



L.A. Care
HEALTH PLAN[®]

For All of L.A.

BOARD OF GOVERNORS MEETING

November 2, 2023 • 1:00 PM

L.A. Care Health Plan

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

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 2.9 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 Medicare Plus** – L.A. Care Medicare Plus provides complete care that coordinates Medicare and Medi-Cal benefits for Los Angeles County seniors and people with disabilities, helps with access to resources like housing and food, and offers benefits and services like care managers and 24/7 customer service at no cost.
- **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 September 2023	
Medi-Cal	2,707,676
L.A. Care Covered	128,454
D-SNP	18,376
PASC-SEIU	49,938
Total membership	2,904,444
L.A. Care Providers – As of April 2022	
Physicians	5,709
Specialists	13,534
Both	364
Hospitals, clinics and other health care professionals	14,276
Financial Performance (FY 2022-2023 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 July 2023)	2,310
Projected full-time employees (FY 2022-2023 budget)	2,280





AGENDA
BOARD OF GOVERNORS MEETING
L.A. Care Health Plan
Thursday, November 2, 2023, 1:00 P.M.

DRAFT

L.A. Care Health Plan, 1055 W. 7th Street, Conference Room 100, 1st Floor
Los Angeles, CA 90017

Members of the Board of Governors, staff and the public can attend the meeting in person at the address listed above. Public comment can be made live and in person at the meeting. A form will be available at the meeting to submit public comment.

To listen to the meeting via videoconference please register by using the link below:

<https://lacare.webex.com/weblink/register/r5bc9f83da47231395673fb39451f21e3>

To listen to the meeting via teleconference please dial: +1-213-306-3065

English Meeting Access Number: 2482 205 6445 Password: lacare

Spanish Meeting Access Number: 2483 327 6274 Password: lacare

Hector De La Torre
California Air Resources Board
4001 Iowa Avenue
Riverside, CA 92507

Supervisor Hilda L. Solis
500 West Temple Street, Room 856
Los Angeles, CA 90012

For those not attending the meeting in person, public comments on Agenda items can be submitted in writing 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. The chat function will be available during the meeting so public comments can be made live and direct.

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 right of your screen for the icon that has the word, “chat” on it.
3. Click on the chat icon. It will open two small windows.
4. Select “Everyone” in the “To:” window,
5. The chat message 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.
6. Type your public comment in the box that says “Enter chat message here”.
7. When you hit the enter key, your message is sent and everyone can see it.
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.

You can send your public comments by voicemail, email or text. If we receive your comment by 1:00 P.M., November 2, 2023, it will be provided to the members of the Board of Governors in writing 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 include the name of the item to which your comment relates.

Once the meeting has started, public comment submitted in writing must be received before the agenda item is called by the Chair. If your public comment is not related to any of the agenda item topics and is received before the general public comment agenda item is called, it will be read at that item.

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 an opportunity for members of the public to inform the governing body about their views. The Board of Governors appreciates hearing the input as it considers the business on the Agenda. All public comments submitted will be read for up to 3 minutes during the meeting. The process for public comment is evolving and may change at future meetings. We thank you for your patience.

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

Alvaro Ballesteros, MBA, *Chair*

1. Approve today's agenda *Chair*
2. Public Comment (*Please read instructions above.*) *Chair*
3. Approve Consent Agenda Items *Chair*
(A consent agenda is a way the Board of Governors can approve many motions at the same time to improve efficiency at the meeting. Most motions on a consent agenda have already been discussed at a previous Board Committee meeting. According to the Brown Act [California Government Code Section 54954.3(a)], the agenda need not provide an opportunity for public comment on any item that has already been considered by a committee. Sometimes routine motions are placed on the consent agenda by staff, and those have motion numbers that start with "BOG".)
 - October 5, 2023 Board of Governors Meeting Minutes **p.19**
 - Housing & Homelessness Incentive Program Investment agreement with United Way of Greater Los Angeles (UWGLA) **(EXE 100) p.58**
 - I Color Printing and Mailing Inc. Contract Amendment FOR Premium Billing Unit services through June 30, 2025 **(FIN 100) p.60**
 - MCG (Milliman) Contract provide clinical care guidelines for the period of November 10, 2023 to October 31, 2028 **(FIN 101) p.61**
 - Accounts & Finance Services Policy AFS-008 (Annual Investment Policy Review) **(FIN 102) p.63**
4. Behavioral Health Housing Initiatives for L.A. Care Members Michael Brodsky, MD
Senior Medical Director
Community Health, Behavioral Health
Charles Robinson
Senior Director, Community Health
Safety Net Initiatives
5. Chairperson's Report *Chair*
 - Board Officers Election
6. Chief Executive Officer Report **p.91** John Baackes
Chief Executive Officer
 - Vision 2024 Progress Report 4th Quarter **p.98**
 - Government Affairs Update **p.119** Cherie Compartore
Senior Director, Government Affairs
 - Monthly Grants & Sponsorship Reports **p.149**
7. Chief Medical Officer Report (*Oral Report*) David Kagan, MD
Senior Medical Director II

Public Advisory Committee Reports

8. Executive Community Advisory Committee

Fatima Vazquez / Layla Gonzalez
Consumer member and Advocate member

Board Committee Reports

9. Executive Committee

- Community Health Investment Fund (CHIF) Priorities p.153
FY 2023-24 **(BOG 100)** p.162

Chair
Shavonda Webber-Christmas
Director, Community Benefits

10. Finance & Budget Committee

Stephanie Booth, MD
Committee Chair

- Chief Financial Officer Report p.177
 - Financial Report – August 2023 **(FIN 103)** p.187
 - Monthly Investment Transactions Reports – August 2023 p.198

Afzal Shah
Chief Financial Officer
Jeffrey Ingram
Deputy Chief Financial Officer

11. Compliance & Quality Committee

Stephanie Booth, MD
Committee Chair

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

Chair

ADJOURN TO CLOSED SESSION (Estimated time: 45 minutes)

Chair

13. REPORT INVOLVING TRADE SECRET

Pursuant to Welfare and Institutions Code Section 14087.38(n)
Discussion Concerning new Service, Program, Marketing Strategy, Business Plan or Technology
Estimated date of public disclosure: *November 2025*

14. CONTRACT RATES

Pursuant to Welfare and Institutions Code Section 14087.38(m)

- Plan Partner Rates
- Provider Rates
- DHCS Rates

15. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION

Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
In re: UpHealth Holdings, Inc., et al., Case No. 23-11476 (LSS), pending in the United States Bankruptcy Court for the District of Delaware

16. 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

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. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION

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

MemorialCare Select Health Plan v. L.A. Care Health Plan

American Health Law Association, Case No. 7028, filed April 28, 2022

RECONVENE IN OPEN SESSION

Chair

Adjournment

Chair

The next meeting is scheduled on December 7, 2023 at 1 PM, it may be conducted as a teleconference meeting.

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

AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION 72 HOURS BEFORE THE MEETING:

1. At L.A. CARE'S Website: <http://www.lacare.org/about-us/public-meetings/board-meetings>
2. L.A. Care's Offices at 1055 W. 7th Street, Los Angeles, CA 90017 through the Reception Area in the Building Lobby, or
3. 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 and meeting materials have been posted will be available for public inspection by email request 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



**Schedule of Meetings
November 2023**

Monday	Tuesday	Wednesday	Thursday	Friday
		1	2 <i>Board of Governors Meeting</i> 1 pm <i>(for approx. 6 hours)</i>	3
6	7	8 <i>ECAC Meeting</i> 10 AM <i>(for approx. 3 hours)</i>	9 <i>TAC Meeting</i> 2 PM <i>(for approx. 2 hours)</i>	10
13	14	15 <i>Finance & Budget Committee Meeting</i> 1 PM <i>(for approx. 1 hour)</i> <i>Executive Committee Meeting</i> 2 PM <i>(for approx. 2 hours)</i>	16 <i>Compliance & Quality Committee Meeting</i> 2 PM <i>(for approx. 2 hours)</i>	17
20	21 <i>CHCAC Meeting</i> 8:30 AM <i>(for approx. 1-1/2 hours)</i>	22	23	24



	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
BOARD OF GOVERNORS	<p>1st Thursday 1:00 PM <i>(for approximately 3 hours)</i> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>	<p>November 2 December 7</p>	<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Jackie Contreras, PhD Hector De La Torre Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. G. Michael Roybal, MD, MPH Supervisor Hilda L. Solis Nina Vaccaro, MPH Fatima Vazquez</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 Wednesday of the month 2:00 PM <i>(for approximately 2 hours)</i> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p> <p><i>*2nd Wednesday due to Thanksgiving holiday</i></p>	<p>November 15* <i>No meeting in December</i></p>	<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> <i>Compliance & Quality Committee Chair</i> <i>Governance 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>

**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES
AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2023 MEETING SCHEDULE / MEMBER LISTING**

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
COMPLIANCE & QUALITY COMMITTEE	<p>3rd Thursday of the month 2:00 PM <i>(for approximately 2 hours)</i> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>	<p>November 16 <i>No meeting in December</i></p>	<p>Stephanie Booth, MD, <i>Chairperson</i> Alvaro Ballesteros, MBA G. Michael Roybal, MD, MPH</p> <p>Staff Contact: Victor Rodriguez <i>Board Specialist II, Board Services x 5214</i></p>
FINANCE & BUDGET COMMITTEE	<p>4th Wednesday of the month 1:00 PM <i>(for approximately 1 hour)</i> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p> <p><i>*2nd Wednesday due to Thanksgiving holiday</i></p>	<p>November 15* <i>No meeting in December</i></p>	<p>Stephanie Booth, MD, <i>Treasurer</i> Al Ballesteros, MBA G. Michael Roybal, MD, MPH Nina Vaccaro</p> <p>Staff Contact: Malou Balones <i>Board Specialist III, Board Services x4183</i></p>
PROVIDER RELATIONS ADVISORY COMMITTEE	<p>Quarterly, 2nd Wednesday at 9:30 am L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>	<p>December 6 <i>*Rescheduled due to conflict</i></p>	<p>George Greene, Esq., <i>Chairperson</i></p> <p>Staff Contact: Linda Merkens <i>Senior Manager, Board Services, x4050</i></p>
AUDIT COMMITTEE	<p>L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p> <p>MEETS AS NEEDED</p>		<p>Hector De La Torre, <i>Chairperson</i> Layla Gonzalez George Greene</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.

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2023 MEETING SCHEDULE / MEMBER LISTING**

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
GOVERNANCE COMMITTEE	L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250 MEETS AS NEEDED		<i>Chairperson</i> Stephanie Booth, MD Layla Gonzalez Nina Vaccaro, MPH Staff Contact: Malou Balones <i>Board Specialist III, Board Services/ x 4183</i>
SERVICE AGREEMENT COMMITTEE	L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250 MEETS AS NEEDED		Layla Gonzalez, <i>Chairperson</i> George W. Greene Staff Contact Malou Balones <i>Board Specialist III, Board Services/ x 4183</i>

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2023 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 Los Angeles, CA 90017 (213) 694-1250</p>		<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Jackie Contreras, PhD Hector De La Torre Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. G. Michael Roybal, MD, MPH Supervisor Hilda L. Solis Nina Vaccaro, MPH Fatima Vazquez</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 Los Angeles, CA 90017 (213) 694-1250</p>	<p>November 2 December 7</p>	<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Jackie Contreras, PhD Hector De La Torre Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. G. Michael Roybal, MD, MPH Supervisor Hilda L. Solis Nina Vaccaro, MPH Fatima Vazquez</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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2023 MEETING SCHEDULE / MEMBER LISTING**

PUBLIC ADVISORY COMMITTEES			
<p align="center">CHILDREN'S HEALTH CONSULTANT ADVISORY COMMITTEE GENERAL MEETING</p>	<p align="center">3rd Tuesday of every other month 8:30 AM <i>(for approximately 2 hours)</i></p> <p align="center">L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>	<p align="center">November 21</p>	<p>Tara Ficek, MPH, <i>Chairperson</i></p> <p><u>Staff Contact:</u> Victor Rodriguez <i>Board Specialist II, Board Services/x 5214</i></p>
<p align="center">EXECUTIVE COMMUNITY ADVISORY COMMITTEE</p>	<p align="center">2nd Wednesday of the month 10:00 AM <i>(for approximately 3 hours)</i></p> <p align="center">L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>	<p align="center">November 8 December 13</p>	<p>Ana Rodriguez, <i>Chairperson</i></p> <p><u>Staff Contact:</u> Idalia Chitica, <i>Community Outreach & Education, Ext. 4420</i></p>
<p align="center">TECHNICAL ADVISORY COMMITTEE</p>	<p align="center">Meets Quarterly 2nd Thursday of meeting month 2:00 PM <i>(for approximately 2 hours)</i></p> <p align="center">L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>	<p align="center">November 9</p>	<p>Sameer Amin, MD, <i>Chairperson</i></p> <p><u>Staff Contact:</u> Victor Rodriguez <i>Board Specialist II, Board Services/x 5214</i></p>

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REGIONAL COMMUNITY ADVISORY COMMITTEES			
<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 2072 E. Palmdale Blvd. Palmdale, CA 93550 (213) 438-5580</p>		<p>Roger Rabaja, <i>Chairperson</i></p> <p><u>Staff Contact:</u> Kristina Chung, Field Specialist Cell Phone (213) 905-8502 <i>Community Outreach & Education</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 10807 San Fernando Rd. Pacoima, CA 91331 (844) 858-9942</p>		<p>Ana Rodriguez, <i>Chairperson</i></p> <p><u>Staff Contact:</u> Martin Vicente, Field Specialist Cell Phone (213) 503-6199 <i>Community Outreach & Education</i></p>
<p align="center">REGION 3 ALHAMBRA, PASADENA AND FOOTHILL</p>	<p>3rd Tuesday of every other month 10:00 AM <i>(for approximately 2-1/2 hours)</i> Robinson Park Recreation Center 1081 N. Fair Oaks Ave. Pasadena, CA 91103 (626) 744-7330</p>		<p>Lidia Parra, <i>Chairperson</i></p> <p><u>Staff Contact:</u> Frank Meza, Field Specialist Cell phone (323) 541-7900 <i>Community Outreach & Education</i></p>
<p align="center">REGION 4 HOLLYWOOD-WILSHIRE, CENTRAL L.A. AND GLENDALE</p>	<p>3rd Wednesday of every other month 9:30 AM <i>(for approximately 2-1/2 hours)</i> Community Resource Center Metro LA 1233 S. Western Ave. Los Angeles, CA 90006 (213) 428-1457</p>		<p>Sylvia Poz, <i>Chairperson</i></p> <p><u>Staff Contact:</u> Kristina Chung, Field Specialist Cell Phone (213) 905-8502 <i>Community Outreach & Education</i></p>

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<p align="center">REGION 5 CULVER CITY, VENICE, SANTA MONICA, MALIBU, WESTCHESTER</p>	<p>3rd Monday of every other month 2:00 PM <i>(for approximately 2-1/2 hours)</i> Veterans Memorial Bldg Multipurpose Room 4117 Overland Avenue Culver City, CA 90230 (310) 253-6625</p>		<p>Maria Sanchez, <i>Chairperson</i></p> <p>Staff Contact: Cindy Pozos, Field Specialist Cell phone (213) 545-4649 <i>Community Outreach & Education</i></p>
<p align="center">REGION 6 COMPTON, INGLEWOOD, WATTS, GARDENA, HAWTHORNE</p>	<p>3rd Thursday of every other month 10:00 AM <i>(for approximately 2-1/2 hours)</i> Community Resource Center Inglewood 2864 W. Imperial Highway Inglewood, CA 90303 (310) 330-3130</p>		<p>Joyce Sales, <i>Chairperson</i></p> <p>Staff Contact: Frank Meza, Field Specialist Cell phone (323) 541-7900 <i>Community Outreach & Education</i></p>
<p align="center">REGION 7 HUNTINGTON PARK, BELLFLOWER, NORWALK, CUDAHY</p>	<p>3rd Thursday of every other month 10:00 AM <i>(for approximately 2-1/2 hours)</i> Community Resource Center Norwalk 11721 Rosecrans Ave. Norwalk, CA 90650 (562) 651-6060</p>		<p>Fatima Vasquez, <i>Chairperson</i></p> <p>Staff Contact: Martin Vicente, Field Specialist Cell Phone (213) 503-6199 <i>Community Outreach & Education</i></p>
<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> Community Resource Center Wilmington 911 N. Avalon Ave. Wilmington, CA 90744 (213) 428-1490</p>		<p>Ana Romo – <i>Chairperson</i></p> <p>Staff Contact: Hilda Herrera, <i>Field Specialist</i> Cell phone (213) 605-4197 <i>Community Outreach & Education</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
2023 MEETING SCHEDULE / MEMBER LISTING**

<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> Community Resource Center Long Beach 5599 Atlantic Ave. Long Beach, CA 90805 (213) 905-8502</p>		<p>Tonya Byrd, <i>Chairperson</i></p> <p>Staff Contact: Kristina Chung, Field Specialist Cell Phone (213) 905-8502 <i>Community Outreach & Education</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>Damara Hernández de Cordero, <i>Chairperson</i></p> <p>Staff Contact: Hilda Herrera, <i>Field Specialist</i> Cell phone (213) 605-4197 <i>Community Outreach & Education</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, Field Specialist Cell phone (323) 541-7900 <i>Community Outreach & Education</i></p>

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CONSENT AGENDA

Board of Governors
Regular Meeting Minutes #321
October 5, 2023

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



L.A. Care
 HEALTH PLAN

Members

Alvaro Ballesteros, MBA, *Chairperson*
 Ilan Shapiro, MD, *Vice Chairperson* *
 Stephanie Booth, MD, *Treasurer*
 John G. Raffoul, *Secretary*
 Jackie Contreras, PhD
 Hector De La Torre *
 Christina R. Ghaly, MD

Layla Gonzalez
 George W. Greene, Esq.
 Supervisor Hilda Solis **
 G. Michael Roybal, MD, MPH
 Nina Vaccaro, MPH **
 Fatima Vazquez

*Absent
 ** via teleconference

Management

John Baackes, *Chief Executive Officer*
 Sameer Amin, MD, *Chief Medical Officer*
 Terry Brown, *Chief of Human Resources*
 Linda Greenfeld, *Chief Product Officer*
 Todd Gower, *Interim Chief Compliance Officer*
 Augustavia Haydel, Esq., *General Counsel*
 Alex Li, MD, *Chief Health Equity Officer*
 Tom MacDougall, *Chief Technology & Information Officer*
 Noah Paley, *Chief of Staff*
 Afzal Shah, *Chief Financial Officer*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>WELCOME</p>	<p>Alvaro Ballesteros, <i>Board Chairperson</i>, called to order the retreat and regular meeting of L.A. Care Health Plan Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors meeting at 1:12 pm. The meetings were held simultaneously.</p> <p>Chairperson Ballesteros welcomed Fatima Vazquez, <i>Consumer Representative</i>, as a new member of the Board of Governors. Ms. Vazquez is very enthusiastic to be a member of the Board of Governors. She has the best intention to represent all members of L.A. Care Health Plan. Members all have different needs and all members deserve dignified access to health care. She hopes to work with the Board members to achieve that goal.</p> <p>Chairperson Ballesteros announced that Board Member Nina Vaccaro has appropriately notified staff that she is participating remotely for “just cause” under the provisions of AB2449. There is a quorum of Board members physically present at this meeting. There was no one who is 18 years or older at the remote location with Ms. Vaccaro.</p> <p>He announced that those attending the meeting in person who wish to submit a public comment should use the form provided. For those with access to the internet, the materials for today’s meeting are available on the L.A. Care website.</p> <p>He welcomed everyone 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</p>	<p>Board Member Vaccaro’s participation remotely was unanimously approved by roll call. 9 AYES (Ballesteros, Booth, Ghaly, Gonzalez, Raffoul, Roybal, Solis, Vaccaro and Vazquez)</p>

DRAFT

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>meetings; 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>All are welcome to provide input.</p>	
<p>APPROVAL OF MEETING AGENDA</p>	<p><i>Andria McFerson commented that the Agenda states that Fatima Vazquez is a co-chair of the Board of Governors. A special election was called to elect a member representative to the Board of Governors. There is not a main chair for ECAC, how is a person who is a co-chair with the Board also a chair with ECAC? How can they file a motion? She wants to know the legalities of it all and she wants to make sure that everything is valid and the Board is honored and respected for all that the Board does for the community.</i></p> <p>Augustavia Haydel, Esq, <i>General Counsel</i>, responded that the Board of Governors does not have co-chairs, it has only one Chair. She clarified that the concern is whether Fatima Vazquez can serve as a member of the Board of Governors and retain her position as Chair of the Executive Community Advisory Committee (ECAC). Ms. Haydel believes that status has changed and she will confirm with staff.</p> <p><i>Ms. McFerson asked for clarification before the motion is considered.</i></p> <p>Ms. Haydel noted there is a motion that was placed on the Agenda by the ECAC. The Committee approved the motion.</p> <p><i>Elizabeth Cooper stated she submitted a public comment slip for this item.</i></p> <p>Chairperson Ballesteros stated he did not have a form from her and he invited her to comment on this item.</p> <p><i>Ms. Cooper commented that she is concerned that she gave her public comment in a timely manner and she asked that all her public comments are before him. Before the meeting, she gave those forms to a member of L.A. Care staff and she trusted in that person to make sure her comments get before the Chair. She respectfully requested that the Chair make sure that her public comments are before the Chair so they would not be missed. She asked that the Chair and the staff be directed to make sure that the comments are given to the Chair in a timely manner. She is thankful to be at the meeting today. But first she would like to make some comments. A few years ago, she wrote to the late Senator Feinstein and told her that a woman’s place is in the house, the White House. Senator Feinstein sent her a very nice response. Ms. Cooper is saddened to hear of her passing. The Senior Senator from the great State of California. She had to vote on legislation that affect RCAC members. Ms. Cooper is so proud of her. Ms. Cooper welcomed the first Afro-American person, Ms. Butler, as a representative for the great state. There are great candidates in the Senatorial election</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>next year. This is very important for the great state of California. Civic involvement in health issues that will affect us, all kinds of issues. Ms. Cooper is very proud of that. She values the Board here. Ms. Cooper welcomed the new Board representative to the Board as a member. She hopes her comments will reflect she will continue on the Board, and she thinks she will. The public will be here as to remind her of her important role to represent the community. Ms. Cooper would like to welcome her, regardless of comments she has made. Ms. Cooper thinks it is very important, she knows she speaks on different issues, but it is very important for civic engagement, that is what her life has been about, civic engagement. So she hopes this Board here recognizes how important their role will be and how important the consumer's role will be in making next year that we have a democracy. We the people of the United States.</i></p> <p>Chairperson Ballesteros announced that item 15, report from the Provider Relations Advisory Committee, will be considered right after the CEO Report.</p> <p>The meeting Agendas were approved.</p>	<p>Unanimously approved by roll call. 9 AYES</p>
<p>PUBLIC COMMENTS</p>	<p><i>Andria McFerson asked why she is always the first one. She believes a formal skill set training should be given to all staff of L.A. Care, also those funded by L.A. Care, consisting of all parties who provide services to our members. Almost like an official empathy certificate and that certificate, with a primary focus on systematic disparities of the people that they serve, health disparities and mental disparities. That would also consist of contract agencies and all those relative to the healthcare field. She spoke to members and even medical professionals, and they said that the consumer staff and other staff of L.A. Care that they do have to deal with have a lack of initiative. They have a lack of empathy and professionalism. And that leads to dire situations, health situations that the consumers go through on a regular basis. So that is why it is important to her because of her particular situation. She has epilepsy. She can speak first hand, on how it feels to be in a dire situation to where you cannot receive your medication or proper care from a specialist, anything having to do with the mental services that people receive as well. And sometimes it is hard to get approval from your insurance to receive these things, which leads to worsening health condition. That worsening health condition also leads to worse diseases worse chronic illnesses. She asked for a moment of silence for a member of her prior RCAC 6. Her name is Brigit Green, and she passed away. She was trying to get coverage or her condition. She was trying to contact staff. She was trying to contact L.A. Care, she needed to see a specialist for her condition, but yet she did not receive word back in a timely manner, which made it so that she had not only a lack of preventative care, but a lack of care for her condition. Ten seconds of silence.</i></p> <p>Chairperson Ballesteros commented that he would talk to staff after the meeting. He is sure there is an internal process to address this. What she said is very important and powerful.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Elizabeth Cooper guesses she used a little bit of humor, but in seriousness, I To just heard Andria McFerson about a consumer, what impacts one impacts us all. But first, she would like to say a little bit of humor: if you stopped having such great sandwiches, she would not come here. But either way what she would like to say that her issues are universal, but this is the way she can help the audience where the Board of Supervisors, members of the board and all, that she can have a comment. It is so important now, that health related issues, that you see it, she would like to thank the board for allowing the RCACs to meet, because they can give their point of view. And they can bring back issues, through their representatives, to you. And also, she would like to thank the Board of Supervisors, if Hilda Solis is listening, medical bills. Maybe some of the RCAC members might not be impacted by it, but they are trying to work with those indigents and people who have high medical bills who cannot pay them. She knows it is very challenging for L.A. Care too, but it's so important. They look at healthcare not just from the physical wellbeing, but all impacts our lives. And she hopes that our representatives on the Board look at it from that way, and from a diversity of all the people who need care, those who are here today and those who are not. She is proud of the LA County Board of Supervisors for addressing this issue. She thinks we have a voice representative here today and she would like to give her good wishes. I hope that is carried through. She hopes that Board Members consider that. She knows they have to consider cost and all that, but the health of the members is very important, those who are physically here and those who are not. She knows she might be addressing issues that are not just specific issue, but these issues while she has a folder and they are on the Board, she just hope that they are listening to her plea.</i></p>	
<p>APPROVE CONSENT AGENDA ITEMS</p>	<p><i>(Board Member Greene joined the meeting.)</i></p> <p>PUBLIC COMMENT</p> <p><i>Elizabeth Cooper commented with regard to item FIN 100.1023, that language is very important and enables members to participate, but if this is what the motion is about, she feels that language and culture should be added to that. You need to add on to that motion, “culturally”, because sometimes there is a problem and she feels that is very important. If that is what the motion is about, adding language. She does feel, Board Members, that culture issues should be involved too, besides language. And she does not know what the best for the motion, but that is the way she interpreted it, as a member. So please take notice, Chairperson, of her comment.</i></p> <p><i>John Baackes, Chief Executive Officer, noted that the motion is for an amendment of L.A. Care’s contract for interpretation with Language line.</i></p> <p><i>Ms. Cooper commented that it could be included, and she asked that the Board of Governors consider her suggestion.</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Andria McFerson commented that she believes that all contracts should consist of the relevant parties receiving a certification on skill set training that would include licensed facilities, CBOs and all other relevant agencies, receiving proper knowledge on the proper way to communicate to those they serve, as for a certification for knowing the ADA rights of the people that they serve, also civil rights relatable to their call. It could be CBOs, it could be someone from outside agencies. They do need some sort of certification in knowing ADSA rights, and you know, just relevant rights having to do with the people that they serve. And with that, if there are any contracts approved, with L.A. Care for those people, whether it be funding, whether it be anything having to do with that, please have them right, just have classes and get certified first before they get approved by L.A. Care to have some sort of contract.</i></p> <ul style="list-style-type: none"> • September 7, 2023 Board of Governors Retreat and Meeting Minutes • Scout Exchange Contract Amendment <u>Motion EXE 100.1023</u> To authorize staff to increase the spend of the existing purchase order, by an additional amount of \$15,000,000 not to exceed a total spend of \$63,464,908 with Scout Exchange for contingent worker vendor management services rendered through the end of the contract term on September 30, 2024. • Language Line Solutions Contract Extension <u>Motion FIN 100.1023</u> To extend the existing telephonic interpreting contract term with Language Line Solutions by two years (2024-2026) and add funds in the amount of \$7.8 million for a new contract total of \$20.4 million. • TierPoint Contract to provide Disaster Recovery <u>Motion FIN 101.1023</u> To authorize staff to execute a contract in the amount of \$6,300,000 with TierPoint to provide Disaster Recovery service for the period of October 2023 to October 2028. • Cognizant/Trizetto Technology Solutions, Infosys Ltd. and Solugenix Corporation Contract Amendment for Information Technology Staff Augmentation <u>Motion FIN 102.1023</u> To authorize staff to amend contracts with Cognizant/Trizetto Technology Solutions, Infosys Ltd. and Solugenix Corporation, (total increase of \$17,340,000) for Information Technology staff augmentation services through September 30, 2024. 	<p>Unanimously approved by roll call. 10 AYES (Ballesteros, Booth, De La Torre, Contreras, Ghaly, Gonzalez, Greene, Raffoul, Roybal, Solis, Shapiro, Vaccaro and Vazquez)</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li data-bbox="443 155 1625 399"> <p>• NICE Systems, INC. to provide an Engage Quality Monitoring Cloud Based platform with Real-Time Authentication Contract <u>Motion FIN 103.1023</u> To authorize staff to execute a contract in the amount of \$3,500,000 with NICE Systems, INC. to provide an Engage Quality Monitoring Cloud Based platform with Real-Time Authentication for the period of 36-months from October 1, 2023 to October 1, 2026.</p> <li data-bbox="443 428 1583 565"> <p>• EPlus Contract to provide Storage Service <u>Motion FIN 104.1023</u> To authorize staff to execute a contract in the amount of \$3,500,000 with EPlus to provide Storage Service for the period of October 2023 to October 2028.</p> <li data-bbox="443 594 1612 766"> <p>• NetCentric Technologies, Inc. Contract Amendment <u>Motion FIN 105.1023</u> To authorize staff to amend the contract with NetCentric Technologies, Inc. to add \$975,000 in funds, bringing the total contract total not to exceed \$2,390,000 for the period of October 1, 2023 to September 30, 2026.</p> <li data-bbox="443 795 1629 1000"> <p>• Ntooitive Contract <u>Motion FIN 106.1023</u> To authorize staff to execute a new statement of work with Ntooitive in the amount of \$12,340,575 for marketing campaigns for L.A. Care’s direct lines of business, including the LACC Shop and Compare Tool, and the Community Resource Centers for the period of October 1, 2023 through September 30, 2024.</p> <li data-bbox="443 1029 1625 1273"> <p>• Resources Connection, LLC dba Resources Global Professionals (RGP) Contract Amendment <u>Motion FIN 107.1023</u> To authorize staff to amend a contract in the amount of \$1,360,000 (total contract amount not to exceed \$3,865,000), with Resources Connection, LLC dba Resources Global Professionals (RGP) to provide Internal Audit services through December 31, 2023 and compliance support services through March 31, 2024.</p> <li data-bbox="443 1302 1612 1507"> <p>• Ratify the re-election of Tara Ficek, MPH as Chairperson and Maryjane Puffer, BSN, MPA as Vice Chairperson of the Children’s Health Consultant Advisory Committee <u>Motion CHC 100.1023</u> To ratify the re-election of Tara Ficek, MPH as Chairperson and Maryjane Puffer, BSN, MPA as Vice Chairperson of the Children’s Health Consultant Advisory Committee effective September 2023.</p> 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHAIRPERSON'S REPORT	<p>PUBLIC COMMENT <i>Elizabeth Cooper commented that she appreciates the Chairperson's leadership on this committee and very much appreciates, it is an honor for her and she feels it is an honor to come before the Board. She hopes when the Chairperson gives an order, when he makes a recommendation, that it is followed through, particularly, when she trusts in him when he said to take care of it. But if it is not taken care of she has to come back again to say please take care of it. The respect for the members, respect for the public and respect of all people should have dignity. And she does trust in there that all L.A. Care staff respects them as members who come before the public and bring issues. Or even come before the staff when they have a concern they would like to have addressed. It should be done with respect and dignity for all of the members, regardless who they are, whether they the public or whether they are the staff. She trusts in him when he said, take care of it. She does not know whether it has been taken care of. If it is, she apologizes. But if it is not she is still waiting on him to take care of it.</i></p> <p>Chairperson Ballesteros does not have a report.</p> <p>Los Angeles County Supervisor and Board Member Hilda Solis suggested that the meeting be adjourned in memory of Senator Dianne Feinstein. She had a tremendous impact on many Californians, in particular on health care issues and domestic violence.</p> <p>Chairperson Ballesteros thanked the Supervisor and asked that the Board Meeting be adjourned in her memory.</p>	
CHIEF EXECUTIVE OFFICER REPORT	<p>PUBLIC COMMENT <i>Elizabeth Cooper commented that she would like a response to her concern that the Chairperson would take care of it. She hopes that it has been taken care of. So that when they come before, you, with their concern, that it has taken care of. But I have not heard. Respectfully, and she respects him very much, as the Chair. But she also respects that hopefully, then when he said take care of it, she hopes that some type of apology, respect given to all members who come here and give their point of view, either direct comments to the staff who we entrust in to help advise the members. She spoke to the chief executive officer, and she would like to say she appreciates Mr. Baackes and feel he advised communications and so she thinks he gave her some input about public engagement. Although she still held feelings about public engagement because members of the Board, just think about it. Civic engagement is important. Mr. Baackes, and she appreciates his comments and she will take them in concern, but please concern that we are the members And so much is important now about the members being involved. She was taught when she was young by civil rights and civic engagements, whether you are the organizer or not. She thanked Mr. Baackes; she does not have any other comment to say, other than that. She just wanted to say to the chairperson of trusting in him, to honor his word.</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Andria McFerson wants to know if there is a mandate by the state or the county or the government that the ECAC be in transition. They were told by the staff that the ECAC now is in transition, and also it was told to them that they could only have two RCACs this year, and the actual notes to the meeting of the BOG now states that we can have two more meetings for the year with committee members. She thinks the stakeholders have a role in the decision making of the BOG. That we tell our disparities, speak to each other about it, that peer on peer intercommunication, and then vote accordingly, and then give the information to the Board so that our chair representatives can vote accordingly. With that, she thinks it is important that we go by the schedule that is stated in the meeting notes, that the RCACs have two more meetings this year that we can openly discuss everything that is going on with their health concerns. With that, she thinks that John Baackes, our CEO, is a great guy. She thinks that he has been doing a great job. And this is not a question for him, this is a question that is for the staff and the staff that he rules over, I guess you can say, that they honor him, and honor the fact that there are rules and protocol having to do with the stakeholders and public committee meetings that the public can also go to and express their concerns. And those decisions that are made by the BOG would be heard, and also the Board of Supervisors. You have a board of Supervisors person here as well, and she can also receive that information and actually talk about it during the Board of Supervisors meeting for the County. So she thinks it is important that they still have our RCACs, we still have the opportunity to engage in some sort of intercommunication.</i></p> <p>Mr. Baackes wished a good afternoon to the Board of Governors and to the members of the public in person at the meeting and online. He reported:</p> <p>Medi-Cal Redeterminations - four months of redetermination activity has been completed. A total of 840,000 L.A. Care members have been subjected to a redetermination process. Almost 547,000 will have their Medi-Cal benefits continue. Of those, 321,000 members were renewed in the ex parte process, which means they did not have to fill out the form; those renewals were completed automatically and members received a letter in the mail that they were qualified for an additional year of Medi-Cal benefits. A total of 234,000 members have been disenrolled, 34,000 were done because they no longer met the qualifications or the eligibility, largely because they had income that exceeded the ceiling. However, 199,000 of those people did not return the enrollment form. All of those people have 90 days to return the form and have their benefits restored retroactively to the effective date. If they do not return the form, it will be assumed that they probably moved their residence. L.A. Care is noticing that the number of calls coming into our customer service center declined in September: of approximately 210,000 people up for renewal, L.A. Care received only 722 calls from people inquiring about redetermination status. In July, L.A. Care had over 5,500 calls. Those are small numbers of people reaching out, and the number is falling. Likewise, L.A. Care has certified enrollers in the community resource centers (CRC) to assist people in completing the redetermination form,</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>which is a 20-page form as reported previously. The enrollers at the CRCs are reporting that half the people that come in ask for help with redetermination. The other half of appointments are scheduled for people who are applying for Medi-Cal benefits for the first time. Looking at the total number of people disenrolled (234,000), L.A. Care has 132,000 new enrollment in the same period. The net loss in members for the first four months is 101,748. If that is typical of the remaining redetermination results, L.A. Care will probably be below the budget forecast for loss in Medi-Cal enrollment. With regard to the people who did not return the form, based on telephone activity at the customer service center, L.A. Care is going to have to accept that a certain number of those people are no longer residents of Los Angeles County, and they are not returning the form because they are not here. This will likely be exhaustively studied by various academic centers as the redetermination process continues. At this point in the process, L.A. Care is still doing everything possible to reach out to people who are up for redetermination and all the programs previously announced are now in full flight. So far, the total bottom line is somewhat encouraging.</p> <p>Board Member Greene agreed there could be some individuals who are no longer residents of Los Angeles County. He wondered, given the ever-increasing number of individuals experiencing homelessness, if some of those individuals may have moved from being housed and that might be a reason why they cannot be reached. When the homeless count occurs, it might be the time to square those numbers with those who may have “fallen through” the rolls, and cannot be reached, in addition to looking at “out-flight”. Mr. Baackes responded that the homeless count is usually done in January with results announced in March. There are about 10 street medicine vendors in Los Angeles County and L.A. Care has contracts with two of them. All have been participating in an education program so that as they address patients on the street they can assist with eligibility and encourage enrollment. Board Member Greene’s suggestion is a good one and L.A. Care will try that. Mr. Baackes noted that it would likely be part of the exhaustive analysis about the redetermination process. He added that other states are not faring as well. One state was disenrolling all the children. It was a technical error, but it caused a lot of chaos, and many phone calls. L.A. Care is guarding against those types of errors and about 30 states have been asked to pause their redetermination because of problems in meeting the Centers for Medicare and Medicaid (CMS) guidelines. California seems to be hitting all the marks.</p> <p>Board Member Roybal asked if California is checking enrollment among the different counties to avoid unnecessary outreach for Medi-Cal members that have moved within California. Mr. Baackes responded that he is not aware of this. He introduced Phinney Ahn, <i>Executive Director for Medi-Cal Programs</i>, and she responded that the state would be the owners of any type of centralized data for the movement of Medi-Cal beneficiaries across county lines. Unfortunately, based on data that L.A. Care is getting today, when an L.A. Care member is placed on hold for</p>	

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	<p>some type of a procedural reason, L.A. Care will not know if it is because the member moved out of the county. All L.A. Care will know is that a member did not return the completed forms. Right now, L.A. Care continues conducting outreach to everyone on the list, regardless of whether or not they may have moved. L.A. Care is just hoping not to miss anyone. Mr. Baackes added the observation that California’s Medi-Cal enrollment is 16 million based on the last known address on file, so the new address would not be known unless the Medi-Cal beneficiary submitted an application in their new county. L.A. Care is looking at how many of the new members are recent residents here in Los Angeles County. There is a lot of analysis going on within L.A. Care; he is stating gross numbers without the benefit of those more detailed analyses.</p> <p>Supervisor and Board Member Solis thanked Mr. Baackes for the update and acknowledged that L.A. Care is working very hard on this issue, as is the Los Angeles County Department of Public Social Services (DPSS), as well. Supervisor Solis noted that 199,000 is a large number. She asked about the availability of demographic information about who is coming in, who is signing up again, and who are the new folks that are that are that are enrolling. Secondly, she noted there is still misinformation circulating regarding public charge. Even though people may have received services in the past, there's so much negative information regarding immigration and all the politics that are going on with that, she fears that it is somehow penetrating and suppressing a lot of people that have language difficulties, particularly in the Latino immigrant community. She wonders what efforts have been made to inform the communities through public service announcements or commercials, and not just a flyer or something that says sign up here, but actually more articulation by people that actually speak the language. Mr. Baackes noted this is something that L.A. Care became concerned about early on. Ms. Ahn responded that L.A. Care has been looking at the new enrollment over the last couple of months. A preliminary analysis shows that the new members span across all of the age groups, across all of the Service Planning Areas (SPAs), across all segments of Medi-Cal including Temporary Assistance for Needy Families (TANF) and Medi-Cal expansion. The demographics look like L.A. Care’s existing member population. L.A. Care is not drawing any conclusions as to spikes in any one category. L.A. Care is trying to drill down to better understand how many of these new members were former L.A. Care members either in the last 12 months or beyond, to perhaps understand that there might be any churn in this population, but we can get back to this group with that further analysis. Secondly, with regard to the Supervisor’s comment regarding the public charge rule, L.A. Care has been thinking about that a lot, especially with the upcoming coverage expansion for adults next year. Outreach primarily consists of pushing out messages that have been approved at the state level, and unfortunately, there is not a lot that included about fears related to public charge rules. That is not to say that L.A. Care cannot develop language on its own, which is actually something that it will consider doing. Ms. Ahn</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>thinks that it could be used at the same time for any outreach with regard to the Medi-Cal adult expansion happening in a couple of months. Supervisor Solis strongly urged that L.A. Care look at that and work with particular folks that are able to impact social media to address these particular groups. It is not just Latino; it is also Asian American Pacific Islander (AAPI) community as well as other indigenous groups that are probably not receiving the information in a manner that they are used to. There are niche groups that will do that kind of work, and she offered share that information. Mr. Baackes responded that L.A. Care would follow up with her staff.</p> <p>Mr. Baackes continued his report.</p> <p>Ms. Ahn noted that Medi-Cal expansion for the undocumented adults between the ages of 26-49 would become eligible for Medi-Cal coverage January 1, 2024. The number of people potentially eligible has been revised to 270,000 in Los Angeles County. Usually about 70% are assigned to L.A. Care and 30% to Health Net. The enrollment will probably last three months, as experienced by L.A. Care during the previous Medi-Cal expansion a year and a half ago. The biggest challenge then, as Board Member Ghaly can confirm, is that many of those people are receiving care through the My Health LA program and already have a primary care doctor at either a Los Angeles County Department of Health Services (DHS) clinic or a federally qualified health center. The new Medi-Cal members will need to be matched to their primary care provider. Much was learned during the process a year and a half ago and L.A. Care should be able to do a better job this time.</p> <p>Mr. Baackes asked the Chief Information and Technology Officer, Tom MacDougall, to lead the development of an artificial intelligence (AI) strategy for L.A. Care, and also asked him to include Tom Schwaninger, the Senior Executive Advisor Digital, IT. Mr. Schwaninger currently represents L.A. Care on the Board for the Los Angeles Network for Enhanced Services (LANES), and he participates in a statewide advisory board for technology with the Department of Health and Human Services. L.A. Care is already using AI in some transactional processes. L.A. Care will have AI features in all of the new portals and many of the technology improvements that are currently in flight. He requested Mr. MacDougall and Mr. Schwaninger look at AI as a way to understand and consciously, not in an ad hoc way, take advantage of AI in the transactional aspects of all our business. AI holds promise for continuous improvement in speed and accuracy in handling customer service calls, appeals & grievances, and in processing claims and prior authorizations. He also asked them to look at the challenges posed by AI in data analytics, particularly around health disparities. There has been a lot of concern in this field that some of the data already has biases added in it and we do not want that to be extrapolated when it becomes managed by AI and further entrenched. AI could be a force for providing data to help us address and design approaches to eliminating health disparities. They</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>will be reaching out across the enterprise to touch all aspects of our mission, to add value for L.A. Care members and participating providers. He asked for a preliminary strategy report ready by February. Mr. MacDougall commented that they are excited that they can develop the ability to do what is referred to as conversational AI. This will be chat bots to be used internally to enhance our services and we hope to alleviate some of the overhead from a human capital perspective. They look forward to delivering the AI strategy to the Board of Governors.</p> <p>Mr. Baackes reported that for the past several years L.A. Care has measured the performance of its delegated medical providers, referred to as independent practice associations (IPA) or preferred provider groups (PPG). These metrics have form the basis of L.A. Care’s pay for performance incentives for those contracted provider groups and individual physicians. L.A. Care will introduce a performance incentive metric for L.A. Care’s contracted hospital partners, and contracted skilled nursing facilities (SNF) in January, for measurement year 2024. The incentives will probably be paid out in the spring of 2025. L.A. Care heard from its participating providers, both hospitals and the skilled nursing facilities, and feel this is an element of improving our relationship with them and it will allow us to begin to align the work they do, and a way for us to measure the quality of the care that's being delivered to our members in those places. This has taken a great deal of work that has been done through both the advanced analytics department and quality department.</p> <p>Sameer Amin, MD, <i>Chief Medical Officer</i>, added that this project would be delivered on time. The budget and the measures are confirmed. The program description will be completed and discussions will begin with L.A. Care’s partners, both hospitals and SNFs, to talk through with them some of the measures planned. We will use their feedback and will be ready to roll the program out in January. It was a quick turnaround on this, and Dr. Amin is excited to see how it will move care forward for L.A. Care members. Mr. Baackes noted that for the provider groups, the total incentives paid was \$46 million.</p> <p>Board Member Greene is happy to hear the progress on this effort. He has worked with L.A. Care, as the representative for the Hospital Association of Southern California (HASC), in hopes that a quality incentive pool would be created. He is happy that L.A. Care will be meeting with provider groups to discuss the measures and get their feedback. He hopes L.A. Care will also take into account feedback from the hospitals about the metrics. HASC worked with Inland Empire Health Plan (IEHP) about its quality program and there was a lot of great dialog related to the appropriate metrics to have positive impact for patients, improve community health, and allow the hospitals serving Medi-Cal to participate in the program. Dr. Amin commented that L.A. Care has met with Paul Young with HASC and with IEHP about their program. The source of the data and the measures that will be used are industry standard and consistent with IEHP’s program and with suggestions made by Mr. Young.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Board Member Ghaly commented that it is wonderful that L.A. Care is implementing this program. L.A. Care has been a real leader in transparency in data, developing metrics and promoting clarity and transparency about performance in provider systems. She agrees with Board Member Greene and is glad there will be conversations with providers about the metrics. She asked that there a chance for the providers to view the data prior to the report card distribution to have an opportunity to raise discrepancies in the data. In the past, there has been a challenge in consistency of data reported. It would be good to have an interim period where the providers and L.A. Care could work through those discrepancies. All parties want to have confidence in accurate published data. Dr. Amin responded that a majority of the metrics would be reviewed with providers starting in November. The sources of the data will also be discussed. There are outside sources that could be the third party in reaching agreement on the correct data to use.</p> <p>Board Member Roybal asked if L.A. Care is getting close to the point of having a program similar to Medicare Stars for PPGs, where consumers will have more transparency in rating information and more choice in selecting their providers. Mr. Baackes responded that beginning next year there would be a rating program for the PPGs. When L.A. Care launched the Value Initiative for IPA Performance (VIIP), because it was new and they had never been rated by a health plan, it was introduced as a tool for providers to use and make improvements. Recent results show a cumulative average of 30- or 40-point improvement on a 100-point scale. Part of that is due to getting the encounter data submitted. One of the measures was timeliness in encounter data submission. It was reflected in L.A. Care's National Committee for Quality Assurance (NCQA) scoring. In 2015, when Mr. Baackes arrived at L.A. Care, the score was 76 out of 100 and dropping. L.A. Care's NCQA score is now in the low to mid 80s and rising. The VIIP program has worked. L.A. Care is very conscious that these kinds of programs can produce positive results.</p> <p>Mr. Baackes noted that this would be the last Board Meeting for Tom Mapp as L.A. Care's Chief Compliance Officer, who has been with L.A. Care for seven years and will retire effective tomorrow. He is a graduate of the University of Iowa School of Journalism where he received both a Bachelors and Master's Degree. A few years later, he received a law degree from the University of Louisville. He has been a journalist, a practicing attorney and avid bicyclist, and he has been in the compliance world for the last 15 years. In addition to this being his last day, it is also his birthday, so, in addition to thanking Mr. Mapp for his service, Mr. Baackes welcomed all to join him in wishing Mr. Mapp a very happy birthday.</p> <p>Board Member Booth thanked Mr. Mapp; she has been working with him for a few years. She asked so many questions. He made it a habit to get together before meetings in a small cadre of 8 or 10 people from Compliance and some people from the Quality side, where they go through</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>things and help her. She feels very privileged to receive this education from him. The Compliance department has made major steps in improvements; there will always be something that we miss; it is impossible to make sure nine billion things are always spot on. Major strides have been made toward getting there, and she attributes that to Mr. Mapp and his group. She will miss him and she thanked him for everything. Mr. Mapp thanked her. He commented that it takes a crew and a team - it is not just him, it is the folks behind him, it is the business owners throughout the organization, and John Baackes, that have given support to the compliance activities and made it possible for L.A. Care to get better and better and better. He remembers when he first joined L.A. Care; the number of findings from a DHCS audit was very high. The findings are now maintained at reasonable number. There is a tremendous amount of work that is being done: reporting to the Board and the reporting of information about metrics and performance, the great initiatives Dr. Amin has been working on hard. It has just been a pleasure to work with everyone at L.A. Care.</p> <p>Mr. Baackes introduced Todd Gower, <i>Interim Chief Compliance Officer</i>. Mr. Gower thanked Mr. Baackes and the Board. He commented that it is an honor to be part of L.A. Care, an honor to work with Mr. Mapp, and he will be sad to see him go. He appreciates the opportunity to support the Board and the members of L.A. Care.</p>	
<ul style="list-style-type: none"> • Monthly Grants and Sponsorships Reports 	<p><i>Mr. Baackes referred Board Members to the written reports included in the meeting materials.</i></p>	
<ul style="list-style-type: none"> • Government Affairs Update 	<p>There was no report from Government Affairs staff.</p>	
<p>Provider Relations Advisory Committee</p>	<p>Committee Chairperson and Board Member George Greene reported that the Provider Relations Advisory Committee's (PRAC) initial meeting was held on August 1. (<i>Contact Board Services to obtain a copy of approved meeting minutes.</i>)</p> <ul style="list-style-type: none"> • The Committee approved its Membership and Charter, approved on Consent Agenda at the September 7 Board Meeting. • Sabra Matovsky, HCLA CEO, representing Independent Practice/Physician Association, was elected Vice Chairperson. • The Committee approved that they will meet quarterly on a third Wednesday at 9 AM. • The Committee received reports on Transitions of Care and Managed Care Accountability Sets. • There was discussion on Hospital and Skilled Nursing Facility issues. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Board Member Greene commented that everyone at the meeting from the provider community is very much aligned in a collaborative spirit to try to identify and work proactively on challenges that the provider community may have with L.A. Care. The best way is to air those issues, air those challenges and discuss them. From his perspective as Chair, the PRAC is not to attack L.A. Care. He commended Mr. Baackes, his leadership team, and to Supervisor Solis for supporting the creation of this committee. If we do not have a dialogue, if we do not air issues, we are never going to see an improvement. Every member of the PRAC has the same mission as L.A. Care. As writ large, the providers all across the Los Angeles County community want better care for patients, healthier patients, healthier people and healthier communities.</p> <p>Sometimes Board Member Greene thinks that he is the bane of John Baackes' existence. He is a great man and a great person. Mr. Baackes represents the Medicaid beneficiaries of Los Angeles County. From Board Member Greene's seat, he represents the hospitals of Los Angeles County. The PRAC is about communication, collaboration and seeking improvement. He made that commitment to the PRAC at the first meeting. He will reach out to the providers who sit on that committee and advance the meetings to build agendas to collaboratively bring those issues and challenges to the group. Mr. Baackes has committed to having the issues and challenges aired and to working through them as appropriate. PRAC is off to a good start. Members have the right spirit, the right people and he looks forward to the next meeting. For any of the members of the PRAC who are listening, please know that he will reaching out so that all can work together to build the agendas moving forward that will be substantive, manageable and that will allow the goals of the PRAC to move forward.</p> <p>Supervisor Solis thanked Chairperson Ballesteros, Board Member Greene, Mr. Baackes, and everyone helping to put the PRAC together. She is glad that this is all happening and it seems like progress is underway. She noted that there are two vacancies on the committee and she requested that the Chair consider appointing a patient or someone from L.A. Care's Promotoras so the PRAC has a community member seated, because that representation is equally important.</p> <p>Board Member Greene thanked Supervisor Solis for the recommendation. He would honor her request by bringing it to the PRAC members for discussion. He noted that the PRAC brings providers together to talk about the continuum of care, data and potentially sensitive issues. It is important to have the right representatives on the PRAC for those discussions, and so there would not be a potential cooling effect on the conversation. He thinks the conversations will be substantive and very complex, and will really drill down into data and the care of patients. He would like to make sure that the conversation at PRAC involves individuals who can go deep into the substantive issues related to the provision of care to L.A. Care Medicaid beneficiaries. He will discuss it with Mr. Baackes and PRAC members at the next meeting.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Supervisor Solis suggested that the PRAC set criteria for that community member, as there are potential members who can contribute to the PRAC discussions and dig into the data and analysis. She encouraged setting criteria that will help inform the PRAC members. Board Member Greene thanked her for the suggestion and criteria for the suggested member could be discussed to be sure it aligns with the PRAC Charter. Mr. Baackes noted that the PRAC was intended to include members from a wide array of providers, and members were invited to participate are people who would be able to speak, not just for their organization but for their colleagues as well. He suggested following up with her after criteria is developed to figure out how to get close to the representation she suggests.</p> <p>Board Member Vaccaro commented on the lack of representation in equity with the community health centers or Federally Qualified Health Clinics (FQHCs), with only one clinic seat on the list of members and a CEO at a County facility filled it. The member list is very heavy in hospital representation, and she would like the PRAC to consider adding a clinician from an FQHC, to provide a clinician’s perspective in addition to the CEO representing FQHCs.</p> <p>Mr. Baackes responded that he intended to bring her request for discussion at the next PRAC meeting. Mr. Baackes noted that the roster includes two seats for FQHC representatives and he offered to follow up with Board Member Vaccaro for more information on how it could be addressed.</p> <p>Chairperson Ballesteros asked how the Board would receive reports from PRAC and when the first report would be submitted. Board Member Greene responded that he would proactively reach out to PRAC members individually to ask them to identify issues, challenges and opportunities to engage, collaborate and communicate with L.A. Care, as potential agenda items at future meetings. Board Member Greene plans to come to the next meeting with a list of some of those challenges, issues and opportunities he has gathered from hospital leaders in Los Angeles County. The PRAC would have collaborative discussions about steps to address any issues, challenges or opportunities, and there will be a report to the Board of Governors at the next meeting. Mr. Baackes will continue to attend PRAC meetings and participate in the discussions. He anticipates reviewing the Agenda prior to the PRAC meeting with Mr. Baackes.</p> <p>Board Member Ghaly commented that her recollection is that the PRAC was formed to focus on hospital-specific concerns. It was about discharges to skilled nursing facilities, timeliness of obtaining transfer opportunities, or transfers to in network facilities from patients who are originally out of network. She acknowledged that there probably is a whole host of separate issues at the clinics that outpatient providers would want to discuss. She asked if this committee is intended to cover provider issues broadly. If so, it makes sense to include a broad contingent from outpatient medical directors, including but not limited to FQHCs. If it's really</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>intended to be focused on the hospital issues, it raises questions in her mind if the scope should be expand or should a separate workgroup or committee be set up to address other issues.</p> <p>Board Member Greene responded that the impetus for the creation of this committee was a broad discussion of hospital challenges. Through a series of conversations between him and Mr. Baackes, they realized that focusing on the hospital experience could solve some of the challenges and issues; one of the biggest issues is throughput and the care that initially hospital-based patients receive once they are discharged from the facility. They decided to include representation from across the continuum of care, because it is all connected, and that is how they landed on the Provider Relations Advisory Committee, rather than just a committee focused on hospital issues.</p> <p>Mr. Baackes agreed, and the Board may recall that Board Member Greene commented at a Board meeting that it was not clear how to bring issues up during a Board meeting. From that observation, formation of the PRAC was suggested as the fourth standing committee of the Board. The first issue raised was around the difficult-to-place Medicaid patients who needed step-down care. That is not just a hospital issue or a health plan issue; it involves transportation vendors and a whole host of people. That is when we began to realize, that it should include other provider types in addition to the hospitals. We tried to include a community hospital, a safety net hospital, and an academic medical center as well as the FQHCs and county clinics, transportation, behavioral health, durable medical equipment, and so forth. There are 16 seats on PRAC, and 14 members currently. We can certainly look at a broader representation, but the idea was to have it broader than just hospitals; the provider categories operate together as an ecosystem of care to serve Medicaid patients.</p> <p>Board Member Booth commented that she is on the PRAC, and she noted that Board Member Greene used the word collaborate several times in his report. It seems to her that it is a group of people that plan to keep the patient at the center of the collaboration effort. Her dream is that everyone can all work together just as was done with the MCO tax to increase Medi-Cal reimbursement. We can work together, including the patients, to make healthcare much better in California. She hopes collaboration continues to be the focus and not individual categories of providers or individual facilities.</p>	
CHIEF MEDICAL OFFICER	<p>Dr. Amin reported that after the last discussions with the skilled nursing facilities (SNF) and hospitals during the brainstorm session a few months ago, plans were made for:</p> <ul style="list-style-type: none"> • First phase addressing the SNF rates. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Conversations have started for phase 1 with over 100 facilities regarding the rates. L.A. Care has planned to issue proposals to many of them starting in October. Account managers have reached out to the facilities. It is hoped that it will lead to more throughput for the hospitals. In addition to that, staff is involved in reimagining SNF contracts, to give SNFs an opportunity to approach patients in a more holistic way. This will continue on a couple of different avenues: one is how payments to SNFs can be tiered, how we can add a placement factor, having a discussion with SNFs about difficulty of the patient care at the SNF, and including it in tiers to allow a SNF to claim higher payments. In addition to that, L.A. Care is exploring additional carve outs so that caring for a difficult patient does not cost more for the SNF than the reimbursement. Because in that instance, a SNF will always be hesitant to take on members who have significant comorbidities. L.A. Care is exploring alternatives such as sitters, transportation and a number of others, whereby the carve outs can be adjusted to ensure that the health plan is paying for care in a way that keeps the facility full. The third part underway involves centers of excellence, discharge templates, getting a better sense of inventory, and understanding the capabilities of the various SNFs. L.A. Care has begun a pilot program with one set of facilities regarding discharge templates that seems to be going well.</p> <p>All of those things are being discussed. The plans are coming together, and discussions are underway with finance and provider network team members. Staff is getting ready to move on it. Dr. Amin is happy to discuss in private about the various considerations for difficult-to-place parameters. In addition, the SNF pay for performance plan will help L.A. Care move members to an appropriate setting.</p> <ul style="list-style-type: none"> • Second phase to provide incentive payments for complex patients, in addition to providing help in moving patients out of the hospital when appropriate. <p>Both phases are well underway and moving quickly.</p> <p><u>Community Health Team</u></p> <p>Dr. Amin redesigned the health services division and formulated a community health department, to handle social services, behavioral health, housing initiatives as well as community support programs. A major reason for this is that community supports operationally are run out of multiple departments within health services, and an overarching infrastructure was needed for these programs to prevent the 14 committee supports from being just a menu of items and making sure that it is actually a holistic program. Health Services staff created a platform to have more of a standardized referral form, more standardized data exchange with providers that work on community supports, make sure that we are actually gathering referrals, not only from providers on the outpatient side, but also other members of the community should be able to access those programs. A lot of lunch and learns are being conducted for the hospitals and SNF facilities so they are aware of programs available to support them in taking</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>care of their patients. The platform was developed and will be rolled out over the next few months across L.A. Care to bring programs together under this umbrella. In addition, L.A. Care is looking at the housing initiatives in a very similar way, bringing the programs together under HHIP, along with programs for sustaining services and tenancy as part of one program to look at housing more holistically. In the same theme for street medicine, a new framework is called, Field Medicine. Field Medicine is an initial draft proposal being discussed with multiple providers to make sure that it is vetted and it makes sense. Discussion is underway with Community Clinic Association of Los Angeles County (CCALAC), and seeking alignment with Health Care LA (HCLA) and Los Angeles County Department of Health Services (DHS). Once there is a solid framework for field medicine, it will be implemented. This will be a pioneering effort for street medicine because now, this care is decentralized, and there are a number of people out there doing things in a very disconnected way. L.A. Care will actually be able to pull this together in a way that makes sense for everybody, particularly for members. Supervisor Solis thanked Dr. Amin for his report on the SNFs and the community health teams. She asked for more detail on the housing programs. There are many initiatives underway by Los Angeles County, and a lot of care is done by DHS. She asked about the elements of the program and if the programs are being coordinated. She invited Board Member Ghaly to comment as well.</p> <p>Dr. Amin responded that L.A. Care began providing services under the housing initiatives at the beginning of this year or last year. There was a lot of work to get the services out. It involves tenancy, deposits and that is the work in sustaining services. Much of the care is with DHS, so L.A. Care sought a partnership with DHS to start the services. L.A. Care is now building better infrastructure to make sure that the patients are receiving sustaining services are receiving it for the right period of time, and are getting into other programs that they need. Oftentimes, they are left in sustaining services for long periods; it removes the patients' ability to receive other things like Enhanced Care Management or other key supports that may benefit them financially. Audits are being done alongside DHS to look through the member population and ensure they are getting everything that they need. In addition to that, there is a larger effort going on to make sure that the data is correct. To confirm members receiving tenancy support, receiving sustaining services, and who is actually getting help to get into a home as opposed to whom we are helping to maintain that home. This will give L.A. Care a better sense as to how long we've been trying to find housing and whether or not we need to go down into the app to do that. Mr. Baackes has provided a lot of leeway to collaborate not only with the County, but also with Los Angeles City, to try to help with a lot of the efforts around hotels and tiny homes to make sure that members are getting all the services that they need, we're getting them into at least temporary housing. There are many other efforts going on around how the health plan pays for those services. There are many activities underway: to meet with SNFs and hospitals about</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>available services. We encourage SNF and hospital staff to inform patients leaving those facilities to understand that there are many ways L.A. Care can assist them with housing or sustaining services. Dr. Amin feels L.A. Care is using the HHIP funding more effectively.</p> <p>Board Member Ghaly thanked Dr. Amin for the summary. She reported that DHS works very closely with L.A. Care and other health plans on the implementation of the community supports aspect of CalAIM. In one area Dr. Amin mentioned, she wonders if joint work can be done with the County, that is the degree and duration to which we need to continue that tenancy and sustaining services support. One of the practical challenges that we run into at the County is that many landlords and property operators are only willing to continue leasing properties to individuals if those tenancy and sustaining services continue for a long period. Oftentimes the clients need intensive hands on support for an extended duration, and we do not want to jeopardize the ability to get them into housing or to be able to maintain the success of their housing by withdrawing a critical service and supports. Within Housing for Health DHS has excellent retention rates in housing one- and two-year rates, and housing exceeds 90%. Once housed, they are very successful at keeping people housed, but it does come with ongoing costs for tenancy and support services. She hears the point about needing to understand the house navigation component versus the tenancy and support services components. So that the cost of getting someone housed versus the cost of keeping someone housed can be understood. She suggested a process in partnership with accounting for all this initiative, which obviously has Measure H and alternative funding sources and tiered levels of support. She asked about the criteria under which clients potentially could step down to a lower tier of supports and duration. If the plans and DHS can agree on a structure that stretches the funds as far as possible. She acknowledged challenges because of the way the community supports program was set up and there may be opportunities for joint advocacy between the County and with L.A. Care and Health Net that we are not fully taken advantage of right now. She suggested joining one voice to advocate for changes in the programming structure that might make all of our lives a little bit easier.</p> <p>Dr. Amin responded that he is very glad to have the conversation about the duration of sustaining services. It has taken a lot of time and a substantial amount of effort to get the data needed on sustaining services in order to have the conversation with DHS. Clinical audits of the data have begun, and about 20% of patients could use additional services. We can connect them with other community supportive services and other case management programs that can actually help. There is important information and L.A. Care is working very closely with DHS. The primary intention is to make sure that members are getting the right services, make sure they are getting additional services for which they qualify, and working together to determine how long the services are provided.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Mr. Baackes stated that L.A. Care would be happy to advocate along with DHS and Health Net. L.A. Care recently organized a coalition that included Health Net and the Plan Partners. Five health plans went to DHCS with the same issue that the transitions of care that are part of the CalAIM initiative were impractical. The message was that the five plans would need to hire a number of people in competition with health care providers in the labor market. Dr. Amin was the spokesperson addressing the DHCS Chief Medical Officer and the conversation was between two clinicians, and DHCS backed off. It is important to show that health plans have the same challenges, and present a unified point of view to DHCS. Coalitions work well, and L.A. Care is happy to convene and negotiate with DHS.</p> <p>Board Member Greene asked if L.A. Care is working with local recuperative care organizations. The National Health Foundation has a 60-bed facility in Pico Rivera, and is working on opening a 140-bed facility for unhoused seniors, scheduled to open in January 2025 in Los Angeles City Council District 6 in Arleta. The objective is to help hospitals with discharging patients experiencing homelessness, when the patient no longer needs an acute level of care, transition the patient and connect the patient with social services. This effort might provide opportunities to bolster the program.</p> <p>Mr. Baackes noted that L.A. Care contracted with that facility prior to recuperative care becoming a benefit. L.A. Care ran a pilot program with that facility, leasing 16 beds for homeless inpatient members so they did not go back to the streets. Those members were able to get into permanent supportive housing, usually within 90 days. L.A. Care is very familiar with that organization and will continue working with them.</p> <p>Dr. Amin noted that recuperative care has been sort of a hot button issue throughout the County. L.A. Care has looked into this in detail, and there is an opportunity to redefine eligibility criteria. LA Care has opened the eligibility criteria significantly for emergency room referrals. There is going to be a lot more throughput to recuperative care. Member Greene offered to talk with Dr. Amin offline and connect him with the CEO of National Health Foundation, Dr. Felita Jones, and appreciates the support of the Pico Rivera facility. He also offered to speak with Mr. Baackes about opportunities for the Arleta facility, because that is also L.A. Care's patient population will be able to access that 140-bed facility.</p> <p>Chairperson Ballesteros commented that there are something like 786 recuperative care across the County. It would be helpful to understand L.A. Care's interaction with all of them, and he suggested a presentation or report at a future meeting on L.A. Care's investments in housing and supportive services. There is a lot in CalAIM. A few months ago, the Board approved some transfer of funds received to support not the payment of the housing itself, but the support around it in terms of the move-in, and those types of cost. There were cost projections in that motion for the number of individuals to be served, what types of services are offered,</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>and the expected outcomes. At some point in time, the Board would appreciate a report from Housing for Health on those investments. In addition to that, it would be helpful to understand what the total investments are into housing supports beyond the Board’s motion.</p> <p>Dr. Amin agreed to provide the report. It is important to him to follow up with organizations funded through HHIP by L.A. Care, to make sure that the money is well spent. Dr. Amin sees the numbers internally, and wants to make sure that the Board also has visibility on it. He will ask the community health team to provide a report. Chairperson Ballesteros suggested a report when there is sufficient information for a comprehensive report on the total effort. Mr. Baackes stated that L.A. Care is able to evaluate the number of people provided with housing because of the investment. He noted the catch is that the funds cannot be spent on housing itself, but can only fund support services. L.A. Care can provide housing navigators on every corner and provide supportive services, but if there is no housing available, it is hard to complete the process.</p> <p>Supervisor Solis responded that the County is building affordable housing on the general hospital camps for individuals coming out of the carceral system, a step-down program, or acute care. Hundreds of housing units, not tiny homes, will become available. Funding will be needed for case management and other ongoing programs. The County and other entities are exploring ballot initiatives in the next year that we hope will increase funding in this area. The results of current programs will be an important part of messaging to the public. She agreed with the Chairperson that it is important for the Board to hear regular reports on the metrics and where the assistance and services are going.</p> <p>Mr. Baackes replied that L.A. Care would be happy to do that. He noted that Supervisor Solis has been instrumental in acquiring hundreds of housing units in the Cecil Hotel. The more of these kinds of activities to increase available housing, the better L.A. Care can put funds to good use, help people find suitable housing and help them stay housed.</p> <p>Chairperson Ballesteros requested an item on a future agenda, with an extended discussion period, about the intersection of housing and health, and needed advocacy. It is an important and pressing issue that is recognized more and more in the structure of Medi-Cal benefits. Dr. Amin responded that he would prepare his team for a full report to provide a full report.</p> <p>Chairperson Ballesteros thanked Supervisor Solis for her advocacy on these issues and for her work in the County, particularly on the general hospital campus. It is awesome to have her advocating at this level for needed services. Supervisor Solis also acknowledged Board Member Ghaly who has been instrumental in this work from the beginning. She thanked Chairperson Ballesteros and Mr. Baackes and his staff for working with the County on this project.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Chairperson Ballesteros thanked Board Member Ghaly for all that DHS does for Los Angeles County residents.</p> <p>Chairperson Ballesteros requested that the Board allow Tara Ficek, Committee Chair to report on the Children’s Health Consultant Advisory Committee meeting as the next item. There was no objection from Board Members.</p>	
<p>Children’s Health Consultant Advisory Committee</p>	<p>PUBLIC COMMENT</p> <p><i>Andria McFerson asked that the Board make the communication to recertify members and due to the fact that a lot of people do not have coverage and they don't know they do, it would be great to have someone from the RCACs or health promoters, or even staff, whomever is available to go to the schools. And that would be a parent meeting of some sort, anything having to do with educating parents that they may be losing their coverage for their children. And when you do that, it's almost as if they understand now what needs to be done and who could help them recertify. Because you do have parents that do have learning disabilities, mental disparities, physical disparities and they need coverage, but their children need coverage even more. And with that, if you do have someone that can speak to them directly and let them know that they're losing their coverage, they need to be recertified or reapply. Then that would be great.</i></p> <p>Tara Ficek, Chairperson, reported that the members of the Children’s Health Consultant Advisory Committee met on August 15 and September 19 (<i>approved minutes can be obtained by contacting Board Services</i>).</p> <p>On August 15:</p> <ul style="list-style-type: none"> • Dr. Amin presented the August 2023 Chief Medical Officer report. • Marina Acosta presented information about L.A. Care’s Gun Violence Prevention efforts. • Cherie Compartore updated Committee members about Governor Newsom’s May Budget Revision and spoke about the MCO Tax. • Dr. Li gave a L.A. Care Health Equity Disparities Mitigation Plan update. He gave a report to the Board at the July 27 meeting. <p>On September 19:</p> <ul style="list-style-type: none"> • Dr. Amin provided a Chief Medical Officer Report. • Phinney Ahn gave an update on Medi-Cal Redeterminations. She reported the latest data, updates on the call campaign that was conducted for these members in July. She also provided information about the potential for disenrollments. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> The Committee had a lengthy discussion, sharing ideas and guidance on opportunities for L.A. Care to get the word out through its partners, including schools on how to best support successful participation in the renewal process. The Quality Initiatives team will be giving a presentation about L.A. Care’s Clinical Initiatives and Child Health call campaigns at the next meeting on November 21. 	
<p>Approve execution by L.A. Care Chief Executive Officer, John Baackes, of two Agreements related to the Medi-Cal Contract (04-36069) (BOG 100)</p>	<p>PUBLIC COMMENT</p> <p><i>Andria McFerson commented that she spoke about this previously and how low-income people who have coverage with L.A. Care, with moderate income, also, they are reluctant to actually speak up and speak out to their medical providers. They have Medi-Cal. They believe that if they fill out a survey that basically says that their providers are illegitimate, they don't treat them well, and things like that that they won't receive preventative care or care at all. So, with that, if there are third parties or different, just locked boxes in different streets that they can just drop their anonymous survey off to, then the Board would have proper information from the members of L.A. Care. And, then also, you can take that data to bring it back to the Board on why people of color have the highest mortality rate, highest mental illness rate, highest homeless rate, and different things like that. And these anonymous surveys would be more true to their particular situation, because they feel that sometimes if they do speak up, that they would get treated differently from their service care provider. So that would be a great honor to have Medi-Cal, and then also be able to speak up and speak out for your disparity having to do with your service care provider.</i></p> <p>Tom MacDougall, <i>Chief Information and Technology Officer</i>, summarized a motion to approve the execution by John Baackes for two agreements related to the Medi-Cal Contract, for</p> <ol style="list-style-type: none"> 1) Disclosure and Use of DHCS Data (2023 Post-Expiration Data Use Agreement) which is related to the contract expiring December 31, 2023. The 2023 Post-Expiration Data Use Agreement (DUA) allows the exchange of information between DHCS and Managed Care Plans after current contracts expire. 2) Disclosure and Use of DHCS Data (2024 Data Use Agreement) related to the 2024 Medi-Cal Managed Care contract, which will become effective January 1, 2024. . <p>DHCS provided the Plan with a limited time to review the agreements; therefore, Staff is asking for approval of the executed agreements.</p> <p>Augustavia Haydel, Esq., <i>General Counsel</i>, noted a correction to the motion language to use the word “ratify” in place of the word “approve”. There was no objection to the change.</p> <p><u>Motion BOG 100.1023</u> To ratify the execution by L.A. Care Chief Executive Officer, John Baackes, of two Agreements related to the Medi-Cal Contract (04-36069).</p>	<p>Unanimously approved by roll call. 10 AYES</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADVISORY COMMITTEE REPORT		
<p>Executive Community Advisory Committee (ECAC)</p>	<p>PUBLIC COMMENT</p> <p><i>Deaka McClain commented that she wants to make sure people see her, not to see because of her, but she wants to make sure they see and hear her. First of all, she wants to say thank you to the Chair for this opportunity to speak. Then she wants to say, she probably won't get to say everything she wants to say, because she wasn't able to get up [to the microphone] fast enough earlier to try to get it all out so, give me that. Thank you for giving me this opportunity. If she is doing any disarray or wrong words please, let me know. First must be birthday fever in the air. Her Birthday was yesterday. She just found out that Tom's Birthday was today. So Happy Birthday, fellow October baby, she is still celebrating for the love. So, her point is, she was in meetings all day and almost decided not to come here. She said advocacy is never done, Birthday or not. So, now she gave you guys a little humor. She wants to point out the discussion is going to be had. First of all, she wants to give honor to her fellow committee member, Fatima, because we're sitting in this position today. The accessible exam tables has been something that the ECAC, our committee, has spoken about quite often. She is here to remind everyone, we brought this conversation up before several years ago, and thank you for allowing the beds to be accessible for our providers, doctors' offices, hospitals to have exam tables. She would like to continue the conversation and say, once we talk about this, can we put it on the floor that it will be a continual, where we don't have to keep coming back and asking for funding for accessible exam tables for the providers? Can we just discuss that it is already in the budget that we are going to provide this every year? That would be her ask. Then her fellow committee members are expecting this, so she does not continue to come back, is what she is saying. Also, she thanked Supervisor Solis, she doesn't see her at the tables but she'll leave that alone. She thanked the Supervisor for bringing up in honor of Senator Dianne Feinstein's passing in respect to her advocacy when it came to health care and domestic violence. She is an advocate here and in the community, and due to Senator Feinstein, she helped trail blaze for women to be in politics. If it were not for her trail blaze, Ms. McClain would not be able to say that she is an advocate and public official in the community. She also wants to bring up domestic violence. This is domestic violence month. She would like to start a conversation where domestic violence can be a part of our RCACs work plan. Because she feels that domestic violence is not talked about enough. It is only talked about when it needs to be talked about. No, let's change the conversation where we're talking about it on a regular basis, especially when we have women and men going through domestic violence and they have to go to the emergency room. If we have a little bit more education, intervention and prevention that will cut down on some of that. She also wants to bring up when we are talking about languages disparities, to remember to also talk about ASL language and the need for people with that. They need that assistance when they go to a doctor's office, when they go to a hospital and when dealing with domestic violence. Ms.</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>McClain added as an accessibility issue, whoever is making up the room, just a suggestion, if we can work on maybe doing it differently, because part of the reason why I was struggling. I have to look around to find out who can assist me with writing, or even Ms. Cooper, if we need assistance. So, if the staff community engagement are helpful people, don't get her wrong, people helped her earlier but if the room could be set up differently so the staff could see if members need assistance so members don't have to look around.</i></p> <p>Chairperson Ballesteros thanked Ms. McClain for her suggestion.</p> <p>Mr. Baackes thanked her for mentioning the accessible examination equipment that was funded through the Community Health Investment Fund, and it can be reviewed for an annual allocation. He asked that Shavonda Webber Christmas, <i>Director, Community Benefits</i>, at the meeting today, review the request and the motion, and make a recommendation to the Board on continued funding if there is need for that equipment.</p> <p><i>Elizabeth Cooper stated she is the parent of a development or disabled son. He is also autistic and cerebral palsy. She represents him, but when she takes her son to the doctor for a checkup, he does not have a scale. There is more, she agrees with the beds, but we do not have a voice for the developmentally disabled. We speak, because as a pair, but we do not get a chance to participate. She is speaking to the two board representatives, new board representative and Layla Gonzalez, please take notice. There needs to be a committee for the developmentally, severely developmentally disabled. So far, we have to come before you. When she takes her son to the doctor, they have no way to put him on the scale to see whether he is overweight. We need to also address the issue of the severely developmentally disabled who are regional center consumers, and there needs to be a voice for them. They cannot speak up. So, as a parent, I'll speak up for him, and I need to hear more interest in the developmentally disabled. And she also would like to have the Chief Medical Officer, Doctor, please take notice of that. She asked the Chair to direct the Chief Medical Officer and all entities regarding the developmentally disabled, because a lot of times they don't have a voice. And she speaks up, but she's just a public person. And another thing she would like to bring to the notice to the Board. Some of the committees that they are on, she would like to see, she can't remember some of the acronyms. That's why she has to say, what does this word mean, what does this word mean, how are the consumers going to be able to give you input if they don't know the acronym? She has to go in her Webster's dictionary to see what they mean. Also she'd like the two board representatives to please take notice of her comments regarding participation, and these committees that she heard discussed today, every consumer representative should be asked to be on those committees. Because housing and all the other issues impact them. And she heard silence. Board Members are so articulate and she appreciates hearing from them, but this is the only time she has to say it. Also, please listen to the community. Some of the programs now that you're discussing came from Members of the RCACs. She knows</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>she tried and she's a public person. But she would like the Board of Supervisors, like the input for the consumer, Doctor, please take notice and invite us to participate as a public person. We may not sit at this seat. And I would please like you to take Chairperson, please take notice of my comment. Her son Jonathan, who is an L.A. Care member for a long time. And I appreciate it, but please take notice of this. She appreciate all about the hospital beds, but please take notice for the developmentally disabled members who do not have a voice. So let's have it so that we can be more inclusive rather than exclusive.</i></p> <p><i>Andria McFerson did want to bring back up the fact that there is confusion having to do with a seat here representing the ECAC and then also the ECAC chair position. She needed to know specifically, was there one person representing both? And if that is indeed possible For that to be done. Also with that, she's going to change the topic a little bit. She did speak a long time ago about being homeless and different things having to do with the homeless people that she knew specifically. She had a friend that would rather stay out on the street. He was developmentally delayed and he would rather stay out on the streets, cold, hungry, unwell. And because he was treated really horribly by the people at the shelters, the service workers, the providers, health care providers, and they did not understand. They had no empathy towards his ADA rights and how to address him properly so that he did not feel threatened. And with that, she spoke at the Board of Supervisors meeting while being homeless, about how there needed to be buildings with service workers that helped people who needed extra assistance daily. Someone employed in that building that helped them through all kinds of different things like being recertified for Medi-Cal recertifying for EBT and Section 8, and making sure that they had an IHSS worker and the proper way to fill out that documentation so that everything can be well. Right now, she has a friend that was placed in housing through the County, and he has issues, let's just say it like that, and his house is not clean, and it's not healthy for him to be in right now. But he was not deemed physically disabled or mentally disabled and so no one helped him through that process of receiving housing, when he did receive the housing he had no one to help him through the process of keeping himself well, so now he has resulted into other things and she won't discuss. But there definitely needs to be a general consensus and we need to talk about it during the ECAC. And how we know people who are affected by it and properly give information that would help that particular situation during the ECAC and the RCACs. Please allow the committee to speak about different things having to do with the homeless and other disparities, having to do with mental health and physical health.</i></p> <p>Ms. Haydel responded to the validity of the motion. The motion comes from ECAC. The status of the Chairperson does not affect the validity of the motion. However, in response to the concern by Ms. McFerson, she stated that Ms. Vazquez previously resigned as Chair of ECAC.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Ms. McFerson asked if there was a Chair of ECAC.</i></p> <p>Ms. Haydel responded that she does not have an answer to that, but it is not relevant to the motion before the Board. She asked staff to advise Ms. McFerson about that.</p> <p>Chairperson Ballesteros asked Board Members Gonzalez and Vazquez to provide the report and present the Motion.</p> <p><i>(Member Vazquez spoke in Spanish and the following is her report interpreted in English.)</i></p> <p>Board Member Vazquez thanked the RCAC members present at the meeting. The Temporary Transitional Executive Community Advisory Committee met on September 13.</p> <ul style="list-style-type: none"> • Mr. Baackes gave a Chief Executive Officer update. He gave a report earlier today. • Alex Li, MD, gave an update on L.A. Care’s Equity Steering Committee and Health Equity Disparities Mitigation Plan. He gave this report to the Board at the July meeting. • Alison Patsy presented information about L.A. Care’s Diabetes Awareness and Intervention objectives. L.A. Care has conducted diabetic retinal eye-exam outreach by collaborating with the member vision service plan and connecting members to eye-exam providers. L.A. Care also launched a Medically Tailored Meal Program and piloted the program for 30 eligible members. It provided diabetic-tailored meals (two meals a day, seven days a week for eight weeks). It included health education and referral to L.A. Care’s Diabetes Self-Management Education Program. • Idalia De La Torre gave an update about TTECAC Chair/Vice-Chair Nomination and Election Process for the next TTECAC meeting on October 11. <p>At the meeting, there was also an opportunity to greet and say hello to Hilda Perez, who was a Board Member for a long period.</p> <p>Board Member Gonzalez summarized a motion presented by ECAC. On September 13, 2023, the Temporary Transitional Executive Community Advisory Committee (TTECAC) discussed and determined that a motion should be forwarded for consideration by the L.A. Care Health Plan Board of Governors to approve a second round of funding for providers to purchase exam tables.</p> <p><u>Motion ECA 100.1023</u> To request L.A. Care make funds available to distribute to providers for the purchase of accessible exam tables. A report of how the funds were distributed and a report of the past funding is also requested.</p>	<p>Unanimously approved by roll call. 10 AYES</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Children’s Health Consultant Advisory Committee	<i>This item was discussed earlier in the meeting.</i>	
Technical Advisory Committee	<p>PUBLIC COMMENT</p> <p><i>Andria McFerson commented that she is not quite sure whether this topic is relevant to item number 10. She spoke at the Board of Governor’s retreat meeting about all different ways people are getting left behind in the virtual world. And, it is common that providers email patients and use virtual appointments. Some people cannot participate because they don’t know how to use these tools. It is important to speak about these things with the technical advisory committee, or any other committee relative to this topic, because better access to intercommunication and the AI and technical world should be things that are mentioned by people who make major decisions for people who do have those disparities. She spoke about a Google calendar. That Google calendar should be linked to maybe a robo text that could be sent to patient’s phones and the patient can click the text and open the calendar. This could help all of the members that have different doctor’s appointments; they would know exactly when the doctor’s appointment is what time it is and the location, once they click onto it. And with that being said, they do have something called a remote. And that remote could be someone in the doctor’s office or all relative service providers that are contacting those patients. That remote just basically helps them use their phone and teaches them from that provider’s perspective on how to use their phone to receive all information. That could even be setting up an email to directly communicate with that patient. The remote is an app and it would just basically have that doctor’s office call the people that they’re servicing and ask them to pick up their phones. Once they pick up their phone, that remote can allow that service provider to actually open up the app on their phone and help them go through that whole point of certifying, or receiving the app, or making sure that they know how to use the app. And when you call that person and walk them through that whole process - that is a great opportunity for everyone to join that AI world, and actually see their doctor with virtual appointments that they have and all other medical providers or service providers. They can see them virtually with that remote path that they have. If anyone needs that information about the remote app, she can give it to them after the meeting.</i></p> <p>Dr. Amin reported on behalf of Dr. Li. The Technical Advisory Committee (TAC) met on August 10 (<i>this report was deferred at the September meeting</i>).</p> <ul style="list-style-type: none"> • Dr. Li gave a Chief Health Equity Officer update • Dr. Amin gave a Chief Medical Officer update. • Marina Acosta and Marvin Thompson gave a report about the Health Equity Impact Assessment Tool. The tool was created to: <ul style="list-style-type: none"> ○ Provide opportunities to assess the impact of projects on diverse member populations. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Systematically and consistently embed equity questions in enterprise projects ○ Help provide more care that is equitable for diverse member populations. ○ Further institutionalize equity efforts. ● Marina Acosta updated the Committee about Health Equity Improvement Zones and Community Resource Centers. Ms. Acosta spoke about the progress on the Health Equity and Disparities mitigation plan, specifically with Zones 2 and 3 with the place-based efforts in Social Determinants of Health (SDOH). Progress in Zone 3 includes strengthening the collection and links of SDOH information and resources on food, housing, and transportation among L.A. Care members. 	
BOARD COMMITTEE REPORTS		
Executive Committee	<p>PUBLIC COMMENT</p> <p><i>Andria McFerson stated she is not quite sure whether this is relevant to funding for workforce development. As she has said before, she believes that all staff should have an opportunity to meet a quota of anonymous satisfaction surveys and with that budget, this would lead to a yearly bonus for the staff members or other incentives. All satisfaction surveys would be filled out by those they serve and could be anonymous, and that is basically covering the EXE.101 strategical planning process. She doesn't know if it's irrelevant in a sense, but she needs to just basically say this, that the outreach and engagement department definitely has a dire responsibility. And 25 years of actually giving back to the community and allowing us to give back to the community as well. With that there'll be anonymous surveys having to do with the people that they serve, whether it be the committee or other stakeholders that they have direct communication with. And that budget can go towards the yearly bonuses that they receive for other incentives keep a smile on everyone's face.</i></p> <p><i>Elizabeth Cooper asked if the workforce was related to L.A. Care staff.</i></p> <p>Mr. Baackes responded that it is workforce development for safety net providers, community and home health workers.</p> <p><i>Ms. Cooper asked if it is given out under the direction of L.A. Care.</i></p> <p>Mr. Baackes stated that in 2018, the Board was asked to set aside \$155 million in unassigned reserves for Workforce Development. A number of programs were created</p> <ul style="list-style-type: none"> ● 48 Medical School scholarships at UCLA and Charles Drew ● 152 new primary care doctors were hired through grants to the employer ● 174 doctors received medical school debt relief 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> Over 6,000 supportive service workers have been trained 44 Residents were also trained. <p>The proposed motion will add \$50 million more to the fund. The board extended the program for another five years. Last year we had \$61 million remaining. By moving \$50 million into the unassigned reserve fund, L.A. Care can guarantee the continuation of the program through that five-year commitment, as well as address any other workforce development needs that arise in the safety net. It is not L.A. Care employees.</p> <p><i>Ms. Cooper is concerned that the RCACs have input. She wants to make sure, and she knows her voice is just a public voice, members of the Board have the vote, she has the voice. But you have the vote. She would like to see them making sure this workforce development is diverse. Sometimes that's a question that we don't like to talk about, but she would also like to see when this is presented. So the RCACs can know that it is diverse, ethnically, culturally diverse and all the diversity. And also the disabled are included in particular the developmentally disabled. That's a population that sometime has gotten forgotten. So I would greatly appreciate that the Board commits itself and make sure this money be when it's dispensed that is culturally diverse, making sure that those persons who apply for those scholarships, et cetera and program that they work in the community and it has benefited the community who they represent. And that's a concern of hers. Sometimes all money is dispensed, but you don't know whether there's diversity, and she hopes that the Board gives a commitment that they're making sure there's diversity. And particularly she would like to see some diversity among the disabled community, particularly the developmentally disabled community and making sure they comply with the ADA Act.</i></p> <p>Chairperson Ballesteros thanked her and he is certain that the data is collected and will be reported at a future meeting.</p> <p>Chairperson Ballesteros reported that the Executive Committee met on September 27 (<i>approved meeting minutes are available by contacting Board Services</i>). The Executive Committee reviewed and approved Amendments to L.A. Care Health Plan Retirement Benefit Plan and Human Resources Policy HR 219 (Standards of Conduct) which does not require approval by the full Board.</p>	
<ul style="list-style-type: none"> Department of Managed Health Care Enforcement Matter Report 	<p>Ms. Haydel referred Board Members to the report included in the meeting materials.</p> <p><i>(Member Greene left the meeting.)</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Funding for Workforce Development 	<p>Mr. Baackes previously provided background on this motion in addressing public comment, above. He added that the entire effort of the Workforce Development Program, particularly in the scholarship, was to create a diverse network of providers working at safety net sites. The existing provider network does not match the profile of the Medi-Cal population by race, ethnicity, and cultural background. Of the 48 scholarships awarded, all but two were awarded to medical students of color, and 52% of the recipients are women. The motion is included in the meeting materials and was introduced at the last Board meeting.</p> <p>Board Member Roybal asked the duration of the current funding for the program. Mr. Baackes responded that this will sequester funding in the reserves to enable continued funding for five years, and should allow funding to address new issues that may arise.</p> <p>Board Member Booth thanked Mr. Baackes for the proposal.</p> <p>Board Member Gonzalez noted that an issue among members is the lack of sufficient providers in some geographic areas of Los Angeles County. She asked about ways to incentivize providers to work in those areas. Mr. Baackes noted that provider locations are needed in those areas. One issue is that provider practices need to apply for the funding in those areas. L.A. Care recently made the process easier. He acknowledged Board Member Booth, representing Los Angeles County Medical Association, for helping to get the word out to encourage more private practice providers to participate in the program.</p> <p>Board Member Gonzalez appreciates the interpretation services that L.A. Care provides, but she would like to see more providers and staff that speak the languages matching L.A. Care’s members. She asked about how to encourage participating providers to seek new physicians who are fluent in those languages spoken by L.A. Care’s members. Mr. Baackes offered to provide additional demographic information on the 152 primary care providers in the program. He invited Shavonda Webber-Christmas, <i>Director, Community Benefits</i>, to speak about the program. Ms. Webber-Christmas confirmed that data about the providers in the program could be provided to the Board Members at a future meeting. She will also be providing information to Executive Committee members in response to questions during the meeting last week. Mr. Baackes noted that one significant goal of the program was to seek out providers with lived experience in these underserved areas and can speak the languages of the patients they serve.</p> <p><i>(Member Greene rejoined the meeting.)</i></p> <p><u>Motion EXE 101.1023</u> To authorize adding \$50 million from unassigned reserves to the Board Designated Fund for workforce development to address emerging safety net and community needs through FY 2026-27.</p>	<p>Unanimously approved by roll call. 9 AYES (Ballesteros, Booth, Ghaly, Gonzalez, Raffoul, Roybal, Solis, Vaccaro and Vazquez) <i>Member Greene did not vote as he was out of the room during the discussion.</i></p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Mr. Baackes thanked the Board for approving this motion to continue a hallmark achievement for L.A. Care to improve healthcare access for Medi-Cal beneficiaries in Los Angeles County. Chairperson Ballesteros thanked all staff at L.A. Care, and Ms. Webber-Christmas in particular, that works so hard to administer this important program.</p>	
<p>Finance & Budget Committee</p>	<p>Treasurer Booth reported that the Committee met on September 27 <i>(a copy of the report can be obtained by contacting Board Services)</i>.</p> <ul style="list-style-type: none"> • The Committee reviewed and approved motions at that meeting that were approved earlier today on the Consent Agenda. • The Committee also reviewed and approved a motion for Toney Healthcare Contract Amendment to provide support to L.A. Care’s Clinical Monitoring function that does not require full Board approval. • The Committee received a written report on Sponsorships & Grants that is also included in the Board meeting materials for this meeting. 	
<p>Chief Financial Officer Report</p>	<p>Afzal Shah, <i>Chief Financial Officer</i>, reported on the July 2023 Financial Performance <i>(a copy of the report can be obtained by contacting Board Services)</i>.</p> <p><u>Membership</u> July 2023 membership was almost 2.9 million members, of which about 2.7 million are Medi-Cal members. This report is the first to include the 9+3 budget forecast, which includes a correction in the DSNP estimates.</p> <p><u>Consolidated Financial Performance</u> The net surplus for July was \$107 million; \$68 million favorable to the forecast when funds designated for the Housing and Homelessness Incentive Program (HHIP) and Incentive Payment Program (IPP) are excluded.</p> <p>YTD, there was \$349 million; \$64 million favorable to the forecast when Housing and Homelessness Incentive Program (HHIP) and Incentive Payment Program (IPP) are excluded.</p> <p><u>Operating Margin by Segment</u> The Medical Care Ratios (MCR) by segment were all close to forecast. Overall MCR is 92.1% vs 92.7% in the forecast, when HHIP/IPP are excluded. There is a high MCR in the CalMediConnect segment. Those members have transitioned to the DSNP program and this reflects remaining expenses for CMC. The DSNP is performing better than forecast, and it is expected that the DSNP MCR will continue to rise.</p> <p><u>Key Financial Ratios</u> The key financial ratios are all ahead of benchmarks, as in previous months. The only exception is cash to claims, which will not fully recover until the IHSS balance is settled with DHCS.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Tangible Net Equity and Days of Cash on Hand</u> July 2023 Fund Balance was \$1.55 billion, representing 662% of Tangible Net Equity. For the month of July, we currently have enough cash to cover operating expenses for the 78 days.</p> <p><u>Motion FIN 108.1023</u> To accept the Financial Reports for July 2023, as submitted.</p>	<p>Unanimously approved by roll call. 10 AYES (Ballesteros, Booth, Ghaly, Gonzalez, Greene, Raffoul, Roybal, Solis, Vaccaro and Vazquez)</p>
<ul style="list-style-type: none"> Monthly Investments Transactions Report 	<p>Mr. Shah referred to the investment transactions reports included in the meeting materials (a <i>copy of the reports 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 July 31, 2023 was \$2.7 billion.</p> <ul style="list-style-type: none"> \$2.6 billion managed by Payden & Rygel and New England Asset Management (NEAM) \$35 million in Local Agency Investment Fund \$79 million in Los Angeles County Pooled Investment Fund <p>In response to a question from Board Member Greene about L.A. Care's reserves, Mr. Afzal referenced L.A. Care's Balance Sheet included in the meeting materials. Mr. Baackes noted that L.A. Care has reserve fund totaling \$1.5 billion, with \$1.1 billion unassigned, \$96 million in Board designated funds, and Tangible Net Equity of \$233 million.</p>	
<p>Audit Committee</p>	<p>Board Member Gonzalez reported that the Audit Committee met on August 22 to discuss the Deloitte & Touche Audit Plan for FY 2022-23 (<i>contact Board Services to obtain a copy of approved meeting minutes</i>).</p> <ul style="list-style-type: none"> Mr. De La Torre was elected Chairperson of the Committee. The Board previously delegated authority to the Audit Committee for overseeing the work of our external independent financial audit firm. The Committee approved staff's recommendation to continue the engagement with Deloitte. The FY 2021-22 audit went smoothly. Deloitte was able to accelerate the audit timeline through expanded interim procedures, implementation of new procedures in claims and other medical expenses and increased use of data analytics and other audit technology. Deloitte & Touche presented the Audit Plan for FY 2022-23 (<i>contact Board Services to obtain a copy of the plan</i>). Planned procedures for this year's audit will include: <ul style="list-style-type: none"> A focus of efforts on certain areas of significance to the audits. Obtaining an understanding of all business cycles, including general information technology controls. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Performing tests of certain relevant controls for each business cycle to determine whether such controls have been appropriately designed and implemented. ○ Using materiality as a basis for planning the scope of audit of the financial statements. The determination of materiality is a complex issue requiring consideration of qualitative and quantitative factors. It is a matter of professional judgment taking into account the knowledge of the entity, the assessment of engagement risk, and the reporting requirements for the financial statements. The consideration of materiality is influenced by the perception of the needs of users of the financial statements ○ Deploying the Deloitte Omnia audit platform which will be used for a more efficient and focused audit. This approach will alleviate common pain points while also resulting in tangible benefits for L.A. Care Health Plan. ○ Referencing proprietary quantitative financial and benchmarking analysis capability to identify unusual trends in account balances and ratios. ○ Engaging in fraud discussions with certain members of senior management and others. ○ Assessing the potential for bias in judgments and estimates, including performing retrospective analysis of significant accounting estimates. ○ Evaluating whether L.A. Care Health Plan has entered into any significant unusual transactions and, if so, the nature, terms, and business purpose (or lack thereof) of those transactions and whether such transactions involved related parties. ○ Evaluating L.A. Care Health Plan’s fraud risk assessment and controls over financial reporting by testing journal entries that exhibit characteristics of possible management override of controls which would be identified using electronic data interrogation techniques. It will also test the design and implementation of controls over significant and unusual transactions, particularly those that result in late or unusual journal entries and the controls over those journal entries and adjustments made in the period-end financial reporting process. ● Proposed 2023 Audit Fee is \$423,000, excluding expenses, a 5% increase from last year. ● The Committee approved Deloitte’s proposed audit plan for FY 2022-23. 	
Compliance & Quality Committee	<p>Stephanie Booth, MD, <i>Compliance Committee Chair</i>, reported that the Compliance & Quality Committee met on August 17 (<i>a report for the August 17 meeting is included in the September 7, 2023 Board Meeting minutes</i>) and September 21. The approved September 21 meeting minutes can be obtained by contacting Board Services:</p> <ul style="list-style-type: none"> ● Thomas Mapp and Compliance Department staff presented the September 2023 Chief Compliance Officer Report. Staff gave an update on Operational Readiness. DHCS released a new draft of the 2024 contract to plans in July 2023, incorporating requirements from amendments for 2021, 2022, and 2023, which Medi-Cal managed care plans (MCPs) 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>have already seen. DHCS may have further updates based on MCP feedback and a final executive review.</p> <ul style="list-style-type: none"> • On September 1, 2023, DHCS approved L.A. Care to go live on January 1, 2024, considering key deliverables such as network adequacy, delegation oversight, continuity of care, and CalAIM components. L.A. Care will continue implementation oversight activities and collaborate with other MCPs regarding necessary filings with DMHC due to the 2024 DHCS Contract. • Mr. Mapp announced his retirement and the appointment of Todd Gower as the Interim Chief Compliance Officer. • Dr. Amin provided a Chief Medical Officer Report. • Priscilla Lopez gave an update on L.A. Care Timely Access to Care MY2022 Survey Results. She reported that many provider offices are operating at or near capacity. This is compounded by staffing shortages, office closures or retirements by some providers, and other challenges brought on by the pandemic. Additionally, specialty care providers lack established processes for rescheduling canceled or missed appointments. Provider staff may not be adequately informed about after-hours care standards. Providers may also fail to communicate how they can be reached in the case of an urgent matter after hours, and their voicemail systems may be outdated. Staffing problems contribute to limited after-hours office capacity. Next steps include clearly defining problems and priorities, strengthening management and oversight processes, and acknowledging the many variables and factors that shape access to care and practice performance by expanding multi-disciplinary provider support to help address root causes of access to care challenges. 	
<p>PUBLIC COMMENT on Closed Session Items</p>	<p><i>Maritza Lebron commented that she heard about the housing and all the intentions you have to work together in collaboration for fund the balance, and for the person receive a medical meals or houses to get better. But after that day, they could be back on the street. When one is in the shelter, the shelters have their own rules. After the care in the hospital, sometimes people cannot go back to the shelter. The shelter doesn't allow people to have oxygen, so people using oxygen have to go on the street. We need to work together in collaboration. She is a university student. She has emotional situations that affect her health. She needs to use a CPAP, and she finally has a CPAP machine. She cannot find housing. The voucher for housing is too low. Some have higher vouchers. She lost her voucher and she lost her children, and she cannot use her machine. There is no place to connect her machine in the street. Planning and collaboration don't address the stories in the back. She asked the Board to listen to the community to really understand the history and details about the rules that affect the community. The regulations at the sites, and the street, are very different scenarios. She has had the CPAP machine through three years of the pandemic. The hoses have broken and her mask is taped. Others in the community have the same problems. It is not acceptable that they can't have supplies like hoses and masks. You can't use a CPAP machine in the shelters. Supervisor Solis has LAHSA and shelters, but we need to work together so people can use the CPAP. The money used for the shelter could be used for single room housing. Remember people get sick in the body and in the brain. Then 2 or 4 people are put in the same room to get better. Everybody has their own issues and their own trauma. Help people get in</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>shelter, but leave a little space so they can rest. People need 8 hours rest and safety so they can get better. She asked the Board to think about that.</i></p> <p>Mr. Baackes suggested that Ms. Lebron speak with Acacia Reed before leaving the meeting so L.A. Care can assist her.</p> <p><i>Andria McFerson apologized because she spoke about a friend of hers, two separate friends, and didn't specify their particular situations. It's totally different. She apologized to John Baackes because he spoke about permanent supportive housing that already exists. How can we distribute that totally to every single person that needs it? She doesn't know the difference between her friend Eric and her friend Travis, but it's two separate people that were homeless. Her friend Eric was deemed disabled as a child. When he became disabled out here in California, he stayed on the streets for three years, because he did not want to be treated badly or be pre judged by the people that were assisting him. When she spoke about different things having to do with that, they started opening up programs in Santa Monica, in Culver City, Service Area 5, with brand-new buildings with service care providers that she was speaking of, and helped him through that whole life process. Then also they have places in L. A. that place people in buildings and they have no service providers. They have no one to help them through that whole life process from when they become homeless and they receive permanent housing. They do need assistance, generally. She doesn't know how to basically contact her friend, but he does have a house. He does have an apartment. He has six cats though, and he has feces all over his apartment. He does need assistance. But she doesn't know how, maybe having the building have service providers that are there that would help him with his particular situation. She just wants to apologize because she did not know about permanent supportive housing specifically. About the program marketing strategy, she is pretty sure that there have been RCAC members that came to her and said that why can't we do what we used to do back in the day, they had information about L.A. Care and how people, peer on peer and eye to eye, can receive this information that they never knew about that can better their situation, health wise and mentally, so that it's more accessible to them. And she is pretty sure that the RCAC members are willing to go out to the community and work with LA Care.</i></p> <p><i>Elizabeth Cooper commented that she humbly protests that when she submits the forms, she came early so she can submit her comments and if they are not getting to the Chairperson it is not her fault. She humbly submits and she wishes he would take care of that matter so she wouldn't have to be left out. She would like to recommend this as a public comment, that she was reading some of the items the Board was discussing in public comment, the Ralph M Brown Act regarding the Department of Managed Care. She is concerned about as a member of the public, these are closed session items but she thinks the Board can be more effective if some of these discussions and some of these issues that you would have to disclose in public comment can be resolved. She has never seen the Department of Managed Care come here, as a member of the RCAC, the Department of Managed Care and hopefully they can be resolved, some of these comments, so it can save L.A. Care's much-needed funds and can help the members with some of their issues. Maybe housing and all that, not taken away litigation from the lawyers, because they will always find work, but all of these issues that are coming on the closed session, maybe they can be addressed without closed session and litigation. Maybe some of the money can be resolved as housing. So she would appreciate if you look into public comment and litigation, which takes up a lot of L.A. Care's funding. She wishes that the Board could enhance, encourage and recommend to the Chief Counsel how she can resolve some of these issues. Ms. Cooper is looking at public comment and she looks at issues, she is issue focused and also money focused. She ask the Chairperson for</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<i>closed session let it be open sessions. Not open sessions, let it be that some of these issues could be resolved without closed session and without L.A. Care funding taken away, which is needed for the community.</i>	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Board of Directors meeting adjourned at 4:30 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 4:35 pm. No report is anticipated from the closed session.</p> <p>Chairperson Ballesteros reminded everyone that the meeting will adjourn in memory of California Senator Dianne Feinstein.</p> <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>October 2025</i></p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates • Plan Partner Services Agreement <p>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>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Todd Gower, <i>Interim Chief Compliance Officer</i>, Serge Herrera, <i>Privacy Director</i> and Gene Magerr, <i>Chief Information Security Officer</i></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 Number: 20-684</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> • 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 	

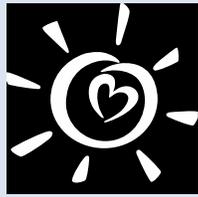
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
RECONVENE IN OPEN SESSION	The Board reconvened in open session at 5:15 pm. There was no report from closed session.	
ADJOURNMENT	The meeting was adjourned in memory of California Senator Dianne Feinstein at 5:15 pm.	

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

APPROVED BY:

John G. Raffoul, *Board Secretary*

Date Signed _____



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: November 2, 2023

Motion No. EXE 100.1123

Committee: Executive

Chairperson: Alvaro Ballesteros, MBA

Requesting Department: Safety Initiatives

Issue: Execute a Housing & Homelessness Incentive Program Investment agreement with United Way of Greater Los Angeles (UWGLA). UWGLA proposes to scale and stabilize the homeless services sector workforce, including those working in organizations offering Community Supports, by supporting a workforce leadership development table to pilot new initiatives, expanding the talent pipeline, collecting data, providing retention stipends, and increasing average tenure by strengthening the back office.

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

Background: As of 2022, L.A. Care opted to participate in the Department of Health Care Services (DHCS) Housing and Homelessness Incentive Program (HHIP), which has two overarching goals:

1. Ensuring that Managed Care Plans (MCPs) have the necessary capacity and partnerships to connect their members to needed housing services; and
2. Reducing and preventing homelessness.

HHIP is a MCP incentive program through which MCPs may earn incentive funds for improving health outcomes and access to whole person care services by addressing homelessness and housing insecurity as social drivers of health and health disparities. The HHIP rewards MCPs for developing the necessary capacity and partnerships to connect their members to needed housing services and taking active steps to reduce and prevent homelessness.

In order to align with HHIP goals and to help meet HHIP metrics and thus draw down funds, L.A. Care staff requests approval to execute a contract with United Way of Greater Los Angeles (UWGLA) from October 1, 2023 to October 1, 2025 of up to three million five hundred thousand dollars (\$3,500,000.00). This investment will be jointly funded with Health Net, who will be providing \$2 million for the initiative, and will leverage additional committed funds from the Hilton Foundation and Cedars-Sinai.

With this HHIP investment, UWGLA will implement two initiatives:

1. Reestablish and redefine a Work Force Development Leadership Team for the homeless services sector in LA. This team will come together to design, implement and evaluate a series of pilots to test recruitment and retention strategies that demonstrate potential to reduce vacancy rates across homeless service sector at scale. United Way will also evaluate pilots and conduct additional data collection on the state of the sector.

Board of Governors

MOTION SUMMARY

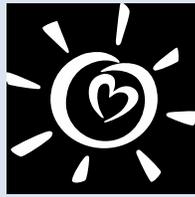
2. Provide funding to homeless services organizations for staff retention stipends and infrastructure improvements. This effort will increase the ability for agencies in Los Angeles County to recruit and retain employees into best-in-practice offices and improve the day-to-day experience of staff within these agencies.

L.A. Care selected UWGLA because of their experience and position to quickly build capacity and coordinate the required services for vulnerable communities throughout Los Angeles. United Way led a wide-ranging analysis of challenges facing homeless services in 2022, and has a history of launching multiple pilots to test innovations in the sector. L.A. Care did not conduct a request for proposal for this vendor because of their experience and required timing for making the HHIP investment in order to meet Department of Health Care Services (DHCS) goals within the current reporting period (January 1, 2023 – October 31, 2023) and earn future HHIP funding.

Member Impact: L.A. Care members will benefit from this motion as it will help homeless services providers, including those in L.A. Care’s network of Enhanced Care Management and Community Supports providers, to better recruit and retain staff to provide essential services.

Budget Impact: The cost was anticipated and included in the Investment Plan and approved budget for the Housing and Homeless Incentive Program and will use HHIP funds already received by L.A. Care. This investment is part of a larger \$5 million effort between L.A. Care, Health Net, the Hilton Foundation and Cedars-Sinai.

Motion: **To authorize staff to execute an HHIP investment agreement in the amount of \$3,500,000 with United Way of Greater Los Angeles to refine and reestablish the Workforce Development Leadership Team, launch priority pilot initiatives, provide stipends, and provide infrastructure funding to strengthen recruitment and retention of staff in agencies in Los Angeles County for the period of October 1, 2023 through October 1, 2025.**



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: November 2, 2023

Motion No. FIN 100.1123

Committee: Finance & Budget

Chairperson: Stephanie Booth, MD

Requesting Department: Accounts & Finance Services / MPSS

Issue: Amend a contract with I Color Printing and Mailing Inc. to add funds for invoice and notice printing, mailing and storage.

New Contract **Amendment** **Sole Source** **RFP/RFQ was conducted in 2019**

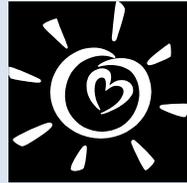
Background: L.A. Care staff requests approval to amend a contract with I Color Printing and Mailing Inc. to add funds in the amount of \$4,600,000, from \$4,090,200 to \$ 8,690,200. Requested funds will cover expected growth in membership for L.A. Care's commercial lines of business through the contract term in 2025. The vendor provides L.A. Care MPSS Premium Billing Unit with printing, storage, postage/mailing, reporting, and order fulfillment services for all commercial lines of business. These correspondences are regulatory requirements. This contract has been in place since February 2020 and we are pleased with their work. Other departments, including Marketing and Communication also use this vendor for their services under a separate contract.

We conducted a competitive request for proposal in August 2019. I Color Printing and Mailing Inc. was selected because of pricing and experience.

Member Impact: L.A. Care members will benefit from this motion through having access to timely correspondence and notifications/communications related to their benefits. It will provide members with printed correspondence via USPS Mail. The process enhancements provided by I Color Printing and Mailing will integrate technologies, allow better tracking/reporting, increase efficiencies as well as quality of care provided to our members.

Budget Impact: Sufficient funds are budgeted in FY 2023-24. Additional funds will be requested for subsequent fiscal years.

Motion: **To authorize staff to amend contract to increase funds in the amount of \$4,600,000 for a new total not to exceed \$8,690,200 with I Color Printing and Mailing Inc. to provide L.A. Care MPSS Premium Billing Unit with printing, storage, postage/mailing, reporting, and order fulfillment services through June 30, 2025.**



L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: November 2, 2023

Motion No. FIN 101.1123

Committee: Finance & Budget

Chairperson: Stephanie Booth, MD

Requesting Department: Health Services

Issue: Execute a new five-year contract with MCG, formerly called Milliman, for evidence-based criteria used in utilization and care management clinical decision making.

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

Background: Health plans across the United States are obligated by regulatory statute (Knox-Keene), contractual obligations (Centers for Medicare and Medicaid Services, Department of Health Care Services and Department of Managed Health Care) and accreditation standards (National Committee on Quality Assurance) to use evidence-based clinical criteria and guidelines when determining the medical necessity for inpatient and outpatient services.

MCG guidelines are the industry standard and widely accepted by our community providers.

L.A. Care staff requests approval to execute a contract with MCG from November 10, 2023 to October 31, 2028, in an amount not to exceed \$13,000,000. Our previous five-year contract total was authorized for up to \$7,500,000. The final cost was \$7,244,702 (\$1,448,940 yearly average). The new contract amounts to \$11,510,319.53 for five years (\$2,302,063.91 yearly average). We request approval for up to \$13,000,000 in the event we have unanticipated membership growth or other business needs over the next five-year period. The table below details year-to-year projected costs and shows the cost savings achieved in the five-year contract.

L.A. Care has contracted with MCG/Milliman since 2002. MCG provides us with evidence based clinical criteria and care guidelines that meet regulatory, contractual and accreditations standards, and integrate with our health series Clinical Care Advance (CCA) platform.

A request for proposal was not conducted due to MCG's unique standing as the industry standard for comprehensive clinical criteria. MCG was selected because it can seamlessly integrate with L.A. Care's Clinical Care Advance software and can immediately provide information needed to serve L.A. Care's members.

Contract Cost: The best values are achieved with a five-year contract. Additional services are included in this agreement leading to an increase in cost. MCG tools for both Transitions of Care and Care for Care Coordination are priced into the new agreement. The new care coordination tools will support clinical decisions for more effective care plan creation and transition of care interventions. The lack of a generally accepted third-party clinical guideline was identified by consultants last year as a potential gap in care management work flows. The negotiated fees are calculated on a per member, per year (PMPY) basis. We negotiated a fixed 4% annual increase. In the last contract, the annual increase was 3% per year. We also aimed for a relatively flat 5 year PMPY for the start of the new 2023 contract. Plan partner members are excluded. Below is the comparison of average yearly cost under the 2019-2023 contract vs the new five-year contract.

Board of Governors
MOTION SUMMARY

Previous MCG Contract (initial license basis 1,195,235 members):

Year	PMPY	5 Year Contract Amount
2019	\$1.12	\$1,341,865
2020	\$1.16	\$1,382,121
2021	\$1.19	\$1,423,585
2022	\$1.23	\$1,466,292
2023	\$1.26	\$1,510,281

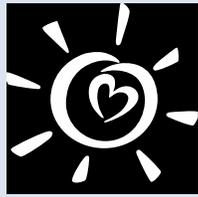
New 5 Year MCG Contract including Transitions of Care and Cite for Care Coordination services (initial license basis 1,488,242 members):

Year	Total PMPY	Total 5 Year Contract	Current Services PMPY	Current Services	New Services PMPY	New Services
2024	1.42	\$2,125,117.07	1.30	\$1,935,012.25	0.13	\$190,104.82
2025	1.49	\$2,210,121.75	1.35	\$2,012,412.74	0.13	\$197,709.01
2026	1.54	\$2,298,526.62	1.41	\$2,092,909.25	0.14	\$205,617.37
2027	1.61	\$2,390,467.69	1.46	\$2,176,625.62	0.14	\$213,842.07
2028	1.67	\$2,486,086.40	1.52	\$2,263,690.64	0.15	\$222,395.75

Member Impact: L.A. Care members benefit from the use of evidence based clinical criteria in determining medical necessity.

Budget Impact: The annual estimated contract cost is included in the 2023-24 budget. We will budget the balance in future fiscal years.

Motion: To authorize staff to execute a five-year contract with MCG not to exceed \$13,000,000 to provide clinical care guidelines for the period of November 10, 2023 to October 31, 2028.



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: November 2, 2023

Motion No. FIN 102.1123

Committee: Finance & Budget

Chairperson: Stephanie Booth, M.D.

Requesting Department: Accounts & Finance Services

Issue: Annual Board Review and Approval of the Investment Policy.

Background: L.A. Care policy and procedure requires annual review and approval by the Finance & Budget Committee of the Accounts & Finance Services Policy AFS-008 (Annual Investment Policy). Policy AFS-008 was last reviewed in October 2022. L.A. Care follows the California Government Code. Due to changes and clarifications made in the California Government Code, L.A. Care is putting in those same changes and clarifications in the policy AFS-008:

1. Investment policy section 2.26 & 3.7.1.1 – Clarification was added to specify that the start date of an investment term is from the settlement date.
2. Investment policy section 3.7.1.2 – Prohibits the purchase of any security which has a forward settlement date exceeding 45 days from the time of investment.

Member Impact: None.

Budget Impact: None.

Motion: To approve Accounting & Financial Services Policy AFS-008 (Annual Investment Policy) as submitted.

	ANNUAL INVESTMENT POLICY	AFS-008
DEPARTMENT	ACCOUNTING AND FINANCIAL SERVICES	
Supersedes Policy Number(s)		

DATES					
Effective Date	1/1/1996	Review Date	10/25/2022 10/25/2023	Next Annual Review Date	10/25/2023 10/xx/2024
Legal Review Date	9/16/2022 10/2/2023	Committee Review Date	10/25/2022 10/25/2023		

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

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

ACCOUNTABILITY MATRIX			
Finance and Accounting Services	AFS-008		

ATTACHMENTS
➤ N/A

ELECTRONICALLY APPROVED BY THE FOLLOWING		
	OFFICER	DIRECTOR
NAME	Marie Montgomery Afzal Shah	Angela Bergman
DEPARTMENT	Finance Services	Accounting and Finance Services
TITLE	Chief Financial Officer	Controller

**AUTHORITIES**

- Government Code of Regulations (CCR), §§53600-53609 and 53646
- Title 31, Code of Federal Regulations (CFR), §§306.1 et seq. and 350.0 et seq.
- L.A. Care Conflict of Interest Code
- L.A. Care Code of Conduct
- California Health & Safety Code §§1346(a)(11), 1375.1, and 1376
- Knox Keene Health Care Service Plan Act of 1975, Ch. 2.2, §1340 et seq. of Div. 3 of the Health & Safety Code, including the Rules of the DMHC

REFERENCES

- NA

HISTORY

REVISION DATE	DESCRIPTION OF REVISIONS
XX/XX/XX	Annual review
10/25/22	Annual review
10/25/21	Annual review
10/26/20	Annual review (adding Public bank debt and obligations (Government code section 53601(r))
11/7/19	Annual review
11/1/18	Annual review
10/5/17	Annual review
4/6/2017	Revision; primarily clarification of existing government code sections
11/3/2016	Annual review
11/05/2015	Annual review; primarily format changes
09/11/2014	Annual review
02/28/2013	Annual review; primarily format changes
04/01/2012	Annual review; primarily format changes
01/01/1996	New Policy

1.0 OVERVIEW:

- 1.1** To establish the investment guidelines for all operating funds and Board designated reserve funds of L.A. Care Health Plan (L.A. Care) invested on and after November ~~4xx~~, 202~~23~~. The objective is to ensure L.A. Care's funds are prudently invested in compliance with applicable requirements and according to the Board of Governors' objectives to preserve capital, provide necessary liquidity, and to achieve a market average rate of return through economic cycles.



- 1.2 This Policy only applies to L.A. Care’s investment funds. The Policy does not include retirement, retiree health care savings/trust/plan(s), or deferred compensation plans.

2.0 **DEFINITIONS:**

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

- 2.1 **Agent:** An independent third party acting for the Custodian. The Investment Manager may act as Agent.
- 2.2 **Approved NRSRO:** Approved NRSROs consists of the following NRSROs: 1) Standard and Poor’s, 2) Moody’s, and 3) Fitch Ratings.
- 2.3 **Bankers’ Acceptance:** Time drafts which a bank “accepts” as its financial responsibility as a part of trade finance process.
- 2.4 **Commercial Paper:** Unsecured promissory notes issued by companies and government entities at a discount.
- 2.5 **Credit Risk:** The risk of principal loss due to the failure of the issuer of the security.
- 2.6 **Custodian:** A financial institution that holds securities for the benefit of L.A. Care and has legal responsibility for those securities.
- 2.7 **Delivery vs. Payment:** A settlement system that stipulates that payment for security must be made at the time the security is delivered to the purchaser or purchaser’s agent.
- 2.8 **Diversification:** The reduction of risk by investing in a variety of assets which ensures that a portfolio is not concentrated in securities of any one type, industry, or entity.
- 2.9 **Federal Agencies and U.S. Government Sponsored Enterprises:** Investments which are obligations, participations, and other instruments of, or issued by, a federal agency or a United States government sponsored enterprise, including instruments issued by, or fully guaranteed as to principal and interest by the issuers.
- 2.10 **Floating Rate Securities:** Securities that provide for the automatic adjustments of its interest rate whenever a specified interest rate changes.
- 2.11 **Government Pooled Funds:** Funds of various governmental agencies that are pooled together for investment purposes.



- 2.12 **Investment Manager:** An individual designated by the Chief Financial Officer (CFO) to manage all or any part of the investment portfolio.
- 2.13 **Liquidity:** The ability to convert an asset into cash quickly.
- 2.14 **London Interbank Offered Rate (LIBOR):** The average interest rate that leading banks in London charge when lending to other banks and used as a benchmark for Finance.
- 2.15 **Market Risk:** The risk of market value fluctuations due to economic change in the interest rate markets.
- 2.16 **Maturity:** The stated final date at which the principal of the security must be paid, or the unconditional put option date, if the security contains such a provision.
- 2.17 **Medium Term Maturity Corporate Securities:** Notes issued by a corporation organized and operating within the United States or by depository institutions licensed by the United States, or by any state and are operating within the United States.
- 2.18 **Money Markets:** A component of financial markets for assets involved in short-term borrowing and lending with original maturities of one year or shorter time frames.
- 2.19 **Mortgage or Asset Backed Securities:** Securities whereby cash flow from the mortgages, receivables and other assets underlying the security are passed-through as principal and interest payments to the investor.
- 2.20 **Mutual Funds:** A type of professionally managed investment scheme which pools money from many investors.
- 2.21 **Nationally Recognized Statistical Rating Organization (NRSRO):** A credit rating agency that issues credit ratings that the U.S. Securities and Exchange Commission (SEC) permits other financial firms to use for certain regulatory purposes. The SEC's Office of Credit Ratings administers the SEC's rules relating to NRSROs, in addition to performing various other functions with respect to NRSROs.
- 2.22 **Negotiable Certificates of Deposit/Time Deposits:** A negotiable receipt for a time deposit at a bank or other financial institution for a fixed time and interest rate.
- 2.23 **Public bank:** A corporation, organized under the Nonprofit Mutual Benefit Corporation Law or the Nonprofit Public Benefit Corporation Law for the purpose of engaging in the commercial banking business or industrial banking business, that is wholly owned by a local agency, local agencies, or a joint powers authority



formed pursuant to the Joint Exercise of Powers Act that is composed only of local agencies.

2.24 Repurchase Agreements: A purchase of securities under simultaneous agreement to sell these securities back at a fixed price on some future date.

2.25 State of California and Local Agency Obligations: Registered state warrants, treasury notes or bonds of the State of California and bonds, notes and warrants or other evidence of indebtedness of any local agency of the state including bonds payable solely out of the revenue from a revenue producing property owned, controlled, or operated by the State or local agency or by a department, board, agency, or authority of the State or local agency.

2.26 Term: The remaining time to Maturity when the asset is purchased. Investment Term or remaining maturity shall be measured from the settlement date to final maturity.

2.27 U.S. Treasuries: Direct obligations of the United States government and securities which are fully and unconditionally guaranteed as to the timely payment of principal and interest by the full faith and credit of the United States.

2.28 Variable Rate Securities: Securities that provide for the automatic establishment of a new interest rate on set dates.

3.0 POLICY:

3.1 General

Investment of funds may only be made as authorized by this policy, which conforms to California Government Code (the Code) §53600 et seq., and complies with §1346(a)(11) and §1375.1 et seq. of the California Health & Safety Code, specifically §1376, related to the operations of L.A. Care as a health care service plan licensed pursuant to Health and Safety Code Section 1340, et. seq. and engaged in Medi-Cal, Medicare, and other programs, as well as to customary standards of prudent investment management. Should the provisions of the Code become more restrictive than those contained herein, such provisions will be considered immediately, incorporated into this policy, and appropriately adopted by the Board of Governors and L.A. Care management.

3.2 Investment Objectives

In accordance with the regulations cited herein, L.A. Care's primary annual investment objectives are in order of priority as follows:

3.2.1 Safety and Preservation of Capital



Each investment transaction shall seek to ensure that the capital losses are avoided due to market erosion of security value and institutional default or broker-dealer default. L.A. Care shall seek to preserve capital by mitigating the two types of risk, Credit Risk and Market Risk, as follows:

3.2.1.1 Credit Risk will be mitigated through diversification of the investment portfolio.

3.2.1.2 Market Risk will be mitigated by matching Maturity dates to coincide, as much as possible, with L.A. Care's cash flow requirements. It is explicitly recognized herein, however, that in a diversified portfolio, occasional capital losses are inevitable and must be considered within the context of the overall investment return.

3.2.2 Liquidity and Flexibility

The portfolio investments need to be comprised of investments for which there is a secondary market and which offer the flexibility to be sold at any time at prevailing market values with minimal risk of loss of principal and interest.

3.2.3 Total Return

L.A. Care's portfolio will be designed to achieve a market average rate of return similar to other authorized instruments and securities which have similar security, maturities and levels of risk.

3.3 Authority to Invest

3.3.1 The CFO shall have the authority to invest L.A. Care funds and manage the investment portfolio. Such authority is derived by order from the Board of Governors.

3.3.2 The CFO may designate an Investment Manager(s) to manage all or such portions of L.A. Care's funds as the CFO shall determine from time to time. Such Investment Manager(s) shall be subject to this policy and investment guidelines and any directions provided by the CFO. The CFO will be responsible for all actions undertaken and shall establish a system on internal controls to regulate the activities of subordinate officials, including the Investment Manager(s). Additional information regarding Investment Manager(s) can be found in Paragraph 3.6.

3.3.3 No person may engage in an investment transaction except as provided herein and in the procedures established by the CFO and/or Board of Governors.



3.4 Prudence

L.A. Care's Board of Governors, CFO, and persons authorized to make investment decisions on behalf of L.A. Care are trustees and fiduciaries subject to the Prudent Investor Standard, defined as follows:

- 3.4.1** The Prudent Investor Standard, as defined in Government Code §53600.3, requires that when investment officials are investing, reinvesting, purchasing, acquiring, exchanging, selling, or managing funds on behalf of L.A. Care, the investment officials shall act with care, skill, prudence, and diligence under the circumstances then prevailing, including, but not limited to, the general economic conditions and the anticipated needs of L.A. Care that a prudent person acting in a like capacity and familiarity with those matters would use in the conduct of funds of a like character and with like aims, to safeguard the principal and maintain the liquidity needs of L.A. Care. The Prudent Investor Standard shall be applied in the context of managing an overall portfolio.
- 3.4.2** L.A. Care's investment trustees and fiduciaries as mentioned in Paragraph 3.4 acting in accordance with this policy and any applicable written procedures shall be relieved of personal responsibility for an individual security's credit risk or market risk.

3.5 Ethics and Conflict of Interest

- 3.5.1** L.A. Care's officers and employees involved in the investment process or having authority or influence over such activities are not permitted to have any material financial interests in financial institutions that conduct business with L.A. Care, and they are not permitted to have any personal financial investment holdings that could be materially related to the performance of L.A. Care's investments.
- 3.5.2** L.A. Care officers and employees involved in the investment of funds will follow applicable compliance policies related to disclosure of potential conflicts to the extent the personal business activity or material financial interest is one capable of being known.

3.6 Investment Manager

- 3.6.1** Any designated Investment Manager(s) shall be a fiduciary subject to the Prudent Investor Standard in **Section 3.4.1** with respect to the funds under management.

If outside professional investment management firms are engaged, such firms must be registered investment advisors with the U.S. Security



Exchange Commission (the “SEC”), or be appropriately exempt from registration under the SEC Investment Advisers Act of 1940, as amended.

3.6.2 The CFO will:

- 3.6.2.1 Evaluate candidates for the role of Investment Manager(s). The selected candidates will be reviewed and approved by the Chief Executive Officer (CEO), and Finance and Budget Committee and the Board of Governors.
- 3.6.2.2 Obtain certification from outside Investment Managers that they will purchase securities from broker-dealers (other than themselves) or financial institutions in compliance with Government Code Section 53601.5 and the Annual Investment Policy.
- 3.6.2.3 Provide all Investment Manager(s) with a copy of the Annual Investment Policy which will be included in the Investment Manager’s contract.
- 3.6.2.4 Establish and review the targeted average maturities periodically with the Investment Manager(s).
- 3.6.2.5 Review the investment diversification and portfolio performance monthly to ensure that the Investment Manager’s compliance with this policy, risk levels and returns are reasonable, and that investments are diversified according to the policy.
- 3.6.2.6 Investigate any investment made by the Investment Manager(s) which is not authorized by the policy for possible cause for termination of contract.

3.7 Authorized Investments

3.7.1 Maturity and Term

All investments are subject to a maximum five (5) year Maturity or Term.

For purposes of specified maturity and compliance with this policy:

3.7.1.1 ~~An allowed i~~Investments term or remaining maturity shall be measured from the settlement date to final maturity.

3.7.1.2 The purchase of a security with a forward settlement date exceeding 45 days from the time of investment is prohibited.

**3.7.2 Eligible Instruments**

L.A. Care’s Policy is to invest in the high quality instruments as permitted by the Government Code, subject to the limitations of **the Annual Investment Policy**.

3.7.3 U.S. Treasuries (Government Code Section 53601(b))

<i>Types of US Treasuries</i>	<i>Description</i>
Treasury Bills	3 months, 6 months, and one year securities and traded at a discount. 3 months, 6 months, and one year securities and traded at a premium or at par value are allowed until 1/1/2026.
Treasury Notes and Bonds	Interest bearing instruments issued with maturities of 2 to 5 years. Non-interest bearing and negative interest rate instruments issued with maturities of 2 to 5 years are allowed until 1/1/2026.
Treasury STRIPS	US Treasury securities that have been separated into their component parts of principal and interest payments and recorded as such in the Federal Reserve book-entry record keeping system.
US Treasury coupon and principal STRIPS	These are not to be considered to be derivatives for the purpose of the Annual Investment Policy and are permitted investments.

3.7.3.1 Maximum Term: Five (5) Years**3.7.4 Federal Agencies and US Government Sponsored Enterprises (Government Code Section 53601(f))**

3.7.4.1 These are U.S. Government related organizations, the largest of which are federal intermediaries assisting credit markets, and are often simply referred to as “Agencies.” Any Federal Agency



and U.S. Government Sponsored Enterprise security not specifically listed below is not a permitted investment instrument.

“Agencies” are limited to:

Federal Agriculture Mortgage Association	FRMDN
Federal Home Loan Banks	FHLB
Federal Home Loan Mortgage Corporation	FHLMC
Federal National Mortgage Association	FNMA
Federal Farm Credit Banks	FFCB
Student Loan Marketing Association	SLMA
Government National Mortgage Association	GNMA
Small Business Administration	SBA
Export-Import Bank of the United States	Ex-Im Bank
U.S. Maritime Administration	MARAD
U.S. Department of Housing and Urban Developments	HUD
Tennessee Valley Authority	TVA

3.7.4.2 Maximum Term: Five (5) Years

3.7.5 State of California and Local Agency Obligations (Government Code Sections 53601(a), (c), (e))

3.7.5.1 Such obligations must be rated A-1, P-1, or equivalent or better short term; or /A-, or equivalent or better long term, by an Approved NRSRO. Public agency bonds issued for private purposes (industrial development bonds) are specifically excluded as permitted investments.

3.7.5.2 Maximum Term: Five (5) Years

3.7.6 Other States’ Obligations (Government Code Section 53601(d))

3.7.6.1 Other states’ obligations are permitted provided that:

3.7.6.1.1 Registered treasury notes or bonds of any of the other 49 states in addition to California, including bonds payable solely out of the revenues from a revenue-producing property owned, controlled, or operated by a state or by a department, board, agency, or authority of any of the other 49 states, in addition to California. However, ownership of out of state local agency bonds is not allowed.



3.7.6.1.2 Such obligations must be rated A-1, P-1, or equivalent or better short term; or A- /A3, or equivalent or better long term, by an Approved NRSRO.

3.7.6.2 Maximum Term: Five (5) Years

3.7.7 Bankers' Acceptances (BA) (Government Code Section 53601(g))

3.7.7.1 These short term notes are sold at a discount, and are obligations of the drawer (the bank's trade finance client) as well as the bank. Once accepted, the bank is irrevocably obligated to pay the BA upon Maturity if the drawer does not pay.

3.7.7.2 Eligible Bankers' Acceptances are Bankers' Acceptances that are eligible for purchase by the Federal Reserve System, and

3.7.7.3 Drawn on and accepted by a bank rated F1 or better by Fitch, or are rated A-1 for short-term deposits by Standard and Poor's or P-1 for short-term deposits by Moody's.

3.7.7.4 No more than five percent (5%) of L.A. Care's investment funds may be invested in any one commercial bank.

3.7.7.5 Maximum Term: 180 days

3.7.8 Commercial Paper (Government Code Section 53601(h))

3.7.8.1 Commercial Paper is negotiable, although it is usually held to Maturity. The maximum Maturity is 270 days with most Commercial Paper issued for terms of less than 30 days.

3.7.8.2 Investments in Commercial Paper must be:

3.7.8.2.1 Rated A-1, or equivalent, or higher by an Approved NRSRO.

3.7.8.2.2 Issued by corporations rated A-3, or equivalent, or higher by an Approved NRSRO on long term debt, if any, and

3.7.8.2.3 Issued by U.S. corporations or non-U.S. corporations organized and operating within the United States and having total assets in excess of five hundred million dollars (\$500,000,000).



- 3.7.8.2.4** Asset backed Commercial Paper issued by special purpose vehicles (structure investment vehicles) are prohibited.
- 3.7.8.3** L.A. Care's investment funds may not be used to purchase more than ten percent (10%) of the outstanding Commercial Paper issued by any single issuer.
- 3.7.8.4** Represent no more than 5% of the portfolio for both Medium Term Maturity Corporate Securities and Commercial Paper combined of any one corporate issuer.
- 3.7.8.5** Maximum Term: 270 days
- 3.7.9 Negotiable Certificates of Deposit (CD) (Government Code Section 53601(i))**
- 3.7.9.1** Negotiable Certificates of Deposit must be issued by a nationally or state chartered bank or savings association, state or federal credit unions or by a state-licensed branch of a foreign bank, which have been rated as F1 or better by Fitch, or rated as A-1 for short-term deposits by Standard & Poor's or P-1 for short-term deposits by Moody's. No investment shall be made in Negotiable Certificates of Deposit issued by a state or federal credit union if an Investment Official also serves on the board of directors, or any committee appointed by the board of directors, or the credit committee or the supervisory committee of the state or federal credit union issuing the Negotiable Certificates of Deposit.
- 3.7.9.2** Maximum Term: 270 days
- 3.7.10 Non-Negotiable Certificates of Deposit (CD) (Government Code Sections 53601.8 & 53635.8)**
- 3.7.10.1** Investment funds managed by an external Investment Manager may not invest in Non-Negotiable Certificates of Deposit.
- 3.7.10.2** L.A. Care must choose a nationally or state chartered commercial bank, savings bank, savings and loan association, or credit union in this state to invest the funds, which shall be



known as the "selected" depository institution, and the funds shall be known as "Placement Service Deposits."

- 3.7.10.3** The selected depository institution may submit the funds to a private sector entity that assists in the placement of certificates of deposit with one or more commercial banks, savings banks, savings and loan associations, or credit unions that are located in the United States, for the local agency's account.
- 3.7.10.4** The full amount of the principal and the interest that may be accrued during the maximum term of each certificate of deposit shall at all times be insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration.
- 3.7.10.5** Maximum Term: Five (5) years

3.7.11 Repurchase Agreements (Government Code Section 53601(j))

- 3.7.11.1** Repurchase Agreements are permitted provided that:
 - 3.7.11.1.1** The terms of the agreement do not exceed one year.
 - 3.7.11.1.2** Repurchase Agreements are permitted if collateralized by U.S. Agencies or U.S. Treasuries with any registered broker-dealer or commercial bank insured by the FDIC so long as at the time of the investment:
 - 3.7.11.1.2.1** Such registered broker-dealer is a recognized primary dealer, and
 - 3.7.11.1.2.2** Such primary broker-dealer (or its parent) has an uninsured, unsecured and unguaranteed obligation rated A-1 short term or A long term, or equivalent or better by an Approved NRSRO.
- 3.7.11.2** A broker dealer master Repurchase Agreement must be signed by the Investment Manager (acting as "Agent") and approved by the Investment Professional prior to entering into any repurchase transaction.
- 3.7.11.3** The securities are held free and clear of any lien by L.A. Care's Custodian or Agent for the Custodian, and such third party is a:



3.7.11.3.1 Federal Reserve Bank, or

3.7.11.3.2 A bank which is a member of the Federal Deposit Insurance Corporation (FDIC) and which has a combined capital surplus and undivided profits of not less than \$50 million and the Custodian shall have received written confirmation from such third party that it holds such securities, free and clear of any lien, as Agent for L.A. Care's Custodian, and

3.7.11.3.3 A perfected first security interest under the Uniform Commercial Code, or book entry procedures prescribed at 31 C.F.R. 306.1 et seq., or 31 C.F.R 350.0 et seq. in such securities is created for the benefit of L.A. Care's Custodian.

3.7.11.4 The Agent must provide L.A. Care's Custodian and Investment Professionals with a valuation of the collateral securities value no less frequently than weekly and shall liquidate the collateral securities if any deficiency in the required one hundred and two percent (102%) collateral percentage is not restored within two business days of such valuation.

3.7.11.5 Maximum Term: One (1) year.

3.7.11.6 Reverse Repurchase Agreements are not allowed.

3.7.12 Medium Term Maturity Corporate Securities (Government Code Section 53601(k))

3.7.12.1 Medium Term Maturity Corporate Securities are corporate and depository institution debt securities with a maximum remaining maturity of five years (5) or less. Medium Term Maturity Corporate Securities must:

3.7.12.1.1 Be Corporate Securities that have a rating of A- or equivalent or better by an Approved NRSROs with a Maturity of five (5) years or less,

3.7.12.1.2 Be issued by corporations organized and operating within the United States or by depository institutions licensed by the United States or by any state and are operating within the United States that have total assets in excess of five hundred million dollars (\$500,000,000),



3.7.12.1.3 Represent no more than five percent (5%) of the issue in the case of a specific public offering. This limitation does not apply to debt that is “continuously offered” in a mode similar to Commercial Paper (i.e., medium term notes (MTN’s)), and

3.7.12.1.4 Represent no more than 5% of the portfolio for both MTN’s and Commercial Paper combined of any one corporate issuer.

3.7.12.2 Maximum Term: Five (5) years

3.7.13 Money Market and Mutual Funds (Government Code Section 53601(l))

3.7.13.1 Investments in shares of beneficial interest issued by diversified management companies (Money Market Funds or Mutual Funds) must be with a company that:

3.7.13.1.1 Attained the highest ranking or the highest letter and numerical rating provided by not less than two nationally recognized rating services, or

3.7.13.1.2 If unrated, all funds must be invested 100% in government securities or securities backed by government collateral.

3.7.13.1.3 Any investments in a Mutual Fund must be with a Mutual Fund that invests in the securities and obligations authorized by Government Code Sections 53601(a) to (r), inclusive.

3.7.13.1.4 Any investments in a Money Market Fund must be with a Money Mutual Fund that follows regulations specified by the SEC under the Investment Company Act of 1940.

3.7.13.1.5 Not more than ten percent (10%) of L.A. Care’s investment funds may be invested in any one Mutual Fund. However, Money Market Funds are not subject to a maximum investment limitation per fund.



3.7.14 Mortgage or Asset Backed Securities (Government Code Section 53601(o))

3.7.14.1 Though these securities may contain a third-party guarantee, they are a package of assets being sold by a trust, not a debt obligation of the sponsor. Other types of “backed” debt instruments have assets (such as leases or consumer receivables) pledged to support the debt service. However, Mortgage Backed Securities primarily backed by sub-prime collateral are not allowed.

3.7.14.2 Investments in any Mortgage Pass-Through Securities, collateralized Mortgage Obligations, Mortgage Backed or other pay through bond, equipment lease backed certificate, consumer receivable pass through certificate, or consumer receivable backed bonds must be:

3.7.14.2.1 Rated AA-, or its equivalent or better by an Approved NRSRO.

3.7.14.3 Maximum Term: Five (5) years

3.7.15 Variable and Floating Rate Securities

3.7.15.1 Variable and Floating Rate Securities are an appropriate investment when used to enhance yield and reduce risk. They should have the same stability, liquidity and quality as traditional market securities.

3.7.15.2 Variable and Floating Rate Securities with a final Maturity not to exceed five (5) years as described above, must utilize Money Market asset indices such as U.S. Treasury Bills, Federal Funds, Commercial Paper, LIBOR or LIBOR alternative reference rate SOFR. Investment in Floating Rate Securities whose reset is calculated using more than one of the above indices are not permitted, i.e., dual index notes.

3.7.15.3 No investments shall be made in inverse floaters, range notes, interest-only strips derived from mortgage pools, and securities that could result in zero-interest accrual if held to maturity. Zero-interest accrual means the security has the potential to realize zero interest depending upon the structure of the security.



3.7.15.3.1 Zero coupon bonds and similar investments that start at a level below the face value are permissible because the value does increase.

3.7.15.3.2 Securities issued by, or backed by, the United States government, in the event of, and for the duration of, a period of negative market interest rates are allowed until 1/1/2026.

3.7.15.4 Maximum term is determined by the underlying security type

3.7.16 Government Pooled Funds (Government Code Section 53601(p))

3.7.16.1 Investments are permitted in Government Pooled Funds including, but not limited to, County Pooled Investment Funds, Joint Powers Authority Pools, the Local Agency Investment Fund, and the Voluntary Investment Program Fund.

3.7.16.2 A Joint Powers Authority Pool must retain an investment advisor who is registered with the SEC (or exempt from registration), has assets under management in excess of \$500 million, and has at least five years of experience investing in instruments authorized by Government Code Sections 53601(a) to (r).

3.7.16.3 Any investments in the Voluntary Investment Program Fund must be between \$200 million and \$10 billion dollars and must be approved by the Board of Governors.

3.7.16.4 For any investments in the Local Agency Investment Fund or County Pooled Investment Fund, the CFO may provide to the Board of Governors and the auditor the most recent statement or statements received from those institutions in lieu of the information otherwise required to be provided in the quarterly reports pursuant to Paragraph 6.2.

3.7.16.5 **Maximum Term: Five (5) years (per Government Code Section 53601)**

3.7.17 Supranational Obligations (Government Code Section 53601(q))

3.7.17.1 Certain supranational obligations are permitted provided that the obligations are:



3.7.17.1.1 U.S. Dollar denominated,

3.7.17.1.2 Senior Obligations,

3.7.17.1.3 Issued or unconditionally guaranteed by the International Bank for Reconstruction and Development, International Finance Corporation, or Inter-American Development Bank,

3.7.17.1.4 Represent no more than 10% of the portfolio for any one allowed issuer

3.7.17.1.5 Eligible for purchase and sale within the United States, and

3.7.17.1.6 Rated AA-, or equivalent or better by an Approved NRSRO.

3.7.18 Public bank debt and obligations (Government code section 53601(r))

3.7.18.1 A public bank is as defined under section 2.23 of this policy and must be wholly owned by a local agency, local agencies, or a joint powers authority in California.

3.7.18.2 Certain Public bank debt and obligations are permitted as follows:

3.7.18.2.1 Medium Term Maturity Debt Securities. Medium Term Maturity Securities must:

3.7.18.2.1.1 Be rated A- or equivalent or better by an Approved NRSROs with a Maturity of five (5) years or less,

3.7.18.2.1.2 Represent no more than five percent (5%) of the issue in the case of a specific public offering.

3.7.18.2.1.3 L.A. Care's investment funds may not be used to purchase more than five percent (5%) of the outstanding debt securities issued by any single public bank issuer.



3.7.18.2.2 Commercial Paper. Investments in public bank Commercial Paper must be:

3.7.18.2.2.1 Rated A-1, or equivalent, or higher by an Approved NRSRO.

3.7.18.2.2.2 Issued by public banks rated A-3, or equivalent, or higher by an Approved NRSRO on long term debt, if any, and

3.7.18.2.2.3 L.A. Care's investment funds may not be used to purchase more than five percent (5%) of the outstanding Commercial Paper issued by any single public bank issuer.

3.7.18.2.2.4 Maximum Term: 270 days

3.7.19 Securities & Exchange Commission (SEC) Rule 144A Securities

The Securities and Exchange Commission adopted amendments to update and improve the definition of “accredited investor” in the Commission’s rules and the definition of “qualified institutional buyer” in Rule 144A under the Securities Act of 1933. The list of entities that are eligible to qualify as QIB in Rule 144A under the Securities Act was expanded to include all institutional investors (including governmental entities) with \$100 million or more in their investment portfolio.

3.7.19.1 Rule 144A securities that are consistent with all other sections of the investment policy are permitted.

3.7.20 Securities Lending

3.7.20.1 Securities lending is allowed but are subject to the conditions and restrictions in the California Government Code Sections 53601(j) and 53601(l).

3.7.21 Derivatives



3.7.21.1 Investments in derivative securities are not allowed, except as permitted by this Annual Investment Policy, including but not limited to, US Treasury STRIPS as discussed in Section 3.7.3.

3.8 Diversification Guidelines

3.8.1 Investment Security Diversification at the time of purchase:

<i>Type of Security</i>	<i>Maximum Portfolio %</i>
US Treasuries, including STRIPS	100%
Federal Agencies, and US Government Enterprises	100%
State Obligations (CA and others) and CA Local Agency Obligations	30%
Bankers' Acceptances	40%
Commercial Paper	25%
Negotiable Certificates of Deposit	30%
Non-Negotiable Certificates of Deposit	100%
Placement Service Deposits	30%
Repurchase Agreements	100%
Medium Term Maturity Corporate Securities	30%
Money Market Funds and Mutual Funds Combined	20%
Mortgage and Asset Backed Securities	20%
Variable and Floating Rate Securities	*
Government Pooled Funds	100%
Certain Supranational Obligations	30%
Public Bank Obligations	30%
SEC Rule 144A securities	*

* Maximum holding percentage is based on underlying security type limits listed.

3.8.2 Issuer / Counterparty Diversification Guidelines:

<i>Issuer / Counterparty</i>	<i>Maximum Portfolio %</i>
Any one Federal Agency or Government Sponsored Enterprise	100%
Any one of the allowed Supranational obligation issuer	10%
The combined Medium Term Maturity Corporate Securities and/or Commercial Paper of any single issuer	5%



Any one Repurchase Agreement counterparty name:	
If Maturity / Term is less than or equal to 7 days	50%
If Maturity / Term is greater than 7 days	25%

3.8.3 For all other securities described under Authorized Investments that are permitted investments, no more than two percent (2%) of L.A. Care’s funds may be invested with any one issuer, unless otherwise stated.

3.8.4 L.A. Care’s CFO and Investment Manager(s) (if any) must review the portfolio he/she manages to ensure compliance with L.A. Care’s Diversification guidelines at the time of each purchase.

3.9 Leverage

3.9.1 The investment portfolio, or investment portfolios managed by an Investment Manager, cannot be used as collateral to obtain additional investment funds.

3.10 Underlying Nature of Investments

3.10.1 L.A. Care and its Investment Manager(s) shall not make investments in organizations which have a line business that is visibly in conflict with public health or the mission of L.A. Care.

3.10.2 L.A. Care and its Investment Manager(s) shall not make investments in Negotiable Certificates of Deposit of a state or federal credit union if a member of its Board or Executive Officers also serves on the Board of Governors of that credit union.

3.10.3 L.A. Care will provide the Investment Manager(s) with a list of corporations that do not comply with the Annual Investment Policy and shall notify its Investment Manager(s) of any changes.

3.10.4 Investment Manager(s) will not enter into any investments with any institutions with which the Investment Manager is affiliated.

3.11 Rating Downgrades

3.11.1 L.A. Care may from time to time be invested in a security whose rating is downgraded below the quality permitted in this Annual Investment Policy.

3.11.2 For any security, whose credit rating falls below the minimum required rating required as per the California Government Code and the Investment



Policy, the CFO will make the decision whether to continue to hold the security. For all other security rating downgrades, the decision as to whether L.A. Care will continue to hold that security will be left to the Investment Manager.

3.12 Rating Guidelines

- 3.12.1** A security must be rated by one or more of the following Approved NRSROs: 1) Standard and Poor's 2) Moody's, or 3) Fitch Ratings. Unless specifically stated otherwise for a specific asset class, if a security is rated at different rating levels by two or more Approved NRSRO's, the highest rating will apply.
- 3.12.2** All investments must adhere to rating requirements outlined under the sections authorizing their purchase under section 3.7.
- 3.12.3** Notwithstanding Section 3.7.16, L.A. Care may invest in Government Pooled Funds that invest only in high grade securities or obligations.

4.0 PROCEDURES:

4.1 Safekeeping and Delivery

- 4.1.1** Investments purchased shall be held by a Custodian bank acting as agent for L.A. Care and such custody agreement shall be in compliance with Government Code Section 53608.
- 4.1.2** All security transactions, including collateral for repurchase agreements, shall be conducted on a Delivery vs. Payment (DVP) basis. Any exception to this standard delivery practice, e.g., DVP failure necessitating delivery other than by simultaneous exchange, shall require written procedural approval by the CFO.
- 4.1.3** The CFO shall have the authority to appoint the Custodian and execute the custody agreement.



4.2 Authorized Financial Dealers and Institutions

4.2.1 In compliance with Government Code Section 53601.5, investment transactions initiated by or on behalf of L.A. Care may only be transacted with the following,

- 4.2.1.1 Banks and securities broker dealers designated as “Primary Dealers” defined by the Federal Reserve Bank of New York.
- 4.2.1.2 An institution licensed by the state as a broker dealer as defined in section 25004 of the California Corporations Code.
- 4.2.1.3 A member of a federally regulated securities exchange.
- 4.2.1.4 A national or State Chartered Bank.
- 4.2.1.5 A savings association or federal association as defined by section 5102 of the California Financial Code.

5.0 MONITORING:

5.1 Board of Governors

5.1.1 The CFO is responsible for providing the Board of Governors with an Annual Investment Policy, and the Board of Governors is responsible for adopting the Annual Investment Policy and ensuring investments are made in compliance with the AFS-008, Annual Investment Policy. Investments will be made in recognition of L.A. Care’s need to comply with tangible net equity (Title 28 California Code of Regulations Section 1300.76) and other solvency and financial reporting requirements set forth by the Department of Managed Health Care. This Annual Investment Policy shall be reviewed



and approved annually by the Board of Governors at a public meeting pursuant to Section 53646(a) (2) of the California Government Code.

- 5.1.2** The CFO is responsible for directing L.A. Care’s investment program and for compliance with this policy pursuant to the delegation of authority to invest funds or to sell or exchange securities. The CFO shall provide a quarterly report to the Board of Governors. The CFO shall also provide the Board of Governors with a monthly report of investment transactions.

5.2 Finance and Budget Committee

- 5.2.1** Duties and responsibilities of the Finance and Budget Committee are distinct from those of the CFO as follows:

5.2.1.1 The CFO and staff are responsible for the day-to-day management of L.A. Care’s investment portfolio and the making of specific investments.

5.2.1.2 The Board of Governors is responsible for the Annual Investment Policy. The Finance and Budget Committee shall not make or direct L.A. Care management to make any particular investment, purchase any particular investment product, or do business with any particular investment companies or brokers. It shall not be the purpose of the Finance and Budget Committee to provide advice to the CFO on particular investment decisions of L.A. Care.

- 5.2.2** The duties and responsibilities of the Finance and Budget Committee shall consist of the following:

5.2.2.1 Review of the Annual Investment Policy annually before its consideration by the Board of Governors and recommend revisions.

5.2.2.2 Review L.A. Care’s investment portfolio quarterly to confirm compliance with the Annual Investment Policy, including its diversification and maturity guidelines.

5.2.2.3 Provide comments to the CFO regarding potential investments and potential investment strategies.

5.2.2.4 Periodically review investment security diversification and investment strategies with Investment Manager(s).



- 5.2.2.5** Perform such additional duties and responsibilities as may be required from time to time by specific action and direction of the Board of Governors.

5.3 Internal Control and Audit

- 5.3.1** The CFO shall establish internal controls to provide reasonable assurance of compliance with the Annual Investment Policy and the California Government Code. The controls shall also be designed to prevent theft and misuse of funds.
- 5.3.2** Internal controls should include, but are not limited to:
- 5.3.2.1** Segregation of duties (e.g., the purchaser of investments is different than the person recording the transaction),
 - 5.3.2.2** Reconciliation of investment report and cash balances, and
 - 5.3.2.3** Authorization of transactions.
- 5.3.3** To ensure compliance with the Annual Investment Policy, the investment portfolio holdings shall be reviewed monthly by the CFO and staff, and the portion of the investment portfolio that each investment Manager is responsible for shall be reviewed by the respective Investment Manager(s).
- 5.3.4** An independent review shall be performed on LA Care's investment holdings on a quarterly basis. This review will provide internal control by assuring compliance with investment portfolio requirements established by the Annual Investment Policy.
- 5.3.5** Investment transactions of L.A. Care may be reviewed during the annual audit performed by the public accounting firm selected by the Audit Committee. The results of the audit of the investment transactions shall be presented in a report prepared by the auditors to the Audit Committee and the Board of Governors for their review, acceptance, and action as the Board of Governors deems necessary. A full audit of the investment of L.A. Care may be requested by the Finance and Budget Committee or Board of Governors at any time.

5.4 Performance Benchmarks

- 5.4.1** L.A. Care's investment portfolio shall be designed to achieve a market-average rate of return through economic cycles similar to authorized investment instruments, which have similar security maturities and levels of risk.



5.4.2 The performance benchmarks for the investment portfolio will be based upon the market indices for short term investments of comparable risk and duration. These performance benchmarks will be agreed to by the CFO and the Investment Manager(s) and the relative performance of the investment portfolio will be reviewed with the Finance and Budget Committee quarterly.

6.0 REPORTING:

6.1 Monthly (Government Code Section 53607)

6.1.1 The CFO shall submit a monthly report of investment transactions to the Finance and Budget Committee as outlined under Government Code Section 53607.

6.2 Quarterly (Government Code Section 53646)

6.2.1 At a minimum, the CFO shall present a quarterly report with the following information to the Finance and Budget Committee:

6.2.1.1 Type of investment;

6.2.1.2 Issuer name;

6.2.1.3 Date of maturity;

6.2.1.4 Par amount;

6.2.1.5 Dollar amount invested in all securities and investments and monies held by L.A. Care;

6.2.1.6 A description of the funds, investments, and programs (including lending programs) managed by contracted parties (i.e., LAIF, investment pools, outside money managers, and securities lending agents);

6.2.1.7 Current market value as of the date of the report of all funds held by L.A. Care and under management of any outside party that is not also a local agency or LAIF and the source of the valuation;

6.2.1.8 A statement of compliance with the investment policy or an explanation for non-compliance; For funds that have been placed in a county investment pool, LAIF, or FDIC insured bank deposit, the CFO may substitute the most recent account statement received from those entities in lieu of the information



on these investments that is otherwise required by Section 53646.

6.2.1.9 Return on investments on the total portfolio made by L.A. Care.

**CHIEF
EXECUTIVE
OFFICER
REPORT**



October 23, 2023

TO: Board of Governors

FROM: John Baackes, *Chief Executive Officer*

SUBJECT: CEO Report – November 2023

We are into enrollment season for two of our products, Medicare Plus, our Dual Eligible Special Needs Plan, and L.A. Care Covered (LACC), our marketplace option for Covered California. Enrollment for Medicare Plus began on October 15, and will start on November 1 for LACC. We are well poised in both products to offer members quality care and coverage. For Medicare Plus, we have an array of supplemental benefits which are available to eligible members to help them address their social needs, like grocery support, or transportation assistance. LACC has the lowest premium in Los Angeles for 2024, quite a feat in a year where premium hikes were the highest they’ve been in a long time. For Medi-Cal, we’ve been preparing for new populations in 2024, and I have attached an article regarding the expansion to undocumented adults, which mentions L.A. Care’s preparations.

This month, we wrapped up our successful vaccination clinics held at Community Resource Centers. The clinics provided vaccines as well as basic screenings, and people could choose one or all of the services. Below is a summary of what was provided:

- **1,393** total visits
- **1,061** Flu vaccines
- **347** COVID vaccines (was not available yet for first four events)
- **800** Glucose tests
- **852** Blood Pressure tests

We also provided gift cards, raffles, and food bags at some centers. Each center has partnerships with community-based organizations, making every event tailored to the community. For example, Lynwood held a healthy eating resource fair in partnership with local organizations, while Pomona included mobile eye exams and Wilmington had free dental screenings.

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

	Since Last CEO Report (9/27/23)	As of 10/23/23
Provider Recruitment Program Physicians hired under PRP ¹	1	153
Provider Loan Repayment Program Active grants for medical school loan repayment ²	-1	109
Medical School Scholarships Grants for medical school scholarships ³	—	48
Elevating Community Health Home care worker graduates from CCA’s IHSS training program	—	6,349

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 and announced, not prospective scholar seats.

Below please find organizational updates for October:

L.A. Care Receives National Award for Texting Campaign

L.A. Care is proud to announce that we have received the Activate 2023 Award for Achieving Health Equity for our texting campaigns aimed at improving prenatal and postpartum outcomes. L.A. Care launched the campaign July of last year and it continues today. Members who opt in receive a text once a week for six weeks. For the prenatal campaign, members who opt in receive messages letting them know things like how to contact their physician, how to find a physician, or what to do in an emergency. For the postpartum campaign, members receive messages reminding them that a 24-hour nurse line is available to help them if they have questions about changes in their bodies. The messages also urge them to make a postpartum appointment and to call their physician if they are feeling overwhelmed. Enrollment rates for similar campaigns are typically 10 to 15 percent, while L.A. Care saw an enrollment rate of 28 percent for its prenatal campaign and 33 percent for its postpartum campaign.

L.A. Care Hosted Discussion for “Unidad: Gay and Lesbian Latinos Unidos”

L.A. Care hosted a discussion with the filmmakers of “Unidad: Gay and Lesbian Latinos Unidos” a documentary of the Los Angeles-based Gay & Lesbian Latinos Unidos (GLLU) organization founded in 1981. During the Q&A, the director, executive producer, and a GLLU member discussed why it was important to make the film, the similarities and differences in addressing disparities during the height of the HIV/AIDS pandemic and the most recent COVID pandemic, the lessons health care organizations could take away from the film and more. A recording of the Q&A will be posted on L.A. Care’s website.

Speaking Events

October 25 – Modern Healthcare Virtual Social Determinants of Health Symposium; *Managing a Growing List of Vendors to Address the Social Needs of Patients.*

October 25 – California Association of Health Plans Annual Conference; *Improving Primary and Specialty Care in Medi-Cal.*

Attachments

Modern Healthcare

Modern Healthcare

October 17, 2023 05:00 AM 4 HOURS AGO

California healthcare system preps for undocumented immigrant coverage

KARA HARTNETT



Stakeholders throughout the California healthcare system are gearing up to play their parts in the largest Medicaid expansion in the Golden State since the Affordable Care Act broadened program eligibility more than a decade ago.

Starting in January, California will accept Medicaid enrollments from all low-income undocumented immigrants who qualify for benefits, and 700,000 people are projected to sign up. California [gradually has been opening](#) Medi-Cal, as Medicaid is known there, to undocumented immigrants since 2016, starting with low-income children and [adults younger than 26 or older than 49](#), and is poised to lift age restrictions next year. The full expansion will cost an estimated \$2.1 billion a year.

California Gov. Gavin Newsom (D) says the latest Medi-Cal expansion will save California money over the long term and ease the uncompensated care burden on hospitals. He argues that providing health coverage regardless of immigration status

will enable patients and providers to manage chronic diseases and reduce spending on emergency care by promoting access to lower-cost primary and preventive care.

For the plan to come to fruition, health insurers and providers are getting ready to take on a wave of new patients with unique medical and social needs. Organizations are preparing to [build trust](#) and break down language barriers to aid undocumented immigrants in navigating the complex U.S. healthcare system. Health insurers and providers are also gauging network capacity and coordinating with community-based organizations to reach this previously excluded population.

The Medi-Cal expansion could provide a model for states such as Illinois and New York, which [have made moves in recent years to expand](#) Medicaid to certain undocumented residents, and are watching the rollout closely.

Submit

"We have been fighting that battle with our budgets with the current governor, and we will continue," New York state Senate Health Committee Chair Gustavo Rivera (D) said, referring to Gov. Kathy Hochul (D). "We're already spending almost a billion dollars on emergency Medicaid in the state of New York and this would actually save us money. I will be looking closely at how they do it there and I will be fighting to make sure that it happens here in the state of New York."

Community-based infrastructure

Local organizations and federally qualified health centers have been foundational to expanding provider capacity and enrolling undocumented adults into coverage programs leading up to the latest Medi-Cal expansion, said Laura Sheckler, deputy director of policy and regulatory affairs at the California Primary Care Association.

Many safety-net and community providers have been serving immigrant populations for a long time, and Medi-Cal reimbursements provide revenue that enables them to fill gaps in care, said Dr. Efrain Talamantes, CEO of AltaMed Health Services, a Los Angeles-based network of community health centers.

While undocumented immigrants could only access limited benefits in the past, Medi-Cal covers specialty care, hospital services, physical therapy and social interventions such as housing and nutrition support. People currently enrolled in limited coverage arrangements will automatically be enrolled in Medi-Cal in January. Health insurance companies just starting to bring this population into the fold are leaning on organizations such as AltaMed to manage care and generate long-term savings.

"When we meet with our health plans, they focus on the lives assigned to them which are insured, but now we will be able to see a lot more of our undocumented patients and have discussions about what we can do to partner," Talamantes said. "We know that, at least upfront, there are some unmet needs that we're going to have to bridge

to get these patients stable and start preventing some of the hospital care that is clinically avoidable."

CalOptima, a publicly funded health insurance plan for nearly 1 million low-income residents in suburban Orange County south of Los Angeles, has dedicated \$6 million to hire 100 health navigators to work in community-based clinics and federally qualified health centers over the next year to help with enrollment and onboarding. The insurer is expecting an additional 70,000 members from the expansion, CEO Michael Hunn said.

Utilizing community organizations to conduct outreach is "imperative" to overcoming trust barriers, particularly among undocumented immigrants, Hunn said. For example, many potential enrollees may fear deportation if they divulge personal information to a government entity.

"The only point for us is that we want to make sure you have health insurance and that you're medically taken care of," Hunn said. "The way that we can gain the trust of the individual when they're entitled to the benefit but they're afraid to apply is the trust that the community-based organizations provide individuals, because they speak their language. They're in the neighborhood and community where they live."

Health insurance companies are also building up infrastructure and reviewing provider networks to ensure they are prepared to care for patients who don't speak English and to help them navigate the healthcare system. For example, CalOptima has translated forms and documents into languages including Spanish, Vietnamese, Korean, Chinese, Farsi, Punjabi and Arabic, and utilizes interpreters to communicate with members, Hunn said.

L.A. Care Health Plan, which caters to low-income and underserved populations and is the largest health insurer in Los Angeles County, is expanding its onboarding operations and getting workers prepared for nearly 150,000 new Medi-Cal beneficiaries. The company is creating welcome kits and organizing screening efforts to gather information about new members' health needs.

Through Medi-Cal, insurers can connect enrollees to resources such as transportation and medically tailored meals, and initial screenings will help them make those referrals, said Phinney Ahn, executive director of Medi-Cal for L.A. Care Health Plan. "We want to make sure that all of our new members are aware of all of these services they can access," she said.

L.A. Care Health Plan is also tapping into its community resource center network in neighborhoods across the county, which are staffed with multilingual health navigators and community health workers, Ahn said. "There are some individuals who just prefer to work in-person and they may not respond well to our provider directory, and the hardcopy of it, which literally looks like a phone book. That's not going to help them if they're not used to navigating [the healthcare system]," she said.

Access to care

Insurers and primary care providers say they are prepared to take on a wave of new patients. AltaMed is still working on building capacity, but expanding Medi-Cal makes it easier for the safety-net providers by increasing accountability for care to other organizations, Talamantes said.

"This expands the number of stakeholders vested in and caring for our undocumented community," he said. "If you need to refer someone out for specialty care, a lot of times those services haven't been covered by the local county coverage programs. So there have been big gaps in care because they haven't been comprehensive. The opportunity of bringing folks into full-scope Medi-Cal is that they should be able to get that full range of services."

There is a [shortage of Spanish-speaking clinicians](#) in California and too few specialists accept Medi-Cal, which creates backlogs and makes it difficult for beneficiaries to obtain care. "Those medical rates are low and getting enough providers in-network is a big challenge," Sheckler said.

At the same time, enrolling undocumented immigrants in Medi-Cal is expected to lighten the load on hospitals as it diverts previously uninsured patients away from costly sites of care such as emergency departments.

"This is about making our hospitals accessible for us when we need them the most and also knowing that we can do a lot more prevention for everyone so that our hospitals are clear for those people who really need them," Talamantes said.



Vision 2024

Quarterly Progress Report FISCAL YEAR QUARTER 4 July – September 2023

Introduction

Vision 2024

L.A. Care’s strategic plan, Vision 2024, outlines our major goals for 2021-2024. Vision 2024 guides us towards continued growth and success using the framework offered by the four strategic directions that remain our guideposts—Operational Excellence, High Quality Network, Member Centric Care, and Health Leader. The Vision 2024 document is shared with the Board of Governors at the beginning of the Fiscal Year, and is available upon request thereafter.

Progress Reports

L.A. Care reports to the Board of Governors regarding the progress made towards the goals in Vision 2024 on a quarterly basis. Each quarterly report is retrospective, and captures a high-level summary of activities from the previous quarter. **The following report covers the fourth quarter of our fiscal year, from July 1 through September 30.**

A more detailed report is available in the Appendix of this document.



Operational Excellence

Achieve operational excellence by improving health plan functionality.

Goals

Q4: July – September 2023 Highlights

Build out information technology systems that support improved health plan functionality.

- Reprioritized the VOICE Program to focus on enhancing customer experience and adjusting scope based on business need.
- Selected a vendor for the cloud-based platform that will enable the Provider Network Management and Provider Data Management teams to perform all provider enrollment and maintenance tasks in an integrated and efficient manner.

Support and sustain a diverse and skilled workforce and plan for future needs.

- Succession planning pilots launched with Legal Services and Products.
- Current demographics for all employees: 36.5% Hispanic or Latino, 22.3% Asian, 14.9% Black or African American, 9.9% White, 5.6% Native Hawaiian or other Pacific Islander, 3.0% two or more races, 7.5% non-applicable. Additionally, our employees are 69.6% Female and 30.4% Male.
- The second cohort launched and is in process for the Management Certificate Program.

Ensure long-term financial sustainability.

- Our FY 22-23 administrative expenses are tracking lower than the 3+9 forecast but slightly higher than the 9+3, pending year-end close.

Mature L.A. Care’s family of product lines, taking an “all products” approach whenever possible.

- Open Enrollment period for L.A. Care Covered is set to launch in October through select channels, with a full-scale rollout by November.
- Medicare Plus D-SNP Annual Enrollment Period marketing campaign successfully launched.
- L.A. Care established a Physician Advisory Collaborative and a series of provider engagement meetings to be held at Community Resource Centers.



High Quality Network

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

Goals

Q4: July – September 2023 Highlights

Mature and grow our Direct Network.

- Under the guidance of the Direct Network Steering Committee, L.A. Care’s Advanced Analytics Lab is consistently improving a multi-metric performance dashboard, embedding it with precise and actionable performance indicators.
- Virtual Specialty Care Program passed the one year mark, and in that time, we have received a total of 82 eConsults submitted and four telehealth visits.

Improve our quality across products and providers.

- Two new quality performance reports were shared with the Direct Network: the Practice-level Provider Opportunity Report and the Capitated Claims Report.
- Multiple text messaging campaigns launched for preventive screenings and for targeted groups (e.g. parents for well-child visits).
- Selected a vendor for the Clinical Data Repository Program to help achieve our NCQA Health Equity Accreditation.

Invest in providers and practices serving our members and the L.A. County safety net.

- Announced eight new scholars who received admission to Charles R. Drew University and UCLA medical schools.
- Celebrated another In Home Supportive Services Provider Training graduation with 386 new graduates.
- Invested more than two million dollars in 12 clinics to improve patient access and reduce health disparities by addressing workforce shortages as clinics prepare for Medi-Cal expansion in January 2024. In addition, we awarded a grant to implement a simulation center utilizing virtual reality technology to improve staff cultural competency, which enhances patient engagement, treatment adherence, and condition management.



Member Centric Care

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

Goals

Q4: July – September 2023 Highlights

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

- On track to further expand our network for Community Supports with the launch of new services on January 1, 2024 (Asthma Remediation and support for members transitioning from Nursing Facilities to their homes or to Assisted Living Facilities).
- Increased our Enhanced Care Management provider network by 14 providers, many of which serve the Children and Youth populations.

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

- There was a 35% increase in Direct Network cases opened in Care Management in Q4, compared to Q3.
- Community Health Workers participated in the “Fight the Flu” campaign to support Care Management members with understanding COVID-19 and the importance of accessing other vaccinations.

Ensure that the services we provide to members promote equity and are free of implicit and explicit bias.

- Hosted an L.A. County Health Equity Officers meeting in August with representatives from Blue Shield/Promise, Cedars Sinai, DHS, DPH, Molina, and UCLA.
- Ten of the 16 Member Equity Council goals were completed.
- The doula benefit standing order process has been approved and members can now be directly connected to services via the provider directory. L.A. Care has served 32 members to date.
- Three new member educational materials were added to the trimester specific pregnancy mailing, distributed to approximately 80 pregnant members monthly.
- Added diversity language to the Request for Proposal (RFP) questionnaire to bidders, and the updated language has been included in recent RFP releases.
- In August, 206 attendees participated in our second Social Determinants of Health provider training.



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.

Goals

Q4: July – September 2023 Highlights

Drive improvements to the Affordable Care Act by serving as a model of a successful public option.

- In September, the Los Angeles Times published an opinion piece proposing a public option for California, citing L.A. Care as a successful example.

Optimize members’ use of Community Resource Centers and expand our member and community offerings.

- West L.A. and Panorama City Community Resource Centers (CRCs) were completed.
- Implemented new hypertension management pilot program with American Heart Association at two CRCs.

Drive change to advance health and social services for our members and the community.

- Introduced the Health Information Exchange (HIE) Participation Measure to incentivize IPAs and hospitals to meaningfully utilize HIEs.
- Launched a one-time HIE Adoption incentive for providers to further enhance HIE adoption and support their participation in the California Health and Human Services Agency Data Exchange Framework.
- For the Housing and Homelessness Incentive Program (HHIP), we have made significant progress toward our goal of earning full points for HHIP Measurement Period II which ends on October 31.



LA Care



Vision 2024

Quarterly Progress Report
FISCAL YEAR QUARTER 4
July – September 2023

APPENDIX

Detailed Vision 2024 Progress Report
Fiscal Year Quarter 4
July – September 2023



Operational Excellence

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.	Reprioritized the VOICE Program to focus on enhancing customer experience and adjusting scope based on business need. IT Leadership is taking a deep-dive in reviewing the program roadmap and overall solution. Development is underway for the post-call survey, starting with the Provider Service Unit. The post-call survey gives the ability to acquire feedback from providers regarding their customer service experience during the call.
Improve efficiency and effectiveness of financial management functions with the implementation of the additional phases of the SAP Enterprise Resource Planning (ERP).	The SAP Analytics Cloud for Reporting Phase 2 is on-track to go live in Q1 FY 23-24. The final two phases of the original SAP strategic project are expected to start in Q3 of FY 23-24 and include Callidus for Broker Commissions and Ariba for Procurement.
Complete the implementation of SyntraNet to support new and updated regulatory requirements, in addition to operational improvements across the enterprise.	Operational leaders in Utilization Management, Enhanced Care Management, and CalAIM Community Health have worked with the new third-party entity project managers to plan and begin execution of high-priority items for configuration within Syntranet. Via multiple workgroups, these leaders, project managers, and UpHealth completed business requirements and implementation schedules for foundational work as well as compliance and efficiency-related enhancements. In order to ensure those priorities are completed by end of the calendar year per the renegotiated Statement of Work, other bodies of work such as Grievance & Appeals and Provider Portal were placed outside of Syntranet’s near-term scope. In addition, UpHealth provided comprehensive refresher trainings of core system functionality with designated subject-matter experts from the three business areas.



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>L.A. Care continued work towards implementing the Provider Target State by:</p> <ul style="list-style-type: none"> • Selecting a vendor for the cloud-based platform that will enable the Provider Network Management and Provider Data Management teams to perform all provider enrollment and maintenance tasks in an integrated and efficient manner; • Finalizing a licensing agreement with the vendor for suitable configuration of the Network Ops Task Management Platform in accordance with L.A. Care’s functional capability requirements, which are specified in the licensing agreement together with a 15-month configuration project plan; and • Finalizing a parallel 15-month project plan for development of the single domain database which will: (1) be interfaced with and continuously updated by the Network Ops Task Management Platform; (2) supply validated and up-to-date network data to all downstream functions and systems; and (3) enable L.A. Care to retire its currently fragmented provider data management systems.
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.	Having completed an RFP process with five select vendors, we are in the final stages of selecting a vendor to the Systems Integrator for the VOICE Program. VOICE will position us well for a “No Wrong Door” strategy.
Develop real-time interoperability capabilities to share data with providers and members.	In accordance with Federal CMS and California mandates, L.A. Care deployed a set of Application Program Interfaces, which provide a data connection for members to access their health information maintained by L.A. Care. Since the service began in May 2023, member adoption has been very low; monitoring of member and third party applications continues. At the request of the Department of Health Care Services (DHCS), in September, L.A. Care posted enhanced information on lacare.org about the risks of sharing health information with third party apps and how members can report any issues.



Support and sustain a diverse and skilled workforce and plan for future needs.	
Tactics	Update
Conduct succession planning, particularly at the leadership level.	Succession planning pilots launched with Legal Services and with Products. Success profiles are being created for those identified as potential successors for use in assessing competency levels and potential training/development for those identified.
Maintain a diverse and inclusive workforce, validated by data analysis, to model L.A. Care’s commitment to Diversity, Equity, and Inclusion.	We continue to monitor current employee demographics, and remain an ethnically diverse organization. Our employees are: 36.5% Hispanic or Latino, 22.3% Asian, 14.9% Black or African American, 9.9% White, 5.6% Native Hawaiian or other Pacific Islander, 3.0% two or more races, 7.5% non-applicable. Additionally, our employees are 69.6% Female and 30.4% Male.
Improve managed care and Management Services Organization (MSO) acumen among staff.	No new updates this quarter.
Promote retention of staff in an evolving work environment.	The second cohort launched and is in process for the Management Certificate Program. All Leadership Development programs concluded for this fiscal year: 108 leaders completed three or more Leadership Development Courses; 101 have completed one or two offered courses. Next year’s programs have been developed and are currently under review.

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.	Our FY 22-23 administrative expenses are tracking lower than the 3+9 forecast but slightly higher than the 9+3, pending year-end close. Savings targets were implemented in the FY 23-24 budget planning and additional efforts will be identified based on the completed competitive analysis.



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.	L.A. Care successfully launched a D-SNP plan in 2023. In Q4 FY 22-23, we received approval and executed the 2024 contract with CMS. It will continue to serve the dually eligible Medicare and Medi-Cal population in L.A. County in 2024.
Increase membership across all products by implementing member recruitment and retention strategies.	<p>Sales</p> <ul style="list-style-type: none"> L.A. Care Covered (LACC): SB-260 (Automatic Health Care Coverage Enrollment) members started with July 2023 effective dates from Medi-Cal members who lost coverage through the Redetermination process. Members are required to effectuate to a Covered California Plan. While the volume of auto-assigned members is almost two times the projections, the opt-in/effectuated rate is lower than projected due mainly due to members declining a premium-based product or those who are confused and want to reapply for Med-Cal. Medicare Plus D-SNP: Net membership exceeded forecast. Most of the efforts during the Q4 were to prepare and execute the new 2024 growth strategy including multi-channel marketing strategy and refined/targeted broker distribution. Medi-Cal (MCLA): Planning initiated to provide additional support/resources to build an expanded internal direct enrollment assistance model in coordination with our enrollment assistor community-based organization partners at our Community Resource Centers and direct to the organizations. <p>Marketing</p> <ul style="list-style-type: none"> LACC: Open Enrollment Period is set to launch in October through select channels, with a full-scale rollout by November. In Q4, we broadened our media efforts to encompass LACC's diverse membership demographics and tailored messaging specifically for Oscar members as Oscar departs the L.A. market. We launched all regulatory and non-regulatory materials as scheduled. Medicare Plus D-SNP: Annual Enrollment Period marketing campaign successfully launched, utilizing a multi-channel approach. We crafted messaging based on product



Mature L.A. Care’s family of product lines, taking an “all products” approach whenever possible.	
Tactics	Update
	<p>insights and refreshed creative elements with our distinctive blue and orange brand colors for a compelling and memorable impact. English & Spanish enrollment kits were delivered to brokers.</p> <ul style="list-style-type: none"> • Medi-Cal (MCLA): In Q4 FY 22-23, we embarked on the next phase of our Plan Partner campaign, an exciting collaboration with Anthem and Blue Shield Promise. This year’s strategic approach is built upon the idea of empowering both Plan Partners, enabling them to autonomously oversee and finance digital marketing campaigns that mirror L.A. Care.
Engage in a provider network strategy that meets distinct business and competitive needs of all products and ensures that members receive high-value care.	L.A. Care established a Physician Advisory Collaborative and a series of provider engagement meetings to be held at Community Resource Centers. These sessions aim to achieve two primary objectives: (1) to inform providers about the many resources and services L.A. Care offers to assist with managing member care; (2) to collect valuable feedback from providers, paving the way for enhanced communication, enriched collaboration, and optimized network strategy.

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.	This tactic has been completed.
Improve the operations of all L.A. Care functions necessary to support and scale up the Direct Network.	Under the guidance of the Direct Network Steering Committee, L.A. Care’s Advanced Analytics Lab is consistently improving a multi-metric performance dashboard, embedding it with precise and actionable performance indicators. Key stakeholders from Health Services and Network Management within the Steering Committee will employ this dashboard to oversee performance and identify areas for enhancement. Additionally, these stakeholders are crafting



Mature and grow our Direct Network.	
Tactics	Update
	an action plan to ensure the dashboard's potential is fully harnessed, streamlining and prioritizing performance improvement initiatives.
Strategically address gaps in the Direct Network to meet all member needs countywide.	L.A. Care consistently oversees network adequacy on a monthly basis, adhering to established regulatory guidelines and standards. The joint efforts of the Network Management and Provider Data Services teams, in collaboration with our regulatory partners, ensure that any gaps in the network are promptly addressed through the submission of Alternative Access Standards requests. Network Adequacy is currently at 100%.
Increase access to virtual care by implementing L.A. Care’s Virtual Specialty Care Program (V-SCP).	The pilot V-SCP just passed the one year mark. In Q4 FY 22-23, there were 11 eConsults submitted and no telehealth visits. Since the V-SCP program started last July, we have received a total of 82 eConsults submitted and four telehealth visits. We plan to continue the pilot and will also discuss what our next steps should be.

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.	<ul style="list-style-type: none"> Two new quality performance reports were shared with the Direct Network in Q4 FY 22-23, including the Practice-level Provider Opportunity Report (POR) and the Capitated Claims Report. The Practice-level POR contains summaries at both the practice-level and Primary Care Provider (PCP)-level so providers can evaluate their performance relative to the Network. Report distribution began in July, and the report will be distributed on a (near) monthly basis. The Capitated Claims Report measures the volume and timeliness of primary care service claims submitted by non-Fee-for-Service Direct Network PCPs. They are adjudicated against capitation paid to PCPs and compare individual Direct Network PCP performance to the overall Direct Network PCP performance. Report distribution began in September, and will be distributed on a quarterly basis. In August, Provider Contracts and Relationship Management Account Managers provided reformatted PORs and Quality Improvement resources to the top 18 Direct Network practices. Follow-up meetings with practices will be conducted to provide support in using the reports.



Improve our quality across products and providers.	
Tactics	Update
	<ul style="list-style-type: none"> • The Provider Engagement and Outreach Workgroup reviewed provider feedback from the June Physician Advisory Collaborative meeting including: provide more Quality Improvement and Health Information Exchange program information, provide more support for solo/ small group practices, and increase in-person interactions.
<p>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>	<ul style="list-style-type: none"> • L.A. Care Pharmacy staff is partnering with provider groups to conduct medication reviews. • Notified Plan Partners, PPGs, MSOs, and DHS about our supplemental and direct data submission guidance to close Healthcare Effectiveness Data and Information Set (HEDIS) gaps. • Conducted outreach calls to assist members in scheduling annual wellness visits and other needed appointments and tests. • Deployed provider-focused outreach to coordinate the fill of statin medications for members with diabetes or cardiovascular disease. • Text messaging campaigns launched to encourage healthcare visits and remind members about important preventive screenings. • Various social media campaigns deployed in August and September to encourage going to the doctor. #GetBacktoCare
<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 Accreditation.</p>	<p>We have selected a vendor for the Clinical Data Repository Program. More design is needed around the data repositories but we have a solid set of steps in execution to wrap up the Race, Ethnicity, Language, and Sexual Orientation and Gender Identity projects.</p>
<p>Improve clinical performance for children’s care.</p>	<ul style="list-style-type: none"> • A second round of Well-Child Visit reminder calls for children ages 0-30 months launched in late September. • Two text messaging campaigns for children 0-30 months launched in August. The text messages provide health education on preventive care and reminders to complete well-child visits.



Invest in providers and practices serving our members and the L.A. County safety net.	
Tactics	Update
<p>Assist our providers in adopting and using Health Information Technology (HIT) resources.</p>	<p>Transform L.A.: Practices reporting eight optional clinical quality measures from their electronic health record software in addition to the three required measures. Transform L.A. is promoting the use of Health Information Exchanges (HIE) by encouraging qualified practices to apply for the one-time HIE Incentive program.</p> <p>Help Me Grow LA: Practices continued to work on incorporating developmental screening tools into their electronic medical record and to improve their referral processes. One Cohort Two practice successfully added a screening tool and the scoring calculation into their Electronic Medical Record. The practice can send the screener via the patient portal and text messaging to patients prior to their visit.</p> <p>EQuIP-LA: Equity & Quality for Independent Practices in L.A. County (EQuIP-LA) is a new practice transformation initiative provided to small/solo practices to support the equitable delivery of health care within independent practices in L.A. County for two years. Three of the four enrolled Direct Network practices are installing or upgrading their electronic health record software programs. 2022 baseline data for the three Healthcare Effectiveness Data and Information Set (HEDIS) measures was sourced from the L.A. Care Provider Opportunity Reports. One practice reported baseline HEDIS data from their Electronic Health Record software.</p>
<p>Provide practice coaching to support patient-centered care.</p>	<p>Transform L.A.: The number of Direct Network practices enrolled in Transform L.A. decreased to 20, with 107 providers and 33% of Direct Network members. Two practices enrolled in EQuIP-LA (see below) and one practice’s Direct Network primary care contract expired. Eight practices report an average 17% improvement from baseline in Diabetes A1c Poor Control (>9%), 10 practices report an average 19% improvement from baseline in Controlling Blood Pressure. Transform L.A. is continuing to work with 10 practices to improve CIS-10 (Childhood Immunizations) from the 2022 overall baseline of 40.7%.</p> <p>Help Me Grow LA: Cohort One practices have increased screenings by 24% over baseline to 39% of patients seen. Cohort Two practices have increased screening by 2% over baseline (0%). Enrollment in the pilot has concluded with six practices participating. 47 of 60 planned early childhood development classes for the community and L.A. Care members have been completed.</p> <p>EQuIP-LA: The Equity & Quality for Independent Practices in L.A. County (EQuIP-LA) program launched in late June with the enrollment of four Direct Network practices. The practices have completed initial assessment of their capacity to improve the delivery of patient</p>



Invest in providers and practices serving our members and the L.A. County safety net.	
Tactics	Update
	care and health outcomes. The 2022 baseline data for the three HEDIS measures: A1c >9% (Poor Control), Controlling Blood Pressure, and Colorectal Cancer Screening have been submitted to the Improvement Advisor partner. Quality improvement work is underway.
Implement innovative programs to train, recruit, and retain highly qualified providers through the Elevating the Safety Net initiative.	<p>Provider Recruitment Program: We continue to grow this program, with 153 active providers totaling slightly more than \$20.7 million in investment. There are currently 22 vacancies.</p> <p>Provider Loan Repayment Program: Of the 173 physicians awarded since 2018, there are currently 109 active loan repayment awards, including 93 new physician awardees and 16 physician award extensions.</p> <p>Medical School Scholarship Program: In July, during our annual Elevating the Safety Net celebration, L.A. Care announced eight new scholars who received admission to Charles R. Drew University and UCLA's medical school. With this most recent announcement, L.A. Care has now awarded a total of 48 scholars, 24 at CDU and 24 at UCLA, with full-tuition scholarships.</p> <p>In-Home Supportive Services Training Program (IHSS) Center for Caregiver Advancement (CCA): August marked the start of CCA's graduation ceremonies for the Trimester 19 cohort. This cohort had a total of 386 students who completed the L.A. Care training course that is offered through our CCA partners. The trimester 19 cohort has brought the overall total of IHSS Trained Providers to 6,349.</p>
Utilize the Community Health Investment Fund (CHIF) to leverage opportunities for providers to increase quality and access to care.	Community Benefits invested more than two million dollars in 12 clinics to improve patient access and reduce health disparities by addressing workforce shortages as clinics prepare for Medi-Cal expansion in January 2024. In addition, we awarded a grant to implement a simulation center utilizing virtual reality technology to improve staff cultural competency, which enhances patient engagement, treatment adherence, and condition management.

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>Community Supports: L.A. Care has successfully expanded the network of community based organizations and other organizations who are providing Community Supports services to our members. We are currently on track to further expand our network with the launch of three new Community Supports services on January 1, 2024 (Asthma Remediation, Nursing Facility Transition/Diversion to Assisted Living, and Nursing Facility Transition/Diversion to Home). L.A. Care is in the planning process to launch both remaining Community Supports services by July 1, 2024 (Day Habilitation, Post-Hospitalization Short Term Housing).</p> <p>Enhanced Care Management: L.A. Care has increased our Enhanced Care Management (ECM) provider network by 14 providers, many of which serve the Children and Youth population of focus. This brings our current ECM network to 72 providers. With input from key stakeholders, we developed a new comprehensive ECM assessment designed to meet the needs of the new Children and Youth populations of focus.</p> <p>L.A. Care is currently preparing to add two new populations in 2024, Birth Equity and Justice Involved. We are engaging with key stakeholders for these populations to utilize their expertise in the development of our Model of Care. We are also engaging with community based providers who serve pregnant/postpartum, and justice involved individuals to be a referral source and potentially join our ECM network. L.A. Care continues to work closely with the other regional Managed Care Plans to align as much as possible on our ECM network and processes.</p>
Ensure CalAIM Population Health Management (PHM) requirements are met.	<ul style="list-style-type: none"> • Submitted CalAIM PHM Key Performance Indicators in August 2023. • The Initial Health Appointment (IHA) All Plan Letter (APL) 22-030 has been released. The IHA P4P is being updated. Provider and staff training have been updated and will be available on the Learning Management System. • The Annual Cognitive Health Assessment APL 22-025 has been released. Both the P&P and operational procedures have been finalized and implemented for provider training, reports, and payment structure.



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

Tactics	Update
Monitor and establish infrastructure for longer-term CalAIM initiatives.	CalAIM’s Benefit Standardization includes Long Term Care Carve In, Intermediate Care Facility – Developmental Disabled Carve In, and Pediatric Sub-Acute Carve In. For Coordinated Care Initiative Counties, Long Term Care benefit has been carved in since 2014. DHCS released ICF-DD guidance in August 2023 and business units are in the process of setting up requirements and are on track for January 1, 2024 go-live.

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.	<p>Transitional Care Services under Population Health Management for Care Managers was launched to provide enhanced support to high-risk members admitting to and discharging from inpatient settings. Additionally, there was a 35% increase in Direct Network cases opened in Care Management (CM) in Q4, compared to Q3.</p> <p>CM Community Health Workers (CHWs) continued to conduct field visits with members in CM while addressing member’s social needs through CalAIM Community Supports services and other community-based resources. Additionally, CHWs participated in the “Fight the Flu” campaign to support CM members with understanding COVID-19 and the importance of accessing other vaccinations. Finally, the CHWs have worked closely with the Community Resource Center staff to support sponsored drives and events for members and the community at large.</p>
Expand upon our progress with palliative care and add other end-of-life services.	Palliative Care services continue to expand with ongoing educational webinars and partnerships with internal and external stakeholders to increase awareness of the program. In preparation for the Palliative Care expansion to D-SNP in January 2024, training materials have been updated to include this population. Managed Long Term Services and Supports has partnered with Medicare Product team in conducting educational webinars that focus on D-SNP.



Ensure that the services we provide to members promote equity and are free of implicit and explicit bias.	
Tactics	Update
<p>Leverage external partnerships, grantmaking, and sponsorships to implement programs that address the root causes of inequity, including racism and poverty.</p>	<p>L.A. Care hosted a L.A. County Health Equity Officers meeting in August with representatives from Blue Shield/Promise, Cedars Sinai, DHS, DPH, Molina, UCLA. Individuals discussed their organization’s health equity priorities, barriers and explored opportunities to work together. This group plans to continue to meet quarterly.</p> <p>Health Equity department visited the Pomona Community Resource Center in August to better understand the community health and social service needs.</p> <p>Ten of the 16 Member Equity Council goals were completed, including: obtaining feedback from the consumer health equity council, provider trainings for social determinants of health, gun violence prevention efforts, COVID vaccination activities, analysis of new health equity questions added to The Clinician and Group Consumer Assessment of Healthcare Providers and Systems survey, creation of health equity assessment tool, release of Advancing Economic Mobility I grant, and collection of required member Sexual Orientation Gender Identity data. Five goals are in progress, in which four will be completed after the fiscal year (Nov. 2023 and Jan. 2024). One measure was not met – HEDIS rates for timeliness of prenatal care for the Black/African American women measure.</p> <p>Community Benefits has deepened its partnership with 12 trusted community based organizations to create pathways to long-term sustainable funding, such as contracts with billable entities and other enduring funding sources through which they can further mitigate the impact of historic injustices the populations they serve have endured.</p> <p>The seventh cycle of grants to improve food security through CalFresh enrollment and benefits maintenance was approved in July for the California Association of Food Banks, with an opportunity for two additional years of support.</p>
<p>Identify and reduce health disparities among our members by implementing targeted quality improvement programs.</p>	<p>L.A. Care continues to focus on disparities in prenatal and postpartum care, diabetes, and hypertension.</p> <ul style="list-style-type: none"> • 11 Black/African American L.A. Care Covered members with diabetes received eight weeks of Medically Tailored Meals and follow-up support from an L.A. Care Registered Nurse. Enrollment is ongoing in the program. • L.A. Care is making more health reminder calls in languages other than English and Spanish.



Ensure that the services we provide to members promote equity and are free of implicit and explicit bias.	
Tactics	Update
	<ul style="list-style-type: none"> • Cumulatively up to August 2023, 33.4% of outreached members enrolled in the postpartum campaign, and 27.6% of members reported completing their postpartum exam, while 28.1% of Black/ African American outreached members enrolled in the prenatal campaign program. • LACC members are now included in the Prenatal/PPC-1 and Postpartum/PPC-2 texting campaigns. • We continue to expand the doula network. L.A. Care is currently contracted with one doula organization called The Doula Network and working under an Letter of Agreement with Birth Workers of Color Collective as well as two independent doulas. The doula benefit standing order process has been approved and members can now be directly connected to services via the provider directory. L.A. Care has served 32 members to date. All doula services were allocated by The Doula Network organization. • Three new member educational materials were added to the trimester specific pregnancy mailing, distributed to approximately 80 pregnant members monthly. The topics for the new materials are: Pregnancy Vaccines, The Doula Benefit flyer, and Sexually Transmitted Infections. The non-trimester member mailing will include these new materials and is distributed to approximately 800 pregnant members monthly.
Implement initiatives to promote diversity among providers, vendors, and purchased services.	<p>We have added diversity language to the Request for Proposal (RFP) questionnaire to bidders, and the updated language has been included in recent RFP releases. Work is still in progress for including diversity language on the RFP page on the L.A. Care external site and RFP materials such as the RFP Notice, scorecard, and training deck; these efforts are targeted to be completed in Q1 of the fiscal year.</p> <p>The Provider Equity Council would like to expand the definition of “provider” by recognizing the efforts of community-based organizations as well for the Provider Equity Award. The Provider Equity Award will continue to be part of the annual Provider Recognition Awards Ceremony.</p>
Offer providers Diversity, Equity, and Inclusion resources to promote bias-free care.	<p>In August, 206 attendees participated in our second Social Determinants of Health (SDOH) provider training. The purpose of the training was to provide an overview of SDOH Z codes and reasons for collecting this information including improvements in member data capture.</p> <p>L.A. Care is meeting and coordinating with internal departments as well as with our Plan Partners and other local health plans on the finalized DHCS APL, 23-025, Diversity Equity and Inclusion Training Plan.</p>



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.	In September, the Los Angeles Times published an opinion piece proposing a public option for California, citing L.A. Care as a successful example. The authors cited that L.A. Care’s low premium costs spurred competition that resulted in premium declines, which did not occur in the rest of the state.
Provide expertise and assistance to other public plans interested in participating in state exchanges.	Inland Empire Health Plan has entered the Covered California marketplace for 2024, serving the Riverside/San Bernardino regions. L.A. Care shared our experience and served as a resource throughout the process.

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 60,000 by Q4 2023.	West L.A. and Panorama City Community Resource Centers completed. Construction continues on South L.A. and Lincoln Heights sites.
Partner with community-based organizations to offer a range of services onsite.	Implemented a new hypertension management pilot program with American Heart Association at two Community Resource Centers.



Vision 2024

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.	In addition to the partnerships mentioned in other Vision 2024 updates, the other ongoing collaborations include those with Charles Drew University and Los Angeles Unified School District on vaccine equity.
Support regional Health Information Exchanges (HIE).	<p>L.A. Care actively promotes regional Health Information Exchanges (HIEs) by utilizing federal and state interoperability regulations. We encourage contracted hospitals to participate in the HIE and incentivize IPAs as well as hospitals to meaningfully utilize HIEs through introduction of the HIE Participation Measure. Additionally, L.A. Care closely collaborates with the L.A. County IT/Data Advisory Group and provides funding opportunities to enhance the technical infrastructure of community organizations and foster interoperability through the Incentive Payment Program.</p> <p>We launched a one-time HIE Adoption incentive for providers to further enhance HIE adoption and support their participation in the California Health and Human Services Agency Data Exchange Framework. These adoption incentives will be available from October 2023 – September 2026.</p>
Create a deliberate and tailored strategy to address homelessness among our members.	The Housing Initiatives team has made significant progress on key initiatives. Regarding Housing and Homelessness Incentive Program (HHIP), we have made significant progress toward our goal of earning full points for HHIP Measurement Period II, which ends on October 31. We project our earnings to be a very high percentage of total available funds for this period. With Homeless and Housing Support Services (HHSS) and Street Medicine, we brought on three new key staff who will be instrumental in helping us achieve our long term goals. In HHSS, we have completed certification application processes for seven new HHSS providers and will be onboarding them in Q1 FY 23-24. We have also worked consistently toward completion of a draft contract for Street Medicine services and we anticipate completing that in Q1 FY 23-24 as well.

Final 2023 Legislative Matrix

Last Updated: October 16, 2023

Bills by Issue

2023 Legislation (33)

Bill Number	Status	Position
AB 102	Enacted	Monitor
<p>Title Budget Act of 2023.</p> <p>Description AB 102, Ting. Budget Act of 2023. The Budget Act of 2023 made appropriations for the support of state government for the 2023–24 fiscal year. This bill would amend the Budget Act of 2023 by amending, adding, and repealing items of appropriation and making other changes. This bill would declare that it is to take effect immediately as a Budget Bill.</p> <p>Primary Sponsors Phil Ting</p>		
AB 103	Enacted	Monitor
<p>Title Budget Acts of 2021 and 2022.</p> <p>Description AB 103, Ting. Budget Acts of 2021 and 2022. The Budget Act of 2021 and Budget Act of 2022 made appropriations for the support of state government for the 2021–22 and 2022–23 fiscal years. This bill would amend the Budget Act of 2021 and Budget Act of 2022 by amending and adding items of appropriation and making other changes. The bill would declare that it is to take effect immediately as a Budget Bill.</p> <p>Primary Sponsors Phil Ting</p>		

Title

Distressed Hospital Loan Program.

Description

AB 112, Committee on Budget. Distressed Hospital Loan Program. The California Health Facilities Financing Authority Act authorizes the California Health Facilities Financing Authority to, among other things, make loans from the continuously appropriated California Health Facilities Financing Authority Fund to participating health institutions, as defined, for financing or refinancing the acquisition, construction, or remodeling of health facilities. This bill would create the Distressed Hospital Loan Program, until January 1, 2032, for the purpose of providing loans to not-for-profit hospitals and public hospitals, as defined, in significant financial distress or to governmental entities representing a closed hospital to prevent the closure or facilitate the reopening of a closed hospital. The bill would require the Department of Health Care Access and Information to administer the program and would require the department to enter into an interagency agreement with the authority to implement the program. The bill would require the department, in collaboration with the State Department of Health Care Services, the Department of Managed Health Care, and the State Department of Public Health, to develop a methodology to evaluate an at-risk hospital's potential eligibility for state assistance from the program, as specified. The bill would require a hospital or a closed hospital to provide the authority and the department with financial information demonstrating the hospital's need for assistance due to financial hardship. The bill would additionally require that the department, in consultation with the authority, develop an application and approval process for loan forgiveness or modification of loan terms, as specified. This bill would create the Distressed Hospital Loan Program Fund, a continuously appropriated fund, for use by the department and the authority to administer the loan program, as specified. The bill would authorize both the authority and the department to recover administrative costs from the fund. The bill would authorize the Department of Finance to transfer funds from the General Fund to the Distressed Hospital Loan Program Fund between state fiscal years 2022–23 and 2023–24 to implement the bill, as specified. The bill would authorize the department and the authority to require any hospital receiving a loan under the program to provide the department and the authority with an independent financial audit of the hospital's operations for any fiscal year in which a loan is outstanding. The bill would abolish the fund on December 31, 2031, and would require any remaining balance, assets, liabilities, and encumbrances of the fund to revert to the General Fund. By creating a continuously appropriated fund, the ... (click bill link to see more).

Primary Sponsors

House Budget Committee

Title

Budget Act of 2023: health.

Description

AB 118, Committee on Budget. Budget Act of 2023: health.

(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 requires a health care service plan to provide disclosures regarding the benefits, services, and terms of the plan contract, as specified, to provide the public, subscribers, and enrollees with a full and fair disclosure of the provisions of the plan. This bill would require the department to develop standard templates for the disclosure form and evidence of coverage, to include, among other things, standard definitions, benefit descriptions, and any other information that the director determines, consistent with the goals of providing fair disclosures of the provisions of a health care service plan. The bill would require the department to consult with the Department of Insurance and interested stakeholders in developing the standard templates. The bill would require health care service plans, beginning January 1, 2025, to use the standard templates for any disclosure form or evidence of coverage published or distributed, except as specified. Because a willful violation of these requirements is a crime, the bill would impose a state-mandated local program. This bill would authorize the department to develop standard templates for a schedule of benefits, an explanation of benefits, a cost-sharing summary, or any similar document. The bill would authorize the department to require health care service plans to use the standard templates, except as specified, and would authorize the director to require health care service plans to submit forms the health care service plan created based on the department's templates for the purpose of compliance review. The bill would additionally specify that the department may implement these provisions by issuing and modifying templates and all-plan letters or similar instructions, without taking regulatory action. The bill would also update cross-references in various provisions.

(2) Existing law requires a health care service plan contract or disability insurance policy to cover mental health and substance use disorder treatment, including medically necessary treatment of a mental health or substance use disorder provided by an in-network or out-of-network 988 center or mobile crisis team. Existing law prohibits a health care service plan or insurer from requiring prior authorization for medically necessary treatment of a mental health or substance use disorder provided by a 988 center or mobile crisis team. This bill would instead specify that mental health and substance use disorder treatment... (click bill link to see more).

Primary Sponsors

House Budget Committee

Title

Medi-Cal: managed care organization provider tax.

Description

AB 119, Committee on Budget. Medi-Cal: managed care organization provider tax. 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, one of the methods by which Medi-Cal services are provided is pursuant to contracts with various types of managed care plans. Existing law, inoperative on January 1, 2023, and to be repealed on January 1, 2024, imposed a managed care organization (MCO) provider tax, administered and assessed by the department, on licensed health care service plans and managed care plans contracted with the department to provide full-scope Medi-Cal services. Those provisions set forth taxing tiers and corresponding per enrollee tax amounts for the 2019–20, 2020–21, and 2021–22 fiscal years, and the first 6 months of the 2022–23 fiscal year. Under those provisions, all revenues, less refunds, derived from the tax were deposited into the State Treasury to the credit of the Health Care Services Special Fund, and continuously appropriated to the department for purposes of funding the nonfederal share of Medi-Cal managed care rates, as specified. Those inoperative provisions authorized the department, subject to certain conditions, to modify or make adjustments to any methodology, tax amount, taxing tier, or other provision relating to the MCO provider tax to the extent the department deemed necessary to meet federal requirements, to obtain or maintain federal approval, or to ensure federal financial participation was available or was not otherwise jeopardized. Those provisions required the department to request approval from the federal Centers for Medicare and Medicaid Services (CMS) as was necessary to implement those provisions. This bill would repeal those inoperative provisions. The bill would restructure the MCO provider tax, with certain modifications to the above-described provisions, including changes to the taxing tiers and tax amounts, for purposes of the tax periods of April 1, 2023, through December 31, 2023, and the 2024, 2025, and 2026 calendar years. The bill would create the Managed Care Enrollment Fund to replace the Health Care Services Special Fund. Under the bill, moneys deposited into the fund would, upon appropriation, be available to the department for the purpose of funding the following subcomponents to support the Medi-Cal program: (1) the nonfederal share of increased capitation payments to Medi-Cal managed care plans; (2) the nonfederal share of Medi-Cal managed care rates for health care services; and (3) transfers to the Medi-Cal Pro... (click bill link to see more).

Primary Sponsors

House Budget Committee

Title

Human services.

Description

AB 120, Committee on Budget. Human services. (1) Existing law, the California Community Care Facilities Act, provides for the licensing and regulation of community care facilities, including group home facilities, short-term residential therapeutic programs (STRTPs), and adult residential facilities (ARFs), by the State Department of Social Services. Under existing law, the department similarly regulates residential care facilities for the elderly. A violation of provisions relating to these facilities is a misdemeanor. Existing law requires administrators of these facilities, with specified exemptions, to complete a department-approved certification program, uniformly referred to as administrator certification training programs. Under existing law, these programs require a specified minimum number of hours, depending on the facility type, of classroom instruction that provides training on a uniform core of knowledge in specified areas. Existing law also requires administrator certificates to be renewed every 2 years, conditional upon the certificate holder submitting documentation of a specified number of hours of continuing education, based on the facility type. Existing law permits up to one-half of the required continuing education hours to be satisfied through online courses, and the remainder to be completed in a classroom instructional setting, as prescribed. This bill would revise those provisions by deleting the classroom instruction requirement for initial certification and continuing education purposes, and instead would require instruction that is conducive to learning and allows participants to simultaneously interact with each other as well as with the instructor. The bill would authorize up to one-half of continuing education hours to be satisfied through self-paced courses, rather than online courses. The bill would make various conforming changes. Existing law authorizes the department to license as ARFs, subject to specified conditions, adult residential facilities for persons with special health care needs (ARFPSHNs), which provide 24-hour services to up to 5 adults with developmental disabilities who have special health care and intensive support needs, as defined. Existing law requires the department to ensure that an ARFPSHN meets specified administrative requirements, including requirements related to fingerprinting and criminal records. This bill additionally would require an ARFPSHN to meet the administrator certification requirements of an ARF, including, but not limited to, completing a department-approved administrator certification training program requiring a designated minimum number of hours of instruction conducive to learning, in which participants are able to simultaneously interact wi... (click bill link to see more).

Primary Sponsors

House Budget Committee

Title

Housing.

Description

AB 129, Committee on Budget. Housing. (1) Existing law establishes the Department of Housing and Community Development (HCD) in the Business, Consumer Services, and Housing Agency for purposes of carrying out state housing policies and programs, and creates in HCD the California Housing Finance Agency. This bill would remove the California Housing Finance Agency from within HCD. This bill would continue the existence of the California Housing Finance Agency in the Business, Consumer Services, and Housing Agency. This bill would also make technical, conforming changes and would delete obsolete references. (2) Existing federal law authorizes the United States Secretary of Agriculture to extend financial assistance through multifamily housing direct loan and grant programs to serve very low, low-, and moderate-income households, including, among other programs, Section 515 Rural Rental Housing Loans, which are mortgages to provide affordable rental housing for very low, low-, and moderate-income families, elderly persons, and persons with disabilities. Existing law establishes a low-income housing tax credit program pursuant to which the California Tax Credit Allocation Committee provides procedures and requirements for the allocation, in modified conformity with federal law, of state insurance, personal income, and corporation tax credit amounts to qualified low-income housing projects that have been allocated, or qualify for, a federal low-income housing tax credit and farmworker housing. Existing law requires not less than 20% of the low-income housing tax credits available annually to be set aside for allocation to rural areas. Existing law defines "rural area" for purposes of the low-income housing tax credit program as an area, which, on January 1 of any calendar year, satisfies any number of certain criteria, including being eligible for financing under the Section 515 program, or successor program, of the United States Department of Agriculture Rural Development. This bill would expand the above-described criteria relating to Section 515 eligibility to instead include eligibility for financing under a multifamily housing program, as specified, or successor program, of the United States Department of Agriculture Rural Development. Existing law also includes in the definition of "rural area" an unincorporated area that adjoins a city having a population of 40,000 or less, provided that the city and its adjoining unincorporated area are not located within a census tract designated as an urbanized area by the United States Census Bureau. This bill would revise the definition of "rural area" to include an unincorporated area that adjoins a city having a population of 40,000 or less, provided that the unincorporated area i... (click bill link to see more).

Primary Sponsors

House Budget Committee

Title

Confidentiality of Medical Information Act: reproductive or sexual health application information.

Description

AB 254, Bauer-Kahan. Confidentiality of Medical Information Act: reproductive or sexual health application information. The Confidentiality of Medical Information Act (CMIA) prohibits a provider of health care, a health care service plan, a contractor, or a corporation and its subsidiaries and affiliates from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as provided. The CMIA makes a business that offers software or hardware to consumers, including a mobile application or other related device that is designed to maintain medical information in order to make the information available to an individual or a provider of health care at the request of the individual or a provider of health care, for purposes of allowing the individual to manage the individual's information or for the diagnosis, treatment, or management of a medical condition of the individual, a provider of health care subject to the requirements of the CMIA. Existing law makes a violation of these provisions that results in economic loss or personal injury to a patient punishable as a misdemeanor. This bill would revise the definition of "medical information" to include reproductive or sexual health application information, which the bill would define to mean information about a consumer's reproductive or sexual health collected by a reproductive or sexual health digital service, as specified. The bill would make a business that offers a reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, a provider of health care subject to the requirements of the CMIA. Because the bill would expand the scope of a crime, it would impose a state-mandated local program. This bill would incorporate additional changes to Section 56.05 of the Civil Code proposed by AB 1697 to be operative only if this bill and AB 1697 are enacted and this bill is enacted last. 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

Rebecca Bauer-Kahan, Dawn Addis, Laura Friedman

Title

Pharmacist service coverage.

Description

AB 317, Weber. Pharmacist service 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 under authority of the Director of the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes health care service plans and certain disability insurers, that offer coverage for a service that is within the scope of practice of a duly licensed pharmacist, to pay or reimburse the cost of the service performed by a pharmacist for the plan or insurer if the pharmacist otherwise provides services for the plan or insurer. This bill would instead require a health care service plan and certain disability insurers that offer coverage for a service that is within the scope of practice of a duly licensed pharmacist to pay or reimburse the cost of services performed by a pharmacist at an in-network pharmacy or by a pharmacist at an out-of-network pharmacy if the health care service plan or insurer has an out-of-network pharmacy benefit. 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

Akilah Weber

Title

Health information.

Description

AB 352, Bauer-Kahan. Health information. Existing law, the Reproductive Privacy Act, 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, the Confidentiality of Medical Information Act (CMIA), 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. The CMIA requires every provider of health care, health care service plan, pharmaceutical company, or contractor who, among other things, maintains or stores medical information to do so in a manner that preserves the confidentiality of the information contained therein. The CMIA also prohibits a provider of health care, a health care service plan, a contractor, or an employer from releasing medical information that would identify an individual or related to an individual seeking or obtaining an abortion in response to a subpoena or a request or to law enforcement if that subpoena, request, or the purpose of law enforcement for the medical information is based on, or for the purpose of enforcement of, either another state's laws that interfere with a person's rights to choose or obtain an abortion or a foreign penal civil action. Existing law makes a violation of the CMIA that results in economic loss or personal injury to a patient punishable as a misdemeanor. This bill would require specified businesses that electronically store or maintain medical information on the provision of sensitive services on behalf of a provider of health care, health care service plan, pharmaceutical company, contractor, or employer to develop capabilities, policies, and procedures, on or before July 1, 2024, to enable certain security features, including limiting user access privileges and segregating medical information related to gender affirming care, abortion and abortion-related services, and contraception, as specified. The bill would additionally prohibit a provider of health care, health care service plan, contractor, or employer from cooperating with any inquiry or investigation by, or from providing medical information to, an individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual or that is related to an individual seeking or obtaining an abortion or abortion-related se... (click bill link to see more).

Primary Sponsors

Rebecca Bauer-Kahan

Title

Medi-Cal: pharmacogenomic testing.

Description

AB 425, Alvarez. 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 would, commencing on July 1, 2024, add pharmacogenomic testing as a covered benefit under Medi-Cal, as specified. The bill would define pharmacogenomic testing as laboratory genetic testing that includes, but is not limited to, a panel test, to identify how a person's genetics may impact the efficacy, toxicity, and safety of medications. The bill would condition implementation of this benefit coverage on receipt of any necessary federal approvals and the availability of federal financial participation. The bill would authorize the department to implement these provisions through all-county letters or similar instructions. The bill would also make related legislative findings.

Primary Sponsors

David Alvarez

Title

The Behavioral Health Infrastructure Bond Act of 2023.

Description

AB 531, Irwin. The Behavioral Health Infrastructure Bond Act of 2023. Existing law establishes the Multifamily Housing Program administered by the Department of Housing and Community Development. Existing law requires assistance for projects under the program to be provided in the form of deferred payment loans to pay for eligible costs of specified types of development, as provided. Existing law requires that specified funds appropriated to provide housing for individuals and families who are experiencing homelessness or who are at risk of homelessness and who are inherently impacted by or at increased risk for medical diseases or conditions due to the COVID-19 pandemic or other communicable diseases be disbursed in accordance with the Multifamily Housing Program for specified uses. The California Environmental Quality Act (CEQA) requires a lead agency, as defined, to prepare, or cause to be prepared, and certify the completion of, an environmental impact report on a project that it proposes to carry out or approve that may have a significant effect on the environment or to adopt a negative declaration if it finds that the project will not have that effect. CEQA does not apply to the approval of ministerial projects. Existing law, until July 1, 2024, exempts from CEQA a project funded to provide housing for individuals and families who are experiencing homelessness, as described above, if certain requirements are satisfied, including if the project proponent obtains an enforceable commitment to use a skilled and trained workforce for any proposed rehabilitation, construction, or major alterations, as specified. This bill would provide that projects funded by the Behavioral Health Infrastructure Bond Act of 2024 that provide housing for individuals and families who are experiencing homelessness or who are at risk of homelessness and who are inherently impacted by or at increased risk for medical diseases or conditions due to the COVID-19 pandemic or other communicable diseases and are disbursed in accordance with the Multifamily Housing Program, or projects that are disbursed in accordance with the Behavioral Health Continuum Infrastructure Program, are a use by right and subject to the streamlined, ministerial review process. The bill would define use by right for these purposes to mean that the local government's review of the project does not require a conditional use permit, planned unit development permit, or other discretionary local government review or approval that would constitute a project subject to the approval process in CEQA. Because the bill would revise the approval process of specified projects, the bill would impose a state-mandated local program. Existing law authorizes the State Department of Health ... (click bill link to see more).

Primary Sponsors

Jacqui Irwin, Susan Eggman, Richard Roth

Title

Open meetings: local agencies: teleconferences.

Description

AB 557, Hart. Open meetings: local agencies: teleconferences.

(1) 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 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 the legislative body of 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. Those circumstances are that (1) state or local officials have imposed or recommended measures to promote social distancing, (2) the legislative body is meeting for the purpose of determining whether, as a result of the emergency, meeting in person would present imminent risks to the health or safety of attendees, or (3) the legislative body has previously made that determination. If there is a continuing state of emergency, or if state or local officials have imposed or recommended measures to promote social distancing, existing law requires a legislative body to make specified findings not later than 30 days after the first teleconferenced meeting, and to make those findings every 30 days thereafter, in order to continue to meet under these abbreviated teleconferencing procedures. Existing law requires a legislative body that holds a teleconferenced meeting under these abbreviated teleconferencing procedures to give notice of the meeting and post agendas, as described, to allow members of the public to access the meeting and address the legislative body, to give notice of the means by which members of the public may access the meeting and offer public comment, including an opportunity for all persons to attend via a call-in option or an internet-based service option. Existing law prohibits a legislative body that holds a teleconferenced meeting under th... (click bill link to see more).

Primary Sponsors

Gregg Hart

Title

Medi-Cal.

Description

AB 614, Wood. Medi-Cal. 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. This bill would make a change to an obsolete reference to the former Healthy Families Program, whose health services for children have been transitioned to the Medi-Cal program. The bill would make a change to an obsolete reference to the former Access for Infants and Mothers Program and would revise a related provision to instead refer to the successor Medi-Cal Access Program. The bill would delete, within certain Medi-Cal provisions, obsolete references to a repealed provision relating to nonprofit hospital service plans. Existing law establishes, under Medi-Cal, the County Health Initiative Matching Fund, a program administered by the department, through which an applicant county, county agency, local initiative, or county organized health system that provides an intergovernmental transfer, as specified, is authorized to submit a proposal to the department for funding for the purpose of providing comprehensive health insurance coverage to certain children. The program is sometimes known as the County Children's Health Initiative Program (CCHIP). This bill would revise certain provisions to rename that program as CCHIP. Existing law requires the Director of Health Care Services to enter into contracts with managed care plans under Medi-Cal and related provisions, including health maintenance organizations, prepaid health plans, or other specified entities, for the provision of medical benefits to all persons who are eligible to receive medical benefits under publicly supported programs. This bill would delete that list of entities and would instead specify that the director would be required to enter into contracts with managed care plans licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975, except as otherwise authorized under the Medi-Cal program. The bill would require the director, prior to issuing a new request for proposal or entering into new contracts, to provide an opportunity for interested stakeholders to provide input to inform the development of contract provisions. The bill would also make technical changes to some of the provisions described above.

Primary Sponsors

Jim Wood

Title

Cancer Prevention Act.

Description

AB 659, Aguiar-Curry. Cancer Prevention Act. Existing law prohibits the governing authority of a school or other institution from unconditionally admitting any person as a pupil of any private or public elementary or secondary school, childcare center, day nursery, nursery school, family daycare home, or development center, unless prior to their admission to that institution they have been fully immunized. Existing law requires the documentation of immunizations for certain diseases, including, among others, measles, mumps, pertussis, and any other disease deemed appropriate by the State Department of Public Health, as specified. Existing law authorizes certain exemptions from these provisions subject to specified conditions. This bill, the Cancer Prevention Act, would declare that pupils in the state are advised to adhere to current immunization guidelines, as recommended by specified health entities, regarding full human papillomavirus (HPV) immunization before admission or advancement to the 8th grade level of any private or public elementary or secondary school. The bill would, upon a pupil's admission or advancement to the 6th grade level, require the governing authority to submit to the pupil and their parent or guardian a notification containing a statement about that public policy and advising that the pupil adhere to current HPV immunization guidelines before admission or advancement to the 8th grade level, as specified. The bill would require that the notification also include a statement containing certain health information. The bill would incorporate that notification into existing provisions relating to notifications by school districts. By creating new notification duties for school districts, the bill would impose a state-mandated local program. Existing law requires the Trustees of the California State University and, subject to a resolution, the Regents of the University of California to require the first-time enrollees at those institutions who are 18 years of age or younger to provide proof of full immunization against the hepatitis B virus prior to enrollment, with certain exemptions. This bill would declare the public policy of the state that students who are 26 years of age or younger are advised to adhere to current immunization guidelines, as specified, regarding full HPV immunization before first-time enrollment at an institution of the California State University, the University of California, or the California Community Colleges. The bill would make a conforming change to a consultation-related provision. 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 wil... (click bill link to see more).

Primary Sponsors

Cecilia Aguiar-Curry

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:52 PM
California Association of Health Plans: Oppose

Title

Pharmacy: mobile units.

Description

AB 663, Haney. Pharmacy: mobile units. Existing law, the Pharmacy Law, requires the California State Board of Pharmacy within the Department of Consumer Affairs to license and regulate the practice of pharmacy, including pharmacists, pharmacy technicians, and pharmacies. Existing law authorizes a county, city and county, or special hospital authority, as defined, to operate a mobile unit as an extension of a pharmacy license held by the county, city and county, or special hospital authority to provide prescription medication within its jurisdiction to specified individuals, including those individuals without fixed addresses. Existing law authorizes a mobile unit to dispense prescription medication pursuant to a valid prescription if the county, city and county, or special hospital authority meets prescribed requirements for licensure, staffing, and operations, including a prohibition on carrying or dispensing controlled substances. Existing law, the California Uniform Controlled Substances Act, classifies certain controlled substances into Schedules I to V, inclusive. This bill would instead authorize a county, city and county, or special hospital authority to operate one or more mobile units as an extension of a pharmacy license held by the county, city and county, or special hospital authority, as described above. The bill would require the pharmacist-in-charge to determine the number of mobile units that are appropriate for a particular pharmacy license. The bill would additionally authorize a mobile unit to provide prescription medication within its jurisdiction to city-and-county-operated housing facilities. This bill would exempt from the above-described prohibition on carrying or dispensing controlled substances Schedule III, Schedule IV, or Schedule V controlled substances approved by the United States Food and Drug Administration for the treatment of opioid use disorder. The bill would require any controlled substance for the treatment of opioid use disorder carried or dispensed in accordance with that exemption to be carried in reasonable quantities based on prescription volume and stored securely in the mobile pharmacy unit. Existing law requires a city, city and county, or special hospital authority, at least 30 days before commencing operation of a mobile unit, to notify the board of its intention to operate a mobile unit. Existing law further requires that the board be given notice at least 30 days before discontinuing operation of a mobile unit. This bill would instead require a county, city and county, or special hospital authority to notify the board of its intention to operate a mobile unit as soon as possible, and no later than 5 business days after commencing operation of a mobile unit. The bill would a... (click bill link to see more).

Primary Sponsors

Matt Haney

Title

CalFresh: hot and prepared foods.

Description

AB 712, Wendy Carrillo. CalFresh: hot and prepared foods. Existing law establishes various public social services programs, including, among others, the California Work Opportunity and Responsibility to Kids (CalWORKs) program, CalFresh, and the Medi-Cal program. Existing federal law provides for the federal Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh, under which supplemental nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county. This bill would require the State Department of Social Services to seek all available federal waivers and approvals to maximize food choices for CalFresh recipients, including hot and prepared foods ready for immediate consumption.

Primary Sponsors

Wendy Carrillo

Organizational Notes

Last edited by Joanne Campbell at Jun 6, 2023, 3:17 PM
California Association of Food Banks (co-sponsor), GRACE/End Child Poverty CA (co-sponsor)

Title

Ground medical transportation.

Description

AB 716, Boerner. Ground medical transportation. Existing law creates the Emergency Medical Services Authority to coordinate various state activities concerning emergency medical services. Existing law requires the authority to report specified information, including reporting ambulance patient offload time twice per year to the Commission on Emergency Medical Services. This bill would require the authority to annually report the allowable maximum rates for ground ambulance transportation services in each county, including trending the rates by county, 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 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 medical transportation services, and requires a policy or contract to provide for the direct reimbursement of a covered medical transportation services provider if the provider has not received payment from another source. This bill would delete that direct reimbursement requirement and would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2024, 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. The bill would prohibit a noncontracting ground ambulance provider from sending to collections a higher amount, would limit the amount an enrollee or insured owes a noncontracting ground ambulance provider to no more than the in-network cost-sharing amount, and would prohibit a ground ambulance provider from billing an uninsured or self-pay patient more than the established payment by Medi-Cal or Medicare fee-for-service amount, whichever is greater. The bill would require a plan or insurer to directly reimburse a noncontracting ground ambulance provider for ground ambulance services the difference between the in-network cost-sharing amount and an amount described, as specified, unless it reaches another agreement with the noncontracting ground ambulance provider. 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 ... (click bill link to see more).

Primary Sponsors

Tasha Boerner Horvath

Organizational Notes

Last edited by Joanne Campbell at Jul 14, 2023, 6:35 PM
California Association of Health Plans - Oppose

Bill Number
AB 816

Status
Enacted

Position
Monitor

Title

Minors: consent to medical care.

Description

AB 816, Haney. Minors: consent to medical care. Existing law authorizes a minor who is 12 years of age or older to consent to medical care and counseling relating to the diagnosis and treatment of a drug- or alcohol-related problem. Existing law exempts replacement narcotic abuse treatment, as specified, from these provisions. This bill would authorize a minor who is 16 years of age or older to consent to replacement narcotic abuse treatment that uses buprenorphine at a physician's office, clinic, or health facility, by a licensed physician and surgeon or other health care provider, as specified, whether or not the minor also has the consent of their parent or guardian. The bill would authorize a minor 16 years of age or older to consent to any other medications for opioid use disorder from a licensed narcotic treatment program as replacement narcotic therapy without the consent of the minor's parent or guardian only if, and to the extent, expressly permitted by federal law.

Primary Sponsors

Matt Haney

Bill Number
AB 904

Status
Enacted

Position
Monitor

Title

Health care coverage: doulas.

Description

AB 904, Calderon. Health care coverage: doulas. 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 or health insurer to develop a maternal mental health program designed to promote quality and cost-effective outcomes. Existing law encourages a plan or insurer to include coverage for doulas. This bill would require a health care service plan or health insurer, on or before January 1, 2025, to develop a maternal and infant health equity program that addresses racial health disparities in maternal and infant health outcomes through the use of doulas. Under the bill, a Medi-Cal managed care plan would satisfy that requirement by providing coverage of doula services so long as doula services are a Medi-Cal covered benefit. The bill would require the Department of Managed Health Care, in consultation with the Department of Insurance, to collect data and submit a report describing the doula coverage and the above-described programs to the Legislature by January 1, 2027. Because a willful violation of the provisions 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

Lisa Calderon, Sabrina Cervantes

Title

Prescription drugs.

Description

AB 948, Berman. Prescription drugs. 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 prohibits the copayment, coinsurance, or any other form of cost sharing for a covered outpatient prescription drug for an individual prescription from exceeding \$250 for a supply of up to 30 days, except as specified. Existing law requires a health care service plan contract or health insurance policy for a nongrandfathered individual or small group product that maintains a drug formulary grouped into tiers, and that includes a 4th tier, to define each tier of the drug formulary, as specified. Existing law defines Tier 4 to include, among others, drugs that are biologics. Existing law repeals these provisions on January 1, 2024. This bill would delete drugs that are biologics from the definition of Tier 4. The bill would require a health care service plan or a health insurer, if there is a generic equivalent to a brand name drug, to ensure that an enrollee or insured is subject to the lowest cost sharing that would be applied, whether or not both the generic equivalent and the brand name drug are on the formulary. The bill also would delete the January 1, 2024, repeal date of the above provisions, thus making them operative indefinitely. Because extension of the bill's requirements relative to health care service plans would extend the existence of a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Marc Berman, Scott Wiener

Title

Dental coverage disclosures.

Description

AB 952, Wood. Dental coverage disclosures. 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 imposes specified coverage and disclosure requirements on health care service plans and health insurers, including specialized plans and insurers, that cover dental services. This bill would require a health care service plan or health insurer that issues, sells, renews, or offers a contract covering dental services, including a specialized health care service plan or specialized health insurer covering dental services, to disclose whether an enrollee's or insured's dental coverage is "State Regulated" through a provider portal, if available, or otherwise upon request, on or after January 1, 2025. The bill would require a plan or insurer to include the statement "State Regulated," if the enrollee's or insured's dental coverage is subject to regulation by the appropriate department, on an electronic or physical identification card, or both if available, for contracts covering dental services issued on or after January 1, 2025. 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

Jim Wood

Title

Miles Hall Lifeline and Suicide Prevention Act: veteran and military data reporting.

Description

AB 988, Mathis. Miles Hall Lifeline and Suicide Prevention Act: veteran and military data reporting. Existing federal law, the National Suicide Hotline Designation Act of 2020, designates the 3-digit telephone number "988" as the universal number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operating through the 988 Suicide and Crisis Lifeline, maintained by the Assistant Secretary for Mental Health and Substance Use, and the Veterans Crisis Line, which is maintained by the Secretary of Veterans Affairs. Existing law creates a separate surcharge, beginning January 1, 2023, on each access line for each month, or part thereof, for which a service user subscribes with a service supplier. Existing law sets the 988 surcharge for the 2023 and 2024 calendar years at \$0.08 per access line per month and beginning January 1, 2025, at an amount based on a specified formula not to exceed \$0.30 per access line per month. Existing law authorizes the 911 and 988 surcharges to be combined into a single-line item, as described. Existing law provides for specified costs to be paid by the fees prior to distribution to the Office of Emergency Services. Existing law, the Miles Hall Lifeline and Suicide Prevention Act, creates the 988 State Suicide and Behavioral Health Crisis Services Fund and requires the fees to be deposited along with other specified moneys into the fund. Existing law provides that, upon appropriation by the Legislature, the funds be used for specified purposes and in accordance with specified priorities. Existing law requires the Office of Emergency Services to require an entity seeking moneys available through the fund to annually file an expenditure and outcomes report containing specified information, including, among other things, the number of individuals served and the outcomes for individuals served, if known. This bill would require an entity seeking moneys from the fund to also include the number of individuals who used the service and self-identified as veterans or active military personnel in its annual expenditure and outcomes report.

Primary Sponsors

Devon Mathis, Buffy Wicks

Title

Medi-Cal: telehealth.

Description

AB 1241, Weber. Medi-Cal: telehealth. 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. Under existing law, in-person, face-to-face contact is not required when covered health care services are provided by video synchronous interaction, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities, when those services and settings meet certain criteria. Existing law requires a provider furnishing services through video synchronous interaction or audio-only synchronous interaction, by a date set by the department, no sooner than January 1, 2024, to also either offer those services via in-person contact or arrange for a referral to, and a facilitation of, in-person care, as specified. This bill would instead require, under the above-described circumstance, a provider to maintain and follow protocols to either offer those services via in-person contact or arrange for a referral to, and a facilitation of, in-person care. The bill would specify that the referral and facilitation arrangement would not require a provider to schedule an appointment with a different provider on behalf of a patient.

Primary Sponsors

Akilah Weber

Title

Medi-Cal: Part A buy-in.

Description

SB 311, Eggman. Medi-Cal: Part A buy-in. 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 required by federal law, for Medi-Cal recipients who are qualified Medicare beneficiaries, to pay the Medicare premiums, deductibles, and coinsurance for certain elderly and disabled persons. Existing federal law authorizes states to pay for Medicare benefits for specified enrollees pursuant to either a buy-in agreement to directly enroll and pay premiums or a group payer arrangement to pay premiums. This bill would require the department to enter into a Medicare Part A buy-in agreement, as defined, for qualified Medicare beneficiaries with the federal Centers for Medicare and Medicaid Services by submitting a state plan amendment. Under the bill, the buy-in agreement would be effective on January 1, 2025, or the date the department communicates to the Department of Finance in writing that systems have been programmed for implementation of these provisions, whichever date is later. The bill would authorize the department to implement these provisions through all-county letters or similar instructions until regulations are adopted. Under the bill, these provisions would be implemented only to the extent that any necessary federal approvals are obtained and that federal financial participation is available and is not otherwise jeopardized. To the extent that the bill would increase duties for counties, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors

Susan Eggman

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 6:24 PM
Local Health Plans of California: Support L.A. Care: Support

Title

The Behavioral Health Services Act.

Description

SB 326, Eggman. The Behavioral Health Services Act.

(1) 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, funds a system of county mental health plans for the provision of mental health services. 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 intent of the MHSA. Existing law authorizes the Legislature to add provisions to clarify procedures and terms of the MHSA by majority vote. If approved by the voters at the March 5, 2024, statewide primary election, this bill would recast the MHSA by, among other things, renaming it the Behavioral Health Services Act (BHSA), expanding it to include treatment of substance use disorders, changing the county planning process, and expanding services for which counties and the state can use funds. The bill would revise the distribution of MHSA moneys, including allocating up to \$36,000,000 to the department for behavioral health workforce funding. The bill would authorize the department to require a county to implement specific evidence-based practices. This bill would require a county, for behavioral health services eligible for reimbursement pursuant to the federal Social Security Act, to submit the claims for reimbursement to the State Department of Health Care Services (the department) under specific circumstances. The bill would require counties to pursue reimbursement through various channels and would authorize the counties to report issues with managed care plans and insurers to the Department of Managed Health Care or the Department of Insurance. The MHSA establishes the Mental Health Services Oversight and Accountability Commission and requires it to adopt regulations for programs and expenditures for innovative programs and prevention and early intervention programs established by the act. Existing law requires counties to develop plans for innovative programs funded under the MHSA. This bill would rename the commission the Behavioral Health Services Oversight and Accountability Commission and would change the composition and duties of the commission, as specified. The bill would delete the provisions relating to innovative programs and instead would require the counties to establish and administer a program to provide housing interventions. The bill would provide that "low rent housing project," as defined, does not apply to a project that meets specified criteria. This bill would make extensive technical and conforming changes. (2) Existing law, the Bronzan-McCorquodale Act, contains provisions governing the operation and financing of community mental health services for pers... (click bill link to see more).

Primary Sponsors

Susan Eggman

Title

Pupil meals.

Description

SB 348, Skinner. Pupil meals. (1) Existing law establishes a system of public elementary and secondary schools in this state. This system is composed of local educational agencies throughout the state that provide instruction to pupils in kindergarten and grades 1 to 12, inclusive, at schoolsites operated by these agencies. Existing law, commencing with the 2022–23 school year, requires each school district and county superintendent of schools maintaining kindergarten or any of grades 1 to 12, inclusive, and each charter school to provide 2 nutritiously adequate school meals free of charge during each schoolday, regardless of the length of the schoolday, to any pupil who requests a meal without consideration of the pupil’s eligibility for a federally funded free or reduced-price meal, as specified, with a maximum of one free meal for each meal service period. Existing law requires the department to develop and maintain nutrition guidelines for school lunches and breakfasts, and for all food and beverages sold on public school campuses. Existing law requires a school district, county superintendent of schools, or charter school to provide each needy pupil with one nutritionally adequate free or reduced-price meal during each schoolday, except as provided. This bill would revise and recast provisions regarding school meals for needy pupils by, among other things, instead requiring each school district, county superintendent of schools, and charter school to make available a nutritionally adequate breakfast, as defined, and a nutritionally adequate lunch, as defined, free of charge during each schoolday, as defined, to any pupil who requests a meal, without consideration of the pupil’s eligibility for a federally funded free or reduced-price meal, as provided. The bill would require each school district, county office of education, or charter school that offers independent study to meet the above meal requirements for any pupil on any schoolday that the pupil is scheduled for educational activities, as provided. The bill would require the State Department of Education to submit a waiver request to the United States Department of Agriculture to allow for one meal to be provided during a schoolday lasting 4 hours or less to be served in a noncongregate manner. The bill would authorize each school district, county superintendent of schools, and charter school to make available either a nutritionally adequate breakfast or a nutritionally adequate lunch, as defined, in a noncongregate manner, as provided, if the State Department of Education receives approval for the federal noncongregate waiver. The bill would require each school district, county superintendent of schools, and charter school to provide pupils with adequate time ... (click bill link to see more).

Primary Sponsors

Nancy Skinner

Organizational Notes

Last edited by Joanne Campbell at Apr 17, 2023, 3:56 PM
L.A. Care, Local Health Plans of California: Support

Title

Biomarker testing.

Description

SB 496, Limón. Biomarker testing. (1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act) provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of 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, 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, 2024, to provide coverage for medically necessary biomarker testing, as prescribed, 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 to guide treatment decisions, as prescribed. The bill would specify that it does not require a health care service plan or health insurer to cover biomarker testing for screening purposes unless otherwise required by law. The bill would subject restricted or denied use of biomarker testing for the purpose of diagnosis, treatment, or ongoing monitoring of a medical condition to state and federal grievance and appeal processes. 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, by July 1, 2024, would expand the Medi-Cal schedule of benefits to include biomarker testing, as prescribed, for the purposes of diagnosis, treatment, appropriate management, or ... (click bill link to see more).

Primary Sponsors

Monique Limon

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 6:00 PM
California Association of Health Plans: Oppose

Title

Medi-Cal: children: mobile optometric office.

Description

SB 502, Allen. Medi-Cal: children: mobile optometric office. 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, with specified coverage for eligible children and pregnant persons funded by the federal Children's Health Insurance Program (CHIP). Existing federal law authorizes a state to provide services under CHIP through a Medicaid expansion program, a separate program, or a combination program. Existing federal CHIP provisions require federal payment to a state with an approved child health plan for expenditures for health services initiatives (HSI) under the plan for improving the health of children, as specified. As part of limitations on expenditures not used for Medicaid or health insurance assistance, existing federal law, with exceptions, prohibits the amount of payment that may be made for a fiscal year for HSI expenditures and other certain costs from exceeding 10% of the total amount of CHIP expenditures, as specified. Pursuant to existing state law, the department established a 3-year pilot program, from 2015 through 2017, in the County of Los Angeles that enabled school districts to allow students enrolled in Medi-Cal managed care plans to receive vision care services at the schoolsite through the use of a mobile vision service provider, limited to vision examinations and providing eyeglasses. Existing law authorizes an applicant or provider that meets the requirements to qualify as a mobile optometric office to be enrolled in the Medi-Cal program as either a mobile optometric office or within any other provider category for which the applicant or provider qualifies. Existing law defines "mobile optometric office" as a trailer, van, or other means of transportation in which the practice of optometry is performed and which is not affiliated with an approved optometry school in the state. Under existing law, the ownership and operation of a mobile optometric office is limited to a nonprofit or charitable organization, as specified, with the owner and operator registering with the California State Board of Optometry. This bill would require the department to file all necessary state plan amendments to exercise the HSI option made available under CHIP provisions to cover vision services provided to low-income children statewide through a mobile optometric office, as specified. The bill would condition implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation. Under the bill, the federal financial particip... (click bill link to see more).

Primary Sponsors

Ben Allen

Title

Minimum wages: health care workers.

Description

SB 525, Durazo. Minimum wages: health care workers. Existing law generally requires the minimum wage for all industries to not be less than specified amounts to be increased until it is \$15 per hour commencing January 1, 2022, for employers employing 26 or more employees, and commencing January 1, 2023, for employers employing 25 or fewer employees. Existing law makes a violation of minimum wage requirements a misdemeanor. This bill would establish 5 separate minimum wage schedules for covered health care employees, as defined, depending on the nature of the employer. This bill would require, for any covered health care facility employer, as defined, with 10,000 or more full-time equivalent employees (FTEE), as defined, any covered health care facility employer that is a part of an integrated health care delivery system or a health care system with 10,000 or more FTEEs, a covered health care facility employer that is a dialysis clinic or is a person that owns, controls, or operates a dialysis clinic, or a covered health facility owned, affiliated, or operated by a county with a population of more than 5,000,000 as of January 1, 2023, the minimum wage for covered health care employees to be \$23 per hour from June 1, 2024, to May 31, 2025, inclusive, \$24 per hour from June 1, 2025, to May 31, 2026, inclusive, and \$25 per hour from June 1, 2026, and until as adjusted as specified. This bill would require, for any hospital that is a hospital with a high governmental payor mix, an independent hospital with an elevated governmental payor mix, a rural independent covered health care facility, or a covered health care facility that is owned, affiliated, or operated by a county with a population of less than 250,000 as of January 1, 2023, as those terms are defined, the minimum wage for covered health care employees to be \$18 per hour from June 1, 2024, to May 31, 2033, inclusive, and \$25 per hour from June 1, 2033, and until as adjusted as specified. This bill would require, for specified clinics that meet certain requirements, the minimum wage for covered health care employees to be \$21 per hour from June 1, 2024, to May 31, 2026, inclusive, and \$22 per hour from June 1, 2026, to May 31, 2027, inclusive, and \$25 from June 1, 2027, and until as adjusted as specified. This bill would require, for all other covered health care facility employers, the minimum wage for covered health care employees to be \$21 per hour from June 1, 2024, to May 31, 2026, inclusive, \$23 per hour from June 1, 2026, to May 31, 2028, inclusive, and \$25 per hour from June 1, 2028, and until as adjusted as specified. This bill would provide that a covered health care facility that is county owned, affiliated, or operated must implement the appropriate minimum... (click bill link to see more).

Primary Sponsors

Maria Durazo

Title

Health care coverage: biosimilar drugs.

Description

SB 621, Caballero. Health care coverage: biosimilar drugs. 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 authorizes a health care service plan or health insurer that provides coverage for prescription drugs to require step therapy if there is more than one drug that is clinically appropriate for the treatment of a medical condition, but requires a plan or insurer to expeditiously grant a step therapy exception request if specified criteria are met. Existing law does not prohibit a plan, insurer, or utilization review organization from requiring an enrollee or insured to try an AB-rated generic equivalent or interchangeable biological product before providing coverage for the equivalent branded prescription drug. This bill would specify that a plan, insurer, or utilization review organization is also not prohibited from requiring an enrollee or insured to try a biosimilar before providing coverage for the equivalent branded prescription drug, but that the requirement to try biosimilar, generic, and interchangeable drugs does not prohibit or supersede a step therapy exception request.

Primary Sponsors

Anna Caballero

Bill Number
SB 770

Status
Enacted

Position
Monitor

Title

Health care: unified health care financing.

Description

SB 770, Wiener. Health care: unified health care financing. Prior state law established the Healthy California for All Commission for the purpose of developing a plan towards the goal of achieving a health care delivery system in California that provides coverage and access through a unified health care financing system for all Californians, including, among other options, a single-payer financing system. This bill would direct the Secretary of the California Health and Human Services Agency to research, develop, and pursue discussions of a waiver framework in consultation with the federal government with the objective of a health care system that incorporates specified features and objectives, including, among others, a comprehensive package of medical, behavioral health, pharmaceutical, dental, and vision benefits, and the absence of cost sharing for essential services and treatments. The bill would further require the secretary to engage specified stakeholders to provide input on topics related to discussions with the federal government and key design issues, as specified. The bill would require the secretary, no later than January 1, 2025, to provide an interim report to specified committees of the Legislature and propose statutory language to the chairs of those committees authorizing the development and submission of applications to the federal government for waivers necessary to implement a unified health care financing system. The bill would require the secretary, no later than June 1, 2025, to complete drafting the waiver framework, make the draft available to the public on the agency's internet website, and hold a 45-day public comment period thereafter. The bill would require the secretary, no later than November 1, 2025, to provide the Legislature and the Governor with a report that communicates the finalized waiver framework, as specified, and sets forth the specific elements to be included in a formal waiver application to establish a unified health care financing system, as specified. The bill would also include findings and declarations of the Legislature related to the implementation of a unified health care financing system.

Primary Sponsors

Scott Wiener, Mike McGuire

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 6:17 PM
California Association of Health Plans: Oppose

Bill Number
HR 3068

Status
In House

Position
Support

Title

Equal Health Care for All Act

Primary Sponsors

Adam Schiff

**September 2023
Grants & Sponsorships Report
October 2023 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	Golden Future Expos Inc.	Golden Future 50+ Senior Expo	9/5/2023	Sponsorship	\$ -	\$ 15,000	\$ 18,500
2	Alzheimer's Los Angeles	Making Memories Festival	9/5/2023	Sponsorship	\$ -	\$ 5,000	\$ 5,000
3	Institute for High Quality Care	2023 Quality Improvement Summit	9/5/2023	Sponsorship	\$ -	\$ 5,000	\$ 5,000
4	KJLH	Taste of Soul	9/5/2023	Sponsorship	\$ -	\$ 25,000	\$ 55,000
5	Student Health SVCS Support Fund	Salute to Student Health Awards	9/5/2023	Sponsorship	\$ -	\$ 5,000	\$ 5,000
6	Project Angel Food	Angel Awards	9/5/2023	Sponsorship	\$ -	\$ 20,000	\$ 220,000
7	California Association of Health Plans	CAHP's 37th Annual Conference	9/12/2023	Sponsorship	\$ -	\$ 6,000	\$ 11,000
8	AltaMed Foundation	2nd Annual AltaMed Tardeada	9/12/2023	Sponsorship	\$ -	\$ 5,000	\$ 5,000
9	KHEIR	Kheir's 37th Anniversary Fundraising Gala	9/12/2023	Sponsorship	\$ -	\$ 6,000	\$ 6,000
10	Vision y Compromiso	Vision y Compromiso Annual Conference	9/13/2023	Sponsorship	\$ -	\$ 14,600	\$ 14,600
11	California Association for Adult Day Services	CAADS 2023 Fall Conference	9/25/2023	Sponsorship	\$ -	\$ 2,000	\$ 2,000
12	Los Angeles Rams Foundation	Los Angeles Rams x L.A. Care Health Plan Thanksgiving Food Drive + Merchandise Bank	9/27/2023	Sponsorship	\$ -	\$ 75,000	\$ 150,000
13	Clinica Msgr. Oscar A. Romero	Clínica Romero 40th Anniversary Gala	9/27/2023	Sponsorship	\$ -	\$ 10,000	\$ 10,000
14	China Town Service Center	To recruit and support staff to develop and implement a simulation center utilizing virtual reality technology to provide staff training	9/15/2023	Ad Hoc Grant	\$ 175,000	\$ -	\$ 175,000
15	LA Family Housing	To recruit a Mental Health Specialist who will rotate between Permanent Supportive Housing (PSH) sites	9/15/2023	Ad Hoc Grant	\$ 100,000	\$ -	\$ 100,000
16	Housing Works	to recruit and support a contractor and contextual training coach to improve workforce development opportunities. Housing Works will update training curriculum and materials	9/27/2023	Ad Hoc Grant	\$ 150,000	\$ -	\$ 150,000
17	New Economics for Women	Provide culturally competent, technology-based skills training to, and placement in high-demand jobs in the technology and service sector	9/25/2023	Advancing Economic Mobility Grant	\$ 130,000	\$ -	\$ 130,000
18	The SoLa Foundation	To train and place 100 clients aged 16 - 30 years old in high demand, tech career fields through its two workforce development and certification programs	9/25/2023	Advancing Economic Mobility Grant	\$ 150,000	\$ -	\$ 150,000

19	UNITE-LA, Inc.	Train and place 175 clients aged 18 - 25 years old in clean technology jobs through the agency's Cleantech Career Academy	9/25/2023	Advancing Economic Mobility Grant	\$ 150,000	\$ -	\$ 150,000
20	A Step to Freedom	Strengthen organizational capacity to collect, track and manage data in effort to apply for long-term sustainable funding from State and Federal sources.	9/27/2023	Equity and Resilience IV Grant	\$125,000	\$ -	\$ 125,000
21	California Black Women's Health Project	Develop increased capacity to secure sustainable public sector contracts and establish an ecommerce website to produce unrestricted funding sources.	9/27/2023	Equity and Resilience IV Grant	\$125,000	\$ -	\$ 125,000
22	Creative Acts	To identify 5 long-term mission-aligned funding opportunities, prepare three applications and submit at least one to result in long-term sustainable and/or billable funding	9/27/2023	Equity and Resilience IV Grant	\$125,000	\$ -	\$ 125,000
23	Homies Unidos	To build organizational capacity to identify and develop a plan to secure long term sustainable funding to serve 2400 gang impacted youth and families.	9/27/2023	Equity and Resilience IV Grant	\$75,000	\$ -	\$ 75,000
24	Inclusive Action for the City	Will develop a program participant database that will streamline program management to help IAC track the progress of and manage service delivery to at least 200 participants per year	9/27/2023	Equity and Resilience IV Grant	\$125,000	\$ -	\$ 125,000
25	Khmer Girls in Action	To organization will try to bring on another development staff person to support their long-term sustainable funding efforts	9/27/2023	Equity and Resilience IV Grant	\$75,000	\$ -	\$ 75,000
26	Kutturan Chamoru Foundation	Pursue funding to increase clients reached through development capacity for KCF leads by increasing knowledge of long term funding opportunities with focused Staff in this area.	9/27/2023	Equity and Resilience IV Grant	\$75,000	\$ -	\$ 75,000
27	Latino Equity Alliance Latino Equality	Engage with consultants and/or advisors to identify at least 4 opportunities to support organizational growth through the development of at least 4 new titles, roles, and positions.	9/27/2023	Equity and Resilience IV Grant	\$125,000	\$ -	\$ 125,000
28	LA Commons	To support staff in efforts to diversify and establish more long-term sustainable funding	9/27/2023	Equity and Resilience IV Grant	\$125,000	\$ -	\$ 125,000
29	Southeast Asian Community Alliance	Build SEACA's development capacity by increasing knowledge of potential funding opportunities and how to prepare for applications for sustainable funding	9/27/2023	Equity and Resilience IV Grant	\$75,000	\$ -	\$ 75,000

30	SoCal PICRT	Seek out sustainable funding to support increasing outreach/education services and referrals to 40 NHPI families (160 individuals) impacted by mental/behavioral health disorders, lack of food access, and environmental justice issues	9/27/2023	Equity and Resilience IV Grant	\$75,000	\$ -	\$ 75,000
31	Stem to the Future	Conduct outreach and build relationships with key stakeholders and decisionmakers at organizations that could provide long-term funding or cover fee for service costs	9/27/2023	Equity and Resilience IV Grant	\$125,000	\$ -	\$ 125,000
Total of grants and sponsorships approved in September 2023					\$ 2,105,000	\$ 193,600	\$ 2,612,100
<p>* Per the Community Health Investment Fund (CHIF) grant agreements, the first half of the grant award is released upon receipt of a fully executed agreement. The second half of grant award is released upon expenditure of the first payment and completion of at least half of the entire project's objectives, as detailed in semiannual progress report submissions.</p>							

EXECUTIVE COMMITTEE



L.A. Care
HEALTH PLAN®

For All of L.A.

Community Benefits

2023-24 Community Health Investment Fund (CHIF) Grantmaking Priorities



Board of Governors Meeting
November 2, 2023

Shavonda Webber-Christmas, Director
Community Benefits Department



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

Community Health Investment Fund (CHIF)

Overview

- As of October 1, 2023, the CHIF Program has supported more than 979 projects for 190 unique community entities, and invested more than \$138 million in organizations caring for under-resourced communities.
- CHIF awards improve clinic's workforce and infrastructure, access to care and improved health outcomes for members, and social determinants for under-resourced communities and to strengthen the safety net.
- Motion seeks Board approval to allocate the approved \$10 million CHIF fund* across Community Benefits' Grantmaking Priorities for FY 2023-24

Grantmaking Priorities

Categories that CHIF initiative and ad hoc awards are allocated



Support the health care safety net to improve infrastructure and address disparities



Advance solutions for social determinants of health to reduce inequities



Close pervasive health disparities gaps



Empower and invest in health and social service organizations that address systemic racism

Grantmaking Priorities

Support the health care safety net to improve infrastructure and address disparities

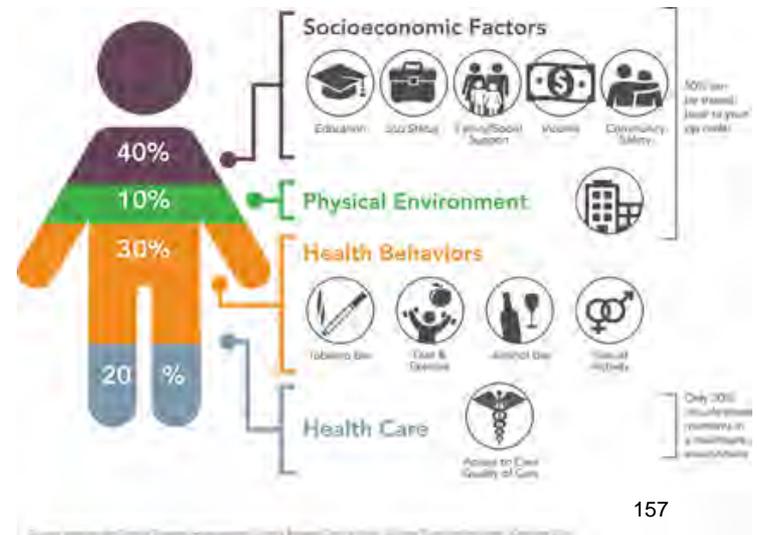
- Supports projects that address the infrastructure needs of safety net providers, including technological, personnel, and care coordination methods that enable healthcare providers to resolve broad structural and racial inequities in the health care system, and to ensure quality and equitable care and client outcomes.
- Portfolio may be distributed through initiatives such as the Robert E. Tranquada, MD Safety Net Initiative, and community initiated ad hocs, including major healthcare investments.
- Budget - \$4.45M
- Grants starting at \$100K each



Grantmaking Priorities

Advance solutions for social determinants of health to reduce inequities

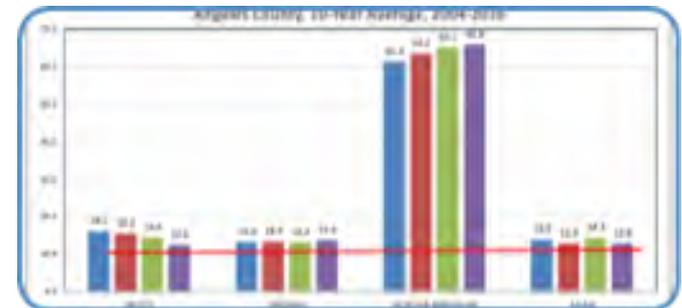
- Supports community based strategies and policy efforts to reduce health inequities associated with social determinants and improve health and wellbeing for marginalized community members. Projects impacting food and housing security, economic empowerment, and education are prioritized.
- Portfolio may be distributed through initiatives such as Advancing Economic Mobility and community initiated ad hocs that improve social determinants.
- Budget - \$2.8M
- Grants starting at \$125K each



Grantmaking Priorities

Close pervasive health disparities gaps

- Uplifts projects that directly address health disparities among under resourced populations due to race or ethnicity, sex, gender identity, age, ability, socioeconomic status, geographic location, and especially coexistent or intersectional characteristics.
- Portfolio may be distributed through initiatives such as GAINNS*, and community initiated ad hocs aligned with reducing health disparities, including data surveillance.
- Budget - \$1.5M
- Grants starting at \$125K each



*Generating African American Infant & Nurturers' Survival

Grantmaking Priorities

Empower and invest in health and social service organizations that address systemic racism.

- Supports trusted BIPOC-led and serving organizations that provide services to meet community health and social needs and address root causes of systemic injustices. Focuses on building infrastructure and capacity among agencies historically underfunded by philanthropy to resource community driven solutions to systemic racism.
- Portfolio may be organized around initiatives, such as the Equity & Resilience Initiative, and community initiated ad hocs aligned with eliminating systemic racism.
- Budget - \$1.25M
- Grant average \$125K each



Grantmaking Priorities Motion

1. Approve the recommended approach for the Community Health Investment Fund (CHIF) FY 2023-24 allocation of \$10 million in the following priority categories:

PRIORITIES PROJECTION SUMMARY		
PRIORITY/PORTFOLIO	ALLOCATION	AWARDS
Support the health care safety net to improve infrastructure and address disparities	\$4,450,000	27
Advance solutions for social determinants of health to reduce inequities	\$2,800,000	13
Close pervasive health disparities gaps	\$1,500,000	12
Empower and invest in health and social service organizations that address systemic racism	\$1,250,000	10
Total CHIF Allocation	\$10,000,000	62

2. Delegate authority to the CEO to adjust CHIF priority category amounts noted above to align with evolving community needs and requests.

Thank You



Board of Governors MOTION SUMMARY

Date: November 2, 2023

Motion No. BOG 100.1123

Committee:

Chairperson: Alvaro Ballesteros, MBA

Requesting Department: Community Benefits

Issue: This motion seeks approval for the FY 2023-24 Community Health Investment Fund (CHIF) priorities.

Funding will align with the following CHIF priorities:

1. Support the health care safety net to improve infrastructure and address disparities
2. Advance solutions for social determinants of health to reduce inequities
3. Close pervasive health disparities gaps
4. Empower and invest in health and social service organizations that address systemic racism.

Background: On September 7, 2023, the L.A. Care Board of Governors approved a CHIF funding allocation of \$10 million for Fiscal Year 2022-23 as part of the general organizational budget.

CHIF grantmaking priorities are aligned with efforts across the enterprise to ensure non-duplicative funding. Funding strategies have been vetted by internal and external organizations to determine the most appropriate strategy to impact community health and social needs. All CHIF grant applications will be rigorously examined by Community Benefits staff, a review committee composed of internal staff and/or external subject matter experts, and the Senior Director of Strategic Planning before approval is sought. The CEO's approval will be obtained prior to execution of a grant within his authority. Grant requests over \$500,000 will be brought to the Board for approval. Upon approval, a binding grant agreement will be executed with the agency to ratify the scope of work, deliverables, and terms of funding. Staff will report approved grants to the Board monthly, and provide an annual CHIF grant summary.

Member Impact: L.A. Care members will benefit from CHIF grants, which work to improve the health and wellbeing of L.A. Care's target population, including prospective members, through support to safety net providers and social service agencies. As a result of this motion, members will gain greater access to innovative, high quality, and culturally congruent care. Ultimately, CHIF grants will improve health outcomes, reduce health disparities, and minimize health and racial inequities.

Budget Impact: There is no budget impact from this motion as the \$10 million allocation was approved by the Board of Governors on September 7, 2023, as part of the general organizational budget.

Board of Governors
MOTION SUMMARY

Motion:

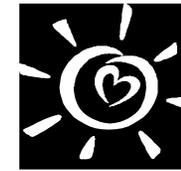
1. Approve the recommended approach for the Community Health Investment Fund (CHIF) FY 2023-24 allocation of \$10 million in the following priority categories:
 - a. Support the health care safety net to improve infrastructure and address racial disparities, recommended at \$4.45 million,
 - b. Advance solutions for social determinants of health to reduce inequities recommended at \$2.8 million,
 - c. Close pervasive health disparities gaps, recommended at \$1.5 million, and
 - d. Empower and invest in health and social service organizations that address systemic racism, recommended at \$1.25 million.
2. Delegate authority to the CEO to adjust CHIF priority category amounts noted above to align with evolving community needs and requests. All other policies and procedures related to CHIF grant making investments will remain.

BOARD OF GOVERNORS

Executive Committee

Meeting Minutes – September 27, 2023

1055 West 7th Street, 10th Floor, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

Members

- Al Ballesteros, *Chairperson*
- Ilan Shapiro MD, MBA, FAAP, FACHE, *Vice Chairperson*
- Stephanie Booth, MD, *Treasurer*
- John G. Raffoul, *Secretary*

* *Absent*

** *Via Teleconference*

Management/Staff

- John Baackes, *Chief Executive Officer*
- Sameer Amin, MD, *Chief Medical Officer*
- Terry Brown, *Chief of Human Resources*
- Linda Greenfeld, *Chief Product Officer*
- Augustavia Haydel, *General Counsel*
- Jeff Ingram, *Deputy Chief Financial Officer*
- Tom MacDougall, *Chief Technology & Information Officer*
- Thomas Mapp, *Chief Compliance Officer*
- Noah Paley, *Chief of Staff*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>CALL TO ORDER</p>	<p>Alvaro Ballesteros, MBA, <i>Chairperson</i>, called to order the regular meetings of the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee regular meetings at 2:01 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings.</p> <ul style="list-style-type: none"> • For those who provided public comment for this meeting by voice message or in writing, L.A. Care is glad that they provided input today. The Committee will hear their comments and the Committee also needs to finish the business on the Agenda today. • For people who have access to the internet, the meeting materials are available at the lacare.org website. If anyone needs information about how to locate the meeting materials, they can reach out to L.A. Care staff. • Information for public comment is on the Agenda available on the web site. Staff will read the comment received in writing from each person for up to three minutes. • Public comment will be heard before the Committee discusses an item. If the comment is not on a specific agenda item, it will be read at the general Public Comment. <p>He provided information on how to submit a comment in-person, or using the “chat” feature.</p>	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVE MEETING AGENDA	The motion for Housing & Homelessness Incentive Program Investment agreement The Agenda for today’s meeting was approved as amended.	Approved unanimously. 4 AYES (Ballesteros, Booth, Raffoul, and Shapiro)
PUBLIC COMMENT	There were no public comments.	
APPROVE MEETING MINUTES	<p>Committee Member Booth proposed amendments to the August 23, 2023 meeting minutes.</p> <p>Strike on page 4: “Board Member Booth asked how this compares to other issues L.A. Care has had to enact regarding the importance for L.A. Care’s patient care, reasonable cost, and the amount of work required in implementing the changes.”</p> <p>Add on page 4: “Board member Booth noted there seemed to be a large number of additional tasks involved with the current contract amendment. She does not have a complete understanding of DHCS’s requirements listed in the amendment, or the effort that will be required of LA Care to meet the requirements. She noted it would be helpful to know 1) what DHCS’s goals were that prompted writing the new requirements, as well as 2) the value of the intended work product related to LA Care’s Mission. The contract amendment seems to require a lot of work by health plans and she wonders if the value of the result is equivalent to the value of work needed to be completed to achieve the result. She hopes someone could explain to her whether, and how, the results might justify the effort required.”</p> <p>The minutes of the August 23, 2023 meeting were approved as amended.</p>	Approved unanimously. 4 AYES (Ballesteros, Booth, Raffoul, and Shapiro)
CHAIRPERSON’S REPORT	There was no report from the Chairperson.	
CHIEF EXECUTIVE OFFICER REPORT	John Baackes, <i>Chief Executive Officer</i> , reported L.A. Care has received the third month of data for the resumption of Medi-Cal eligibility redetermination. The number of beneficiaries that have not completed the process are placed “on hold” for 90 days. If the redetermination process is completed within the 90-day period, benefits are reinstated. The redetermination results in Los Angeles County are a bit better than the statewide results. About 40% of Medi-Cal members are determined to be eligible through an ex parte process, where data from other programs is used to qualify beneficiaries for Medi-Cal for another year and beneficiaries are notified. The remaining 60% of beneficiaries are sent information about completing the 20-page	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>redetermination packet. It is estimated that only 4% will complete the packet and have their benefits reinstated. Across California, about 21% of those packets are not completed and those beneficiaries are placed on hold for 90 days. A 70% disenrollment rate is projected, and the numbers in Los Angeles County are consistent with that number.</p> <p>It was not anticipated that there would be a significant number of new enrollment applications for Medi-Cal in Los Angeles County and statewide. L.A. Care is checking to determine whether these are prior members re-enrolling with a new application instead of using the redetermination forms. In the first three months there does not seem to be a significant number of re-enrollments among the new enrollment applications received. In the first three months of the redetermination process, about 120,000 L.A. Care members were placed on hold and there were about 96,000 new members enrolled resulting in a small net loss in members. Certified Enrollers at L.A. Care's Community Resource Centers (CRC) are helping people successfully complete the redetermination packet. Half the appointments are with people applying for Medi-Cal for the first time. We are seeing many new members among people who previously have not been eligible. This is occurring statewide, although there seems to be a little higher rate of new enrollees in Los Angeles County. There is a great deal of uncertainty in the redetermination process and whether the current enrollment trend will continue. The results of resuming the redetermination will not be known until August of 2024.</p> <p>On January 1, 2024, two things will happen:</p> <ol style="list-style-type: none"> 1. Kaiser Permanente will begin to operate under its own direct Medi-Cal contract with the State of California. The 287,000 Medi-Cal lives that are now counted as part of L.A. Care's enrollment will be transitioned to that Kaiser contract. Los Angeles County will effectively become a three-plan county, although that phrase has not been used yet. The interesting new development that has come out since the Board last met is that the state has announced the number of Medi-Cal beneficiaries will be expected for Kaiser default enrollment. Default enrollment affects about 40% of the people applying for Medi-Cal as they do not select a health plan as they enroll. California Department of Health Care Services (DHCS) has an algorithm based on quality for the default enrollment. L.A. Care currently receives 56% of that, and Health Net receives the remainder. If Kaiser is to receive a portion of the default enrollment, a question is how Kaiser's default assignment will be determined. If it were based on a quality score, Kaiser would likely have the highest quality scores, because they have the lowest acuity. DHCS has assigned a 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>number for Medi-Cal enrollment for Kaiser in each county. In Los Angeles County, Kaiser will be required to enroll 946 members by default assignment. In Kern County, the default assignment to Kaiser is 50 members. That will have a negligible effect on L.A. Care’s default assignment, and is another indication that Kaiser is being treated differently from the other health plans in the Medi-Cal managed care program in California.</p> <p>2. Health Net will have to surrender 50% of its enrollment to Molina Health, its plan partner. Health Net and Molina have a long-standing plan partner relationship; Molina currently has about 80,000 of the 1.2 million Health Net members in Los Angeles County. The statewide health plan reprocurement process conducted in 2022 was canceled at the end of 2022. Through an agreement made behind closed doors, Health Net will be required to maintain a contract with Molina, and 50% of Health Net membership will transition to Molina. Sometime this fall 550,000 people enrolled with Health Net will receive a letter that as of January 1, 2024, their Medi-Cal benefits will transition to Molina. DHCS has not definitively told other plans how this will be done, but we assume that people will be transferred based on primary care physician. Molina has been signing up every provider they can in Los Angeles County so that it has a network that matches Health Net and beneficiaries can be moved without a disruption in care. One outcome is that Molina has no bargaining power because Molina needs those providers in its network. Providers are getting top dollar reimbursement, which may become precedent that other health plans will need to match in a year or two.</p> <p>L.A. Care is not losing significant enrollment in Medi-Cal due to the redetermination process. There are many redeterminations yet to be processed. L.A. Care will continue to monitor this process, as it has repercussions on enrollment numbers and L.A. Care’s financial outlook.</p> <p>Chairperson Ballesteros asked about early enrollment through expansion of eligibility for Medi-Cal on January 1, 2024, and if any of the current new enrollment is related. Mr. Baackes responded that some beneficiaries are currently being enrolled in partial benefits and will switch to full benefits on January 1, 2024. It is estimated that there are 270,000 potentially eligible beneficiaries between the ages of 26 and 49 in Los Angeles County, and L.A. Care expects to enroll 70% of those. L.A. Care’s budget estimate was 140,000 to be enrolled, and the actual enrollment could be higher than forecast in the budget. The estimate of 270,000 was provided by DHCS, based on the partial participation. In Los Angeles County, some beneficiaries are receiving care through <i>My</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Department of Managed Health Care Enforcement Matter Report 	<p><i>Health L.A.</i> A challenge for L.A. Care is that many of those beneficiaries are currently receiving services at Los Angeles County Department of Health Services (DHS) sites or at federally qualified health centers (FQHC) and will need to be enrolled with their current primary care provider or specialty care providers. In the summer of 2022, members ages 50 and older became eligible beneficiaries for Medi-Cal, and the process for matching those new beneficiaries with existing health care providers was quite a challenge. L.A. Care has put procedures in place to simplify enrollment and preserve continuity of care. Chairperson Ballesteros commented that it would be helpful for DHS to assist FQHCs in outreach and enrollment. Mr. Baackes noted that L.A. Care could assist in facilitating that process. Chairperson Ballesteros is advocating for support through Community Clinic Association of Los Angeles County (CCALAC) to make the extra effort for support through the transition. Mr. Baackes suggested that L.A. Care could convene a meeting with CCALAC, Health Net and county representatives in this regard. Sameer Amin, MD, <i>Chief Medical Officer</i>, added that he has brought this idea to DHS a number of times and they are open to it, and there is opportunity to work together on it. Board Member Booth suggested including independent practices. Mr. Baackes agreed, and suggested including the Los Angeles County Medical Association (LACMA). He noted that if beneficiaries in the cohort are currently receiving care, likely through DHS sites and FQHCs. There may be an issue in matching an enrollee to a primary care provider other than DHS sites or with FQHCs. L.A. Care has ended default enrollment in DHS sites because of capacity.</p> <p>The report is provided for the Board member’s information concerning EM (<i>a copy of the report can be obtained by contacting Board Services</i>). The Board has delegated authority to the CEO up to \$250,000 under L.A. Care’s policy to settle threatened litigation matters, including Department of Managed Health Care (DMHC) Enforcement Matters, without Board approval. The policy requires the CEO to report the settlement to the Executive Committee and/or to the Board, before or after settlement. The settlement amounts listed in the report are within the CEO’s delegated authority.</p>	
<ul style="list-style-type: none"> Government Affairs Update 	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported:</p> <ul style="list-style-type: none"> The federal fiscal year begins on October 1 annually. In years where the US Congress has not enacted a budget or a continuing resolution that continues current funding for federal programs, there is a shut down in federal programs. It is common in past years for continuing resolutions to be enacted while the US Congress negotiates the federal budget, and shut downs are very rare. A shut down 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>did occur in 2018, lasting about one month. The US Senate will vote this week on a continuing resolution, that will extend current funding through November 17, 2023, but it is not expected to be passed through the House of Representatives. Some members of Congress have indicated that funding for Ukraine is not acceptable. It is hoped there will not be a shut down. It remains to be seen if the Speaker of the House of Representatives, Kevin McCarthy, will negotiate approval of a continuing resolution in the House.</p> <ul style="list-style-type: none"> • The effects of a potential shut down on federal programs is not yet known because of the changing situation. The Medi-Cal program has full funding until at least the first quarter of the year. However, many staff at Centers for Medicare and Medicaid Services (CMS) would be furloughed in a federal shutdown, which could hinder progress on rates, renewals, etc. L.A. Care has confirmed with CMS that no problems are anticipated with the Covered California product line in a shut down. Medicare Advantage (Dual Special Needs Plans, or D-SNPs) are also expected to be paid at the first of every month even in a shutdown, as those payments come directly from the Treasury and payments are mandated. For the Supplemental Nutrition Assistance Program (SNAP), known as Cal Fresh in California, current funding is allocated through October 31, 2023. If there is a shutdown, states may need to supplement the funding in order to operate the program. If there is a shut down, it is hoped that, as in 2018-19, a bill currently proposed in US Congress would be approved to provide three months' federal funding for Cal Fresh. • The Women, Infants and Children (WIC) program could be negatively impacted by a shutdown, as there is no funding left in this program after October 1, 2023. Continued operation of WIC in a shut down after October 1, 2023 would require funding by states. • Federal funding for benefits under Supplemental Security Income, Veteran's programs and unemployment would continue. <p>Afzal Shah, <i>Chief Financial Officer</i>, asked about the Managed Care Organization (MCO) tax and potential effects of a federal shutdown. Ms. Compartore noted that CMS staff would not be available to process approval of the MCO tax in a shut down, so the payment for the first quarter (including retroactive payments) would be in jeopardy. There is no information about where negotiations are between CMS and California representatives.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
COMMITTEE ISSUES		
Scout Exchange Contract Amendment	<p>Terry Brown, <i>Chief Human Resources Officer</i>, summarized a motion requesting approval to execute Amendment VI to the contract with Scout Exchange adding \$15,000,000 to the maximum expense, to be expended in the 2023-24 fiscal year.</p> <p>Scout provides L.A. Care with software to assist in the management of contingent workers. Using Scout streamlines the contingent workforce management process, including timecards, staffing requests and vendor management.</p> <p>We request approval to extend the contract through September 30, 2024 with an additional \$15,000,000 (for a total cost not to exceed \$63,464,908).</p> <p><u>Motion EXE 100.1023</u> To authorize staff to increase the spend of the existing purchase order, by an additional amount of \$15,000,000 not to exceed a total spend of \$63,464,908 with Scout Exchange for contingent worker vendor management services rendered through the end of the contract term on September 30, 2024.</p>	<p>Approved unanimously. 4 AYES (Ballesteros, Booth, Raffoul, and Shapiro)</p>
Amendments to L.A. Care Health Plan Retirement Benefit Plan	<p>Mr. Brown noted that the Board delegated authority for approval of this motion at its last meeting following a presentation of the potential costs by L.A. Care’s actuary. The required waiting period following that presentation has expired so the final approval is now in order.</p> <p>L.A. Care maintains the L.A. Care Health Plan Retirement Benefit Plan (the Plan), a qualified defined contribution money purchase pension plan, for the benefit of its eligible employees and their beneficiaries. The Plan was most recently restated effective January 1, 2020. Currently, the Plan requires eligible employees to complete one year of service in order to become eligible to participate in the additional employer non-elective contribution equal to 3.5% of compensation and the employer matching contribution equal to 100% of the participant’s elective contributions to the Deferred Compensation Plan up to 4% of Compensation. In order to better attract qualified employees, staff proposed to amend the Plan to eliminate the one-year-of-service requirement for eligibility to participate in the additional employer non-elective contribution and employer matching contribution. This motion seeks final approval by the Executive Committee for the changes.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Motion EXE A.0923</u> To approve the future costs of the elimination of the one-year-of-service requirement to participate in the additional employer non-elective contribution and employer matching contribution under the L.A. Care Health Plan Retirement Benefit Plan and authorize any necessary or appropriate actions to implement its decision, and to express a preference that if it decides to do so, then it consider the following actions:</p> <ol style="list-style-type: none"> 1. Approve the amendment of the L.A. Care Health Plan Retirement Plan to eliminate the one-year-of-service requirement for eligibility to participate in the additional employer non-elective contribution and employer matching contribution. 2. Authorize and direct the Chief Executive Officer to execute the amendment to the Plan to eliminate that requirement and take all other actions necessary or appropriate to implement the foregoing resolutions. 	<p>Approved unanimously. 4 AYES (Ballesteros, Booth, Raffoul, and Shapiro)</p>
<p>Human Resources Policy HR 219 (Standards of Conduct)</p>	<p>Mr. Brown then presented a motion to revise HR 219. L.A. Care Health Plan (L.A. Care) requires order, focus, discipline and rigor to succeed as an organization, and professionalism, productivity, and cooperation are required from all employees. The standards of conduct outlined in HR-219 help achieve those requirements with minor corrections and by updating language pertaining to alcohol and substance use to include functions where employees are representing L.A. Care outside working hours.</p> <p><u>Motion EXE B.0923</u> To approve the Human Resources Policy & Procedure HR-219 Standard of Conducts, as presented.</p>	<p>Approved unanimously. 4 AYES (Ballesteros, Booth, Raffoul, and Shapiro)</p>
<p>Funding for Workforce Development (EXE 101)</p>	<p>Mr. Baackes introduced a motion which results from a presentation made during the September 7, 2023 Board Meeting.</p> <p>L.A. Care has made significant financial commitments to supporting safety net workforce needs. In May 2018, L.A. Care’s Board of Governors approved an initial five-year \$155 million commitment in Board Designated Funds for its Elevating the Safety Net Initiative, which covered a range of programs including medical school scholarships, provider loan repayment, provider recruitment grants to clinics and practices, and other workforce programs. In May 2022, the Board approved a five-year</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>extension to continue investing the remaining \$61 million in some of the programs under Elevating the Safety Net through FY 2026-27.</p> <p>Much good has come from our Elevating the Safety Net (ESN) investments, including 48 students receiving medical school scholarships, 152 new physicians hired, 173 physicians awarded loan repayment assistance, 44 new residents added, 54 Community Health Workers trained and employed, among other achievements. However, additional community and safety net needs continue to emerge.</p> <p>The new Medi-Cal contract that begins on January 1, 2024 requires health plans to dedicate a percentage of annual net income to community investments. L.A. Care has consistently exceeded the required percentage. However, in the spirit of the state requirement and to further L.A. Care’s longstanding commitment to strengthening the safety net, this motion requests Board approval to add \$50 million from unassigned reserves to the initial Board Designated Fund of \$155 million for workforce development. This will assure continuity of funding through the five-year expansion commitment that the Board approved in May 2022 and will provide flexibility to address other safety net and community needs that arise in the interim.</p> <p>Board Member Raffoul asked about the potential settlement funds that may be received. Mr. Baackes reported that the funds that might be received from a settlement could provide additional funding for L.A. Care’s community benefit programs.</p> <p>Board Member Booth asked if disbursements from this fund would require Board approval. Mr. Baackes responded that the Board has approved disbursements in the past in block amounts by category and individual vendor contract expenditures. Two examples would be the Board approval of \$5 million to the Charles R. Drew University to start up the Medical School, and a similar amount to Keck Graduate Institute to start the Community Medicine Program. Member Booth asked if there were plans to fund interns and residency programs. Mr. Baackes responded that the residency program is under review. Wendy Schiffer, <i>Senior Director of Strategic Planning</i>, added that the ESN program was approved at a smaller expenditure, and programs were evaluated for effectiveness and impact. The residency portion of the original investment was not included in the second expenditure. She noted that staff could review the program for a new funding program. Mr. Baackes noted that L.A. Care is frequently asked to expand the funds allocated for provider recruitment, as the current funding for recruitment is limited to recruitment for primary care and psychiatry. The motion could allow expansion into other areas of practice. Member Booth indicated that she would like to</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>see additional data on the results of the residency grants to determine the value that was added to the safety net provider network through the program. Mr. Baackes noted that grants to a provider site are made for a particular position over three years. If the person hired leaves the position, the provider is obligated to refill the position within the three-year period. L.A. Care added to the recruitment grant the potential for the person hired to receive a monthly allocation to reduce debt from medical school tuition up to \$180,000 over three years, and if the person leaves during the three years, the allocation for medical school tuition ends. Mr. Baackes offered to provide a report to the Board on the recruitment program. Member Booth asked about the timing for a report on the L.A. Care Scholars, and Mr. Baackes indicated it would likely be eight years after the first group began medical school. Member Booth commented that reports on the locations of the Scholars for their residency will be helpful. Many residents end up settling in the community where they served their residency. Mr. Baackes has been impressed by the number of students that want to return to Los Angeles County to practice medicine, particularly those with family in Los Angeles County. Dr. Amin agreed it would be helpful and he offered to present a report at a future meeting.</p> <p><u>Motion EXE 101.1023</u> To authorize adding \$50 million from unassigned reserves to the Board Designated Fund for workforce development to address emerging safety net and community needs through FY 2026-27.</p>	<p>Approved unanimously. 4 AYES (Ballesteros, Booth, Raffoul, and Shapiro)</p>
<p>Approve Consent Agenda</p>	<p>Approve the list of items that will be considered on a Consent Agenda for October 5, 2023 Board of Governors Meeting.</p> <ul style="list-style-type: none"> • September 7, 2023 Board of Governors Retreat and Meeting Minutes • Scout Exchange Contract Amendment • Language Line Solutions Contract Extension • TierPoint Contract to provide Disaster Recovery • Cognizant/Trizetto Technology Solutions, Infosys Ltd. and Solugenix Corporation Contract Amendment for Information Technology Staff Augmentation • NICE Systems, INC. to provide an Engage Quality Monitoring Cloud Based platform with Real-Time Authentication Contract • EPlus Contract to provide Storage Service • NetCentric Technologies, Inc. Contract Amendment 	<p>Approved unanimously. 4 AYES (Ballesteros, Booth, Raffoul, and Shapiro)</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Ntooitive Contract • Ratify the re-election of Tara Ficek, MPH as Chairperson and Maryjane Puffer, BSN, MPA as Vice Chairperson of the Children’s Health Consultant Advisory Committee 	
PUBLIC COMMENTS	There were no public comments.	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Executive Committee meeting adjourned at 2:54 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i> announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 3:13 pm.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates • Plan Partner Services Agreement <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>June 2025</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four Potential Cases</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Thomas Mapp, Chief Compliance Officer, Serge Herrera, Privacy Director and Gene Magerr, Chief Information Security Officer</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> • 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 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 4:15 pm. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting adjourned at 4:28 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:

Alvaro Ballesteros, MBA, *Board Chairperson*

Date: _____

**FINANCE
&
BUDGET
COMMITTEE**



Financial Update

Board of Governors Meeting

November 2, 2023



Agenda

Financial Performance – August 2023 YTD

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

Financial Informational Updates

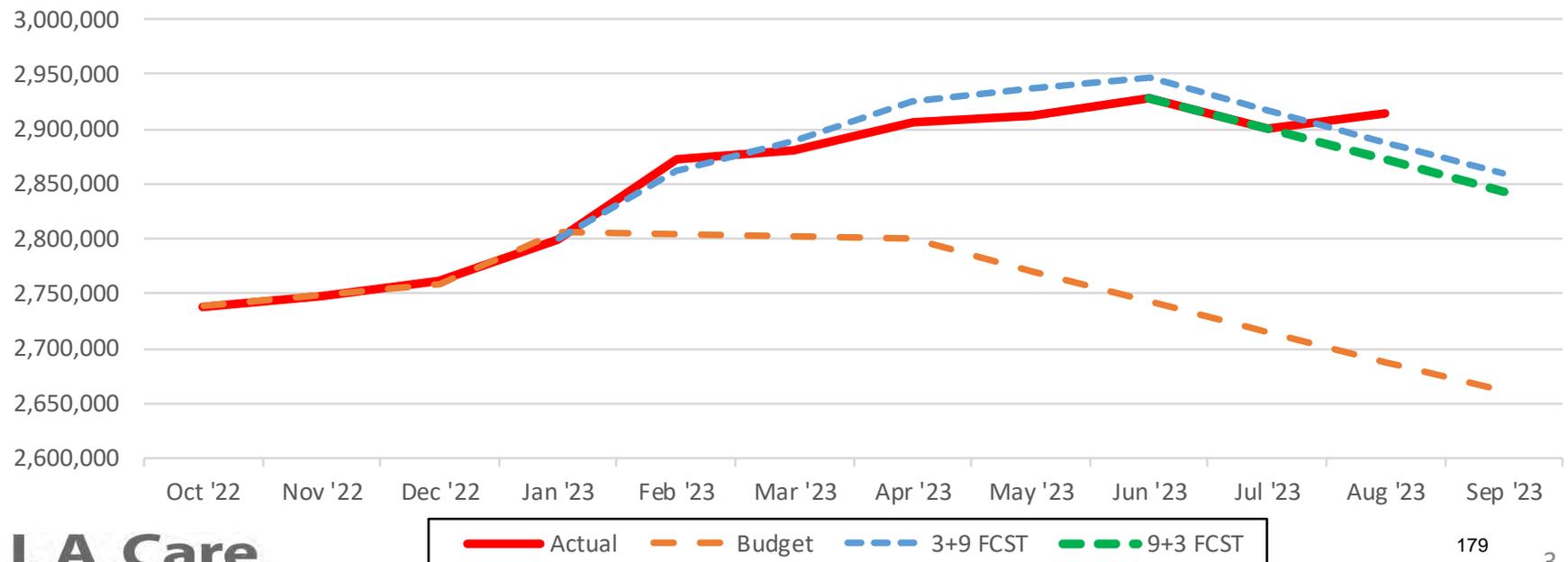
- Investment Transactions

Membership

for the 11 months ended August 2023

Sub-Segment	August 2023			Year-to-Date		
	Actual	9+3 FCST	Variance	Actual	9+3 FCST	Variance
Medi-Cal	2,737,133	2,693,614	43,519	29,422,170	29,377,683	44,487
CMC	-	-	-	51,321	51,321	-
D-SNP	18,391	18,325	66	143,908	143,844	64
LACC	128,362	130,167	(1,805)	1,346,033	1,349,809	(3,776)
PASC	48,940	49,025	(85)	543,233	543,292	(59)
*Elimination	(18,391)	(18,325)	(66)	(143,908)	(143,844)	(64)
Consolidated	2,914,435	2,872,805	41,630	31,362,757	31,322,105	40,652

*D-SNP members included in MCLA membership under CCI beginning in January 2023



Consolidated Financial Performance

for the month of August 2023

(\$ in Thousands)	Actual	9+3 FCST	Variance
Member Months	2,914,435	2,872,805	41,630
Total Revenues	\$1,020,400	\$958,388	\$62,013
Total Healthcare Expenses	\$880,415	\$878,237	(\$2,178)
Operating Margin	\$139,985	\$80,151	\$59,834
<i>Operating Margin (excl HHIP/IPP)</i>	\$74,024	\$84,384	(\$10,359)
Total Admin Expenses	\$46,103	\$44,758	(\$1,345)
Income/(Loss) from Operations	\$93,882	\$35,393	\$58,489
Non-Operating Income (Expense)	\$4,039	\$1,416	\$2,623
Net Surplus	\$97,921	\$36,809	\$61,112
<i>Net Surplus (excl HHIP/IPP)</i>	\$32,960	\$41,200	(\$8,240)

Consolidated Financial Performance

for the 11 months ended August 2023

(\$ in Thousands)	Actual	9+3 FCST	Variance
Member Months	31,362,757	31,322,105	40,652
Total Revenues	\$10,436,965	\$10,348,762	\$88,203
Total Healthcare Expenses	\$9,449,869	\$9,484,254	\$34,385
Operating Margin	\$987,096	\$864,508	\$122,587
<i>Operating Margin (excl HHIP/IPP)</i>	\$811,228	\$763,073	\$48,155
Total Admin Expenses	\$481,517	\$477,973	(\$3,544)
Income/(Loss) from Operations	\$505,579	\$386,536	\$119,043
Non-Operating Income (Expense)	\$49,768	\$39,580	\$10,189
Net Surplus	\$555,347	\$426,116	\$129,232
<i>Net Surplus (excl HHIP/IPP)</i>	\$381,691	\$325,612	\$56,079

Operating Margin by Segment

for the 11 months ended August 2023

(\$ in Thousands)

	Medi-Cal	CMC	D-SNP	LACC	PASC	Total	Total (excl HHIP/IPP)
Revenue	\$9,347,102	\$77,274	\$214,363	\$425,238	\$171,653	\$10,436,965	\$10,235,631
Healthcare Exp.	\$8,631,133	\$82,909	\$184,064	\$373,404	\$162,361	\$9,449,869	\$9,424,403
Operating Margin	\$715,969	(\$5,635)	\$30,300	\$51,835	\$9,292	\$987,096	\$811,228
MCR %	92.3%	107.3%	85.9%	87.8%	94.6%	90.5%	92.1%
9+3 FCST	92.9%	108.2%	83.5%	87.6%	96.2%	91.6%	92.5%

Key Financial Ratios

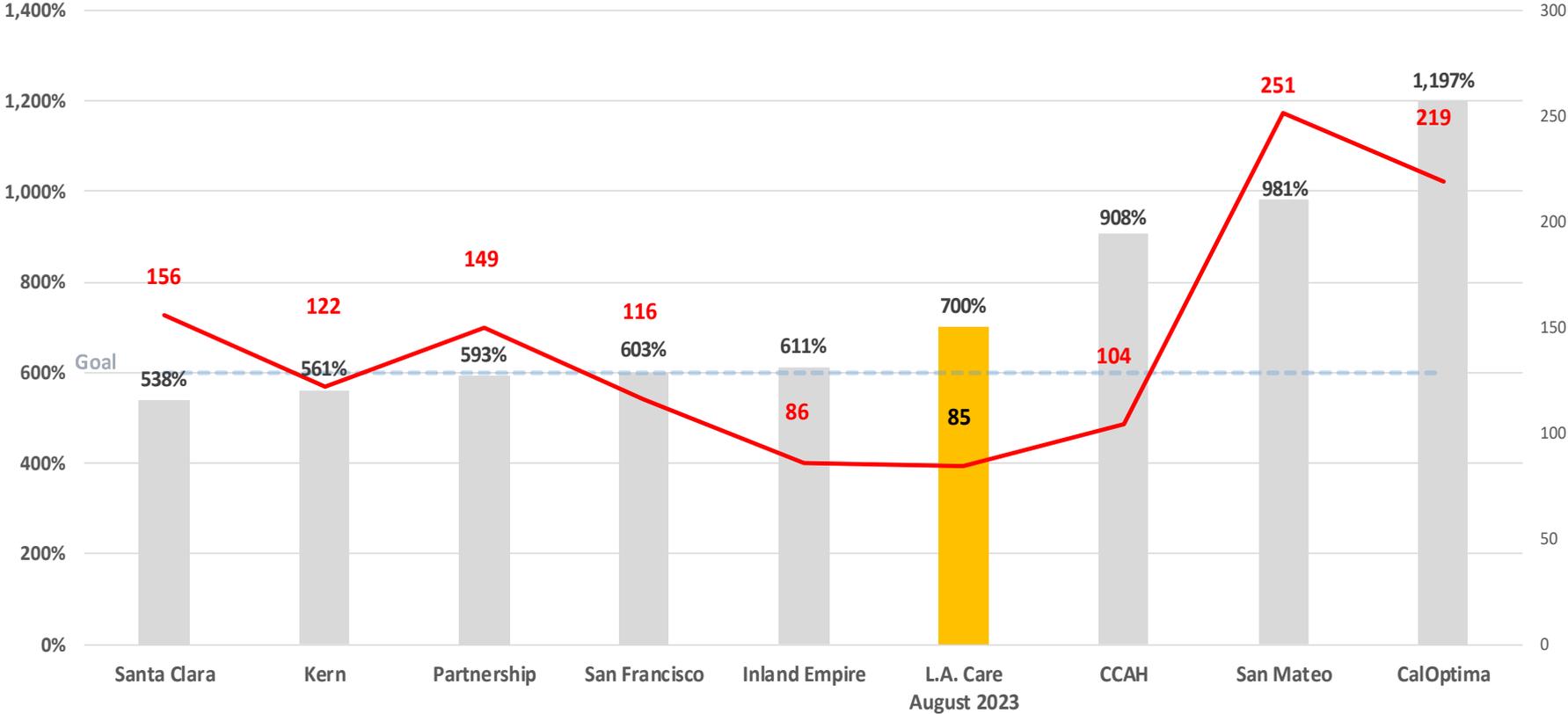
for the 11 months ended August 2023

(Excl. HHIP/IPP)	Actual	9+3 FCST	
MCR	92.1%	vs. 92.5%	✓
Admin Ratio	4.7%	vs. 4.7%	✓

	Actual	Benchmark	
Working Capital	1.34	vs. 1.00+	✓
Cash to Claims	0.77	vs. 0.75+	✓
Tangible Net Equity	7.00	vs. 1.30+	✓

Tangible Net Equity & Days of Cash On-Hand

for the 11 months ended August 2023



• As of June 2023 Quarterly filings, unless noted otherwise.

Questions & Consideration

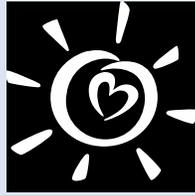
Motion

- To accept the Financial Reports for the eleven months ended August 31, 2023, as submitted.

Informational Items

Investment Transactions

- As of August 31, 2023, L.A. Care's total investment market value was \$2.1B
 - \$2.0B managed by Payden & Rygel and New England Asset Management (NEAM)
 - \$35M in Local Agency Investment Fund
 - \$79M in Los Angeles County Pooled Investment Fund



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: October 25, 2023

Motion No. FIN 102.1123

Committee: Finance & Budget

Chairperson: Stephanie Booth, MD

Requesting Department: Accounts & Finance Services

New Contract Amendment Sole Source RFP/RFQ was conducted

Issue: Acceptance of the Financial Reports for August 2023.

Background: N/A

Member Impact: N/A

Budget Impact: N/A

Motion: To accept the Financial Reports for July 2023, as submitted.



L.A. Care
HEALTH PLAN®

Financial Performance
August 2023
(Unaudited)

Overall

The combined August YTD member months are 31.4M, +41K favorable to the 9+3 forecast. YTD financial performance resulted in a surplus of +\$555.3M or 5.3% margin and is +\$129.2M/+120bps favorable to forecast. YTD forecast favorability is driven by revenue +\$88.2M related to prior period program reconciliation adjustments, prior period revenue rate and RAF adjustments, lower inpatient +\$39.2M and outpatient +\$14.2M claims, lower skilled nursing facility costs +\$12.5M, higher interest income +\$10.1M, and timing of grant spend; partially offset by higher capitation expenses (\$22.7M), higher pharmacy costs (\$6.3M), and higher operating expenses (\$3.5M). Operating expenses will likely exceed the 9+3 forecast for the remainder of the fiscal year.

Medi-Cal

Medi-Cal consists of members through our contracted providers and our contracted health plans ("Plan Partners"). August YTD member months are 29.4M, +44K favorable to forecast. YTD financial performance resulted in a surplus of +\$410.3M, +\$58.4M favorable to forecast, driven by lower inpatient +\$33.4M and outpatient +\$21.4M claims, lower skilled nursing facility costs +\$14.2M, higher revenue +\$12M related to prior period program reconciliation adjustments, prior period revenue rate and RAF adjustments, and higher interest income +\$10.3M; partially offset by higher capitation (\$28.4M) and operating (\$3.7M) expenses due to January 2023 adjustments for Plan Partners.

Cal MediConnect (CMC)

Effective January 1, 2023, members enrolled in CMC have been transitioned to our D-SNP plan. August YTD member months are 51,321, flat to forecast. YTD financial performance resulted in a deficit of (\$8.1M), +\$1.3M favorable to the forecast, primarily driven by lower inpatient (+\$0.9M) and outpatient (+0.4M) claims as these expenses have been transitioned to D-SNP plan.

D-SNP

January 2023 was the first month of the D-SNP plan as the CMC members were transitioned into this product. The August YTD member months are 143,908, flat to forecast. YTD financial performance resulted in a surplus of +\$17.7M, (\$4.8M) unfavorable to forecast, driven by higher outpatient (\$3.7M) and inpatient (\$2.9M) claims, increased pharmacy cost (\$3.3M), and higher skilled nursing facility costs (\$1.3M); partially offset by higher revenue +\$5.4M due to RAF and risk share adjustments and timing of provider incentive.

Commercial

L.A. Care Commercial consists of LACC and PASC-SEIU. The August YTD member months are 1.9M, unfavorable (4K) to forecast. YTD financial performance resulted in a deficit of (\$15.4M), +\$1.9M favorable to forecast, driven by lower inpatient claims +\$8.5M and capitation expenses +\$3.5M; partially offset by higher outpatient claims (\$5.6M) and pharmacy costs (\$2.9M).

Incentive Programs

L.A. Care Incentive Programs consist of CalAIM Incentive Payment Program (IPP) and Housing and Homelessness Incentive Program (HHIP). The August YTD surplus of +\$173.7M, +\$73.2M favorable to forecast, is primarily driven by revenue recognition related to the DHCS investment plan submission and revenue earned from measurement periods 1 and 2.



Consolidated Operations Income Statement (\$ in thousands)

August 2023

Current Actual		Current Forecast		Fav(Unfav) Forecast		YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
2,914,435		2,872,805		41,630							
Membership											
Member Months											
						31,362,757		31,322,105		40,652	
Revenue											
Capitation											
\$ 1,020,400	\$ 350.12	\$ 958,388	\$ 333.61	\$ 62,013	\$ 16.51	\$ 10,436,965	\$ 332.78	\$ 10,348,762	\$ 330.40	\$ 88,203	\$ 2.38
\$ 1,020,400	\$ 350.12	\$ 958,388	\$ 333.61	\$ 62,013	\$ 16.51	\$ 10,436,965	\$ 332.78	\$ 10,348,762	\$ 330.40	\$ 88,203	\$ 2.38
Total Revenues											
Healthcare Expenses											
Capitation											
\$ 524,874	\$ 180.09	\$ 510,792	\$ 177.80	\$ (14,083)	\$ (2.29)	\$ 5,510,118	\$ 175.69	\$ 5,487,432	\$ 175.19	\$ (22,685)	\$ (0.50)
\$ 114,102	\$ 39.15	\$ 124,877	\$ 43.47	\$ 10,776	\$ 4.32	\$ 1,341,096	\$ 42.76	\$ 1,380,298	\$ 44.07	\$ 39,203	\$ 1.31
\$ 115,577	\$ 39.66	\$ 113,127	\$ 39.38	\$ (2,450)	\$ (0.28)	\$ 1,232,061	\$ 39.28	\$ 1,246,309	\$ 39.79	\$ 14,248	\$ 0.51
\$ 88,457	\$ 30.35	\$ 96,847	\$ 33.71	\$ 8,391	\$ 3.36	\$ 1,022,185	\$ 32.59	\$ 1,034,708	\$ 33.03	\$ 12,522	\$ 0.44
\$ 17,005	\$ 5.83	\$ 12,210	\$ 4.25	\$ (4,794)	\$ (1.58)	\$ 133,004	\$ 4.24	\$ 126,752	\$ 4.05	\$ (6,251)	\$ (0.19)
\$ 8,831	\$ 3.03	\$ 11,353	\$ 3.95	\$ 2,521	\$ 0.92	\$ 116,100	\$ 3.70	\$ 116,799	\$ 3.73	\$ 699	\$ 0.03
\$ 11,569	\$ 3.97	\$ 9,031	\$ 3.14	\$ (2,538)	\$ (0.83)	\$ 95,306	\$ 3.04	\$ 91,954	\$ 2.94	\$ (3,352)	\$ (0.10)
\$ 880,415	\$ 302.09	\$ 878,237	\$ 305.71	\$ (2,178)	\$ 3.62	\$ 9,449,869	\$ 301.31	\$ 9,484,254	\$ 302.80	\$ 34,385	\$ 1.49
86.3%		91.6%		5.4%		90.5%		91.6%		1.1%	
\$ 139,985	\$ 48.03	\$ 80,151	\$ 27.90	\$ 59,834	\$ 20.13	\$ 987,096	\$ 31.47	\$ 864,508	\$ 27.60	\$ 122,587	\$ 3.87
Operating Margin											
\$ 46,103	\$ 15.82	\$ 44,758	\$ 15.58	\$ (1,345)	\$ (0.24)	\$ 481,517	\$ 15.35	\$ 477,973	\$ 15.26	\$ (3,544)	\$ (0.09)
4.5%		4.7%		0.2%		4.6%		4.6%		0.0%	
\$ 93,882	\$ 32.21	\$ 35,393	\$ 12.32	\$ 58,489	\$ 19.89	\$ 505,579	\$ 16.12	\$ 386,536	\$ 12.34	\$ 119,043	\$ 3.78
Total Operating Expenses											
Admin Ratio(%)											
Income (Loss) from Operations											
Other Income/(Expense), net											
\$ (5,718)	\$ (1.96)	\$ (3,693)	\$ (1.29)	\$ (2,025)	\$ (0.68)	\$ (43,615)	\$ (1.39)	\$ (42,199)	\$ (1.35)	\$ (1,416)	\$ (0.04)
\$ 9,608	\$ 3.30	\$ 5,109	\$ 1.78	\$ 4,499	\$ 1.52	\$ 86,730	\$ 2.77	\$ 76,665	\$ 2.45	\$ 10,065	\$ 0.32
\$ (468)	\$ (0.16)	\$ -	\$ -	\$ (468)	\$ (0.16)	\$ (2,062)	\$ (0.07)	\$ (1,562)	\$ (0.05)	\$ (500)	\$ (0.02)
\$ 617	\$ 0.21	\$ -	\$ -	\$ 617	\$ 0.21	\$ 8,715	\$ 0.28	\$ 6,675	\$ 0.21	\$ 2,040	\$ 0.06
\$ 4,039	\$ 1.39	\$ 1,416	\$ 0.49	\$ 2,623	\$ 0.89	\$ 49,768	\$ 1.59	\$ 39,580	\$ 1.26	\$ 10,189	\$ 0.32
Total Non-Operating Income (Expense)											
Net Surplus (Deficit)											
\$ 97,921	\$ 33.60	\$ 36,809	\$ 12.81	\$ 61,112	\$ 20.79	\$ 555,347	\$ 17.71	\$ 426,116	\$ 13.60	\$ 129,232	\$ 4.10
9.6%		3.8%		5.8%		5.3%		4.1%		1.2%	
Margin(%)											



Total Medi-Cal Income Statement (\$ in thousands)

August 2023

Current Actual		Current Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM
2,737,133		2,693,614		43,519	
\$ 871,047	\$ 318.23	\$ 876,332	\$ 325.34	\$ (5,284)	\$ (7.10)
\$ 871,047	\$ 318.23	\$ 876,332	\$ 325.34	\$ (5,284)	\$ (7.10)
\$ 495,098	\$ 180.88	\$ 479,598	\$ 178.05	\$ (15,500)	\$ (2.83)
\$ 96,603	\$ 35.29	\$ 109,274	\$ 40.57	\$ 12,671	\$ 5.27
\$ 98,589	\$ 36.02	\$ 101,883	\$ 37.82	\$ 3,293	\$ 1.80
\$ 87,848	\$ 32.09	\$ 96,847	\$ 35.95	\$ 8,999	\$ 3.86
\$ (1)	\$ (0.00)	\$ -	\$ -	\$ 1	\$ 0.00
\$ 4,947	\$ 1.81	\$ 5,283	\$ 1.96	\$ 336	\$ 0.15
\$ 10,722	\$ 3.92	\$ 8,024	\$ 2.98	\$ (2,698)	\$ (0.94)
\$ 793,807	\$ 290.01	\$ 800,910	\$ 297.34	\$ 7,103	\$ 7.32
91.1%		91.4%		0.3%	
\$ 77,241	\$ 28.22	\$ 75,422	\$ 28.00	\$ 1,819	\$ 0.22
\$ 37,554	\$ 13.72	\$ 36,074	\$ 13.39	\$ (1,481)	\$ (0.33)
4.3%		4.1%		-0.2%	
\$ 39,686	\$ 14.50	\$ 39,348	\$ 14.61	\$ 338	\$ (0.11)
\$ 9,400	\$ 3.43	\$ 4,629	\$ 1.72	\$ 4,771	\$ 1.72
\$ 49,086	\$ 17.93	\$ 43,977	\$ 16.33	\$ 5,109	\$ 1.61
5.6%		5.0%		0.6%	

	YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
	\$	PMPM	\$	PMPM	\$	PMPM
Membership						
Member Months	29,422,170		29,377,683		44,487	
Revenue						
Capitation	\$ 9,347,102	\$ 317.69	\$ 9,335,141	\$ 317.76	\$ 11,961	\$ (0.07)
Total Revenues	\$ 9,347,102	\$ 317.69	\$ 9,335,141	\$ 317.76	\$ 11,961	\$ (0.07)
Healthcare Expenses						
Capitation	\$ 5,188,626	\$ 176.35	\$ 5,160,248	\$ 175.65	\$ (28,377)	\$ (0.70)
Inpatient Claims	\$ 1,164,511	\$ 39.58	\$ 1,197,881	\$ 40.78	\$ 33,370	\$ 1.20
Outpatient Claims	\$ 1,100,462	\$ 37.40	\$ 1,121,879	\$ 38.19	\$ 21,417	\$ 0.79
Skilled Nursing Facility	\$ 1,009,331	\$ 34.31	\$ 1,023,491	\$ 34.84	\$ 14,161	\$ 0.53
Pharmacy	\$ 399	\$ 0.01	\$ 401	\$ 0.01	\$ 2	\$ 0.00
Provider Incentives and Shared Risk	\$ 78,732	\$ 2.68	\$ 80,246	\$ 2.73	\$ 1,515	\$ 0.06
Medical Administrative Expenses	\$ 89,072	\$ 3.03	\$ 85,452	\$ 2.91	\$ (3,620)	\$ (0.12)
Total Healthcare Expenses	\$ 8,631,133	\$ 293.35	\$ 8,669,600	\$ 295.11	\$ 38,467	\$ 1.75
MCR(%)	92.3%		92.9%		0.5%	
Operating Margin	\$ 715,969	\$ 24.33	\$ 665,541	\$ 22.65	\$ 50,429	\$ 1.68
Total Operating Expenses	\$ 385,268	\$ 13.09	\$ 381,607	\$ 12.99	\$ (3,661)	\$ (0.10)
Admin Ratio(%)	4.1%		4.1%		0.0%	
Income (Loss) from Operations	\$ 330,701	\$ 11.24	\$ 283,934	\$ 9.66	\$ 46,768	\$ 1.57
Total Non-Operating Income (Expense)	\$ 79,599	\$ 2.71	\$ 67,968	\$ 2.31	\$ 11,631	\$ 0.39
Net Surplus (Deficit)	\$ 410,301	\$ 13.95	\$ 351,902	\$ 11.98	\$ 58,399	\$ 1.97
Margin(%)	4.4%		3.8%		0.6%	



CMC Income Statement (\$ in thousands)

August 2023

Current Actual		Current Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM
-				-	
\$ (63)	N/A	\$ -	N/A	\$ (63)	N/A
<u>\$ (63)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ (63)</u>	<u>\$ -</u>
\$ (32)	N/A	\$ -	N/A	\$ 32	N/A
\$ 126	N/A	\$ -	N/A	\$ (126)	N/A
\$ (254)	N/A	\$ -	N/A	\$ 254	N/A
\$ (65)	N/A	\$ -	N/A	\$ 65	N/A
\$ (4)	N/A	\$ -	N/A	\$ 4	N/A
\$ -	N/A	\$ -	N/A	\$ -	N/A
\$ 203	N/A	\$ -	N/A	\$ (203)	N/A
<u>\$ (27)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 27</u>	<u>\$ -</u>
43.1%		0.0%		-43.1%	
\$ (36)	\$ -	\$ -	\$ -	\$ (36)	\$ -
<u>\$ (113)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 113</u>	<u>\$ -</u>
179.1%		0.0%		-179.1%	
\$ 77	\$ -	\$ -	\$ -	\$ 77	\$ -
<u>\$ 355</u>	<u>N/A</u>	<u>\$ -</u>	<u>N/A</u>	<u>\$ 355</u>	<u>N/A</u>
\$ 432	N/A	\$ -	N/A	\$ 432	N/A
-686.8%		0.0%		-686.8%	

	YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
	\$	PMPM	\$	PMPM	\$	PMPM
Membership						
Member Months	51,321		51,321		-	
Revenue						
Capitation	\$ 77,274	\$ 1,505.71	\$ 77,319	\$ 1,506.57	\$ (44)	\$ (0.86)
Total Revenues	<u>\$ 77,274</u>	<u>\$ 1,505.71</u>	<u>\$ 77,319</u>	<u>\$ 1,506.57</u>	<u>\$ (44)</u>	<u>\$ (0.86)</u>
Healthcare Expenses						
Capitation	\$ 31,403	\$ 611.90	\$ 31,439	\$ 612.60	\$ 36	\$ 0.70
Inpatient Claims	\$ 24,030	\$ 468.22	\$ 24,909	\$ 485.36	\$ 880	\$ 17.14
Outpatient Claims	\$ 10,542	\$ 205.42	\$ 10,904	\$ 212.46	\$ 361	\$ 7.04
Skilled Nursing Facility	\$ 7,323	\$ 142.68	\$ 7,208	\$ 140.44	\$ (115)	\$ (2.24)
Pharmacy	\$ (3,736)	\$ (72.79)	\$ (3,775)	\$ (73.55)	\$ (39)	\$ (0.76)
Provider Incentives and Shared Risk	\$ 11,174	\$ 217.72	\$ 11,174	\$ 217.72	\$ -	\$ -
Medical Administrative Expenses	\$ 2,173	\$ 42.34	\$ 1,795	\$ 34.97	\$ (378)	\$ (7.37)
Total Healthcare Expenses	<u>\$ 82,909</u>	<u>\$ 1,615.50</u>	<u>\$ 83,653</u>	<u>\$ 1,630.00</u>	<u>\$ 744</u>	<u>\$ 14.50</u>
MCR(%)	107.3%		108.2%		0.9%	
Operating Margin	\$ (5,635)	\$ (109.79)	\$ (6,334)	\$ (123.43)	\$ 700	\$ 13.64
Total Operating Expenses	\$ 5,856	\$ 114.11	\$ 5,628	\$ 109.67	\$ (228)	\$ (4.44)
Admin Ratio(%)	7.6%		7.3%		-0.3%	
Income (Loss) from Operations	<u>\$ (11,491)</u>	<u>\$ (223.90)</u>	<u>\$ (11,963)</u>	<u>\$ (233.10)</u>	<u>\$ 472</u>	<u>\$ 9.20</u>
Total Non-Operating Income (Expense)	<u>\$ 3,440</u>	<u>\$ 67.02</u>	<u>\$ 2,646</u>	<u>\$ 51.55</u>	<u>\$ 794</u>	<u>\$ 15.47</u>
Net Surplus (Deficit)	<u>\$ (8,051)</u>	<u>\$ (156.87)</u>	<u>\$ (9,317)</u>	<u>\$ (181.55)</u>	<u>\$ 1,266</u>	<u>\$ 24.68</u>
Margin(%)	-10.4%		-12.1%		1.6%	



D-SNP Income Statement (\$ in thousands)

August 2023

Current Actual		Current Forecast		Fav(Unfav) Forecast		YTD Actual		YTD Forecast		Fav(Unfav) Forecast		
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	
18,391		18,325		66								
\$ 26,229	\$ 1,426.17	\$ 25,404	\$ 1,386.34	\$ 824	\$ 39.84					\$ 5,398	\$ 36.86	
\$ 26,229	\$ 1,426.17	\$ 25,404	\$ 1,386.34	\$ 824	\$ 39.84					\$ 5,398	\$ 36.86	
\$ 11,459	\$ 623.07	\$ 11,086	\$ 604.94	\$ (373)	\$ (18.12)	Membership						
\$ 8,756	\$ 476.10	\$ 6,427	\$ 350.72	\$ (2,329)	\$ (125.38)	Member Months	143,908	143,844	64			
\$ 6,790	\$ 369.18	\$ 2,754	\$ 150.28	\$ (4,036)	\$ (218.90)	Revenue						
\$ 575	\$ 31.27	\$ -	\$ -	\$ (575)	\$ (31.27)	Capitation	\$ 214,363	\$ 1,489.59	\$ 208,966	\$ 1,452.72	\$ 5,398	\$ 36.86
\$ 4,806	\$ 261.30	\$ 1,288	\$ 70.27	\$ (3,518)	\$ (191.03)	Total Revenues	\$ 214,363	\$ 1,489.59	\$ 208,966	\$ 1,452.72	\$ 5,398	\$ 36.86
\$ 793	\$ 43.09	\$ 927	\$ 50.60	\$ 135	\$ 7.50	Healthcare Expenses						
\$ 118	\$ 6.42	\$ 480	\$ 26.17	\$ 362	\$ 19.75	Capitation	\$ 81,081	\$ 563.42	\$ 81,607	\$ 567.33	\$ 527	\$ 3.91
\$ 33,296	\$ 1,810.43	\$ 22,961	\$ 1,252.98	\$ (10,335)	\$ (557.45)	Inpatient Claims	\$ 54,377	\$ 377.86	\$ 51,492	\$ 357.97	\$ (2,885)	\$ (19.89)
126.9%		90.4%		-36.6%		Outpatient Claims	\$ 25,342	\$ 176.10	\$ 21,622	\$ 150.31	\$ (3,720)	\$ (25.78)
\$ (7,067)	\$ (384.26)	\$ 2,444	\$ 133.36	\$ (9,511)	\$ (517.61)	Skilled Nursing Facility	\$ 4,231	\$ 29.40	\$ 2,914	\$ 20.26	\$ (1,317)	\$ (9.14)
\$ 1,733	\$ 94.23	\$ 1,514	\$ 82.61	\$ (219)	\$ (11.62)	Pharmacy	\$ 12,163	\$ 84.52	\$ 8,850	\$ 61.53	\$ (3,313)	\$ (22.99)
6.6%		6.0%		-0.6%		Provider Incentives and Shared Risk	\$ 5,611	\$ 38.99	\$ 5,978	\$ 41.56	\$ 367	\$ 2.57
\$ (8,800)	\$ (478.48)	\$ 930	\$ 50.75	\$ (9,730)	\$ (529.23)	Medical Administrative Expenses	\$ 1,260	\$ 8.75	\$ 1,982	\$ 13.78	\$ 722	\$ 5.03
\$ -	\$ -	\$ 163	\$ 8.89	\$ (163)	\$ (8.89)	Total Healthcare Expenses	\$ 184,064	\$ 1,279.04	\$ 174,445	\$ 1,212.74	\$ (9,619)	\$ (66.30)
\$ (8,800)	\$ (478.48)	\$ 1,093	\$ 59.64	\$ (9,893)	\$ (538.12)	<i>MCR(%)</i>	85.9%	83.5%	-2.4%			
-33.6%		4.3%		-37.9%		Operating Margin	\$ 30,300	\$ 210.55	\$ 34,521	\$ 239.99	\$ (4,221)	\$ (29.44)
						Total Operating Expenses	\$ 12,556	\$ 87.25	\$ 12,314	\$ 85.61	\$ (242)	\$ (1.64)
						<i>Admin Ratio(%)</i>	5.9%	5.9%	0.0%			
						Income (Loss) from Operations	\$ 17,744	\$ 123.30	\$ 22,207	\$ 154.38	\$ (4,463)	\$ (31.08)
						Total Non-Operating Income (Expense)	\$ -	\$ -	\$ 326	\$ 2.27	\$ (326)	\$ (2.27)
						Net Surplus (Deficit)	\$ 17,744	\$ 123.30	\$ 22,532	\$ 156.65	\$ (4,789)	\$ (33.35)
						<i>Margin(%)</i>	8.3%	10.8%	-2.5%			



Comparative Balance Sheet

(Dollars in thousands)	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
ASSETS												
CURRENT ASSETS												
Total Current Assets	\$5,663,469	\$5,084,708	\$5,172,416	\$5,211,120	\$5,469,816	\$5,452,064	\$7,027,117	\$5,699,958	\$5,932,683	\$5,763,647	\$5,701,638	\$5,744,437
Capitalized Assets - net	\$98,723	\$98,849	\$98,849	\$92,230	\$95,333	\$96,465	\$99,515	\$100,173	\$99,824	\$102,476	\$105,432	\$108,420
NONCURRENT ASSETS												
	\$2,129	\$2,006	\$1,946	\$1,946	\$1,531	\$1,033	\$1,556	\$1,401	\$1,288	\$1,191	\$1,088	\$3,435
TOTAL ASSETS	\$5,833,900	\$5,255,144	\$5,342,529	\$5,377,377	\$5,635,100	\$5,616,811	\$7,193,822	\$5,865,711	\$6,096,530	\$5,928,393	\$5,869,282	\$5,915,949
LIABILITIES AND FUND EQUITY												
CURRENT LIABILITIES												
Total Current Liability	\$4,746,546	\$4,148,776	\$4,249,831	\$4,253,401	\$4,493,204	\$4,388,975	\$5,909,168	\$4,500,566	\$4,680,664	\$4,493,604	\$4,324,057	\$4,272,753
Long Term Liability	\$0	(\$9)	\$38	(\$2,775)	(\$2,781)	(\$2,731)	(\$2,681)	(\$2,575)	(\$2,524)	(\$2,530)	\$445	\$495
Total Liabilities	\$4,746,546	\$4,148,767	\$4,249,869	\$4,250,626	\$4,490,424	\$4,386,245	\$5,906,488	\$4,497,992	\$4,678,140	\$4,491,073	\$4,324,502	\$4,273,248
FUND EQUITY												
Invested in Capital Assets, net of related debt	\$98,723	\$98,849	\$98,849	\$92,230	\$95,333	\$96,465	\$99,515	\$100,173	\$99,824	\$102,476	\$105,432	\$108,420
Restricted Equity	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600
Minimum Tangible Net Equity	\$207,029	\$206,981	\$206,981	\$208,364	\$212,637	\$214,911	\$218,383	\$219,432	\$230,007	\$234,133	\$233,508	\$234,540
Board Designated Funds	\$104,822	\$113,719	\$107,669	\$106,809	\$103,706	\$100,888	\$98,646	\$94,807	\$92,624	\$98,903	\$96,657	\$92,390
Unrestricted Net Assets	\$676,180	\$686,228	\$678,561	\$718,747	\$732,399	\$817,702	\$870,190	\$952,707	\$995,335	\$1,001,207	\$1,108,583	\$1,206,751
Total Fund Equity	\$1,087,354	\$1,106,377	\$1,092,660	\$1,126,751	\$1,144,676	\$1,230,566	\$1,287,334	\$1,367,719	\$1,418,390	\$1,437,319	\$1,544,780	\$1,642,701
TOTAL LIABILITIES AND FUND EQUITY	\$5,833,900	\$5,255,144	\$5,342,529	\$5,377,377	\$5,635,100	\$5,616,811	\$7,193,822	\$5,865,711	\$6,096,530	\$5,928,393	\$5,869,282	\$5,915,949
Solvency Ratios												
Working Capital Ratio	1.19	1.23	1.22	1.23	1.22	1.24	1.19	1.27	1.27	1.28	1.32	1.34
Cash to Claims Ratio	0.63	0.46	0.48	0.48	0.54	0.51	0.88	0.64	0.67	0.68	0.72	0.77
Tangible Net Equity Ratio	5.25	5.35	5.28	5.41	5.38	5.73	5.89	6.23	6.17	6.14	6.62	7.00



Cash Flows Statement (\$ in thousands)

August 2023

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	YTD
Cash Flows from Operating Activities:												
Capitation Revenue	\$ 763,710	\$ 817,194	\$ 840,632	\$ 1,017,855	\$ 803,604	\$ 1,185,273	\$ 969,307	\$ 1,069,372	\$ 1,074,209	\$ 1,007,219	\$ 1,163,061	\$ 10,711,436
Other Income (Expense), net	\$ 6,284	\$ (1,516)	\$ 6,286	\$ 788	\$ 3,433	\$ 2,910	\$ 10,472	\$ 5,794	\$ 3,259	\$ 5,220	\$ 2,258	\$ 45,188
Healthcare Expenses	\$ (737,336)	\$ (716,891)	\$ (781,483)	\$ (839,834)	\$ (651,002)	\$ (878,499)	\$ (672,951)	\$ (908,413)	\$ (1,180,804)	\$ (813,702)	\$ (854,318)	\$ (9,035,233)
Operating Expenses	\$ (29,792)	\$ (36,802)	\$ (54,221)	\$ (29,955)	\$ (37,060)	\$ (48,926)	\$ (31,299)	\$ (51,083)	\$ (41,596)	\$ (38,732)	\$ (44,103)	\$ (443,569)
Net Cash Provided By Operating Activities	\$ 2,866	\$ 61,985	\$ 11,214	\$ 148,854	\$ 118,975	\$ 260,758	\$ 275,529	\$ 115,670	\$ (144,932)	\$ 160,005	\$ 266,898	\$ 1,277,822
Cash Flows from Investing Activities												
Purchase of investments - Net	\$ (65,406)	\$ (114,037)	\$ (94,704)	\$ (57,274)	\$ (57,555)	\$ 152,854	\$ (9,712)	\$ (127,718)	\$ (17,103)	\$ (324,584)	\$ 100,346	\$ (614,893)
Purchase of Capital Assets	\$ (2,036)	\$ (1,650)	\$ (1,538)	\$ (2,652)	\$ (3,361)	\$ (4,585)	\$ (2,356)	\$ (1,632)	\$ (4,317)	\$ (6,386)	\$ (4,761)	\$ (35,274)
Net Cash Provided By Investing Activities	\$ (67,442)	\$ (115,687)	\$ (96,242)	\$ (59,926)	\$ (60,916)	\$ 148,269	\$ (12,068)	\$ (129,350)	\$ (21,420)	\$ (330,970)	\$ 95,585	\$ (650,167)
Cash Flows from Financing Activities:												
Lease Payment - Capital & ROU	\$ -	\$ -	\$ -	\$ (2,833)	\$ (1,171)	\$ (1,713)	\$ (1,454)	\$ (1,444)	\$ (1,517)	\$ 45	\$ (1,467)	\$ (11,554)
Gross Premium Tax (MCO Sales Tax) - Net	\$ (39,300)	\$ 25,277	\$ 16,069	\$ (34,639)	\$ 21,457	\$ (109)	\$ 15,639	\$ 33	\$ 17,670	\$ (119)	\$ -	\$ 21,978
Pass through transactions (AB 85, IGT, etc.)	\$ (575,356)	\$ 12	\$ (15,957)	\$ 135,967	\$ (131,768)	\$ 1,194,616	\$ (1,187,876)	\$ (4,944)	\$ (721)	\$ (408)	\$ (49,970)	\$ (636,405)
Net Cash Provided By Financing Activities	\$ (614,656)	\$ 25,289	\$ 112	\$ 98,495	\$ (111,482)	\$ 1,192,794	\$ (1,173,691)	\$ (6,355)	\$ 15,432	\$ (482)	\$ (51,437)	\$ (625,981)
Net Increase in Cash and Cash Equivalents	\$ (679,232)	\$ (28,413)	\$ (84,916)	\$ 187,423	\$ (53,423)	\$ 1,601,821	\$ (910,230)	\$ (20,035)	\$ (150,920)	\$ (171,447)	\$ 311,046	\$ 1,674
Cash and Cash Equivalents, Beginning	\$ 1,239,407	\$ 560,175	\$ 531,762	\$ 446,846	\$ 634,269	\$ 580,846	\$ 2,182,667	\$ 1,272,437	\$ 1,252,402	\$ 1,101,482	\$ 930,035	\$ 1,239,407
Cash and Cash Equivalents, Ending	\$ 560,175	\$ 531,762	\$ 446,846	\$ 634,269	\$ 580,846	\$ 2,182,667	\$ 1,272,437	\$ 1,252,402	\$ 1,101,482	\$ 930,035	\$ 1,241,081	\$ 1,241,081
Reconciliation of Income from Operations to Net Cash Provided By (Used In) Operating Activities:												
Excess of Revenues over Expenses	\$ 19,023	\$ (13,716)	\$ 34,090	\$ 17,925	\$ 85,890	\$ 56,768	\$ 80,385	\$ 50,671	\$ 18,929	\$ 107,461	\$ 97,921	\$ 555,347
Adjustments to Excess of Revenues Over Expenses:												
Depreciation	\$ 1,910	\$ 1,912	\$ 5,393	\$ 3,211	\$ 3,400	\$ 3,151	\$ 3,153	\$ 3,424	\$ 3,321	\$ 3,385	\$ 3,240	\$ 35,500
Realized and Unrealized (Gain)/Loss on Investments	\$ 2,065	\$ (5,545)	\$ (728)	\$ (4,096)	\$ 4,937	\$ (6,469)	\$ (1,493)	\$ 3,967	\$ 2,248	\$ (1,391)	\$ (148)	\$ (6,653)
Deferred Rent	\$ (9)	\$ 47	\$ (2,813)	\$ (6)	\$ 50	\$ 50	\$ 107	\$ 50	\$ (6)	\$ 2,975	\$ 50	\$ 495
Gross Premium Tax provision	\$ (708)	\$ (778)	\$ (862)	\$ (2,376)	\$ 580	\$ 148	\$ (465)	\$ 5	\$ 13,340	\$ 137	\$ 2	\$ 9,023
Loss on Disposal of Capital Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (3)	\$ 3	\$ -	\$ -	\$ -	\$ -	\$ -
Total Adjustments to Excess of Revenues over Expenses	\$ 3,258	\$ (4,364)	\$ 990	\$ (3,267)	\$ 8,967	\$ (3,123)	\$ 1,305	\$ 7,446	\$ 18,903	\$ 5,106	\$ 3,144	\$ 38,365
Changes in Operating Assets and Liabilities:												
Capitation Receivable	\$ (32,935)	\$ (3,386)	\$ (19,040)	\$ 32,496	\$ (95,242)	\$ (132,584)	\$ 329,870	\$ (107,655)	\$ 21,149	\$ 230,668	\$ 175,011	\$ 398,352
Interest and Non-Operating Receivables	\$ 277	\$ (941)	\$ 3,653	\$ (1,790)	\$ (652)	\$ (3,553)	\$ 3,543	\$ (1,263)	\$ (4,579)	\$ (628)	\$ 18	\$ (5,915)
Prepaid and Other Current Assets	\$ 5,448	\$ (1,775)	\$ (11,846)	\$ 7,691	\$ 2,710	\$ (2,922)	\$ 79,700	\$ (747)	\$ (14,514)	\$ (13,418)	\$ (6,916)	\$ 43,411
Accounts Payable and Accrued Liabilities	\$ 2,713	\$ 2,806	\$ (6,256)	\$ 4,546	\$ (2,255)	\$ (3,903)	\$ 4,517	\$ (4,260)	\$ 2,452	\$ 759	\$ 3,090	\$ 4,209
Subcapitation Payable	\$ 28,522	\$ 57,608	\$ 11,307	\$ 43,530	\$ 151,132	\$ (2,762)	\$ 62,977	\$ (20,456)	\$ (285,899)	\$ 55,277	\$ 61,274	\$ 162,510
MediCal Adult Expansion Payable	\$ 3	\$ (649)	\$ 1	\$ -	\$ 1	\$ -	\$ (31,083)	\$ -	\$ -	\$ 4,128	\$ -	\$ (27,599)
Deferred Capitation Revenue	\$ (25,814)	\$ (1,348)	\$ 492	\$ 55,505	\$ (75,730)	\$ 340,273	\$ (322,939)	\$ 101,408	\$ 53,684	\$ (217,061)	\$ (32,351)	\$ (123,881)
Accrued Medical Expenses	\$ (6,449)	\$ 4,176	\$ (2,080)	\$ 4,932	\$ 3,129	\$ 10,758	\$ 19,986	\$ 107,025	\$ 14,977	\$ 9,606	\$ 2,796	\$ 168,856
Reserve for Claims	\$ 7,512	\$ 16,195	\$ 22,490	\$ 12,240	\$ 40,128	\$ 5,392	\$ 31,621	\$ (20,321)	\$ 12,569	\$ (16,075)	\$ (36,620)	\$ 75,131
Reserve for Provider Incentives	\$ 421	\$ 5,561	\$ (22,425)	\$ (25,270)	\$ (403)	\$ (1,808)	\$ 13,478	\$ 4,384	\$ 17,825	\$ (3,547)	\$ 1,910	\$ (9,874)
Grants Payable	\$ 887	\$ 1,818	\$ (162)	\$ 316	\$ 1,300	\$ (1,778)	\$ 2,169	\$ (562)	\$ (428)	\$ (2,271)	\$ (2,379)	\$ (1,090)
Net Changes in Operating Assets and Liabilities	\$ (19,415)	\$ 80,065	\$ (23,866)	\$ 134,196	\$ 24,118	\$ 207,113	\$ 193,839	\$ 57,553	\$ (182,764)	\$ 47,438	\$ 165,833	\$ 684,110
Net Cash Provided By Operating Activities	\$ 2,866	\$ 61,985	\$ 11,214	\$ 148,854	\$ 118,975	\$ 260,758	\$ 275,529	\$ 115,670	\$ (144,932)	\$ 160,005	\$ 266,898	\$ 1,277,822



DATE: October 25, 2023
TO: Finance & Budget Committee
FROM: Afzal Shah, *Chief Financial Officer*

SUBJECT: Monthly Investment Portfolio Securities Transaction Report for August, 2023

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 August 1 to August 31, 2023.

L.A. Care's investment market value as of August 31, 2023, was \$2.1 billion. This includes our funds invested with the government pooled funds. L.A. Care has approximately \$35 million invested with the statewide Local Agency Investment Fund (LAIF), and approximately \$79 million invested with the Los Angeles County Pooled Investment Fund (LACPIF).

The remainder as of August 31, 2023, of \$2.0 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

**08/01/2023
through 08/31/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
08/01/23	08/01/23	Buy	31,000,000.000	FHLB DISCOUNT NOTE MAT 08/02/23 Cpn 313384JX8	(30,995,479.17)		0.00	0.00	(30,995,479.17)
08/02/23	08/03/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/02/23 Cpn 912796YT0	(49,334,372.92)		0.00	0.00	(49,334,372.92)
08/02/23	08/03/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/01/24 Cpn 912797GE1	(48,669,756.94)		0.00	0.00	(48,669,756.94)
08/02/23	08/03/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/01/24 Cpn 912797GE1	(48,669,756.94)		0.00	0.00	(48,669,756.94)
08/02/23	08/03/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 02/01/24 Cpn 912797GE1	(48,669,756.94)		0.00	0.00	(48,669,756.94)
08/07/23	08/07/23	Buy	30,000,000.000	FHLB DISCOUNT NOTE MAT 08/08/23 Cpn 313384KD0	(29,995,625.00)		0.00	0.00	(29,995,625.00)
08/08/23	08/08/23	Buy	27,500,000.000	BMW US CAPITAL CP 144A MAT 08/14/23 Cpn 0556C3VE8	(27,475,800.00)		0.00	0.00	(27,475,800.00)
08/07/23	08/08/23	Buy	25,000,000.000	BAYERISCHE LANDESBANK CP MAT 08/21/23 Cpn 07274MVM4	(24,952,062.50)		0.00	0.00	(24,952,062.50)
08/08/23	08/08/23	Buy	17,500,000.000	CREDIT AGRICOLE CP MAT 08/21/23 Cpn 22533UVM2	(17,466,570.14)		0.00	0.00	(17,466,570.14)
08/08/23	08/08/23	Buy	33,000,000.000	FHLB DISCOUNT NOTE MAT 08/09/23 Cpn 313384KE8	(32,995,187.50)		0.00	0.00	(32,995,187.50)
08/08/23	08/08/23	Buy	27,500,000.000	SUMITOMO MITSUI CP 144A MAT 08/15/23 Cpn 86563HVF4	(27,471,713.19)		0.00	0.00	(27,471,713.19)
08/08/23	08/09/23	Buy	24,500,000.000	CATERPILLAR FIN CP MAT 08/25/23 Cpn 14912EVR5	(24,442,180.00)		0.00	0.00	(24,442,180.00)
08/09/23	08/09/23	Buy	25,000,000.000	USAA CAPITAL CP MAT 08/16/23 Cpn 90328BVG3	(24,974,236.11)		0.00	0.00	(24,974,236.11)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**08/01/2023
through 08/31/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
08/10/23	08/10/23	Buy	45,500,000.000	FHLB DISCOUNT NOTE MAT 08/11/23 Cpn 313384KG3	(45,493,389.86)		0.00	0.00	(45,493,389.86)
08/14/23	08/14/23	Buy	4,000,000.000	FHLB DISCOUNT NOTE MAT 08/15/23 Cpn 313384KL2	(3,999,420.00)		0.00	0.00	(3,999,420.00)
08/14/23	08/14/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/15/23 Cpn 313384KL2	(49,992,750.00)		0.00	0.00	(49,992,750.00)
08/07/23	08/15/23	Buy	1,800,000.000	CRVNA 2023-P3 A1 CAR 144A MAT 08/10/24 Cpn 5.66 14688GAA2	(1,800,000.00)		0.00	0.00	(1,800,000.00)
08/15/23	08/15/23	Buy	11,000,000.000	FHLB DISCOUNT NOTE MAT 08/16/23 Cpn 313384KM0	(10,998,405.00)		0.00	0.00	(10,998,405.00)
08/15/23	08/16/23	Buy	31,000,000.000	U.S. TREASURY BILL MAT 11/16/23 Cpn 912797FK8	(30,581,785.89)		0.00	0.00	(30,581,785.89)
08/08/23	08/16/23	Buy	7,400,000.000	WOART 2023-C A1 CAR MAT 08/15/24 Cpn 5.61 98164FAA0	(7,400,000.00)		0.00	0.00	(7,400,000.00)
08/16/23	08/17/23	Buy	22,000,000.000	U.S. TREASURY BILL MAT 11/16/23 Cpn 912797FK8	(21,706,039.67)		0.00	0.00	(21,706,039.67)
08/17/23	08/17/23	Buy	40,000,000.000	FHLB DISCOUNT NOTE MAT 08/18/23 Cpn 313384KP3	(39,994,200.00)		0.00	0.00	(39,994,200.00)
08/16/23	08/17/23	Buy	25,000,000.000	USAA CAPITAL CP MAT 08/23/23 Cpn 90328BVP3	(24,977,916.67)		0.00	0.00	(24,977,916.67)
08/18/23	08/18/23	Buy	40,000,000.000	FHLB DISCOUUNT NOTE MAT 08/21/23 Cpn 313384KS7	(39,982,600.00)		0.00	0.00	(39,982,600.00)
08/22/23	08/22/23	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 08/23/23 Cpn 313588KU8	(49,992,750.00)		0.00	0.00	(49,992,750.00)
08/23/23	08/23/23	Buy	7,000,000.000	AUTOMATIC DATA CP 144A MAT 08/24/23 Cpn 0530A3VQ8	(6,998,969.44)		0.00	0.00	(6,998,969.44)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**08/01/2023
through 08/31/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
08/23/23	08/23/23	Buy	18,000,000.000	AUTOMATIC DATA CP 144A MAT 08/24/23 Cpn 0530A3VQ8	(17,997,350.00)		0.00	0.00	(17,997,350.00)
08/23/23	08/23/23	Buy	17,500,000.000	CREDIT AGRICOLE CP MAT 08/24/23 Cpn 22533UVQ3	(17,497,438.19)		0.00	0.00	(17,497,438.19)
08/23/23	08/23/23	Buy	10,800,000.000	COLGATE-PALMOLIVE CP 144A MAT 08/24/23 Cpn 19416FVQ4	(10,798,422.00)		0.00	0.00	(10,798,422.00)
08/23/23	08/23/23	Buy	25,000,000.000	NESTLE CAPITAL CP 144A MAT 08/24/23 Cpn 64105HVQ2	(24,996,347.22)		0.00	0.00	(24,996,347.22)
08/24/23	08/24/23	Buy	17,500,000.000	CREDIT AGRICOLE CP MAT 08/25/23 Cpn 22533UVR1	(17,497,438.19)		0.00	0.00	(17,497,438.19)
08/24/23	08/24/23	Buy	15,000,000.000	FHLB DISCOUNT NOTE MAT 08/25/23 Cpn 313384KW8	(14,997,825.00)		0.00	0.00	(14,997,825.00)
08/24/23	08/24/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/25/23 Cpn 313384KW8	(49,992,750.00)		0.00	0.00	(49,992,750.00)
08/25/23	08/25/23	Buy	17,000,000.000	CREDIT AGRICOLE CP MAT 08/28/23 Cpn 22533UVU4	(16,992,534.17)		0.00	0.00	(16,992,534.17)
08/25/23	08/25/23	Buy	24,000,000.000	FLORIDA POWER & LIGHT CP MAT 08/28/23 Cpn 34108BVU6	(23,989,500.00)		0.00	0.00	(23,989,500.00)
08/25/23	08/25/23	Buy	24,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 08/28/23 Cpn 91058UVU4	(23,989,380.00)		0.00	0.00	(23,989,380.00)
08/21/23	08/28/23	Buy	4,500,000.000	FHLB C 8/28/24 Q MAT 08/28/25 Cpn 5.55 3130AWYQ	(4,500,000.00)		0.00	0.00	(4,500,000.00)
08/22/23	08/28/23	Buy	5,000,000.000	FHLB C 8/28/24 Q MAT 08/28/25 Cpn 5.57 3134H1AZ6	(5,000,000.00)		0.00	0.00	(5,000,000.00)
08/24/23	08/28/23	Buy	5,000,000.000	GM 2020-2 A FLOOR 144A MAT 10/15/25 Cpn 0.69 361886CM4	(4,967,382.81)	(1,245.83)	0.00	0.00	(4,968,628.64)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**08/01/2023
through 08/31/2023**

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08/25/23	08/29/23	Buy	4,225,000.000	HONDA 2020-3 A4 CAR MAT 04/19/27 Cpn 0.46 43813KAD4	(4,137,364.26)	(593.85)	0.00	0.00	(4,137,958.11)
08/28/23	08/30/23	Buy	839,997.630	GMALT 2021-2 A LEASE MAT 05/20/25 Cpn 0.41 380144AD7	(836,092.95)	(95.67)	0.00	0.00	(836,188.62)
08/28/23	08/30/23	Buy	2,674,377.200	SRT 2021-C A3 LEASE 144A MAT 03/20/25 Cpn 0.50 80286CAC4	(2,655,364.05)	(371.44)	0.00	0.00	(2,655,735.49)
08/29/23	08/31/23	Buy	1,000,000.000	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	(994,609.38)	(2,125.00)	0.00	0.00	(996,734.38)
08/30/23	08/31/23	Buy	315,000.000	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	(313,326.56)	(669.38)	0.00	0.00	(313,995.94)
08/29/23	08/31/23	Buy	1,000,000.000	HART 2023-A A2A CAR MAT 12/15/25 Cpn 5.19 448979AB0	(995,664.06)	(2,306.67)	0.00	0.00	(997,970.73)
			1,019,054,374.830		(1,013,179,512.72)	(7,407.84)	0.00	0.00	(1,013,186,920.56)
08/01/23	08/01/23	Coupon		FHLMC C 8/1/23 Q MAT 08/01/24 Cpn 5.05 3134GYFM9		126,250.00	0.00	0.00	126,250.00
08/03/23	08/03/23	Coupon		CA SAN FRAN CITY & CNTY LEASE MAT 08/03/23 Cpn 5.25 79769EAP9		4,890.41	0.00	0.00	4,890.41
08/09/23	08/09/23	Coupon		MMAF 2022-B A1 EQP 144A MAT 12/01/23 Cpn 4.92 606940AA2		1,730.44	0.00	0.00	1,730.44
08/10/23	08/10/23	Coupon		CRVNA 2021-P4 A2 CAR MAT 04/10/25 Cpn 0.82 14687KAB2		42.41	0.00	0.00	42.41
08/10/23	08/10/23	Coupon		CRVNA 2023-P2 A1 CAR 144A MAT 06/10/24 Cpn 5.59 14686TAA6		3,846.93	0.00	0.00	3,846.93
08/10/23	08/10/23	Coupon		INTER-AMERICAN DEV BANK FRN MAT 02/10/26 Cpn 5.54 4581X0DT2		134,872.00	0.00	0.00	134,872.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**08/01/2023
through 08/31/2023**

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08/14/23	08/14/23	Coupon		MMAF 2023-A A1 EQP 144A MAT 08/09/24 Cpn 5.71 55317WAA9		12,187.73	0.00	0.00	12,187.73
08/15/23	08/15/23	Coupon		ALLYA 2022-2 A2 CAR MAT 10/15/25 Cpn 4.62 02008MAB5		10,100.60	0.00	0.00	10,100.60
08/15/23	08/15/23	Coupon		BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4		11,336.11	0.00	0.00	11,336.11
08/15/23	08/15/23	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		2,727.35	0.00	0.00	2,727.35
08/15/23	08/15/23	Coupon		CARMX 2023-1 A1 CAR MAT 02/15/24 Cpn 4.96 14318DAA7		940.80	0.00	0.00	940.80
08/15/23	08/15/23	Coupon		CARMX 2023-2 A1 CAR MAT 05/15/24 Cpn 5.51 142921AA3		18,187.25	0.00	0.00	18,187.25
08/15/23	08/15/23	Coupon		CARMX 2023-3 A1 CAR MAT 07/15/24 Cpn 5.63 14319BAA0		13,139.00	0.00	0.00	13,139.00
08/15/23	08/15/23	Coupon		CNH 2021-C A2 EQP MAT 01/15/25 Cpn 0.33 12598LAB2		76.47	0.00	0.00	76.47
08/15/23	08/15/23	Coupon		CNH 2023-A A1 EQP MAT 05/15/24 Cpn 5.43 12664QAA2		20,789.08	0.00	0.00	20,789.08
08/15/23	08/15/23	Coupon		FORDL 2022-A A3 LEASE MAT 05/15/25 Cpn 3.23 34528LAD7		8,344.17	0.00	0.00	8,344.17
08/15/23	08/15/23	Coupon		FORDL 2023-A A1 LEASE MAT 02/15/24 Cpn 4.96 345287AA4		44.93	0.00	0.00	44.93
08/15/23	08/15/23	Coupon		GALC 2023-1 A1 EQP 144A MAT 06/14/24 Cpn 5.52 39154TCA4		10,830.01	0.00	0.00	10,830.01
08/15/23	08/15/23	Coupon		HALST 2023-B A1 LEASE 144A MAT 05/15/24 Cpn 5.25 448980AA0		10,168.03	0.00	0.00	10,168.03

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**08/01/2023
through 08/31/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
08/15/23	08/15/23	Coupon		HAROT 2022-1 A2 CAR MAT 10/15/24 Cpn 1.44 43815BAB6		1,794.27	0.00	0.00	1,794.27
08/15/23	08/15/23	Coupon		HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2		28,177.08	0.00	0.00	28,177.08
08/15/23	08/15/23	Coupon		HART 2019-B A4 CAR MAT 04/15/25 Cpn 2.00 44891JAD0		1,206.97	0.00	0.00	1,206.97
08/15/23	08/15/23	Coupon		HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6		2,894.42	0.00	0.00	2,894.42
08/15/23	08/15/23	Coupon		HART 2023-A A1 CAR MAT 04/15/24 Cpn 5.17 448979AA2		7,753.68	0.00	0.00	7,753.68
08/15/23	08/15/23	Coupon		HART 2023-B A2A CAR MAT 05/15/26 Cpn 5.77 44933XAB3		14,168.56	0.00	0.00	14,168.56
08/15/23	08/15/23	Coupon		ID HSG AGY CP TXB MAT 08/15/23 Cpn 5.35 45130HFK1		89,410.96	0.00	0.00	89,410.96
08/15/23	08/15/23	Coupon		JOHN DEERE 2020-B A3 EQP MAT 11/15/24 Cpn 0.51 47787NAC3		260.93	0.00	0.00	260.93
08/15/23	08/15/23	Coupon		KCOT 2023-1A A1 EQP 144A MAT 03/15/24 Cpn 5.29 50117KAA8		13,043.30	0.00	0.00	13,043.30
08/15/23	08/15/23	Coupon		KCOT 2023-2A A1 EQP 144A MAT 07/15/24 Cpn 5.62 500945AA8		9,057.67	0.00	0.00	9,057.67
08/15/23	08/15/23	Coupon		NALT 2023-A A1 LEASE MAT 02/15/24 Cpn 4.97 65480VAA1		2,526.32	0.00	0.00	2,526.32
08/15/23	08/15/23	Coupon		NAROT 2023-A A1 CAR MAT 05/15/24 Cpn 5.42 65480WAA9		19,216.47	0.00	0.00	19,216.47
08/15/23	08/15/23	Coupon		TAOT 2022-C A2A CAR MAT 08/15/25 Cpn 4.19 89231CAB3		12,788.91	0.00	0.00	12,788.91

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**08/01/2023
through 08/31/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
08/15/23	08/15/23	Coupon		TAOT 2023-A A1 CAR MAT 01/15/24 Cpn 4.84 891940AA6		819.74	0.00	0.00	819.74
08/15/23	08/15/23	Coupon		TAOT 2023-B A1 CAR MAT 05/15/24 Cpn 5.23 891941AA4		22,535.63	0.00	0.00	22,535.63
08/15/23	08/15/23	Coupon		WORLD OMNI 2020-C A4 CAR MAT 10/15/26 Cpn 0.61 98163CAF7		2,541.67	0.00	0.00	2,541.67
08/15/23	08/15/23	Coupon		WOART 2022-B A2A CAR MAT 10/15/25 Cpn 2.77 98163QAB5		5,066.10	0.00	0.00	5,066.10
08/15/23	08/15/23	Coupon		WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0		23,741.67	0.00	0.00	23,741.67
08/15/23	08/15/23	Coupon		WOART 2023-B A1 CAR MAT 04/15/24 Cpn 5.32 98164QAA6		20,444.75	0.00	0.00	20,444.75
08/15/23	08/15/23	Coupon		WOLS 2022-A A2 LEASE MAT 10/15/24 Cpn 2.63 98163NAB2		1,222.58	0.00	0.00	1,222.58
08/15/23	08/15/23	Coupon		WOLS 2023-A A1 LEASE MAT 05/15/24 Cpn 5.22 981944AA9		3,471.75	0.00	0.00	3,471.75
08/16/23	08/16/23	Coupon		GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1		2,737.58	0.00	0.00	2,737.58
08/16/23	08/16/23	Coupon		GMCAR 2023-1 A1 CAR MAT 01/16/24 Cpn 4.89 38013JAA1		1,344.98	0.00	0.00	1,344.98
08/16/23	08/16/23	Coupon		GMCAR 2023-2 A1 CAR MAT 04/16/24 Cpn 5.19 362583AA4		12,041.98	0.00	0.00	12,041.98
08/16/23	08/16/23	Coupon		GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3		12,054.00	0.00	0.00	12,054.00
08/18/23	08/18/23	Coupon		SWEDBANK NY YCD FRN SOFRRRA MAT 04/12/24 Cpn 5.83 87019WNH4		49,327.78	0.00	0.00	49,327.78

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**08/01/2023
through 08/31/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
08/20/23	08/20/23	Coupon		ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3		967.37	0.00	0.00	967.37
08/20/23	08/20/23	Coupon		ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3		644.15	0.00	0.00	644.15
08/20/23	08/20/23	Coupon		ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2		1,133.03	0.00	0.00	1,133.03
08/20/23	08/20/23	Coupon		ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2		133.51	0.00	0.00	133.51
08/20/23	08/20/23	Coupon		EFF 2023-2 A1 FLEET 144A MAT 06/20/24 Cpn 5.79 29375NAA3		14,369.36	0.00	0.00	14,369.36
08/20/23	08/20/23	Coupon		GMALT 2021-2 A LEASE MAT 05/20/25 Cpn 0.41 380144AD7		717.50	0.00	0.00	717.50
08/20/23	08/20/23	Coupon		GMALT 2023-1 A2A LEASE MAT 06/20/25 Cpn 5.27 362541AB0		11,314.35	0.00	0.00	11,314.35
08/20/23	08/20/23	Coupon		SRT 2021-A A3 LEASE 144A MAT 07/22/24 Cpn 0.51 80286TAC7		646.85	0.00	0.00	646.85
08/20/23	08/20/23	Coupon		TESLA 2021-B A2 LEASE 144A MAT 09/22/25 Cpn 0.36 88161KAB1		158.71	0.00	0.00	158.71
08/20/23	08/20/23	Coupon		TLOT 2021-B A3 LEASE 144A MAT 10/21/24 Cpn 0.42 89239CAC3		446.50	0.00	0.00	446.50
08/20/23	08/20/23	Coupon		TLOT 2021-B A3 LEASE 144A MAT 10/21/24 Cpn 0.42 89239CAC3		653.68	0.00	0.00	653.68
08/20/23	08/20/23	Coupon		VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4		7,333.33	0.00	0.00	7,333.33
08/21/23	08/21/23	Coupon		DLLAD 2023-1A A1 EQP 144A MAT 02/20/24 Cpn 5.01 233258AA0		2,155.51	0.00	0.00	2,155.51

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**08/01/2023
through 08/31/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
08/21/23	08/21/23	Coupon		DLLMT 2023-1A A1 EQP 144A MAT 05/20/24 Cpn 5.53 232989AA1		23,158.82	0.00	0.00	23,158.82
08/21/23	08/21/23	Coupon		EFF 2022-4 A1 FLEET 144A MAT 11/20/23 Cpn 5.15 29374GAA9		4,791.58	0.00	0.00	4,791.58
08/21/23	08/21/23	Coupon		EFF 2022-4 A1 FLEET 144A MAT 11/20/23 Cpn 5.15 29374GAA9		4,865.30	0.00	0.00	4,865.30
08/21/23	08/21/23	Coupon		GMALT 2023-2 A1 LEASE MAT 05/20/24 Cpn 5.45 362548AA7		16,353.80	0.00	0.00	16,353.80
08/21/23	08/21/23	Coupon		SFAST 2023-1 A1 CAR 144A MAT 07/22/24 Cpn 5.57 78398AAA1		18,837.79	0.00	0.00	18,837.79
08/21/23	08/21/23	Coupon		TESLA 2023-A A1 LEASE 144A MAT 07/22/24 Cpn 5.63 88167PAA6		13,693.75	0.00	0.00	13,693.75
08/22/23	08/22/23	Coupon		BANK OF NOVA SCOTIA FRN YCD MAT 11/20/23 Cpn 5.59 06417MT96		102,350.00	0.00	0.00	102,350.00
08/22/23	08/22/23	Coupon		DEFT 2023-2 A1 EQP 144A MAT 06/24/24 Cpn 5.64 24703GAA2		12,965.43	0.00	0.00	12,965.43
08/22/23	08/22/23	Coupon		PFAST 2023-1A A1 CAR 144A MAT 05/22/24 Cpn 5.37 73328QAA2		14,781.26	0.00	0.00	14,781.26
08/25/23	08/25/23	Coupon		BMWOT 2023-A A2A CAR MAT 04/27/26 Cpn 5.72 05592XAB6		29,394.44	0.00	0.00	29,394.44
08/25/23	08/25/23	Coupon		FHMS KF36 A MAT 08/25/24 Cpn 5.56 3137FBAR7		38.20	0.00	0.00	38.20
08/25/23	08/25/23	Coupon		FHMS KF38 A MAT 09/25/24 Cpn 5.55 3137FBUC8		1,073.15	0.00	0.00	1,073.15
08/25/23	08/25/23	Coupon		FHMS KI06 A 1MOFRN CMBS MAT 03/25/25 Cpn 5.44 3137FVNA6		2,551.25	0.00	0.00	2,551.25

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2023
through 08/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/25/23	08/25/23	Coupon		FHMS KI07 A SOFRFRN MAT 09/25/26 Cpn 5.27 3137H3KA9		31,331.70	0.00	0.00	31,331.70
08/25/23	08/25/23	Coupon		FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 5.30 3137H4RC6		12,600.39	0.00	0.00	12,600.39
08/25/23	08/25/23	Coupon		FHMS Q015 A 1MOFRN CMBS MAT 08/25/24 Cpn 5.37 3137FYUR5		1,070.08	0.00	0.00	1,070.08
						1,080,684.26	0.00	0.00	1,080,684.26
08/01/23	08/01/23	Income	678.310	ADJ NET INT MAT Cpn USD		678.31	0.00	0.00	678.31
08/01/23	08/01/23	Income	693,282.900	STIF INT MAT Cpn USD		693,282.90	0.00	0.00	693,282.90
			693,961.210			693,961.21	0.00	0.00	693,961.21
08/16/23	08/16/23	Contributn	50,000,000.000	NM MAT Cpn USD	50,000,000.00		0.00	0.00	50,000,000.00
08/31/23	08/31/23	Contributn	210,000,000.000	NM MAT Cpn USD	210,000,000.00		0.00	0.00	210,000,000.00
			260,000,000.000		260,000,000.00		0.00	0.00	260,000,000.00
08/16/23	08/17/23	Sell Long	7,500,000.000	ING (US) FUNDING CP MAT 11/03/23 Cpn 4497W1Y34	7,214,237.50	196,875.00	(7,637.50)	0.00	7,411,112.50
08/29/23	08/29/23	Sell Long	35,000,000.000	U.S. TREASURY BILL MAT 09/05/23 Cpn 912797GR2	34,732,037.09	232,376.66	(224.58)	0.00	34,964,413.75

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**08/01/2023
through 08/31/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>		<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
08/29/23	08/29/23	Sell Long	33,000,000.000	U.S. TREASURY BILL MAT 10/24/23 Cpn	912797HC4	32,508,963.67	219,688.33	(3,901.33)	0.00	32,728,652.00
08/29/23	08/29/23	Sell Long	17,000,000.000	U.S. TREASURY BILL MAT 10/24/23 Cpn	912797HC4	16,747,041.89	113,172.78	(2,009.77)	0.00	16,860,214.67
08/29/23	08/29/23	Sell Long	33,000,000.000	U.S. TREASURY BILL MAT 10/24/23 Cpn	912797HC4	32,508,963.67	219,688.33	(3,901.33)	0.00	32,728,652.00
08/30/23	08/30/23	Sell Long	17,000,000.000	U.S. TREASURY BILL MAT 10/24/23 Cpn	912797HC4	16,747,389.45	115,633.05	(1,662.22)	0.00	16,863,022.50
08/29/23	08/30/23	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 11/07/23 Cpn	912797HJ9	49,151,878.48	341,402.78	(5,510.42)	0.00	49,493,281.25
08/29/23	08/30/23	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 11/07/23 Cpn	912797HJ9	49,151,878.48	341,402.78	(5,510.42)	0.00	49,493,281.25
08/30/23	08/31/23	Sell Long	3,000,000.000	U.S. TREASURY BILL MAT 11/16/23 Cpn	912797FK8	2,959,367.25	6,598.75	(160.42)	0.00	2,965,966.00
08/30/23	08/31/23	Sell Long	28,000,000.000	U.S. TREASURY BILL MAT 11/16/23 Cpn	912797FK8	27,620,761.01	61,588.33	(1,497.22)	0.00	27,682,349.34
08/30/23	08/31/23	Sell Long	22,000,000.000	U.S. TREASURY BILL MAT 11/16/23 Cpn	912797FK8	21,705,192.66	45,224.67	(847.01)	0.00	21,750,417.33
08/30/23	08/31/23	Sell Long	8,000,000.000	U.S. TREASURY BILL MAT 11/09/23 Cpn	912797FJ1	7,860,964.44	56,948.89	(731.11)	0.00	7,917,913.33
08/30/23	08/31/23	Sell Long	42,000,000.000	U.S. TREASURY BILL MAT 11/09/23 Cpn	912797FJ1	41,270,063.33	298,981.67	(3,838.33)	0.00	41,569,045.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**08/01/2023
through 08/31/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
Fixed Income - cont.									
08/30/23	08/31/23	Sell Long	8,000,000.000	U.S. TREASURY BILL MAT 11/09/23 Cpn 912797FJ1	7,860,964.44	56,948.89	(731.12)	0.00	7,917,913.33
			353,500,000.000		348,039,703.36	2,306,530.89	(38,162.77)	0.00	350,346,234.25
08/09/23	08/09/23	Pay Princpl	421,714.973	MMAF 2022-B A1 EQP 144A MAT 12/01/23 Cpn 4.92 606940AA2	421,714.97		(0.00)	0.00	421,714.97
08/10/23	08/10/23	Pay Princpl	62,065.475	CRVNA 2021-P4 A2 CAR MAT 04/10/25 Cpn 0.82 14687KAB2	62,065.47		0.00	1.19	62,065.47
08/10/23	08/10/23	Pay Princpl	467,196.387	CRVNA 2023-P2 A1 CAR 144A MAT 06/10/24 Cpn 5.59 14686TAA6	467,196.39		0.00	0.00	467,196.39
08/14/23	08/14/23	Pay Princpl	878,577.542	MMAF 2023-A A1 EQP 144A MAT 08/09/24 Cpn 5.71 55317WAA9	878,577.54		(0.00)	0.00	878,577.54
08/15/23	08/15/23	Pay Princpl	281,419.751	ALLYA 2022-2 A2 CAR MAT 10/15/25 Cpn 4.62 02008MAB5	281,419.75		11.67	0.00	281,419.75
08/15/23	08/15/23	Pay Princpl	320,087.324	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	320,087.32		11,584.46	0.00	320,087.32
08/15/23	08/15/23	Pay Princpl	235,271.920	CARMX 2023-1 A1 CAR MAT 02/15/24 Cpn 4.96 14318DAA7	235,271.92		0.00	0.00	235,271.92
08/15/23	08/15/23	Pay Princpl	1,128,969.247	CARMX 2023-2 A1 CAR MAT 05/15/24 Cpn 5.51 142921AA3	1,128,969.25		0.00	0.00	1,128,969.25
08/15/23	08/15/23	Pay Princpl	576,834.768	CARMX 2023-3 A1 CAR MAT 07/15/24 Cpn 5.63 14319BAA0	576,834.77		0.00	0.00	576,834.77
08/15/23	08/15/23	Pay Princpl	278,090.674	CNH 2021-C A2 EQP MAT 01/15/25 Cpn 0.33 12598LAB2	278,090.67		0.00	1.75	278,090.67

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TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**08/01/2023
through 08/31/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
08/15/23	08/15/23	Pay Princpl	481,053.958	CNH 2023-A A1 EQP MAT 05/15/24 Cpn 5.43 12664QAA2	481,053.96		0.00	0.00	481,053.96
08/15/23	08/15/23	Pay Princpl	11,246.183	FORDL 2023-A A1 LEASE MAT 02/15/24 Cpn 4.96 345287AA4	11,246.18		(0.00)	0.00	11,246.18
08/15/23	08/15/23	Pay Princpl	385,050.751	GALC 2023-1 A1 EQP 144A MAT 06/14/24 Cpn 5.52 39154TCA4	385,050.75		(0.00)	0.00	385,050.75
08/15/23	08/15/23	Pay Princpl	926,193.523	HALST 2023-B A1 LEASE 144A MAT 05/15/24 Cpn 5.25 448980AA0	926,193.52		(0.00)	0.00	926,193.52
08/15/23	08/15/23	Pay Princpl	338,066.133	HAROT 2022-1 A2 CAR MAT 10/15/24 Cpn 1.44 43815BAB6	338,066.13		0.00	6.28	338,066.13
08/15/23	08/15/23	Pay Princpl	538,798.637	HART 2019-B A4 CAR MAT 04/15/25 Cpn 2.00 44891JAD0	538,798.64		0.00	0.00	538,798.64
08/15/23	08/15/23	Pay Princpl	291,159.263	HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6	291,159.26		10,965.96	0.00	291,159.26
08/15/23	08/15/23	Pay Princpl	744,518.110	HART 2023-A A1 CAR MAT 04/15/24 Cpn 5.17 448979AA2	744,518.11		(0.00)	0.00	744,518.11
08/15/23	08/15/23	Pay Princpl	223,847.950	JOHN DEERE 2020-B A3 EQP MAT 11/15/24 Cpn 0.51 47787NAC3	223,847.95		1,705.91	0.00	223,847.95
08/15/23	08/15/23	Pay Princpl	741,270.522	KCOT 2023-1A A1 EQP 144A MAT 03/15/24 Cpn 5.29 50117KAA8	741,270.52		(17.93)	0.00	741,270.52
08/15/23	08/15/23	Pay Princpl	663,172.965	KCOT 2023-2A A1 EQP 144A MAT 07/15/24 Cpn 5.62 500945AA8	663,172.96		(0.00)	0.00	663,172.96
08/15/23	08/15/23	Pay Princpl	575,531.612	NALT 2023-A A1 LEASE MAT 02/15/24 Cpn 4.97 65480VAA1	575,531.61		(0.00)	0.00	575,531.61
08/15/23	08/15/23	Pay Princpl	1,006,778.813	NAROT 2023-A A1 CAR MAT 05/15/24 Cpn 5.42 65480WAA9	1,006,778.81		(0.00)	0.00	1,006,778.81

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**08/01/2023
through 08/31/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
08/15/23	08/15/23	Pay Princpl	326,280.769	TAOT 2022-C A2A CAR MAT 08/15/25 Cpn 4.19 89231CAB3	326,280.77		14.76	0.00	326,280.77
08/15/23	08/15/23	Pay Princpl	210,163.412	TAOT 2023-A A1 CAR MAT 01/15/24 Cpn 4.84 891940AA6	210,163.41		(0.00)	0.00	210,163.41
08/15/23	08/15/23	Pay Princpl	1,306,189.152	TAOT 2023-B A1 CAR MAT 05/15/24 Cpn 5.23 891941AA4	1,306,189.15		(0.00)	0.00	1,306,189.15
08/15/23	08/15/23	Pay Princpl	268,657.296	WOART 2022-B A2A CAR MAT 10/15/25 Cpn 2.77 98163QAB5	268,657.30		0.00	10.50	268,657.30
08/15/23	08/15/23	Pay Princpl	98,194.517	WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0	98,194.52		0.62	0.00	98,194.52
08/15/23	08/15/23	Pay Princpl	1,643,195.153	WOART 2023-B A1 CAR MAT 04/15/24 Cpn 5.32 98164QAA6	1,643,195.15		(0.00)	0.00	1,643,195.15
08/15/23	08/15/23	Pay Princpl	123,709.879	WOLS 2022-A A2 LEASE MAT 10/15/24 Cpn 2.63 98163NAB2	123,709.88		0.00	1.03	123,709.88
08/15/23	08/15/23	Pay Princpl	435,892.793	WOLS 2023-A A1 LEASE MAT 05/15/24 Cpn 5.22 981944AA9	435,892.79		(0.00)	0.00	435,892.79
08/16/23	08/16/23	Pay Princpl	257,516.561	GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1	257,516.56		11,040.98	0.00	257,516.56
08/16/23	08/16/23	Pay Princpl	330,057.450	GMCAR 2023-1 A1 CAR MAT 01/16/24 Cpn 4.89 38013JAA1	330,057.45		0.00	0.00	330,057.45
08/16/23	08/16/23	Pay Princpl	1,250,123.931	GMCAR 2023-2 A1 CAR MAT 04/16/24 Cpn 5.19 362583AA4	1,250,123.93		(0.00)	0.00	1,250,123.93
08/20/23	08/20/23	Pay Princpl	320,907.161	ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3	320,907.16		3,864.51	0.00	320,907.16
08/20/23	08/20/23	Pay Princpl	213,683.419	ENTERPRISE 2020-2 A2 FLEET 144 MAT 07/20/26 Cpn 0.61 29375MAB3	213,683.42		2,513.36	0.00	213,683.42

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**08/01/2023
through 08/31/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
08/20/23	08/20/23	Pay Princpl	340,968.822	ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2	340,968.82		6,112.21	0.00	340,968.82
08/20/23	08/20/23	Pay Princpl	40,178.436	ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2	40,178.44		720.24	0.00	40,178.44
08/20/23	08/20/23	Pay Princpl	413,175.990	EFF 2023-2 A1 FLEET 144A MAT 06/20/24 Cpn 5.79 29375NAA3	413,175.99		0.00	0.00	413,175.99
08/20/23	08/20/23	Pay Princpl	743,080.750	GMALT 2021-2 A LEASE MAT 05/20/25 Cpn 0.41 380144AD7	743,080.75		10,035.34	0.00	743,080.75
08/20/23	08/20/23	Pay Princpl	183,475.161	GMALT 2023-1 A2A LEASE MAT 06/20/25 Cpn 5.27 362541AB0	183,475.16		10.68	0.00	183,475.16
08/20/23	08/20/23	Pay Princpl	409,193.945	SRT 2021-A A3 LEASE 144A MAT 07/22/24 Cpn 0.51 80286TAC7	409,193.95		4,800.36	0.00	409,193.95
08/20/23	08/20/23	Pay Princpl	192,934.482	TESLA 2021-B A2 LEASE 144A MAT 09/22/25 Cpn 0.36 88161KAB1	192,934.48		0.00	3.96	192,934.48
08/20/23	08/20/23	Pay Princpl	268,753.560	TLOT 2021-B A3 LEASE 144A MAT 10/21/24 Cpn 0.42 89239CAC3	268,753.56		6,277.89	0.00	268,753.56
08/20/23	08/20/23	Pay Princpl	393,455.212	TLOT 2021-B A3 LEASE 144A MAT 10/21/24 Cpn 0.42 89239CAC3	393,455.21		5,752.76	0.00	393,455.21
08/21/23	08/21/23	Pay Princpl	235,021.307	DLLAD 2023-1A A1 EQP 144A MAT 02/20/24 Cpn 5.01 233258AA0	235,021.31		0.00	0.00	235,021.31
08/21/23	08/21/23	Pay Princpl	742,120.224	DLLMT 2023-1A A1 EQP 144A MAT 05/20/24 Cpn 5.53 232989AA1	742,120.22		(0.00)	0.00	742,120.22
08/21/23	08/21/23	Pay Princpl	704,916.243	EFF 2022-4 A1 FLEET 144A MAT 11/20/23 Cpn 5.15 29374GAA9	704,916.24		(0.00)	0.00	704,916.24
08/21/23	08/21/23	Pay Princpl	715,761.109	EFF 2022-4 A1 FLEET 144A MAT 11/20/23 Cpn 5.15 29374GAA9	715,761.11		210.38	0.00	715,761.11

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**08/01/2023
through 08/31/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
08/21/23	08/21/23	Pay Princpl	1,268,637.225	GMALT 2023-2 A1 LEASE MAT 05/20/24 Cpn 5.45 362548AA7	1,268,637.22		(0.00)	0.00	1,268,637.22
08/21/23	08/21/23	Pay Princpl	1,057,975.366	SFAST 2023-1 A1 CAR 144A MAT 07/22/24 Cpn 5.57 78398AAA1	1,057,975.37		0.00	0.00	1,057,975.37
08/21/23	08/21/23	Pay Princpl	1,251,159.537	TESLA 2023-A A1 LEASE 144A MAT 07/22/24 Cpn 5.63 88167PAA6	1,251,159.54		0.00	0.00	1,251,159.54
08/22/23	08/22/23	Pay Princpl	605,307.693	DEFT 2023-2 A1 EQP 144A MAT 06/24/24 Cpn 5.64 24703GAA2	605,307.69		(0.00)	0.00	605,307.69
08/22/23	08/22/23	Pay Princpl	1,191,271.282	PFAST 2023-1A A1 CAR 144A MAT 05/22/24 Cpn 5.37 73328QAA2	1,191,271.28		(0.00)	0.00	1,191,271.28
08/25/23	08/25/23	Pay Princpl	116.031	FHMS KF38 A MAT 09/25/24 Cpn 5.55 3137FBUC8	116.03		0.00	0.03	116.03
08/25/23	08/25/23	Pay Princpl	79,251.744	FHMS Q015 A 1MOFRN CMBS MAT 08/25/24 Cpn 5.37 3137FYUR5	79,251.74		0.00	(0.00)	79,251.74
			29,198,242.090		29,198,242.05		75,604.13	24.74	29,198,242.05
08/01/23	08/01/23	Mature Long	9,000,000.000	BPCE CP 144A MAT 08/01/23 Cpn 05571CV16	8,972,595.00	27,405.00	0.00	0.00	9,000,000.00
08/01/23	08/01/23	Mature Long	22,500,000.000	SUMITOMO MITSUI CP 144A MAT 08/01/23 Cpn 86563HV15	22,418,750.00	81,250.00	0.00	0.00	22,500,000.00
08/02/23	08/02/23	Mature Long	31,000,000.000	FHLB DISCOUNT NOTE MAT 08/02/23 Cpn 313384JX8	30,995,479.17	4,520.83	0.00	0.00	31,000,000.00
08/02/23	08/02/23	Mature Long	11,000,000.000	KAISER FOUNDATION CP MAT 08/02/23 Cpn 48306BV28	10,932,334.72	67,665.28	0.00	0.00	11,000,000.00
08/03/23	08/03/23	Mature Long	8,000,000.000	JOHN DEERE CANADA CP 144A MAT 08/03/23 Cpn 24423JV38	7,949,448.89	50,551.11	0.00	0.00	8,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**08/01/2023
through 08/31/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
08/03/23	08/03/23	Mature Long	4,000,000.000	ONTARIO TEACHER CP 144A MAT 08/03/23 Cpn 68328HV35	3,987,288.89	12,711.11	0.00	0.00	4,000,000.00
08/03/23	08/03/23	Mature Long	22,500,000.000	PACCAR FINANCIAL CP MAT 08/03/23 Cpn 69372BV31	22,413,937.50	86,062.50	0.00	0.00	22,500,000.00
08/03/23	08/03/23	Mature Long	1,000,000.000	CA SAN FRAN CITY & CNTY LEASE MAT 08/03/23 Cpn 5.25 79769EAP9	1,000,000.00		0.00	0.00	1,000,000.00
08/03/23	08/03/23	Mature Long	20,000,000.000	U.S. TREASURY BILL MAT 08/03/23 Cpn 912796Y37	19,943,611.11	56,388.89	(0.00)	0.00	20,000,000.00
08/03/23	08/03/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 08/03/23 Cpn 912796Y37	49,859,027.78	140,972.22	0.00	0.00	50,000,000.00
08/03/23	08/03/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 08/03/23 Cpn 912796Y37	49,859,027.78	140,972.22	0.00	0.00	50,000,000.00
08/03/23	08/03/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 08/03/23 Cpn 912796Y37	49,859,027.78	140,972.22	0.00	0.00	50,000,000.00
08/07/23	08/07/23	Mature Long	17,500,000.000	BAYERISCHE LANDESBANK CP MAT 08/07/23 Cpn 07274MV77	17,421,940.28	78,059.72	0.00	0.00	17,500,000.00
08/08/23	08/08/23	Mature Long	35,000,000.000	U.S. TREASURY BILL MAT 08/08/23 Cpn 912797GF8	34,859,873.61	140,126.39	0.00	0.00	35,000,000.00
08/08/23	08/08/23	Mature Long	30,000,000.000	U.S. TREASURY BILL MAT 08/08/23 Cpn 912797GF8	29,879,891.67	120,108.33	0.00	0.00	30,000,000.00
08/08/23	08/08/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 08/08/23 Cpn 912797GF8	49,821,354.17	178,645.83	0.00	0.00	50,000,000.00
08/08/23	08/08/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 08/08/23 Cpn 912797GF8	49,821,354.17	178,645.83	0.00	0.00	50,000,000.00
08/08/23	08/08/23	Mature Long	30,000,000.000	FHLB DISCOUNT NOTE MAT 08/08/23 Cpn 313384KDO	29,995,625.00	4,375.00	0.00	0.00	30,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**08/01/2023
through 08/31/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
08/09/23	08/09/23	Mature Long	33,000,000.000	FHLB DISCOUNT NOTE MAT 08/09/23 Cpn 313384KE8	32,995,187.50	4,812.50	0.00	0.00	33,000,000.00
08/09/23	08/09/23	Mature Long	17,000,000.000	MERCEDES-BENZ CP 144A MAT 08/09/23 Cpn 58768KV93	16,926,475.00	73,525.00	0.00	0.00	17,000,000.00
08/10/23	08/10/23	Mature Long	40,000,000.000	U.S. TREASURY BILL MAT 08/10/23 Cpn 912796XY0	39,829,100.00	170,900.00	0.00	0.00	40,000,000.00
08/10/23	08/10/23	Mature Long	5,000,000.000	KAISER FOUNDATION CP MAT 08/10/23 Cpn 48306BVA0	4,978,207.92	21,792.08	0.00	0.00	5,000,000.00
08/11/23	08/11/23	Mature Long	15,000,000.000	FED CAISSE DESJARDINS CP 144A MAT 08/11/23 Cpn 31428GVB6	14,932,833.33	67,166.67	0.00	0.00	15,000,000.00
08/11/23	08/11/23	Mature Long	45,500,000.000	FHLB DISCOUNT NOTE MAT 08/11/23 Cpn 313384KG3	45,493,389.86	6,610.14	0.00	0.00	45,500,000.00
08/14/23	08/14/23	Mature Long	27,500,000.000	BMW US CAPITAL CP 144A MAT 08/14/23 Cpn 0556C3VE8	27,475,800.00	24,200.00	0.00	0.00	27,500,000.00
08/14/23	08/14/23	Mature Long	15,000,000.000	CUMMINS INC CP 144A MAT 08/14/23 Cpn 23102VVE7	14,924,166.67	75,833.33	0.00	0.00	15,000,000.00
08/14/23	08/14/23	Mature Long	10,000,000.000	MERCEDES-BENZ CP 144A MAT 08/14/23 Cpn 58768KVE2	9,954,705.56	45,294.44	0.00	0.00	10,000,000.00
08/15/23	08/15/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 08/15/23 Cpn 912797GG6	49,750,065.97	249,934.03	0.00	0.00	50,000,000.00
08/15/23	08/15/23	Mature Long	4,000,000.000	FHLB DISCOUNT NOTE MAT 08/15/23 Cpn 313384KL2	3,999,420.00	580.00	0.00	0.00	4,000,000.00
08/15/23	08/15/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/15/23 Cpn 313384KL2	49,992,750.00	7,250.00	0.00	0.00	50,000,000.00
08/15/23	08/15/23	Mature Long	10,000,000.000	ID HSG AGY CP TXB MAT 08/15/23 Cpn 5.35 45130HFK1	10,000,000.00		0.00	0.00	10,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**08/01/2023
through 08/31/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
08/15/23	08/15/23	Mature Long	27,500,000.000	SUMITOMO MITSUI CP 144A MAT 08/15/23 Cpn 86563HVF4	27,471,713.19	28,286.81	0.00	0.00	27,500,000.00
08/16/23	08/16/23	Mature Long	11,000,000.000	FHLB DISCOUNT NOTE MAT 08/16/23 Cpn 313384KM0	10,998,405.00	1,595.00	0.00	0.00	11,000,000.00
08/16/23	08/16/23	Mature Long	25,000,000.000	USAA CAPITAL CP MAT 08/16/23 Cpn 90328BVG3	24,974,236.11	25,763.89	0.00	0.00	25,000,000.00
08/17/23	08/17/23	Mature Long	30,000,000.000	U.S. TREASURY BILL MAT 08/17/23 Cpn 912796Z36	29,267,298.33	732,701.67	0.00	0.00	30,000,000.00
08/17/23	08/17/23	Mature Long	5,000,000.000	U.S. TREASURY BILL MAT 08/17/23 Cpn 912796Z36	4,878,224.31	121,775.69	0.00	0.00	5,000,000.00
08/17/23	08/17/23	Mature Long	47,000,000.000	U.S. TREASURY BILL MAT 08/17/23 Cpn 912796Z36	46,756,728.00	243,272.00	0.00	0.00	47,000,000.00
08/17/23	08/17/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 08/17/23 Cpn 912796Z36	49,741,200.00	258,800.00	0.00	0.00	50,000,000.00
08/17/23	08/17/23	Mature Long	15,000,000.000	U.S. TREASURY BILL MAT 08/17/23 Cpn 912796Z36	14,927,041.67	72,958.33	0.00	0.00	15,000,000.00
08/17/23	08/17/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 08/17/23 Cpn 912796Z36	49,756,805.56	243,194.44	0.00	0.00	50,000,000.00
08/18/23	08/18/23	Mature Long	40,000,000.000	FHLB DISCOUNT NOTE MAT 08/18/23 Cpn 313384KP3	39,994,200.00	5,800.00	0.00	0.00	40,000,000.00
08/21/23	08/21/23	Mature Long	25,000,000.000	BAYERISCHE LANDESBANK CP MAT 08/21/23 Cpn 07274MVM4	24,952,062.50	47,937.50	0.00	0.00	25,000,000.00
08/21/23	08/21/23	Mature Long	17,500,000.000	CREDIT AGRICOLE CP MAT 08/21/23 Cpn 22533UVM2	17,466,570.14	33,429.86	0.00	0.00	17,500,000.00
08/21/23	08/21/23	Mature Long	40,000,000.000	FHLB DISCOUUNT NOTE MAT 08/21/23 Cpn 313384KS7	39,982,600.00	17,400.00	0.00	0.00	40,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**08/01/2023
through 08/31/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
08/23/23	08/23/23	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 08/23/23 Cpn 313588KU8	49,992,750.00	7,250.00	0.00	0.00	50,000,000.00
08/23/23	08/23/23	Mature Long	25,000,000.000	USAA CAPITAL CP MAT 08/23/23 Cpn 90328BVP3	24,977,916.67	22,083.33	0.00	0.00	25,000,000.00
08/24/23	08/24/23	Mature Long	7,000,000.000	AUTOMATIC DATA CP 144A MAT 08/24/23 Cpn 0530A3VQ8	6,998,969.44	1,030.56	0.00	0.00	7,000,000.00
08/24/23	08/24/23	Mature Long	18,000,000.000	AUTOMATIC DATA CP 144A MAT 08/24/23 Cpn 0530A3VQ8	17,997,350.00	2,650.00	0.00	0.00	18,000,000.00
08/24/23	08/24/23	Mature Long	17,500,000.000	CREDIT AGRICOLE CP MAT 08/24/23 Cpn 22533UVQ3	17,497,438.19	2,561.81	0.00	0.00	17,500,000.00
08/24/23	08/24/23	Mature Long	10,800,000.000	COLGATE-PALMOLIVE CP 144A MAT 08/24/23 Cpn 19416FVQ4	10,798,422.00	1,578.00	0.00	0.00	10,800,000.00
08/24/23	08/24/23	Mature Long	25,000,000.000	NESTLE CAPITAL CP 144A MAT 08/24/23 Cpn 64105HVQ2	24,996,347.22	3,652.78	0.00	0.00	25,000,000.00
08/25/23	08/25/23	Mature Long	17,500,000.000	CREDIT AGRICOLE CP MAT 08/25/23 Cpn 22533UVR1	17,497,438.19	2,561.81	0.00	0.00	17,500,000.00
08/25/23	08/25/23	Mature Long	24,500,000.000	CATERPILLAR FIN CP MAT 08/25/23 Cpn 14912EVR5	24,442,180.00	57,820.00	0.00	0.00	24,500,000.00
08/25/23	08/25/23	Mature Long	15,000,000.000	FHLB DISCOUNT NOTE MAT 08/25/23 Cpn 313384KW8	14,997,825.00	2,175.00	0.00	0.00	15,000,000.00
08/25/23	08/25/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 08/25/23 Cpn 313384KW8	49,992,750.00	7,250.00	0.00	0.00	50,000,000.00
08/28/23	08/28/23	Mature Long	17,000,000.000	CREDIT AGRICOLE CP MAT 08/28/23 Cpn 22533UVU4	16,992,534.17	7,465.83	0.00	0.00	17,000,000.00
08/28/23	08/28/23	Mature Long	24,000,000.000	FLORIDA POWER & LIGHT CP MAT 08/28/23 Cpn 34108BVU6	23,989,500.00	10,500.00	0.00	0.00	24,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

08/01/2023
through 08/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/28/23	08/28/23	Mature Long	24,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 08/28/23 Cpn 91058UVU4	23,989,380.00	10,620.00	0.00	0.00	24,000,000.00
			1,521,800,000.000		1,517,570,555.02	4,229,444.99	(0.00)	0.00	1,521,800,000.00
08/02/23	08/02/23	Withdrawal	(40,000,000.000)	WD MAT Cpn USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
08/07/23	08/07/23	Withdrawal	(65,000,000.000)	WD MAT Cpn USD	(65,000,000.00)		(65,000,000.00)	0.00	(65,000,000.00)
08/11/23	08/11/23	Withdrawal	(40,000,000.000)	WD MAT Cpn USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
08/15/23	08/15/23	Withdrawal	(80,000,000.000)	WD MAT Cpn USD	(80,000,000.00)		(80,000,000.00)	0.00	(80,000,000.00)
08/17/23	08/17/23	Withdrawal	(200,000,000.000)	WD MAT Cpn USD	(200,000,000.00)		(200,000,000.00)	0.00	(200,000,000.00)
08/18/23	08/18/23	Withdrawal	(40,000,000.000)	WD MAT Cpn USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
08/21/23	08/21/23	Withdrawal	(40,000,000.000)	WD MAT Cpn USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
08/23/23	08/23/23	Withdrawal	(35,000,000.000)	WD MAT Cpn USD	(35,000,000.00)		(35,000,000.00)	0.00	(35,000,000.00)
08/25/23	08/25/23	Withdrawal	(40,000,000.000)	WD MAT Cpn USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
08/28/23	08/28/23	Withdrawal	(40,000,000.000)	WD MAT Cpn USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
08/29/23	08/29/23	Withdrawal	(110,000,000.000)	WD MAT Cpn USD	(110,000,000.00)		(110,000,000.00)	0.00	(110,000,000.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**08/01/2023
through 08/31/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>		<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
08/30/23	08/30/23	Withdrawal	(110,000,000.000)	WD MAT	Cpn USD	(110,000,000.00)		(110,000,000.00)	0.00	(110,000,000.00)
			<u>(840,000,000.000)</u>			<u>(840,000,000.00)</u>		<u>(840,000,000.00)</u>	<u>0.00</u>	<u>(840,000,000.00)</u>

TRANSACTIONS BY TYPE

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

08/01/2023
through 08/31/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
08/08/23	08/16/23	Buy	300,000.000	GMALT 2023-3 A3 LEASE MAT 11/20/26 Cpn 5.38 379929AD4	(299,964.03)		0.00	0.00	(299,964.03)
08/15/23	08/22/23	Buy	250,000.000	HAROT 2023-3 A3 CAR MAT 02/18/28 Cpn 5.41 43815QAC1	(249,948.45)		0.00	0.00	(249,948.45)
08/30/23	08/31/23	Buy	2,400,000.000	U.S. TREASURY NOTE MAT 07/31/28 Cpn 4.13 91282CHQ7	(2,385,843.75)	(8,339.67)	0.00	0.00	(2,394,183.42)
			2,950,000.000		(2,935,756.23)	(8,339.67)	0.00	0.00	(2,944,095.90)
08/01/23	08/01/23	Coupon		CA STWD CMTY DEV AUTH REV-CA MAT 02/01/25 Cpn 0.73 13080SZL1		2,745.00	0.00	0.00	2,745.00
08/01/23	08/01/23	Coupon		CA CONTRA COSTA CCD GO/ULT T MAT 08/01/24 Cpn 1.77 212204JE2		1,507.90	0.00	0.00	1,507.90
08/01/23	08/01/23	Coupon		CA COVINA-VALLEY USD GO/ULT T MAT 08/01/24 Cpn 2.03 223093VM4		2,533.75	0.00	0.00	2,533.75
08/01/23	08/01/23	Coupon		CA FRESNO USD GO/ULT TXB MAT 08/01/25 Cpn 0.87 3582326T8		2,607.00	0.00	0.00	2,607.00
08/01/23	08/01/23	Coupon		CA GARDEN GROVE USD GO/ULT T MAT 08/01/24 Cpn 1.97 365298Y51		3,882.85	0.00	0.00	3,882.85
08/01/23	08/01/23	Coupon		HOUSING URBAN DEVELOPMENT MAT 08/01/23 Cpn 2.62 911759MW5		1,832.60	0.00	0.00	1,832.60
08/01/23	08/01/23	Coupon		CA OAKLAND-ALAMEDA COLISEUM MAT 02/01/25 Cpn 3.64 672211BM0		16,848.88	0.00	0.00	16,848.88
08/01/23	08/01/23	Coupon		CA OAKLAND USD GO/ULT TXB MAT 08/01/25 Cpn 1.38 672325M95		2,900.10	0.00	0.00	2,900.10
08/01/23	08/01/23	Coupon		CA SAN BERNARDINO CCD TXB MAT 08/01/24 Cpn 0.94 796720NQ9		942.00	0.00	0.00	942.00

TRANSACTIONS BY TYPE

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

**08/01/2023
through 08/31/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
08/01/23	08/01/23	Coupon		CA SAN BERNARDINO CCD TXB MAT 08/01/24 Cpn 2.04 796720MG2		5,825.40	0.00	0.00	5,825.40
08/01/23	08/01/23	Coupon		CA SONOMA CNTY CLG DIST TXB MAT 08/01/23 Cpn 1.99 835569GQ1		3,484.25	0.00	0.00	3,484.25
08/12/23	08/12/23	Coupon		FHLB C 05/12/21 Q MAT 02/12/26 Cpn 0.60 3130AKXQ4		2,820.00	0.00	0.00	2,820.00
08/15/23	08/15/23	Coupon		CARMX 2020-1 A3 CAR MAT 12/16/24 Cpn 1.89 14315XAC2		61.09	0.00	0.00	61.09
08/15/23	08/15/23	Coupon		CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8		253.09	0.00	0.00	253.09
08/15/23	08/15/23	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		345.46	0.00	0.00	345.46
08/15/23	08/15/23	Coupon		CARMX 2023-3 A3 CAR MAT 05/15/28 Cpn 5.28 14319BAC6		2,229.33	0.00	0.00	2,229.33
08/15/23	08/15/23	Coupon		CAPITAL ONE 2020-1 A3 CAR MAT 11/15/24 Cpn 1.60 14043MAC5		10.96	0.00	0.00	10.96
08/15/23	08/15/23	Coupon		FORDF 2023-1 A1 FLOOR 144A MAT 05/15/28 Cpn 4.92 34528QHV9		2,870.00	0.00	0.00	2,870.00
08/15/23	08/15/23	Coupon		FORDF 2023-1 A1 FLOOR 144A MAT 05/15/28 Cpn 4.92 34528QHV9		820.00	0.00	0.00	820.00
08/15/23	08/15/23	Coupon		FORDO 2023-B A3 CAR MAT 05/15/28 Cpn 5.23 344930AD4		2,615.00	0.00	0.00	2,615.00
08/15/23	08/15/23	Coupon		GFORT 2023-1 A1 FLOOR 144A MAT 06/15/28 Cpn 5.34 361886CR3		4,005.00	0.00	0.00	4,005.00
08/15/23	08/15/23	Coupon		JDOT 2023-B A3 EQP MAT 03/15/28 Cpn 5.18 477920AC6		5,072.08	0.00	0.00	5,072.08

TRANSACTIONS BY TYPE

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

**08/01/2023
through 08/31/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
08/15/23	08/15/23	Coupon		KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2		412.64	0.00	0.00	412.64
08/15/23	08/15/23	Coupon		KCOT 2023-2A A3 EQP 144A MAT 01/18/28 Cpn 5.28 500945AC4		1,393.33	0.00	0.00	1,393.33
08/15/23	08/15/23	Coupon		MERCEDES 2021-B A3 LEASE MAT 11/15/24 Cpn 0.40 58769KAD6		114.44	0.00	0.00	114.44
08/15/23	08/15/23	Coupon		WORLD OMNI 2021-A A3 LEASE MAT 08/15/24 Cpn 0.42 98163JAC9		133.12	0.00	0.00	133.12
08/16/23	08/16/23	Coupon		GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8		57.83	0.00	0.00	57.83
08/20/23	08/20/23	Coupon		GMALT 2021-2 A LEASE MAT 05/20/25 Cpn 0.41 380144AD7		256.25	0.00	0.00	256.25
08/20/23	08/20/23	Coupon		SRT 2021-C A3 LEASE 144A MAT 03/20/25 Cpn 0.50 80286CAC4		85.19	0.00	0.00	85.19
08/20/23	08/20/23	Coupon		TESLA 2021-B A2 LEASE 144A MAT 09/22/25 Cpn 0.36 88161KAB1		20.81	0.00	0.00	20.81
08/20/23	08/20/23	Coupon		TLOT 2023A A3 LEASE 144A MAT 04/20/26 Cpn 4.93 89239MAC1		2,054.17	0.00	0.00	2,054.17
08/20/23	08/20/23	Coupon		VERIZON 2020-B A PHONE MAT 02/20/25 Cpn 0.47 92290BAA9		32.50	0.00	0.00	32.50
08/01/23	08/25/23	Coupon		FHMS K725 AM CMBS MAT 02/25/24 Cpn 3.10 3137BWWE		2,095.20	0.00	0.00	2,095.20
08/01/23	08/25/23	Coupon		FHMS K726 AM CMBS MAT 04/25/24 Cpn 2.99 3137BYPR5		1,417.88	0.00	0.00	1,417.88
08/31/23	08/31/23	Coupon		FHLMC C 02/28/23 Q MAT 02/28/25 Cpn 4.00 3134GXS88		11,400.00	0.00	0.00	11,400.00

TRANSACTIONS BY TYPE

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

**08/01/2023
through 08/31/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
08/31/23	08/31/23	Coupon		FHLMC C 11/28/22 Q MAT 08/28/25 Cpn 4.05 3134GXR63		11,542.50	0.00	0.00	11,542.50
08/31/23	08/31/23	Coupon		FHLMC C 11/28/2022 Q MAT 08/28/25 Cpn 4.20 3134GXS47		11,970.00	0.00	0.00	11,970.00
08/31/23	08/31/23	Coupon		U.S. TREASURY NOTE MAT 08/31/25 Cpn 0.25 91282CAJ0		587.50	0.00	0.00	587.50
08/31/23	08/31/23	Coupon		U.S. TREASURY NOTE MAT 08/31/25 Cpn 0.25 91282CAJ0		2,225.00	0.00	0.00	2,225.00
08/31/23	08/31/23	Coupon		U.S. TREASURY NOTE MAT 08/31/26 Cpn 0.75 91282CCW9		7,050.00	0.00	0.00	7,050.00
08/31/23	08/31/23	Coupon		U.S. TREASURY NOTE MAT 02/28/25 Cpn 1.13 912828ZC7		2,559.38	0.00	0.00	2,559.38
08/31/23	08/31/23	Coupon		U.S. TREASURY NOTE MAT 08/31/27 Cpn 3.13 91282CFH9		13,984.38	0.00	0.00	13,984.38
08/31/23	08/31/23	Coupon		U.S. TREASURY NOTE MAT 08/31/27 Cpn 3.13 91282CFH9		6,718.75	0.00	0.00	6,718.75
08/31/23	08/31/23	Coupon		U.S. TREASURY NOTE MAT 02/29/28 Cpn 4.00 91282CGP0		13,400.00	0.00	0.00	13,400.00
08/31/23	08/31/23	Coupon		U.S. TREASURY NOTE MAT 02/29/28 Cpn 4.00 91282CGP0		23,600.00	0.00	0.00	23,600.00
08/31/23	08/31/23	Coupon		U.S. TREASURY NOTE MAT 02/29/28 Cpn 4.00 91282CGP0		10,900.00	0.00	0.00	10,900.00
						190,222.61	0.00	0.00	190,222.61

TRANSACTIONS BY TYPE

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

**08/01/2023
through 08/31/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
08/01/23	08/01/23	Income	3,651.660	STIF INT MAT Cpn USD		3,651.66	0.00	0.00	3,651.66
08/21/23	08/23/23	Sell Long	484,614.018	GMALT 2021-2 A LEASE MAT 05/20/25 Cpn 0.41 380144AD7	481,812.34	16.56	0.00	(2,795.36)	481,828.90
08/30/23	08/31/23	Sell Long	795,000.000	U.S. TREASURY NOTE MAT 07/15/24 Cpn 0.38 91282CCL3	761,398.83	380.76	0.00	(32,895.64)	761,779.59
08/30/23	08/31/23	Sell Long	225,000.000	U.S. TREASURY NOTE MAT 02/28/25 Cpn 1.13 912828ZC7	212,229.49		0.00	(13,490.07)	212,229.49
08/30/23	08/31/23	Sell Long	120,000.000	U.S. TREASURY NOTE MAT 09/30/24 Cpn 1.50 912828YH7	115,228.13	752.46	0.00	(4,698.11)	115,980.59
08/30/23	08/31/23	Sell Long	40,000.000	U.S. TREASURY NOTE MAT 10/31/24 Cpn 1.50 912828YM6	38,312.50	200.54	0.00	(1,626.91)	38,513.04
			1,664,614.018		1,608,981.29	1,350.32	0.00	(55,506.10)	1,610,331.61
08/15/23	08/15/23	Pay Princpl	15,645.342	CARMX 2020-1 A3 CAR MAT 12/16/24 Cpn 1.89 14315XAC2	15,645.34		0.00	(42.55)	15,645.34
08/15/23	08/15/23	Pay Princpl	41,796.625	CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8	41,796.63		0.00	3.43	41,796.63
08/15/23	08/15/23	Pay Princpl	40,544.394	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	40,544.39		0.00	3.15	40,544.39
08/15/23	08/15/23	Pay Princpl	8,219.491	CAPITAL ONE 2020-1 A3 CAR MAT 11/15/24 Cpn 1.60 14043MAC5	8,219.49		0.00	0.12	8,219.49
08/15/23	08/15/23	Pay Princpl	53,268.570	KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2	53,268.57		0.00	0.95	53,268.57
08/15/23	08/15/23	Pay Princpl	50,639.091	MERCEDES 2021-B A3 LEASE MAT 11/15/24 Cpn 0.40 58769KAD6	50,639.09		0.00	0.91	50,639.09

TRANSACTIONS BY TYPE

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

**08/01/2023
through 08/31/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
08/15/23	08/15/23	Pay Princpl	70,698.985	WORLD OMNI 2021-A A3 LEASE MAT 08/15/24 Cpn 0.42 98163JAC9	70,698.99		0.00	1.65	70,698.99
08/16/23	08/16/23	Pay Princpl	9,446.962	GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8	9,446.96		0.00	0.31	9,446.96
08/20/23	08/20/23	Pay Princpl	265,385.982	GMALT 2021-2 A LEASE MAT 05/20/25 Cpn 0.41 380144AD7	265,385.98		0.00	3.53	265,385.98
08/20/23	08/20/23	Pay Princpl	50,294.645	SRT 2021-C A3 LEASE 144A MAT 03/20/25 Cpn 0.50 80286CAC4	50,294.65		0.00	0.63	50,294.65
08/20/23	08/20/23	Pay Princpl	25,302.883	TESLA 2021-B A2 LEASE 144A MAT 09/22/25 Cpn 0.36 88161KAB1	25,302.88		0.00	0.52	25,302.88
08/20/23	08/20/23	Pay Princpl	41,458.611	VERIZON 2020-B A PHONE MAT 02/20/25 Cpn 0.47 92290BAA9	41,458.61		0.00	(8.87)	41,458.61
			672,701.581		672,701.58		0.00	(36.24)	672,701.58
08/01/23	08/01/23	Mature Long	140,000.000	HOUSING URBAN DEVELOPMENT MAT 08/01/23 Cpn 2.62 911759MW5	140,000.00		0.00	0.00	140,000.00
08/01/23	08/01/23	Mature Long	350,000.000	CA SONOMA CNTY CLG DIST TXB MAT 08/01/23 Cpn 1.99 835569GQ1	350,000.00		0.00	0.00	350,000.00
			490,000.000		490,000.00		0.00	0.00	490,000.00

LA CARE
Cash Activity by Transaction Type GAAP Basis
Accounting Period From 08/01/2023 To 08/31/2023

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
BUY										
08/10/23	08/08/23	08/10/23	TNT77	68233JCN2	ONCOR ELECTRIC DELIVERY	1,000,000.00	(10,630.56)	(978,450.00)	0.00	(989,080.56)
08/16/23	08/14/23	08/16/23	TNT77	46647PDG8	JPMORGAN CHASE & CO	5,000,000.00	(14,148.75)	(4,891,200.00)	0.00	(4,905,348.75)
08/16/23	08/16/23	08/16/23	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	7,522,580.18	0.00	(7,522,580.18)	0.00	(7,522,580.18)
08/17/23	08/15/23	08/17/23	TNT77	38141GWL4	GOLDMAN SACHS GROUP INC	10,000,000.00	(73,820.00)	(9,339,100.00)	0.00	(9,412,920.00)
TOTAL BUY						23,522,580.18	(98,599.31)	(22,731,330.18)	0.00	(22,829,929.49)
DIVIDEND										
08/01/23	08/01/23	08/01/23	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	1,158,815.82	3,160.59	0.00	0.00	3,160.59
TOTAL DIVIDEND						1,158,815.82	3,160.59	0.00	0.00	3,160.59
INTEREST										
08/01/23	08/01/23	08/01/23	TNT77	05531FBH5	TRUIST FINANCIAL CORP	5,000,000.00	62,500.00	0.00	0.00	62,500.00
08/01/23	08/01/23	08/01/23	TNT77	31677QBR9	FIFTH THIRD BANK	5,000,000.00	56,250.00	0.00	0.00	56,250.00
08/01/23	08/01/23	08/01/23	TNT77	54438CYJ5	LOS ANGELES CA CMNTY CLG DIST	3,350,000.00	11,272.75	0.00	0.00	11,272.75
08/01/23	08/01/23	08/01/23	TNT77	54438CYK2	LOS ANGELES CA CMNTY CLG DIST	1,100,000.00	4,251.50	0.00	0.00	4,251.50
08/01/23	08/01/23	08/01/23	TNT77	969268DG3	WILLIAM S HART CA UNION HIGH S	2,350,000.00	8,894.75	0.00	0.00	8,894.75
08/05/23	08/05/23	08/05/23	TNT77	458140BY5	INTEL CORP	5,000,000.00	93,750.00	0.00	0.00	93,750.00
08/12/23	08/12/23	08/12/23	TNT77	14913R3A3	CATERPILLAR FINL SERVICE	2,500,000.00	45,000.00	0.00	0.00	45,000.00
08/13/23	08/13/23	08/13/23	TNT77	89236TGT6	TOYOTA MOTOR CREDIT CORP	3,000,000.00	27,000.00	0.00	0.00	27,000.00
08/15/23	08/15/23	08/15/23	TNT77	384802AE4	WW GRAINGER INC	1,000,000.00	9,250.00	0.00	0.00	9,250.00
08/15/23	08/15/23	08/15/23	TNT77	576000ZE6	MASSACHUSETTS ST SCH BLDG AUTH	5,000,000.00	22,125.00	0.00	0.00	22,125.00
08/15/23	08/15/23	08/15/23	TNT77	756109BG8	REALTY INCOME CORP	5,000,000.00	98,750.00	0.00	0.00	98,750.00
08/15/23	08/15/23	08/15/23	TNT77	882508BV5	TEXAS INSTRUMENTS INC	5,000,000.00	115,000.00	0.00	0.00	115,000.00
08/15/23	08/15/23	08/15/23	TNT77	91324PEP3	UNITEDHEALTH GROUP INC	5,000,000.00	131,250.00	0.00	0.00	131,250.00
08/23/23	08/23/23	08/23/23	TNT77	037833BY5	APPLE INC	1,500,000.00	24,375.00	0.00	0.00	24,375.00
08/23/23	08/23/23	08/23/23	TNT77	69353REK0	PNC BANK NA	2,000,000.00	29,500.00	0.00	0.00	29,500.00
TOTAL INTEREST						51,800,000.00	739,169.00	0.00	0.00	739,169.00
SELL										
08/14/23	08/11/23	08/14/23	TNT77	68609TN61	OREGON ST	1,000,000.00	1,241.72	964,750.00	0.00	965,991.72
08/15/23	08/11/23	08/15/23	TNT77	06406HCV9	BANK OF NEW YORK MELLON	3,750,000.00	31,875.00	3,683,962.50	0.00	3,715,837.50

9/5/2023
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LA CARE
Cash Activity by Transaction Type GAAP Basis
Accounting Period From 08/01/2023 To 08/31/2023

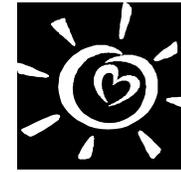
Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
08/15/23	08/11/23	08/15/23	TNT77	46625HJX9	JPMORGAN CHASE & CO	1,000,000.00	9,263.89	984,590.00	0.00	993,853.89
08/15/23	08/11/23	08/15/23	TNT77	904764AX5	UNILEVER CAPITAL CORP	1,250,000.00	9,027.78	1,223,212.50	0.00	1,232,240.28
08/16/23	08/16/23	08/16/23	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	1,158,815.82	0.00	1,158,815.82	0.00	1,158,815.82
08/17/23	08/15/23	08/17/23	TNT77	38141GXE9	GOLDMAN SACHS GROUP INC	9,000,000.00	160,406.25	8,892,810.00	0.00	9,053,216.25
08/17/23	08/15/23	08/17/23	TNT77	66989HAG3	NOVARTIS CAPITAL CORP	5,000,000.00	47,694.44	4,919,950.00	0.00	4,967,644.44
TOTAL SELL						22,158,815.82	259,509.08	21,828,090.82	0.00	22,087,599.90
GRAND TOTAL						98,640,211.82	903,239.36	(903,239.36)	0.00	0.00
Avg Date 16										

BOARD OF GOVERNORS

Finance & Budget Committee

Meeting Minutes – September 27, 2023

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



L.A. Care
HEALTH PLAN

Members

Stephanie Booth, MD, *Chairperson*
Alvaro Ballesteros, MBA
G. Michael Roybal, MD **
Nina Vaccaro **

Management/Staff

John Baackes, *Chief Executive Officer*
Sameer Amin, MD, *Chief Medical Officer*
Terry Brown, *Chief of Human Resources*
Augustavia Haydel, *General Counsel*
Linda Greenfeld, *Chief Products Officer*

Alex Li, MD, *Chief Health Equity Officer*
Tom MacDougall, *Chief Technology & Information Officer*
Noah Paley, *Chief of Staff*
Acacia Reed, *Chief Operating Officer*
Afzal Shah, *Chief Financial Officer*

*Absent ** Via Teleconference

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	<p>Stephanie Booth, MD, <i>Committee Chairperson</i>, called the L.A. Care and JPA Finance & Budget Committee meetings to order at 1:04 p.m. The meetings were held simultaneously. She welcomed everyone and summarized the process for public comment during this meeting.</p> <ul style="list-style-type: none"> • For those who provided public comment for this meeting by voice message or in writing, L.A. Care is glad that they provided input today. The Committee will hear their comments and they also have to finish the business on the Agenda today. • For people who have access to the internet, the meeting materials are available at the lacare.org website. If anyone needs information about how to locate the meeting materials, they can reach out to L.A. Care staff. • 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. • Public comment will be made before the Committee starts to discuss an item. If the comment is not for a specific agenda item, it will be read at the general Public Comment. • Chairperson Booth provided information on how to submit a comment in-person, or live and directly using the “chat” feature. 	
APPROVE MEETING AGENDA	The Agenda for today’s meeting was approved.	Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Roybal, and Vaccaro)

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
PUBLIC COMMENTS	There were no public comments.	
APPROVE CONSENT AGENDA	<ul style="list-style-type: none"> • August 23, 2023 meeting minutes • Language Line Solutions Contract Extension <u>Motion FIN 100.1023*</u> To extend the existing telephonic interpreting contract term with Language Line Solutions by two years (2024-2026) and add funds in the amount of \$7.8 million for a new contract total of \$20.4 million. • TierPoint Contract to provide Disaster Recovery <u>Motion FIN 101.1023*</u> To authorize staff to execute a contract in the amount of \$6,300,000 with TierPoint to provide Disaster Recovery as a service for the period of October 2023 to October 2028. • Cognizant/Trizetto Technology Solutions, Infosys Ltd. and Solugenix Corporation Contract Amendment for Information Technology staff augmentation <u>Motion FIN 102.1023*</u> To authorize staff to amend contracts with Cognizant/Trizetto Technology Solutions, Infosys Ltd. and Solugenix Corporation, (total increase of \$17,340,000) for Information Technology staff augmentation services through September 30, 2024. • NICE Systems, INC. to provide an Engage Quality Monitoring Cloud Based platform with Real-Time Authentication Contract <u>Motion FIN 103.1023*</u> To authorize staff to execute a contract in the amount of \$3,500,000 with NICE Systems, INC. to provide an Engage Quality Monitoring Cloud Based platform with Real-Time Authentication for the period of 36-months from October 1, 2023 to October 1, 2026. • EPlus Contract to provide Storage Service <u>Motion FIN 104.1023*</u> To authorize staff to execute a contract in the amount of \$3,500,000 with EPlus to provide Storage Service for the period of October 2023 to October 2028. • NetCentric Technologies, Inc. Contract Amendment 	<p>Approved unanimously by roll call. 4 AYES</p> <p>The Committee approved to include FIN 100, FIN 101, FIN 102, FIN 103, FIN 104, FIN 105 and FIN 106 to the Consent Agenda for the October 5, 2023 Board of Governors meeting.</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Motion FIN 105.1023*</u> To authorize staff to amend the contract with NetCentric Technologies, Inc. to add \$975,000 in funds, bringing the total contract total not to exceed \$2,390,000 for the period of October 1, 2023 to September 30, 2026.</p> <ul style="list-style-type: none"> • Ntooitive Contract (FIN 106) <u>Motion FIN 106.1023*</u> To authorize staff to execute a new statement of work with Ntooitive in the amount of \$12,340,575 for marketing campaigns for L.A. Care’s direct lines of business, including the LACC Shop and Compare Tool, and the Community Resource Centers for the period of October 1, 2023 through September 30, 2024. • Toney Healthcare Contract Amendment (FIN A) <u>Motion FIN A.0923*</u> To authorize staff to amend a contract in the amount of \$400,000 (total contract amount \$1,400,000) with Toney HealthCare to provide consulting services to the EPO Department for the period of August 1, 2023 to September 30, 2024. 	
CHAIRPERSON’S REPORT	There was no report by the Chairperson.	
CHIEF EXECUTIVE OFFICER’S REPORT <ul style="list-style-type: none"> • Sponsorships & Grants Reports • Resources Connection, LLC dba Resources Global Professionals (RGP) Contract Amendment 	<p>John Baackes, Chief Executive Officer, deferred his CEO report to the Executive Committee immediately following this meeting. He referred the Committee to the written Grants & Sponsorship report included in the meeting materials.</p> <p>Mr. Baackes presented a motion for Resources Connection, LLC dba Resources Global Professionals (RGP), requesting approval to amend a contract for \$850,000, effective through December 31, 2023. RGP will provide compliance advisory support for the planning and coordination of the current Compliance Officer’s departure as well as support for onboarding a new Compliance Officer. These services are included in a new Scope of Work 2 effective through March 31, 2023, for a total not to exceed \$510,000.</p> <p><u>Motion FIN 107.1023</u> To authorize staff to amend a contract in the amount of \$1,360,000 (total contract amount not to exceed \$4,715,000), with Resources Connection, LLC dba Resources Global Professionals (RGP) to provide Internal Audit services through December 31, 2023 and compliance support services through March 31, 2024.</p>	<p>Approved unanimously by roll call. 4 AYES The Committee approved to include FIN 170 to the Consent Agenda for the October 5, 2023 Board of Governors meeting.</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
COMMITTEE ITEMS		
<p>Chief Financial Officer's Report</p> <ul style="list-style-type: none"> Financial Report 	<p>Jeffrey Ingram, <i>Deputy Chief Financial Officer</i>, reported on the July 2023 Financial Performance. <i>(A copy of the report can be obtained by contacting Board Services.)</i></p> <p><u>Membership</u> July 2023 membership was about 2.9 million members; 28.5 million Year-to-Date (YTD). A drop from last month because July is the first month of disenrollments from redeterminations. The forecast assumed about a 1% drop in membership due to redeterminations. With only one month of data, it is too early to know if this trend will hold up; staff will continue to monitor. The previous forecast error double counting Duals Special Needs Plan (DSNP) membership under Medi-Cal was adjusted in the 9+3 forecast.</p> <p><u>Consolidated Financial Performance</u> The net surplus for July was \$107 million; \$68 million favorable to the forecast when Housing and Homelessness Incentive Program (HHIP) and Incentive Payment Program (IPP) are excluded.</p> <p>From an operating margin standpoint, July was favorable to the forecast by \$60 million. Revenue was favorable \$26 million. The main drivers are the \$23 million Long-Term Care (LTC) add-on revenue and the \$9 million Major Organ Transplant risk corridor. Offsetting those items was \$5.6 million in unfavorability due to an additional adjustment to the In-Home Support Services (IHSS) reconciliation.</p> <p>Healthcare costs were \$67 million favorable, which was primarily driven by lower fee-for-service claims, especially in inpatient services. This includes the offset of the higher LTC revenue mentioned earlier.</p> <p>Administrative expenses were unfavorable to the forecast by \$2.2 million. For the majority of the year, Admin has been favorable due to timing and the catch up of that is starting to be seen now. Administrative expenses are expected to be unfavorable through the end of the year. Non-operating is favorable \$7.6 million vs the forecast driven by interest income due to higher interest rates.</p> <p>YTD, there was a \$457 million surplus. When HHIP and IPP are excluded the surplus was \$349 million; \$64 million favorable to the forecast. This is the first month comparing actuals to the new 9+3 forecast so all of the YTD variances are the same as those previously discussed for the month of July.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Operating Margin by Segment</u> The Medical Care Ratios (MCR) by segment were all close to forecast. Earlier in the year, it was reported that the MCR for DSNP had been lower than expected. It does appear to be correcting itself as the fiscal year progresses. Overall MCR is 92.1% vs 92.7% in the forecast, when HHIP/IPP are excluded.</p> <p><u>Key Financial Ratios</u> The key financial ratios are all ahead of benchmarks as in previous months. The only exception is cash to claims, which will not fully recover until the IHSS balances are settled with the DHCS.</p> <p><u>Tangible Net Equity and Days of Cash on Hand</u> July 2023 Fund Balance was \$1.55 billion, which represents 662% of Tangible Net Equity. For the month of July, we currently have enough cash to cover operating expenses for the next 78 days.</p> <p><u>Motion FIN 108.1023</u> To accept the Financial Reports for July 2023, as submitted.</p>	<p>Approved unanimously by roll call. 4 AYES</p>
<ul style="list-style-type: none"> Monthly Investment Transactions Reports 	<p>Mr. Ingram referred to the investment transactions reports included in the meeting materials (<i>a copy of the report is available by contacting Board Services</i>). This report is to comply with the California Government Code as an informational item. L.A. Care's total investment market value as of July 31, 2023 was \$2.7 billion.</p> <ul style="list-style-type: none"> \$2.6 billion managed by Payden & Rygel and New England Asset Management (NEAM) \$35 million in Local Agency Investment Fund \$79 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 1:20 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 1:21 p.m.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<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>September 2025</i></p>	
RECONVENE IN OPEN SESSION	<p>The meeting reconvened in open session at 1:38 pm. Augustavia J. Haydel, Esq., <i>General Counsel</i>, advised the public that no reportable action from the closed session.</p>	
ADJOURNMENT	<p>The meeting adjourned at 1:39 p.m.</p>	

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:

Stephanie Booth, MD, *Chairperson*
Date Signed _____

**COMPLIANCE
&
QUALITY
COMMITTEE**

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Summary – September 21, 2023



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

Members

Stephanie Booth, MD, *Chairperson*
 Al Ballesteros, MBA
 G. Michael Roybal, MD**

Senior Management

John Baackes, *Chief Executive Officer*
 Augustavia J. Haydel, *General Counsel*
 Sameer Amin, MD, *Chief Medical Officer*
 Thomas Mapp, *Chief Compliance Officer*
 Terry Brown, *Chief of Human Resources*
 Noah Paley, *Chief of Staff*
 Todd Gower, *Interim Chief Compliance Officer*
 Linda Greenfield, *Chief Product Officer*

* Absent ** Via Teleconference

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	<p>Chairperson Stephanie Booth, MD, called the L.A. Care Compliance & Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance & Quality Committee meetings to order at 2:12 p.m.</p> <p>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.</p> <p>Member Roybal asked for approval for remote participation due to an unforeseen hospitalization and subsequent immobility issues. He would like the committee to know that he is in a room by himself.</p>	<p>The Committee approved by consensus Dr. Roybal’s remote participation.</p>
APPROVAL OF MEETING AGENDA	<p>The meeting Agenda was approved as submitted.</p>	<p>Approved unanimously by roll call. 3 AYES (Ballesteros, Booth, and Roybal)</p>
PUBLIC COMMENT	<p>There was no public comment.</p>	

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF MEETING MINUTES	The August 17, 2023 meeting minutes were approved as submitted.	Approved unanimously by roll call. 3 AYES
CHAIRPERSON REPORT <ul style="list-style-type: none"> • Education Topics 	<p>Chairperson Booth gave the following report:</p> <p>Chairperson Booth reported on the issues discussed during the meeting. She began by acknowledging Member Ballesteros, who had made an excellent point during the previous executive meeting regarding provider shortages and the overwhelming volume of provider opportunities in the healthcare industry. Dr. Amin had responded to this concern by emphasizing the need for practical solutions to address turnover-related issues and suggesting the prioritization and consolidation of these opportunities. He proposed organizing these reports in a manner that aligns with a physician's thought process and integrating them into the provider's workflow to streamline the process. Chairperson Booth emphasized the importance of organizing opportunity reports by listing each patient and their applicable opportunities, rather than listing each opportunity and the patients whom the opportunity applies. She suggested that this could be achieved with the help of technology, particularly computers, which can efficiently organize data as needed. The goal was to create an infrastructure that would centralize and make this healthcare-related data easily accessible to all healthcare providers. She acknowledged that implementing such a system would be a significant investment but believed that it would improve patient care, alleviate shortages, and simplify compliance processes. Chairperson Booth highlighted the challenge for providers of managing an increasing workload and the importance of working collaboratively with the health plan to make this investment a reality. She expressed the belief that such an initiative, based on technology and improved data management, would lead to better health outcomes, address social determinants of health, reduce duplication of services, and ultimately enhance health equity. Chairperson Booth underlined the potential for technology to transform healthcare and the need for collaboration to make it a reality.</p> <p><i>Committee members did not submit any Education Topics for this meeting.</i></p>	
CHIEF COMPLIANCE OFFICER REPORT	<p>Thomas Mapp, <i>Chief Compliance Officer</i>, and Compliance Department staff presented the Chief Compliance Officer Report: <i>(a copy of the full written report can be obtained from Board Services).</i></p> <p>Mr. Mapp stated that the Chief Compliance Officer's report would consist of three components. The first component will address an education-related topic. He mentioned that in a previous meeting, a question had been raised regarding how the Compliance Department closes the loop on compliance issues from start to finish. To address this Michael Sobetzko, <i>Senior Director, Risk Management and</i></p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Operations Support</i>, is scheduled to give a presentation and provide a case study illustrating how the compliance function typically operates.</p> <p>Mr. Sobetzko gave a report on Prevention, Detection, and Correction.</p> <p>Mr. Sobetzko highlighted the seven core compliance program requirements established by the Center for Medicare and Medicaid Services (CMS), which serve as the foundation of the compliance program. These requirements included having written policies and procedures, the presence of a compliance officer and compliance committee, effective training and education programs, clear lines of communication, well-publicized disciplinary standards, routine monitoring and auditing, and procedures for prompt responses to compliance issues. Mr. Sobetzko discussed the importance of aligning these core principles with the concepts of prevention, detection, and correction. He stated that while it is impossible to eliminate all risks and issues in their dynamic business environment, the compliance program's ability to prevent, detect, and correct these issues is essential. He described their approach to prevention, which involved annual policy reviews, updating policies to align with changing business requirements, and providing training and education to employees and providers. Effective lines of communication were maintained, and compliance and ethics hotlines were available for reporting issues. In terms of detection, Mr. Sobetzko discussed the importance of effective systems for routine monitoring, auditing, and identifying compliance risks. He explained the processes for internal investigations, conflict of interest management, and monitoring delegates to ensure compliance. Mr. Sobetzko spoke about operational controls, which serve as the foundation for detecting compliance issues and monitoring performance. He emphasized that operational controls are the initial line of defense in detecting potential compliance problems. These controls are vital for ensuring that the organization's activities are conducted in accordance with regulations and policies. He stressed the significance of capturing and tracking compliance issues as they arise. These issues can originate from various sources, including fraud, waste, abuse, or other types of noncompliance. He noted the role of the Special Investigation Unit in investigating allegations of fraud, waste, and abuse. This unit plays a crucial part in addressing compliance issues and ensuring they are properly handled. He said that the role of data analytics in identifying potential compliance risks and data-driven insights can help in proactively identifying areas that require attention and further investigation. Mr. Sobetzko discussed the importance of overseeing the compliance of delegates or third-party entities. Ensuring that delegates meet compliance standards is a key component of overall compliance management. He mentioned that internal audit plays a critical role in the compliance framework. Internal auditors conduct annual audits and validate identified risks. They are an essential part of the third line of defense within the organization. Mr. Sobetzko then emphasized the significance of the multiple lines of defense in maintaining compliance within the organization. He stressed that compliance does not start with the compliance department but begins in the operational and business areas where controls</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>and processes are established. He presented a case study to illustrate the comprehensive process of addressing compliance issues. This case study showcased the steps taken from detecting an issue to correction and prevention. The case involved a backlog of cases in the Provider Quality Team. The corrective actions included staff training, improved case management, and enhanced case screening. Mr. Sobetzko discussed various preventative measures. These measures included better initial screening and triage processes, reducing manual processing, and potentially automating certain tasks. These steps were aimed at preventing future compliance issues and enhancing the overall effectiveness of the compliance program. He emphasized the need for a multifaceted approach to compliance management, involving various levels of oversight and proactive measures to ensure the organization's ongoing compliance with regulations and policies.</p> <p>Mr. Mapp stated that the presentation's goal is to illustrate how compliance issues progress through the organization.</p> <p>Member Ballesteros asked about the three lines of defense. He asked if those include L.A. Care employees or delegated entities. Mr. Sobetzko responded that they are L.A. Care employees, but some functions are delegated. Member Ballesteros asked if L.A. Care is being compliant. He noted that at some levels L.A. Care is responsible. If they are L.A. Care's delegated entity L.A. Care is responsible. Does L.A. Care have resources to provide training and oversight? Ms. Sobetzko responded that L.A. Care is able to provide oversight, but as far as training, he explained that training is provided to delegates when policies and procedures change or new implementations require their involvement. There are teams responsible for delegate oversight and delegation audits to monitor and audit delegate performance. Mr. Mapp stated that larger delegates tend to handle this better, especially those with prior experience working with the organization. However, smaller delegates, especially in community support areas, often lack experience in dealing with compliance and reporting issues. In such cases, the organization steps in to help them meet their obligations. He mentioned that some delegates lack the background in developing policies and systems controls, and in these cases, the health plan provides guidance to improve their readiness for audits. In high-risk scenarios, they may even engage in more hands-on assistance to ensure compliance and risk management goals are met.</p> <p>Miguel Varela Miranda, <i>Senior Director, Regulatory Compliance</i>, and Marie Mercado Grijalva, <i>Manager, Regulatory Analysis and Communications</i>, gave a report regarding operational readiness and the 2024 contract. They discussed the progress made and plans for the upcoming operational readiness activities for the medical line of business. Ms. Grijalva highlighted that they received approval to go live on January 1, 2024, based on their current submissions during the operational readiness process. However, this approval was contingent on completing the process, and there were still pending submissions and artifacts. They were reviewing the 2024 contract updates received in July to ensure</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>proper preparedness. By the end of August, they had submitted 213 artifacts, with 194 approved, and one remaining submission scheduled for December 29. There are additional artifacts pending due dates, which might be requested in the upcoming months or next year, especially for elements like emergency preparedness. The report also covered their recent call with CMS (Centers for Medicare & Medicaid Services), where they provided updates on changes and readiness for the open enrollment period. The call was successful, and CMS expressed confidence in their readiness, with no significant concerns raised. Regular monthly meetings were held with CMS to address any issues or observations.</p> <p>Richard Rice Jr., <i>Director, Delegation Oversight Performance Monitoring and Account Management</i>, reported on the enhancements being made to the notice of non-compliance and corrective action processes. Currently, the department has a communication team responsible for sending out notices of non-compliance and tracking them with business units. They are also working on tracking corrective action plans (CAPs) issued by internal business units to delegates, ensuring proper remediation. The proposed changes involve centralizing the tracking of notices and CAPs. They plan to re-establish the Delegation Oversight Committee to provide a more formalized structure for tracking corrective action plans and audit performance for each delegate. The new committee, expected to be re-established by November 1, will comprise members from different business units, including finance, compliance, and monitoring teams. The committee will have access to a dashboard spreadsheet to monitor the status of corrective actions and assess delegate performance. These enhancements aim to improve oversight and accountability in compliance processes.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHIEF MEDICAL OFFICER REPORT	<p>Dr. Amin gave a Chief Medical Officer Report.</p> <p>Dr. Amin highlighted two major areas of concern. The first issue he addressed was related to the vendor for utilization management platform. Dr. Amin stated that the purpose was to have a unified utilization management platform and provider portal but expressed concerns about the vendor's inability to meet L.A. Care's requirements. He also mentioned that the vendor was acquired by Up Health and later went public. Dr. Amin shared that the organization had been closely collaborating with the vendor, particularly since the beginning of 2023. They worked on streamlining their demands to expedite the platform's completion, focusing on regulatory and compliance requirements for community support. Weekly meetings at an executive level and frequent workgroup meetings were part of the strategy, with an aggressive timeline set for completion by December. Dr. Amin explained the critical role of their platform in authorizations, referrals, and provider interactions and the potential compliance and cost issues if the system malfunctioned. He also mentioned the challenge of the delays in rolling out the provider portal. Dr. Amin shared their optimism about meeting their goals and addressed the recent bankruptcy filing by Up Health, reassuring the committee that they had contingency plans in place and the situation was under control.</p> <p>Regarding the second area of focus, Dr. Amin discussed the ongoing refinement of activities related to appeals and grievances. The health services team was collaborating closely with Acacia Reed's team to improve information retrieval from the appeals and grievances function. They had appointed a medical director to review and triage grievances, enhance analytics, and extract data from appeals and grievances. Dr. Amin spoke about the institution of more meetings and better categorization for quality service and quality of care issues to reduce the number of grievances effectively. He highlighted the positive outcomes of these efforts, including a significant reduction in cases from 800 to a more manageable range of 50-600. Dr. Amin expressed enthusiasm for the collaboration between health services and Appeals and Grievances, considering it the beginning of fruitful refinement activities.</p>	
ACCESS AND AVAILABILITY	<p>Priscilla Lopez, <i>Manager, Quality Improvement Accreditation, Quality Improvement</i>, gave a presentation on Access and Availability (<i>a copy of the full written report can be obtained from Board Services</i>).</p> <p>Dr. Amin introduced Ms. Lopez, who serves as the Manager of Quality Improvement Accreditation in the Quality Assurance department. Dr. Amin emphasized the significance of the access and availability survey, especially in terms of primary care providers (PCP) and specialty access. He described their new aggressive approach to addressing these issues and highlighted the detailed nature of the survey report. Dr. Amin noted that providing line-level details about who is failing and where improvements are required was a novel aspect for the committee, as compared to vendor surveys conducted in the past. Following his comments, Dr. Amin introduced Ms. Lopez to lead the discussion.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Ms. Lopez reported on the following items <i>(a copy of the full report can be obtained from Board Services.):</i> Access to Care</p> <ul style="list-style-type: none"> • Regulatory Guidelines <ul style="list-style-type: none"> - Standards - Performance Goals • Deep Dive <ul style="list-style-type: none"> - Performance by PPG/PP/DN and Line of Business <ul style="list-style-type: none"> ○ PCP ○ SCP ○ After Hours • Remediation Plans <ul style="list-style-type: none"> - Prior and Current Enforcement - Communication • Improvement Plan <p>Ms. Lopez's discussed the review of measurement year 2022 access to care survey results. She introduced the regulatory guidelines and standards set by DHCS and the methodology for administering the annual access to care survey. The report outlined accessibility standards for different provider groups, emphasizing the importance of compliance. Ms. Lopez presented performance goals and standards, highlighting that the minimum rate of compliance was set at 80% and the annual calculation aimed for statistically significant improvements. The report provided an overview of aggregate performance by measure, identifying areas that needed improvement. She explained the annual survey process, which involved conducting surveys from October to December and receiving results by Spring. Corrective action plans were developed based on these results and shared with provider groups. Quarterly oversight and monitoring were implemented to bring noncompliant providers into compliance. She spoke about the performance of provider groups by access to care standards, emphasizing the need for action in certain areas. Her report mentioned specific zip codes and the compliance status of different provider groups for various standards. It was noted that red indicators signified areas that required immediate attention. Ms. Lopez expressed her concern about the amount of red indicating noncompliance and the need for prompt action. They discussed issues related to delegates and the importance of getting specialists in the network to take action. She stressed the importance of working closely with the vendor to ensure accurate survey results. Ms. Lopez highlighted the need to loop back with the vendor for a clearer picture of the situation. Remediation plans were expected to address these challenges, and the report shared an example of a report card and communication sent to noncompliant provider groups.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Member Roybal asked if L.A. Care tracks the number of patients empaneled with each provider. He pointed out that an over-impaneled situation might make it challenging for patients to secure available time slots. Dr. Roybal was curious if L.A. Care conducts such tracking and whether it considers whether providers are contracted with the plan. He asked for information on whether they inquire about the total number of patients per particular provider. Mr. Paley acknowledged that tracking the panel size of primary care providers is relatively straightforward. The organization systematically monitors the panel sizes of providers across all lines of business. L.A. Care also has mechanisms in place to close panels when they reach a certain limit, currently set at 2,000 members, with the possibility of extension when associated with a mid-level provider by 1,000. He explained that they track the overall number of patients assigned to a particular PCP, whether through their plan partners or their direct network. They have established procedures to address panel closure when size limits are reached. Dr. Amin stated that the situation is complex with the specialty network since they are often contracted through delegates who must demonstrate network adequacy. However, network adequacy does not necessarily guarantee sufficient appointment availability. Managing this aspect becomes part of their delegation oversight function, and acquiring such information can be difficult outside of comprehensive surveys. Member Roybal had a follow-up question regarding whether the organization has data or conducted an analysis on providers or groups that consistently fail to meet the availability standards. He inquired whether L.A. Care assesses its alignment with the standards and whether, even if they have a panel size of 2,000 members, they would consider reducing it to 1,800 or a different number if they cannot meet the timeliness access standards. Mr. Paley stated that that is precisely the rigor that L.A. Care is partaking in with access to care information. L.A. Care is developing a specific dashboard similar to the one created for the direct network for all delegated provider groups in various lines of business to connect results in access to care and utilization and look at panel size to coordinate a very focused discussion to improve a provider group’s access that they are providing to members.</p>	
<p>ADJOURN TO CLOSED SESSION</p>	<p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The JPA Compliance and Quality Committee meeting adjourned and the Compliance and Quality Committee adjourned to closed session at 3:35 P.M.</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 Ralph M. Brown Act: Five potential cases</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Government Code Section 54957 Consultation with: Thomas Mapp, Chief Compliance Officer, Serge Herrera, Privacy Director and Gene Magerr, Chief Information Security Officer</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> • 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 	
RECONVENE IN OPEN SESSION	<p>The Committee reconvened in open session at 4:37 p.m.</p> <p>There was no report from closed session.</p>	
ADJOURNMENT	<p>The meeting adjourned at 4:37 p.m.</p>	

Respectfully submitted by:

APPROVED BY:

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

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