims, but each FFS claim includes some administrative cost. L.A. Care currently reports medical expense paid to its Plan Partners. L.A. Care is paying delegates with risk for a subset of its enrollment, and this is considered medical expense. It will complicate reporting and could have a cascading effect on the delegated entities, both with Plan Partners and the medical groups that contract directly with L.A. Care. Staff is reviewing the data collection and reports and looking for any other aspects that will be affected by the new contract, in order to provide feedback on the contracts.</p> <p>Staff will meet with CMS next week. L.A. Care does not usually contact CMS directly with regard to rate setting and rules that are imposed on states, as the communication is between the federal and the state agencies.</p>	
COMMITTEE ITEMS		
Chief Financial Officer’s Report	<p>Marie Montgomery, <i>Chief Financial Officer</i>, reported:</p> <p><u>Membership</u> February 2022 membership is 2,550,267; which is 13,610 members favorable to the 3+9 forecast; and 22,332 member months favorable to year-to-date (YTD) forecast. Similar to January 2022, the favorability is driven by increased enrollment in the California Advancing & Innovating Medi-Cal (CalAIM) mandatory managed care population. The forecast did not include the additional members for Plan Partners. Membership for L.A. Care Covered (LACC) was over 115,000 members, an improvement of almost 4,000 from January. The Open Enrollment period has not been extended as it was in prior years.</p> <p><u>Consolidated Financial Performance</u> There was a \$49 million net deficit for February 2022 and \$48 million unfavorable to the 3+9 forecast. The main driver is higher administrative expense which is \$54.9 million unfavorable to the forecast due to regulatory fines totaling \$55 million. The operating margin was \$6.4 million favorable to the forecast.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Pharmacy claims were favorable to the forecast by \$4 million. The provider incentive expense is \$4 million favorable, due to timing.</p> <p>YTD there was a \$20 million net surplus; which is \$4.8 million unfavorable to the forecast. The large variances in revenues and healthcare costs are due to the Proposition 56 reconciliation for State Fiscal Year (SFY) 2018-19 and the 18-month bridge period discussed last month. Operating margin is favorable by \$20 million. The main items driving that favorability are incurred claims, timing in provider incentives), and Pharmacy.</p> <p>Administrative expense is \$26.5 million unfavorable YTD due to the \$55 million regulatory fines, which were offset by the adjustment made last month for the recalculation of the \$22 million Patient-Centered Research Institute (PCORI) fees. Non-operating expense is \$1.8 million favorable due to lower CRC spending and timing in grant spending but partially offset by an unrealized loss.</p> <p><u>Operating Margin by Segment</u> Overall Medical Care Ratio (MCR) is 92.8% versus forecast of 93.8% due to \$20 million favorability in operating margin. All segments are in good shape due to operating margin position.</p> <p><u>Reported vs Paid Claims Trend</u> In February 2022, paid and reported claims increased for the second month. Forecast built in higher forecasted FFS costs due to the Omicron surge. The reported claims are consistent with recent periods. Staff will continue to monitor the prior period reserve development, which is positive.</p> <p><u>Key Financial Ratios</u> The administrative ratio was 6.2%, higher than the forecast of 5.1% due to the \$55 million regulatory fines. Working Capital and Tangible Net Equity are ahead of benchmarks. Cash to claims ratio is below the target. As previously reported, the cash to claims ratio is expected to recover with the settlement of the In-Home Support Services (IHSS) balances with the Department of Healthcare Services.</p> <p><u>Tangible Net Equity and Days of Cash on Hand</u> The February 2022 Fund Balance was \$1.1 billion which represents 522% of Tangible Net Equity. There are enough cash to cover operating expenses for the next 37 days, which was influenced by higher administrative expenses due to the regulatory fines.</p>	<p>Approved unanimously by roll call. 5 AYES</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Motion FIN 104.0422</u> To accept the Financial Report as submitted for February 2022.</p>	<p>(Booth, De La Torre, Perez, Roybal and Shapiro)</p>
<ul style="list-style-type: none"> Monthly Investment Transactions Report 	<p>Ms. Montgomery referred to the investment transactions reports included in the meeting materials. <i>(A copy of the report can be obtained by contacting Board Services).</i> This report is provided to the Committee to comply with the California Government Code and is presented as an informational item. L.A. Care's total investment market value as of February 28, 2022 was \$1.8 billion.</p> <ul style="list-style-type: none"> \$1.5 billion managed by Payden & Rygel and New England Asset Management (NEAM) \$73 million in Local Agency Investment Fund \$253 million in Los Angeles County Pooled Investment Fund 	
<p>Public Comments on the Closed Session agenda items.</p>	<p>There were no public comments.</p>	
<p>ADJOURN TO CLOSED SESSION</p>	<p>The Joint Powers Authority Finance & Budget Committee meeting adjourned at 1:40 p.m.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the items that the Committee will discuss in closed session. There was no public comment on the Closed Session items, and the meeting adjourned to closed session at 1:41 pm.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> Plan Partner Rates Provider Rates DHCS Rates <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Technology, Business Plan Estimated date of public disclosure: <i>March 2024</i></p>	
<p>RECONVENE IN OPEN SESSION</p>	<p>The meeting reconvened in open session at 2:09 pm.</p> <p>Ms. Haydel advised the public that no reportable actions were taken during the closed session.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting adjourned at 2:09 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:

DocuSigned by:

Ilan Shapiro, MD

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Ilan Shapiro MD, MBA, FAAP, FACHE, *Chairperson*

Date Signed 4/27/2022 | 1:12 PM PDT

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – March 17, 2022



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
 John Raffoul
 G. Michael Roybal, MD
 Nina Vaccaro

Senior Management

Augustavia J. Haydel, *General Counsel*
 Thomas Mapp, *Chief Compliance Officer*
 Richard Seidman, MD, MPH, *Chief Medical Officer*
 Katrina Miller Parrish, MD, FAAFP, *Chief Quality and Information Executive*
 Elysse Tarabola, *Senior Director, Regulatory Compliance, Compliance*
 Michael Devine, *Director, Special Investigations Unit, Payment Integrity*

* *Absent*

State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care Health Plan’s employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan will continue to meet virtually and the Board will review that decision as provided in the Brown Act.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Chairperson Stephanie Booth called the meeting to order for the L.A. Care Compliance & Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance & Quality Committee at 2:03 p.m. She announced a new member, John Raffoul, has joined the Committee. 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. She reviewed the process for submitting public comment.	
APPROVAL OF MEETING AGENDA	The Meeting Agenda was approved as submitted.	Approved unanimously by roll call. 4 AYES

APPROVED

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		(Ballesteros, Booth, Roybal and Vaccaro)
PUBLIC COMMENT	There was no public comment.	
APPROVAL OF MEETING MINUTES	The January 20, 2022 meeting minutes were approved as submitted.	Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Roybal and Vaccaro)
CHAIRPERSON REPORT	Chairperson Booth thanked everyone for attending and welcomed everyone.. She noted that there were extensive materials distributed for the meeting. She hopes that everyone had a chance to review the materials, including a review of Compliance and Quality programs for the past year and plans for 2022. It is a very complete report. She thanked the staff in Health Services and Compliance departments for their work.	
CHIEF MEDICAL OFFICER REPORT	<p><i>(Member Hilda Perez and Member John Raffoul joined the meeting.)</i></p> <p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, presented the Chief Medical Officer report <i>(a copy of his written report can be obtained from Board Services)</i>. He thanked staff for their work and expressed his thanks to Chairperson Booth for her acknowledgement of that work.</p> <p><u>COVID-19 Vaccine/Incentive Program Update</u></p> <p>L.A. Care continues to encourage health plan members to get vaccinated and boosted as soon as they are eligible. The member vaccine incentive program is ongoing. Building on prior collaborations with the LA County Department of Public Health, in-network pharmacies, Community Clinics and high-volume solo and small group private practices in the network, L.A. Care has expanded provider incentive payments to the Los Angeles County Department of Health Services (DHS) for every L.A. Care member assigned to DHS that gets vaccinated.</p> <p><u>Sustainability Tracking Assessment & Rating System (STARS)</u></p> <p>He commended the product team and quality improvement staff led by Dr. Parrish and the internal steering committee, which held its first meeting recently. This is an important milestone in improving the</p>	

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	<p>STARs rating. Given the increased importance of the STARs performance for current California Covered product and for the future D-SNP product and the L.A. Care Covered product, L.A. Care has launched a new, enterprise-wide STARs team. The team includes staff from across the organization and will guide strategic efforts throughout the organization to optimize L.A. Care’s STARs performance. A significant portion of the overall STARs score is based on member experience. Higher STARs ratings are an indicator that members are getting better care. STARs ratings are critical to obtaining maximum payments and maintaining preferential member assignment status with CMS. A risk is that for programs with consistently low STARs ratings, it is possible that the contract might not be renewed by CMS for those services. California Covered has announced that new contracts for 2023 will have a performance clause based on STARs ratings. STARs performance is an enterprise-wide effort and a network-wide effort. L.A. Care participates in the California Right Meds collaborative, which is a statewide effort to improve Diabetes outcomes, leveraging the key role that pharmacists can play in management of chronic conditions. Pharmacies have been added to L.A. Care’s network and disease states have been added to the program to help support and improve outcomes for members with cardio-vascular disease and behavioral health conditions.</p> <p><u>Pharmacy Update</u></p> <p>In an effort to assess our baseline performance and identify opportunities to improve, our Pharmacy Team surveyed members to get their feedback. Of the 70 members that responded to the survey, 54 (77%) of members reported that it is always easy to get the medicines their doctors prescribed. 60 (85%) of members reported that it is always easy to fill a prescription at their local pharmacy. From a rating of 0 to 10, where 0 is the worst prescription drug plan and 10 is the best, average member rating is 9.17. The pharmacy team will continue to monitor results and look for opportunities to improve.</p> <p>Comprehensive Medication Management (CMM) via California Right Meds Collaborative (CRMC):</p> <p>L.A. Care has added an additional seven pharmacies in the second cohort of CRMC participating pharmacies, bringing the total to 14 participating pharmacies. The CRMC program will also be expanding the clinical criteria for the program to include behavioral health and cardiovascular disease in addition to diabetes. In addition, the pharmacies will add medication adherence and medication therapy management for our L.A. Care Covered and Personal Assistance Services Council members. Nearly 40% of the 298 members engaged in the program live in the Antelope Valley and South Los Angeles. These efforts address the documented disparities in these parts of the County.</p> <p>Member G. Michael Roybal, MD, asked Dr. Seidman if there is a focus in the Pharmacy Department regarding Healthcare Effectiveness Data and Information Set (HEDIS) measures. Dr. Seidman responded that it’s on the list of ways in which the Pharmacy Department can help. Member experience is a major contributor to L.A. Care’s STARs performance. There are a number of Pharmacy measures in the STARs</p>	

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	<p>scores that are also reflected in HEDIS measures. A pharmacist working with a member can help achieve better health outcomes.</p> <p>Katrina Miller Parrish, MD, FAAFP, Chief Quality and Information Executive, stated that the Pharmacy Department and the Quality Improvement Department are working to align on not just HEDIS measures or how it affects CMM. HEDIS measures are used as a starting point for addressing a holistic view of the patient. The enterprise goals have HEDIS measures embedded within them, for control of blood pressure and hemoglobin A1C for diabetes management, and specifically looking at reducing disparities. Dr. Parrish reported that there is a comprehensive set of programs that are all focused on these chronic conditions and disease states.</p> <p>Chairperson Booth stated that she noticed that for Appeals & Grievances, two of the four priorities for next year involve working with the Pharmacy Department. She noted there wasn't much data to review, that issues seemed to be more about access and billing for pharmacy. Dr. Miller-Parrish responded that they will be working more with the pharmacies to make sure it is as easy as possible for members to get the right prescriptions. For example, If members don't have automatic refills for medications, L.A. Care is looking at getting members up to 100-day refills instead of having to get multiple refills. L.A. Care is working to improve information available to the pharmacy at the point of sale to improve that process for members. Member Booth asked about the STARS rating. Dr. Parrish noted that there are other organizations performing at a very high level, and L.A. Care competes with these organizations to achieve its STARS rating.</p> <p>Dr. Booth Committee members introduced themselves to new Member John Raffoul. Member Raffoul stated that he is the President of Adventist Health White Memorial has been in the area for 40 years and is happy to join the Board of Governors and this committee.</p>	
<p>APPROVE QUALITY IMPROVEMENT (QI) PROGRAM (COM 100.0422)</p>	<p>Betsy Santana, Manager, Quality Improvement Initiatives, Quality Improvement, gave the following reports (<i>a copy of the presentation can be obtained from Board Services</i>):</p> <p><u>2022 QI Program Description & Work Plan</u></p> <ul style="list-style-type: none"> • The Quality Improvement (QI) Program Evaluation provides an overview of quality improvement activities and significant accomplishments during the past year, including but not limited to: <ul style="list-style-type: none"> - Quality and Safety of Clinical Care - Quality of Service - Member Experience - Access to Care 	

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	<ul style="list-style-type: none"> • The evaluation documents activities to achieve work plan goals and establishes the groundwork for future quality improvement activities. <ul style="list-style-type: none"> - Staff throughout L.A. Care contribute to the activities - QI committees regularly meet to oversee the various activities <p>Clinical Initiatives</p> <ul style="list-style-type: none"> • Completed 25 interventions: social media, mailings, automated & live agent calls. • Patient Experience Trainings (35) to approximately 1,200 unique providers. • In response to COVID-19, conducted a “Back to Care” social media campaign aimed to drive members to seek preventive primary care, with a focus on well visits. <ul style="list-style-type: none"> - Partnered with Health Net, Anthem Blue Cross, and Blue Shield Promise Health Plan to align messaging and maximize reach across Los Angeles County. • Several 2020 interventions targeting members and/or providers proved to be effective. • Supported PPGs (13) with improving their HEDIS and CAHPS scores. • Provider training webinars (11) conducted. • Presented at 7 Community Advisory Committees. • Collaborated with national, governmental and community-based organizations. <ul style="list-style-type: none"> - 2021 partnership with the American Cancer Society led to the development of social media videos featuring survivors and James Kyle, MD, M.Div., <i>Chief of Equity and Quality Medical Director</i>. <p>HEDIS Performance</p> <p>Department of Health Care Services Auto Assignment:</p> <ul style="list-style-type: none"> • Auto-assigned allocation for Medi-Cal members L.A. Care 67% vs 33% for Health Net. <p>Member Experience</p> <p>Consumer Assessment of Healthcare Providers and Systems (CAHPS) Performance:</p> <ul style="list-style-type: none"> • Medi-Cal Adult scores remained low in 2021. Child scores were statistically unchanged from 2020 to 2021. Opportunities to improve CAHPS performance are in the access measures. • L.A. Care Covered scores declined from 2019 to 2021. We are rated one star for Marketplace. Considerable work is needed to improve scores in all areas, but most of all focused on access. • Cal MediConnect, most scores declined from 2019 to 2021. <p>Measurement Year (MY) 2020 Appointment Availability</p> <p>Provider compliance with appointment wait times and after hours accessibility standards.</p> <ul style="list-style-type: none"> • L.A. Care did not meet its goal for: Appointment Availability or After Hours Standards 	

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	<ul style="list-style-type: none"> - L.A. Care enhanced how its goals were established and set new goals using a 2-tailed test with a 95% confidence level. The new methodology will be used for MY2021 Survey results. • Decrease in MY2020 Provider Response rate compared to MY2019 Rates. <ul style="list-style-type: none"> - Root Cause Analysis identified COVID as the reason for the decreased response rate. <p>Addressing Disparities</p> <ul style="list-style-type: none"> • The QI department introduced additional health equity activities: <ul style="list-style-type: none"> - Cultural humility training to QI employees - Launched a new Provider Equity award • During the FY 2020-2021 QI analyzed the Medi-Cal, three year trends for eight select HEDIS measures stratified by race and ethnicity. The data showed that disparities were statistically significant between the highest and lowest performing race/ethnicity group for each of the eight HEDIS measures analyzed. <p>Patient Safety</p> <p>Potential Quality of Care Issues (PQI)</p> <ul style="list-style-type: none"> • There were 3,901 PQIs processed • 3,245 (97.8%) PQIs were reviewed within the required 6 months; the 85% goal was exceeded. • Oversight of Customer Solution Center (CSC) and Appeal and Grievance (A&G) cases to identify potential missed PQIs. <ul style="list-style-type: none"> - No CSC cases identified for PQI. - 20 (6%) of 294 grievances were found to have potential quality of care concerns. These were routed back to A&G for additional follow through. <p>Patient Hospital Safety</p> <ul style="list-style-type: none"> • Overall hospital scores/ratings were reviewed aggregating scores from Hospital-CAHPS, Nulliparous, Term, Singleton, Vertex C-Section rate, and Hospital Acquired Infections. Overall ratings: <ul style="list-style-type: none"> - Twenty-six hospitals “Below Average”. - Thirteen hospitals “Above Average” - Twelve hospitals “Good” rating. <p>Facility Site Review (FSR)</p> <ul style="list-style-type: none"> • Needle stick safety goal was not met. • Spore testing of autoclaves goal was met. <p>Accreditation</p>	

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	<p>National Committee for Quality Assurance (NCQA) Accreditation</p> <ul style="list-style-type: none"> • In 2021, NCQA eliminated the Excellent and Commendable status and moved from a numeric rating (1-5) to a “star” rating system (1-5 stars). <ul style="list-style-type: none"> - Medi-Cal 4 Star - Medicare 3 Star - LACC no NCQA rating • L.A. Care is “Accredited” for its Medi-Cal, CMC and LACC lines of business. <ul style="list-style-type: none"> - L.A. Care will be resurveyed in June 2023 • In 2021 L.A. Care earned Multicultural Health Care Distinction (MHCD). • In 2021 NCQA changed MHCD to Health Equity Accreditation. <ul style="list-style-type: none"> - L.A. Care will be surveyed for HE Accreditation December 2023. <p>Barriers</p> <ul style="list-style-type: none"> • The COVID-19 pandemic and public health measures taken to mitigate disease spread directly resulted in decreases in appointments and services delivered. • Continually changing regulatory, compliance and other requirements. • Outdated internal systems do not allow for adequate capture and management of member and provider data. • Providers lack of understanding of the HEDIS specifications and use of incorrect codes. • Limited appointment availability, including outside of regular business hours when members may be more available. <p>Overall Effectiveness and Opportunities</p> <ul style="list-style-type: none"> • Overall, the 2021 Quality Improvement Program was effective in identifying opportunities for improvement and enhancing processes and outcomes. • The QI Program will continue to focus on opportunities to improve equitable clinical care, safety and service in the areas outlined in this report. • These and other QI activities are detailed in the 2021 QI Work Plan and will be tracked through the QI committees and the governance structure. <p>Member Nina Vacarro asked Ms. Santana if she is finding that barriers identified are industrywide health plan barriers. She would like to know if they were unique to L.A. Care. Ms. Santana responded that they weren’t unique to L.A. Care. Some providers were unable to properly capture data for telehealth.</p> <p><u>Motion COM 100.0422</u> To approve the 2022 QI Program Description & Work Plan, as submitted</p>	<p>Approved unanimously by roll call. 6 AYES (Ballesteros, Booth, Perez, Raffoul, Roybal and Vaccaro)</p>

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	<p><u>2021 QI Program Annual Report and Evaluation</u></p> <p>2022 Program Description Revisions</p> <p>General Revisions</p> <ul style="list-style-type: none"> • Strategic Priorities (2022-2024), Goals, and Objectives <p>Program Structure</p> <ul style="list-style-type: none"> • QI Program Goals and Objections <p>Organizational Structure, QI Program Leadership and Resources</p> <ul style="list-style-type: none"> • Positions were added, removed, if they no longer exist, or modified as appropriate. <p>Committee Structure Added</p> <ul style="list-style-type: none"> • Equity Council Steering Committee and its subcommittees • National Committee for Quality Assurance • Steering Committee Stars Steering Committee <p>Scope of the Program</p> <ul style="list-style-type: none"> • Included language throughout to address providing <i>equitable</i> care and services. <p>Significant Program Changes</p> <p>Quality of Care</p> <ul style="list-style-type: none"> • HEDIS measures (28) will be prioritized, by Line of Business, for interventions and/or monitored in 2022. • Cultural and Linguistic Services added. • Transitional Care Program included. • CalAIM: Enhanced Care Management (ECM), effective January 1, 2022 <ul style="list-style-type: none"> - Whole Person Care transitioned to ECM - Health Homes sunset December 2021 - Launch expanded programs for members experiencing homelessness through the Community Supports initiative in 2022. - January 1, 2022, launch Homeless and Housing Support Services (a combined program offering both Housing Navigation and Tenancy Services) and Recuperative Care, and will add Housing Deposits on July 1, 2022. • January 2022, Medi-Cal Rx transitioned to the Department of Health Care Services. <p>Quality of Service</p> <ul style="list-style-type: none"> • First 5 LA 3-year program/pilot to improve awareness of and increase developmental milestones screenings for children ages 0-5 years. 	

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	<ul style="list-style-type: none"> • Virtual Specialty Care Program, which is an opt-in alternative specialty care access pathway for L.A. Care Direct Network Primary Care Physicians and members only. <p>2022 QI Work Plan Updates</p> <p>Medi-Cal:</p> <ul style="list-style-type: none"> • Lead Screening in Children • Hemoglobin A1c Control for Patients with Diabetes >9% (HBD) • Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse –30 Days • Follow-Up After Emergency Department Visit for Mental Illness – 30 Days (FUM) • Kidney Health Evaluation for Patients with Diabetes (KED) • Race/Ethnicity Diversity of Membership (RDM) <p>Cal MediConnect:</p> <ul style="list-style-type: none"> • Use of High-Risk Medications in Older Adults - Rate 3 • Osteoporosis Screening in Older Women • Appropriate Testing for Pharyngitis • Appropriate Treatment for Upper Respiratory Infection • Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis <ul style="list-style-type: none"> - KED - RDM <p>L.A. Care Covered:</p> <ul style="list-style-type: none"> • Childhood Immunization Status (Combo-10) • FUM - 30 Days • HBD - HbA1c Poor Control >9% <p>NCQA Health Plan Rating Measure Updates</p> <p>Measures/indicators for revision ALOB:</p> <ul style="list-style-type: none"> • Replace Comprehensive Diabetes Care - BP Control <140/90 with Blood Pressure Control for Patients with Diabetes • Replace Comprehensive Diabetes Care - Eye Exams with Eye Exam for Patients with Diabetes • Replace Comprehensive Diabetes Care —HbA1c Control <8% with Hemoglobin A1c Control for Patients with Diabetes —HbA1c Control <8% <p>2022 Goals</p> <ul style="list-style-type: none"> • For goals not met, the QI Department: 	

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	<ul style="list-style-type: none"> - Reviews the findings - Completes a barrier analysis - Develops a plan to address the barriers - Prioritizes interventions - Implements the interventions - Evaluates the effectiveness of interventions • The QI Work Plan is a fluid document and revised on an ongoing basis throughout the year. • Total Measures for 2022: <ul style="list-style-type: none"> - HEDIS: 28 - CAHPS: 32 - Service: 72 - Monitoring Measures: 29 (Medi-Cal Managed Care Accountability Set (MCAS), Cal MediConnect (CMC), & Quality Rating System (QRS)) - Priority 3 HEDIS Measures: 36 (MCAS, CMC, & QRS) <p><u>Motion COM 100.0422</u> To approve the 2021 QI Program Annual Report and Evaluation, as submitted.</p>	<p>Approved unanimously by roll call. 6 AYES</p>
<p>PROVIDER INCENTIVE PROGRAM UPDATE</p>	<p>Henock Solomon, <i>Senior Manager, Incentives, Population Health Management</i>, gave the following report (<i>A copy of the report can be obtained from Board Services.</i>):</p> <ul style="list-style-type: none"> • Incentives serve as a motivator and amplifier for Quality Improvement (QI) interventions. <ul style="list-style-type: none"> - L.A. Care incentives programs are currently all no-risk or “up-side”. • The programs promote provider accountability and offer a business case for quality improvement. <ul style="list-style-type: none"> - Performance measurement and reporting - Peer-group benchmarking - Value-based revenue • Designed to align the quality improvement goals of Plan Partners, IPAs, clinics and physicians. <ul style="list-style-type: none"> - Aim to foster systematic process improvements and better care coordination - Reduce variation and promote consistency <p>Accomplishments & Updates</p> <ul style="list-style-type: none"> • P4P Programs adapted for COVID-19 <ul style="list-style-type: none"> - Utilized MY 2020 thresholds & benchmarks (performance targets) rather than prior year for measures most adversely impacted by COVID. 	

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	<ul style="list-style-type: none"> • MY 2020 final Medi-Cal P4P reports and payments <ul style="list-style-type: none"> - About 1,000 Physicians & Clinics participated, payout was \$20.6 million. - Over 50 IPAs participated, payout was \$14.7 million. • MY 2020 LACC and CMC VIIP reports and payments <ul style="list-style-type: none"> - LACC VIIP collaboration with IHA, payout was \$1.8 million. - CMC VIIP first ever payouts accomplished with MY 2020, payout was \$400k. • Launch and payout for the new Direct Network P4P Program. <ul style="list-style-type: none"> - About 60 providers were measured for performance, payout was \$300k. • MY 2021 P4P Programs <ul style="list-style-type: none"> - Final IPA Action Plans received. - Reports and payments will be completed Q4 2022 <p>Performance Score Trends Medi-Cal (VIIP+P4P) Program</p> <table border="1" data-bbox="443 732 1123 875"> <thead> <tr> <th colspan="2">IPAs</th> <th>MY 2018</th> <th>MY 2019</th> <th>MY 2020</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Performance Scores</td> <td>Mean</td> <td>29.54%</td> <td>33.11%</td> <td>32.41%</td> </tr> <tr> <td>Median</td> <td>26.85%</td> <td>30.48%</td> <td>30.27%</td> </tr> <tr> <td>Max</td> <td>77.97%</td> <td>68.73%</td> <td>81.61%</td> </tr> </tbody> </table> <p>Future Planning</p> <ul style="list-style-type: none"> • Action Plan Analysis <ul style="list-style-type: none"> - Compare action plans vs VIIP scores. - Potential modifications to 2022 action plan methodology. • Development of MY 2022 P4P Programs <ul style="list-style-type: none"> - Testing new measures and domains. <ul style="list-style-type: none"> • MCAS and NCQA updates - Exploring the utilization of external benchmarks. - Aiming to announce new programs towards end of Q1 2022. • Physician Pay-for-Performance (P4P) Program <ul style="list-style-type: none"> - Pay on new domains (Utilization & Member Experience) • New D-SNP Value Based Incentive Program (<i>launch for 2023</i>) <ul style="list-style-type: none"> - Upside and downside risk for IPAs - Testing and modeling new design - Stars focused 	IPAs		MY 2018	MY 2019	MY 2020	Performance Scores	Mean	29.54%	33.11%	32.41%	Median	26.85%	30.48%	30.27%	Max	77.97%	68.73%	81.61%	
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	<p>Provider Recognition Awards Event</p> <ul style="list-style-type: none"> • The 4th annual event is planned for March 2022 <ul style="list-style-type: none"> - L.A. Care, Anthem Blue Cross and Blue Shield of California jointly recognize excellent performance in our networks - Expanded award winners with new categories! - Adapting to COVID <ul style="list-style-type: none"> ➤ Week(s) celebration. ➤ Celebrating winners on social media, providers page and L.A. Care intranet ➤ Putting up billboards for winners <p>Member Hilda Perez asked if clinics, physicians, and medical groups receive funds, in addition to the awards being displayed on billboards to celebrate excellence in member service. She asked if the recipients of the awards receive funds for their efforts and if there are any regulations on how they can use it. Mr. Solomon responded there is no added funding for providers that are awarded recognition. L.A. Care has an incentive program for providers and does not stipulate that those funds be used in a specific way. He noted that L.A. Care advises that it is good practice to pass incentive dollars down to the staff in individual practices. L.A. Care leaves it up to them to use the incentive money however they like. Some invest the incentive funds into the facility or use it to improve performance. Member Perez asked if the providers that didn't win receive a survey about the program. Mr. Solomon indicated that is not done at this time. L.A. Care conducts a media campaign about the awards to encourage providers to improve, and he will explore the idea for a survey with his team. Member Booth noted that the recognition does help providers overcome burnout.</p> <p>Member Vaccaro asked if L.A. Care will consider the effects of the pandemic and if it will use the 2020 threshold for Measurement Year 2021, rather than the performance improvement from the prior year, before the pandemic. Mr. Solomon responded that L.A. Care has not solidified that yet, and data is still being collected to determine if modifications will be made. Member Vaccaro asked how L.A. Care is incorporating health equity and social determinants of health into its measures. Mr. Solomon responded that it is still very early and the methodology is still being developed. Typically, any time a new measure is introduced it will be introduced as test measure before assigning incentive funding. The test measure process helps Providers get used to the measure. L.A. Care is currently focusing on measures like controlling blood pressure and prenatal care, to address equity as they are measures with known specific disparities. To address social determinants of health, L.A. Care is considering including measures for addressing food insecurity and housing. Member Vaccaro asked if L.A. Care is speaking to provider groups about the systems they have to collect relevant data, because systems are not standardized through the health care system. Mr. Solomon responded that is certainly the case. Dr. Miller-Parrish stated that</p>	

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	<p>there are ICD-10 codes that are specific to social determinants of health, and L.A. Care will focus on those codes first and foremost, as there is a requirement to focus on a short set of those codes, because they will be easy to capture in the encounters domain. L.A. Care will also be looking at assessment related data for provider recognition health equity awards. L.A. Care is also updating the data system to capture relevant equity data to enhance the information available. Dr. Seidman thanked Member Vaccaro for her questions. He noted that the number of codes has increased for measuring social determinants of health, but system-wide adoption of the routine use of available codes is a major uphill battle, particularly if there is no business case for the entity being asked to use their time and resources to use the codes. L.A. Care will work to build the business case for providers to use the new codes.</p>	
<p>CHIEF COMPLIANCE OFFICER REPORT</p>	<p>Thomas Mapp, <i>Chief Compliance Officer</i>, and Compliance Department managers presented the Chief Compliance Officer Report (<i>a copy of the report and meeting materials can be obtained from Board Services</i>). He referenced the Compliance Program Overview included in the meeting materials.</p> <p>Compliance Program Overview</p> <ul style="list-style-type: none"> • The key <p>Compliance Program Key Components</p> <p>L.A. Care is required to develop a compliance program that strives to prevent, detect and correct compliance issues; and ensures appropriate communication with regulatory agencies</p> <ul style="list-style-type: none"> • Three key elements and seven functional processes <ul style="list-style-type: none"> - Three key elements <ul style="list-style-type: none"> ➤ Prevention of compliance issues ➤ Detection - Identification of potential compliance issues ➤ Correction - Resolution of those issues through corrective action. - Seven functional processes to support the key elements: (1) policies, procedures, standards of conduct; (2) Compliance officer, committees, governing body focused on Compliance; (3) training and education for staff; (4) lines of communication; (5) well-publicized disciplinary guidelines; (6) systems for monitoring and auditing to prevent and correct problems; (7) existing systems to appropriately elevate and respond to compliance issues • Compliance documentation - Compliance Program and Code of Conduct <p>Mr. Mapp has a direct line of communication to the CEO and the Board of Governors. He informed members of the committee that the Compliance Department also reports on its activities to internal committees (Internal Compliance Committee and the Sanctions Committee).</p>	

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	<p>Mr. Mapp introduced senior staff in the Compliance Department listed on the organization chart in his presentation.</p> <ul style="list-style-type: none"> • Todd Gower, <i>Vice President of RGP</i>, is an external consultant, supports Internal Audit and risk management, as needed. Mr. Mapp noted that the Committee will receive internal audit reports throughout the year. Currently there are two reports pending completion, related to Claims and Grievances. • Mr. Mapp reported that the Sr. Director, Risk Management and Operations Support position is currently vacant. The role evaluates and identifies the risk and remediation activities and supports other business units. He introduced Marie Mercado Grijalva, <i>Manager, Regulatory Analysis and Communications</i>, because she reports to this Sr. Director. Her area is responsible for regulatory change and policy management, to ensure that those are implemented correctly. Mr. Mapp also introduced Gabriela Flores, <i>Senior Manager, Compliance Material Review</i>, and she reported that her role is to work with L.A. Care, Plan Partners, and delegated entities to ensure that member and provider communications are compliant with regulations and contractual requirements. This includes annual distribution of Evidence of Coverage and Handbooks. The department also handles inquiries about marketing guidelines and regulations. • Elysse Tarabola, <i>Senior Director, Regulatory Compliance</i>, reported that her area is comprised of two units: Regulatory Audits & Monitoring and Regulatory Affairs & Reporting. Regulatory Audits & Monitoring unit led by <i>Chelsea Hertler, Manager</i> manages all regulatory audits (i.e. DHCS, DMHC, CMS; program, medical, routine, data validation, financial) for all lines of business. This involves collection and review of pre-audit document requests, risk assessments, mock audits/interviews, onsite logistics and coordination, and corrective action plan (CAP) monitoring. The Regulatory Affairs & Reporting unit led by <i>Surah Alsawaf, Manager</i> is the primary liaison between L.A. Care and our regulatory contract managers. This unit manages regulatory inquiries, self-disclosures, notices of non-compliance and ensuring remediation of any compliance issues. This unit also oversees timely, complete, and accurate submission of regulatory reports. • Serge Herrera, <i>Director, Privacy Officer</i>, oversees the privacy program which ensures L.A. Care's compliance with federal and state privacy rules and regulations by protecting the members' information that is collected, used, maintained and disclosed. Some key activities include: <ul style="list-style-type: none"> ○ Conducting privacy assessments to ensure appropriate safeguards are in place to protect the confidentiality, integrity and availability of protected health information, ○ Process member rights requests such as access to protected health information, amendments or correction to information, and confidentiality communications requests ○ Notice of Privacy practices updates 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Work closely with Information Security and Legal Services on incident response and breach notifications ○ Collaborate with delegation oversight on conducting privacy audits of delegates to monitor compliance with federal and state regulations and contractual requirements ○ Work with various business units and legal to review and approve vendor contracts to assure alignment with minimum necessary standards, and compliance with federal and state regulations and contractual requirements. ○ Co-chair the security and privacy oversight committee which meets quarterly to discuss HIPPA related risk, trends and initiatives. <ul style="list-style-type: none"> ● Mr. Mapp noted that the Special Investigations Unit is not directly a part of the Compliance Department but is part of the Operations Department, and works closely with Compliance on Fraud, Waste and Abuse activities. He introduced Michael Devine, <i>Director, Special Investigations Unit</i>. Mr. Devine reported that the 13 members of SIU staff have different investigative backgrounds. SIU works with internal staff and external agencies to address fraud, waste and abuse. Last year, SIU activities resulted in \$10 million in savings and recovery. <p>Mr. Mapp reported that Compliance staff also has a special evolving relationship with Enterprise Performance Optimization, and he introduced Cagla Ozden, <i>Chief of Enterprise Performance Optimization</i> to inform the Committee about the various functions of this department. Ms. Ozden reported that the department is responsible for supplying L.A. Care with performance intelligence on delegated and non-delegated functions, uniting internal and external monitoring by creating performance criteria and key performance indicators, tracking and reporting performance to L.A. Care’s leadership. The external oversight includes pre-delegation assessments and annual delegation audits.</p> <p>Mr. Mapp reviewed the roles of the various committees that the Compliance department reports to or support the compliance activities. Compliance reports to regulatory agencies the status of and coordination of matters with the Compliance & Quality Committee. Minutes of this committee are reviewed during the regulatory audits. The internal compliance committee also reviews issues that are ultimately brought before the Compliance & Quality Committee. The Sanctions Committee is an internal committee to evaluate non-compliance of L.A. Care delegated entities and determine potential sanctions for non-performance. The Regulatory Implementation Committee communicates regulatory changes and tracks implementation of those changes.</p> <p>Ms. Tarabola reported on the Compliance Program Effectiveness (CPE) Audit. Audit Overview</p> <ul style="list-style-type: none"> ● CMS requires us to annually undergo a third-party evaluation of the Compliance Program: <ul style="list-style-type: none"> - Prevention of Compliance issues 	

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	<ul style="list-style-type: none"> - Identify potential compliance issues - Resolution of those issues through corrective action <ul style="list-style-type: none"> • Audit was conducted by ATTAC Consulting Group in January 2022. • The scope of the audit is focused on the Cal MediConnect line of business, but the Compliance Program is for all of L.A. Care’s lines of business therefore findings are applicable to all lines of business. • Review Period: November 1, 2020 to November 1, 2021 • Status: Final report received and <i>Gabriela Flores, Senior Manager, Compliance</i> is working with impacted business units on developing corrective action plans. <p>Ms. Tarabola reported on CPE audit findings and CPE Audit Observations (<i>A copy of the report can be obtained from Board Services.</i>). The first finding was specific to members of the Board of Governors, relating to the timeliness of compliance training for Board Members. The second finding involves developing a process for disseminating compliance policies and the Code of Conduct to Board Members and to delegated entities. A third finding is related to establishing an effective system for delegate monitoring and auditing. Enterprise Performance Optimization is enhancing the existing Delegation Oversight Program and developing a Key Performance Indicators (KPIs) for the organization. The last finding was related to consistency and timeliness in addressing corrective action plans. Mr. Mapp reported that the recommendation was to conduct a more formal process to address compliance issues that are at risk.</p> <p>Ms. Tarabola reported in detail on the observations of the auditors to improve compliance.</p> <ul style="list-style-type: none"> • Compliance Helpline and Fraud and Abuse Hotline should be placed in a readily available landing page. • There should be non-retaliation language and availability of anonymous reporting language • Special Investigative Unit (SIU), the team that manages investigation of fraud, waste, and abuse, should report to a neutral and protected area such as Compliance department or directly to CEO • Delegation Oversight Committee should be re-established to provide a forum for in-depth oversight discussion • SIU should conduct a formal risk assessment of the operational areas and delegates. • Consider a staffing assessment to ensure there is sufficient and appropriately skilled staff within the Compliance department • 3 or 6 consecutive months meeting a “yellow” threshold should require root cause analysis, impact analysis, and corrective action plans. 	

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	<p>Member Booth asked about the product lines for which the findings and observations would apply. Ms. Tarabola responded that the audit was conducted for the Cal MediConnect product line, however corrections of the findings and observations from the audit would apply to all of L.A. Care’s products.</p> <p>Ms. Vacarro asked for definitions for acronyms used by Compliance at future meetings. Mr. Mapp responded that acronyms in future presentations will be clearly defined. He will create a document with acronyms defined so that committee members can better understand the presentations.</p> <p>Mr. Mapp reported on areas for Compliance Focus in 2022:</p> <ul style="list-style-type: none"> • Code of Conduct Review and Update • Coordination with Enterprise Performance Optimization/Delegation Oversight/data reporting initiatives and process improvements • Support and enhance internal communication and escalation of compliance issues • Improve timeliness of investigations processes; additional staff needs • Process improvements to address readiness for regulatory audits and to address repeat findings, and ensure that processes support L.A. Care members • Regulatory Implementation/change management for new laws and regulations • Targeted internal audits to support regulatory agency corrective action plans <p>Member Raffoul asked if L.A. Care has looked at gaps and has a process in place to address those gaps in light of the recent issues with the Department of Managed Health Care. Mr. Mapp responded that L.A. Care has identified gaps and developed corrective action plans (CAPs) to address those issues. Some of those matters will be presented in more detail to the Executive Committee. There was discussion about which committee should hear the report on enforcement matters. Some of the original concerns were identified and reported to Regulatory Affairs last year, and CAPs were in place beginning in August 2021. Compliance is working to monitor those actions to ensure that issues were addressed through remediation, a core function of the Compliance Department. Member Raffoul stated that the Compliance & Quality Committee members should be familiar with the gaps and the CAPs, and members should receive reports on a regular basis. Mr. Mapp responded that the Compliance Department will plan those discussions and report on what they are doing to improve those processes.</p> <p>Chairperson Booth stated that the Executive Committee delegates tasks to the Compliance & Quality Committee. She can summarize during future meetings of this Committee what is discussed at the Executive Committee. The Chairperson of the Executive Committee is highly involved in this oversight. Most of the issues to date have gone through the Executive Committee, including holding extra meetings.</p>	

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	<p>The Compliance & Quality Committee was not scheduled to meet in February. Mr. Mapp noted that it is important and completed and future items for remediation will be communicated to Board Members.</p> <p>Member Vacarro stated that the duties of this Committee are not entirely clear to her, and she suggested more detail about the role of the Compliance and Quality Committee would be helpful. Mr. Mapp responded that he will review her concerns, and work to reinforce Committee Members' understanding of their role. Mr. Raffoul noted that the Committee Members should understand its area of responsibility. Member Roybal suggested increasing the frequency of Committee meetings. Member Ballesteros suggested that the Committee also be informed about additional staff needs. Mr. Mapp noted that staffing is a challenge in the current environment.</p> <p>Chairperson Booth suggested that the Compliance & Quality Committee invite the Board Chair to attend the Compliance & Quality Committee to discuss the DMHC and DHCS enforcement matters. Augustavia J. Haydel, <i>General Counsel</i>, added that the discussions about negotiations with the DMHC and DHCS will occur at the upcoming Executive Committee and Board of Governors meetings.</p> <p><u>Motion</u> To approve the Compliance Program, with an amendment that the role of the Compliance & Quality Committee be sufficiently described in the written document, and the updated description of the Compliance & Quality Committee role will be brought to this Committee for final approval.</p> <p>Chelsea Hertler, <i>Manager, Regulatory Affairs, Compliance</i>, reported: DHCS Medical Audit Update – DHCS issued a final report on February 3, 2022. The report includes 27 total findings with 15 unique deficiencies. Compliance is working with the departments responsible for the deficiency areas to develop corrective action plans (CAPs) to address those deficiencies. The CAPs were submitted to DHCS on March 16, 2022.</p> <p>Ms. Hertler and Michael Devine, Director, <i>Special Investigations Unit (SIU), Payment Integrity</i>, reported on Key Performance Indicators as of November 2021 (<i>a copy of the report can be obtained from Board Services</i>).</p> <ul style="list-style-type: none"> • Timely effectuation of standard appeals for Cal Medi-Connect (CMC) is now at 100% • Timeliness of Expedited Appeals (End to End process) CMC, none reported during this period • Preliminary investigation of a suspected Fraud Waste and Abuse case to be reported to NBI MEDIC (described below) ≤ 14 days of notification (CMC), and Preliminary investigation of a suspected FWA case to be reported to DHCS ≤ 10 working days of notification (Medi-Cal) went down from 100% to 97.6%, share the same root cause as the SIU department received several leads over a weekend and one case was missed when the analyst was conducting the intake triage, and remediation was implemented by assigning responsibility for the reviews to a more senior analyst. 	<p>Approved unanimously by roll call. 6 AYES</p>

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	<p>Mr. Devine explained that NBI MEDIC refers to the entity that reviews cases involving Medicare. L.A. Care reports FWA cases to NBI MEDIC.</p> <ul style="list-style-type: none"> • Calls answered within 30 seconds (Call Center) Medi-Cal and call Abandonment Rate (Medi-Cal), also share a root cause in that L.A. Care’s call center vendor is not able to meet staffing demands. The vendor is working on remediation of the root cause by training additional staff. <p>Member Roybal asked Ms. Hertler about the systemic issue which prompted remediation for NBI MEDIC Key Performance Indicator. Mr. Devine responded that L.A. Care received a number of issues in one day and the analysts mistakenly overlooked one issue.</p> <p>Todd Gower, <i>Consultant, Compliance Internal Audit, Compliance</i>, presented the Risk Assessment report (<i>A copy of the report can be found in the meeting packet on the L.A. Care website or obtained from Board Services</i>):</p> <ul style="list-style-type: none"> • Improving accurate data from delegated entities that will influence regulatory reports, network associations, network adequacy, provider directory, provider communications, timely access and enrollment and disenrollment processes. L.A. Care continues to work with the PPGs on submitting Standardized Provider File data on a monthly basis to meet the 85% for ingestion of data into L.A. Care’s system. Internally we continue to work on ways to improve the process. <p>Mr. Mapp stated that the Issues Log will be reviewed in more detail at a future meeting so that Committee Members are informed about issues that Compliance has identified and is tracking.</p>	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Board of Directors meeting was adjourned at 4:17 pm.</p> <p>Ms. Haydel announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 4:20 pm.</p> <p>PEER REVIEW Welfare & Institutions Code Section 14087.38(o)</p> <p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d) (2) of the Ralph M. Brown Act Two Potential Cases</p>	
RECONVENE IN OPEN SESSION	<p>The Committee reconvened in open session at 5:11 p.m.</p> <p>There was no report from closed session.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting was adjourned at 5:11 p.m.	

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

APPROVED BY: _____
 Stephanie Booth, MD, *Chairperson*
 Date Signed: _____