



L.A. CARE BOARD OF GOVERNORS MEETING

December 5, 2024 • 1:00 PM

Lobby Conference Room

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

*L.A. Care offices have moved to 1200 W. 7th Street, Los Angeles, CA 90017.
Public meetings will continue to be held in the Board Room at 1055 W. 7th Street until
early 2025.*

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 2.6 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.

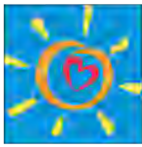


- **L.A. Care Medicare Plus** – L.A. Care Medicare Plus provides complete care that coordinates Medicare and Medi-Cal benefits for Los Angeles County seniors and people with disabilities, helps with access to resources like housing and food, and offers benefits and services like care managers and 24/7 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 October 2024	
Medi-Cal	2,334,807
L.A. Care Covered	196,328
D-SNP	20,329
PASC-SEIU	49,613
Total membership	2,601,077
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 2023-2024 budget)	
Revenue	\$11B
Fund Equity	\$1,779,445
Net Operating Surplus	\$103.9M
Administrative cost ratio	5.1%
Staffing highlights	
Full-time employees (Actual as of September 2023)	2,269
Projected full-time employees (FY 2023-2024 budget)	2,407



DRAFT



L.A. Care
HEALTH PLAN®

AGENDA
BOARD OF GOVERNORS MEETING

L.A. Care Health Plan

Thursday, December 5, 2024, 1:00 P.M.

1055 W. 7th Street, Lobby Conference Room 100, 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/lacare/j.php?MTID=me035d3325e73a1376426385bece743b2>

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

English Meeting Access Number: 2490 748 5052 Password: lacare

Spanish Meeting Access Number: 2489 705 7708 Password: lacare

Jackie Contreras, PhD

Westin St. Francis Hotel

335 Powell Street, San Francisco 94102

Supervisor Hilda L. Solis

500 West Temple Street, Room 856

Los Angeles, CA 90012

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.

The process for public comment is evolving and may change at future meetings.

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.

- 1. Welcome Alvaro Ballesteros, MBA, *Chair*
- 2. Approve today’s agenda *Chair*
- 3. Public Comment *(Please read instructions above.)* *Chair*
- 4. 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”.)
 - November 7, 2024 meeting minutes **p.24**
 - To designate Communities Lifting Communities and Shelter Partnership as authorized recipients of funds from Board Member stipends according to Legal Services Policy 300 for the calendar year 2025 **(BOG 100) p.45**
 - Revisions to the Conflict of Interest Code of the L.A. Care Health **(EXE 100) p.48**
 - *Revisions to the Conflict of Interest Code of the L.A. Care Health Plan Joint Powers Authority (JPA EXE 100)*

- Revisions to General Legal Services Policy LS-010 (Delegation of Authority to Approve, Compromise, and/or Settle Certain Pre- Litigation Claims and Pending Litigation) **(EXE 101)** p.71
 - Availity, LLC Contract to support L.A. Care with Electronic Claims Clearinghouse Services **(FIN 100)** p.77
 - Claris Health (formerly Santé Analytics) Contract Amendments:
 - Scope of Work 2 (A3) to support L.A. Care with a centralized overpayment repository with workflow capabilities to allow L.A. Care to manage and warehouse internal payment integrity audits and vendor audits **(FIN 101)** p.78
 - Scope of Work 5 (A3) to continue supporting L.A. Care with Pareo Analytics to ensure continued progress in optimizing L.A. Care’s payment integrity efforts and maximizing savings **(FIN 102)** p.80
 - Scope of Work 6 (A2) to continue to support L.A. Care by providing Pareo clinical analytics algorithms, medical record request operations, a full time Claris Health clinical healthcare expert, and access to Claris Health’s Optical Character Recognition (OCR) software **(FIN 103)** p.82
 - Scope of Work 7 (New Contract) Pareo Pre-Pay analytics services **(FIN 104)** p.84
 - WiPro Contract to perform claims processing, Provider Dispute Resolution processing, claims adjustment processing, and Payment Integrity pre-payment data mining validation and processing services **(FIN 105)** p.85
 - Quarterly Investment Report for the quarter ending September 30, 2024 **(FIN 106)** p.86
 - Regional Community Advisory Committee Membership **(TTECA 100)** p.115
5. Chairperson Report *Chair*
- Recognition of Service to L.A. Care
 - John Baackes, Chief Executive Officer
 - Hector De La Torre, Board Member
6. Motions for Consideration
- Agreement for continued Community Resource Center Partnership with Blue Shield of California **(BOG 101)** p.117
 - Resolution to Support L.A. Care Members regardless of legal immigration status
7. Chief Executive Officer Report p.122 John Baackes
Chief Executive Officer
- Monthly Grants & Sponsorship Reports p.126
 - Authorization to 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 **(BOG 102)** p.128
 - Authorization for the Executive Staff to conduct a feasibility investigation of creating a foundation to be endowed with the Elevating the Safety Net Board-restricted funds **(BOG 103)** p.129 Cherie Compartore
*Senior Director,
Government Affairs*
 - Government Affairs Update
8. Chief Medical Officer Report p.132 Sameer Amin, MD
Chief Medical Officer
- Performance Monitoring Report – November 2024 (*Informational Only*) p.147

9. Chief Financial Officer Report **p.172**

- Financial Performance Report – September 2024 (**FIN 107**) **p.185**
- Monthly Investment Transactions Reports (*Informational Only*) **p.195**
- Quarterly/Annual Internal Policy Reports (*Informational Only*) **p.233**

Afzal Shah
Chief Financial Officer
Jeff Ingram
Deputy Chief Financial Officer

Advisory Committee Reports

10. Provider Relations Advisory Committee

Stephanie Booth, MD
Committee Member

11. Temporary Transitional Executive Community Advisory Committee

Fatima Vazquez / Layla Gonzalez
Consumer member / Advocate member

- Request for L.A. Care Health Plan to include Hoyer Lifts or electronic lifts to the Community Health Investment Fund program to aid with patients getting on and off examination tables. (**TTECA 101**) **p.275**

12. Children’s Health Consultant Advisory Committee

Tara Ficek, MPH
Committee Chair

13. Technical Advisory Committee

Alex Li, MD
Chief Health Equity Officer / Committee Chair

Board Committee Reports

14. Executive Committee

Chair

- Annual Employee Incentive Program (**EXE 102**) **p.324**
- Recommend to the Board that Board Officers election be delayed to the February 2025 meeting.
- Recommend to the Board the initiation of consideration of a nomination for the seat representing health plan/health insurance expertise.

John Baackes
Terry Brown
Chief Human Resources Officer

Chair

Chair

15. Finance & Budget Committee

Stephanie Booth, MD
Committee Chair

16. Compliance & Quality Committee

Stephanie Booth, MD
Committee Chair

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

Chair

ADJOURN TO CLOSED SESSION (Estimated time: 90 minutes)

Chair

18. 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 2026*

19. CONTRACT RATES

Pursuant to Welfare and Institutions Code Section 14087.38(m)

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

20. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION

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

KND Development 52, LLC, et al. v. Local Initiative Health Authority for Los Angeles County, L.A.S.C. Case No. 24STCV15962

21. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION

Pursuant to paragraph 1 of subdivision (d) of Section 54956.9 of the Ralph M. Brown Act
HRRP Garland, LLC v. Local Initiative Health Authority for Los Angeles County
L.A.S.C. Case No. 21STCV47250

22. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION

Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:
Three potential cases

23. PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and
CONFERENCE WITH LABOR NEGOTIATOR

Sections 54957 and 54957.6 of the Ralph M. Brown Act

Title: CEO

Agency Designated Representative: Alvaro Ballesteros, MBA

RECONVENE IN OPEN SESSION

Chair

24. Consideration of Current Chief Executive Officer's Term and New
Chief Executive Officer's Appointment and Compensation

Chair

ADJOURNMENT

Chair

There is no Board of Governors Meeting on January 2025.

The next meeting is scheduled on February 6, 2025 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 Reception Area, Lobby, at 1055 W. 7th Street, Los Angeles, CA 90017, 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
December 2024**

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



	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> Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p>	December 5	<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> Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p>	<i>No meeting in December</i>	<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> G. Michael Roybal, MD, MPH <i>Governance Committee Chair</i> <i>Compliance & Quality Committee Chair</i></p> <p>Staff Contact: Linda Merkens <i>Senior Manager, Board Services, x4050</i> Malou Balones <i>Board Specialist III, Board Services x4183</i></p>

For information on the current month's meetings, check calendar of events at www.lacare.org. Meetings may be cancelled or rescheduled at the last moment. To check on a particular meeting, please call (213) 428.5500 or send email to boardservices@lacare.org.

**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES
AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2024 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> Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p>	<i>No meeting in December</i>	<p>Stephanie Booth, MD, <i>Chairperson</i> Alvaro Ballesteros, MBA G. Michael Roybal, MD, MPH Fatima Vazquez</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> Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p>	<i>No meeting in December</i>	<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>Meets Quarterly 3rd Wednesday of meeting month 9:30 AM <i>(for approximately 2 hours)</i> Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</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>Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p> <p>MEETS AS NEEDED</p>	<p>December 16 10 – 11 am</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>

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GOVERNANCE COMMITTEE	Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017 MEETS AS NEEDED		Chairperson - VACANT Stephanie Booth, MD Layla Gonzalez Nina Vaccaro, MPH Staff Contact: Malou Balones <i>Board Specialist III, Board Services/ x 4183</i>
SERVICE AGREEMENT COMMITTEE	Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017 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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2024 MEETING SCHEDULE / MEMBER LISTING**

<p align="center">L.A. CARE COMMUNITY HEALTH PLAN</p>	<p>Meets Annually or as needed Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</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 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>Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p>	<p align="center">December 5</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 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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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>Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</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>Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p>	<p align="center">December 11</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>Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p>		<p>Alex Li, 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			
REGION 1	<p align="center">11 AM <i>(for approximately 2-1/2 hours)</i> L.A. Care Community Resource Center 2072 E. Palmdale Blvd. Palmdale, CA 93550 (213) 438-5580</p>	<p>Friday December 13, 2024</p>	<p>Staff Contact: Frank Meza (323) 541-7900 Ramon Garcia (213) 359-0086 <i>Community Outreach & Education</i></p>
REGION 2	<p align="center">10 AM <i>(for approximately 2-1/2 hours)</i> L.A. Care Community Resource Center 7868 Van Nuys Blvd. Panorama City CA 91402 (213) 438-5497</p>		<p>Staff Contact: Martin Vicente (213) 503-6199 Tyonna Baker (213) 760-2050 <i>Community Outreach & Education</i></p>
REGION 3	<p align="center">3 PM <i>(for approximately 2-1/2 hours)</i> Community Resource Center in El Monte 3570 Santa Anita Ave. El Monte, CA 91731 (213) 428-1495</p>		<p>Staff Contact: Frank Meza (323) 541-7900 Ramon Garcia (213) 359-0086 <i>Community Outreach & Education</i></p>
REGION 4	<p align="center">10:00 AM <i>(for approximately 2-1/2 hours)</i> Community Resource Center in Metro L.A. 11173 W. Pico Blvd. Los Angeles, CA 90064 (310) 231-3854</p>		<p>Staff Contact: Christopher Maghar (213) 549-2146 Cindy Pozos (213) 545-4649 <i>Community Outreach & Education</i></p>
REGION 5	<p align="center">2:00 PM <i>(for approximately 2-1/2 hours)</i> Community Resource Center in West L.A. 1233 S. Western Ave. Los Angeles, CA 90006 (213) 428-1457</p>	<p>Thursday December 19, 2024</p>	<p>Staff Contact: Christopher Maghar (213) 549-2146 Cindy Pozos (213) 545-4649 <i>Community Outreach & Education</i></p>

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<p>REGION 6</p>	<p>10:00 AM <i>(for approximately 2-1/2 hours)</i> Community Resource Center in South Los Angeles 5710 Crenshaw Blvd. Los Angeles, CA 90043 Community Resource Center in Lynwood 3200 E. Imperial Highway Lynwood, CA 90262</p>	<p>Wednesday December 18, 2024 (South LA)</p>	<p>Staff Contact: Martin Vicente (213) 503-6199 Tyonna Baker (213) 760-2050 <i>Community Outreach & Education</i></p>
<p>REGION 7</p>	<p>10:00 AM <i>(for approximately 2-1/2 hours)</i> Community Resource Center in East L.A. 4801 Whittier Blvd. Los Angeles, CA 90022 (213) 438-5570 Community Resource Center in Norwalk 11721 Rosecrans Ave. Norwalk, CA 90650 (562) 651-6060</p>		<p>Staff Contact: Kristina Chung (213) 905-8502 Hilda Herrera (213) 605-4197 <i>Community Outreach & Education</i></p>
<p>REGION 8</p>	<p>10:00 AM <i>(for approximately 2-1/2 hours)</i> Community Resource Center in Wilmington 911 N. Avalon Blvd. Wilmington, CA 90744 (213) 428-1490 Community Resource Center in Long Beach 5599 Atlantic Ave. Long Beach, CA 90805 (562) 256-9810</p>	<p>Monday December 16, 2024 (Long Beach)</p>	<p>Staff Contact: Kristina Chung (213) 905-8502 Hilda Herrera (213) 605-4197 <i>Community Outreach & Education</i></p>

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1200 W. 7th Street, Los Angeles, CA 90017
Tel. (213) 428.5500

	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> Conference Room - TBD 1200 W. 7th Street Los Angeles, CA 90017</p>	<p><i>No meeting in January</i> February 6 March 6 * April 3 May 1 June 5 July 24** <i>No meeting in August</i> September 4 *** October 2 * November 6 December 4</p> <p><i>*Placeholder meeting</i> <i>**4th Thursday due to summer vacations</i> <i>***All Day Retreat</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> 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> Conference Room - TBD 1200 W. 7th Street Los Angeles, CA 90017</p>	<p>January 22 February 26 March 26 April 23 May 28 June 25 <i>No meeting in July</i> August 27 September 24 October 22 November 19* <i>No meeting in December</i></p> <p><i>*3rd Wednesday due to Thanksgiving holiday</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> G. Michael Roybal, MD, MPH <i>Governance Committee Chair</i> <i>Compliance & Quality Committee Chair</i></p> <p>Staff Contact: Linda Merkens <i>Senior Manager, Board Services, x4050</i> Malou Balones <i>Board Specialist III, Board Services x4183</i></p>

For information on the current month's meetings, check calendar of events at www.lacare.org. Meetings may be cancelled or rescheduled at the last moment. To check on a particular meeting, please call (213) 428.5500 or send email to boardservices@lacare.org.

**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES
AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2025 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> Conference Room - TBD 1200 W. 7th Street Los Angeles, CA 90017</p>	<p>January 16 February 20 March 20 April 17 May 15 June 19 <i>No meeting in July</i> August 21 September 18 October 16 November 20 <i>No meeting in December</i></p>	<p>Stephanie Booth, MD, <i>Chairperson</i> Alvaro Ballesteros, MBA G. Michael Roybal, MD, MPH Fatima Vazquez</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> Conference Room - TBD 1200 W. 7th Street Los Angeles, CA 90017</p>	<p>January 22 February 26 March 26 April 23 May 28 June 25 <i>No meeting in July</i> August 27 September 24 October 22 November 19* <i>No meeting in December</i></p> <p><i>*3rd Wednesday due to Thanksgiving holiday</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>Meets Quarterly 3rd Wednesday of meeting month 9:30 AM <i>(for approximately 2 hours)</i> Lobby Conference Room 100 1055 W. 7th Street Los Angeles, CA 90017</p>	<p>February 19 May 21 August 20 November 19</p>	<p>George Greene, Esq., <i>Chairperson</i></p> <p>Staff Contact: Linda Merkens <i>Senior Manager, Board Services, x4050</i></p>

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2025 MEETING SCHEDULE / MEMBER LISTING**

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
AUDIT COMMITTEE	<i>Conference Room - TBD</i> 1200 W. 7th Street Los Angeles, CA 90017 MEETS AS NEEDED		Hector De La Torre, <i>Chairperson</i> Layla Gonzalez George Greene <u>Staff Contact</u> Malou Balones <i>Board Specialist III, Board Services, x 4183</i>
GOVERNANCE COMMITTEE	<i>Conference Room - TBD</i> 1200 W. 7th Street Los Angeles, CA 90017 MEETS AS NEEDED		Chairperson - VACANT Stephanie Booth, MD Layla Gonzalez Nina Vaccaro, MPH <u>Staff Contact:</u> Malou Balones <i>Board Specialist III, Board Services/x 4183</i>
SERVICE AGREEMENT COMMITTEE	<i>Conference Room - TBD</i> 1200 W. 7th Street Los Angeles, CA 90017 MEETS AS NEEDED		Layla Gonzalez, <i>Chairperson</i> George W. Greene <u>Staff Contact</u> Malou Balones <i>Board Specialist III, Board Services/x 4183</i>

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2025 MEETING SCHEDULE / MEMBER LISTING**

<p align="center">L.A. CARE COMMUNITY HEALTH PLAN</p>	<p>Meets Annually or as needed <i>Conference Room - TBD</i> 1200 W. 7th Street Los Angeles, CA 90017</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 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><i>Conference Room - TBD</i> 1200 W. 7th Street Los Angeles, CA 90017</p> <p><i>*Placeholder meeting</i> <i>**4th Thursday due to</i> <i>summer vacations</i> <i>***All Day Retreat</i></p>	<p>February 6 March 6 * April 3 May 1 June 5 July 24** <i>No meeting in August</i> September 4 *** October 2 * November 6 December 4</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 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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2025 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> <i>Conference Room - TBD</i> 1200 W. 7th Street Los Angeles, CA 90017</p>	<p align="center">January 21 March 18 May 20 August 19 October 21</p>	<p>Tara Ficek, MPH, <i>Chairperson</i></p> <p>Staff Contact: 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> <i>Conference Room - TBD</i> 1200 W. 7th Street Los Angeles, CA 90017</p>	<p align="center">February 12 March 12 April 9 May 14 June 11 July 9 <i>No meeting in August</i> September 10 October 8 November 12 December 10</p>	<p>Ana Rodriguez, <i>Chairperson</i></p> <p>Staff Contact: 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> <i>Conference Room - TBD</i> 1200 W. 7th Street Los Angeles, CA 90017</p>	<p align="center">January 9 April 10 August 14 October 9</p>	<p>Alex Li, MD, <i>Chairperson</i></p> <p>Staff Contact: Victor Rodriguez <i>Board Specialist II, Board Services/x 5214</i></p>

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2025 MEETING SCHEDULE / MEMBER LISTING**

REGIONAL COMMUNITY ADVISORY COMMITTEES <i>(MEETINGS SUBJECT TO CHANGE, PLEASE CONFIRM WITH CO&E STAFF)</i>			
REGION 1	11 AM – 1:30 PM L.A. Care Community Resource Center 2072 E. Palmdale Blvd. Palmdale, CA 93550 (213) 438-5580	Friday, February 21 Friday, April 18 Friday, June 20 Friday, August 15 Friday, October 17 Friday, Dec. 12	Staff Contact: Frank Meza (323) 541-7900 Ramon Garcia (213) 359-0086 <i>Community Outreach & Education</i>
REGION 2	10:00 a.m. to 12:30 p.m. L.A. Care Community Resource Center 7868 Van Nuys Blvd. Panorama City CA 91402 (213) 438-5497	Monday, January 27 Monday, March 17 Monday, May 19 Monday, July 21 Monday, Sept. 15 Monday, Nov. 17	Staff Contact: Martin Vicente (213) 503-6199 Tyonna Baker (213) 760-2050 <i>Community Outreach & Education</i>
REGION 3	10:00 a.m. to 12:30 p.m. Community Resource Center in El Monte 3570 Santa Anita Ave. El Monte, CA 91731 (213) 428-1495 Community Resource Center in Pomona 696 W. Holt Avenue Pomona, CA 91768 (909) 620-1661	Wednesday, Jan. 15 (Pomona) Wednesday, Mar. 9 (El Monte) Wednesday, May 21 (Pomona) Wednesday, July 16 (El Monte) Wednesday, Sept. 17 (Pomona) Wednesday, Nov. 19 (El Monte)	Staff Contact: Frank Meza (323) 541-7900 Ramon Garcia (213) 359-0086 <i>Community Outreach & Education</i>
REGION 4	10:00 p.m. to 12:30 p.m. Community Resource Center in Metro L.A. 11173 W. Pico Blvd. Los Angeles, CA 90064 (310) 231-3854	Tuesday, January 21 Tuesday, March 18 Tuesday, May 20 Tuesday, July 15 Tuesday, Sept 16 Tuesday, Nov 18	Staff Contact: Christopher Maghar (213) 549-2146 Cindy Pozos (213) 545-4649 <i>Community Outreach & Education</i>
REGION 5	2:00 p.m. to 4:30 p.m. Community Resource Center in West L.A. 1233 S. Western Ave. Los Angeles, CA 90006 (213) 428-1457	Thursday, Feb 20 Thursday, April 17 Thursday, June 26 Thursday, August 21 Thursday, Oct. 16 Thursday, Dec. 18	Staff Contact: Christopher Maghar (213) 549-2146 Cindy Pozos (213) 545-4649 <i>Community Outreach & Education</i>

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2025 MEETING SCHEDULE / MEMBER LISTING**

<p>REGION 6</p>	<p>10:00 a.m. to 12:30 p.m. Community Resource Center in South Los Angeles 5710 Crenshaw Blvd. Los Angeles, CA 90043 Community Resource Center in Lynwood 3200 E. Imperial Highway Lynwood, CA 90262</p>	<p>Wednesday, Feb 19 (South LA) Wednesday, April 16 (South LA) Wednesday, June 18 (Lynwood) Wednesday, Aug. 20 (Lynwood) Wednesday, Oct. 15 (South LA) Wednesday, Dec. 17 (South LA)</p>	<p>Staff Contact: Martin Vicente (213) 503-6199 Tyonna Baker (213) 760-2050 <i>Community Outreach & Education</i></p>
<p>REGION 7</p>	<p>10:00 a.m. to 12:30 p.m. Community Resource Center in East L.A. 4801 Whittier Blvd. Los Angeles, CA 90022 (213) 438-5570 Community Resource Center in Norwalk 11721 Rosecrans Ave. Norwalk, CA 90650 (562) 651-6060</p>	<p>Friday, January 17 (East LA) Friday, March 21 (Norwalk) Friday, May 16 (East LA) Friday, July 18 (Norwalk) Friday, Sept. 19 (East LA) Friday, Nov. 21 (Norwalk)</p>	<p>Staff Contact: Kristina Chung (213) 905-8502 Hilda Herrera (213) 605-4197 <i>Community Outreach & Education</i></p>
<p>REGION 8</p>	<p>10:00 a.m. to 12:30 p.m. Community Resource Center in Wilmington 911 N. Avalon Blvd. Wilmington, CA 90744 (213) 428-1490 Community Resource Center in Long Beach 5599 Atlantic Ave. Long Beach, CA 90805 (562) 256-9810</p>	<p>Monday, Feb. 24 (Wilmington) Monday, April 21 (Long Beach) Monday, June 16 (Wilmington) Monday, August 18 (Long Beach) Monday, October 20 (Wilmington) Monday, Dec. 15 (Long Beach)</p>	<p>Staff Contact: Kristina Chung (213) 905-8502 Hilda Herrera (213) 605-4197 <i>Community Outreach & Education</i></p>

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CONSENT AGENDA

Board of Governors
Regular Meeting Minutes #332
November 7, 2024



L.A. Care
 HEALTH PLAN

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

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

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, *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*
 Acacia Reed, *Chief Operating Officer*
 Afzal Shah, *Chief Financial Officer*

**Absent*

*** Via teleconference*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
WELCOME	<p>G. Michael Roybal, MD, <i>Board Member</i>, called the meetings to order at 1:06 pm, and noted that the regular meetings of L.A. Care Health Plan Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors are held simultaneously.</p> <p><i>Board Chairperson Ballesteros joined the meeting.</i></p> <p>Chairperson Ballesteros outlined the information for public comment included on the meeting Agenda.</p>	
APPROVAL OF MEETING AGENDA	<p>The meeting Agenda was approved.</p>	<p>Unanimously approved. 9 AYES (Ballesteros, Contreras, Ghaly, Gonzalez, Raffoul, Roybal, Solis, Vaccaro and Vazquez)</p>
PUBLIC COMMENTS	<p><i>Andria McFerson, RCAC 5, is a bit distraught. She announced her public comment consists of the disparities that many genuine advocates go through as stakeholders and stakeholder representatives. She feels they have received discrimination and harassment unfortunately while rightfully opposing the infringements received from staff while using their amendment rights of freedom of speech, expressing the health disparities of the public members they represent as</i></p>	

DRAFT

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>stakeholders while only respecting the honor of Robert's Rule of Order and the Brown Act. Throughout the last past several years, this has not been just one time. They have been unrightfully withheld from monies funded, from the budget. They need to be able to investigate that and investigate the new bylaws that they have in their democratic process. They were in a RCAC 5 meeting and she actually had staff come and impede on her ability to speak publicly. The Chair that you have there, the co-chair, called point of order while she was just speaking about specific instances where she felt discriminated against in the emergency room at Cedar Sinai. She feels very distraught and we need to evaluate that, as a BOG, on how the staff can intervene or interact to the rack members during a meeting while they are just trying to express themselves.</i></p> <p><i>Elizabeth Cooper thanked the Chair and members of the Board of Governors, and asked that they please take notice of public comments. Unfortunately she was late and had a lot of things on the agenda she wanted to speak about how important it is for the members. As a RCAC member of long standing, she feels that there needs to be more input from different versions. She's looking at the RCACs and appreciates all the work they have done, but the RCACs need to be more diverse. Because sometimes if one is there as a minority, one can feel isolated and cannot get their point across. The Board needs to look at that. She's opposed to the RCAC motion from the Board. She doesn't know whether it was approved. RCAC members should not be screened by a certain number of people they don't know, they should be as they come in. She feels that the board need to take more notice of the ECAC because the point she's concerned about is, only if you are on the ECAC board, as a RCAC member, you do not get any information, only the ECAC, and they do not communicate with their members. That's why she's here. Just like the Board, they communicate together, but the chairs and the staff don't have communication. She's been a chair. She's had great communications when she was a chair of a committee for the health advisory committee. But the Board Chair needs to take notice, in her opinion, of the ECAC operation and also look at the RCACs because the chairs do not communicate, some of them. She can't say all, with the members and that's very important to her. She wanted to speak on all of these agenda items. She was late, not because of her fault, but because of transportation. She read the agenda and wanted to speak on all items because she appreciates the Chair and Board members, but she wanted to speak on that. And she thinks it would be a discredit to her as a member.</i></p>	
<p>APPROVE CONSENT AGENDA ITEMS</p>	<p>PUBLIC COMMENT</p> <p><i>Andria McFerson wanted to discuss the regional community advisory committee membership. Ms. Cooper just talked about the selection committee and they do not have any sort of knowledge about who the selection committee is, but she knows that the committees are 80% one race. And so when they speak about diversity, they need just as many Caucasian, Black, Indigenous, Asian and every single person that needs to be a part of the ECAC, there should not be a selection committee. She doesn't have enough time to talk about exactly what she has written down, but that is one of the main reasons why she feels that they need the committees to give recommendations to the Board about the million dollar decisions that the Board makes so their voice needs to be heard equally and they need to be able to vote democratically equally as far as diversity goes.</i></p> <p><i>Elizabeth Cooper commented that she was late and had it all written out. She asked the Chair to check and make sure the staff makes sure that she is here in a timely manner and the transportation, so she can be courteous of the board. This is terrible and she needs to file a</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>grievance. She had it written down and brought it here for public comment, she asked the chair to allow her to speak a few minutes later.</i></p> <ul style="list-style-type: none"> • October 3, 2024 meeting minutes • Annual Review of Investment Policy AFS 008 <u>Motion FIN 100.1124*</u> To approve Accounting & Financial Services Policy AFS-008 (Annual Investment Policy) as submitted. • Revised Compliance & Quality Committee Charter <u>Motion COM 100.1124*</u> To approve the Revisions to the Compliance and Quality Committee Charter, as presented. • Children’s Health Consultant Advisory Committee Membership (CHC 100) <u>Motion CHC 100.1124*</u> To appoint the following candidates on the Children’s Health Consultant Advisory Committee (CHCAC): <ul style="list-style-type: none"> ○ Alex Li, MD, Chief Health Equity Officer, as member for the Ex-Officio L.A. Care Chief Health Equity Officer Seat ○ Mona Patel, MD, as member for the Adolescent Health Seat ○ Smita Malhotra, MD, as member for the Los Angeles Unified School District (LAUSD) Seat ○ Ankit Shah, MD, as member for the Los Angeles County Department of Health Services (DHS) / California Children’s Services (CCS) Seat • Regional Community Advisory Committee Membership (TTECA 100) <u>Motion TTECA 100.1124*</u> To approve the following candidate (s) to the Regional Community Advisory Committees (RCACs) as reviewed by the Temporary Transitional Executive Community Advisory Committee (TTECAC) at their October 9, 2024, meeting: <ul style="list-style-type: none"> ○ Diane Chavez, RCAC 2, Consumer ○ Bolla Myrra, RCAC 2, Consumer ○ Troyette Magee Cano, RCAC 4, Consumer ○ Martha Perez, RCAC 4, Consumer ○ Erki Castro, RCAC 5, Consumer 	<p>Unanimously approved. 9 AYES</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>CHAIRPERSON'S REPORT</p> <ul style="list-style-type: none"> Nominations of charitable organizations to receive donated Board member stipends. 	<p>PUBLIC COMMENT</p> <p><i>Elizabeth Cooper would appreciate very much that members of the Board take their comments, and they come here every day but there are some concerns she needs to address. She has been a RCAC member who tries to be [unintelligible], she's never invited on committees, never invited when they select people for the equity or any other committee. She needs the Board to take notice when committees and groups or forums where she never gets invited and she tries to be a good steward of L.A. Care, not only for herself but for the community and the people who she represents. But she would please like the Board to take notice, direct whoever is directing appointments and chairs in everything that please take notice. She would like to thank each of the Board members for being a Board member, but she would like the Board members to please take notice because you don't just represent yourself. She looked and when providers went to the Governor, they got 30 days to pay the bill. So what she's saying to providers, which she appreciates, they get notice but let the community too.</i></p> <p>Chairperson Ballesteros informed Board Members that there will be an opportunity to nominate charitable organizations to receive donated stipends of Board members. Board Services staff will send a request for nominations. Two of those organizations will be randomly selected for approval at the December 5 meeting.</p>	
<p>CHIEF EXECUTIVE OFFICER REPORT</p>	<p>PUBLIC COMMENT</p> <p><i>Elizabeth Cooper commented she is not too happy, so please forgive her. There are some challenging things facing the nation. She thanked Mr. Baackes for his leadership and she enquired of the Chairperson of the Board of Governors and members, the RCACs should be allowed to have some kind of goodbye for him and money should be extended for all the RCACs because he has been part of the organization for seven years, and she would greatly appreciate if the Board approve it before he leaves, so the RCACs can say goodbye to Mr. Baackes. She hopes whoever the Board decides to nominate has an interest in the RCAC members, especially the consumer advisory committees. She asked the Board to please let them do something and allocate some money now, for them to just say goodbye to Mr. Baackes.</i></p> <p>John Baackes, <i>Chief Executive Officer</i>, responded that he is working to make sure he attends every RCAC meeting in the last two months of his tenure, so he will see members in their RCAC meetings, and he is looking forward to it.</p> <p>Chairperson Ballesteros added that the sentiment around acknowledging appreciation to Mr. Baackes for his years of service is something that we all feel deep deeply about.</p> <p><i>Andria McFerson wanted to figure out how they can have a recommendation committee, how they can better their bylaws and make it so that the presented bylaws that the BOG ruled for would base more on how the ECAC had ruled. They originally ruled in May that they only go by the bylaws of the state and how the state changed it. But it was presented to the BOG a whole other way to where they don't have Robert's Rule of Order. She just wants to make sure that they have the opportunity to speak because they don't have that with the RCACs anymore, and they want to have</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>a purpose. They had a purpose for a very long time now, and she wants to make sure that they keep that. In honor of Mr. Baackes she really appreciates him for doing all of the services that he has done. She wants to make sure that they can continue once he leaves.</i></p> <p>Mr. Baackes reported:</p> <ul style="list-style-type: none"> • Proposition 35 was approved by 66% of the voters, the highest approval rate of any of the ballot measures, and will direct desperately needed funding to the Medi-Cal program. The Managed Care Organization ballot proposition directs \$2 billion in tax revenue proceeds to the state general fund for 2025 and 2026. Almost \$2.7 billion will go to Medi-Cal to improve reimbursement in 2025, and \$3.2 billion in 2026. In 2027 and all the years after that, \$4.3 billion will be directed to Medi-Cal. Most of the money will go toward primary care physicians and specialty physician reimbursement, hospital emergency rooms, and more. A stakeholder committee will be created to work with the Department of Health Care Services on how the money will be spent. This is an important victory because it shows what can happen at the local level. The effort for this ballot initiative started in Los Angeles when an ecosystem of providers and health plans joined together to find more resources to serve a third of the population. The idea was developed and advanced. It is even more important now that we understand that local initiatives, local ideas can be organized around coalitions that can be formed to help everyone in our community. He will be a champion for this coalition to stay together because it's unique to see the providers united and there are other issues that could be tackled to improve the Medi-Cal program. • L.A. Care has had a major breakthrough with the Department of Health Care Services over a regulatory issue. Every year about 38% of those who enroll in Medi-Cal do not select a health plan during enrollment, in Los Angeles County they can select L.A. Care or Health Net. There is a default assignment algorithm used for enrollees who do not select a plan. The California Department of Healthcare Services (DHCS) bases the default assignments on the health plan quality scores. L.A. Care has had higher quality scores than Health Net in the years he has been CEO, and therefore L.A. Care has always received a majority of the default assignment. This year L.A. Care's portion of default assignment is 64% and Health Net has 36%. Kaiser does not register yet on the default assignment. DHCS proposed last year and again for 2025 a revision to the default assignment, basically watering down the difference between the health plans based on the quality scores. L.A. Care, as did many other health plans, objected to that because if DHCS wants the health plans to focus on quality, there should be an incentive to gain additional membership, and those additional members should be directed to a health plan with higher quality scores. DHCS acknowledged in a meeting this week that data submitted by L.A. Care's quality improvement department is going to be used in revising the proposed change so that there 	

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	<p>will be a much more narrow watering down of quality scores L.A. Care will likely lose 5% of its default assignment when DHCS was proposing to lower it by 10%. He commended the quality improvement department staff, Sameer Amin, MD, <i>Chief Medical Officer</i>, and Edward Sheen, MD, <i>Chief Quality and Population Health Executive</i>, who lead that department, and staff members, Matthew Pirritano, <i>Director, Population Health Informatics</i>, and Betsy Santana, <i>Senior Manager, Quality Improvement Initiatives</i>, who did the work. The value of this is the data talks, and if data is harnessed and L.A. Care presses the case, it can help improve regulations. Health plans are battling many Medi-Cal rate issues for 2025. The Finance Department is very good at collecting data to challenge DHCS assumptions and decisions. He wanted to acknowledge the staff that accomplished an important task.</p> <ul style="list-style-type: none"> L.A. Care is making a big difference through its special investigations unit (SIU). SIU works to combat fraud, waste and abuse. It is a small department, with a small budget. In 2024, SIU investigated, recovered and saved over \$14 million. But more than just the return on the investment, SIU has also been responsible for two arrests and 13 convictions of health care fraud, with an additional 11 cases to be prosecuted this year. Chris Fisher, DHCS Investigations Branch Division Chief, works with all the special investigation units from across the state. He has acknowledged that L.A. Care submits more fraud referrals than any other organization. L.A. Care SIU is the best. Mr. Baackes commended Michael Divine, <i>Director, Special Investigations Unit</i>, and his staff for the great work they are doing. It is not just the monetary recovery, but fraud, waste and abuse cannot be tolerated given how precious the Medi-Cal dollars are. <p><i>L.A. Care SIU communicates health care fraud issues to Plan Partners and health care providers involved. SIU also presents ongoing “schemes and scams” during health care fraud investigative roundtables that we host with SIU counterparts on a quarterly basis. The funds reported are attributable to L.A. Care’s recoveries and do not include amounts attributable to other entities.</i></p> <p><i>(Board Member Greene joined the meeting.)</i></p>	
<ul style="list-style-type: none"> Vision Progress Report 	<p><i>Mr. Baackes referred Board Members to the written reports included in the meeting materials.</i></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>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported:</p> <ul style="list-style-type: none"> Results of the recent election are widely reported. Republicans were elected to a majority of seats in the U.S. Senate. Results are as yet undetermined for the House, including a few key California congressional positions, and it is a very close race. 	

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	<ul style="list-style-type: none"> • President-elect Trump’s platform will be similar but with his party in the majority in the U.S. Senate and possibly in the House, California will have additional challenges. Some of the main issues are immigration, abortion and climate control. The President-elect is not expected to overregulate Artificial Intelligence (AI). • L.A. Care is preparing to engage on health care issues that may arise. There may be proposals for Medicaid work requirements and changes in eligibility for the Affordable Care Act or for federal enhanced subsidies. • California has many ongoing lawsuits against the prior Trump administration challenging some of the federal regulations. California’s Governor has called a special session of the state Legislature that will begin in early December and will enhance the judicial budget for additional lawsuits. • Government Affairs will meet with newly-elected Legislators in California and in Washington D.C. to educate them regarding L.A. Care, the safety-net and its mission. <p>Board Member and Supervisor Solis noted that Los Angeles County is also preparing. The CEO just called a meeting with department heads to work together and unify to fortify programs as best we can. She is concerned about mixed families that L.A. Care serves. She was not serving on this Board when Trump was serving as President. She would like to know what kinds of prevention and information that will be provided to prepare families that may be impacted. Mr. Baackes responded that L.A. Care shares her concern. Through the community health investment fund, L.A. Care has provided and will continue to provide funding to many of the organizations that serve those families, on immigration matters and financial matters.</p> <p>Chairperson Ballesteros suggested there may be an opportunity to proactively review what could be done in order to respond quickly. Mr. Baackes noted that resources could be made available. Shavonda Webber-Christmas, <i>Director of Community Benefits</i>, participated in a meeting yesterday with a group of community representatives to discuss post-election concerns. She may want to comment on that when she gives her report today.</p> <p>Board Member Raffoul noted that all are very happy about the passage of Prop 35, the MCO tax, but it is dependent on a federal match. He asked about the risk of the federal match. Mr. Baackes responded that funding is locked in through 2026. There may be risk beginning in 2027 because provider taxes must be approved every three years by Centers for Medicare and Medicaid Services (CMS). Another potential danger is that the previous administration considered imposing work requirements for Medicaid beneficiaries and block grants. Block grants could limit the federal contribution to the Medicaid program.</p> <p>Ms. Compartore reviews the Los Angeles County legislative platform in preparing L.A. Care’s own legislative agenda, which will be presented to this Board in February.</p>	

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	<p>Dr. Amin added that many of the CalAIM programs are authorized by federal waivers that require CMS approval. In particular, the Community Supports programs that underpin a lot of the work with the unhoused requires CMS approval. His team has begun work to determine funding those programs if there were an issue. Mr. Baackes noted that the waiver is scheduled to end in 2026, and DHCS is drafting the next waiver. We could expect a different reception to that next waiver.</p>	
<p>CHIEF MEDICAL OFFICER</p>	<p>PUBLIC COMMENT</p> <p><i>Andria McFerson commented that the health service strategy update, architectural framework, she is speaking from a stakeholder member frame of mind, improving outreach and engagement department, expanding components of health care services, improving accountability, increasing transparency. Basically the health services act include an increased infrastructure to create pathways to advance health equities and reduce disparities for individuals with health needs. L.A. Care stakeholder RCACs will meet approximately bi-monthly and should have the right to provide L.A. Care Board of Governors with guidance and recommendations on Los Angeles countywide population health care goals and associated measures. Like how the purpose of the Department of Health Care Services has established a phased approach to identify stakeholder committee participants should be established, of course. Right now in each service area, the committees are primarily one race. She loves everyone. She advocates for everyone no matter what, but they need equality. A full countywide population should be equally established within L.A. Care stakeholder committees with goals and associated measures. Initially, the RCACs should provide input and recommendations on the countywide population health care system goals. The RCACs should then provide input and recommendations on publicly reported measures associated with the statewide population. Basically they should be given the motions first and then vote on those motions as RCAC members and bring it back to the Board. The two seats that represent members should vote accordingly. That's a better systematic goal for them.</i></p> <p><i>Elizabeth Cooper would like the chief medical doctor to please take notice of her comments. She is concerned. She is the parent of a disabled son, and it is very challenging to get him to get the COVID and the flu vaccine because many places will not accept the disabled. She wants to make it easier for her son to get it. She is deeply concerned. She does not mean to be political, but she wants to get it before January. That is her concern. She wants to know where the disabled can get vaccines. She thinks there needs to be more notice, as a member of the RCAC and consumer she asked Board members to take notice, for someone who has a disabled child.</i></p> <p>Chairperson Ballesteros asked staff to follow up on the request from Ms. Cooper.</p> <p>Sameer Amin, <i>Chief Medical Officer</i>, followed up on Mr. Baackes' earlier remarks about L.A. Care's work with DHCS on regulatory measures. He is proud of the team and the work they've done to develop that relationship. He has reached out to the state personally and there has been significant progress.</p>	

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	<p>Dr. Amin introduced John Madrigal, <i>Health Services Strategy Manager</i>. Mr. Madrigal will summarize decisions made during the recent internal Health Services strategy summit for 2025 and beyond.</p>	
<ul style="list-style-type: none"> Health Services Strategy Update – Architectural Framework 	<p>Mr. Madrigal commented that he heard a RCAC member talk about a systematic approach to making sure member considerations are implemented into L.A. Care strategy, and he assured that is built into the strategy for 2025.</p> <p>Mr. Madrigal reported that the Health Services strategy summit was a two-day meeting to kick off the strategic planning process, and a strategic trajectory for the 2025 calendar year. On the first day, conversations were focused on strategic alignment and the tactics to more closely align with member needs and the L.A. Care enterprise goals. The second half considered integration. Not only does Health Services work toward alignment to the enterprise goals and member needs, but to ensure that individual departments in health services, which are quality improvement, medical management, pharmacy, and community health, are working like a well-oiled machine delivering seamless care.</p> <p>On the second day, conversations focused on working with other divisions of L.A. Care to move strategic initiatives forward in collaborative partnerships with compliance, operations and provider network management. The outcomes of those discussions will be used to extend partnerships to departments such as human resources and legal services. Lastly, operational investment in health services was considered along with extending these efforts to impact member outcomes and experience. Options were discussed such as the potential of delivering clinical services at community resource centers (CRCs) and adopting additional technologies and platforms to drive population health outcomes.</p> <p>In response to the public comment around member engagement, he noted that a focal point of the strategy is a robust and effective member engagement framework, with traditional formats of in-person engagement and touch points along with digital solutions so that members are active participants in the healthcare journey. Health Services staff will consider those kinds of things in working with quality improvement teams to take ownership of the initiatives and have a presence in the RCAC committees and other forums where members and consumers are present, so the feedback can be employed in developing strategies.</p> <p>Some other areas are, as Mr. Baackes mentioned, data analytics and technology. The analytics capabilities are driving insights and decision making and those capabilities will be strengthened. A comprehensive network management strategy will be developed to work with providers to curate the network toward balancing clinical quality with member engagement and operational efficiency. Quality improvement initiatives grounded in care coordination efforts will ensure services are seamlessly delivered and integrated across programs and providers to reduce friction in member experience. Practice transformation and value based improvement will</p>	

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	<p>ensure that provider practices and the provider groups with which they are associated are following best clinical quality practices.</p> <p>The timeline for strategy development is projected to end in December. He could present the final strategic action plan, taking into consideration member feedback and data analytics to drive personalization, tailoring interventions to specific member needs across all member segments and populations.</p> <p>Key outcomes of the strategy summit will help operationalize the strategy. A main goal is to centralize strategy management. A new framework in health services will involve analysts and project managers as the key drivers of strategies. Analysts generate business insights and project managers take those insights and turn them into actionable plans to implement the strategy, and help members engage and be active participants in their experience.</p> <p>Dr. Amin commented that the integrated framework is important to make sure every element is addressed and an initiative can be successful. All the goals and strategy are evaluated in this framework, to make sure to communicate the right data between L.A. Care and providers and members. That we have the right contracts with providers, the right network with sufficient providers and specialists and a method to engage with the providers, and to engage with the members. Dr. Amin noted that centralizing clinical analytics and program management is important. He acknowledged that administrative costs are going up and reimbursement is going down. It is incumbent upon Health Services to properly use resources, to reduce duplication, provide visibility, track progress, democratize the data, and prioritize tasks. Centralizing will include operations, training and a partnership with information technology (IT).</p> <p>Mr. Madrigal reviewed a timeline for transferring to a digital space to actively participate in tracking and monitoring of strategies and initiatives. He noted this will enable centralized planning and tracking into real time status updates so that everyone is aware of what's going on in real time, enable data driven decision making and facilitate accountability. The digital space assigns responsibilities to team members directly responsible for an initiative and also those who have an attachment to it for collaboration.</p> <p>Dr. Amin noted that projects will be entered on JIRA, a program management dashboard. Leadership meetings will be redesigned to focus on strategy, and instead of reacting as things come up, be proactive to move initiatives forward. Departmental meetings will be redesigned to focus on status of the goals, key performance measures and metrics. A review will also be conducted of the entire member journey. Social determinants of health and other programs needed will be grouped according to the member to ensure services are provided.</p>	

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	<p>Dr. Amin noted that health services will be more proactive in determining technology solutions, in partnership with IT.</p> <p>Health Services will centralize transitions of care within the system. Right now it occurs across multiple areas of the medical management department. A member who is coming through the system or a provider who is trying to engage has to talk to different areas within health services and to other departments at L.A. Care. There will be one department for transitions of care, with a single person piloting a member throughout their course. It will be a simplified system, to be implemented in first quarter 2025.</p> <p>Mr. Madrigal noted that a core focus is on driving network performance with providers, groups and plan partners. Those relationships depend on internal partnerships with provider network management, finance, IT and compliance. In the same ways that an integrated division is built by tying departments closer together, closer attachments can be built between health services and other divisions to optimize the network and to deliver better quality care overall.</p> <p><i>(Board Member De La Torre joined the meeting.)</i></p>	
<p>CHIEF FINANCIAL OFFICER</p> <ul style="list-style-type: none"> Financial Performance Report – August 2024 	<p>PUBLIC COMMENT</p> <p><i>Andria McFerson commented that when he spoke in the presentation about better outreach to make better financial decisions to receive information and recommendations, a full RCAC population health approach would be a great opportunity. Consider an entire population of Los Angeles County to deploy whole person care interventions, coordinate across delivery systems providing necessary in person information from all those members receiving health care services, third party surveys, she's been talking about the surveys for a very long time now. They could use real data to identify groups targeted that statistically received the worst treatment or care, improve quality of care across the health care treatment continuum, monitor the effectiveness of services across populations. That is basically particular things like member support, their treatment, prescription approvals, and health care services overall being approved in order to do so. The stakeholder support continuous improvement and can actually identify and track the racial and ethnic disparities with the health care outcomes moderate to low income Los Angeles County residents are faced with including higher rates of health disparities and mortality rates. Having to do with the overall community but primarily the Black community having the highest mortality rate, highest mental illness rate and a lot of other things having to do with health disparity. So these surveys would be great. So if the finance department can talk about different instances where they can implement some sort of finance coverage for surveys for the members in itself.</i></p> <p><i>Elizabeth Cooper commented she would like for the financial department to monitor how much money is going to the RCACs. Are they getting their fair share? So that the RCACs can participate in the services and the outreach. She certainly would like the financial department to make sure that the budget of the Regional Consumer Advisory Committees is not cut, because they're the voice of the people and the voice of the community. And Chairperson, she would like you to please</i></p>	

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	<p><i>take notice along with the Board Members, regarding the RCACs because she does not want their budget cut. So it is important for her, for whoever and important for the members of the community to know how important the regional consumer advisory committee is of L.A. Care. They are in the services they operate.</i></p> <p>Afzal Shah, <i>Chief Financial Officer</i> reviewed year to date August financials.</p> <p><u>Membership</u> As has been the trend, enrollment is 161,000 members favorable for Medi-Cal, and about 20,000 favorable for L.A. Care Covered (LACC). A majority is due to higher than expected enrollment following Medi-Cal eligibility redetermination.</p> <p><u>Consolidated Financial Report</u> Financial performance for August resulted in an overall net loss of \$84 million, excluding the Housing and Homelessness Incentive Program (HHIP)/Incentive Payment Program (IPP), which is \$64 million unfavorable to the forecast. There were adjustments in the August financials on both the revenue and healthcare cost sides, including the major organ transplant (MOT) risk corridor, unsatisfactory immigration status (UIS) risk corridor, and changing the LACC risk adjustment factor (RAF) from .66 to .64. The final calendar year 2024 acuity adjustment on revenue was included as an offset to healthcare costs. Year to date (YTD) results show favorability of about \$69 million, excluding HHIP/IPP. A majority of the surplus is driven by a positive investment income environment. If the investment income was excluded, the loss from operations (excluding HHIP/IPP) would be \$112 million, or 1.1% of revenue.</p> <p>The September year to date financials have not been finalized, but currently show about 2% margin, not including investment income, and another 2 % for the investment income.</p> <p><u>Operating Margin by Segment</u> MCR by line of business results are ahead of the forecast for Dual-Eligible Special Needs plan (DSNP) and Medi-Cal, and behind the forecast for LACC, primarily due to risk score adjustments. The RAF was adjusted from 0.70 to 0.66 and further adjusted from 0.66 to 0.64 due to younger, less acute membership, because L.A. Care is the lowest price plan in both Los Angeles County Regions 15 and 16. PASC-SEIU MCR is flat. Overall, L.A. Care has a little bit of favorability from an MCR perspective, from 93.4 to 92.5.</p> <p><u>Key Financial Ratios</u> Year to date administrative margin is slightly ahead of forecast. Other key indicators are performing better than forecast.</p>	

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	<p><u>Tangible Net Equity (TNE)</u> The TNE is 856% this month with days of cash on hand at 84 days.</p> <p>Board Member De La Torre commented that he has said many times that L.A. Care’s MCR at 93 means that \$0.93 out of every dollar is being spent on care, not on bureaucracy and other things. That is a Medicare-level of MCR, not common for Medi-Cal, which is much more expensive care. It is incredibly impressive that L.A. Care has maintained a Medicare-level cost ratio, and he thanked all the staff for their hard work.</p> <p><u>Motion FIN 101.1124</u> To accept the Financial Reports for August, 2024, as submitted.</p>	<p>Unanimously approved by roll call. 11 AYES (Ballesteros, Contreras, De La Torre, Ghaly, Gonzalez, Greene, Raffoul, Roybal, Solis, Vaccaro and Vazquez)</p>
<p>PERFORMANCE MONITORING – OCTOBER 2024</p>	<p>PUBLIC COMMENT</p> <p><i>Reginald Fagan commented he’s not sure if this falls under this item, he’s concerned about the performance and quality improvement (PQI) and how it is evaluated with performance monitoring. He noticed that those PQIs for various providers, are written up by staff. He asked about a way to quantify and generate reports, and how the reports are filtered into a performance monitoring scenario? He noticed that there are providers that seem to be chronic violators, and he does not see much change. He thinks that is something that should be prioritized, if it is not being done because it truly impacts a person’s ability to achieve wellness.</i></p> <p>Dr. Amin responded that L.A. Care has a vigorous way of tracking PQIs and getting back to the providers. He can talk with Mr. Fagan about the PQI process in detail. It is made public in the Compliance and Quality committee meetings.</p> <p><i>Elizabeth Cooper asked if performance monitoring is required for all services or just for those providers, is that for performance because, in layman’s terms, what does performance monitoring monitor? She needs to know that answer. Her concern is for the disabled community who are LA care members. She would like more attention, because there is a committee for the disabled, but she cannot be involved, she has not been invited to be involved. As a parent of a disabled member of L.A. Care she would like the Board to take notice and respond. There is very little said about the disabled community consumers of L.A. Care. She needs more representation because she feels out of place when she asks questions or gets involved for the disabled. She has no support and she appreciates the monitoring that is making sure that the committee that represents L.A. Care consumers.</i></p> <p>Dr. Amin reported that the performance dashboard is included in the meeting materials. The first area for review is utilization management (UM). In previous months UM results are 99.6 % to 100%. He assured the Board that follow up is conducted with any delegated provider groups performing outside of the normal performance results.</p>	

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	<p>Acacia Reed, <i>Chief Operating Officer</i>, reported that Call the Car performance is trending where it should be, a turnaround from transfer trip deficiencies earlier this year. L.A. Care’s abandonment rate for Call the Car is also performing well within the service level agreement for performance. For claims operations, performance shows a slight dip in volume in August. For payment processing time, there is a slight dip in the total paid, which includes interest. The faster turnaround time on processing and reduced volume, means there is less interest paid. Turnaround time performance is well above 95% for 30-day calendar turnaround time and 90-day calendar time is trending upwards toward the 99% rate. Finally, the claims denial rate is slightly up from last month, reflecting work done by staff to trigger action that new providers who are not in the system need to provide necessary information for claims to be paid.</p> <p>Noah Paley, <i>Chief of Staff</i>, noted that since a corrective action plan was put into place from last year's performance, Call the Car is fully compliant in six of eight categories of performance. There are two categories, hospital discharges and transfers, for which performance is slightly below the required 100% performance level. L.A. Care’s transportation team is working to bring on vendors to supplement transportation capacity and bring the result for transfers and discharges up to a 100%. L.A. Care will contract one or two additional vendors, with their own fleets of vehicles, to improve performance before year end.</p> <p>Chairperson Ballesteros, with consensus of the Board, announced that items 11, 12, 13, 15 and 16 on the Agenda will be postponed to a future meeting.</p>	
<p>COMMUNITY HEALTH INVESTMENT FUND PRIORITIES FY 2024-25 (BOG 100)</p>	<p>PUBLIC COMMENT</p> <p><i>Elizabeth Cooper objected to taking public comment off the Agenda for the postponed items. Ms. Cooper would like to inquire where the investment goes and get a copy of it. As a lay person she sometimes can't understand the language of the Board. She likes to keep it simple. She asked what the health investment fund does and if it goes to all the communities.</i></p> <p><i>Andria McFerson commented that she is not quite sure whether her comment is in compliance with community health investment fund priorities. Sometimes people have a preconceived notion that those who have mental health disparities choose or are under the influence, but people who are just disabled mentally, physically, and there are many different entities that affect people in their day to day lives, those who could have been through a domestic violence situation, childhood violations, things like discrimination and harassment unfortunately could lead to many mental illnesses. She has been through all of the above, but even after something as severe as brain surgery, she continues to move on and advocate for those who can't advocate for themselves, including seniors. It is very hard to do so throughout the County of LA. Sometimes people have a preconceived notion that some people who have mental disparities could go through the resources throughout the County, but she's spoken about more peer on peer support, and thinks that the community health investment fund priorities should focus a lot more on those particular topics so that we can have</i></p>	

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	<p><i>more eye to eye communication and that would be with the RCACs. That would be with maybe a committee having to do with particular specific goals towards working with people who have different mental health disparities. That would be more welcoming and give L.A. Care data on how it would affect members positively and work directly with the L.A. Care members on better health and better mental health.</i></p> <p>Shavonda Webber-Christmas, <i>Director, Community Benefits</i>, responding to Ms. Cooper, reporting that her department has already engaged in conversation with several funding partners regarding election results concerns. They are planning to ensure that Community Health Investment Fund (CHIF) investments made across initiatives and ad hoc investments are able to address community needs as they evolve. There are specific populations that will be targeted. L.A. Care is planning to address issues of immigrant populations from all countries, birth equity issues, maternal and child health issues, as well as general access to Medicaid expansion programs, which may be at risk but have met community health needs. L.A. Care will continue to make sure that CHIF funding incorporates these issues as we plan this year's specific initiatives' foci by engaging with those able to be in front and steering the narrative instead of reacting to it.</p> <p>Ms. Webber Christmas referred to the information included in the meeting packet and to her report at the last Board meeting on the progress made in the 2022-23 fiscal year. The four priorities have not changed from last year for 2024-25. Previous investments have been very effective in providing care to more patients that need the services provided. As of October 1, 2024, L.A. Care has supported 1,061 projects and nearly \$148 million in grant awards, including 2023-24 awards.</p> <p>She reported that this year's Healthcare Infrastructure and Innovation investments may help increase the number individuals who need CalAIM to enroll in those programs and help providers engage them for that purpose. For Advancing Solutions for Social Determinants of Health to Reduce Inequities, we have several programs, one that will look a little bit different, but still engage the community to enhance food security. The Community Wellness Initiative that has been operated through the California Association of Food Banks, will engage a broader group of food security programs, working with the County of Los Angeles and other foundations to bring more food security options. The Closing Pervasive Health Disparity Gaps priority will continue a focus on birth equity and particularly African American infant and maternal mortality. There will be continued investments in health and health related social service organizations that address systemic racism. Staff will reach out to organizations, as noted earlier, to support efforts that ensure the populations that L.A. Care serves are served well and have the resources to persevere in this environment.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Ms. Webber-Christmas reviewed the four priority areas and funding proposed in the motion:</p> <ul style="list-style-type: none"> • supporting healthcare safety net at \$5 million, • advancing solutions for social determinants of health at \$2.2 million, • closing pervasive health disparities gaps at \$1.6 million, and • empowering and investing in organizations to address systemic racism at \$1.2 million. <p>She also indicated that the motion requests the Board’s approval to delegate authority to the CEO, to ensure that if needs change, that the CEO can shift funds between the priorities.</p> <p>Supervisor Solis asked about the connections or programs for food insecurity as she has seen a recent need to recognize and support farmers, local farmer’s markets that use electronic benefit transfer (EBT) cards. Helping to support those food distribution outlets to improve access for communities.</p> <p>Ms. Webber-Christmas responded that a landscape analysis is underway for those possibilities. L.A. Care will continue to support Cal Fresh enrollment as well as look at food recovery organizations, farmers markets and community gardens as opportunities.</p> <p>Supervisor Solis enquired about homelessness and prevention, as there are big overdose issues, particularly in MacArthur Park. She asked about other prevention programs to get more teams and better information for health care providers. Some providers may not have the capability or training to address this population. A potential is there to get a core group of providers that do this to help train potential new providers or providers that may not be doing this now but could take that next step. There was a discussion at a recent Board of Supervisor’s meeting about this.</p> <p>Dr. Amin responded that the community health department is part of health services, and L.A. Care is starting a MacArthur Park care collaborative that is anticipated to generate more providers. A \$30 million incentive is funded and ten new street teams will be out there shortly. Contracts are aligned and funding is being started right now. L.A. Care is working toward more brick and mortar facilities to help support the needs in that community. L.A. Care is in Skid Row as well.</p> <p>Chairperson Ballesteros suggested combining the street teams with the farmers markets so that visitors who may not be in in care might be able to access health care. Dr. Amin agreed that services for the unhoused could be aligned with the work being done through community health investments. There may also be opportunities through the community reinvestments required by the new all plan letter issued by DHCS. The community health team is already working with Ms. Webber Christmas and with Wendy Schiffer, <i>Senior Director, Strategic Planning</i>, through the Elevating the Safety Net program areas.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Board Members Ballesteros, Greene and Vaccaro may have financial interests in Plans, Plan Participating Providers or other programs and as such should consider refraining from the discussion of subsection c. to close pervasive health disparities gaps and/ or d. to support the health care safety net to improve infrastructure and address racial inequities, and those Board Members' vote reflects a vote concerning the entire Motion excluding those items for which the member is abstaining.</i></p> <p><u>Motion BOG 100.1124</u></p> <ol style="list-style-type: none"> 1. Approve the recommended approach for the Community Health Investment Fund (CHIF) FY 2024-25 \$10 million allocation as designated across the following priorities: <ol style="list-style-type: none"> a. support the health care safety net to improve infrastructure and address racial disparities, recommended at \$5 million, b. advance solutions for social determinants of health to reduce inequities recommended at \$2.2 million, c. close pervasive health disparities gaps, recommended at \$1.6 million, and d. empower and invest in health and health related social service organizations that address systemic racism, recommended at \$1.2 million. 2. Delegate authority to the CEO to adjust CHIF priority designations above to align with evolving community needs and requests. All other policies and procedures related to CHIF grant making investments will remain. <p>Mr. Baackes commended Ms. Webber-Christmas, who does a wonderful job representing L.A. Care in the community and with the community based organizations funded by L.A. Care over the years.</p>	<p>Unanimously approved by roll call. 8 AYES (Contreras, De La Torre, Ghaly, Gonzalez, Raffoul, Roybal, Solis, and Vazquez) 3 ABSTENTIONS: Ballesteros, Greene and Vaccaro</p>
ADVISORY COMMITTEE REPORT		
Transitional Temporary Executive Community Advisory Committee	<i>Report was postponed to a future meeting.</i>	
Children's Health Consultant Advisory Committee	<i>Report was postponed to a future meeting.</i>	
Technical Advisory Committee	<i>Report was postponed to a future meeting.</i>	
BOARD COMMITTEE REPORTS		

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Executive Committee	<i>Report was postponed to a future meeting.</i>	
<ul style="list-style-type: none"> Recommend to the Board that Board Officers election be delayed to the February 2025 meeting. 	<i>Report was postponed to a future meeting.</i>	
<ul style="list-style-type: none"> Recommend to the Board that initiation of consideration of a nomination for the seat representing health plan/health insurance expertise be delayed to February 2025. 	<i>Report was postponed to a future meeting.</i>	
<ul style="list-style-type: none"> Los Angeles County Department of Public Health Medical Debt Project (BOG 101) 	<p>Mr. Baackes was contacted by Barbara Ferrer, PhD, MPH, MEd., Director of Los Angeles County Department of Public Health (DPH), asking L.A. Care to support the medical debt relief coalition with \$2 million, in addition to the \$5 million appropriated by the Board of Supervisors.</p> <p>Mr. Baackes recommends that the Board approve the grant funding:</p> <ol style="list-style-type: none"> To provide an online financial assistance application portal that people facing medical debt can access to apply for assistance in reducing medical debt, and Any remaining funds after purchase of the software described in 1 be used to assist L.A. Care members experiencing medical debt. <p>Supervisor Solis thanked L.A. Care for considering this motion and she encouraged support of the motion. It is very important for residents in Los Angeles County with medical debt. She confirmed that the Board of Supervisors has allocated \$5 million toward resolving this issue. There is great need for this assistance.</p> <p>Board Member Greene commented he is extremely supportive of L.A. Care in taking this action. The health care community, the hospital community recognizes that medical debt is a very serious issue and our hospitals have systems in place to identify those who are experiencing or may experience financial duress, to try and help them mitigate going into medical debt. The Hospital Association of Southern California has been working with the</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>County on this issue for quite some time. He appreciates the efforts that the County has made in this regard. The presumptive eligibility tool would be sustainable and could have long term real impacts for those individuals who now or may in the future experience medical debt. This is a worthwhile investment. He is very supportive and appreciates Mr. Baackes having the long range view to recommend and to require that a significant amount of these funds be dedicated towards a sustainable tool that can make such an impact on the medical debt.</p> <p>Board Member Gonzalez asked how the beneficiaries will be determined. Mr. Baackes responded that Dr. Li participates in the coalition, and he invited Dr. Li to respond. Alexander Li, MD, <i>Chief Health Equity Officer</i>, responded that this is the beginning of the investment and it is hoped that the coalition will raise enough money to erase all the medical debt owned by collection agencies. The County contracted with a very experienced administrator with a process to help individuals and families with a high burden of medical debt based on income level. There is a process in place and again, he is proud to be part of the L.A. Care family and this coalition.</p> <p><u>Motion BOG 101.1124</u> To approve delegated authority to Chief Executive Officer, John Baackes, to utilize to \$2,000,000 to identify a patient financial assistance program and reduce the medical debt of low-income Los Angeles County residents.</p>	<p>Unanimously approved by roll call. 11 AYES (Ballesteros, Contreras, De La Torre, Ghaly, Gonzalez, Greene, Raffoul, Roybal, Solis, Vaccaro and Vazquez)</p>
<p>Finance & Budget Committee</p>	<p><i>Report was postponed to a future meeting.</i></p>	
<p>Compliance & Quality Committee</p>	<p><i>Report was postponed to a future meeting.</i></p>	
<p>PUBLIC COMMENT on Closed Session items</p>	<p><i>Elizabeth Cooper wondered whether there was a violation of the Brown Act as a motion under number 14 was discussed but there was no public comment. On the closed session item, she thinks maybe there should not be so many existing litigation items. She is sorry about this happening so that community issues and RCACs and the members who need can be discussed. She would let that go. That is her only concern for the public on closed session items.</i></p> <p>Chairperson Ballesteros responded that there would be a review and response to her complaint.</p> <p><i>Sylvia Poz is the chair of RCAC 4, and she just wanted to comment it would be great if Call the Car would be able to have a sign in hospitals, letting people know that they are entitled to transportation when they're let out of the hospital. She has encountered a lot of patients who need transportation and they have L.A. Care, and from everything they say they qualify for the transportation. They do not know how or where to call for a ride. It would be great to maybe have big bulletins and put them in the hospital so people know about it. That was the only comment she wanted to make.</i></p>	

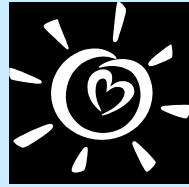
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Mr. Paley responded that he would follow up on that suggestion.</p> <p><i>Reginald Fagan was just speaking to someone in regards to this. If you remember last month, he came up and shared some of his friend's frustrations with moving forward in addressing social determinants of health. There has been some movement from L.A. Care, but overall the process took almost three years to actually move it forward. Several PQIs were issued on this particular provider, but it did not seem that there were any teeth. So consequently his health has been jeopardized. He was just sharing with the lady with the food program, he has been on numerous national boards. He is considered an expert in area of food security, regenerative agriculture. But he spiraled down. What he is trying to say is L.A. Care has people that have gifts, and if we do not work to move in an exponential way, we were losing valuable resources, people that have access assets. He is one of those people. He appreciates whatever help can be done and encourages the Board to understand the gifts that L.A. Care has in this organization, member-wise.</i></p> <p><i>Andria McFerson wanted to talk about the discussion concerning new services programs, marketing strategies, business plans or technology. Once again, she asks that L.A. Care have accountability from their medical professionals working with the city, the county, the state. All can work together by giving more positive empathetic outcome, and the only way we can address these things is with real data. The only way to receive real data is from people like the members, with surveys, written, call in or virtual, and have a direct connection with the departments. It can pilot real empathy training according to the data from the people who are being treated. The surveys would consist of survivors of many different disparities and the mistreatment and abuse of providers.</i></p> <p>Chairperson Ballesteros thanked the public and the members for coming here today and wished them all a very healthy and safe Thanksgiving.</p>	
<p>ADJOURN TO CLOSED SESSION</p>	<p>The Joint Powers Authority Board of Directors meeting adjourned at 2:57 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 2:58 pm. No report was anticipated from the closed session.</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>November 2026</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 <p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Initiation of Litigation Pursuant to Paragraph (4) of Subdivision (d) of Section 54956.9 of the Ralph M. Brown Act One Potential Case</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to paragraph 1 of subdivision (d) of Section 54956.9 of the Ralph M. Brown Act HRRP Garland, LLC v. Local Initiative Health Authority for Los Angeles County L.A.S.C. Case No. 21STCV47250</p> <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR Sections 54957 and 54957.6 of the Ralph M. Brown Act Title: CEO Agency Designated Representative: Alvaro Ballesteros, MBA</p>	
RECONVENE IN OPEN SESSION	The L.A. Care Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors reconvened in open session at 4:49 pm. There was no report from closed session.	
Consideration of Chief Executive Officer’s Compensation	<i>This item was not discussed.</i>	
ADJOURNMENT	The meeting was adjourned at 4:49 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: December 5, 2024

Motion No. BOG 100.1224

Committee:

Chairperson: Alvaro Ballesteros, MBA

Issue: Selection of two charitable organizations to receive Board members' stipend.

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

Background: L.A. Care Board members receive \$100 stipend for each meeting, up to a maximum of \$400 per month. For Board members who wish to contribute their stipend to charitable organizations, a random selection process was developed to comply with IRS guidance so Board members are not responsible for taxes on the value of the donated stipend.

In December 2017, the process for choosing the charitable organizations was updated.

1. L.A. Care staff will identify charitable organizations nominated to receive Board stipend based on nominations received from Board members.
2. The random selection of two charitable organizations will be conducted by staff prior to the Board meeting and a motion will be presented to the Board with the first two organizations drawn.

The two organizations listed in the motion below were randomly selected for this motion.

The following are the organizations that received donated Board member stipends in the past 10 years:

- 2024: Doors of Hope Pasadena and St. Vincent Meals on Wheels
- 2023: Covenant House CA and Planned Parenthood Los Angeles
- 2022: Meet Each Need with Dignity (MEND) and National Alliance on Mental Illness, Greater Los Angeles County (NAMI GLA)
- 2021: Community Coalition and New Life Community Food Pantry Pomona
- 2020: Homeboy Industries and Housing Works for California
- 2019: Project Angel Food and Insure the Uninsured Project
- 2018: Kurka Children's Health Fund and The American Lung Association
- 2017: Strong Food/LA Kitchen and The American Lung Association
- 2016: Kurka Children's Health Fund and The American Lung Association
- 2015: Watts Willowbrook Boys and Girls Club and Downtown Women's Center Los Angeles

Member Impact: None.

Budget Impact: None.

Motion: **To designate Communities Lifting Communities and Shelter Partnership as authorized recipients of funds from Board Member stipends according to Legal Services Policy 300 for the calendar year 2025.**

Communities Lifting Communities

515 South Figueroa Street, Suite 1300, Los Angeles, CA 90071-3300, Phone: [\(213\) 538-0700](tel:2135380700)

Communities Lifting Communities is a 501(c)(3) non-profit affiliate of the Hospital Association of Southern California (HASC), working alongside HASC hospital members and multi-stakeholders in co-creating and co-designing strategies to improve community health and reduce health inequities.

Mission

We work to advance systems change and promote intercultural health equity through the effective use of data, prevention strategies, leadership and partnerships.

Vision

Working in partnership with local communities, we will facilitate the transformation of the health care system to reduce health inequities and improve community health.

Shelter Partnership is a 501(c)(3) not-for-profit organization.

520 S Grand Ave. Suite 655

Los Angeles CA 90071

Phone: [\(213\) 688-2188](tel:2136882188)

office@shelterpartnership.org

Shelter Partnership was established in 1985 as a result of a community planning process, which determined that there needed to be an organization that worked throughout Los Angeles County to help develop housing and resources for the growing number of homeless people who were becoming more visible in our communities. While many community groups had good intentions, there was a lack of expertise (which continues to exist today) in the nuts and bolts of housing development as well as program development that would ultimately stymie the community's creativity and resourcefulness and act as a barrier to realizing a significant increase in housing opportunities for people who were homeless. The late Dennis Albaugh, then of United Way and a founding board member of Shelter Partnership, convened the planning efforts for his new initiative. Ann Reiss Lane, appointed by the late Mayor and went on to serve as the Chairperson of the newly Created organization-Shelter Partnership , Inc.

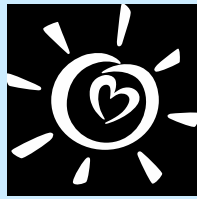
By early 1985, the community leadership was in place with the late Mayor Tom Bradley; then Mayor of the Board of Supervisors, Edmund Edelman; and past United Way President Frances McNamara, united in their determination to launch Shelter Partnership under their respective auspices.

On March 3rd, 1985, we opened our doors with only \$5,000 in the bank and free office space donated to us by SRO Housing Corp. Since that day, Shelter Partnership has worked to established itself as a leader in the fight against homelessness in Los Angeles County. The agency accomplishes its mission through the following activities:

- Operating the [S. Mark Taper Foundation Shelter Resource Bank](#) by soliciting large-scale donations of merchandise and ensuring that these items are delivered to the people and agencies who need them most complete free of charge;
- Providing technical assistance to community-based organizations and public agencies (helping agencies receive more than \$1 billion in federal funds);
- Conducting research and publishing analytical studies to inform public policy;
- Promoting community education.

Agency Mission Statement

Shelter Partnership, Inc. is a nonprofit organization collaboratively solving homelessness in Los Angeles County through policy analysis, program design, resource development, and advocacy in support of agencies and local governments that serve the homeless.



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: December 5, 2024

Motion No. EXE 100.1224

Committee: Executive

Chairperson: Alvaro Ballesteros, MBA

Issue: Biennial Review of L.A. Care Health Plan’s (L.A. Care) Conflict of Interest Code

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

Background: California state law requires local public agencies, such as Local Initiative Health Authority for Los Angeles County (“L.A. Care”), to review and update their Conflict of Interest Codes biennially. Pursuant to the notice received from Los Angeles County – L.A. Care’s Conflict of Interest Code (Code) Reviewing Body – staff conducted a review of the Code and recommends updating the list of Designated Positions that are required to file a Form 700, as shown in the attached Exhibit B.

The list of Designated Positions was updated to reflect five added positions, six title changes, and five deleted positions. Specifically, the following positions were added to the Code: (i) Advisor Provider Network Management (Disclosure Category 2); (ii) Advisor Provider Network Operations (Disclosure Category 2); (iii) Deputy Chief Human Resources Officer (Disclosure Categories 1 and 2); (iv) Lead Executive Owner Innovation and Implementation (Disclosure Category 2); and (v) Managing Advisor, Provider Training Compliance (Disclosure Category 3).

The following title changes were made in the Code: (i) “Chief of Human Resources” was changed to “Chief Human Resources Officer”; (ii) “Senior Director, Pharmacy” was changed to “Chief Pharmacy Executive”; (iii) “Senior Director II, Enterprise Shared Services” was changed to “Deputy Chief Operating Officer”; (iv) “Information Technology Business Relationship Director II” was changed to “Executive Advisor Information Technology Strategy”; (v) “Director, Service Oriented Architecture Platform Solutions” was changed to “Senior Advisor Cloud Architecture and Engineering”; and (vi) “Senior Medical Director, Quality Improvement and Informatics” was changed to “Senior Quality, Population Health and Informatics Executive.”

Finally, the following positions were deleted from the Code: (i) Chief Pharmacy Officer; (ii) Chief Quality and Information Executive; (iii) Deputy Chief Medical Officer; (iv) Chief Actuary (within the “Senior Directors” designated position); and (v) Privacy Officer (within the “Directors” designated position).

Pursuant to instructions from Los Angeles County, L.A. Care timely submitted its 2024 Biennial Review Certification Form to the Board of Supervisors Executive Office. The next step in the process is to submit the proposed revisions and supporting documentation to the County by December 31, 2024.

L.A. Care’s legal staff recommends approving the revisions shown in the attached Code.

Board of Governors
MOTION SUMMARY

Member Impact: N/A.

Budget Impact: N/A.

Motion: To approve revisions to the Conflict of Interest Code of the L.A. Care Health Plan, as attached, for submission to the Los Angeles County Board of Supervisors and delegate authority to the CEO and General Counsel (including their respective designees) to make any non-substantive changes or changes that may be required by the County upon their review.

Conflict of Interest Code
of the

LOCAL INITIATIVE HEALTH AUTHORITY FOR LOS ANGELES COUNTY
(L.A. CARE HEALTH PLAN)

Incorporation of FPPC Regulation 18730 (2 California Code of Regulations, Section 18730) by Reference

The Political Reform Act (Government Code Section 81000, *et seq.*) requires state and local government agencies to adopt and promulgate conflict of interest codes. The Fair Political Practices Commission has adopted a regulation (2 Cal. Code of Regs. 18730), which contains the terms of a standard conflict of interest code. After public notice and hearing, it may be amended by the Fair Political Practices Commission to conform to amendments in the Political Reform Act. Therefore, the terms of 2 California Code of Regulations Section 18730, and any amendments to it duly adopted by the Fair Political Practices Commission, are hereby incorporated into the conflict of interest code of this agency by reference. This regulation and the attached Appendices (or Exhibits) designating officials and employees and establishing economic disclosure categories shall constitute the conflict of interest code of this agency.

Place of Filing of Statements of Economic Interests

All officials and employees required to submit a statement of economic interests shall file their statements with the General Counsel of L.A. Care Health Plan, or his or her designee. L.A. Care Health Plan shall make and retain a copy of all statements filed by its Board Members and its Chief Executive Officer and forward the originals of such statements to the Executive Office of the Board of Supervisors of Los Angeles County.

L.A. Care Health Plan shall retain the originals of statements for all other Designated Positions named in the agency's conflict of interest code. All retained statements, original or copied, shall be available for public inspection and reproduction (Gov. Code Section 81008).

Conflict of Interest Code

**LOCAL INITIATIVE HEALTH AUTHORITY FOR LOS ANGELES COUNTY
(L.A. CARE HEALTH PLAN)**

EXHIBIT 'A'

CATEGORY 1

Persons in this category shall disclose all interests in real property in Los Angeles County if the property or any part of it is located within or not more than two miles outside the boundaries of Los Angeles County or within two miles of any land owned or used by the Agency.

Persons are not required to disclose a residence, such as a home or vacation cabin, used exclusively as a personal residence; however, a residence in which a person rents out a room or for which a person claims a business deduction may be reportable.

CATEGORY 2

Persons in this category shall disclose all investments, income (including loans, gifts, and travel payments) and business positions with any of the following:

- a. Plan Partners (health plans under contract with the Agency), health care providers or other businesses under contract with or under consideration to contract with the Agency;
- b. Businesses engaged in the delivery of health care services or supplies, or services or supplies ancillary thereto of a type to be provided or arranged for by the Agency;
- c. Businesses that manufacture, provide, or sell services, supplies, materials, machinery or equipment of a type purchased or leased by the Agency; and
- d. Businesses subject to the regulatory, permitting or licensing authority of the Agency.

CATEGORY 3

Persons in this category shall disclose all business positions, investments in, or income (including loans, gifts, and travel payments) received from businesses that manufacture, provide or sell services and/or supplies of a type utilized by the agency and associated with the job assignment of designated positions assigned this disclosure category.

Conflict of Interest Code

LOCAL INITIATIVE HEALTH AUTHORITY FOR LOS ANGELES COUNTY
(L.A. CARE HEALTH PLAN)

EXHIBIT “B”

<u>Designated Positions</u>	<u>Disclosure Categories</u>	
Board Members	1,	2
Chief Executive Officer	1,	2
General Counsel	1,	2
Chief Medical Officer	1,	2
Chief Operating Officer	1,	2
Chief Financial Officer	1,	2
Senior Executive Advisor Digital		2
Chief Compliance Officer	1,	2
Chief of Human Resources <u>Officer</u>	1,	2
Chief Pharmacy Officer		2
<u>Chief Pharmacy Executive</u>		<u>2</u>
Chief Information and Technology Officer	1,	2
Chief Product Officer		2
Chief Quality and Information Executive		2
Chief of Staff	1,	2
Senior Manager, Community Resource Centers	1,	2
Executive Directors		2
Senior Director, Facilities Services	1,	2
Clinical Operations Executive		2
Any Attorney Position within the Legal Services Department	1,	2
Deputy Chief Medical Officer		2

Conflict of Interest Code

LOCAL INITIATIVE HEALTH AUTHORITY FOR LOS ANGELES COUNTY
(L.A. CARE HEALTH PLAN)

EXHIBIT “B”

Designated Positions	Disclosure Categories	
Director, Contracting and Procurement	1,	2
Senior Manager, Procurement Operations	1,	3
Senior Directors (including Chief Actuary)		2
Directors (including Privacy Officer and Controller)		3
Senior Managers		3
Manager, Contracts (Accounting)	1,	3
Managers		3
Manager, Sourcing and Procurement	1,	3
Buyer	1,	3
<u>Advisor Provider Network Management</u>		<u>2</u>
<u>Advisor Provider Network Operations</u>		<u>2</u>
Chief of Communications and Community Relations	1,	2
Chief Health Equity Officer		2
Chief of Enterprise Performance Optimization		2
Deputy Chief Financial Officer	1,	2
<u>Deputy Chief Human Resources Officer</u>	<u>1,</u>	<u>2</u>
<u>Deputy Chief Operating Officer</u>	<u>1,</u>	<u>2</u>
<u>Executive Advisor Information Technology Strategy</u>		<u>2</u>
<u>Lead Executive Owner Innovation and Implementation</u>		<u>2</u>
<u>Managing Advisor, Provider Training Compliance</u>		<u>3</u>
<u>Senior Advisor Cloud Architecture and Engineering</u>		<u>3</u>
<u>Senior Quality, Population Health and Informatics Executive</u>		<u>2</u>

Designated Positions

Disclosure Categories

Consultants or New Positions

Conflict of Interest Code
**LOCAL INITIATIVE HEALTH AUTHORITY FOR LOS ANGELES COUNTY
(L.A. CARE HEALTH PLAN)**

EXHIBIT “B”

☐ Consultants/New Positions¹

Consultants/New Positions Who Make Governmental Decisions

Consultants or new positions who make (not just recommend) governmental decisions, such as whether to approve a rate, rule, or regulation; issue, deny, suspend, or revoke any permit, license, application, certificate or similar authorization; adopt or grant Agency approval to a plan, design, report, or study; or adopt or grant Agency approval of policies, standards, or guidelines for the Agency or any subdivision thereof shall disclose pursuant to the broadest disclosure category in the code (i.e., Disclosure Categories 1 and 2). However, if the Chief Executive Officer or his or her designee, determines in writing that a particular consultant or new position is not required to fully comply with the requisite disclosure requirements, then such written determination shall include a description of the consultant’s or new position’s duties and, based upon that description, a statement of the extent of disclosure requirements. The Chief Executive Officer’s determination is a public record and shall be retained for public inspection in the same manner and location as this Conflict of Interest Code. (Gov. Code Section 81008.)

Consultants/New Positions Who Serve in a Staff Capacity

Consultants or new positions who serve in a staff capacity with the Agency, and in that capacity participate in making a governmental decision by providing information, an opinion, or a recommendation for the purpose of affecting the decision without significant intervening substantive review shall disclose at the same level as a comparable designated position in the same or similar Agency Department identified elsewhere in this Code.

Consultants/New Positions Who Perform the Same or Substantially All the Same Duties as a Comparable Designated Position

Consultants or new positions who perform the same or substantially all the same duties for the Agency that would otherwise be performed by an individual holding a designated position in this Code shall disclose at the same level as the comparable designated position identified elsewhere in this Code.

¹ When the consultant is a corporation or partnership, only individuals within the corporation or partnership who fit into one of the three categories of “Consultants/New Positions” must file disclosure statements.

Effective:

(Regulations of the Fair Political Practices Commission, Title 2, Division 6, California Code of Regulations)

§ 18730. Provisions of Conflict of Interest Codes.

(a) Incorporation by reference of the terms of this regulation along with the designation of employees and the formulation of disclosure categories in the Appendix referred to below constitute the adoption and promulgation of a conflict of interest code within the meaning of Section 87300 or the amendment of a conflict of interest code within the meaning of Section 87306 if the terms of this regulation are substituted for terms of a conflict of interest code already in effect. A code so amended or adopted and promulgated requires the reporting of reportable items in a manner substantially equivalent to the requirements of article 2 of chapter 7 of the Political Reform Act, Sections 81000, et seq. The requirements of a conflict of interest code are in addition to other requirements of the Political Reform Act, such as the general prohibition against conflicts of interest contained in Section 87100, and to other state or local laws pertaining to conflicts of interest.

(b) The terms of a conflict of interest code amended or adopted and promulgated pursuant to this regulation are as follows:

(1) Section 1. Definitions.

The definitions contained in the Political Reform Act of 1974, regulations of the Fair Political Practices Commission (Regulations 18110, et seq.), and any amendments to the Act or regulations, are incorporated by reference into this conflict of interest code.

(2) Section 2. Designated Employees.

The persons holding positions listed in the Appendix are designated employees. It has been determined that these persons make or participate in the making of decisions which may foreseeably have a material effect on economic interests.

(3) Section 3. Disclosure Categories.

This code does not establish any disclosure obligation for those designated employees who are also specified in Section 87200 if they are designated in this code in that same capacity or if the geographical jurisdiction of this agency is the same as or is wholly included within the jurisdiction in which those persons must report their economic interests pursuant to article 2 of chapter 7 of the Political Reform Act, Sections 87200, et seq.

In addition, this code does not establish any disclosure obligation for any designated employees who are designated in a conflict of interest code for another agency, if all of the following apply:

(A) The geographical jurisdiction of this agency is the same as or is wholly included within the jurisdiction of the other agency;

(B) The disclosure assigned in the code of the other agency is the same as that required under article 2 of chapter 7 of the Political Reform Act, Section 87200; and

(C) The filing officer is the same for both agencies.¹

Such persons are covered by this code for disqualification purposes only. With respect to all other designated employees, the disclosure categories set forth in the Appendix specify which kinds of economic interests are reportable. Such a designated employee shall disclose in the employee's statement of economic interests those economic interests the employee has which are of the kind described in the disclosure categories to which the employee is assigned in the Appendix. It has been determined that the economic interests set forth in a designated employee's disclosure categories are the kinds of economic interests which the employee foreseeably can affect materially through the conduct of the employee's office.

(4) Section 4. Statements of Economic Interests: Place of Filing.

The code reviewing body shall instruct all designated employees within its code to file statements of economic interests with the agency or with the code reviewing body, as provided by the code reviewing body in the agency's conflict of interest code.²

(5) Section 5. Statements of Economic Interests: Time of Filing.

(A) Initial Statements. All designated employees employed by the agency on the effective date of this code, as originally adopted, promulgated and approved by the code reviewing body, shall file statements within 30 days after the effective date of this code. Thereafter, each person already in a position when it is designated by an amendment to this code shall file an initial statement within 30 days after the effective date of the amendment.

(B) Assuming Office Statements. All persons assuming designated positions after the effective date of this code shall file statements within 30 days after assuming the designated positions, or if subject to State Senate confirmation, 30 days after being nominated or appointed.

(C) Annual Statements. All designated employees shall file statements no later than April 1. If a person reports for military service as defined in the Servicemember's Civil Relief Act, the deadline for the annual statement of economic interests is 30 days following the person's return to office, provided the person, or someone authorized to represent the person's interests, notifies the filing officer in writing prior to the applicable filing deadline that the person is subject to that federal statute and is unable to meet the applicable deadline, and provides the filing officer verification of the person's military status.

(D) Leaving Office Statements. All persons who leave designated positions shall file statements within 30 days after leaving office.

(5.5) Section 5.5. Statements for Persons Who Resign Prior to Assuming Office.

Any person who resigns within 12 months of initial appointment, or within 30 days of the date of notice provided by the filing officer to file an assuming office statement, is not deemed to have assumed office or left office, provided the person did not make or participate in the making of, or use the person's position to influence any decision and did not receive or become entitled to receive any form of payment as a result of the person's appointment. Such persons shall not file either an assuming or leaving office statement.

(A) Any person who resigns a position within 30 days of the date of a notice from the filing officer shall do both of the following:

(1) File a written resignation with the appointing power; and

(2) File a written statement with the filing officer declaring under penalty of perjury that during the period between appointment and resignation the person did not make, participate in the making, or use the position to influence any decision of the agency or receive, or become entitled to receive, any form of payment by virtue of being appointed to the position.

(6) Section 6. Contents of and Period Covered by Statements of Economic Interests.

(A) Contents of Initial Statements.

Initial statements shall disclose any reportable investments, interests in real property and business positions held on the effective date of the code and income received during the 12 months prior to the effective date of the code.

(B) Contents of Assuming Office Statements.

Assuming office statements shall disclose any reportable investments, interests in real property and business positions held on the date of assuming office or, if subject to State Senate confirmation or appointment, on the date of nomination, and income received

during the 12 months prior to the date of assuming office or the date of being appointed or nominated, respectively.

(C) Contents of Annual Statements. Annual statements shall disclose any reportable investments, interests in real property, income and business positions held or received during the previous calendar year provided, however, that the period covered by an employee's first annual statement shall begin on the effective date of the code or the date of assuming office whichever is later, or for a board or commission member subject to Section 87302.6, the day after the closing date of the most recent statement filed by the member pursuant to Regulation 18754.

(D) Contents of Leaving Office Statements.

Leaving office statements shall disclose reportable investments, interests in real property, income and business positions held or received during the period between the closing date of the last statement filed and the date of leaving office.

(7) Section 7. Manner of Reporting.

Statements of economic interests shall be made on forms prescribed by the Fair Political Practices Commission and supplied by the agency, and shall contain the following information:

(A) Investment and Real Property Disclosure.

When an investment or an interest in real property³ is required to be reported,⁴ the statement shall contain the following:

1. A statement of the nature of the investment or interest;
2. The name of the business entity in which each investment is held, and a general description of the business activity in which the business entity is engaged;
3. The address or other precise location of the real property;

4. A statement whether the fair market value of the investment or interest in real property equals or exceeds \$2,000, exceeds \$10,000, exceeds \$100,000, or exceeds \$1,000,000.

(B) Personal Income Disclosure. When personal income is required to be reported,⁵ the statement shall contain:

1. The name and address of each source of income aggregating \$500 or more in value, or \$50 or more in value if the income was a gift, and a general description of the business activity, if any, of each source;

2. A statement whether the aggregate value of income from each source, or in the case of a loan, the highest amount owed to each source, was \$1,000 or less, greater than \$1,000, greater than \$10,000, or greater than \$100,000;

3. A description of the consideration, if any, for which the income was received;

4. In the case of a gift, the name, address and business activity of the donor and any intermediary through which the gift was made; a description of the gift; the amount or value of the gift; and the date on which the gift was received;

5. In the case of a loan, the annual interest rate and the security, if any, given for the loan and the term of the loan.

(C) Business Entity Income Disclosure. When income of a business entity, including income of a sole proprietorship, is required to be reported,⁶ the statement shall contain:

1. The name, address, and a general description of the business activity of the business entity;

2. The name of every person from whom the business entity received payments if the filer's pro rata share of gross receipts from such person was equal to or greater than \$10,000.

(D) Business Position Disclosure. When business positions are required to be reported, a designated employee shall list the name and address of each business entity in which

the employee is a director, officer, partner, trustee, employee, or in which the employee holds any position of management, a description of the business activity in which the business entity is engaged, and the designated employee's position with the business entity.

(E) Acquisition or Disposal During Reporting Period. In the case of an annual or leaving office statement, if an investment or an interest in real property was partially or wholly acquired or disposed of during the period covered by the statement, the statement shall contain the date of acquisition or disposal.

(8) Section 8. Prohibition on Receipt of Honoraria.

(A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept any honorarium from any source, if the member or employee would be required to report the receipt of income or gifts from that source on the member's or employee's statement of economic interests.

(B) This section shall not apply to any part-time member of the governing board of any public institution of higher education, unless the member is also an elected official.

(C) Subdivisions (a), (b), and (c) of Section 89501 shall apply to the prohibitions in this section.

(D) This section shall not limit or prohibit payments, advances, or reimbursements for travel and related lodging and subsistence authorized by Section 89506.

(8.1) Section 8.1. Prohibition on Receipt of Gifts in Excess of \$590.

(A) No member of a state board or commission, and no designated employee of a state or local government agency, shall accept gifts with a total value of more than \$590 in a calendar year from any single source, if the member or employee would be required to report the receipt of income or gifts from that source on the member's or employee's statement of economic interests.

(B) This section shall not apply to any part-time member of the governing board of any public institution of higher education, unless the member is also an elected official.

(C) Subdivisions (e), (f), and (g) of Section 89503 shall apply to the prohibitions in this section.

(8.2) Section 8.2. Loans to Public Officials.

(A) No elected officer of a state or local government agency shall, from the date of the election to office through the date that the officer vacates office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the elected officer holds office or over which the elected officer's agency has direction and control.

(B) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while he or she holds office, receive a personal loan from any officer, employee, member, or consultant of the state or local government agency in which the public official holds office or over which the public official's agency has direction and control. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.

(C) No elected officer of a state or local government agency shall, from the date of the election to office through the date that the officer vacates office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular

course of business on terms available to members of the public without regard to the elected officer's official status.

(D) No public official who is exempt from the state civil service system pursuant to subdivisions (c), (d), (e), (f), and (g) of Section 4 of Article VII of the Constitution shall, while the official holds office, receive a personal loan from any person who has a contract with the state or local government agency to which that elected officer has been elected or over which that elected officer's agency has direction and control. This subdivision shall not apply to loans made by banks or other financial institutions or to any indebtedness created as part of a retail installment or credit card transaction, if the loan is made or the indebtedness created in the lender's regular course of business on terms available to members of the public without regard to the elected officer's official status. This subdivision shall not apply to loans made to a public official whose duties are solely secretarial, clerical, or manual.

(E) This section shall not apply to the following:

1. Loans made to the campaign committee of an elected officer or candidate for elective office.

2. Loans made by a public official's spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such persons, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.

3. Loans from a person which, in the aggregate, do not exceed \$500 at any given time.

4. Loans made, or offered in writing, before January 1, 1998.

(8.3) Section 8.3. Loan Terms.

(A) Except as set forth in subdivision (B), no elected officer of a state or local government agency shall, from the date of the officer's election to office through the date the officer vacates office, receive a personal loan of \$500 or more, except when the loan is in writing and clearly states the terms of the loan, including the parties to the loan agreement, date of the loan, amount of the loan, term of the loan, date or dates when payments shall be due on the loan and the amount of the payments, and the rate of interest paid on the loan.

(B) This section shall not apply to the following types of loans:

1. Loans made to the campaign committee of the elected officer.
2. Loans made to the elected officer by his or her spouse, child, parent, grandparent, grandchild, brother, sister, parent-in-law, brother-in-law, sister-in-law, nephew, niece, aunt, uncle, or first cousin, or the spouse of any such person, provided that the person making the loan is not acting as an agent or intermediary for any person not otherwise exempted under this section.
3. Loans made, or offered in writing, before January 1, 1998.

(C) Nothing in this section shall exempt any person from any other provision of Title 9 of the Government Code.

(8.4) Section 8.4. Personal Loans.

(A) Except as set forth in subdivision (B), a personal loan received by any designated employee shall become a gift to the designated employee for the purposes of this section in the following circumstances:

1. If the loan has a defined date or dates for repayment, when the statute of limitations for filing an action for default has expired.
2. If the loan has no defined date or dates for repayment, when one year has elapsed from the later of the following:

- a. The date the loan was made.
- b. The date the last payment of \$100 or more was made on the loan.
- c. The date upon which the debtor has made payments on the loan aggregating to less than \$250 during the previous 12 months.

(B) This section shall not apply to the following types of loans:

- 1. A loan made to the campaign committee of an elected officer or a candidate for elective office.
- 2. A loan that would otherwise not be a gift as defined in this title.
- 3. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor has taken reasonable action to collect the balance due.
- 4. A loan that would otherwise be a gift as set forth under subdivision (A), but on which the creditor, based on reasonable business considerations, has not undertaken collection action. Except in a criminal action, a creditor who claims that a loan is not a gift on the basis of this paragraph has the burden of proving that the decision for not taking collection action was based on reasonable business considerations.
- 5. A loan made to a debtor who has filed for bankruptcy and the loan is ultimately discharged in bankruptcy.

(C) Nothing in this section shall exempt any person from any other provisions of Title 9 of the Government Code.

(9) Section 9. Disqualification.

No designated employee shall make, participate in making, or in any way attempt to use the employee's official position to influence the making of any governmental decision which the employee knows or has reason to know will have a reasonably foreseeable material financial effect, distinguishable from its effect on the public generally, on the official or a member of the official's immediate family or on:

(A) Any business entity in which the designated employee has a direct or indirect investment worth \$2,000 or more;

(B) Any real property in which the designated employee has a direct or indirect interest worth \$2,000 or more;

(C) Any source of income, other than gifts and other than loans by a commercial lending institution in the regular course of business on terms available to the public without regard to official status, aggregating \$500 or more in value provided to, received by or promised to the designated employee within 12 months prior to the time when the decision is made;

(D) Any business entity in which the designated employee is a director, officer, partner, trustee, employee, or holds any position of management; or

(E) Any donor of, or any intermediary or agent for a donor of, a gift or gifts aggregating \$590 or more provided to, received by, or promised to the designated employee within 12 months prior to the time when the decision is made.

(9.3) Section 9.3. Legally Required Participation.

No designated employee shall be prevented from making or participating in the making of any decision to the extent the employee's participation is legally required for the decision to be made. The fact that the vote of a designated employee who is on a voting body is needed to break a tie does not make the employees' participation legally required for purposes of this section.

(9.5) Section 9.5. Disqualification of State Officers and Employees.

In addition to the general disqualification provisions of section 9, no state administrative official shall make, participate in making, or use the official's position to influence any governmental decision directly relating to any contract where the state administrative official knows or has reason to know that any party to the contract is a person with whom

the state administrative official, or any member of the official's immediate family has, within 12 months prior to the time when the official action is to be taken:

(A) Engaged in a business transaction or transactions on terms not available to members of the public, regarding any investment or interest in real property; or

(B) Engaged in a business transaction or transactions on terms not available to members of the public regarding the rendering of goods or services totaling in value \$1,000 or more.

(10) Section 10. Disclosure of Disqualifying Interest.

When a designated employee determines that the employee should not make a governmental decision because the employee has a disqualifying interest in it, the determination not to act may be accompanied by disclosure of the disqualifying interest.

(11) Section 11. Assistance of the Commission and Counsel.

Any designated employee who is unsure of the duties under this code may request assistance from the Fair Political Practices Commission pursuant to Section 83114 and Regulations 18329 and 18329.5 or from the attorney for the employee's agency, provided that nothing in this section requires the attorney for the agency to issue any formal or informal opinion.

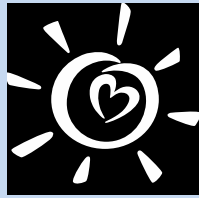
(12) Section 12. Violations.

This code has the force and effect of law. Designated employees violating any provision of this code are subject to the administrative, criminal and civil sanctions provided in the Political Reform Act, Sections 81000-91014. In addition, a decision in relation to which a violation of the disqualification provisions of this code or of Section 87100 or 87450 has occurred may be set aside as void pursuant to Section 91003.

Footnotes

1. Designated employees who are required to file statements of economic interests under any other agency's conflict of interest code, or under article 2 for a different jurisdiction, may expand their statement of economic interests to cover reportable interests in both jurisdictions, and file copies of this expanded statement with both entities in lieu of filing separate and distinct statements, provided that each copy of such expanded statement filed in place of an original is signed and verified by the designated employee as if it were an original. See Section 81004.
2. See Section 81010 and Regulation 18115 for the duties of filing officers and persons in agencies who make and retain copies of statements and forward the originals to the filing officer.
3. For the purpose of disclosure only (not disqualification), an interest in real property does not include the principal residence of the filer.
4. Investments and interests in real property which have a fair market value of less than \$2,000 are not investments and interests in real property within the meaning of the Political Reform Act. However, investments or interests in real property of an individual include those held by the individual's spouse and dependent children as well as a pro rata share of any investment or interest in real property of any business entity or trust in which the individual, spouse and dependent children own, in the aggregate, a direct, indirect or beneficial interest of 10 percent or greater.
5. A designated employee's income includes the employee's community property interest in the income of the employee's spouse but does not include salary or reimbursement for expenses received from a state, local or federal government agency.
6. Income of a business entity is reportable if the direct, indirect or beneficial interest of the filer and the filer's spouse in the business entity aggregates a 10 percent or greater

interest. In addition, the disclosure of persons who are clients or customers of a business entity is required only if the clients or customers are within one of the disclosure categories of the filer.



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: December 5, 2024

Motion No. EXE 101.1224

Committee: Executive

Chairperson: Alvaro Ballesteros, MBA

Requesting Department: General Legal Services

Issue: Revising General Legal Services Policy LS-010 (Delegation of Authority to Approve, Compromise, and/or Settle Certain Pre- Litigation Claims and Pending Litigation).

Background: L.A. Care periodically reviews and updates LS-010 Delegation of Authority to Approve, Compromise, and/or Settle Certain Pre-Litigation Claims and Pending Litigation to ensure it aligns with the organization’s evolving business needs while preserving robust oversight and transparency. As the Board is aware, much of L.A. Care’s litigation involves provider disputes, an area in which staff and the executive committee possess significant expertise. Settlement of these cases is driven by costs of healthcare services at issue and litigation costs, which can and frequently do exceed the current delegated authority, even though the underlying dispute does not involve complex or novel issues.

Following a comprehensive review, staff recommends updating the delegation of the CEO’s authority to approve the settlement of certain pre-litigation claims and pending litigation matters from \$250,000 to \$1 million and updating the delegated authority to the Executive Committee from \$500,000 to \$5 million. Matters above \$5 million would continue to be presented to the Board for approval, while the exercise of this delegated authority would be periodically reported to the Board to ensure continued oversight and transparency.

This change would align the delegated authority with limits already approved for the CEO and Finance Committee under Accounting and Finance Services Policy AFS-006. This alignment will provide greater flexibility in settling cases efficiently, which could lead to more advantageous outcomes for L.A. Care. Furthermore, it will reduce the number of closed session motions required, enabling the Board to focus public meeting time and resources on matters of greater interest and strategic importance.

The revised policy, attached hereto in red-line form, would also make sundry non-substantive revisions to update references and correct typo-graphical errors.

Member Impact: None.

Budget Impact: None.

Motion: To approve General Legal Services Policy LS-010 (Delegation of Authority to Approve, Compromise, and/or Settle Certain Pre-Litigation Claims and Pending Litigation) as submitted.

	DELEGATION OF AUTHORITY TO APPROVE, COMPROMISE, AND/OR SETTLE CERTAIN PRE- LITIGATION CLAIMS AND PENDING LITIGATION		LS-010
	DEPARTMENT	GENERAL LEGAL SERVICES	
Supersedes Policy Number(s)			

DATES					
Effective Date	3/7/2013	Review Date	2/1/2024	Next Annual Review Date	12/31/2025
Legal Review Date	2/1/2024	Committee Review Date	Click here to enter a date.		

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

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

ACCOUNTABILITY MATRIX			

ATTACHMENTS
➤ None

ELECTRONICALLY APPROVED BY THE FOLLOWING		
	OFFICER	DIRECTOR
NAME	Augustavia J. Haydel	William Seldeen
DEPARTMENT	Legal Services	General Legal Services
TITLE	General Counsel	Associate General Counsel

AUTHORITIES
<ul style="list-style-type: none"> ➤ Cal. Welf. & Inst. Code §§ 14087.96, <i>et seq.</i> (inc. §§ 14087.9605, 14087.961 & 14087.963); ➤ Cal. Welf. & Inst. Code §§ 14087.3, <i>et seq.</i>; ➤ L.A. Care Health Plan By-Laws.

REFERENCES
<ul style="list-style-type: none"> ➤ CLM-002 (“Claims Submission and Processing”); ➤ CLM-012<u>PDR-001</u> (“Provider Disputes Resolution Policy”)-(now PDR-001); ➤ CLM-014 (“Provider Payment Dispute/Appeal Resolution Process for Non-Contracted Providers”); ➤ 4832 (“Claims Appeals/Disputed Process for Providers and Members”)- (subsumed into PDR-001); ➤ LS-009 (“Government Claims Presentation & Delegation to Approve, Deny or Settle Certain Government Claims”).

HISTORY	
REVISION DATE	DESCRIPTION OF REVISIONS
3/7/2013	New policy
2/6/2020	Updated referenced authorities and policies; increased threshold limits; clarified scope; updated to new template.
12/31/2020	Annual review; no changes.
<u>11/11/2024</u>	<u>Updated referenced authorities and policies; increased threshold limits.</u>



1.0 OVERVIEW

1.1 The Board of Governors (“Board”) of L.A. Care Health Plan (“L.A. Care”) desires to provide for the efficient, timely, and appropriate handling of all Pre-Litigation Claims and Pending Litigation (as these terms are defined below) made by or against L.A. Care. Accordingly, by this Policy, the Board delegates to the Chief Executive Officer (“CEO”) (or designee) and L.A. Care’s Executive Committee the authority to approve, compromise and/or settle such Pre-Litigation Claims and Pending Litigation in the amounts and subject to the requirements set forth herein.

2.0 DEFINITIONS

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

2.1 “Pre-Litigation Claim” means any demand, claim, or circumstance of potential lawsuit, cause of action, arbitration, or any claim of administrative, adjudicatory, or special proceeding, identified by L.A. Care, or submitted to or against L.A. Care prior to commencement of a formal proceeding before any court or any adjudicative body, official, or agency (including without limitation any administrative or special proceeding).

This definition excludes the following categories, as they are subject to separate policies and procedures and may be settled or compromised thereunder:

- (a) ~~a~~Any claim presented pursuant to the Government Claims Act or L.A. Care’s Policy & Procedures LS-009 (“Government Claims & Delegation to Approve, Deny or Settle Certain Government Claims”) ~~Policy & Procedure LS-009~~;
- (b) ~~a~~Any claim subject to, submitted, or processed under any relevant or applicable L.A. Care policy or procedure relating to claims submission, processing, appeals, disputes resolution, provider payment dispute or appeal resolution processes or adjudication of claims, including any such policies or procedures that may be amended, replaced, or revised from time to time; or
- (c) ~~a~~Any Pre-Litigation Claim asserted by a contracted or non-contracted provider, including without limitation a hospital, participating provider group (“PPG”), or independent practice association (“IPA”).

2.2 “Pending Litigation” means any action, proceeding, cause of action, lawsuit, arbitration matter, or any other dispute pending in any court, or before any adjudicative body, official, or agency, including (without limitation), any administrative, adjudicatory, or special proceeding. This definition excludes any criminal proceeding.



3.0 POLICY

3.1 The Board delegates to the CEO (or designee) and L.A. Care's Executive Committee the authority to approve, compromise and/or settle Pre-Litigation Claims and Pending Litigation in the amounts and subject to the requirements set forth herein.

4.0 PROCEDURES

4.1 Delegation to the CEO (or ~~d~~Designee)

4.1.1 The Board hereby delegates to the CEO (or designee), in consultation with L.A. Care's General Counsel (or designee), the authority to approve, compromise and/or settle any Pre-Litigation Claim or Pending Litigation in the amount not to exceed ~~\$250,000.~~ \$1,000,000.

4.1.2 The CEO (or designee), at own discretion, may refer the approval, compromise, or settlement of any Pre-Litigation Claim or Pending Litigation authorized under this Section ~~3-4.1~~, to L.A. Care's Executive Committee or the Board, if the CEO deems appropriate to do so.

4.1.3 In the event that the CEO (or designee) has a conflict of interest, the Pre-Litigation Claim or Pending Litigation shall be referred to L.A. Care's Executive Committee or the Board.

4.1.4 Exclusions. The delegated authority to the CEO to approve, compromise, or settle any Pending Litigation under this Policy shall not extend or apply to any claim, action, lawsuit, cause of action, arbitration matter, adjudication, or any other dispute (including without limitation notice of dispute under L.A. Care's Medi-Cal contract with California Department of Health Care Services) initiated, maintained, or commenced by L.A. Care.

4.2 Delegation to L.A. Care's Executive Committee

4.2.1 The Board hereby further delegates to L.A. Care's Executive Committee, in consultation with the General Counsel (or designee), the authority to approve, compromise and/or settle any Pre-Litigation Claim or Pending Litigation in the amount over ~~\$251,000,000~~ but not exceeding ~~\$5,000,000~~.

4.2.2 The Executive Committee, at its own discretion, may refer the approval, compromise, or settlement of any Pre-Litigation Claim or Pending Litigation authorized under this Section 4.2, to L.A. Care's Board, if the Committee deems appropriate to do so.

4.2.3 In the event of a conflict of interests with at least three members of the Executive Committee, the Pre-Litigation Claim or Pending Litigation shall be referred to L.A. Care's Board.



4.3 The authority to approve, compromise and/or settle any Pre-Litigation Claim or Pending Litigation in an amount over \$5,000,000 shall remain with L.A. Care's Board; unless otherwise specifically delegated by the Board.

5.0 MONITORING & REPORTING

5.1 L.A. Care's CEO (or designee) or General Counsel (or designee) shall: (a) report to the Executive Committee and/or the Board any approved settlement or compromise of any Pre-Litigation Claim or Pending Litigation authorized pursuant to Section 4.1, above; and (b) provide an annual report to the Board on any significant, new or different trends observed as a result of taking actions pursuant to this Policy.



Board of Governors
MOTION SUMMARY

Date: December 5, 2024

Motion No. FIN 100.1225

Committee: Finance & Budget

Chairperson: Stephanie Booth, MD

Requesting Department: Operations

Issue: Enter into a new contract with Availity, LLC to provide Electronic Claims Clearinghouse services, which include receipt and transmissions of electronic claims, forwarding misdirected claims to Plan Partners, claims status research, and attachment submissions.

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

Background: As a result of the Change Healthcare cyber-attack in February 2024, L.A. Care identified a need to add a second electronic claims clearinghouse. Availity will provide the full suite of services currently offered by Change Healthcare and an additional service no longer supported by Change Health Care (attachment submission) so that L.A. Care is not dependent on one clearinghouse.

L.A. Care staff requests approval to enter into a new contract with Availity, LLC, for a contract term of five (5) years, from February 1, 2025 through January 31, 2030, and a total contract amount of \$7,000,000.

A second clearinghouse for electronic claim submission and eligibility and claim status searching for providers will limit the risks of having only one clearinghouse. The services this vendor will provide L.A. Care will allow us to meet regulatory requirements for transmitting electronic health information per the Health Insurance Portability and Accountability Act of 1996 (HIPAA).¹

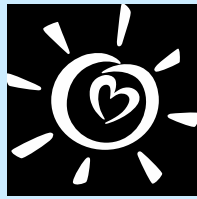
As a result of L.A. Care's existing electronic claims clearinghouse (Change Healthcare) cyber-attack, providers could not submit electronic claims to L.A. Care for almost two months. Availity is widely used in the healthcare industry and can work with us to expedite implementation to ensure L.A. Care has alternative options for providers to submit electronic claims, have misdirected claims correctly routed to other payers, research claim status, and send claim attachments.

Member Impact: Eliminates administrative burden on Providers by allowing the submission of electronic claims. Contracting with this Clearinghouse will allow L.A. Care to process and pay claims with attachments more accurately and timely.

Budget Impact: Sufficient funds are budgeted in FY 2024-2025. Additional funds will be requested for subsequent fiscal years.

Motion: **To authorize the staff to enter into a new contract and SOW #1 with Availity, LLC, for an overall contract amount of \$7,000,000, with a contract term from February 1, 2025 through January 31, 2030, for a total term of 5 years. This contract and SOW will allow Availity, LLC, to support L.A. Care with Electronic Claims Clearinghouse services through January 31, 2030.**

¹ <https://www.govinfo.gov/app/details/PLAW-104publ191>



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: December 5, 2024

Motion No. FIN 101.1225

Committee: Finance & Budget

Chairperson: Stephanie Booth, MD

Issue: L.A. Care staff would like to amend Scope of Work (SOW) #2 with Claris Health (formerly Santé Analytics) to continue providing a centralized overpayment repository with workflow capabilities which enables L.A. Care to manage and warehouse internal payment integrity audits and external vendor audits, by increasing the contract SOW by \$2,145,000 and extending the term of the SOW for three years.

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

Background: The current Claris Health (formerly Santé Analytics) contract PRO # 000004605, SOW #2 Amendment #2 is \$3,446,916 and is effective until December 31, 2024.

L.A. Care staff requests approval to increase SOW amount from \$3,446,916 to \$5,591,916, an incremental increase of \$2,145,000 and extend the contract terms from January 1, 2025 through December 31, 2027, an incremental term of three years for Amendment #3 of SOW #2. The vendor will continue to provide a centralized overpayment repository with workflow capabilities to enable L.A. Care's management and warehousing of internal payment integrity audits and external vendor audits.

The Claris Health (formerly Santé Analytics) platform and services will act as a data distribution channel, facilitating overpayment recovery by distributing data to L.A. Care's contracted payment integrity vendors to prevent redundant efforts. It will monitor and manage recovery efforts, approve substantiated improper payment findings (IPFs), and prepare IPF transmittal letters. Additionally, the platform will provide regular reports detailing IPF generation, approval, and assignment, as well as tracking provider responses and the status of ongoing and closed recovery efforts. The vendor provides L.A. Care with a centralized overpayment repository application that allows workflow management, data distribution, and analytics modules to support L.A. Care data mining services, and a clinical audit workflow including an analytics module, workflow management, medical records management and review.

L.A. Care requires these services to meet its legal obligations under Medicare Integrity Program¹ and Title 28 provision to increase Payment Integrity Programs², which mandate proactive measures to detect, investigate, and prevent fraud, waste, and abuse. These regulations guide us in responsibly administering our programs, preserving healthcare service integrity, and protecting financial resources. The Payment Integrity team's activities are structured to ensure taxpayer dollars are appropriately allocated to necessary, quality care, supporting compliance with federal and state standards and safeguarding member and stakeholder trust.

No request for proposal was conducted for this vendor as we have an existing contract, and continuing with the existing vendor would allow the L.A. Care Payment Integrity team to save time, resources, and initiation fees to procure and implement a new vendor. The vendor has customized the payment integrity platform to meet our

¹ 42 U.S.C. § 1396a

² Cal. Code Regs. tit. 28 § 1300.71

Board of Governors
MOTION SUMMARY

specific needs, making it highly integrated with our current operations. Contracting with another vendor would result in extensive customization efforts, significantly increasing costs and resources.

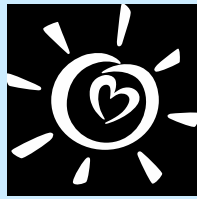
To support these efforts, we anticipate an additional expenditure of \$2,145,000 over the new contract term.

Invoice Date	Description	Annual License Fee	CPI Vendor implementation Fee	Total
January 1, 2025	Pareo Supplier Optimization License Fee	\$690,000.00	\$25,0000	\$715,000
January 1, 2026	Pareo Supplier Optimization License Fee	\$690,000.00	\$25,0000	\$715,000
January 1, 2027	Pareo Supplier Optimization License Fee	\$690,000.00	\$25,0000	\$715,000
			Total	\$2,145,000

Member Impact: L.A. Care members will benefit from this motion through reduced medical spending thus allowing for additional funds to remain in the Medicaid/Medicare Trust for future services.

Budget Impact: Sufficient funds are budgeted in FY 2024-2025. Additional funds will be requested for subsequent fiscal years.

Motion: To authorize L.A. Care staff to enter into SOW #2 Amendment #3 with Claris Health (formerly Santé Analytics), increasing the overall contract amount from \$3,446,916 to \$5,591,916, an incremental increase of \$2,145,000, and increasing the contract terms from January 1, 2021 through December 31, 2024, to January 1, 2025 through December 31, 2027, an incremental term of 3 years. This amendment will allow Claris Health to continue to support L.A. Care with a centralized overpayment repository with workflow capabilities to allow L.A. Care to manage and warehouse internal payment integrity audits and vendor audits, through December 31, 2027.



L.A. Care
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Board of Governors
MOTION SUMMARY

Date: December 5, 2024

Motion No. FIN 102.1225

Committee: Finance & Budget

Chairperson: Stephanie Booth, MD

Issue: L.A. Care staff would like to amend contract Statement of Work (SOW) #5 with Claris Health (formerly Santé Analytics) to provide overpayment algorithms to improve overpayment identification and recovery efforts by adding additional funding in the amount of \$8,985,825 and adding an incremental contract term of three years.

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

Background: The current Claris Health contract PRO #000004219, SOW #5 Amendment #2 is \$600,000 and is effective until December 31, 2024.

L.A. Care staff requests approval of SOW #5 Amendment #3, to increase the SOW amount from \$600,000 to \$9,585,825, an incremental \$8,985,825, and extending the contract term from January 1, 2025, through December 31, 2027, an incremental term of three years, to provide overpayment algorithms to improve overpayment identification and recovery efforts.

Claris Health will continue to supply L.A. Care with customized overpayment algorithms to strengthen overpayment identification and recovery, aligned with L.A. Care’s and regulatory guidelines¹. They will collaborate with L.A. Care on development, testing, and implementation, with responsive adjustments as needed. Approved algorithms will analyze both historical and ongoing claims, with findings prepared for validation and recovery.

Additionally, Claris Health will provide dashboards and reports, tracking algorithm performance, recoveries, and accuracy. The projected recoveries of approximately \$146 million from January 2025 through December 2027, are a direct result of our investment in the Pareo Supplier Optimization Module. The incremental monthly savings stem from the ongoing growth and expansion of the current overpayment edits library. To support these efforts, we anticipate an additional expenditure of \$8,985,825 over the new contract term.

	FY 24-25	FY 25-26	FY 26-27	FY 27-28	Total
Recoveries	\$ 42,975,000	\$ 47,700,000	\$ 44,946,425	\$ 10,747,500	\$ 146,368,925
Fees	\$ 2,693,250	\$ 2,919,000	\$ 2,726,250	\$ 647,325	\$ 8,985,825

L.A. Care uses these services to meet its legal obligations under the Medicare Integrity Program² and Title 28 provision to increase Payment Integrity Programs³, which mandates proactive measures to detect, investigate, and prevent fraud, waste, and abuse. These regulations guide us in responsibly administering our programs, preserving healthcare service integrity, and protecting financial resources.

¹ 42 CFR Part 447

² 42 U.S.C. §1395ddd

³ Cal. Code Regs. tit. 28 § 1300.71

Board of Governors

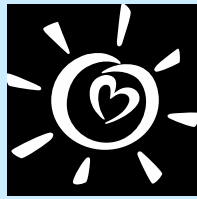
MOTION SUMMARY

No request for proposal was conducted for this vendor as we have an existing contract, and continuing work with the vendor would allow us to mitigate time, resources, and initiation fees necessary to procure and implement a new vendor. We are not pursuing an RFP for this specific SOW because it is part of a broader set of services provided by Claris, which are highly integrated. Breaking out this individual SOW for an RFP would disrupt the continuity and coordination of the services, potentially affecting the overall performance of the Payment Integrity program.

Member Impact: L.A. Care members will benefit from this motion through reduced medical spending, thus allowing for additional funds to remain in the Medicaid/Medicare Trust for future services.

Budget Impact: Sufficient funds are budgeted in FY 2024-2025. Additional funds will be requested for subsequent fiscal years.

Motion: To authorize the staff to enter into Amendment 3 to SOW 5 with Claris Health (formerly Santé Analytics), increasing the overall contract amount from \$600,000 to \$9,585,825, an incremental increase of \$8,985,825, and increasing the contract terms from January 1, 2022 through December 31, 2024 to January 1, 2025 through December 31, 2027, an incremental term of 3 years. This amendment will allow Claris Health (formerly Santé Analytics) to continue supporting L.A. Care with Pareo Analytics through December 31, 2027, as we implement additional concepts and enhance recoveries. This extension ensures continued progress in optimizing our payment integrity efforts and maximizing savings.



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Board of Governors
MOTION SUMMARY

Date: December 5, 2024

Motion No. FIN 103.1124

Committee: Finance & Budget

Chairperson: Stephanie Booth, MD

Issue: L.A. Care staff would like to amend Scope of Work (SOW) #6 with Claris Health (formerly Santé Analytics) to continue providing Pareo clinical analytics algorithms, medical record request operations, a full time Claris Health clinical healthcare expert, and access to Claris Health’s Optical Character Recognition (OCR) software, by increasing the contract SOW by \$1,980,000 and extending the term of the SOW for three years.

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

Background: The current Claris Health (formerly Santé Analytics) contract PRO # 000004606, SOW #6 Amendment #1 is \$4,076,950, and is effective until December 31, 2024.

L.A. Care staff requests approval to increase the SOW amount from \$4,076,950 to \$6,056,950, an incremental increase of \$1,980,000, and extend the contract term from January 1, 2025, through December 31, 2027, and incremental term of three years for Amendment #2 of SOW #6 for Claris Health. Claris Health will continue to deliver advanced clinical analytics to support data-driven decision-making, streamlined medical record requests and efficient administration processes to ensure timely access to critical documentation, and specialized clinical healthcare expertise to support the development of audit algorithms. Additionally, Claris Health will provide access to OCR software, facilitating the digital extraction and analysis of data from scanned documents, improving accuracy and efficiency in handling medical records.

L.A. Care leverages these services to meet its legal obligations under Medicare Integrity Program¹ and Title 28 provisions to increase Payment Integrity Programs², which mandates proactive measures to detect, investigate, and prevent fraud, waste, and abuse. These regulations guide us in responsibly administering our programs, preserving healthcare service integrity, and protecting financial resources.

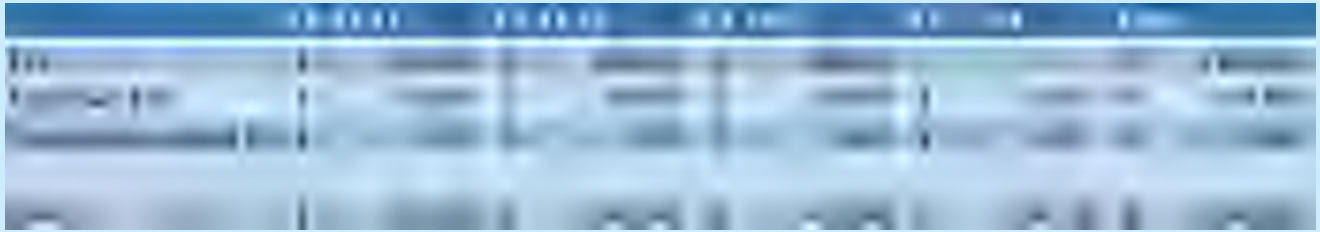
No request for proposal was conducted for this vendor as we have an existing contract, and continuing with the existing vendor would allow the L.A. Care Payment Integrity team to save time, resources, and initiation fees associated with and implement a new vendor. The vendor has customized the payment integrity platform to meet our specific needs, making it highly integrated with our current operations. Contracting with another vendor would result in extensive customization efforts, significantly increasing costs and resources.

To support these efforts, we anticipate an additional expenditure of \$1,980,000 over the new contract term.

¹ 42 U.S.C. § 1396a

² Cal. Code Regs. tit. 28 § 1300.71

Board of Governors
MOTION SUMMARY



Member Impact: L.A. Care members will benefit from this motion through reduced medical spending thus allowing for additional funds to remain in the Medicaid/Medicare Trust for future services.

Budget Impact: Vendor commissions related to the extension of this contract are included in the Fiscal Year 2024-2025 budget. Additional dollars will be requested for subsequent fiscal years.

Motion: To authorize the staff to enter into Amendment 2 for SOW 6 with Claris Health (formerly Santé Analytics), increasing the overall contract amount from \$4,076,950 to \$6,056,950, an incremental increase of \$1,980,000, and increasing the contract terms from January 1, 2022, through December 31, 2024, to January 1, 2025, through December 31, 2027, an incremental term of three years. This amendment will allow Claris Health (formerly Santé Analytics), to continue to support L.A. Care by providing Pareo clinical analytics algorithms, medical record request operations, a full time Claris Health clinical healthcare expert, and access to Claris Health’s Optical Character Recognition (OCR) software through December 31, 2027.



**Board of Governors
MOTION SUMMARY**

Date: December 5, 2024

Motion No. FIN 104.1224

Committee: Finance & Budget

Chairperson: Stephanie Booth, MD

Issue: Request approval to enter into a new contract with Claris Health (aka Santé Analytics, LLC) for Pareo Pre-Pay analytics services.

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

Background: L.A. Care staff requests approval to execute a new contract with Claris Health (aka Santé Analytics, LLC) in the amount of \$7,680,000, for Pareo Pre-Pay analytics services from January 1, 2025, through December 31, 2027.

	FY-24-25	FY 25-26	FY 26-27	FY 27-28	Total
Savings	\$ 29,333,333	\$ 30,666,667	\$ 33,333,333	\$ 25,000,000	\$ 118,333,333
Fees	\$ 1,260,000	\$ 2,295,000	\$ 3,300,000	\$ 825,000	\$ 7,680,000

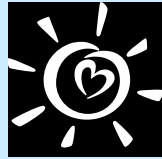
The vendor will develop customized prepay audits, enabling L.A. Care to proactively prevent overpayments and ensure compliance with all relevant regulations¹. The Pareo Pre-Pay workflow will analyze new claims within 12 hours of submission, helping to prevent costs before they arise. L.A. Care will review and approve all pre-pay audits before deployment, and the vendor will provide regular updates and Pareo Pre-Pay audit performance reports, ensuring that pre-pay audits meet L.A. Care’s standards for efficiency and accuracy in cost avoidance.

Member Impact: L.A. Care members will benefit from this motion through reduced medical spending thus allowing for additional funds to remain in the Medicaid/Medicare Trust for future services.

Budget Impact: Sufficient funds are budgeted in FY 2024-2025. Additional funds will be requested for subsequent fiscal years.

Motion: **To authorize staff to execute a new contract in the amount of \$7,680,000 with Claris Health for Pareo Pre-Pay analytics services for the period of January 1, 2025 through December 31, 2027.**

¹ Cal. Code Regs. tit. 28 § 1300.71



L.A. Care
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Board of Governors
MOTION SUMMARY

Date: December 5, 2024

Motion No. FIN 105.1224

Committee: Finance & Budget

Chairperson: Stephanie Booth, MD

Issue: Enter into a new contract with WiPro LLC. to perform claims processing, Provider Dispute Resolution (PDR) processing, claims adjustment processing, and Payment Integrity pre-payment data mining validation and processing services.

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

Background: L.A. Care staff requests approval to enter into a contract with WiPro, in the amount of \$9,813,834, to perform claims processing, PDR processing, claims adjustment processing, and Payment Integrity pre-payment data mining validation and processing services. WiPro will perform the aforementioned services from January 01, 2025, to December 31, 2027, and will ensure additional contingencies are in place in the event of a disaster or system outage.

No formal RFP/RFI was conducted however, Claims Integrity department compared proposals from other vendors (Cognizant and Source Edge) and have chosen to pursue WiPro for this contract and statement of work due to its industry experience and track record.

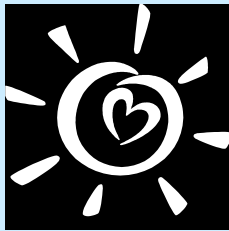
Based on the associated projections and vendor resources required to perform the work, ESS will spend \$9,813,834 throughout the term of the contract.

Service	FY 24-25	FY 25-26	FY 26-27	FY 27-28	Total
Claims Processing/ Payment Integrity	\$ 1,256,649	\$ 1,675,533	\$ 1,675,533	\$ 418,883	\$ 5,026,598
Adjustments	\$ 478,724	\$ 638,298	\$ 638,298	\$ 159,575	\$ 1,914,895
PDRs	\$ 718,085	\$ 957,447	\$ 957,447	\$ 239,362	\$ 2,872,341
Total	\$ 2,453,458	\$ 3,271,278	\$ 3,271,278	\$ 817,820	\$ 9,813,834

Member Impact: L.A. Care members will benefit from this motion through effective and efficient claims processing resulting in provider satisfaction with timely and accurate claims adjudication.

Budget Impact: Sufficient funds are budgeted in FY 2024-2025. Additional funds will be requested for subsequent fiscal years.

Motion: **To authorize the staff to enter into a contract with WiPro LLC. for \$9,813,834 and for the term of January 01, 2025 to December 31, 2027. This contract will allow WiPro LLC. to perform claims processing, Provider Dispute Resolution processing, claims adjustment processing, and Payment Integrity pre-payment data mining validation and processing services.**



L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: December 5, 2024

Motion No. FIN 106.1224

Committee: Finance & Budget

Chairperson: Stephanie Booth, M.D.

Issue: Accept the Investment Report for the quarter ended September 30, 2024

New Contract Amendment Sole Source RFP/RFQ was conducted

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

Member Impact: N/A

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

Motion: To accept the Quarterly Investment Report for the quarter ending September 30, 2024, as submitted.



L.A. Care Health Plan Quarterly Investment Compliance Report July 1, 2024 through September 30, 2024

OVERVIEW

The California Government Code requires the L.A. Care Treasurer to submit a quarterly report detailing its investment activity for the period. This investment report covers the three-month period from July 1, 2024 through September 30, 2024.

PORTFOLIO SUMMARY

As of September 30, 2024, the market values of the portfolios managed by Payden & Rygel and New England Asset Management are as follows:

<u>Portfolios</u>	<u>Payden & Rygel</u>
<i>Cash Portfolio #2365</i>	<i>\$2,971,900,395.08</i>
<i>Low Duration Portfolio #2367</i>	<i>\$97,375,559.89</i>
Total Combined Portfolio	<u>\$3,069,275,957.97</u>

<u>Portfolios</u>	<u>NEAM</u>
<i>Government and Corporate Debt</i>	<u>\$356,266,088.03</u>

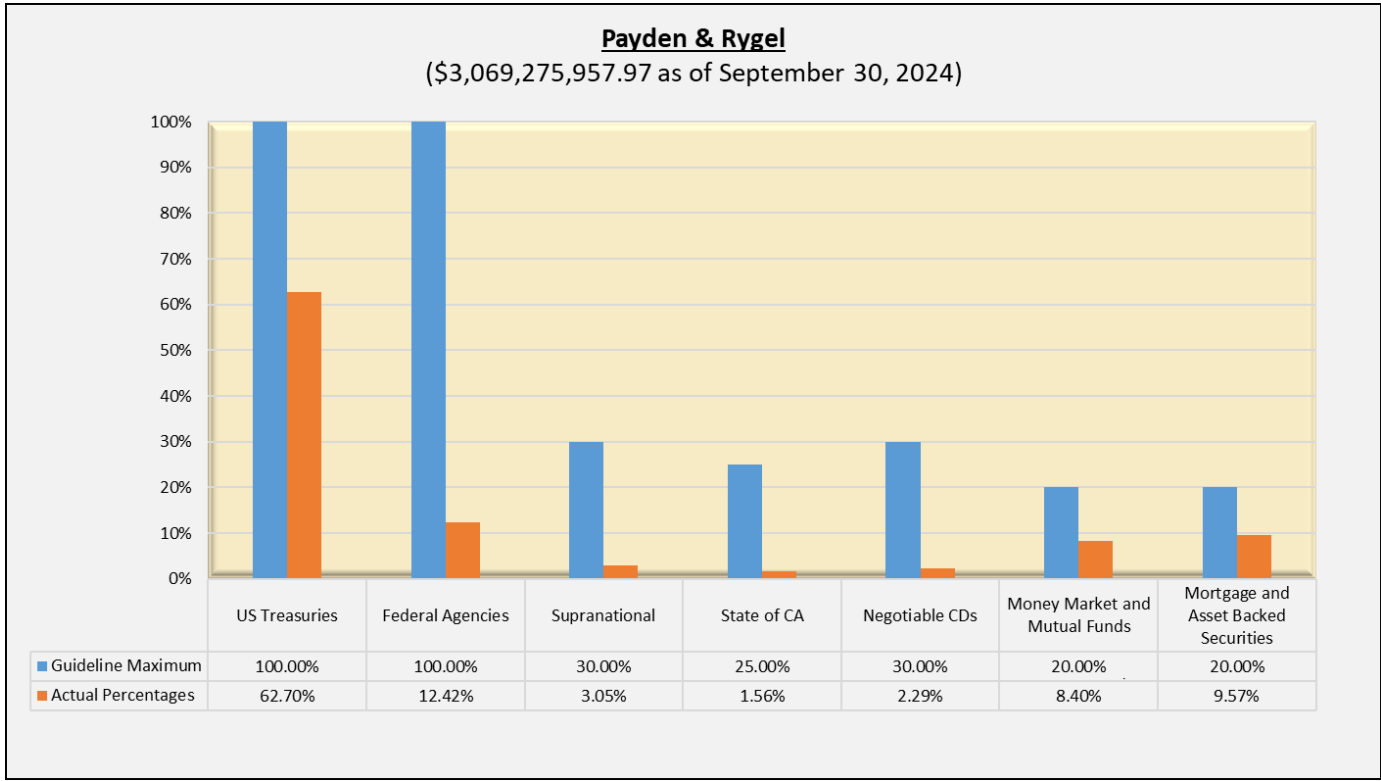
COMPLIANCE WITH ANNUAL INVESTMENT POLICY

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

L.A. Care has invested funds in California's Local Agency Investment Fund (LAIF) and the Los Angeles County Treasurer's Pooled Investment Fund (LACPIF). In a LAIF statement dated October 1, 2024, the September 30, 2024 balance is reported as \$5,630,312.65 with accrued interest of \$43,743. In the LACPIF statement dated October 8, 2024, the September 30, 2024 balance is reported as \$10,809,769.40. The LACPIF account balance does not reflect accrued interest.

Payden & Rygel Compliance Verification

California Government Code Compliance Verification Detail as of September 30, 2024



	Maximum Permitted Maturity		Actual Maximum Maturity		Compliance
	#2365	#2367	#2365	#2367	
	Enhanced Cash	Low Duration	Enhanced Cash	Low Duration	
US Treasuries	5 Years	5 Years	1.58 Years	4.92 Years	YES
Federal Agencies	5 Years	5 Years	1.79 Years	1.37 Years	YES
Supranational	5 Years	5 Years	4.38 Years	NA	YES
State of CA	5 Years	5 Years	0.08 Years	2.79 Years	YES
Negotiable CDs	270 Days	270 Days	241 days	-	YES
Money Market and Mutual Funds	NA	NA	1 Day	1 Day	YES
Mortgage and Asset Backed Securities	5 Years	5 Years	4.54 Years	4.79 Years	YES

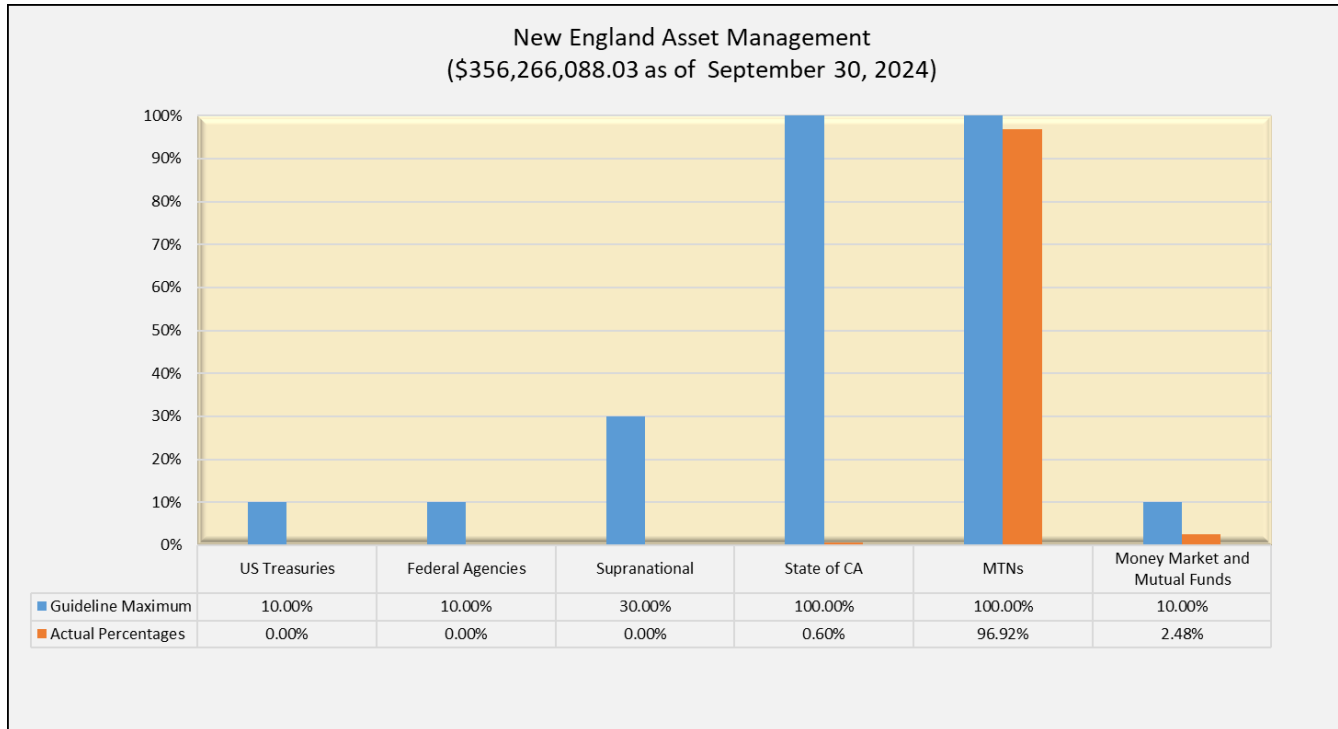
Payden & Rygel Compliance Verification

Combined #2365 and #2367 Portfolios as of September 30, 2024

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

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

New England Asset Management Compliance Verification
California Government Code Compliance Verification Detail as of September 30, 2024



	Maximum Permitted	Actual Maximum Maturity	Compliance
	NEAM	NEAM	
US Treasuries	5 Years	-	YES
Federal Agencies	5 Years	-	YES
Supranational	5 Years	-	YES
State of CA	5 Years	2.00 Years	YES
MTNs	5 Years	4.93 Years	YES
Money Market and Mutual Funds	NA	1 Day	YES

New England Asset Management Compliance Verification

As of September 30, 2024

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

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

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

MARKET COMMENTARY

Economic Highlights

- GDP:** Real GDP growth accelerated during the second quarter, equaling 3.0%. Consumer spending was solid, contributing 1.9% to growth, while private spending jumped, contributing 1.5%. Imports continued their strong growth during the quarter and net exports/imports detracted nearly -1%. The Atlanta Federal Reserve's GDPNow forecast for the third quarter of 2024 currently stands at 3.1%.
Source: Bureau of Economic Analysis.
- Interest Rates:** The Treasury curve was down during the third quarter across the maturity spectrum. The 10-year Treasury closed at 3.78%, down -62 basis points. The 10-year real yield (i.e., net of inflation) fell -51 basis points to 1.60%. The Federal Open Market Committee (FOMC) dropped their overnight rate by -50 basis points, the first decrease since the rate began to move higher in early 2022. The committee's current median outlook is for a rate of 4.375% by the end of 2024.
Source: U.S. Treasury
- Inflation:** Consumer price changes have slowed recently as the Consumer Price Index rose 0.3% for the three months ending August. For the one-year period, the CPI was up 2.6%. The 10-year breakeven inflation rate was down at 2.19% in September versus 2.29% in June.
Source: Dept. of Labor (BLS), U.S. Treasury
- Employment:** Jobs growth has weakened, with an average of 116,000 jobs/month added during the three months ending in August. The unemployment rate ticked higher at 4.2%, up from 4.0% in May. Wage growth has moderated recently, equaling 0.4% in August.
Source: Dept. of Labor (BLS)

U.S. Fixed Income Markets

- The U.S. Treasury yield curve was down across the maturity spectrum during the quarter, generally in the range of -50 to -100 basis points. The 10-year Treasury yield ended the quarter at 3.78%, down -62 basis points from June. Credit spreads were down modestly during the quarter with high yield bond spreads down -14 basis points, to end the quarter below 3%. The Federal Open Market Committee (FOMC) met twice during the quarter, as scheduled, and decreased their overnight rate by -0.50% in September, targeting a range of 4.75% to 5.00%. The Fed's "dot plot" is messaging that the current expectation is for additional decreases in rates in 2024, by another -0.50% as signaled following the September meeting. Defending the larger rate cut, Fed Chair Jerome Powell said the decision, "reflects our growing confidence that, with an appropriate recalibration of our policy stance, strength in the labor market can be maintained" while the economy continues to expand and inflation moves towards the Fed's target.

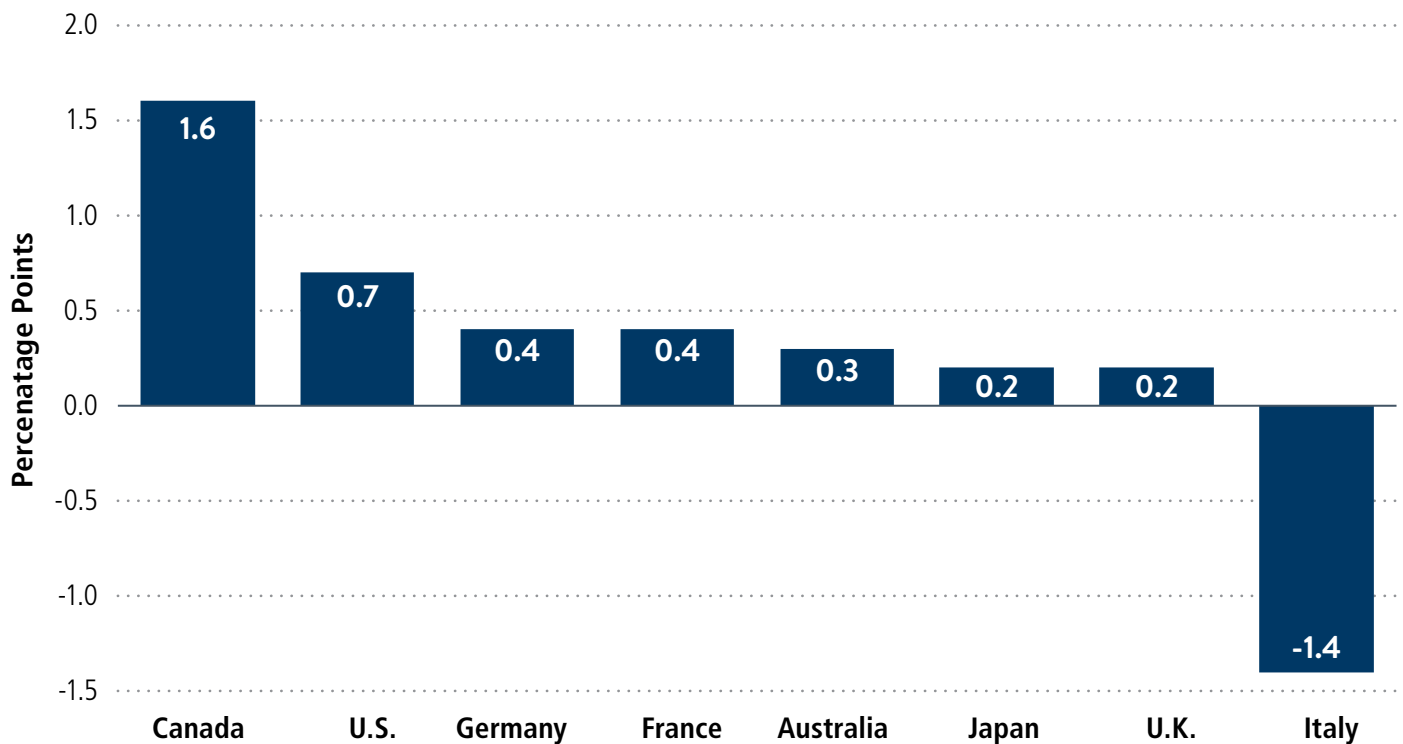


MARKET MEMO | FROM THE DESK OF JOAN PAYDEN

- › In the third quarter of 2024, the U.S. labor market weakened while **inflation made solid progress toward the Fed’s target.**
- › Nonfarm payroll jobs growth deteriorated materially, with the three-month average pace slowing from 249,000 per month in May to 116,000 per month in August. Consequently, unemployment increased from 4% in May to 4.2% in August.
- › Despite the slowdown in hiring, **we do not believe it portends an imminent recession**, as the unemployment rate increase could be driven by greater labor force participation.
- › The core Personal Consumption Expenditures (PCE) Price Index increased at an average monthly rate of 0.17% in the third quarter. If the current monthly trend continues, **the year-over-year inflation rate could decelerate to 2% by early 2025.**
- › Globally, central banks have begun easing. **The ECB, BoC, Fed, and BoE all reduced rates during the quarter, shifting their focus away from inflation and towards supporting labor markets and growth.** Conversely, the RBA and BoJ remain focused on combating inflation, with the RBA holding rates steady and the BoJ hiking rates.

WEAKENING LABOR MARKETS JUSTIFY RATE CUTS GLOBALLY

CHANGE IN THE UNEMPLOYMENT RATE* FOR MAJOR ECONOMIES SINCE DECEMBER 2022**



Source: National Statistics Agencies

* As of July 2024 for Japan, UK, Italy, France and August 2024 for Canada, U.S., Australia

** Respective central banks' preferred unemployment measure

L.A. CARE HEALTH PLAN COMBINED PORTFOLIO

Portfolio Review and Market Update – 3rd Quarter 2024

PORTFOLIO CHARACTERISTICS (As of 09/30/2024)

Market Value	\$3,069,275,955
Avg Credit Quality	AA+
Avg Duration (yrs)	0.21
Avg Yield to Maturity	4.74%

SECTOR ALLOCATION

Sector	Market Value	% of Port
Cash	\$61,454,526	2.00%
Money Market	\$267,121,700	8.70%
Treasury	\$1,924,977,079	62.72%
Agency	\$381,215,265	12.42%
Government Related	\$94,133,784	3.07%
Corporate Credit	-	0.00%
ABS/MBS	\$292,325,560	9.52%
Municipal	\$48,048,041	1.57%
Total	\$3,069,275,955	100.0%

MATURITY DISTRIBUTION

Term	Market Value	% of Port
<90 day	\$2,575,999,180	83.9%
90 days - 1 Year	\$371,799,183	12.1%
1 - 2 Years	\$53,397,907	1.7%
2 - 5 years	\$68,079,686	2.2%
Total	\$3,069,275,955	100%

PORTFOLIO RETURNS

Periods over one year annualized

Periods ended 09/30/2024	3rd Quarter	2024 YTD	Trailing 1 Year	Trailing 3 Year
Performance				
LA Care - Short-Term Portfolio (gross of fees)	1.41	4.18	5.62	3.53
ICE BoA 91 Day Treasury Index	1.37	4.03	5.46	3.49
LA Care - Extended-Term Portfolio (gross of fees)	3.40	4.36	7.74	1.25
Bloomberg US Govt 1-5 Yr Bond Index	3.41	4.16	7.49	0.67
LA Care - Combined Portfolio (gross of fees)	1.46	4.18	5.69	3.37

L.A. CARE HEALTH PLAN SHORT TERM PORTFOLIO

Portfolio Review and Market Update – 3rd Quarter 2024

PORTFOLIO CHARACTERISTICS (As of 09/30/2024)

Market Value	\$2,971,900,395
Avg Credit Quality	AA+
Avg Duration (yrs)	0.13
Avg Yield to Maturity	4.77%

SECTOR ALLOCATION

Sector	Market Value	% of Port
Cash	\$60,275,387	2.03%
Money Market	\$267,121,700	8.99%
Treasury	\$1,858,570,493	62.54%
Agency	\$377,655,933	12.71%
Government Related	\$94,133,784	3.17%
Corporate Credit	-	0.00%
ABS/MBS	\$273,544,882	9.20%
Municipal	\$40,598,216	1.37%
Total	\$2,971,900,395	100.0%

MATURITY DISTRIBUTION

Term	Market Value	% of Port
<90 day	\$2,573,767,539	86.6%
90 days - 1 Year	\$363,588,124	12.2%
1 - 2 Years	\$34,544,733	1.2%
2 - 5 years	-	0.0%
Total	\$2,971,900,395	100.0%

PORTFOLIO RETURNS

Periods over one year annualized

Periods ended 09/30/2024

Performance

	3rd Quarter	2024 YTD	Trailing 1 Year	Trailing 3 Year
L.A. Care - Short-Term Portfolio (gross of fees)	1.41	4.18	5.62	3.53
ICE BofA 91 Day Treasury Index	1.37	4.03	5.46	3.49

L.A. CARE HEALTH PLAN EXTENDED TERM PORTFOLIO

Portfolio Review and Market Update – 3rd Quarter 2024

PORTFOLIO CHARACTERISTICS (As of 09/30/2024)

Market Value	\$97,375,560
Avg Credit Quality	AA+
Avg Duration (yrs)	2.65
Avg Yield to Maturity	3.83%

SECTOR ALLOCATION

Sector	Market Value	% of Port
Cash	\$1,179,140	1.21%
Money Market	-	0.00%
Treasury	\$66,406,586	68.20%
Agency	\$3,559,331	3.66%
Government Related	-	0.00%
Corporate Credit	-	0.00%
ABS/MBS	\$18,780,678	19.29%
Municipal	\$7,449,825	7.65%
Total	\$97,375,560	100.0%

MATURITY DISTRIBUTION

Term	Market Value	% of Port
<90 day	\$2,231,641	2.3%
90 days - 1 Year	\$8,211,059	8.4%
1 - 2 Years	\$18,853,174	19.4%
2 - 5 years	\$68,079,686	69.9%
Total	\$97,375,560	100%

PORTFOLIO RETURNS

Periods over one year annualized

Periods ended 09/30/2024

Performance	3rd Quarter	2024 YTD	Trailing 1 Year	Trailing 3 Year
LA Care - Extended-Term Portfolio (gross of fees)	3.40	4.36	7.74	1.25
Bloomberg US Govt 1-5 Yr Bond Index	3.41	4.16	7.49	0.67

SECTOR OUTLOOKS:

THOUGHTS FROM OUR STRATEGISTS

Federal Reserve officials slashed the policy rate by 50 basis points at the September meeting and set the stage for further easing through the end of 2025. Softer labor market data and moderating inflation spurred the larger-than-expected cut, but we believe this first step towards a neutral policy stance reflects a “soft landing” rather than a more dire economic scenario. And for investors? Easier financial conditions should provide a positive backdrop for equities, credit, and economic growth.

Investment Grade Corporates:

ATTRACTIVE INCOME GENERATION

- » All-in yields for investment grade corporate bonds are near 4.7% and continue to offer investors compelling risk-adjusted valuations.
- » Recently, greater dispersion across winners and losers in credit performance has appeared. We are most constructive on technology, consumer non-cyclicals, and communications.
- » Attractive income and incremental price appreciation from further rate cuts portend solid return potential for investment grade corporates in the medium term.

High Yield and Loans:

FOCUS ON EARNINGS GROWTH AND DISCIPLINED MANAGEMENT TEAMS

- » Strong earnings have kept leverage at manageable levels.
- » We favor financials and energy companies with management teams committed to paying down debt and generating robust free cash flow.
- » After outperforming high yield cash bonds for much of 2024, bank loans lagged as front-end rates declined. We maintain a keen focus on security selection.

Emerging Markets:

STEADY ECONOMIC GROWTH AND NORMALIZING INFLATION PROVIDING CONSTRUCTIVE BACKDROP

- » Private sector resilience has underpinned solid economic growth in many EM countries. With inflation coming under control, EM central banks should have room to continue cutting rates.
- » We favor countries benefiting from secular tailwinds such as diversification of supply chains, demand for commodities, and positive demographic profiles.
- » We maintain a keen eye on the potential for market volatility due to geopolitical or election risks, possible renewed inflationary pressures, or downside global growth outcomes.

Securitized Sectors:

RESILIENT CONSUMER SUPPORTING SECURITIZED CREDIT

- » Pricing along consumer credit capital structures presents attractive value relative to short duration corporate alternatives.
- » Data infrastructure opportunities within commercial ABS remain in focus given the positive fundamental backdrop that appears grounded in the medium term.
- » Agency MBS spreads offer attractive valuations, and we anticipate improved technicals amid a pivot to easier monetary policy. Investor sentiment has improved within the CMBS market, but vigilance is warranted given differing fundamental pictures among various property types.

Equities:

STEADY CORPORATE EARNINGS AND LOWER RATES SUPPORTING EQUITY PRICES

- » Corporate earnings have remained largely stable. With the Fed beginning a monetary easing cycle, equity valuations may be further supported by falling US yields.
- » In a backdrop of moderating economic growth, we favor reasonably priced, high-quality risk assets from companies with sustainable cash flow profiles.
- » As geopolitics may spark market volatility in the coming months, we favor stocks with robust and growing dividends providing portfolio ballast.



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UNWAVERING COMMITMENT TO
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OUR STRATEGIES

Multi-Sector

Short Maturity Bonds

U.S. Core Bond

Absolute Return Fixed Income

Strategic Income

Global Fixed Income

Liability Driven Investing

Sector-Specific

Emerging Markets Debt

Government/Sovereign

High Yield Bonds & Loans

Inflation-Linked/TIPS

Investment Grade Corporate Bonds

Municipal Bonds (U.S.)

Securitized Bonds

Income-Focused Equities

Equity Income

Payden & Rygel

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L.A. Care Health Plan

NEAM's L.A. Care Board Report



Data as of September 30, 2024

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Portfolio Summary

L.A. Care Health Plan - Comparative Overview



	12/31/2023	6/30/2024	9/30/2024	Change since 6/30/2024		
Portfolio Overview (000's Omitted)						
Book Value	344,090	348,354	351,248	2,894		
Market Value	336,739	340,293	353,329	13,036		
Total Unrealized Gain/Loss	(7,351)	(8,061)	2,080	10,142		
Net Gains	2,793	875	5,990	5,115		
Net Losses	(10,144)	(8,936)	(3,910)	5,026		
Realized Gain / Loss	(1,887)	(1,127)	(948)			
Annualized Book Income	11,064	12,635	14,003	1,368		
After Tax Book Income	8,741	9,982	11,062	1,081		
Asset Types						
Cash / Cash Equivalents	0.2%	0.2%	2.5%	2.3%		
Taxable Fixed Income	99.8%	99.8%	97.5%	(2.3%)		
Portfolio Yields						
Book Yield (Before Tax)	3.22%	3.63%	3.99%	0.36%		
Book Yield (After Tax)	2.54%	2.87%	3.15%	0.28%		
Market Yield	4.69%	5.13%	4.18%	(0.95%)		
Fixed Income Analytics						
Average OAD	2.64	2.64	2.65	0.01		
Average Life	2.98	3.03	3.05	0.02		
Average OAC	8.54	8.68	8.14	(0.54)		
Average Quality	A+	A+	A+			
144A %	12.32%	15.23%	15.66%	0.43%		
Average Purchase Yield	5.04%	4.96%	4.79%	(0.18%)		
Average Spread Over Tsy	82	70	87	17		
5 Year US Govt On The Run	3.83%	4.33%	3.56%	(0.77%)		
	<u>12/31/22</u>	<u>12/31/23</u>	<u>03/31/24</u>	<u>06/30/24</u>	<u>09/30/24</u>	Change since 6/30/24
MV Excl. Acc. Int. In	319,103,446	336,739,229	337,585,221	340,292,857	353,328,506	13,035,649
Acc. Int. Inc.	2,456,342	2,950,338	2,878,748	3,429,104	2,937,582	(491,523)
MV Inc. Acc. Int. Inc.	321,559,788	339,689,567	340,463,969	343,721,962	356,266,088	12,544,126



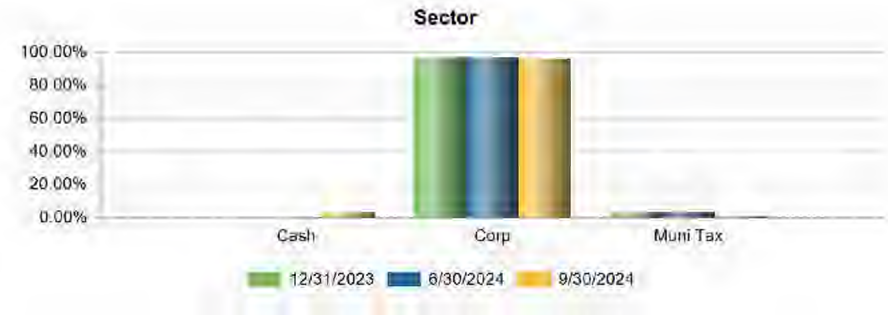
QuickTest Portfolio Summary

L.A. Care Health Plan - Fixed Income Summary



	12/31/2023	6/30/2024	9/30/2024	Change since 6/30/2024
Sector				
Cash & Cash Equivalents	< 1%	< 1%	3%	3%
Corporates	97%	97%	96%	(1%)
Municipals - Taxable	3%	3%	1%	(2%)
Fixed Income	100%	100%	100%	
Duration				
< 1 Year	6%	7%	5%	(2%)
1-3 Years	49%	56%	53%	(3%)
3-5 Years	45%	37%	42%	5%
Average Duration	2.64	2.64	2.65	0.01
Quality				
AAA	5%	5%	6%	1%
AA	23%	22%	23%	1%
A	72%	73%	70%	(3%)
BBB	-	-	1%	1%
Average Quality	A+	A+	A+	

Average Rating	Average Portfolio Rating at 9/30/24				
	Moody	S&P	Fitch	Lowest	Highest
Average Rating	A1	A	A+	A	A+



QuickTest Portfolio Summary

Activity Report

L.A. Care Health Plan - Transaction Summary



(000's Omitted)

Purchases	Market Value	%	Spread (Bp)	Book Yld	High	Duration
Corporates	27,094	100.0	87	4.79	A+	3.94
Total Purchases	27,094	100.0	87	4.79	A+	3.94
Sales	Market Value	%	Realized G/L	Trade / Book Yld	High	Duration
Corporates	24,467	77.4	(734)	4.58 / 1.22	A+	0.74
Municipals - Taxables	7,143	22.6	(214)	4.15 / 0.73	AAA	0.92
Total Sales	31,610	100.0	(948)	4.48 / 1.11	AA-	0.78

Performance Report

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



	Sep 2024 Market*	Annualized									Inc Date
		Sep 2024	Aug 2024	Jul 2024	Q3	YTD	12 Month	3 Year	5 Year	Inception	
LA Care HealthPlan	356,266	1.04	1.02	1.55	3.65	4.88	8.90	1.68	2.26	2.57	Jan 2018
Barclay Bloomberg U.S. Credit: 1-5 Yr A- or better (Highest)		1.01	1.09	1.53	3.67	5.07	9.08	1.33	1.94	2.40	Jan 2018
Difference		0.03	(0.07)	0.02	(0.02)	(0.19)	(0.18)	0.35	0.32	0.17	

* Market values (in 000's) include accrued income

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

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



Disclosures

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

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

Appendix



Risk Reports

L.A. Care Health Plan - Profile Report



Distribution by Class

	Quantity	Book	Market	Unrealized Gain/ Loss	Book Yield	OAY	OAD	OAC	Avg Life	% of Portfolio
Cash & Cash Equivalents	8,857,760	8,857,760	8,857,760	-	5.11	5.11	0.08	0.05	0.08	2.51
Corporates	288,907,000	284,447,099	287,021,552	2,574,453	4.10	4.18	2.72	8.08	3.16	81.23
144A	56,000,000	55,817,490	55,343,224	(474,265)	3.30	4.18	2.73	9.97	2.98	15.66
Municipals - Taxable	2,100,000	2,126,105	2,105,970	(20,135)	2.49	3.90	1.32	2.73	1.41	0.60
Total Portfolio	355,864,760	351,248,454	353,328,506	2,080,053	3.99	4.20	2.65	8.14	3.05	100.00

Rating Analysis - Highest

	% of Portfolio
AAA	5.94
AA	23.40
A	69.27
BBB	1.39
Below BBB	-
NR	-
Total Fixed Income	100.00
Equity	-
Total	100.00
Average Rating:	A+

Scenario Analysis - % of Market

	-300	-200	-100	-50	+50	+100	+200	+300
Cash & Cash Equivalents	0.24	0.16	0.08	0.04	(0.04)	(0.08)	(0.16)	(0.24)
Corporates	8.60	5.65	2.79	1.39	(1.34)	(2.68)	(5.29)	(7.80)
144A	8.64	5.65	2.78	1.38	(1.35)	(2.68)	(5.26)	(7.75)
Municipals - Taxable	4.08	2.69	1.33	0.66	(0.66)	(1.30)	(2.58)	(3.83)
Total Portfolio	8.37	5.50	2.71	1.35	(1.31)	(2.61)	(5.14)	(7.58)

Key Rate Duration

	Market Value	1 Year	2 Year	3 Year	5 Year	7 Year	10 Year	15 Year	20 Year	30 Year
Cash & Cash Equivalents	8,857,760	0.08	-	-	-	-	-	-	-	-
Corporates	287,021,552	0.17	0.53	1.29	0.75	< 0.01	-	-	-	-
144A	55,343,224	0.22	0.57	1.02	0.92	< 0.01	-	-	-	-
Municipals - Taxable	2,105,970	0.44	0.87	< 0.01	-	-	-	-	-	-
Total Portfolio	353,328,506	0.18	0.52	1.20	0.75	< 0.01	-	-	-	-

Disclaimers

Disclaimers

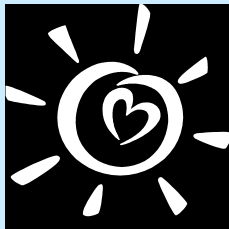


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NEAM's portfolio management tools utilize deterministic scenario analysis to provide an estimated range of total returns based on certain assumptions. These assumptions include the assignment of probabilities to each possible interest rate and spread outcome. We assume a 12 month investment horizon and incorporate historical return distributions for each asset class contained in the analysis. These projected returns do not take into consideration the effect of taxes, fees, trading costs, changing risk profiles, operating cash flows or future investment decisions. Projected returns do not represent actual accounts or actual trades and may not reflect the effect of material economic and market factors.

Clients will experience different results from any projected returns shown. There is a potential for loss, as well as gain, that is not reflected in the projected information portrayed. The projected performance results shown are for illustrative purposes only and do not represent the results of actual trading using client assets but were achieved by means of the prospective application of certain assumptions. No representations or warranties are made as to the reasonableness of the assumptions. Results shown are not a guarantee of performance returns. Please carefully review the additional information presented by NEAM.

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L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: December 5, 2024

Motion No. TTECA 100.1225

Committee: Temporary Transitional Executive
Community Advisory Committee (TTECAC)

Chairperson: Ana Rodriguez

Issue: Approval of additional members to the Regional Community Advisory Committee (RCACs).

Background: Senate Bill 2092 requires that L.A. Care Health Plan ensure community involvement through a Community Advisory Committee. L.A. Care's Regional Community Advisory Committee (RCAC) structure is composed of up to 35 members per RCAC. RCAC member recruitment is ongoing to ensure the highest possible community involvement.

Budget Impact: None.

Motion To approve the following candidate (s) to the Regional Community Advisory Committees (RCACs) as reviewed by the Temporary Transitional Executive Community Advisory Committee (TTECAC) at their November 13, 2024, meeting:

- Norma Angelica Alvarez, RCAC 2, Consumer
- Yessica Chavez, RCAC 6, Consumer

MOTION FOR CONSIDERATION



Board of Governors
MOTION SUMMARY

Date: December 5, 2024

Motion No. BOG 101.1224

Committee:

Chairperson: Alvaro Ballesteros, MBA

Issue: Approve delegated authority to CEO to execute an agreement with California Physicians' Service dba Blue Shield of California, and its affiliate Blue Shield of California Promise Health Plan (collectively, Blue Shield) in the amount of approximately \$82,000,000. The funds will support the continued partnership to offer enhanced functions and operations at the Community Resource Centers operated jointly with Blue Shield.

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

Background: In mid-2018, executive leadership at L.A. Care and at Blue Shield began conversations about ways to enhance the existing plan partner relationship. A joint executive workgroup was formed to explore various options to work more closely together to transform health care for Medi-Cal and Cal MediConnect beneficiaries in Los Angeles County. The workgroup identified several strategies for improving the health and wellbeing of members of both plans and their communities in the county, many of which centered on L.A. Care's FRCs. This led to the execution of the initial 5-year partnership agreement with Blue Shield in late 2019 to open and jointly operate 14 Community Resource Centers.

Partnership Details:

Blue Shield is proposing to invest approximately \$82 million over an additional 5 years to support the operations of 14 Community Resource Centers. L.A. Care will invest \$107 million over the same period of time to support the resource center partnership. The centers are community hubs offering health and wellness programming to all community members and enhanced core and "next-generation" services and resources to L.A. Care and Blue Shield members. The collaboration aligns with L.A. Care's effort to bring services to members in the communities where they live. The centers are branded jointly and promoted as locations where members of both plans can receive exclusive services. Core services are considered those that are available to all resource center visitors. Next-generation services now include:

- Availability of expanded health navigation and member services
- Targeted programming for members, especially high utilizers of health care
- On-site support from community partners focused on social determinants of health
- Technology to support members such as telemedicine
- Expanded health screening offerings
- Referrals to other community services
- Partnerships with internal health plan departments such as Quality Improvement and Social Services to support quality and behavioral health initiatives.

Operations:

Both L.A. Care and Blue Shield currently deploy staff to each center to provide exclusive services to members. L.A. Care will continue to be in control of day-to-day operations of the centers, including, but

BOARD OF GOVERNORS

MOTION SUMMARY

not limited to contracting, leasing and space design, security, operational costs, and design and construction costs for new and upgraded locations.

Use of Funds:

L.A. Care will use the partnership funds to:

- Support the operations of fourteen family resource centers to deliver enhanced core and next-generation services throughout Los Angeles County.
- Develop and implement a system to validate the effectiveness of core and next-generation resource center services in improving health outcomes for Medi-Cal and Cal MediConnect members of both plans.
- Fund incremental costs associated with the implementation of the resource center partnership.

L.A. Care staff requests approval to accept funds from Blue Shield in the amount of approximately \$82,000,000 with an approximate period of performance from January 1, 2025 to December 31, 2030.

Governance Structure:

Under the new agreement, the current CRC Partnership Steering Committee will transition to a “CRC Board” and focus on guiding overall CRC operations and CRC strategy and the planning, implementation and execution of the resource centers project. The CRC Board will continue to be comprised of 8 members, 4 of whom will be appointed by Blue Shield and 4 of whom will be appointed by L.A. Care. The CRC Board will continue to be chaired by one of Blue Shield’s appointees and one of L.A. Care’s appointees.

In the event the CRC Board does not reach majority vote on a matter, there will be multiple mechanisms and pathways in place to resolve such matters, including escalation to both parties’ CEOs. In addition, both CEOs will have the ability to jointly veto any decision made by the CRC Board. Further, each CEO will have a unilateral right to veto certain actions made by the CRC Board.

Budget

Overall Budget:

Date	Blue Shield Promise Health Plan Committed Funding*	L.A. Care Committed Funding
January 1, 2025 – December 31, 2025	\$16.1 million	\$20.8 million
January 1, 2026 – December 31, 2026	\$16.2 million	\$21.1 million
January 1, 2027 – December 31, 2027	\$16.4 million	\$21.4 million
January 1, 2028 – December 31, 2028	\$16.6 million	\$21.7 million
January 1, 2029 – December 31, 2029	\$16.7 million	\$22.0 million

BOARD OF GOVERNORS MOTION SUMMARY

Funding Disbursement Schedule:

Payment #	Period	Disbursement Month/Year
1	October 1, 2024 – December 31, 2024	October 2024
2	January 1, 2025 – March 31, 2025	December 2024
3	April 1, 2025 – June 30, 2025	March 2025
4	July 1, 2025 – September 30, 2025	June 2025
5	October 1, 2025 – December 31, 2025	September 2025
6	January 1, 2026 – March 31, 2026	December 2025
7	April 1, 2026 – June 30, 2026	March 2026
8	July 1, 2026 – September 30, 2026	June 2026
9	October 1, 2026 – December 31, 2026	September 2026
10	January 1, 2027 – March 31, 2027	December 2026
11	April 1, 2027 – June 30, 2027	March 2027
12	July 1, 2027 – September 30, 2027	June 2027
13	October 1, 2027 – December 31, 2027	September 2027
14	January 1, 2028 – March 31, 2028	December 2027
15	April 1, 2028 – June 30, 2028	March 2028
16	July 1, 2028 – September 30, 2028	June 2028
17	October 1, 2028 – December 31, 2028	September 2028
18	January 1, 2029 – March 31, 2029	December 2028
19	April 1, 2029 – June 30, 2029	March 2029
20	July 1, 2029 – September 30, 2029	June 2029

Term and Termination:

The initial term for the agreement is 5 years. Each party will have a right to terminate the agreement for convenience upon 180 days advance written notice to the other party, which may be extended for a period up to 365 days to ensure a proper winding down process. The agreement may also be terminated effective immediately upon the occurrence of following:

1. loss, suspension or restrictions on a parties' licenses or certifications;
2. suspension or debarment from participation in state or federal health care programs;
3. fraud or other financial impropriety;
4. uncured breach of the agreement; and
5. unmet project goals.

Additional Important Terms:

- L.A. Care's Role in Resource Center Operations: Outside of the resource centers project, L.A. Care will continue to control and operate in the ordinary course, including being in charge of day-to-day operations, construction, leasing and space design, security, contracting; etc. of the CRCs.
- Co-Branding: The resource centers project will continue to operate under a co-branding strategy.
- Sales and Enrollment Services: Both plans will collaborate to exclusively engage in sales activities and provide enrollment assistance services for non-Medicare products at the Community Resource Centers utilizing a hybrid model which could include health plan staff, local community-based organizations, and public agency partners to assist prospective members. The parties shall collaborate to develop an end-to-end process to sponsor and/or participate in community events, health fairs, and other outreach activities to increase brand visibility and support enrollment activities.
- Guiding Principles: The Plans agree to comply with the CRC Guiding Principles regarding the operation of the CRCs.

BOARD OF GOVERNORS

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- **Non-Solicit:** A clause regarding non-solicitation of the other parties' employees is included in the agreement.
- **Staffing Model:** The Plans will collaborate on the development and implementation of a joint CRC staffing model subject to the approval of the CRC Board.

Member Impact: This extended partnership will further increase access to health care services, improve the overall health of members who utilize services of the CRCs, reduce the costs of health care, and improve health care and overall health of persons living in the vicinity of the CRCs.

Budget Impact: No budget impact. Award funding will support associated expenses of the partnered CRC program.

Motion: To delegate authority to CEO to accept funds from Blue Shield in the amount of approximately \$82,000,000 with an approximate period of performance from January 1, 2025 to December 31, 2030; and to authorize the CEO to execute the funding agreement and any other relevant documents.

**CHIEF
EXECUTIVE
OFFICER
REPORT**



November 25, 2024

TO: Board of Governors
FROM: John Baackes, *Chief Executive Officer*
SUBJECT: CEO Report – December 2024

Now that we are post-election, I get asked everyday about what the new administration will mean for L.A. Care, our members, and our providers. At the moment it is too early for me to comment about what the new administration will mean, since other than nominees, no policy or legislation has been specified yet. I understand there is a lot of concern and anxiety hanging in the air. L.A. Care is a member of four trade associations that are based in Washington, and they are analyzing events and providing us with almost daily updates. In any case, we are financially and operationally prepared for whatever comes along.

I would also like to acknowledge that this is my last Board of Governors meeting. It has been an honor serving as CEO and contributing to L.A. Care’s mission.

Following are the cumulative totals for some of our community- and provider-focused work.

	Since Last CEO Report	As of 11/25/24
Provider Recruitment Program Physicians hired under PRP ¹	—	194
Provider Loan Repayment Program Active grants for medical school loan repayment ¹	7	199
Medical School Scholarships Grants for medical school scholarships ²	—	56
Elevating Community Health Home care worker graduates from CCA’s IHSS training program	—	7,373

Notes:

1. Effective January 2024, this table will provide cumulative (since program inception) award counts, and will no longer provide “active” award counts.
2. The count includes scholarships that have been awarded and announced, not prospective scholar seats.

Below please find organizational updates for November.

L.A. Care Commits More Than \$500,000 to Projects Working to Reduce Health Disparities and Promote Systemic Justice

Addressing systemic racism is critical for achieving health equity, and as a health plan, we are working with community-based organizations that have developed varying strategies to mitigate the harmful impact of historical racism and discrimination. L.A. Care has selected three organizations for grants ranging from \$100,000 to \$266,000. These grants will support projects that support the healthcare safety net, reduce health disparities, and empower social service organizations to address systemic racism and promote systemic justice. The three grant recipients are UCLA Health Sound Body Sound Mind, Southside Coalition of Community Health Clinics, and Helpline Youth Counseling, Inc.

L.A. Care Awards \$2.7 Million for Projects Addressing Food, Economic, and Housing Insecurity

We understand that health care is much more than a plastic card in somebody's wallet, and that is why we are committing \$2.7 million to projects that are addressing housing, food, and economic security. Some of the grants totaling up to \$700,000 will be for the second round of L.A. Care's Advancing Economic Mobility Initiative, which was launched last year to implement projects that move L.A. County residents from under-resourced communities toward upward economic mobility. Another set of grants totaling up to \$700,000 are for the fifth round of L.A. Care's Equity & Resilience Initiative, which supports organizations led by people of color that are working to enhance civic engagement and create systemic change to disrupt racism. In addition, \$1.3 million will be awarded to the California Association of Food Banks to help low-income residents sign up for the state's Supplemental Nutrition Assistance Program (SNAP), known as CalFresh in California.

L.A. Care Commits \$900,000 to Two Projects Addressing Birth Equity in Los Angeles County

We are proud to announce that we have committed \$900,000 for two projects working to address birth equity. The two projects selected are L.A. County Medi-Cal Doula Hub and the African American Infant and Maternal Mortality Prevention Initiative (AAIMM). These grants will support healthcare infrastructure and innovations, which will ultimately help to close pervasive health disparities gaps. Both the Doula Hub and the AAIMM Prevention Initiative are efforts of the L.A. County Department of Public Health. These investments strengthen our partnership with local health jurisdictions to mitigate disparities and advance health equity.

Attachment

L.A. Care Medicare Plus Enrollee Advisory Committee Meeting Summary



L.A. Care Medicare Plus Enrollee Advisory Committee Meeting Summary

Meeting Date: November 12, 2024, Time: 2:00pm-3:45pm

Attendees: Six L.A. Care Medicare Plus members, via conference call

Meeting Summary

I. L.A. Care Updates

a. Staff informed the attendees about the following:

- i. **L.A. Care Health Plan CEO John Baackes to Retire at End of 2024:** L.A. Care Health Plan announced that its long-standing Chief Executive Officer John Baackes will retire at the end of 2024 and the organization has begun a search for his successor.
- ii. **Open Enrollment:** It is open enrollment time of the year, starting November 1, 2024 to January 31, 2025. L.A. Care Covered is our Covered California[™] marketplace health plan. L.A. Care Covered offers the most affordable Covered California options in Los Angeles County.
- iii. **Medi-Cal Renewals/Redetermination:** Staff reminded committee members that Medi-Cal renewals have begun. The local Med-Cal office will send them a letter or a renewal form to complete. They will need to complete the renewal by the due date printed on the form. If not, they can lose their Medi-Cal coverage. Staff provided website information, benefitscal.com and contact information for DPSS at 1-866-613-3777.
- iv. **Updates on Community Resource Center (CRC) programming:**
The Community Resource Center in South L.A. is now open Monday through Friday from 9:00am to 5:00pm. It's located at 5710 Crenshaw Blvd Los Angeles, CA 90043.

The Community Resource Center in Lincoln Heights is expected to open in 2025. It's located at 2430 N. Broadway, Los Angeles, CA 90031.

II. Spotlight Benefit Mastercard Prepaid Card

- a. Staff provided members updates on the 2025 Benefit Mastercard Prepaid Card. Starting January 1, 2025, all members will receive a \$120 combined monthly allowance. This can be used for Over-the-Counter (OTC) items, groceries, utilities, and gas at the pump. Staff also received feedback from the L.A. Care Medicare Plus members regarding the benefit card. Members provided feedback on where they like to shop when using the card, which benefits they like the best and if the card is easy to use.

III. Improving the Experience of L.A. Care Members

- o Staff provided information about improving the experience of L.A. Care members. Staff shared a sample of the member experience survey and explained why member experience is important. Staff also shared about what L.A. Care is doing to improve the member experience such as:



- Adding more providers to our network
- Expanding access with companies like Teladoc and MinuteClinic
- Offering trainings for providers and office staff on delivering a positive patient experience
- Rewarding and highlighting providers who have the highest survey scores
- Improvements to our call center

IV. Medication Adherence

- a. Staff provided information about medication resources, including health plan-level resources and pharmacy-level resources. Health plan-level resources included information about 100-day supply orders, mail order pharmacy services, vacation supply and copay issues. Pharmacy-level resources included information about delivery, mail order, auto-refill, medication synchronization and pharmacist consultation.
- b. Staff also received feedback from members regarding the adherence letter, robocall messages, text messaging campaigns, QR Codes and emails.

V. Member Sharing/Discussion Regarding Social Media Platforms

- a. Staff asked members about their knowledge of using social media platforms. Two out of six members use social media platforms like Facebook and Instagram, but do not have a Google Review or Yelp account. The other four members use the internet but do not use social media platforms, they just use Google to search for information. Two of the members expressed interest in learning more about creating an account and writing reviews.

VI. Close-Out

- a. Members got instructions on how to contact L.A. Care Member Relations staff for help with member issues.
- b. The next L.A. Care Medicare Plus Enrollee Advisory Committee meeting will be Tuesday, February 18, 2025, from 2:00 pm - 3:30 pm, via conference call.

**October 2024
Grants & Sponsorships Report
December 2024 Board of Governors Meeting**

#	Organization Name	Project Description	Grant/ Sponsorship Approval Date	Grant Category/ Sponsorship	Grant Amount*	Sponsorship Amount	FY CHIF & Sponsorships Cumulative Total
1	Ability First	Stroll & Roll: A fundraising walk and festival dedicated to support children and adults with disabilities – including autism, cerebral palsy and Down syndrome – to reach their full potential.	10/7/2024	Sponsorship	\$ -	\$ 5,000	\$ 5,000
2	AC Care Alliance (Fiscal agent Public Health Institute)	To enhance organizational capacity and infrastructure in pursuit of gaining Enhanced Case Management (ECM) provider status with up to two Medi-Cal Plans and to train staff on new workflows designed to align with ECM.	10/1/2024	Ad Hoc	\$ 125,000	\$ -	\$ 125,000
3	Alzheimer's Association	Walk to End Alzheimer's Los Angeles: A fundraising walk and festival which supports the organization's efforts to provide resources for caregivers of patients with Alzheimer's and supports the patient through an array of different ways.	10/21/2024	Sponsorship	\$ -	\$ 5,000	\$ 5,000
4	Be Social Productions	Winter Health Fair: This public event will feature health screenings (blood pressure, fibro-liver scan, cholesterol, etc.), insurance information, resources such as boxes of food, haircuts, important information such as child education and after-school programs, and fun activities for all the family.	10/9/2024	Sponsorship	\$ -	\$ 4,000	\$ 4,000
5	California Association for Adult Day Services	2024 CAADS Fall Conference and Annual Meeting: An information-filled conference to pursue learning and sharing among Adult Day Services colleagues, Managed Care partners, and California state regulators, in support of Adult Day Services in the LA area and throughout the state.	10/7/2024	Sponsorship	\$ -	\$ 4,250	\$ 4,250
6	California Primary Care Association	2024 CPCA Annual Conference: This conference provides education and resources critical to improving access to care, food security, housing stability, and income security for under-resourced communities.	10/7/2024	Sponsorship	\$ -	\$ 7,500	\$ 7,500
7	Community Power Collective (fiscal agent - Right to the City Alliance)	To provide eviction prevention education and prevention resources via monthly in-person Know Your Rights and tenant mutual aid workshops to 250 residents, concentrated in unincorporated Metro and East L.A. regions of Los Angeles County.	10/1/2024	Housing Stability V	\$ 100,000	\$ -	\$ 100,000
8	Every Day Action	Recycle-ball: The Recycle-ball gala supports Every Day Action's food recovery program which redistributes meals to those struggling with food insecurity across LA.	10/21/2024	Sponsorship	\$ -	\$ 5,000	\$ 5,000
10	Greater Los Angeles Zoo Association	L.A. Zoo Lights 2024-2025: L.A. Zoo Lights is an inclusive nighttime evening experience that takes place during the holiday season. During the events, evenings at the Zoo are transformed by a menagerie of animal and nature themed lanterns. This supports our Sales team's recruitment efforts.	10/28/2024	Sponsorship	\$ -	\$ 18,000	\$ 18,000
11	Harbor Connects	Day of Thanks: Day of Thanks event supports neighbors on the brink of homelessness or currently homeless in the Wilmington area.	10/9/2024	Sponsorship	\$ -	\$ 5,000	\$ 5,000
12	Hospital Association of Southern California	2024 My SoCal Hospital Heroes Awards Gala: The Hospital Heroes Awards Gala celebrates healthcare workers who have made extraordinary contributions to patient care, and an overall impact on their hospitals.	10/9/2024	Sponsorship	\$ -	\$ 10,000	\$ 10,000
13	Inner City Struggle	Will provide or refer culturally-relevant eviction prevention education and prevention resources (e.g., Know Your Rights workshops, cash assistance, etc.) to 150 new unduplicated individuals and families concentrated in unincorporated Metro and East L.A. regions of Los Angeles County.	10/1/2024	Housing Stability V	\$ 100,000	\$ -	\$ 100,000

14	LA County Medical Association	Business of Medicine Conference: This sponsorship supports the Los Angeles County Medical Association conference, which brings together medical professionals to discuss sustainable best practices for patients.	10/29/2024	Sponsorship	\$ -	\$ 10,000	\$ 10,000
15	Project Angel Food	Plans to renovate and expand its temporary kitchen space and offices in preparation for the organization's move into a new, expanded facility. Funds will help ensure the medically tailored meal program continues.	10/1/2024	Ad Hoc	\$ 250,000	\$ -	\$ 250,000
16	The African American Male Wellness Agency	Los Angeles Black Men's Wellness Day: This sponsorship promotes Black men's health by offering health screenings, medical referrals, and resources.	10/10/2024	Sponsorship	\$ -	\$ 5,000	\$ 5,000
17	United Friends of the Children	United Friends of the Children's 2024 Fall Gala "Night Under The Stars": This sponsorship supports UFC's annual gala, which helps youth transitioning out of the foster care system who need additional housing, food, and mental health support while navigating the transition into higher education or the workforce.	10/10/2024	Sponsorship	\$ -	\$ 25,000	\$ 25,000
18	Weingart East Los Angeles YMCA	WELA YMCA FEED LA - Food Security Program: This sponsorship supports a food distribution event for Thanksgiving meals in East LA that will serve 1000 families.	10/29/2024	Sponsorship	\$ -	\$ 5,000	\$ 5,000
19	YMCA Of Metropolitan Los Angeles, Wilmington Branch	Operation Gobble, Food Drive: This event is a special food distribution for the Wilmington community's constituents around the start of the holiday season. This includes providing pantry food, produce and ham or turkeys to families.	10/7/2024	Sponsorship	\$ -	\$ 500	\$ 500
Total of grants and sponsorships approved in October 2024					\$ 575,000	\$ 109,250	\$ 684,250



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: December 5, 2024

Motion No. BOG 102.1224

Committee: Executive

Chairperson: Alvaro Ballesteros, MBA

Requesting Department: Safety Net Initiatives

Issue: Designate \$50 million in funding for workforce development and other community and safety net needs.

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

Background: L.A. Care has made a significant financial commitment 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 extension to continue investing the remaining \$61 million in some of the programs under Elevating the Safety Net through FY 2026-27.

In October 2023 the Board of Governors authorized an additional \$50 million be allocated from the unassigned reserves to Board designated fund for workforce development. Much good has come from our Elevating the Safety Net investments, including 56 students receiving medical school scholarships, 194 new physicians hired, 199 physicians awarded loan repayment assistance.

This motion requests Board approval to allocate \$50 million from the estimated CY 2024 net income to the existing Board Designated Fund of \$205 million for Elevating the Safety Net. Under the 2024 Medi-Cal Managed Care Contract with DHCS, plans are required to annually submit a Community Reinvestment Plan and Report outlining how reinvestment activities benefit the community and the outcomes achieved. This additional \$50 million allocation positions the Board of Governors to deploy these funds strategically, in alignment with the anticipated final guidance.

Member Impact: L.A. Care’s past workforce investments have targeted increasing the supply of physicians serving the Medi-Cal population, with the goal of achieving a stable workforce and shorter wait times for services. The investment also furthers L.A. Care’s equity goal, as the majority of physicians or future physicians benefitting from the investment have been racially and ethnically diverse, closer to the racial and ethnic make-up of L.A. Care’s membership. Research indicates that provider concordance, where patients can choose the provider of the racial or ethnic background with which they feel the most comfortable, leads to improved health outcomes.

Budget Impact: This request is to add anticipated CY 2024 net income to the Board Designated Fund.

Motion: **To authorize adding \$50 million from CY 2024 net income to the Board Designated Fund for workforce development to address emerging safety net and community needs.**



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: December 5, 2024

Motion No. BOG 103.1224

Committee:

Chairperson: Alvaro Ballesteros

Requesting Department: CEO

Issue: Investigate feasibility of forming a Foundation to be endowed with Board restricted funds

Background: L.A. Care has made a significant financial commitment 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 (ESN) 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 October 2023 the Board of Governors authorized an additional \$50 million be allocated from the unassigned reserves to Board designated fund for workforce development. There is approximately \$114 million left in the fund.

These funds are part of L.A. Care's financial reserves and, as such, may be impacted by adjustments made by DHCS. In the fiscal year ending September 30, 2024, there were three such downward adjustments to our revenue, estimated to be \$180 million, resulting from changes in acuity factors. Additionally, a provision in the contract between the Department of Health Care Services (DHCS) and all Medi-Cal Managed Care Plans, effective January 1, 2024, mandates community investments by health plans amounting to 5 to 7.5% of their annual operating income. According to a draft All Plan Letter (APL) recently issued by DHCS, it is unclear whether existing community investments, such as those made under the Elevating the Safety Net initiative, will satisfy this requirement, potentially necessitating additional investments.

Placing the Board-designated funds in a Foundation would allow funds to be used for their intended purpose and not be crowded out in future years by new community investments that would be based on a particular year's financial performance.

The feasibility investigation needs to determine if a foundation can be formed that would function in alignment with L.A. Care's mission and maintain the ESN initiative, assures that as a separate entity it could not divert funds to any other matter. Governing issues would need to be considered such as Bylaws and Board composition.

The results of the feasibility investigation would then be considered by the L.A. Care Board of Governors for action. The feasibility investigation would not commit the Board of Governors to a predetermined action.

Member Impact: Much good has come from L.A. Care's Elevating the Safety Net investments, including 56 students receiving medical school scholarships, 194 new physicians hired, 199 physicians awarded loan repayment assistance.

L.A. Care's past workforce investments have targeted increasing the supply of physicians serving the Medi-Cal population, with the goal of achieving a stable workforce and shorter wait times for services. The investment also furthers L.A. Care's equity goal, as the majority of physicians or future physicians benefitting from the investment have been racially and ethnically diverse, closer to the racial and ethnic

Board of Governors

MOTION SUMMARY

make-up of L.A. Care’s membership. Research indicates that provider concordance, where patients can choose the provider of the racial or ethnic background with which they feel the most comfortable, leads to improved health outcomes.

Budget Impact: The creation of a foundation endowed with the ESN restricted funds would have the same long-term impact on L. A. Care whether the funds are transferred to a foundation in one lump sum or distributed over a number of years through community investments.

Motion: **To authorize the Executive Staff to conduct a feasibility investigation of creating a foundation to be endowed with the Elevating the Safety Net Board-restricted funds.**

**CHIEF
MEDICAL
OFFICER'S
REPORT**

Health Services

Clinical Wraparound Services at Community Resource Centers



L.A. Care
HEALTH PLAN®

For All of L.A.



Presented by
Sameer Amin, MD
Chief Medical Officer

Contents

- 1 Introduction
- 2 **Our Solution:** Clinical Community Resource Centers
- 3 A Significant Geographic Footprint
- 4 Opportunities for Member Impact
- 5 Operating Model
- 6 Cost Estimate for Implementation
- 7 Prospective Returns on Investment



Introduction

California's Managed Care Plans (MCPs) and their affiliated providers treat a complex population that requires intense care and support.

Over the last few years there have been numerous policy changes in Medi-Cal regarding quality measures that have triggered:

- ❑ **Increased administrative burden for providers**
- ❑ **Expansion of reporting requirements**
- ❑ **Financial sanctions for gaps in care**

The pressure to achieve regulatory compliance diverts time and resources away from direct patient care, increasing care gaps and operational costs, and challenging effective care coordination and chronic disease management.



Introduction

Measure	Care Type	MCAS Sanctions	Auto-Assignment (MCAL)	Quality Withholds	DSNP Stars	LACC QTI
Child and Adolescent Well-Care Visits	Preventive	X	X	X		
Childhood Immunization Status -- Combination 10	Preventive	X	X	X		X
Hemoglobin A1c Control for Patients with Diabetes (Control and Poor Control)	Chronic	X	X	X	X	X
Controlling High Blood Pressure	Chronic	X	X	X	X	X
Immunizations for Adolescents: Combination 2	Preventive	X	X	X		
Prenatal and Postpartum Care: Postpartum Care	Preventive	X	X	X		
Prenatal and Postpartum Care: Timeliness of Prenatal Care	Preventive	X	X	X		
Well Child Visits in the first 30 Months of Life: Well Child Visits in the first 15 Months	Preventive	X	X	X		
Well Child Visits in the first 30 Months of Life: Well Child Visits for age 15 months thru 30	Preventive	X	X	X		
Follow-Up After Emergency Department Visit for Mental Illness	Behavioral Health	X	X			
Follow-Up After Emergency Department Visit for Substance Abuse	Behavioral Health	X	X			
Asthma Medication Ratio	Chronic	X				
Breast Cancer Screening	Preventive	X				
Cervical Cancer Screening	Preventive	X				
Colorectal Cancer Screening	Preventive				X	X
Chlamydia Screening in Women	Preventive	X				
Developmental Screening in First Three Years of Life	Preventive	X				
Lead Screening in Children	Preventive	X				
Topical Fluoride Varnish	Preventive	X				
DSNP: Annual Flu Vaccine	Preventive				X	
DSNP: Monitoring Physical Activity	Preventive				X	
DSNP: SNP Care Management (HRA)	Chronic				X	
DSNP: Care for Older Adults - Medication Review	Care Coord				X	
DSNP: Care of Older Adults - Pain Assessment	Preventive				X	
DSNP: Osteoporosis Management in Women who had a Fracture	Chronic				X	
DSNP: Diabetes Care Eye Exam	Chronic				X	
DSNP: Reducing the Risk of Falling	Preventive				X	
DSNP: Improving Bladder Control	Chronic				X	
DSNP: Medication Reconciliation Post-Discharge	Care Coord				X	
DSNP: Plan All-Cause Readmissions	Admissions				X	
DSNP: Statin Therapy for Patients with Cardiovascular Disease	Chronic				X	
DSNP: Transitions of Care	Care Coord				X	
DSNP: Follow up After ED Visit for People with Multiple High Risk Chronic Condition	Chronic				X	

We face an expansive and growing list of clinical quality measure against which we need to meet strict minimum performance levels (MPLs), **most fall into primary care**

- ❑ MCPs and providers encounter increased challenges in meeting the needs of patients, particularly those with co-morbidities, leading to **gaps in care, complexities in managing chronic diseases, and unmet preventive care objectives.**
- ❑ Largely, care gaps are primary care related, requiring coordinated quality improvement and health equity initiatives that **strain PCP's clinical capacity and administrative resources.**
- ❑ **L.A. Care has implemented key initiatives to provide PCP's with much needed support:**
 - **Elevating the Safety Net**, which expands the workforce,
 - **Pay-for-Performance (P4P)** quality incentive programs
 - **California Safety Net Coalition**, dedicated to enhancing Medi-Cal payments statewide.

The next step is to build capacity to support primary care.



Our Solution

Clinical Wraparound Services at CRCs



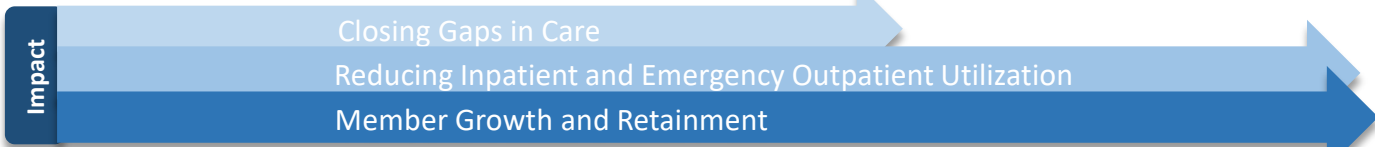
L.A. Care needs a **focused and systematic effort to support PCPs...**

We propose developing a **targeted intervention through its Community Resource Centers (CRCs), implementing clinical wraparound services** as an adjunct to our PPGs and PCPs.

Driven by your referrals, **we will partner with you to provide effective primary care to close care gaps and reduce your administrative burden.**



Case Opportunities	Health Visits <ul style="list-style-type: none"> • Child, Adolescent and Adult Well Care Visits • Development Screenings • Follow Up after Emergency Care 	Lab Services <ul style="list-style-type: none"> • Cancer Screenings • Lead Screenings • HIV and STI testing 	Vaccinations <ul style="list-style-type: none"> • Child and Adolescent Immunizations • Annual Flu Vaccines in Children and Adults 	Care Management <ul style="list-style-type: none"> • Traditional CM • Complex Case Management • Enhanced Care Management 	Disease Management <ul style="list-style-type: none"> • Asthma • Cardiovascular Disease • Congestive Heart Failure • Diabetes 	Pharmacy <ul style="list-style-type: none"> • Medication Therapy Management • Comprehensive Medication Review
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Our Solution

A Significant Geographic Footprint

The success of the safety net is also challenged by the skewed geographic distribution of physicians, especially PCPs. This has created “medical deserts” where there is poor availability of critical medical infrastructure.

The lack of primary care doctors in these areas and other parts of Los Angeles make hospital emergency care the provider of first and last resort.

Clinical CRCs can also help reduce inpatient and emergency utilization, mitigating the strain on the healthcare system in LA County at large.

CRCs are located strategically to provide convenient access to our members and high-density uninsured populations.

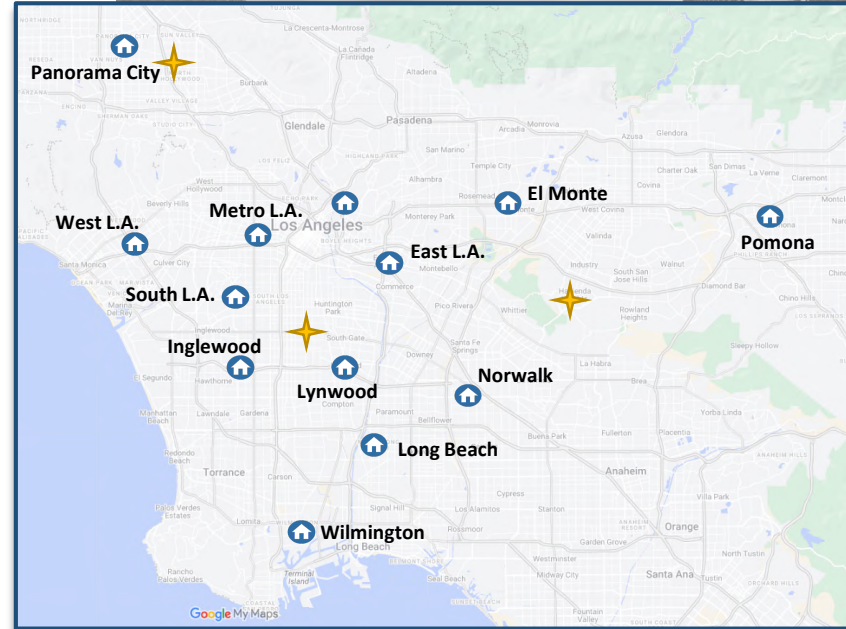


Our CRCs are found across Los Angeles County



The most medically underserved areas in Los Angeles County are:

- Eastern San Gabriel Valley
- Antelope Valley
- South L.A.



Our Solution

Opportunities for Member Impact

Extending resources at our local CRCs to include clinical wraparound services provides several opportunities to make a significant impact on member outcomes:

- ❑ Allows for **regular well-care visits, health screenings, vaccinations, and preventive health education**, thereby addressing gaps in primary care
- ❑ Enables **better management of chronic conditions** through regular check-ups, medication management, case management, and lifestyle counseling
- ❑ Early diagnosis and treatment of acute and emergent conditions **reduces complications and hospitalizations**
- ❑ CRCs become hubs for health promotion and wellness, **fostering community engagement and loyalty**



Closing Care Gaps

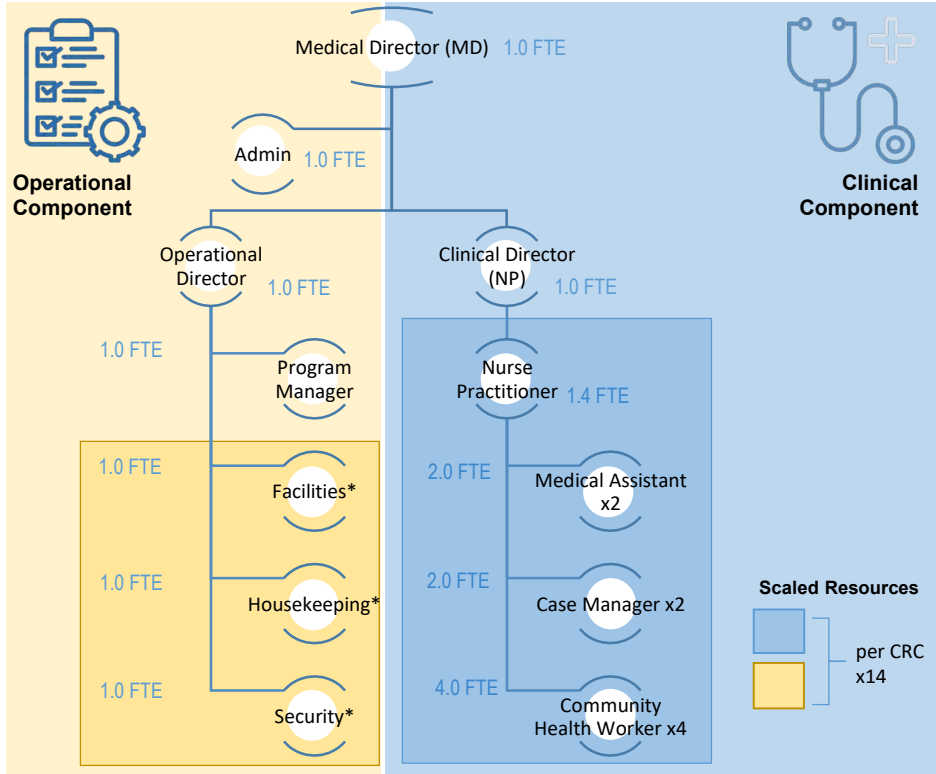
Reducing Inpatient
and Emergency
Utilization



Growing and
Retaining
Membership

Our Solution

Operating Model: Integrated Staffing



Total FTE's: Clinical CRCs	
Activities	Estimated FTEs
Direct Clinical Services (x14 sites)	131.60
Program Oversight (Shared Ops Mgmt + Ops Support)	46.00*
Total	177.60

*Note: Some of these roles currently exist at LAC's CRCs.

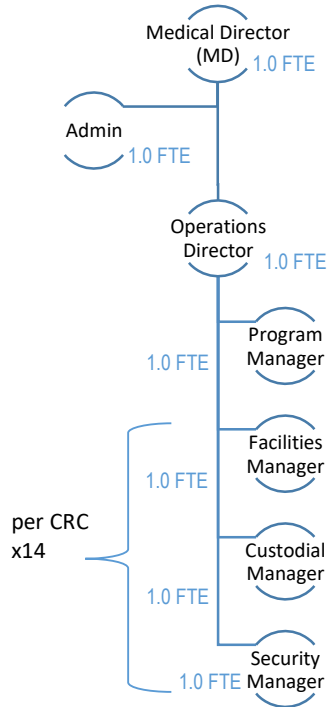
This approach aims to streamline operations and enhance service delivery by separating clinical and operational responsibilities while maintaining cohesive program oversight.

Optional Add-on: Floating Pharmacist (0.4 FTE)

- Medication Therapy Management
- Comprehensive Medication Review

Our Solution

Operational Staffing Component



Provides comprehensive leadership and oversight for both clinical and operational aspects of the CRCs. This role ensures the delivery of high-quality healthcare services and the efficient functioning of operational support systems, integrating both clinical and operational strategies to achieve organizational goals.

Oversees the non-clinical aspects of the CRCs, ensuring that all operational functions run smoothly and efficiently. The role involves strategic planning, coordination, and management of various support services.

Manages the planning, implementation, and tracking of specific programs and projects, ensuring alignment with organizational goals; managing resources, timelines, and budgets; reporting on program progress and outcomes

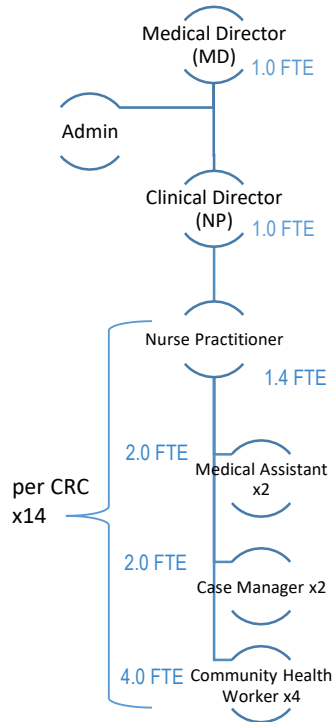
Manages maintenance and repairs; equipment, safety compliance, space planning, utilities, and renovations and upgrades.

Manages cleaning and sanitation; waste; linen and laundry services; stocking supplies; and minor maintenance, e.g., changing light bulbs.

Manages all security operations; developing and implementing security policies and procedures; managing security staff; handling security incidents and investigations.

Our Solution

Clinical Staffing Component



Provides comprehensive leadership and oversight for both clinical and operational aspects of the CRCs. This role ensures the delivery of high-quality healthcare services and the efficient functioning of operational support systems, integrating both clinical and operational strategies to achieve organizational goals.

The Clinical Director (NP) is responsible for the **clinical oversight and management of member care across all sites**. This role ensures the delivery of high-quality healthcare services, the implementation of clinical protocols, and the professional development of clinical staff; and works closely with the operational teams to ensure seamless integration of clinical and operational activities.

This **NP plays a critical role in delivering wraparound healthcare services to our members** at each site. They are responsible for adjunctively managing chronic illnesses and promoting preventive care. The NP works closely with the care team to ensure comprehensive member care.

The **MAs will** play a vital role in supporting the provider, ensuring smooth clinic operations. Under this model, one MA will be **dedicated to front/back office support**, and the other will be a **part of the care team**.

Integral to **coordinating member care and ensuring continuity across healthcare services**. They collaborate with members and providers to facilitate effective care plans.

The CHWs are pivotal to **promoting health education, providing outreach services, and connecting community members** to healthcare resources.

Our Solution

Cost Estimate for Implementation

Clinical Labor

Position	Steady State		Total Comp/FTE	Benefits @30%	Total Labor
	FTEs	Comp/FTE			
Practitioners	1.4	156,000	216,667	65,000	281,667
Medical Assistants	2.0	72,800	145,600	43,680	189,280
Case Managers	2.0	115,509	231,018	69,305	300,323
Comm Hlth Wkrs	4.0	69,056	276,224	82,867	359,091
	5.4				1,130,361

Non-Clinical Labor

Role	FTEs	Comp/FTE	Cost	Benefits @30%	Total Labor
Clinical Director	1.00	200,000	200,000	60,000	260,000
Operational Director	1.00	135,000	135,000	40,500	175,500
Admin	1.00	85,000	85,000	25,500	110,500
Program Manager	1.00	90,000	90,000	27,000	117,000
Pharmacist	0.40	160,000	64,000	19,200	83,200
			899,000	269,700	1,168,700

Non-labor Clinical Services

Description	Cost
Laboratory services	23,000
Radiology x Imaging	35,000
Lab equipment	185,000
Pharmaceuticals	
Basic medications	42,000
Vaccines	1,106,000
Emergency Drugs	80,500
Consumables	114,800
Total	1,586,300

Medical Equipment

Item	Total
Exam Table and Furniture	8,960
AED	1,680
Basic Diagnostics	4,200
Weight and Height Measures	1,400
Emergency Equipment	21,000
Total	37,240

Startup Costs

Description	Cost
Remodeling of Space (10 Sites)	3,000,000
Legal	100,000
Advertising & Promotion	75,000
Licensure	50,000
Recruitment	25,000
Total	3,250,000

Description	Steady State
Labor Expenses	
Clinical Salary and Wages and Benefits	
Practitioners	281,667
Medical Assistants	189,280
Case Managers	300,323
Community Health Workers	359,091
Total Clinical Salary, Wages and Benefits	1,130,361
Number of Clinics	14
Extended Steady State Clinical Expense	15,825,058
Operational Salary and Wages and Benefits	
Medical Director	422,500
Clinical Director	260,000
Operational Director	175,500
Admin Support	110,500
Program Manager	117,000
Pharmacist	83,200
Total Operational Salary, Wages and Benefits	1,168,700
Non-Labor Expenses	
Clinical Services	1,586,300
EMR	15,000
Rent	60,000
Utilities	50,000
Computers/Software	20,000
Phone and Internet	15,000
Medical Equipment	37,240
Office Supplies	7,280
Insurance	25,000
Other	15,000
Non-Labor Expenses	1,830,820
Total Annual Steady State Expense	18,824,578
Initial Costs	
Estimated Average Remodeling Costs	300,000
Number of Sites	14
Total Renovation Cost	4,200,000
Legal	100,000
Advertising & Promotion	1,250,000
Licensure	50,000
Recruitment	25,000
Total Startup Costs	5,625,000
Total First Year Investment	24,449,578

Our Solution

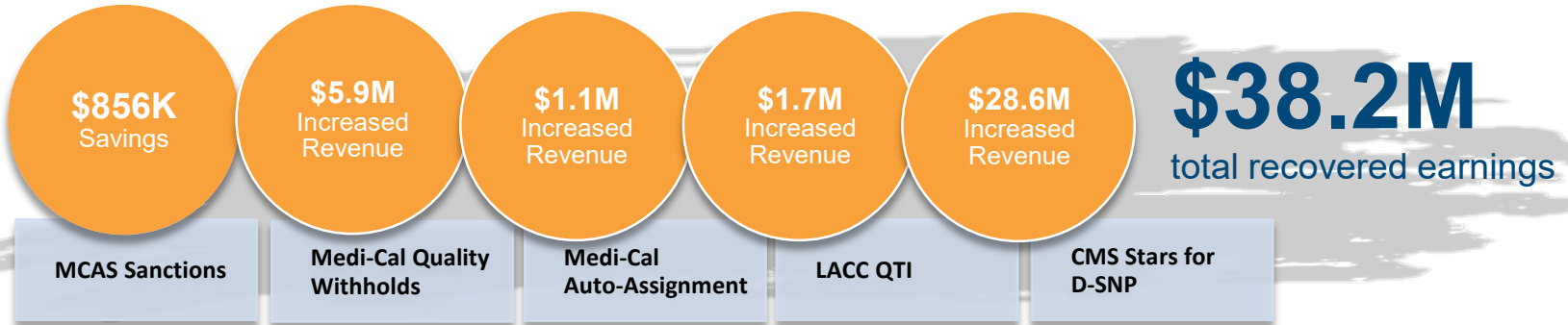
Prospective Returns on Investment

Through our targeted, NP-led adjunctive clinical wraparound services, we can close care gaps for our members, and also experience significantly increased savings and revenues from penalty and quality incentive programs, respectively.



Closing Care Gaps

With just a 6 percentage point change in clinical quality performance for all applicable penalty and quality incentive program measures for members within 7 miles of our CRCs, we can see...



Our Solution

Prospective Returns on Investment

Our active membership only 5 miles from a CRC represents a potentially avoidable spend of **\$38.3M** in inpatient utilization and **\$9.7M** in outpatient emergency services.

Our clinical wraparound services will serve as a targeted approach to reducing adverse utilization:

- ❑ Promoting early detection and timely management of health conditions
- ❑ Enhancing access to preventive and routine care
- ❑ Providing continuous and coordinated care for chronic conditions
- ❑ Ensuring proper medication management
- ❑ Aligning with quality measures to improve care delivery

The impact of these services can generate an annual savings of up to **\$9.4M** in inpatient utilization; and up to **\$2.8M** in outpatient ED services.



Reducing Inpatient and Emergency Utilization

Savings from Reductions in Adverse Utilization Associated with Active Members Living Near L.A. Care's Community Resource Centers by Varying Degrees of Impact

Utilization Type	Member Distance	Active Members	Total Spend	Low	Medium	High
Potentially Avoidable Inpatient Admission*	5 miles	1.12M	\$38.3M	\$1,915,001	\$3,830,002	\$7,660,004
	10 miles	1.47M	\$47.2M	\$2,361,644	\$4,723,289	\$9,446,577
Potentially Avoidable ED	5 miles	1.12M	\$9.7M	\$487,332	\$974,665	\$1,949,329
	10 miles	1.47M	\$14.2M	\$708,402	\$1,416,804	\$2,833,608

*Note: Does not include obstetrics.

Low Impact: 5% Medium Impact: 10% High Impact: 20%

Our Solution

Prospective Returns on Investment



Growing and Retaining Membership

ROI: Incremental Three Year Enrollment Growth

MCLA: 8,132

LACC: 19,219

DSNP: 10,666

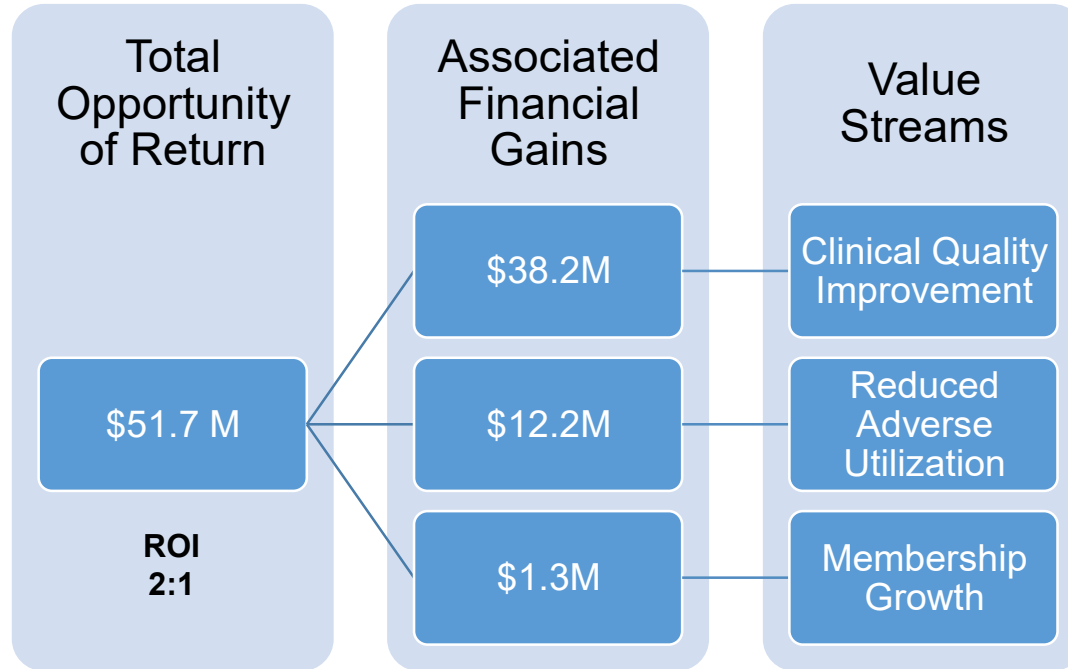
Product Sales: CRC Clinical Services ROI

	YR 1		YR 1-2		YR 1-3	
	ALL LOB	DSNP	ALL LOB	DSNP	ALL LOB	DSNP
Annualized ROI	0.41%	(23.48%)	19.36%	3.52%	18.33%	7.59%
Net Margin	\$1,255,103.69	\$956,457.36	\$3,561,699.12	\$2,678,902.70	\$6,212,807.67	\$4,670,610.42
Total Annual Expense	\$1.25M		\$2.5M		\$3.75M	



Our Solution

Total Prospective Returns on Investment



Board of Governors Monthly Meeting

Performance Monitoring November 2024

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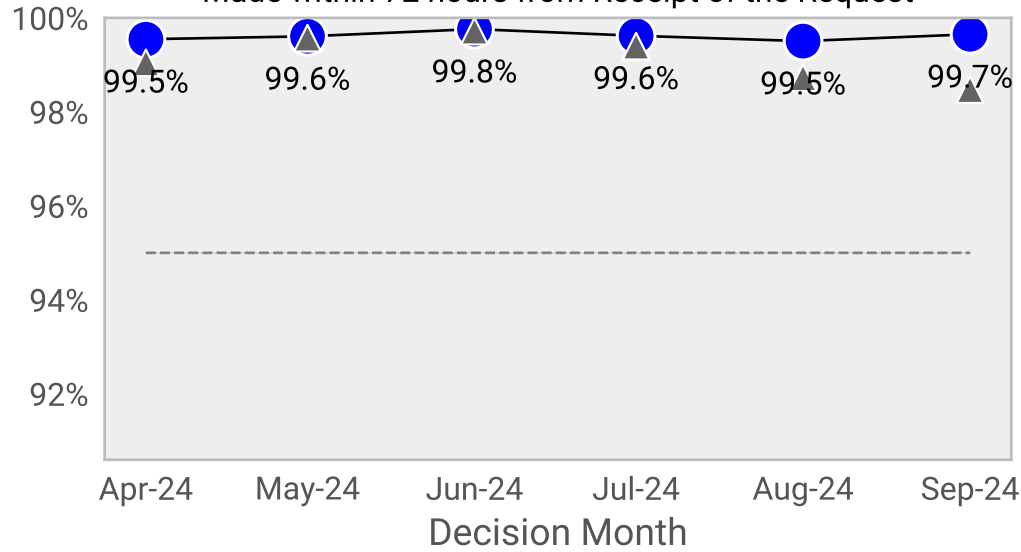
MCLA Claims Operations

17. Claims Received
18. Claims Volume Received by Service Type
19. Claims Payment Processing
20. Claims Processing Timeliness
21. Claim Denials and Adjustments
22. Provider Dispute Resolution Processing

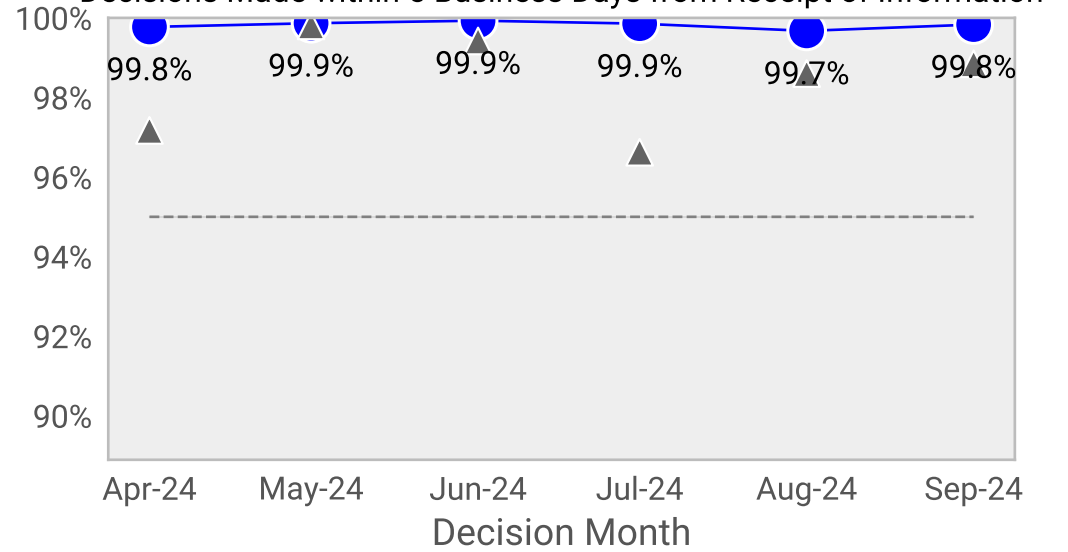
Medical Management

MCLA Authorization Processing Timeliness

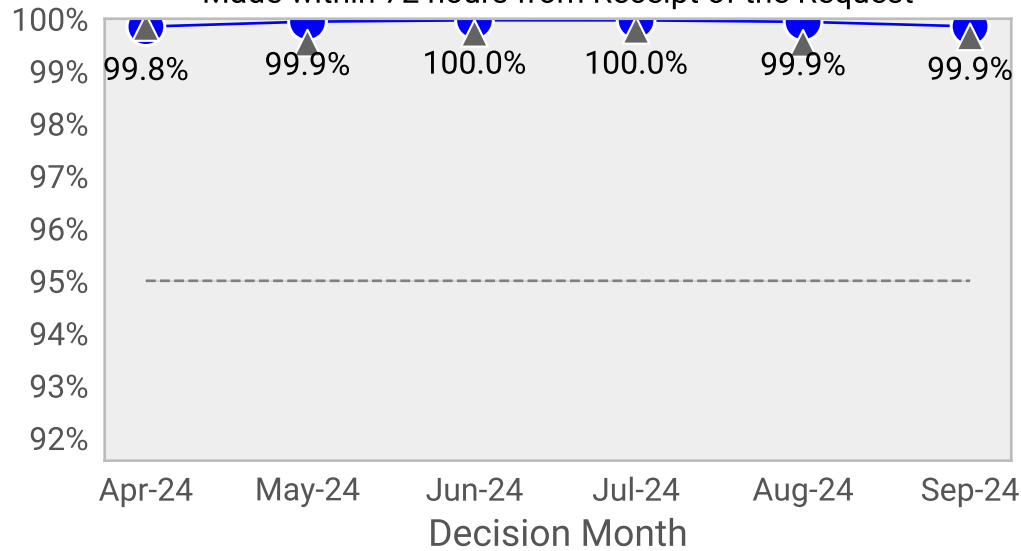
Expedited/Urgent Preservice Service Requests Decisions Made within 72 hours from Receipt of the Request



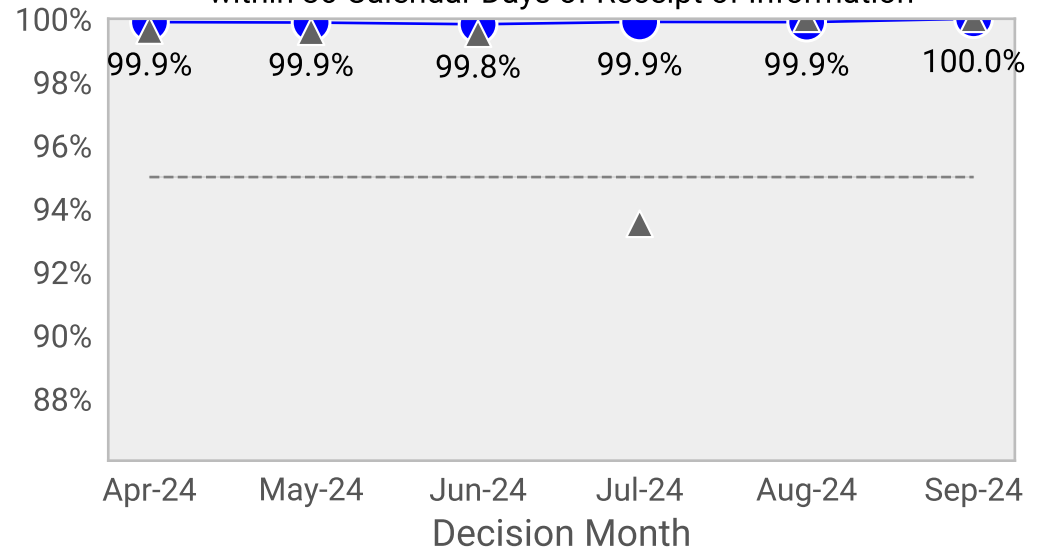
Standard/Routine Preservice Service Request Decisions Made within 5 Business Days from Receipt of Information



Expedited/Urgent Concurrent Service Request Decisions Made within 72 hours from Receipt of the Request



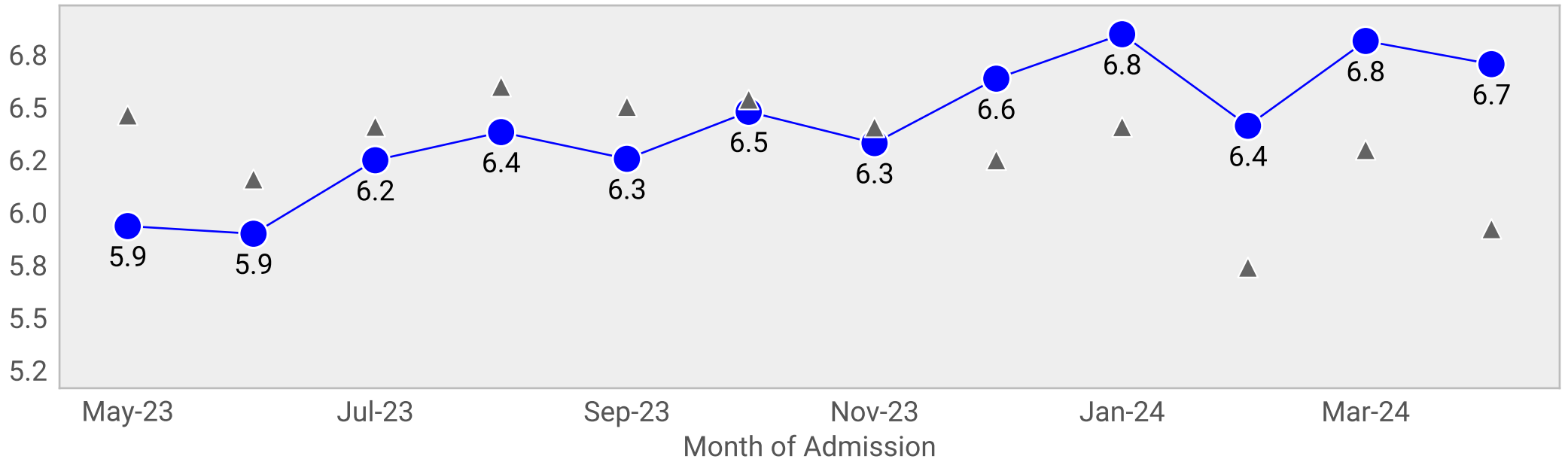
Post Service Request Decisions within 30 Calendar Days of Receipt of Information



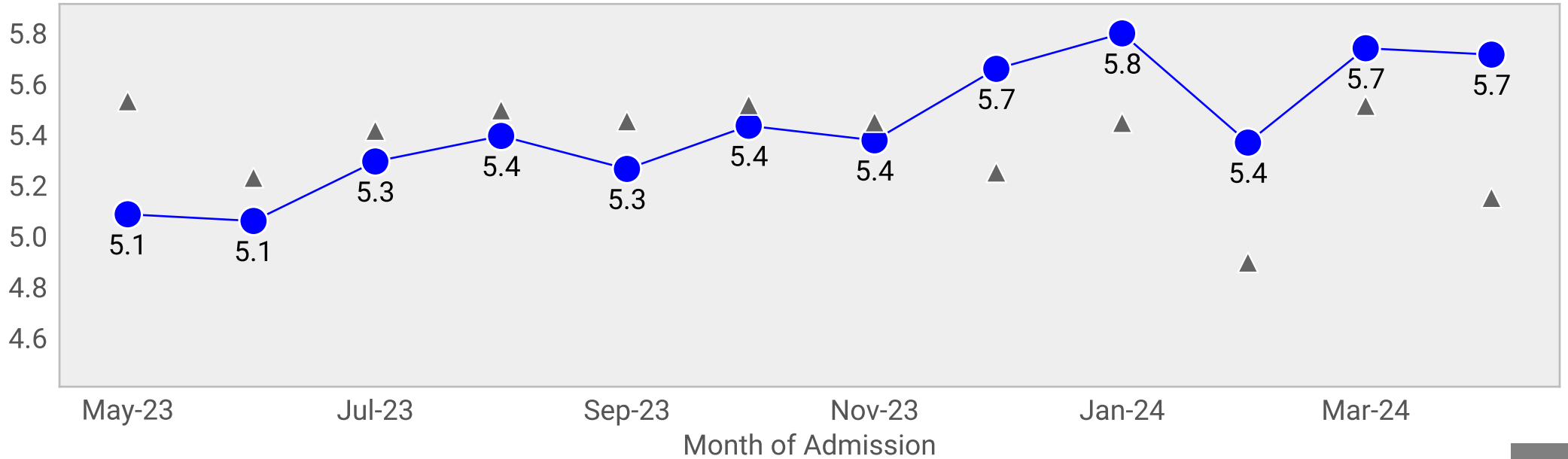
Triangles display the previous year's performance for the same month.

Only includes authorizations processed directly by L.A. Care.

Total MCLA In-Patient Hospital Admissions PTMPM



Non-Obstetrics MCLA In-Patient Hospital Admissions PTMPM

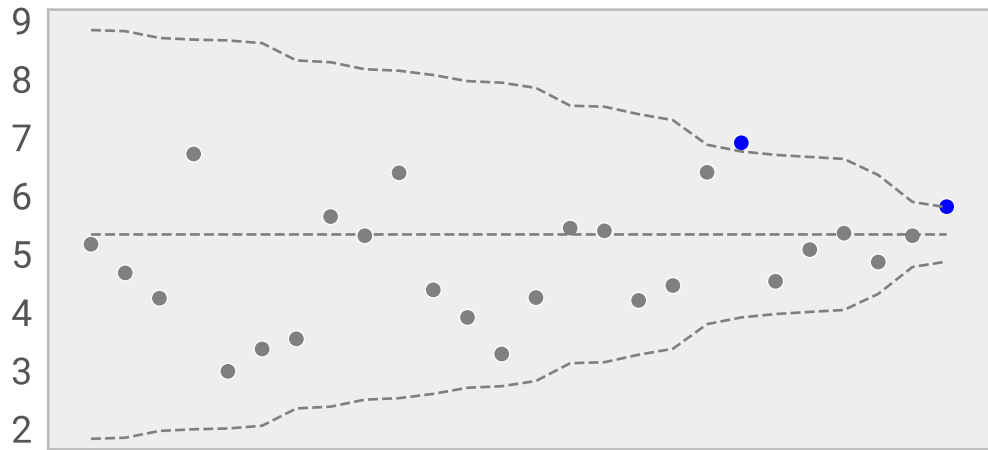


Triangles display the previous year's performance for the same month.

MCLA Non-Obstetrics In-Patient Admissions PMTPM by Segment and PPG
U' Charts

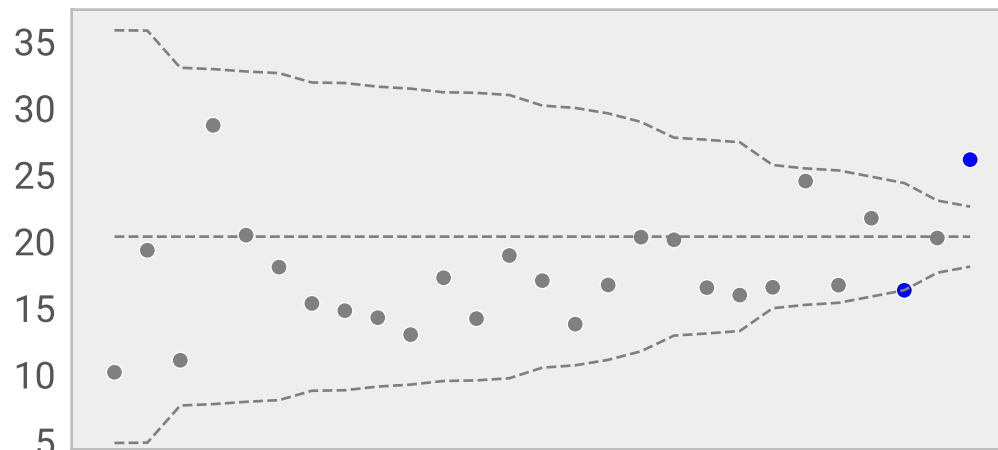
Assessment Period: May 2023 through Apr 2024

MCE



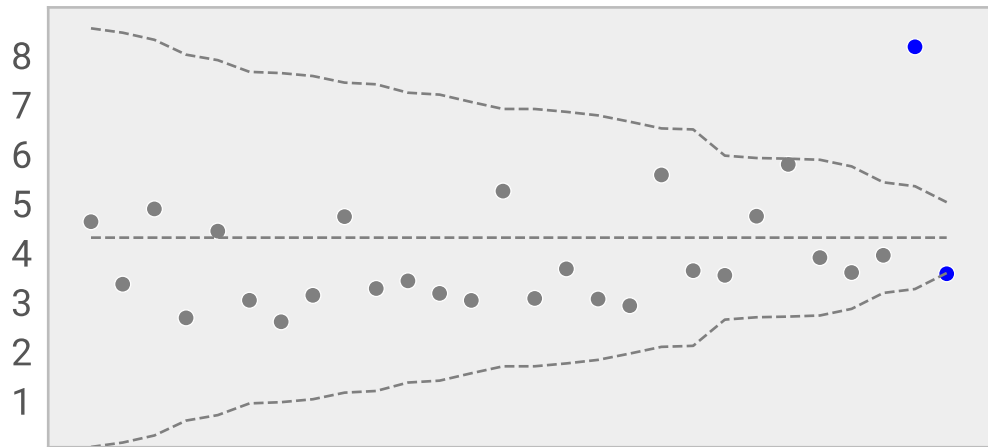
PPGs Sorted from Smallest to Largest Member Months

SPD



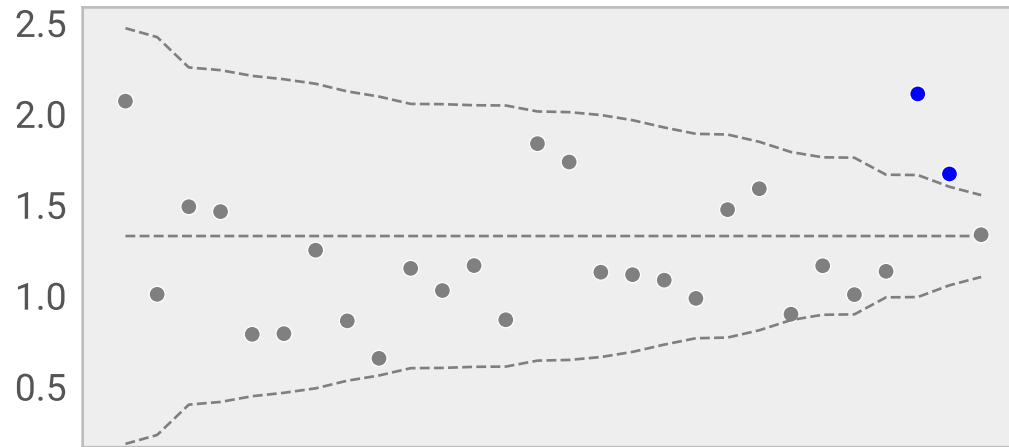
PPGs Sorted from Smallest to Largest Member Months

TANF - Adult



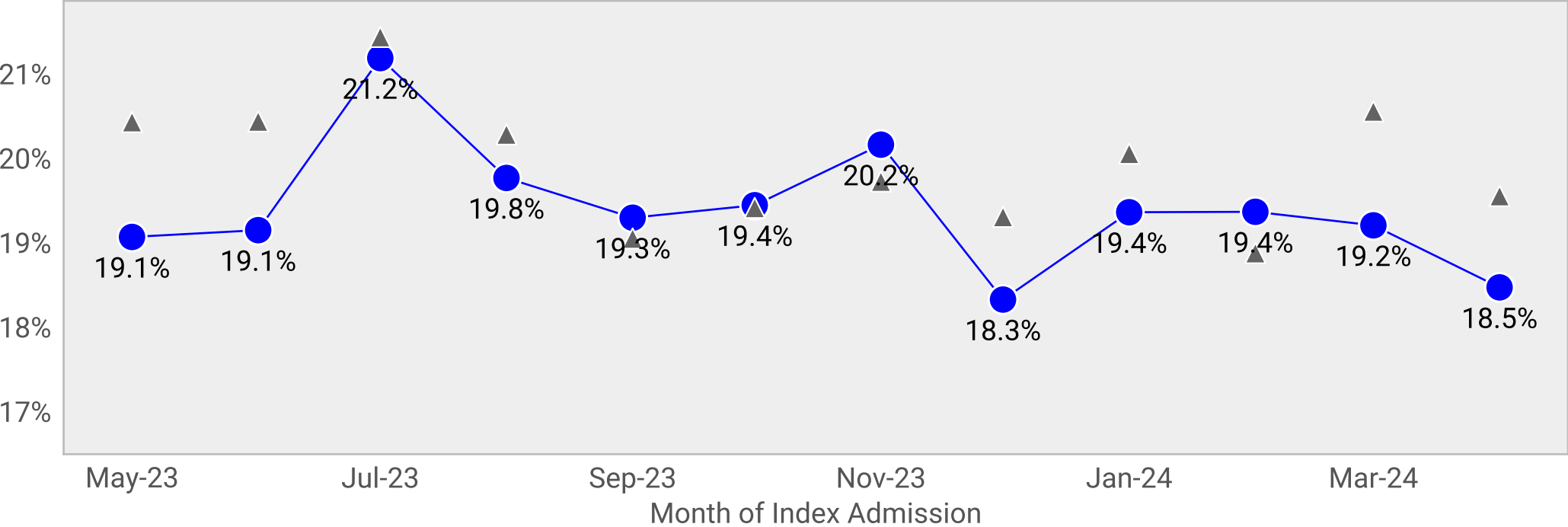
PPGs Sorted from Smallest to Largest Member Months

TANF - Child



PPGs Sorted from Smallest to Largest Member Months

Total MCLA In-Patient Hospital 30-Day Re-admission Rates



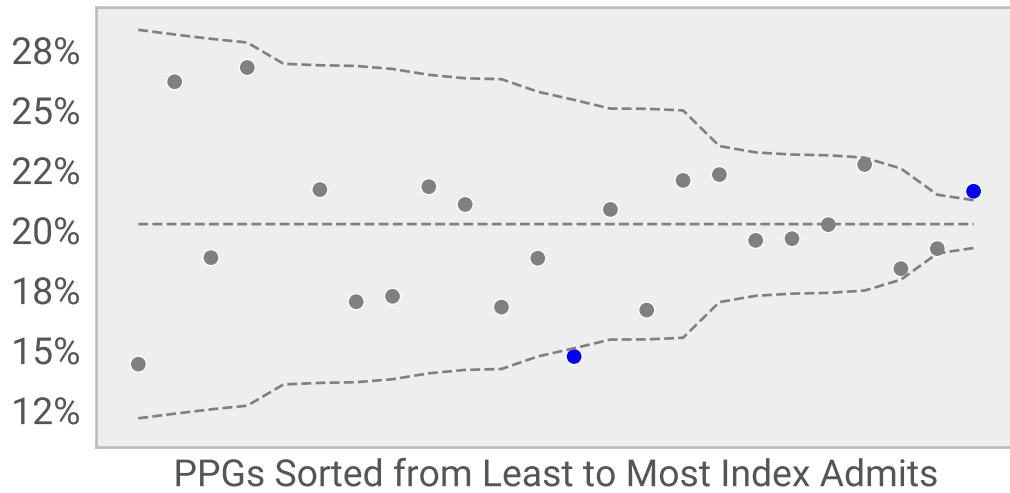
Triangles display the previous year's performance for the same month.

MCLA In-Patient Hospital 30-Day Readmission Rates by Segment and PPG

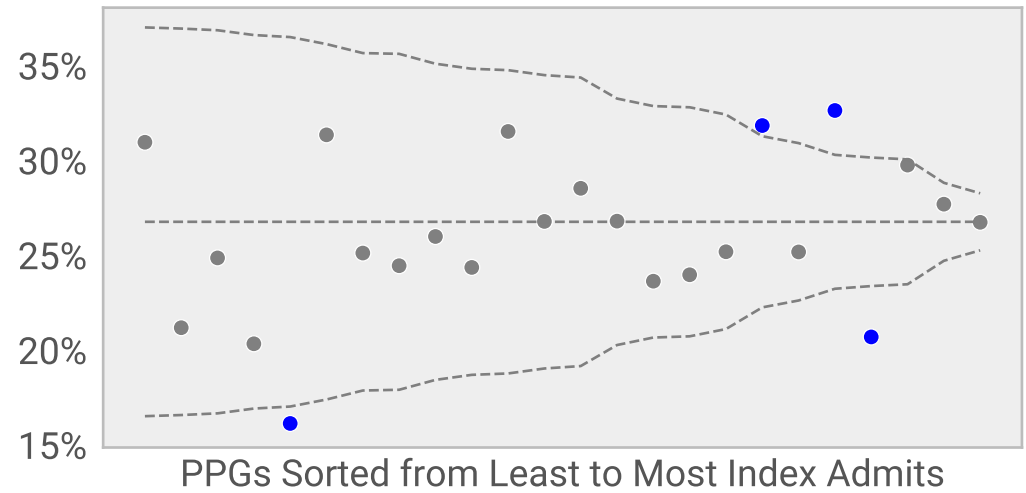
P Charts

Assessment Period: May 2023 through Apr 2024

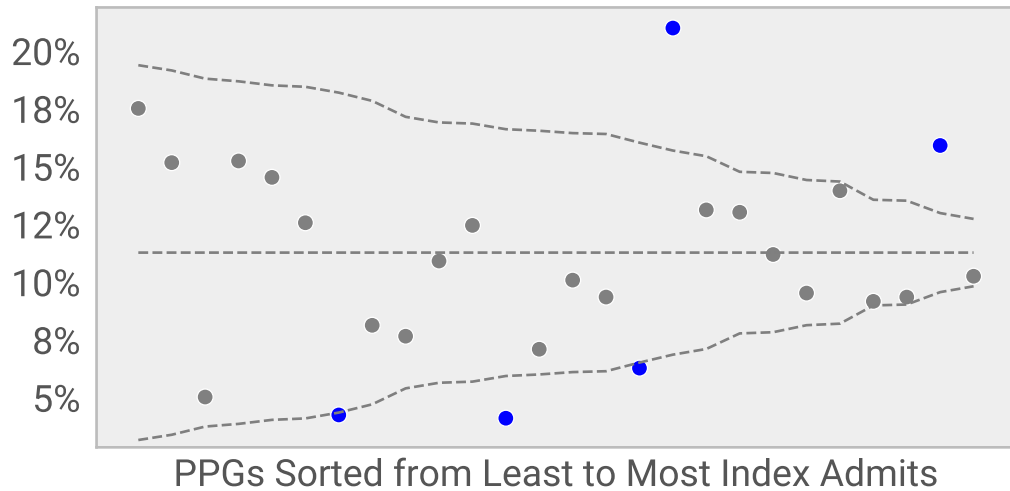
MCE



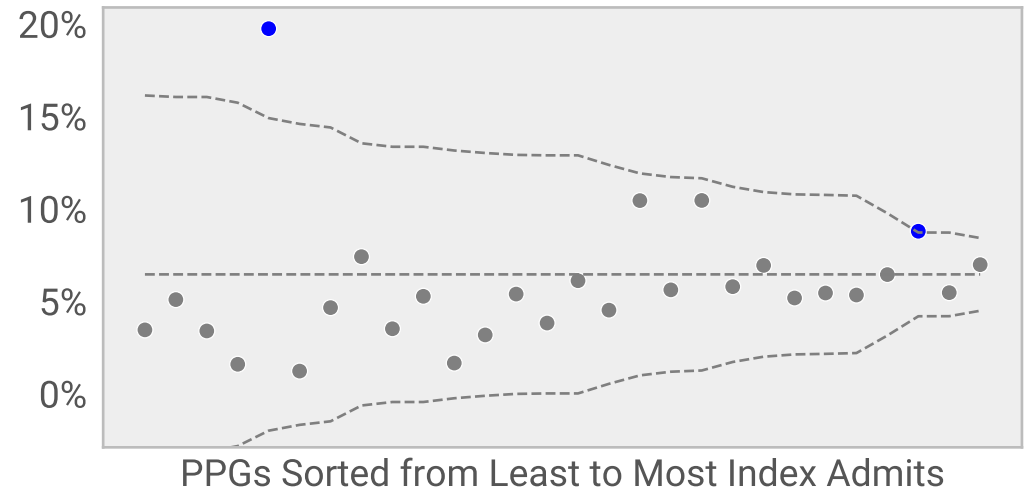
SPD



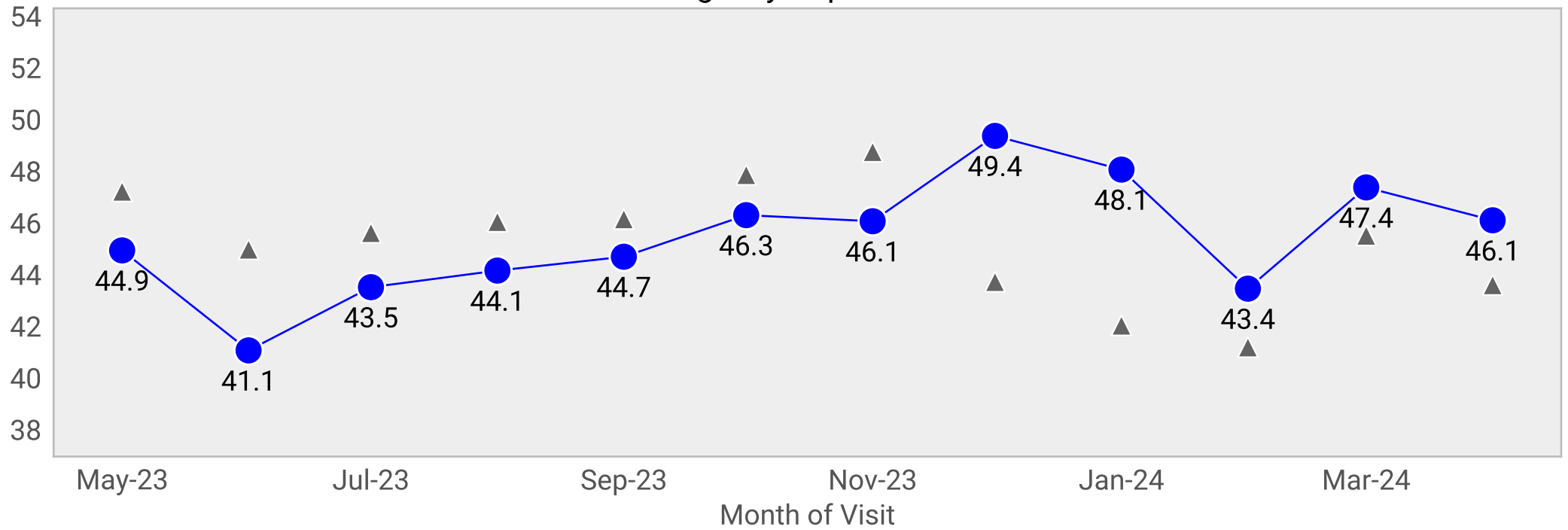
TANF - Adult



TANF - Child



Total MCLA Emergency Department Visits PTMPM



Emergency Department Visits include both Out-Patient visits and visits that result in an In-Patient admission.

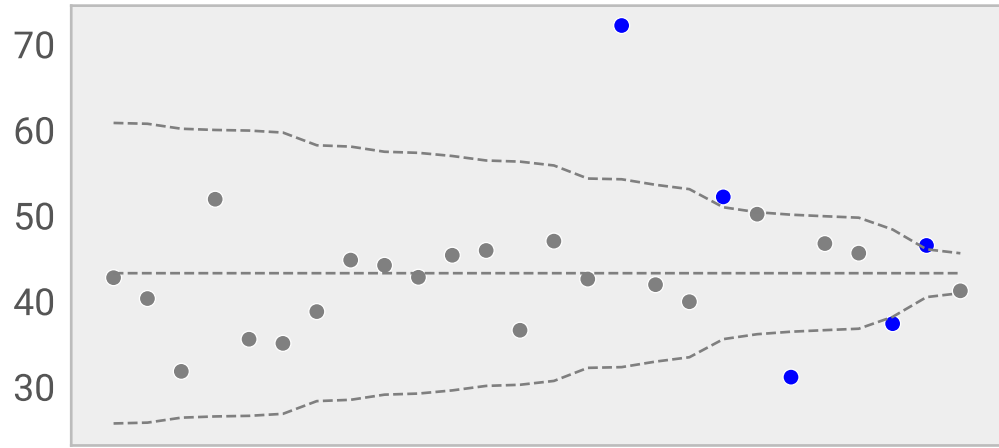
Triangles display the previous year's performance for the same month.

Total MCLA Emergency Department Visits PTMPM by Segment and PPG

U' Charts

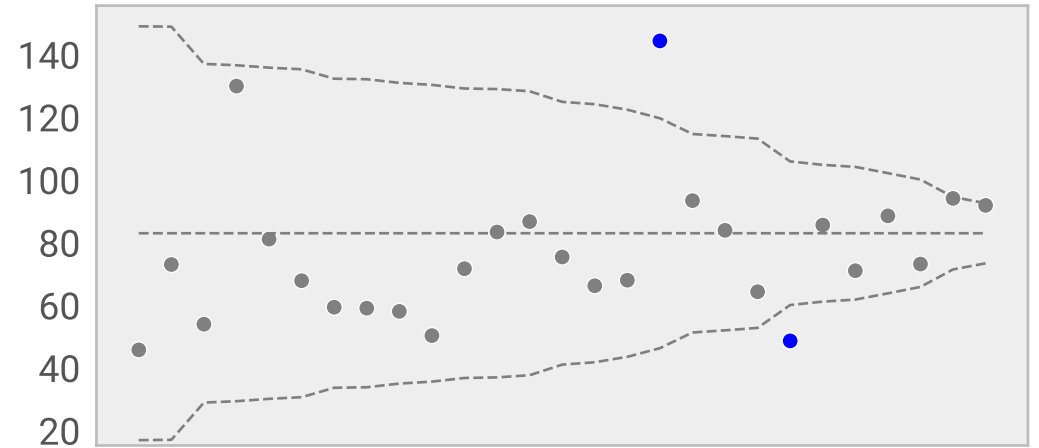
Assessment Period: May 2023 through Apr 2024

MCE



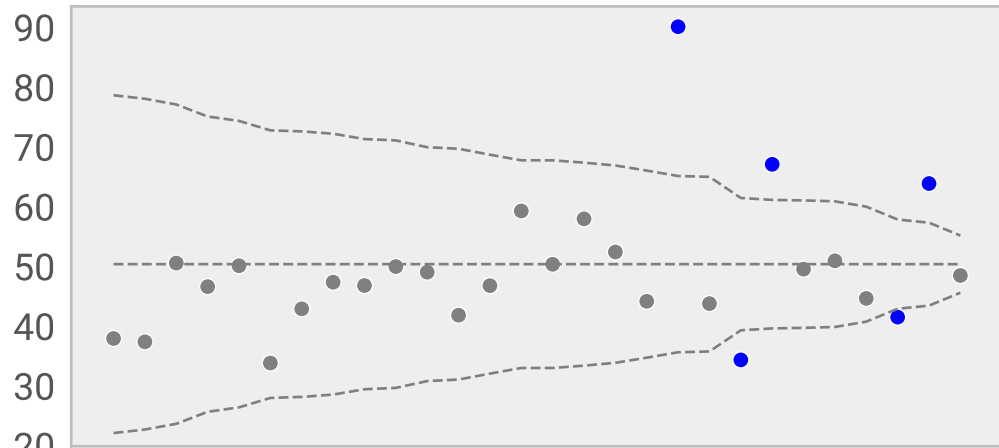
PPGs Sorted from Smallest to Largest Member Months

SPD



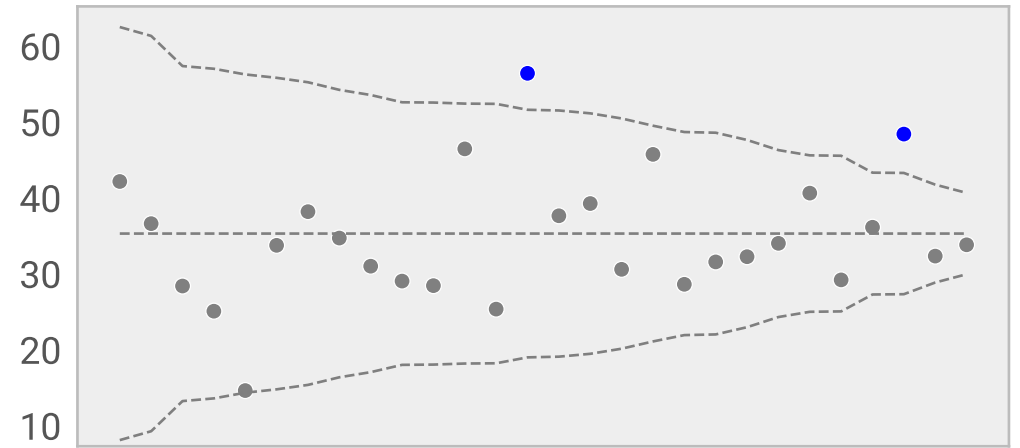
PPGs Sorted from Smallest to Largest Member Months

TANF - Adult



PPGs Sorted from Smallest to Largest Member Months

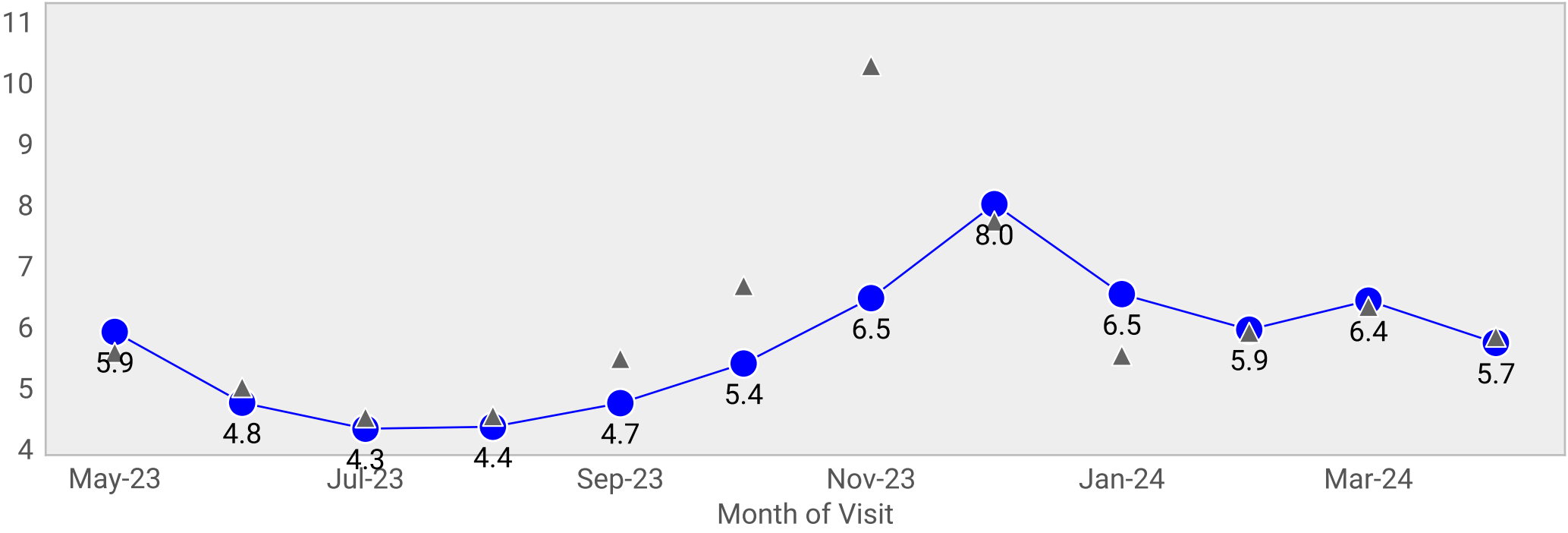
TANF - Child



PPGs Sorted from Smallest to Largest Member Months

Emergency Department Visits include both Out-Patient visits and visits that result in an In-Patient admission.

MCLA Potentially Avoidable Emergency Department Out-Patient Visits PTMPM



"Potentially Avoidable" identification uses the Agency for Health Research and Quality's Emergency Department Prevention Quality Indicator logic.

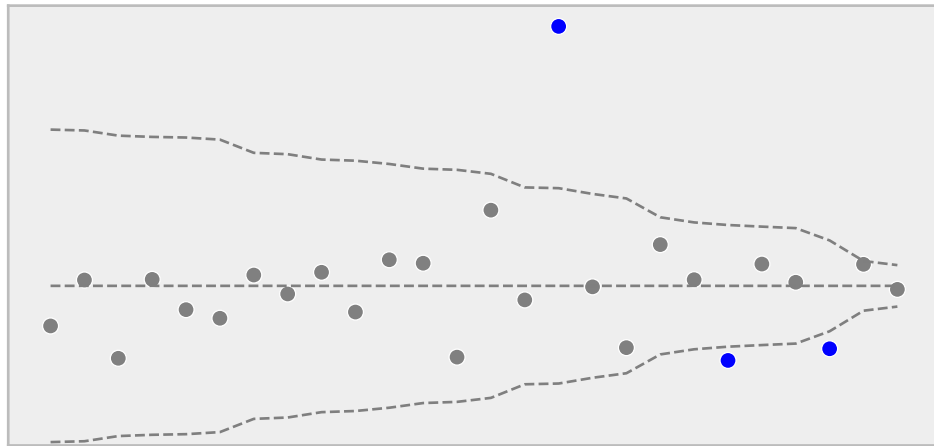
Triangles display the previous year's performance for the same month.

MCLA Potentially Avoidable Emergency Department Visits PTMPM by Segment and PPG

U' Charts

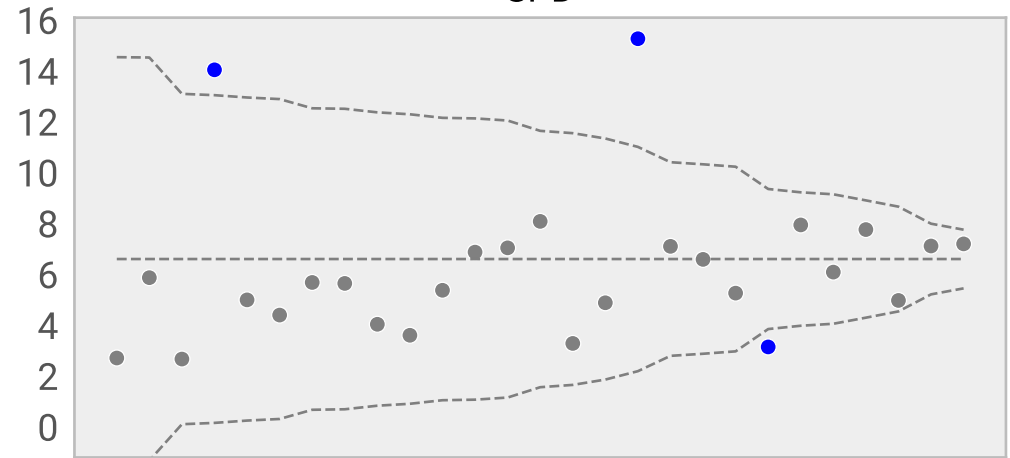
Assessment Period: May 2023 through Apr 2024

MCE



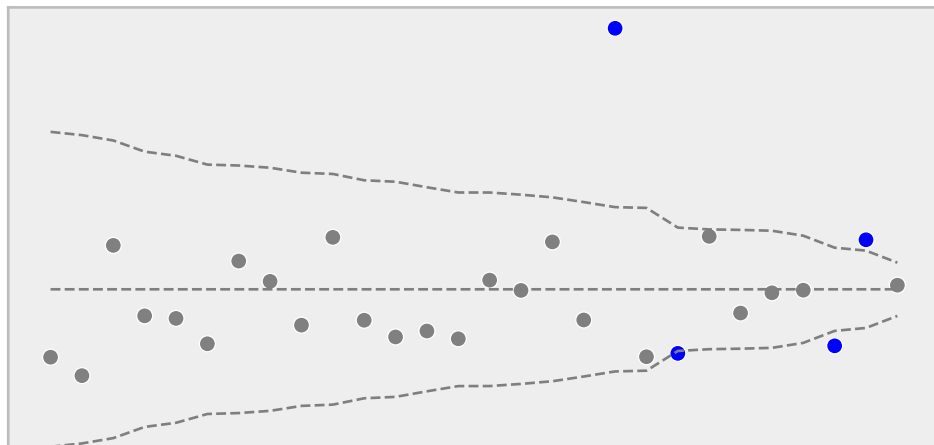
PPGs Sorted from Smallest to Largest Member Months

SPD



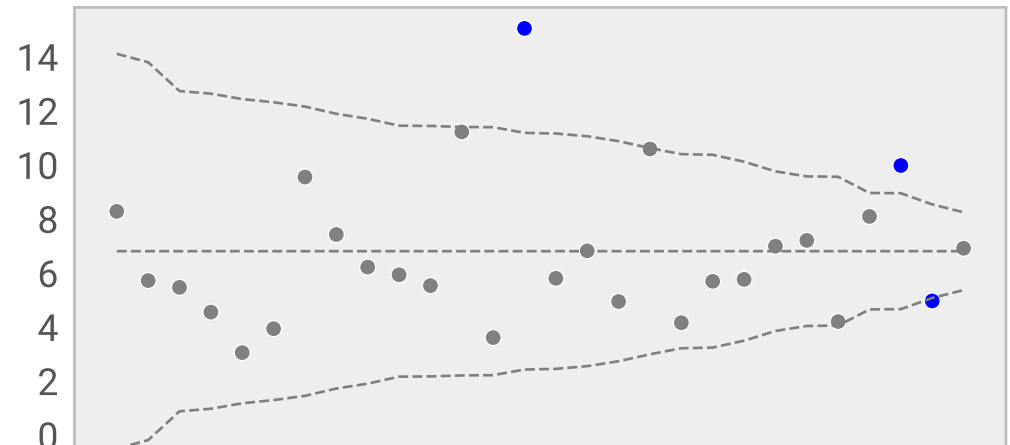
PPGs Sorted from Smallest to Largest Member Months

TANF - Adult



PPGs Sorted from Smallest to Largest Member Months

TANF - Child



PPGs Sorted from Smallest to Largest Member Months

"Potentially Avoidable" identification uses the Agency for Health Research and Quality's Emergency Department Prevention Quality Indicator logic.

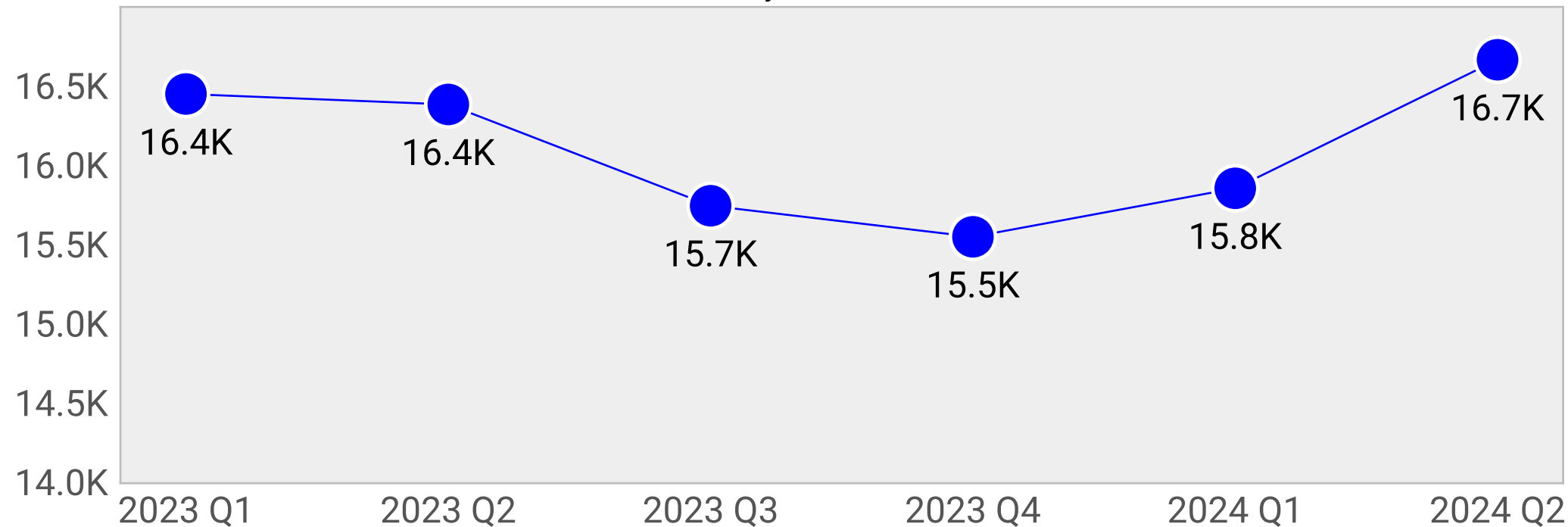
Total Members Receiving CalAIM Community Support Services from January 2024 to June 2024: 18,219



Total Members Enrolled in Enhanced Care Management in 2023: 35K

Total Contracted Providers: 84

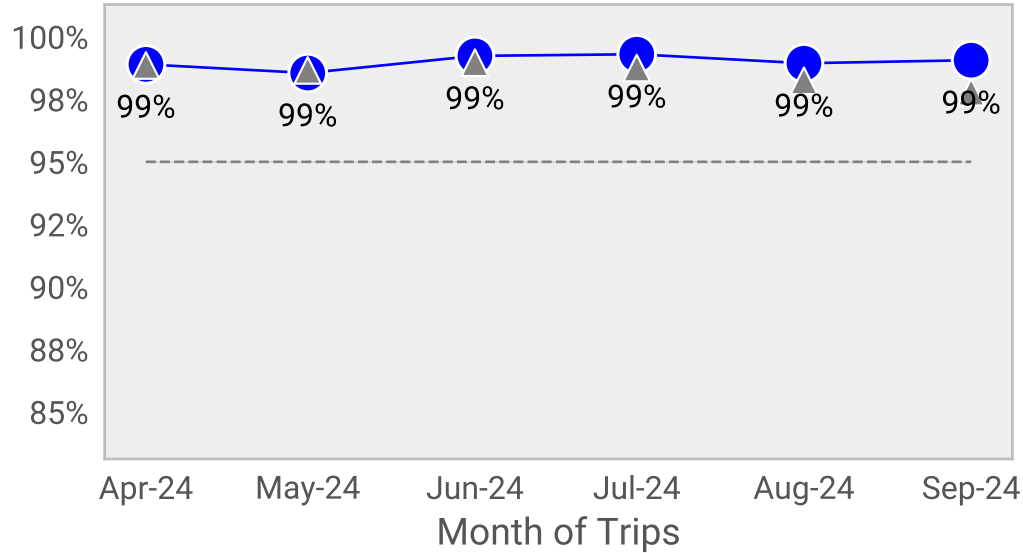
Quarterly Enrollment Trend



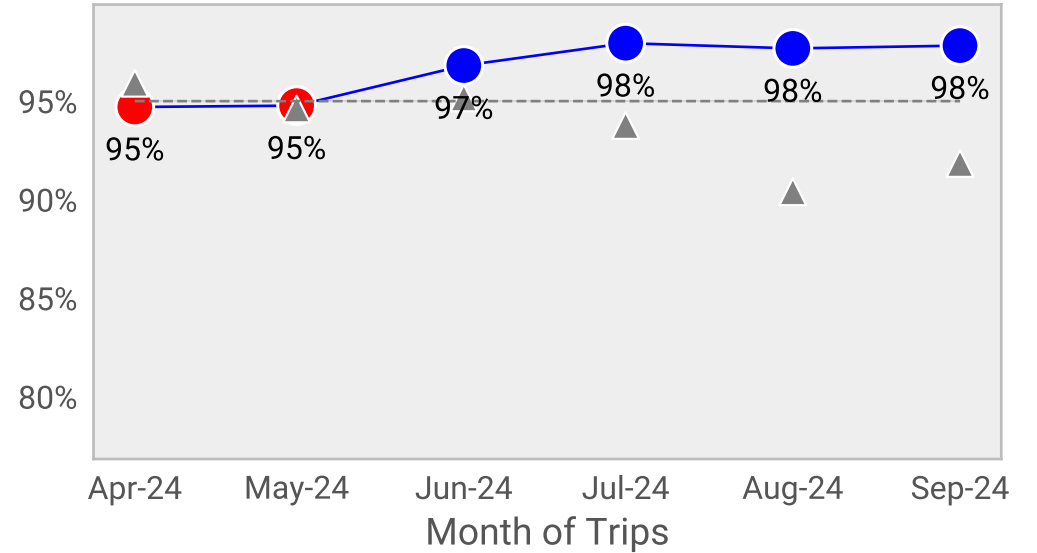
Call the Car

Call the Car On-Time Pick-Up Performance

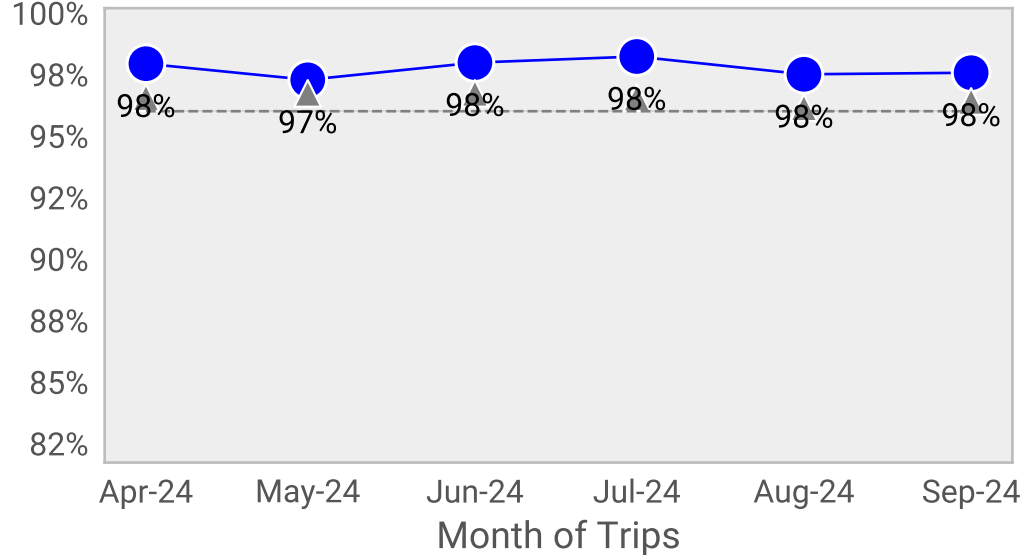
Call the Car Discharge Trips Rate



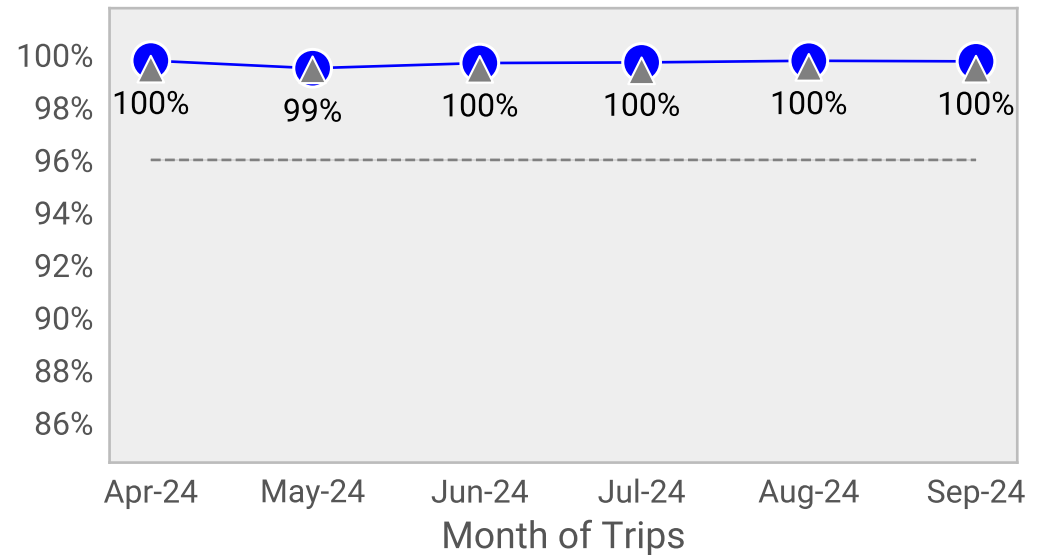
Call the Car Transfer Trips Rate



Call the Car Scheduled Trips Rate

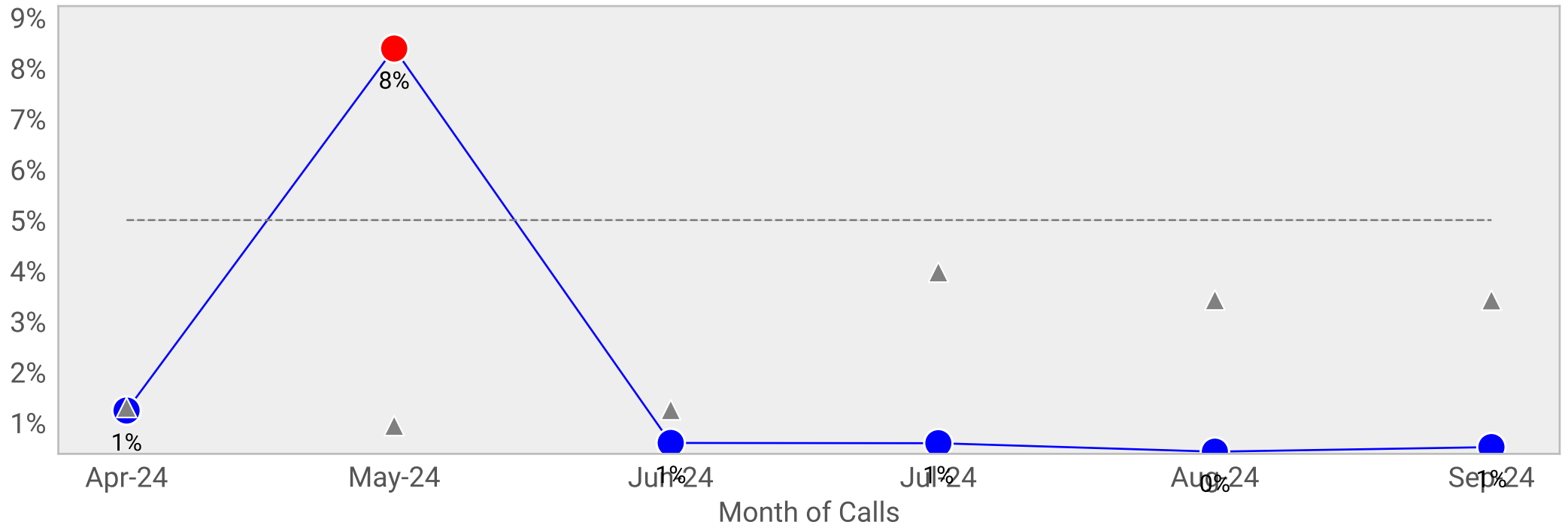


Call the Car Will Call Trips Rate



Triangles display the previous year's performance for the same month.

Call the Car Abandonment Rate

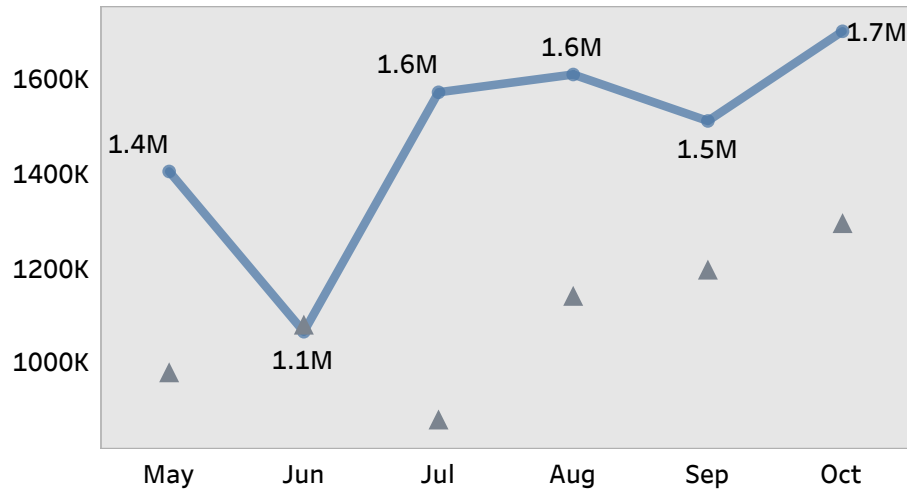


Triangles display the previous year's performance for the same month.

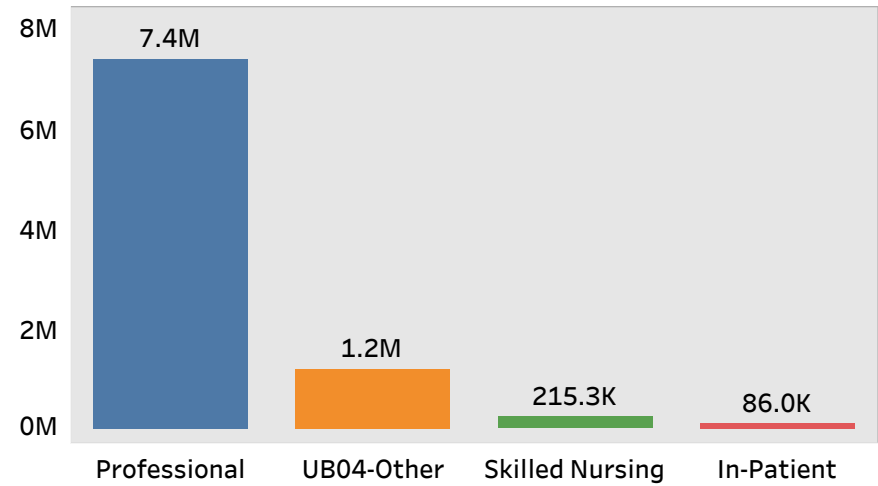
Claims Operations

MCLA Claims Received

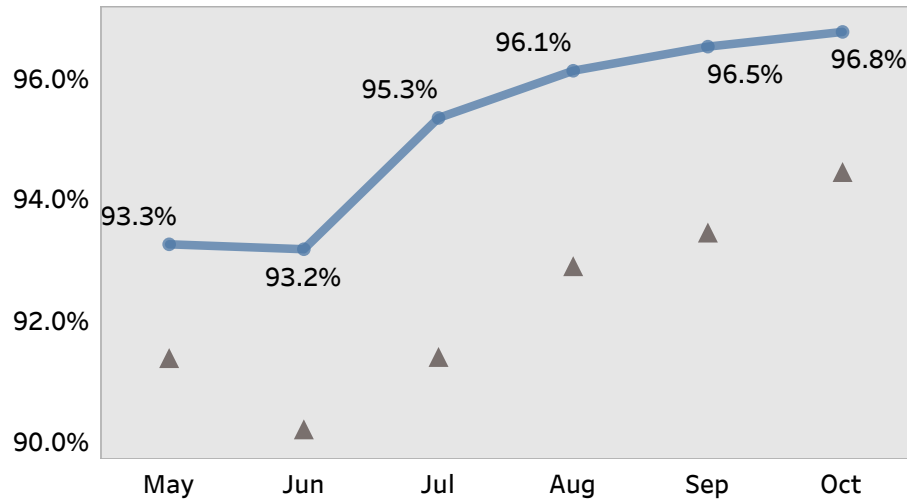
Total Claims Volume Received **May-2024 to Oct-2024**



Most Recent 6 months' Volume by Service Type **May-2024 to Oct-2024**

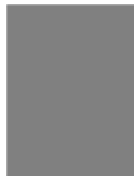


% of Claims Submitted Electronically **May-2024 to Oct-2024**



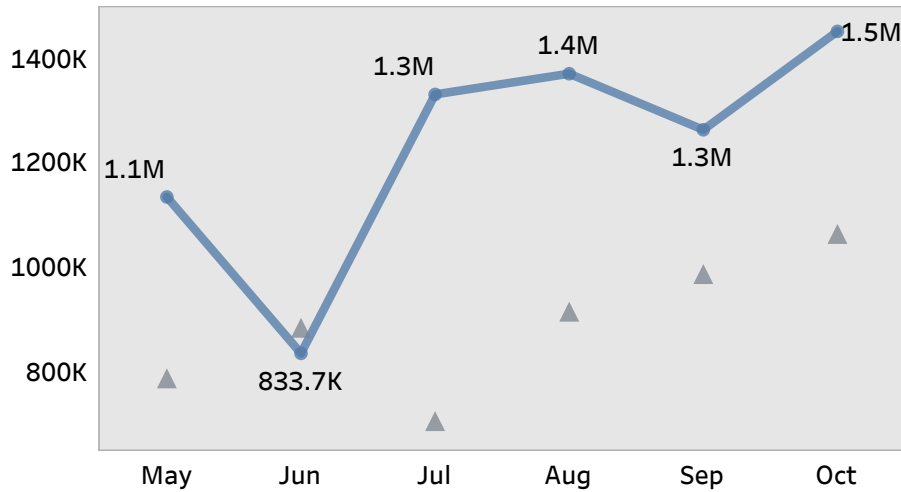
Triangles display the previous year's performance for the same month.

Charts are based on Month of Receipt.

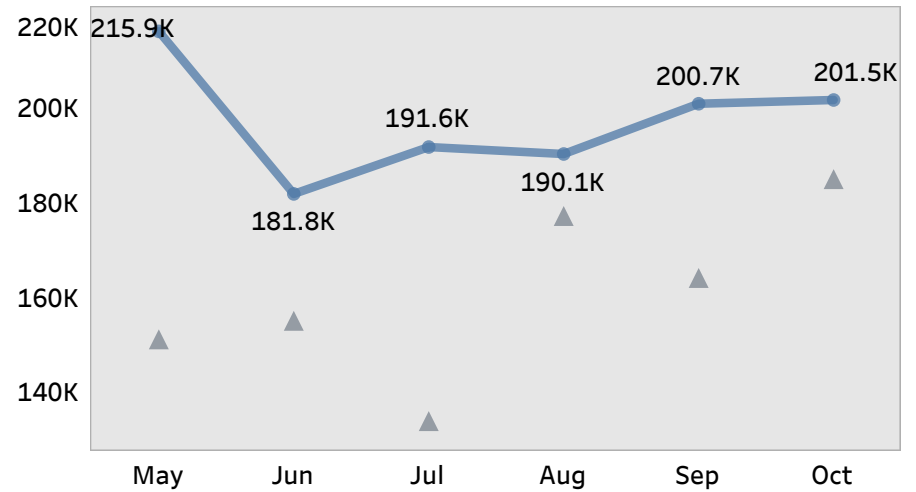


MCLA Claims Volume Received by Service Type

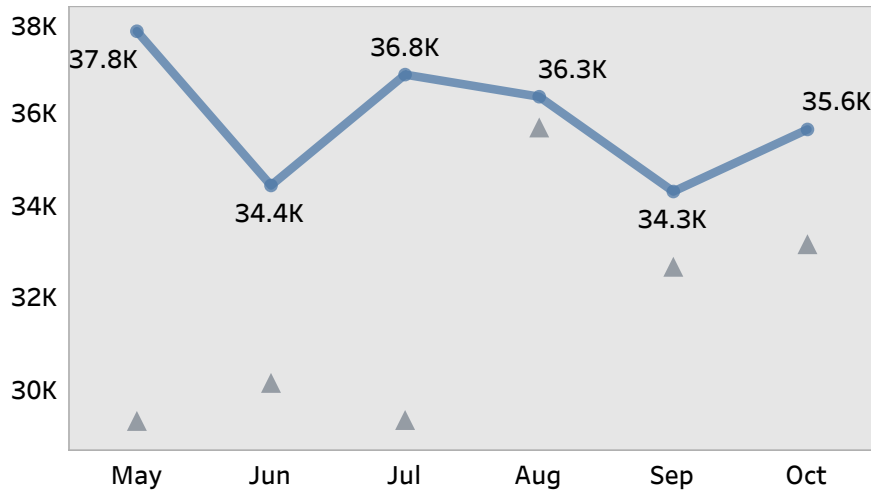
Professional May-2024 to Oct-2024



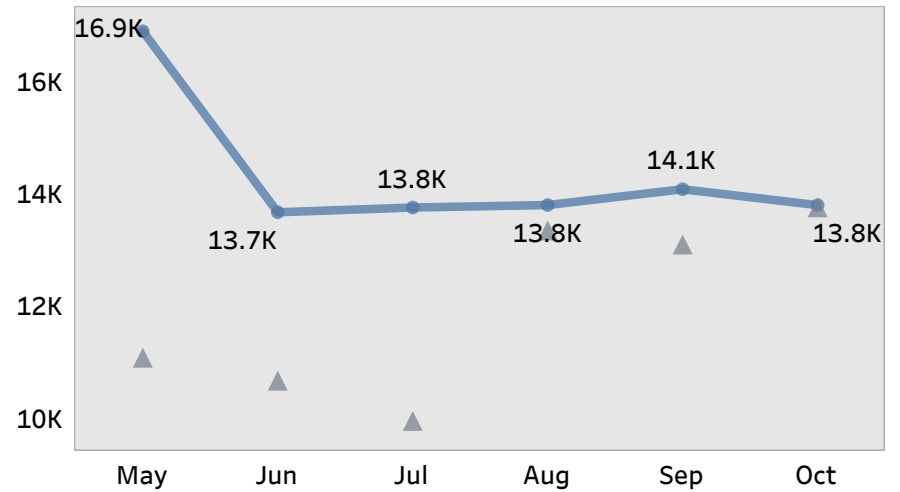
UB04 Other May-2024 to Oct-2024



Skilled Nursing May-2024 to Oct-2024



In-Patient May-2024 to Oct-2024



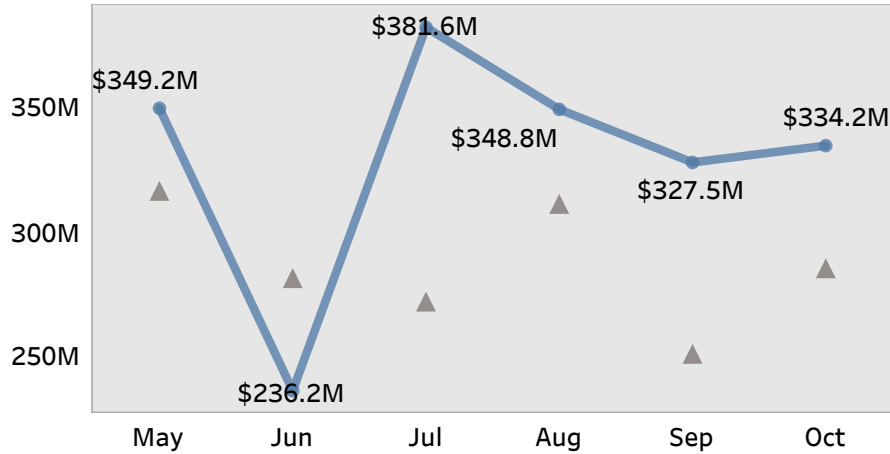
Triangles display the previous year's performance for the same month.

Charts are based on Month of Receipt.

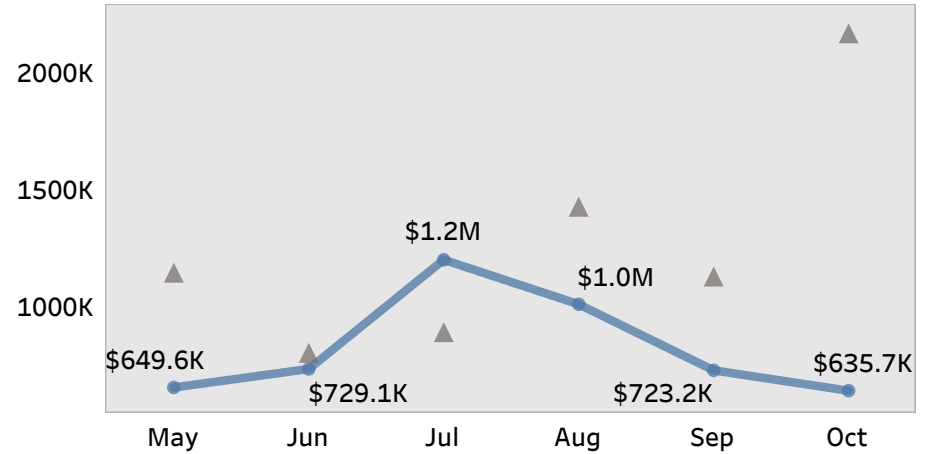


MCLA Payment Processing

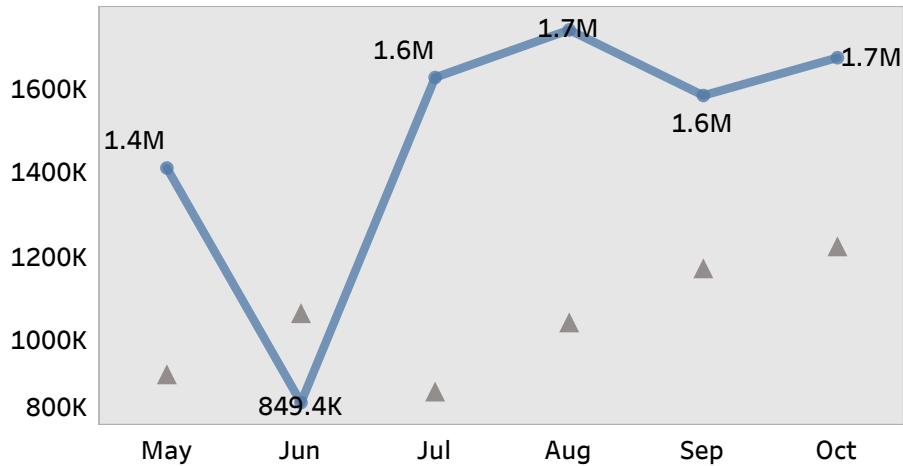
Total Paid (including Interest) May-2024 to Oct-2024



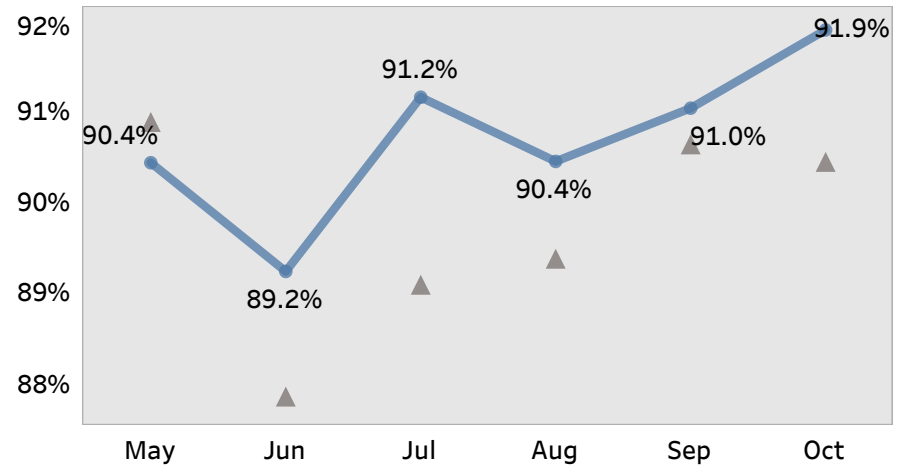
Total Interest Paid May-2024 to Oct-2024



Total First-Pass Adjudicated Claims Volume May-2024 to Oct-2024



% of First-Pass Claims Auto-Adjudicated May-2024 to Oct-2024



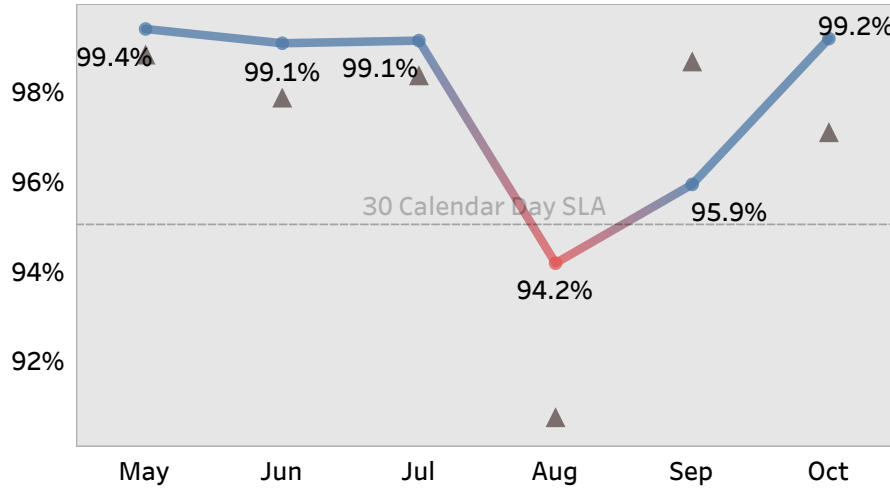
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

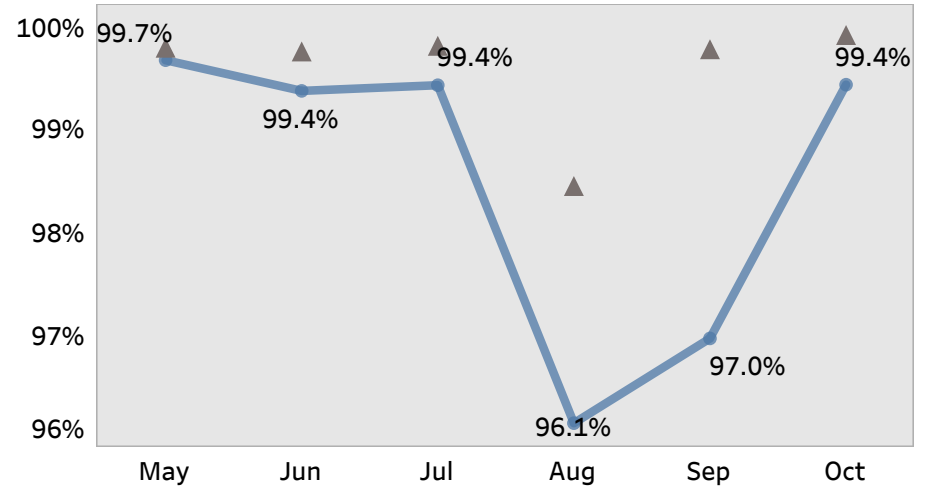


MCLA Claims Processing Timeliness - by Process Date

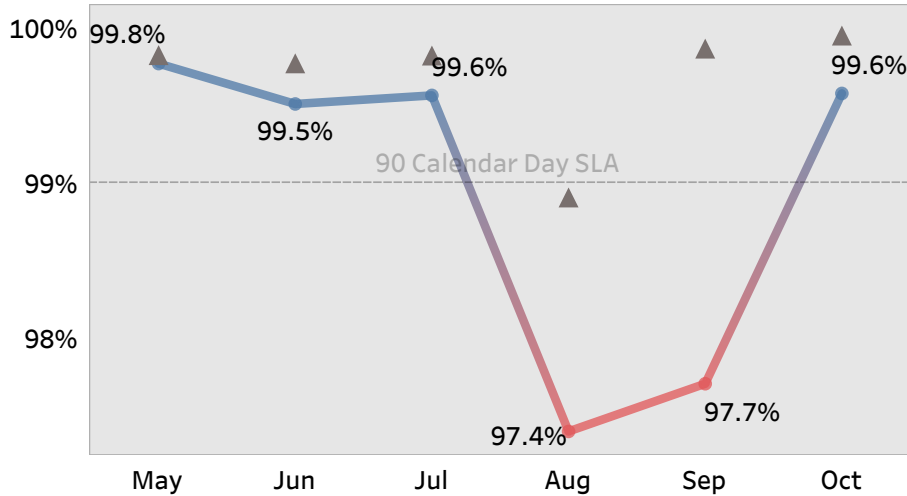
% Processed within 30 Calendar Days May-2024 to Oct-2024



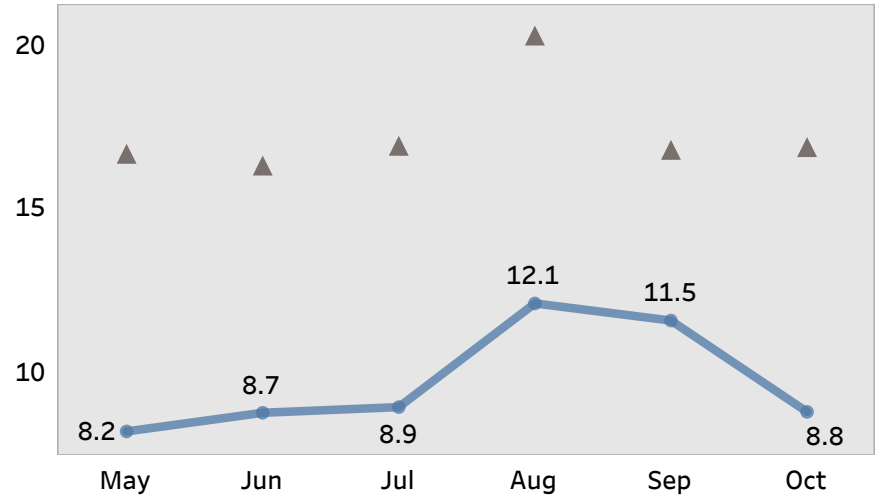
% Processed within 45 Business Days May-2024 to Oct-2024



% Processed within 90 Calendar Days May-2024 to Oct-2024

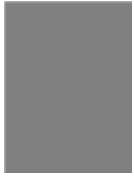


Average Calendar Days to Process May-2024 to Oct-2024



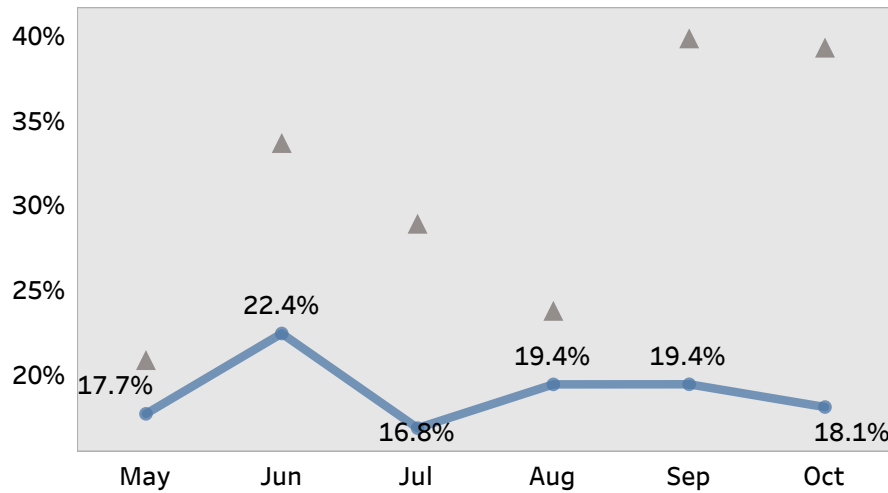
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

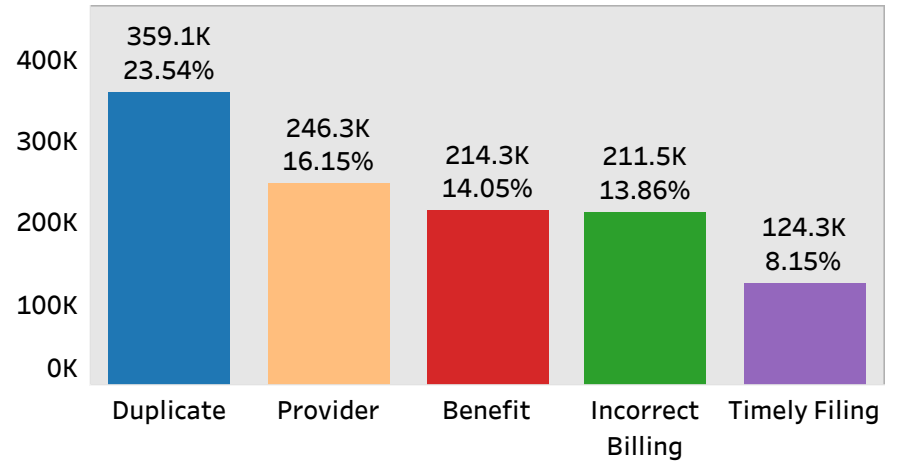


MCLA Claims Denials and Adjustments

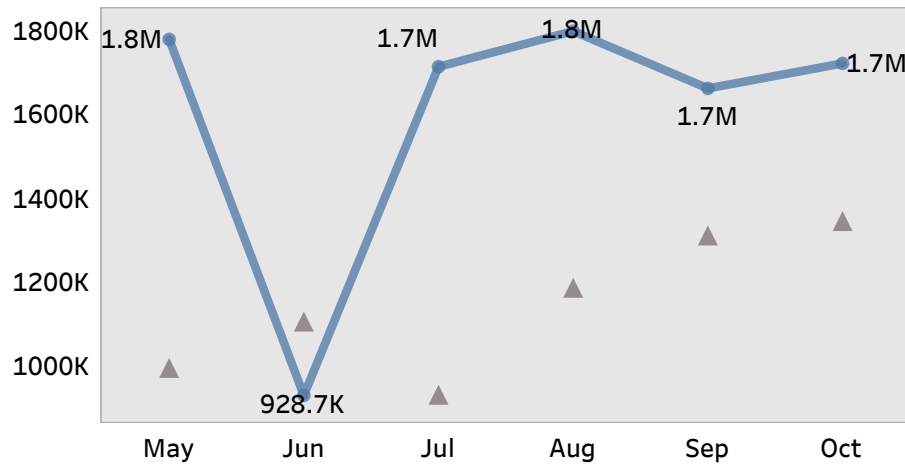
First-Pass Claims Denial Rate **May-2024 to Oct-2024**



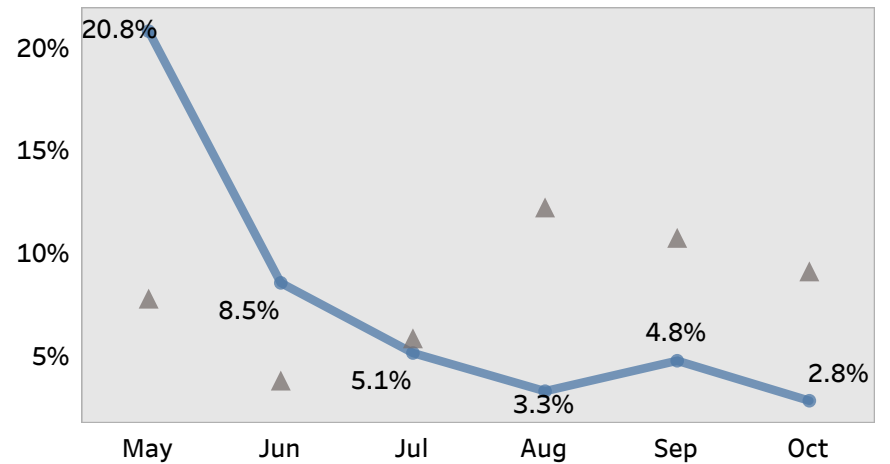
Most Recent 6 months' Denial Volume by Reason **May-2024 to Oct-2024**



Total Claims Processed (Originals + Adjustments) **May-2024 to Oct-2024**



% of Total Claims Processed that are Adjustments **May-2024 to Oct-2024**



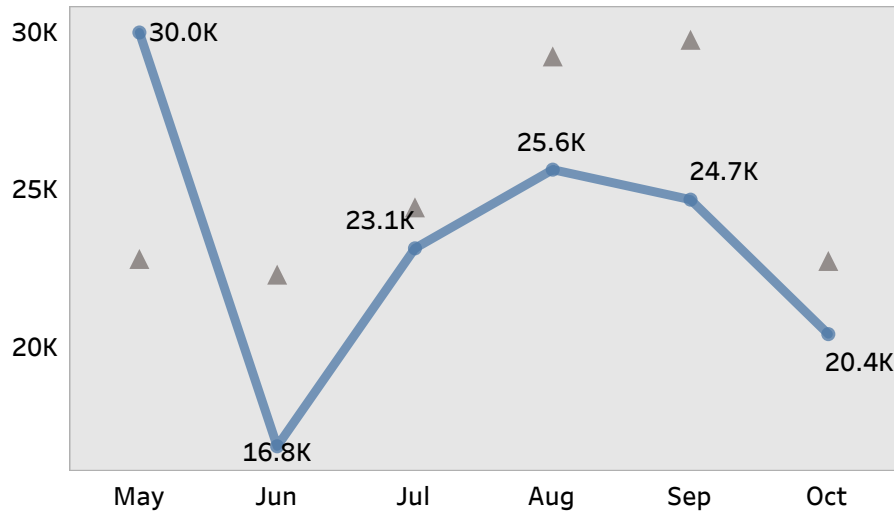
Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.

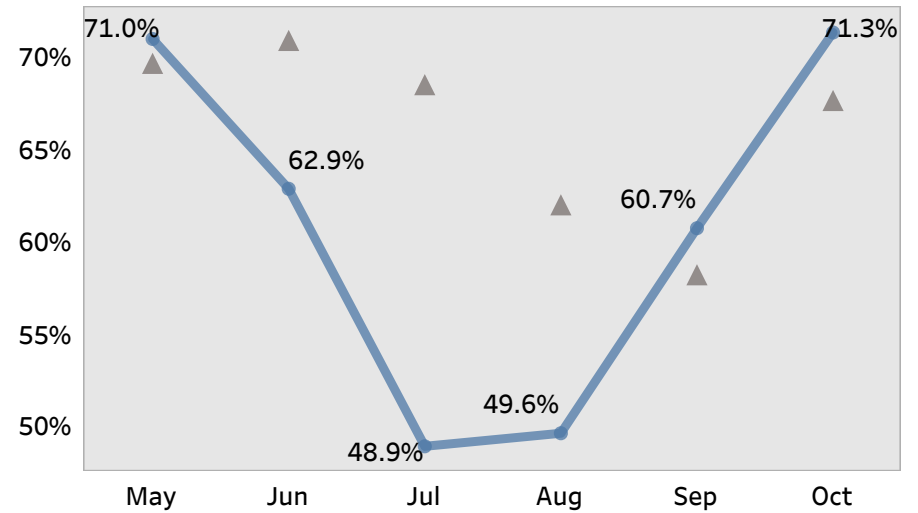


MCLA Provider Dispute Resolution Processing

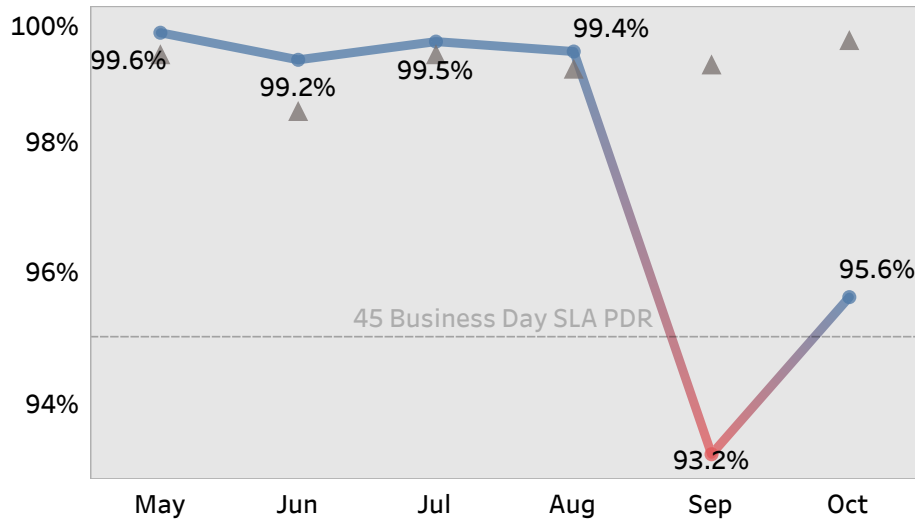
PDR Volume Received May-2024 to Oct-2024



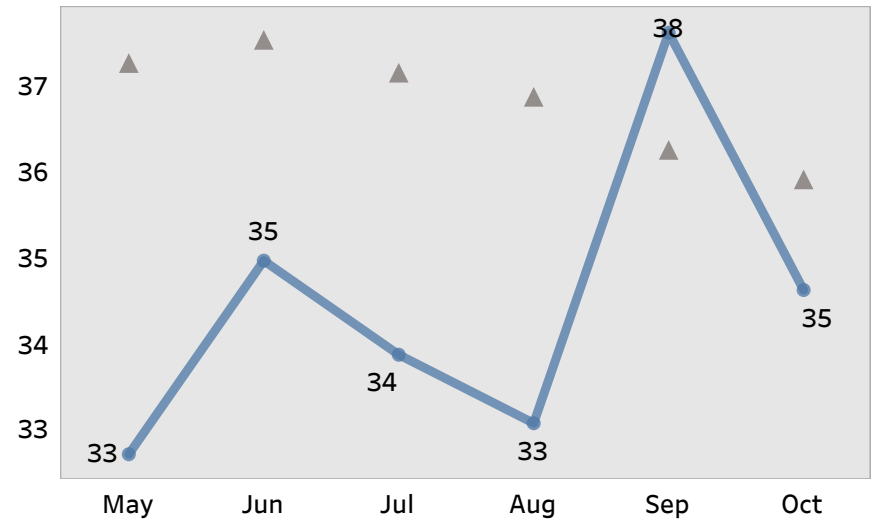
% of Closed PDR Cases that are Upheld May-2024 to Oct-2024



% Closed within 45 Business Days May-2024 to Oct-2024



Average Business Days to Process PDRs May-2024 to Oct-2024



Triangles display the previous year's performance for the same month.

Charts are based on Month of Process.



**CHIEF
FINANCIAL
OFFICER
REPORT**

Board of Governors Meeting



L.A. Care
HEALTH PLAN[®]

For All of L.A.

September 2024 YTD Financials

December 5, 2024



Agenda

Financial Performance – September 2024 MTD & FY

- Membership
- Consolidated Financial Performance
 - 4+8 Forecast vs Actuals
 - Financial Trend
 - FY 2023-24 Budget vs Actuals
 - FY 2023-24 Variance Walk – Budget vs Actuals
- Operating Margin by Segment
- Key Financial Ratios
- Tangible Net Equity & Days of Cash On-Hand Comparison

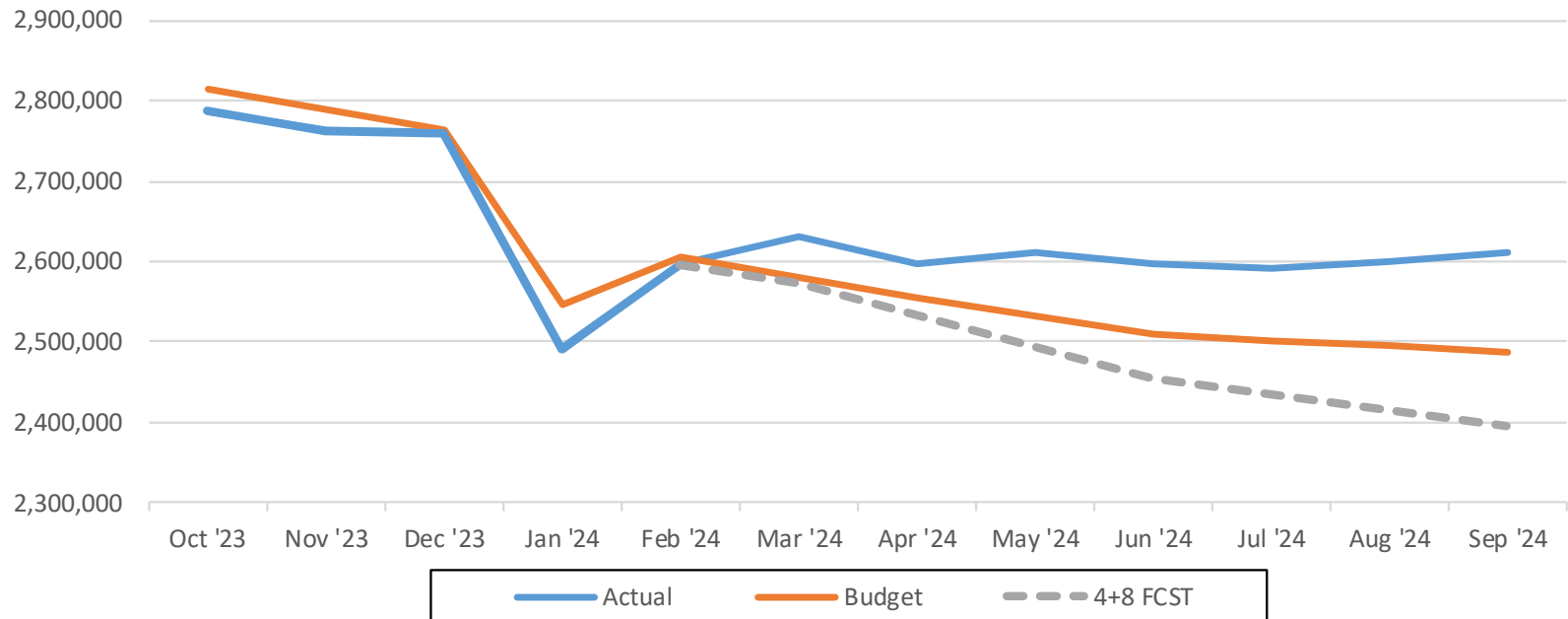
Financial Informational Updates

- Investment Transactions
- Quarterly/Annual Internal Policy Reports

Membership – September 2024 MTD & YTD

Sub-Segment	September 2024			Year-to-Date		
	Actual	4+8 FCST	Variance	Actual	4+8 FCST	Variance
Medi-Cal	2,369,174	2,177,695	191,479	29,033,725	28,205,149	828,576
D-SNP	20,175	19,876	299	231,738	230,319	1,419
LACC	192,832	171,548	21,284	2,020,004	1,921,555	77,165
PASC	49,463	47,390	2,073	585,588	575,808	9,780
*Elimination	(20,175)	(19,876)	(299)	(231,738)	(230,319)	(1,419)
Consolidated	2,611,469	2,396,633	214,836	31,639,317	30,702,512	936,805

*D-SNP members included in MCLA membership under CCI.



Consolidated Financial Performance – September 2024

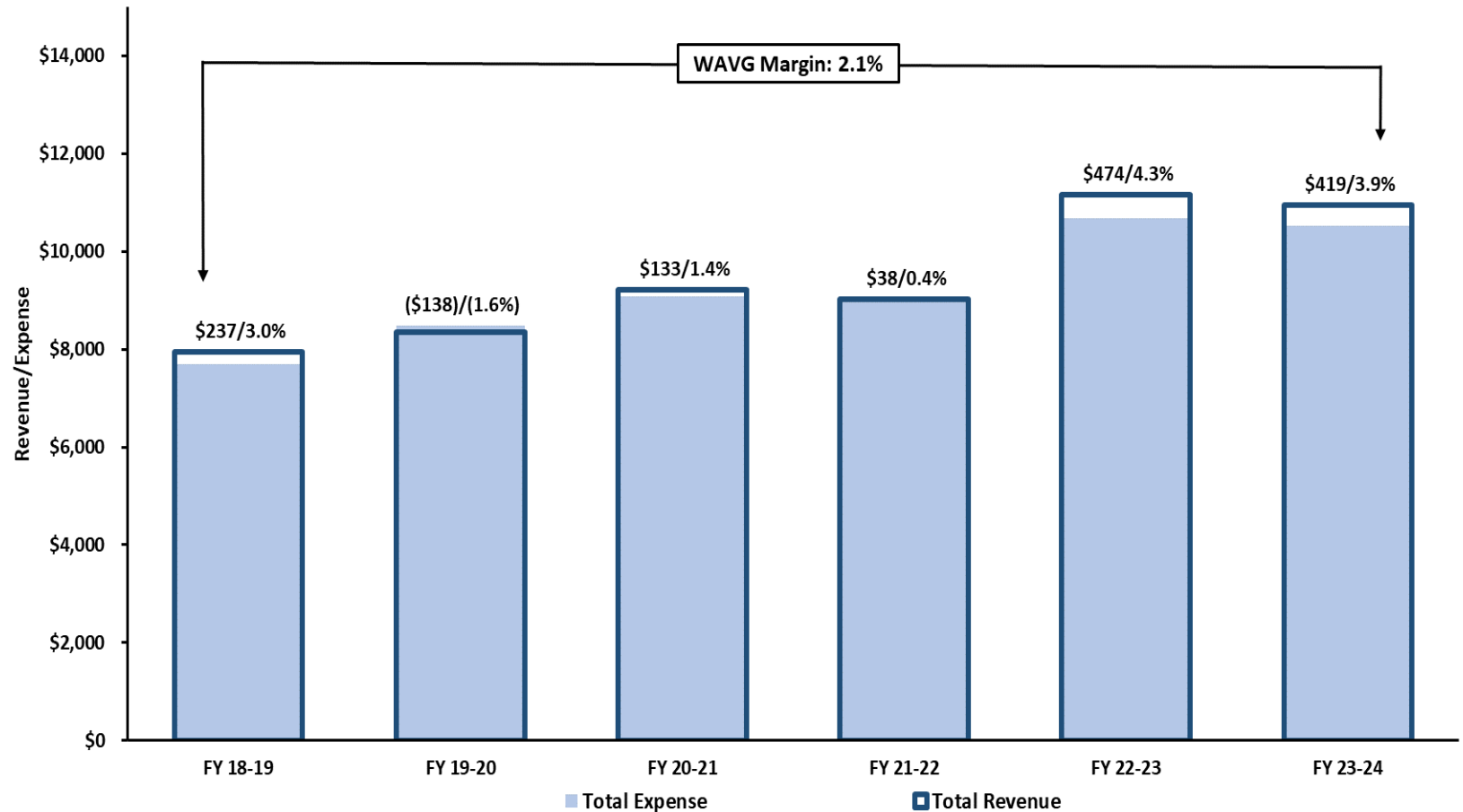
(\$ in Thousands)	Actual	4+8 FCST	Variance
Member Months	2,611,469	2,396,633	214,836
Total Revenues	\$978,046	\$783,404	\$194,642
Total Healthcare Expenses	\$786,718	\$800,134	\$13,417
Operating Margin	\$191,329	(\$16,730)	\$208,059
<i>Operating Margin (excl HHIP/IPP)</i>	<i>\$191,266</i>	<i>(\$24,759)</i>	<i>\$216,025</i>
Total Admin Expenses	\$59,457	\$54,816	(\$4,640)
Income/(Loss) from Operations	\$131,872	(\$71,547)	\$203,419
<i>Income/(Loss) from Operations excl HHIP/IPP</i>	<i>\$135,072</i>	<i>(\$79,130)</i>	<i>\$214,202</i>
Non-Operating Income (Expense)	(\$742)	\$10,612	(\$11,353)
Net Surplus/(Deficit)	\$131,130	(\$60,935)	\$192,065
<i>Net Surplus/(Deficit) (excl HHIP/IPP)</i>	<i>\$134,330</i>	<i>(\$68,518)</i>	<i>\$202,848</i>



Consolidated Financial Performance – Sept 2024 YTD

(\$ in Thousands)	Actual	4+8 FCST	Variance
Member Months	31,639,317	30,702,512	936,805
Total Revenues	\$10,913,527	\$10,618,166	\$295,361
Total Healthcare Expenses	\$9,904,027	\$9,901,040	(\$2,987)
Operating Margin	\$1,009,500	\$717,126	\$292,374
<i>Operating Margin (excl HHIP/IPP)</i>	<i>\$895,726</i>	<i>\$614,646</i>	<i>\$281,080</i>
Total Admin Expenses	\$654,139	\$634,687	(\$19,452)
Income/(Loss) from Operations	\$355,361	\$82,439	\$272,922
<i>Income/(Loss) from Operations (excl HHIP/IPP)</i>	<i>\$247,532</i>	<i>(\$17,254)</i>	<i>\$264,786</i>
Non-Operating Income (Expense)	\$171,362	\$164,124	\$7,238
Net Surplus/(Deficit)	\$526,723	\$246,562	\$280,160
<i>Net Surplus/(Deficit) (excl HHIP/IPP)</i>	<i>\$418,894</i>	<i>\$146,870</i>	<i>\$272,023</i>

Consolidated Financial Performance (\$M) – Six Year Trend

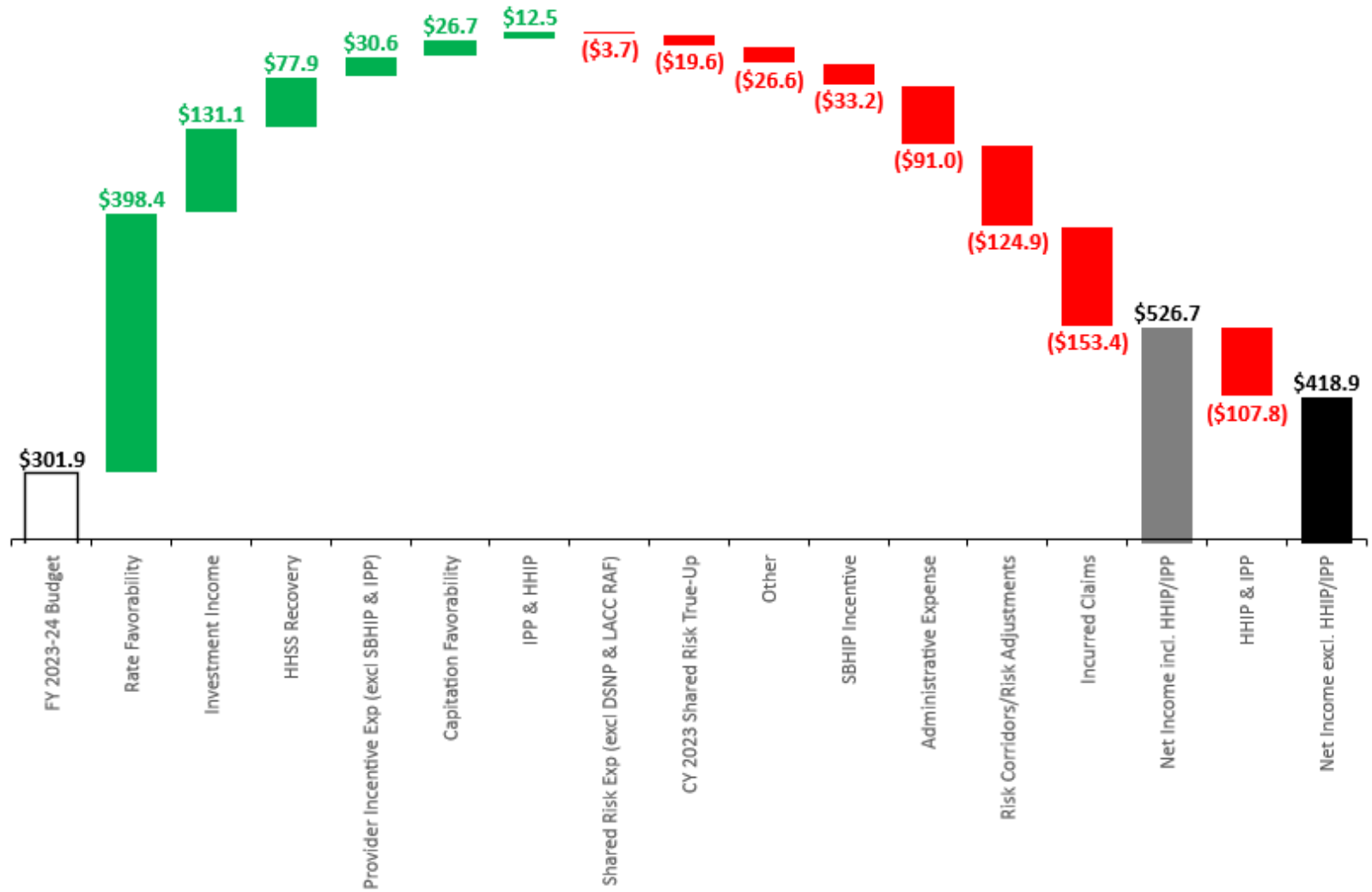


Consolidated YTD Financial Performance vs Budget

(\$ in Thousands)	Actual	Budget	Variance
Member Months	31,639,317	31,185,973	453,344
Total Revenues	\$10,913,527	\$11,035,592	(\$122,065)
Total Healthcare Expenses	\$9,904,027	\$10,198,783	\$294,756
Operating Margin	\$1,009,500	\$836,809	\$172,691
<i>Operating Margin (excl HHIP/IPP)</i>	<i>\$895,726</i>	<i>\$740,465</i>	<i>\$155,261</i>
Total Admin Expenses	\$654,139	\$558,224	(\$95,915)
Income/(Loss) from Operations	\$355,361	\$278,585	\$76,776
<i>Income/(Loss) from Operations excl HHIP/IPP</i>	<i>\$247,532</i>	<i>\$183,289</i>	<i>\$64,243</i>
Non-Operating Income (Expense)	\$171,362	\$23,329	\$148,032
Net Surplus	\$526,723	\$301,914	\$224,808
<i>Net Surplus (excl HHIP/IPP)</i>	<i>\$418,894</i>	<i>\$206,618</i>	<i>\$212,275</i>



FY 2023-24 Variance Walk – Budget vs. Actuals



Operating Margin by Segment – September 2024 YTD

(\$ in Thousands)

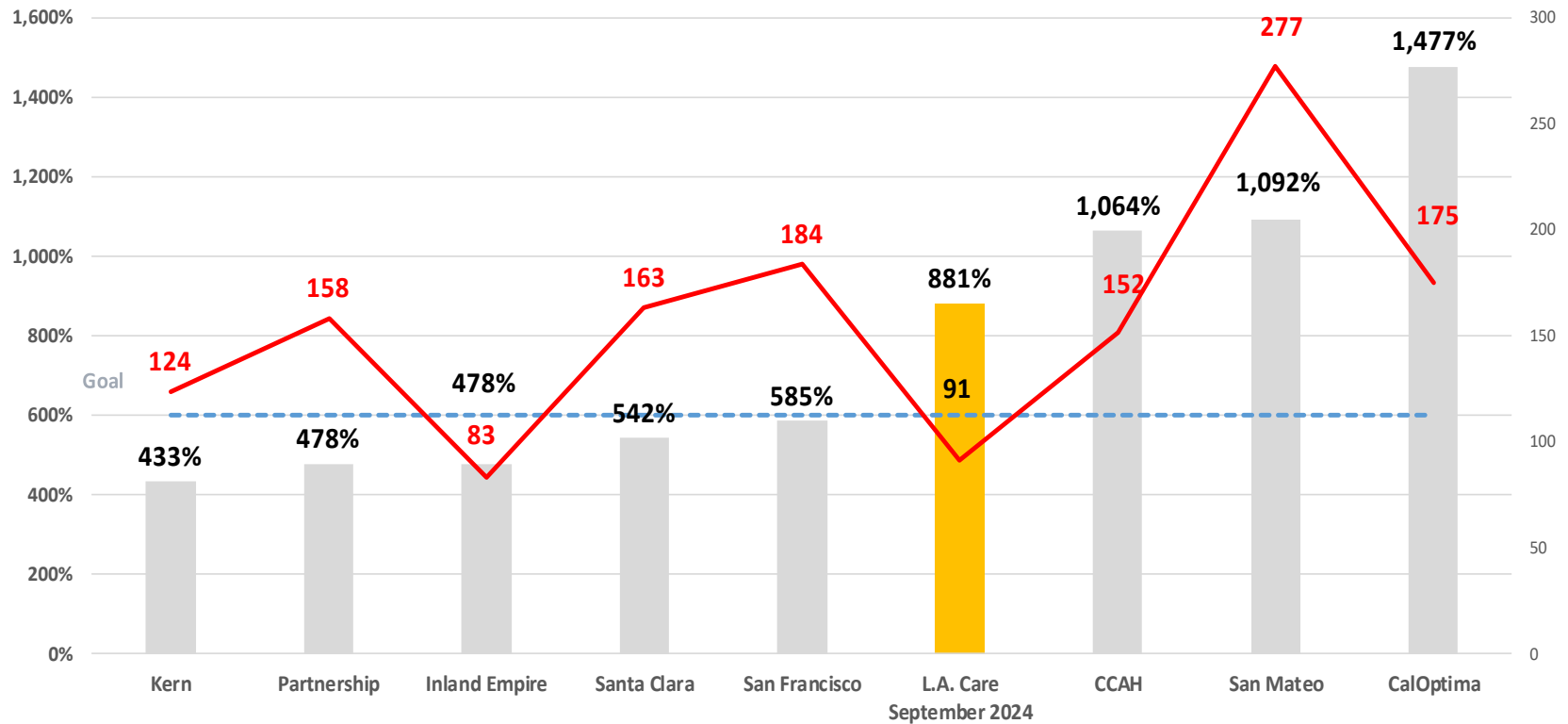
	Medi-Cal	D-SNP	LACC	PASC	Other	Total	Total (excl HHIP/IPP)
Revenue	\$9,670,490	\$346,297	\$570,633	\$185,033	\$141,074	\$10,913,527	\$10,770,300
Healthcare Exp.	\$8,895,651	\$296,972	\$500,396	\$185,000	\$26,009	\$9,904,027	\$9,874,575
Operating Margin	\$774,839	\$49,325	\$70,237	\$34	\$115,065	\$1,009,500	\$895,726
MCR %	92.0%	85.8%	87.7%	100.0%	N/A	90.8%	91.7%
4+8 FCST %	95.0%	90.6%	79.0%	100.7%	N/A	93.3%	94.1%

Key Financial Ratios – September 2024 YTD

(Excl. HHIP/IPP)	Actual	4+8 FCST	
MCR	91.7%	vs. 94.1%	✓
Admin Ratio	6.0%	vs. 6.1%	✓

	Actual	Benchmark	
Working Capital	1.47	vs. 1.00+	✓
Cash to Claims	0.98	vs. 0.75+	✓
Tangible Net Equity	8.81	vs. 1.30+	✓

Tangible Net Equity & Days of Cash On-Hand



• As of June 2024 Quarterly filings, unless noted otherwise.

Questions & Considerations

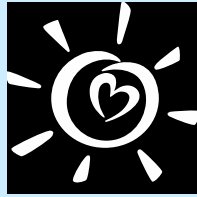
Motion

- To accept the Financial Report for the twelve months ended September 30, 2024.

Investment Transactions

- As of September 30, 2024, L.A. Care's total investment market value was \$3.6B
 - \$3.4 billion managed by Payden & Rygel and New England Asset Management (NEAM)
 - \$125 million in BlackRock Liquidity T-Fund
 - \$11 million in Los Angeles County Pooled Investment Fund
 - \$6 million in Local Agency Investment Fund

Quarterly/Annual Internal Policy Reports



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: November 20, 2024

Motion No. FIN 107.1124

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 September 2024.

Background: N/A

Member Impact: N/A

Budget Impact: N/A

Motion: To accept the Financial Reports for September 2024, as submitted.



Financial Performance
September 2024
(Unaudited)

Overall (incl. HHIP/IPP)

L.A. Care total YTD combined member months are 31.6M, +937K favorable to forecast. September YTD financial performance resulted in a surplus of +\$526.7M or 4.8% margin and is +\$280.2M/+251bps favorable to forecast. The YTD favorability is driven by higher revenue +\$295.4M, lower capitation expense +\$243.6M, timing of provider incentives and shared risk +\$43.0M, higher unrealized gains +\$13.1M, and higher interest income +\$6.1M; partially offset by higher inpatient (\$99.2M), skilled nursing (\$94.3M), and outpatient (\$77.4M) claims, higher operating expenses (\$19.5M), higher pharmacy claims (\$13.2M), and higher other income (expense), net (\$10.0M).

Medi-Cal

Medi-Cal consists of members through our contracted providers and our contracted health plans ("Plan Partners"). September YTD member months are 29.0M, +829K favorable to forecast. September YTD financial performance resulted in a surplus of +\$513.0M or 5.3% margin, +\$368.3M/+375bps favorable to forecast, driven by higher revenue +\$303.9M, lower capitation expense +\$244.3M, lower operating expenses +\$30.8M, higher interest income +\$17.3M, timing of provider incentives and shared risk +\$14.2M, and unrealized gains of \$12.9M; partially offset by higher outpatient (\$95.7M), skilled nursing (\$87.8M), and inpatient claims (\$64.6M).

D-SNP

Effective January 1, 2023, members enrolled in CMC have been transitioned to our D-SNP plan. September YTD member months are 232K, +1.4K favorable to forecast. September YTD financial performance resulted in a surplus of +\$19.1M or 5.5% margin, +\$13.8M/+393bps favorable to forecast, primarily driven by higher revenue +\$14.3M, lower outpatient +\$10.9M, inpatient +\$10.4M, and pharmacy +\$2.5M claims; partially offset by timing of provider incentives and shared risk (\$6.9M), higher skilled nursing claims (\$5.8M), higher operating expenses (\$4.7M), and higher capitation expense (\$4.5M).

Commercial

L.A. Care Commercial consists of LACC and PASC-SEIU. September YTD member months are 2.6M, favorable +108K to forecast. September YTD financial performance resulted in a deficit of (\$67.5M) or (8.9%) margin, (\$95.9M)/(1,276bps) unfavorable to forecast, driven by higher inpatient claims (\$45.2M), higher operating expenses (\$40.1M), higher pharmacy claims (\$15.6M), and lower net interest income (\$9.6M); partially offset by higher revenue +\$12.9M.

Incentive Programs

L.A. Care Incentive Programs consist of CalAIM Incentive Payment Program (IPP) and Housing and Homelessness Incentive Program (HHIP). September YTD financial performance resulted in a surplus of +\$107.8M, +\$8.1M favorable to forecast, primarily driven by the timing of healthcare expenses +\$44.5M; partially offset by the timing of revenue (\$33.2M) and higher operating expenses (\$3.2M).

Consolidated Operations Income Statement (\$ in thousands)

September 2024

Current Actual	PMPM	Current 4+8 Forecast	PMPM	Current Fav/(Unfav)	PMPM
2,611,469		2,396,632		214,837	
\$ 978,046	\$ 374.52	\$ 783,404	\$ 326.88	\$ 194,642	\$ 47.64
\$ 978,046	\$ 374.52	\$ 783,404	\$ 326.88	\$ 194,642	\$ 47.64
\$ 301,785	\$ 115.56	\$ 427,695	\$ 178.46	\$ 125,910	\$ 62.90
\$ 158,993	\$ 60.88	\$ 111,904	\$ 46.69	\$ (47,089)	\$ (14.19)
\$ 144,171	\$ 55.21	\$ 118,419	\$ 49.41	\$ (25,752)	\$ (5.80)
\$ 122,553	\$ 46.93	\$ 94,434	\$ 39.40	\$ (28,119)	\$ (7.53)
\$ 18,952	\$ 7.26	\$ 15,524	\$ 6.48	\$ (3,428)	\$ (0.78)
\$ 12,584	\$ 4.82	\$ 21,229	\$ 8.86	\$ 8,644	\$ 4.04
\$ 27,679	\$ 10.60	\$ 10,930	\$ 4.56	\$ (16,750)	\$ (6.04)
\$ 786,718	\$ 301.25	\$ 800,134	\$ 333.86	\$ 13,417	\$ 32.60
80.4%		102.1%		21.7%	
\$ 191,329	\$ 73.26	\$ (16,730)	\$ (6.98)	\$ 208,059	\$ 80.25
\$ 59,457	\$ 22.77	\$ 54,816	\$ 22.87	\$ (4,640)	\$ 0.10
6.1%		7.0%		0.9%	
\$ 131,872	\$ 50.50	\$ (71,547)	\$ (29.85)	\$ 203,419	\$ 80.35
13.5%		(9.1%)		22.6%	
\$ 16,689	\$ 6.39	\$ 15,774	\$ 6.58	\$ 915	\$ (0.19)
\$ (21,551)	\$ (8.25)	\$ (5,162)	\$ (2.15)	\$ (16,388)	\$ (6.10)
\$ 154	\$ 0.06	\$ -	\$ -	\$ (154)	\$ (0.06)
\$ 4,312	\$ 1.65	\$ -	\$ -	\$ 4,312	\$ 1.65
\$ (742)	\$ (0.28)	\$ 10,612	\$ 4.43	\$ (11,353)	\$ (4.71)
\$ 131,130	\$ 50.21	\$ (60,935)	\$ (25.43)	\$ 192,065	\$ 75.64
13.4%		(7.8%)		21.2%	

	YTD Actual	PMPM	YTD 4+8 Forecast	PMPM	YTD Fav/(Unfav)	PMPM
Membership						
Member Months	31,639,317		30,702,513		936,804	
Revenue						
Capitation Revenue	\$ 10,913,527	\$ 344.94	\$ 10,618,166	\$ 345.84	\$ 295,361	\$ (0.90)
Total Revenues	\$ 10,913,527	\$ 344.94	\$ 10,618,166	\$ 345.84	\$ 295,361	\$ (0.90)
Healthcare Expenses						
Capitation	\$ 5,240,450	\$ 165.63	\$ 5,484,095	\$ 178.62	\$ 243,645	\$ 12.99
Inpatient Claims	\$ 1,421,328	\$ 44.92	\$ 1,322,142	\$ 43.06	\$ (99,187)	\$ (1.86)
Outpatient Claims	\$ 1,438,278	\$ 45.46	\$ 1,360,831	\$ 44.32	\$ (77,447)	\$ (1.14)
Skilled Nurse Facility	\$ 1,271,317	\$ 40.18	\$ 1,177,024	\$ 38.34	\$ (94,294)	\$ (1.85)
Pharmacy	\$ 193,061	\$ 6.10	\$ 179,862	\$ 5.86	\$ (13,199)	\$ (0.24)
Provider Incentive and Shared Risk	\$ 194,022	\$ 6.13	\$ 237,045	\$ 7.72	\$ 43,023	\$ 1.59
Medical Administrative Expenses	\$ 145,571	\$ 4.60	\$ 140,042	\$ 4.56	\$ (5,528)	\$ (0.04)
Total Healthcare Expenses	\$ 9,904,027	\$ 313.03	\$ 9,901,040	\$ 322.48	\$ (2,987)	\$ 9.45
<i>MCR (%)</i>	90.8%		93.2%		2.5%	
Operating Margin	\$ 1,009,500	\$ 31.91	\$ 717,126	\$ 23.36	\$ 292,374	\$ 8.55
Total Operating Expenses	\$ 654,139	\$ 20.67	\$ 634,687	\$ 20.67	\$ (19,452)	\$ (0.00)
<i>Admin Ratio (%)</i>	6.0%		6.0%		(0.0%)	
Income (Loss) from Operations	\$ 355,361	\$ 11.23	\$ 82,439	\$ 2.69	\$ 272,922	\$ 8.55
<i>Margin before Non-Operating Inc/(Exp) Ratio (%)</i>	3.3%		0.8%		2.5%	
Interest Income,Net	\$ 190,785	\$ 6.03	\$ 184,649	\$ 6.01	\$ 6,136	\$ 0.02
Other Income (Expense),Net	\$ (44,413)	\$ (1.40)	\$ (34,453)	\$ (1.12)	\$ (9,960)	\$ (0.28)
Realized Gain/Loss	\$ 3,020	\$ 0.10	\$ 987	\$ 0.03	\$ (2,034)	\$ (0.06)
Unrealized Gain/Loss	\$ 28,038	\$ 0.89	\$ 14,904	\$ 0.49	\$ 13,134	\$ 0.40
Total Non-Operating Income/(Expense)	\$ 171,362	\$ 5.42	\$ 164,124	\$ 5.35	\$ 7,238	\$ 0.07
Net Surplus/(Deficit)	\$ 526,723	\$ 16.65	\$ 246,562	\$ 8.03	\$ 280,160	\$ 8.62
<i>Margin (%)</i>	4.8%		2.3%		2.5%	

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

September 2024

Current Actual		Current 4+8 Forecast		Current Fav/(Unfav)		YTD Actual		YTD 4+8 Forecast		YTD Fav/(Unfav)	
PMPM		PMPM		PMPM		PMPM		PMPM		PMPM	
2,369,174		2,177,694		191,480		29,033,725		28,205,150		828,575	
\$ 878,910	\$ 370.98	\$ 670,431	\$ 307.86	\$ 208,479	\$ 63.11	\$ 9,670,490	\$ 333.08	\$ 9,366,623	\$ 332.09	\$ 303,867	\$ 0.99
\$ 878,910	\$ 370.98	\$ 670,431	\$ 307.86	\$ 208,479	\$ 63.11	\$ 9,670,490	\$ 333.08	\$ 9,366,623	\$ 332.09	\$ 303,867	\$ 0.99
\$ 273,211	\$ 115.32	\$ 397,952	\$ 182.74	\$ 124,741	\$ 67.42	\$ 4,901,930	\$ 168.84	\$ 5,146,246	\$ 182.46	\$ 244,316	\$ 13.62
\$ 125,175	\$ 52.83	\$ 93,654	\$ 43.01	\$ (31,520)	\$ (9.83)	\$ 1,191,074	\$ 41.02	\$ 1,126,426	\$ 39.94	\$ (64,648)	\$ (1.09)
\$ 129,617	\$ 54.71	\$ 101,828	\$ 46.76	\$ (27,789)	\$ (7.95)	\$ 1,289,048	\$ 44.40	\$ 1,193,338	\$ 42.31	\$ (95,710)	\$ (2.09)
\$ 121,663	\$ 51.35	\$ 94,434	\$ 43.36	\$ (27,228)	\$ (7.99)	\$ 1,261,574	\$ 43.45	\$ 1,173,740	\$ 41.61	\$ (87,834)	\$ (1.84)
\$ 3	\$ 0.00	\$ -	\$ -	\$ (3)	\$ (0.00)	\$ 181	\$ 0.01	\$ 141	\$ 0.00	\$ (40)	\$ (0.00)
\$ 9,222	\$ 3.89	\$ 9,956	\$ 4.57	\$ 734	\$ 0.68	\$ 120,383	\$ 4.15	\$ 134,555	\$ 4.77	\$ 14,172	\$ 0.62
\$ 24,270	\$ 10.24	\$ 9,713	\$ 4.46	\$ (14,557)	\$ (5.78)	\$ 131,460	\$ 4.53	\$ 125,978	\$ 4.47	\$ (5,482)	\$ (0.06)
\$ 683,160	\$ 288.35	\$ 707,538	\$ 324.90	\$ 24,378	\$ 36.55	\$ 8,895,651	\$ 306.39	\$ 8,900,425	\$ 315.56	\$ 4,774	\$ 9.17
77.7%		105.5%		27.8%		92.0%		95.0%		3.0%	
\$ 195,750	\$ 82.62	\$ (37,107)	\$ (17.04)	\$ 232,857	\$ 99.66	\$ 774,839	\$ 26.69	\$ 466,198	\$ 16.53	\$ 308,641	\$ 10.16
\$ 36,664	\$ 15.48	\$ 41,582	\$ 19.09	\$ 4,918	\$ 3.62	\$ 470,552	\$ 16.21	\$ 501,376	\$ 17.78	\$ 30,825	\$ 1.57
4.2%		6.2%		2.0%		4.9%		5.4%		0.5%	
\$ 159,085	\$ 67.15	\$ (78,690)	\$ (36.13)	\$ 237,775	\$ 103.28	\$ 304,288	\$ 10.48	\$ (35,178)	\$ (1.25)	\$ 339,466	\$ 11.73
18.1%		(11.7%)		29.8%		3.1%		(0.4%)		3.5%	
\$ 16,303	\$ 6.88	\$ 14,191	\$ 6.52	\$ 2,112	\$ 0.36	\$ 186,304	\$ 6.42	\$ 169,016	\$ 5.99	\$ 17,288	\$ 0.42
\$ (16,017)	\$ (6.76)	\$ (2,205)	\$ (1.01)	\$ (13,812)	\$ (5.75)	\$ (1,993)	\$ (0.07)	\$ (2,617)	\$ (0.09)	\$ 624	\$ 0.02
\$ 150	\$ 0.06	\$ -	\$ -	\$ (150)	\$ (0.06)	\$ 2,950	\$ 0.10	\$ 940	\$ 0.03	\$ (2,010)	\$ (0.07)
\$ 4,213	\$ 1.78	\$ -	\$ -	\$ 4,213	\$ 1.78	\$ 27,397	\$ 0.94	\$ 14,460	\$ 0.51	\$ 12,937	\$ 0.43
\$ 4,311	\$ 1.82	\$ 11,986	\$ 5.50	\$ (7,675)	\$ (3.68)	\$ 208,731	\$ 7.19	\$ 179,929	\$ 6.38	\$ 28,802	\$ 0.81
\$ 163,396	\$ 68.97	\$ (66,704)	\$ (30.63)	\$ 230,101	\$ 99.60	\$ 513,018	\$ 17.67	\$ 144,751	\$ 5.13	\$ 368,268	\$ 12.54
18.6%		(9.9%)		28.5%		5.3%		1.5%		3.8%	
Membership						Member Months					
Revenue						Capitation Revenue					
Total Revenues						Total Revenues					
Healthcare Expenses						Capitation					
						Inpatient Claims					
						Outpatient Claims					
						Skilled Nurse Facility					
						Pharmacy					
						Provider Incentive and Shared Risk					
						Medical Administrative Expenses					
Total Healthcare Expenses						Total Healthcare Expenses					
MCR (%)						MCR (%)					
Operating Margin						Operating Margin					
Total Operating Expenses						Total Operating Expenses					
Admin Ratio (%)						Admin Ratio (%)					
Income (Loss) from Operations						Income (Loss) from Operations					
Margin before Non-Operating Inc/(Exp) Ratio (%)						Margin before Non-Operating Inc/(Exp) Ratio (%)					
						Interest Income,Net					
						Other Income (Expense),Net					
						Realized Gain/Loss					
						Unrealized Gain/Loss					
Total Non-Operating Income/(Expense)						Total Non-Operating Income/(Expense)					
Net Surplus/(Deficit)						Net Surplus/(Deficit)					
Margin (%)						Margin (%)					

DSNP Income Statement (\$ in thousands)

September 2024

Current Actual		Current 4+8 Forecast		Current Fav/(Unfav)	
PMPM		PMPM		PMPM	
20,175		19,876		299	
\$ 29,328	\$ 1,453.68	\$ 28,800	\$ 1,448.99	\$ 528	\$ 4.69
\$ 29,328	\$ 1,453.68	\$ 28,800	\$ 1,448.99	\$ 528	\$ 4.69
\$ 11,123	\$ 551.31	\$ 10,856	\$ 546.17	\$ (267)	\$ (5.13)
\$ 4,331	\$ 214.68	\$ 7,497	\$ 377.20	\$ 3,166	\$ 162.51
\$ 3,490	\$ 172.99	\$ 5,129	\$ 258.06	\$ 1,639	\$ 85.08
\$ 751	\$ 37.24	\$ -	\$ -	\$ (751)	\$ (37.24)
\$ 871	\$ 43.16	\$ 1,278	\$ 64.30	\$ 407	\$ 21.14
\$ 2,026	\$ 100.43	\$ 2,315	\$ 116.46	\$ 289	\$ 16.03
\$ 894	\$ 44.32	\$ 181	\$ 9.09	\$ (713)	\$ (35.23)
\$ 23,486	\$ 1,164.14	\$ 27,256	\$ 1,371.28	\$ 3,769	\$ 207.15
80.1%		94.6%		14.6%	
\$ 5,841	\$ 289.54	\$ 1,545	\$ 77.71	\$ 4,297	\$ 211.83
\$ 1,096	\$ 54.34	\$ 2,745	\$ 138.13	\$ 1,649	\$ 83.79
3.7%		9.5%		5.8%	
\$ 4,745	\$ 235.20	\$ (1,201)	\$ (60.42)	\$ 5,946	\$ 295.62
16.2%		(4.2%)		20.3%	
\$ 386	\$ 19.11	\$ 385	\$ 19.38	\$ 0	\$ (0.27)
\$ (29)	\$ (1.42)	\$ -	\$ -	\$ (29)	\$ (1.42)
\$ 4	\$ 0.18	\$ -	\$ -	\$ (4)	\$ (0.18)
\$ 100	\$ 4.94	\$ -	\$ -	\$ 100	\$ 4.94
\$ 452	\$ 22.41	\$ 385	\$ 19.38	\$ 67	\$ 3.02
\$ 5,197	\$ 257.61	\$ (816)	\$ (41.04)	\$ 6,013	\$ 298.65
17.7%		(2.8%)		20.6%	

	YTD Actual		YTD 4+8 Forecast		YTD Fav/(Unfav)	
	PMPM		PMPM		PMPM	
Membership						
Member Months		231,738		230,319		1,419
Revenue						
Capitation Revenue	\$	346,297	\$	1,494.35	\$	14,263
						\$ 52.72
Total Revenues	\$	346,297	\$	1,494.35	\$	14,263
						\$ 52.72
Healthcare Expenses						
Capitation	\$	128,664	\$	555.22	\$	(4,528)
						\$ (16.24)
Inpatient Claims	\$	71,349	\$	307.89	\$	10,388
						\$ 47.00
Outpatient Claims	\$	40,404	\$	174.35	\$	10,859
						\$ 48.22
Skilled Nurse Facility	\$	8,626	\$	37.22	\$	(5,818)
						\$ (25.03)
Pharmacy	\$	13,053	\$	56.33	\$	2,454
						\$ 11.00
Provider Incentive and Shared Risk	\$	29,747	\$	128.36	\$	(6,883)
						\$ (29.09)
Medical Administrative Expenses	\$	5,128	\$	22.13	\$	(2,478)
						\$ (10.62)
Total Healthcare Expenses	\$	296,972	\$	1,281.50	\$	3,994
						\$ 25.24
MCR (%)		85.8%		90.6%		4.9%
Operating Margin	\$	49,325	\$	212.85	\$	18,257
						\$ 77.96
Total Operating Expenses	\$	35,216	\$	151.97	\$	(4,687)
						\$ (19.41)
Admin Ratio (%)		10.2%		9.2%		(1.0%)
Income (Loss) from Operations	\$	14,109	\$	60.88	\$	538
						\$ 2.34
Margin before Non-Operating Inc/(Exp) Ratio (%)		4.1%		0.2%		3.9%
Interest Income,Net	\$	4,476	\$	19.31	\$	40
						\$ 0.05
Other Income (Expense),Net	\$	(13)	\$	(0.05)	\$	(13)
						\$ (0.06)
Realized Gain/Loss	\$	71	\$	0.30	\$	(48)
						\$ (0.21)
Unrealized Gain/Loss	\$	641	\$	2.77	\$	297
						\$ 1.27
Total Non-Operating Income/(Expense)	\$	5,033	\$	21.72	\$	275
						\$ 1.06
Net Surplus/(Deficit)	\$	19,141	\$	82.60	\$	13,845
						\$ 59.60
Margin (%)		5.5%		1.6%		3.9%

Commercial Income Statement (\$ in thousands)

September 2024

Current		Current		Current	
Actual	PMPM	4+8 Forecast	PMPM	Fav/(Unfav)	PMPM
242,295		218,938		23,357	
\$ 70,106	\$ 289.34	\$ 67,616	\$ 308.84	\$ 2,490	\$ (19.50)
\$ 70,106	\$ 289.34	\$ 67,616	\$ 308.84	\$ 2,490	\$ (19.50)
\$ 17,452	\$ 72.03	\$ 18,887	\$ 86.27	\$ 1,436	\$ 14.24
\$ 29,533	\$ 121.89	\$ 10,752	\$ 49.11	\$ (18,780)	\$ (72.78)
\$ 11,081	\$ 45.73	\$ 10,628	\$ 48.54	\$ (453)	\$ 2.81
\$ 145	\$ 0.60	\$ -	\$ -	\$ (145)	\$ (0.60)
\$ 18,079	\$ 74.61	\$ 14,246	\$ 65.07	\$ (3,833)	\$ (9.54)
\$ 1,426	\$ 5.89	\$ 1,263	\$ 5.77	\$ (163)	\$ (0.12)
\$ 2,487	\$ 10.26	\$ 1,035	\$ 4.73	\$ (1,452)	\$ (5.54)
\$ 80,203	\$ 331.01	\$ 56,812	\$ 259.49	\$ (23,390)	\$ (71.52)
114.4%		84.0%		(30.4%)	
\$ (10,097)	\$ (41.67)	\$ 10,804	\$ 49.35	\$ (20,901)	\$ (91.02)
\$ 18,291	\$ 75.49	\$ 9,819	\$ 44.85	\$ (8,472)	\$ (30.64)
26.1%		14.5%		(11.6%)	
\$ (28,388)	\$ (117.16)	\$ 985	\$ 4.50	\$ (29,372)	\$ (121.66)
(40.5%)		1.5%		(41.9%)	
\$ 1	\$ 0.00	\$ 1,198	\$ 5.47	\$ (1,198)	\$ (5.47)
\$ (17)	\$ (0.07)	\$ (17)	\$ (0.08)	\$ -	\$ 0.01
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ (17)	\$ (0.07)	\$ 1,181	\$ 5.39	\$ (1,198)	\$ (5.46)
\$ (28,405)	\$ (117.23)	\$ 2,165	\$ 9.89	\$ (30,570)	\$ (127.12)
(40.5%)		3.2%		(43.7%)	

	YTD		YTD		YTD	
	Actual	PMPM	4+8 Forecast	PMPM	Fav/(Unfav)	PMPM
Membership						
Member Months	2,605,592		2,497,363		108,229	
Revenue						
Capitation Revenue	\$ 755,666	\$ 290.02	\$ 742,728	\$ 297.40	\$ 12,938	\$ (7.39)
Total Revenues	\$ 755,666	\$ 290.02	\$ 742,728	\$ 297.40	\$ 12,938	\$ (7.39)
Healthcare Expenses						
Capitation	\$ 211,491	\$ 81.17	\$ 213,463	\$ 85.48	\$ 1,972	\$ 4.31
Inpatient Claims	\$ 160,056	\$ 61.43	\$ 114,828	\$ 45.98	\$ (45,228)	\$ (15.45)
Outpatient Claims	\$ 108,792	\$ 41.75	\$ 109,718	\$ 43.93	\$ 926	\$ 2.18
Skilled Nurse Facility	\$ 1,343	\$ 0.52	\$ 581	\$ 0.23	\$ (762)	\$ (0.28)
Pharmacy	\$ 179,463	\$ 68.88	\$ 163,860	\$ 65.61	\$ (15,604)	\$ (3.26)
Provider Incentive and Shared Risk	\$ 15,296	\$ 5.87	\$ 12,322	\$ 4.93	\$ (2,974)	\$ (0.94)
Medical Administrative Expenses	\$ 8,955	\$ 3.44	\$ 11,414	\$ 4.57	\$ 2,459	\$ 1.13
Total Healthcare Expenses	\$ 685,395	\$ 263.05	\$ 626,185	\$ 250.74	\$ (59,211)	\$ (12.31)
MCR (%)	90.7%		84.3%		(6.4%)	
Operating Margin	\$ 70,271	\$ 26.97	\$ 116,543	\$ 46.67	\$ (46,272)	\$ (19.70)
Total Operating Expenses	\$ 137,491	\$ 52.77	\$ 97,401	\$ 39.00	\$ (40,090)	\$ (13.77)
Admin Ratio (%)	18.2%		13.1%		(5.1%)	
Income (Loss) from Operations	\$ (67,220)	\$ (25.80)	\$ 19,142	\$ 7.66	\$ (86,362)	\$ (33.46)
Margin before Non-Operating Inc/(Exp) Ratio (%)	(8.9%)		2.6%		(11.5%)	
Interest Income,Net	\$ 5	\$ 0.00	\$ 9,580	\$ 3.84	\$ (9,575)	\$ (3.83)
Other Income (Expense),Net	\$ (314)	\$ (0.12)	\$ (314)	\$ (0.13)	\$ -	\$ 0.01
Realized Gain/Loss	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Unrealized Gain/Loss	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Non-Operating Income/(Expense)	\$ (309)	\$ (0.12)	\$ 9,266	\$ 3.71	\$ (9,575)	\$ (3.83)
Net Surplus/(Deficit)	\$ (67,529)	\$ (25.92)	\$ 28,408	\$ 11.38	\$ (95,937)	\$ (37.29)
Margin (%)	(8.9%)		3.8%		(12.8%)	

Incentive Programs Income Statement (\$ in thousands)

September 2024

Current			Current			YTD		YTD		YTD		
Actual	PMPM	4+8 Forecast	PMPM	Fav/(Unfav)	PMPM	Actual	PMPM	4+8 Forecast	PMPM	Fav/(Unfav)	PMPM	
-	-	-	-	-	-	-	-	-	-	-	-	
\$ -	\$ -	\$ 16,556	\$ -	\$ (16,556)	\$ -	\$ 143,226	\$ -	\$ 176,449	\$ -	\$ (33,223)	\$ -	
\$ -	\$ -	\$ 16,556	\$ -	\$ (16,556)	\$ -	\$ 143,226	\$ -	\$ 176,449	\$ -	\$ (33,223)	\$ -	
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
\$ -	\$ -	\$ 833	\$ -	\$ 833	\$ -	\$ -	\$ -	\$ 6,667	\$ -	\$ 6,667	\$ -	
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
\$ (90)	\$ -	\$ 7,694	\$ -	\$ 7,784	\$ -	\$ 29,425	\$ -	\$ 67,303	\$ -	\$ 37,879	\$ -	
\$ 28	\$ -	\$ -	\$ -	\$ (28)	\$ -	\$ 28	\$ -	\$ -	\$ -	\$ (28)	\$ -	
\$ (62)	\$ -	\$ 8,528	\$ -	\$ 8,590	\$ -	\$ 29,452	\$ -	\$ 73,970	\$ -	\$ 44,518	\$ -	
0.0%	-	51.5%	-	51.5%	-	20.6%	-	41.9%	-	21.4%	-	
\$ 62	\$ -	\$ 8,029	\$ -	\$ (7,966)	\$ -	\$ 113,774	\$ -	\$ 102,480	\$ -	\$ 11,295	\$ -	
\$ 3,262	\$ -	\$ 445	\$ -	\$ (2,817)	\$ -	\$ 5,945	\$ -	\$ 2,787	\$ -	\$ (3,158)	\$ -	
0.0%	-	2.7%	-	2.7%	-	4.2%	-	1.6%	-	(2.6%)	-	
\$ (3,200)	\$ -	\$ 7,583	\$ -	\$ (10,783)	\$ -	\$ 107,829	\$ -	\$ 99,692	\$ -	\$ 8,137	\$ -	
0.0%	-	45.8%	-	(45.8%)	-	75.3%	-	56.5%	-	18.8%	-	
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
\$ (3,200)	\$ -	\$ 7,583	\$ -	\$ (10,783)	\$ -	\$ 107,829	\$ -	\$ 99,692	\$ -	\$ 8,137	\$ -	
0.0%	-	45.8%	-	(45.8%)	-	75.3%	-	56.5%	-	18.8%	-	
						Membership						
						Member Months						
						Revenue						
						Capitation Revenue						
						Total Revenues						
						Healthcare Expenses						
						Capitation						
						Inpatient Claims						
						Outpatient Claims						
						Skilled Nurse Facility						
						Pharmacy						
						Provider Incentive and Shared Risk						
						Medical Administrative Expenses						
						Total Healthcare Expenses						
						<i>MCR (%)</i>						
						Operating Margin						
						Total Operating Expenses						
						<i>Admin Ratio (%)</i>						
						Income (Loss) from Operations						
						<i>Margin before Non-Operating Inc/(Exp) Ratio (%)</i>						
						Interest Income,Net						
						Other Income (Expense),Net						
						Realized Gain/Loss						
						Unrealized Gain/Loss						
						Total Non-Operating Income/(Expense)						
						Net Surplus/(Deficit)						
						<i>Margin (%)</i>						

Balance Sheet (\$ in thousands)

Fiscal Year 2023-24

	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Assets												
Cash and Cash Equivalents	\$ 1,215,928	\$ 1,164,685	\$ 1,050,823	\$ 1,300,559	\$ 1,457,922	\$ 1,724,269	\$ 1,543,191	\$ 1,159,185	\$ 867,797	\$ 880,576	\$ 820,164	\$ 1,073,696
Short Term Investments, at fair value	\$ 1,858,223	\$ 2,006,373	\$ 2,298,594	\$ 2,203,165	\$ 2,494,863	\$ 2,799,085	\$ 2,568,822	\$ 2,555,603	\$ 2,799,586	\$ 2,675,073	\$ 2,584,837	\$ 2,348,213
Capitation Receivable	\$ 3,182,445	\$ 3,233,165	\$ 3,152,661	\$ 2,907,187	\$ 3,022,046	\$ 2,587,481	\$ 2,525,481	\$ 2,587,709	\$ 2,693,894	\$ 2,690,751	\$ 2,621,974	\$ 2,823,780
Interest and Non-Operating Receivables	\$ 40,813	\$ 6,752	\$ 423,494	\$ 472,216	\$ 515,539	\$ 567,924	\$ 239,392	\$ 110,212	\$ 104,680	\$ 87,213	\$ 72,474	\$ 252,031
Prepays and Other Current Assets	\$ 18,325	\$ 16,145	\$ 27,978	\$ 33,486	\$ 33,847	\$ 63,688	\$ 63,007	\$ 43,180	\$ 43,476	\$ 33,730	\$ 52,883	\$ 53,323
Current Assets	\$ 6,315,735	\$ 6,427,120	\$ 6,953,551	\$ 6,916,612	\$ 7,524,217	\$ 7,742,447	\$ 6,939,893	\$ 6,455,888	\$ 6,509,433	\$ 6,367,344	\$ 6,152,332	\$ 6,551,045
Capitalized Assets - net	\$ 168,137	\$ 166,800	\$ 163,264	\$ 160,379	\$ 161,628	\$ 161,758	\$ 160,634	\$ 157,917	\$ 156,927	\$ 157,512	\$ 208,303	\$ 269,855
Non-Current Assets	\$ 3,071	\$ 2,901	\$ 2,744	\$ 1,744	\$ 1,765	\$ 2,917	\$ 2,769	\$ 5,229	\$ 27,725	\$ 27,495	\$ 27,317	\$ 26,299
Total Assets	\$ 6,486,942	\$ 6,596,822	\$ 7,119,560	\$ 7,078,735	\$ 7,687,611	\$ 7,907,122	\$ 7,103,296	\$ 6,619,034	\$ 6,694,086	\$ 6,552,351	\$ 6,387,953	\$ 6,847,199
Liabilities & Equity												
Liabilities												
Accounts Payable and Accrued Liabilities	\$ 175,928	\$ 187,262	\$ 551,099	\$ 598,049	\$ 489,004	\$ 398,097	\$ 316,924	\$ 241,720	\$ 285,992	\$ 205,098	\$ 229,628	\$ 500,776
Subcapitation Payable	\$ 3,110,125	\$ 3,153,507	\$ 3,258,876	\$ 3,194,511	\$ 3,214,279	\$ 3,130,550	\$ 3,009,663	\$ 2,978,540	\$ 2,925,553	\$ 2,941,454	\$ 2,785,753	\$ 2,787,813
Accts Receivable - PP	\$ 2	\$ 2	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1	\$ 1
Reserve for Claims	\$ 819,965	\$ 827,368	\$ 867,307	\$ 851,802	\$ 809,922	\$ 829,146	\$ 769,022	\$ 733,127	\$ 788,631	\$ 718,477	\$ 701,882	\$ 708,031
Accrued Medical Expenses	\$ 271,671	\$ 266,999	\$ 269,172	\$ 211,542	\$ 212,239	\$ 199,114	\$ 188,898	\$ 195,703	\$ 185,086	\$ 190,115	\$ 154,949	\$ 187,679
Deferred Revenue	\$ 69,446	\$ 64,958	\$ 38,107	\$ 76,179	\$ 138,196	\$ 131,722	\$ 156,957	\$ 123,676	\$ 71,999	\$ 92,004	\$ 116,666	\$ 69,731
Reserve for Provider Incentives	\$ 109,889	\$ 114,474	\$ 78,126	\$ 67,785	\$ 60,283	\$ 60,905	\$ 68,956	\$ 99,527	\$ 108,272	\$ 115,768	\$ 128,247	\$ 137,730
Non-Operating Payables	\$ 33,097	\$ 29,341	\$ 9,667	\$ (19,112)	\$ 645,902	\$ 998,941	\$ 379,332	\$ 46,155	\$ 44,440	\$ 27,469	\$ 40,644	\$ 46,453
Grants Payable	\$ 18,094	\$ 16,769	\$ 17,968	\$ 17,443	\$ 16,955	\$ 17,855	\$ 17,143	\$ 18,381	\$ 16,318	\$ 16,232	\$ 21,389	\$ 22,167
Deferred Rent	\$ 48,456	\$ 45,243	\$ 43,553	\$ 41,868	\$ 40,104	\$ 38,434	\$ 36,768	\$ 35,108	\$ 33,467	\$ 31,909	\$ 79,908	\$ 126,803
Total Current Liabilities	\$ 4,656,673	\$ 4,705,923	\$ 5,133,874	\$ 5,040,067	\$ 5,626,885	\$ 5,804,764	\$ 4,943,664	\$ 4,471,938	\$ 4,459,759	\$ 4,338,527	\$ 4,259,067	\$ 4,587,184
Equity												
Invested in Capital Assets, Net of related dep	\$ 99,218	\$ 99,259	\$ 97,349	\$ 99,507	\$ 103,953	\$ 105,544	\$ 105,848	\$ 104,546	\$ 104,659	\$ 106,745	\$ 107,621	\$ 121,721
Restricted Equity	\$ 600	\$ 600	\$ 600	\$ 600	\$ 600	\$ 600	\$ 600	\$ 600	\$ 23,327	\$ 23,327	\$ 23,380	\$ 23,327
Minimum Tangible Net Equity	\$ 235,945	\$ 235,089	\$ 238,050	\$ 236,840	\$ 238,550	\$ 240,896	\$ 242,796	\$ 240,282	\$ 238,065	\$ 243,760	\$ 248,710	\$ 256,505
Board Designated Funds	\$ 143,902	\$ 142,476	\$ 147,962	\$ 145,172	\$ 143,248	\$ 141,795	\$ 140,281	\$ 136,265	\$ 134,842	\$ 131,525	\$ 119,639	\$ 114,049
Unrestricted Net Assets	\$ 1,350,604	\$ 1,413,475	\$ 1,501,725	\$ 1,556,550	\$ 1,574,375	\$ 1,613,522	\$ 1,670,106	\$ 1,665,402	\$ 1,733,435	\$ 1,708,467	\$ 1,629,536	\$ 1,744,413
Total Equity	\$ 1,830,268	\$ 1,890,899	\$ 1,985,685	\$ 2,038,668	\$ 2,060,725	\$ 2,102,358	\$ 2,159,631	\$ 2,147,096	\$ 2,234,328	\$ 2,213,824	\$ 2,128,885	\$ 2,260,015
Total Liabilities & Equity	\$ 6,486,942	\$ 6,596,822	\$ 7,119,560	\$ 7,078,735	\$ 7,687,611	\$ 7,907,122	\$ 7,103,296	\$ 6,619,034	\$ 6,694,086	\$ 6,552,351	\$ 6,387,953	\$ 6,847,199
Solvency Ratios												
Working Capital Ratio	1.37	1.38	1.37	1.38	1.35	1.34	1.41	1.46	1.47	1.48	1.47	1.47
Cash to Claims Ratio	0.78	0.80	0.81	0.87	0.98	1.14	1.09	1.00	0.99	0.97	0.98	0.98
Tangible Net Equity Ratio	7.76	8.04	8.34	8.61	8.64	8.73	8.89	8.94	9.39	9.08	8.56	8.81



Cash Flows Statement (\$ in thousands)

September 2024

	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	YTD
Cash Flows from Operating Activities:													
Capitation Revenue	\$ 841,537	\$ 878,375	\$ 1,020,197	\$ 1,056,193	\$ 814,382	\$ 1,358,785	\$ 951,617	\$ 816,743	\$ 767,921	\$ 954,143	\$ 934,316	\$ 739,764	\$ 11,133,973
Other Income (Expense), net	\$ 19,423	\$ 8,321	\$ 3,604	\$ 13,760	\$ 11,212	\$ 8,470	\$ 24,067	\$ 14,830	\$ 10,554	\$ 13,754	\$ 9,981	\$ 13,808	\$ 151,784
Healthcare Expenses	\$ (846,331)	\$ (796,846)	\$ (739,718)	\$ (808,174)	\$ (835,771)	\$ (935,164)	\$ (949,577)	\$ (906,580)	\$ (801,437)	\$ (956,252)	\$ (1,067,655)	\$ (746,754)	\$ (10,390,259)
Operating Expenses	\$ (36,472)	\$ (29,715)	\$ (75,466)	\$ (48,204)	\$ (51,472)	\$ (83,534)	\$ (48,528)	\$ (35,942)	\$ (49,877)	\$ (40,567)	\$ (69,196)	\$ (33,674)	\$ (602,647)
Net Cash Provided By Operating Activities	\$ (21,843)	\$ 60,135	\$ 208,617	\$ 213,575	\$ (61,649)	\$ 348,557	\$ (22,421)	\$ (110,949)	\$ (72,839)	\$ (28,922)	\$ (192,554)	\$ (26,856)	\$ 292,851
Cash Flows from Investing Activities													
Purchase of investments - Net	\$ (67,389)	\$ (137,165)	\$ (285,931)	\$ 96,186	\$ (295,798)	\$ (303,696)	\$ 226,577	\$ 16,064	\$ (264,816)	\$ 130,457	\$ 93,701	\$ 240,797	\$ (551,013)
Purchase of Capital Assets	\$ (3,065)	\$ (2,368)	\$ (161)	\$ (4,646)	\$ (5,605)	\$ (4,599)	\$ (3,071)	\$ (1,554)	\$ (2,771)	\$ (4,476)	\$ (67,796)	\$ (7,301)	\$ (107,413)
Net Cash Provided By Investing Activities	\$ (70,454)	\$ (139,533)	\$ (286,092)	\$ 91,540	\$ (301,403)	\$ (308,295)	\$ 223,506	\$ 14,510	\$ (267,587)	\$ 125,981	\$ 25,905	\$ 233,496	\$ (658,426)
Cash Flows from Financing Activities:													
Lease Payment - Capital & ROU	\$ (1,546)	\$ (1,377)	\$ (1,505)	\$ (1,502)	\$ (1,367)	\$ (1,462)	\$ (1,428)	\$ (1,415)	\$ (1,389)	\$ (1,520)	\$ 4,600	\$ 397	\$ (9,514)
SBITA Liability Increase / (Decrease)	\$ -	\$ -	\$ -	\$ -	\$ 188	\$ 29	\$ 26	\$ 23	\$ 21	\$ 19	\$ 45,315	\$ (2,952)	\$ 42,669
Gross Premium Tax (MCO Sales Tax) - Net	\$ -	\$ 33,288	\$ (15,208)	\$ (25,099)	\$ (143,420)	\$ (125,521)	\$ 238,848	\$ 47,001	\$ 52,121	\$ (82,437)	\$ 43,148	\$ 43,639	\$ 66,360
Pass through transactions (AB 85, IGT, etc.)	\$ (269,155)	\$ (3,756)	\$ (19,674)	\$ (28,779)	\$ 665,014	\$ 353,039	\$ (619,609)	\$ (333,176)	\$ (1,715)	\$ (342)	\$ 13,174	\$ 5,809	\$ (239,170)
Net Cash Provided By Financing Activities	\$ (270,701)	\$ 28,155	\$ (36,387)	\$ (55,380)	\$ 520,415	\$ 226,085	\$ (382,163)	\$ (287,567)	\$ 49,038	\$ (84,280)	\$ 106,237	\$ 46,893	\$ (139,655)
Net Increase in Cash and Cash Equivalents	\$ (362,998)	\$ (51,243)	\$ (113,862)	\$ 249,735	\$ 157,363	\$ 266,347	\$ (181,078)	\$ (384,006)	\$ (291,388)	\$ 12,779	\$ (60,412)	\$ 253,533	\$ (505,230)
Cash and Cash Equivalents, Beginning	\$ 1,578,927	\$ 1,215,929	\$ 1,164,686	\$ 1,050,824	\$ 1,300,559	\$ 1,457,922	\$ 1,724,269	\$ 1,543,191	\$ 1,159,185	\$ 867,797	\$ 880,576	\$ 820,164	\$ 1,578,927
Cash and Cash Equivalents, Ending	\$ 1,215,929	\$ 1,164,686	\$ 1,050,824	\$ 1,300,559	\$ 1,457,922	\$ 1,724,269	\$ 1,543,191	\$ 1,159,185	\$ 867,797	\$ 880,576	\$ 820,164	\$ 1,073,697	\$ 1,073,697
Reconciliation of Income from Operations to Net Cash Provided By (Used In) Operating Activities:													
Excess of Revenues over Expenses	\$ 96,976	\$ 60,630	\$ 94,786	\$ 52,983	\$ 22,057	\$ 41,633	\$ 57,273	\$ (12,536)	\$ 87,232	\$ (20,503)	\$ (84,939)	\$ 131,131	\$ 526,723
Adjustments to Excess of Revenues Over Expenses:													
Depreciation	\$ 4,181	\$ 3,715	\$ 3,697	\$ 7,531	\$ 4,356	\$ 4,469	\$ 4,196	\$ 4,271	\$ 3,760	\$ 3,892	\$ 17,004	\$ 14,643	\$ 75,715
Realized and Unrealized (Gain)/Loss on Investments	\$ 868	\$ (7,749)	\$ (6,291)	\$ (756)	\$ 4,099	\$ (525)	\$ 3,685	\$ (3,146)	\$ (1,593)	\$ (5,944)	\$ (3,517)	\$ (4,121)	\$ (24,990)
Deferred Rent	\$ 50	\$ (6)	\$ 50	\$ 50	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (144)	\$ -
Gross Premium Tax provision	\$ (1)	\$ (2)	\$ 2	\$ (1,187)	\$ (1,765)	\$ (2,330)	\$ (2,339)	\$ (1,559)	\$ (1,531)	\$ (1,460)	\$ (277)	\$ 14,825	\$ 2,376
Loss on Disposal of Capital Assets	\$ -	\$ (10)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 39	\$ 29
Total Adjustments to Excess of Revenues over Expenses	\$ 5,098	\$ (4,052)	\$ (2,542)	\$ 5,638	\$ 6,690	\$ 1,614	\$ 5,542	\$ (434)	\$ 636	\$ (3,512)	\$ 13,210	\$ 25,242	\$ 53,130
Changes in Operating Assets and Liabilities:													
Capitation Receivable	\$ (92,525)	\$ (53,272)	\$ (1,340,639)	\$ 1,635,640	\$ (120,052)	\$ 445,473	\$ 38,669	\$ (56,954)	\$ (102,379)	\$ 6,986	\$ 68,507	\$ (191,135)	\$ 238,319
Interest and Non-Operating Receivables	\$ 4,753	\$ (2,462)	\$ (7,465)	\$ 1,386	\$ 321	\$ (8,149)	\$ 8,342	\$ 359	\$ (3,479)	\$ 1,055	\$ (231)	\$ 2,458	\$ (3,112)
Prepaid and Other Current Assets	\$ 4,508	\$ 4,901	\$ (12,882)	\$ (5,512)	\$ 4,812	\$ (41,969)	\$ 24,161	\$ 12,094	\$ (3,913)	\$ 6,132	\$ (18,651)	\$ (25,930)	\$ (52,249)
Accounts Payable and Accrued Liabilities	\$ 4,634	\$ 9,503	\$ (12,961)	\$ 4,877	\$ (8,089)	\$ (7,463)	\$ 2,245	\$ 8,208	\$ 2,159	\$ 2,729	\$ (5,288)	\$ 27,114	\$ 27,668
Subcapitation Payable	\$ (13,634)	\$ 43,487	\$ 105,367	\$ (30,666)	\$ 19,768	\$ (83,730)	\$ (120,887)	\$ (31,123)	\$ (52,987)	\$ 15,900	\$ (155,690)	\$ 2,061	\$ (302,134)
MediCal Adult Expansion Payable	\$ -	\$ (104)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1	\$ (10)	\$ (1)	\$ (114)
Deferred Capitation Revenue	\$ (18,967)	\$ (3,952)	\$ 1,377,508	\$ (1,366,774)	\$ 62,024	\$ (6,481)	\$ 25,242	\$ (32,779)	\$ (52,211)	\$ 21,246	\$ 24,418	\$ (47,148)	\$ (17,874)
Accrued Medical Expenses	\$ 6,124	\$ (5,208)	\$ 2,656	\$ (57,626)	\$ 690	\$ (13,118)	\$ (10,223)	\$ 6,303	\$ (10,083)	\$ 3,788	\$ (34,922)	\$ 32,943	\$ (78,676)
Reserve for Claims	\$ (22,643)	\$ 7,403	\$ 39,939	\$ (15,505)	\$ (41,880)	\$ 19,225	\$ (60,124)	\$ (35,896)	\$ 55,504	\$ (70,154)	\$ (16,594)	\$ 6,148	\$ (134,577)
Reserve for Provider Incentives	\$ 5,038	\$ 4,586	\$ (36,349)	\$ (10,341)	\$ (7,502)	\$ 622	\$ 8,051	\$ 30,571	\$ 8,745	\$ 7,496	\$ 12,479	\$ 9,483	\$ 32,879
Grants Payable	\$ (1,205)	\$ (1,325)	\$ 1,199	\$ (525)	\$ (488)	\$ 900	\$ (712)	\$ 1,238	\$ (2,063)	\$ (86)	\$ 5,157	\$ 778	\$ 2,868
Net Changes in Operating Assets and Liabilities	\$ (123,917)	\$ 3,557	\$ 116,373	\$ 154,954	\$ (90,396)	\$ 305,310	\$ (85,236)	\$ (97,979)	\$ (160,707)	\$ (4,907)	\$ (120,825)	\$ (183,229)	\$ (287,002)
Net Cash Provided By Operating Activities	\$ (21,843)	\$ 60,135	\$ 208,617	\$ 213,575	\$ (61,649)	\$ 348,557	\$ (22,421)	\$ (110,949)	\$ (72,839)	\$ (28,922)	\$ (192,554)	\$ (26,856)	\$ 292,851



DATE: November 20, 2024
TO: Finance & Budget Committee
FROM: Afzal Shah, *Chief Financial Officer*

SUBJECT: Monthly Investment Portfolio Securities Transaction Report for September 2024

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 September 1 to September 30, 2024.

L.A. Care's investment market value as of September 30, 2024, was \$3.6 billion. This includes our funds invested with the government pooled funds and the Bank of America money market sweep account fund. L.A. Care has approximately \$6 million invested with the statewide Local Agency Investment Fund (LAIF), and approximately \$11 million invested with the Los Angeles County Pooled Investment Fund (LACPIF). L.A. Care also has approximately \$125 million invested with the BlackRock Liquidity T-Fund.

The remainder as of September 30, 2024, of \$3.4 billion is managed by two independent asset managers, 1) Payden & Rygel and 2) New England Asset Management (NEAM) and is divided into three portfolios based on investment style,

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

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

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

09/01/2024
through 09/30/2024

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
09/03/24	09/03/24	Buy	50,000,000.000	FHLB DISCOUNT NOT E MAT 09/04/24 Cpn 313384E62	(49,992,708.33)		0.00	0.00	(49,992,708.33)
09/03/24	09/03/24	Buy	50,000,000.000	FHLB DISCOUNT NOT E MAT 09/04/24 Cpn 313384E62	(49,992,708.33)		0.00	0.00	(49,992,708.33)
09/03/24	09/03/24	Buy	50,000,000.000	FHLB DISCOUNT NOT E MAT 09/04/24 Cpn 313384E62	(49,992,708.33)		0.00	0.00	(49,992,708.33)
09/04/24	09/04/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/01/24 Cpn 912797LK1	(49,807,831.25)		0.00	0.00	(49,807,831.25)
09/04/24	09/04/24	Buy	40,000,000.000	CREDIT AGRICOLE CP MAT 09/05/24 Cpn 22533TJ56	(39,994,100.00)		0.00	0.00	(39,994,100.00)
09/04/24	09/04/24	Buy	10,000,000.000	CUMMINS INC CP 144A MAT 10/17/24 Cpn 23102UKH4	(9,937,888.89)		0.00	0.00	(9,937,888.89)
09/04/24	09/04/24	Buy	20,000,000.000	U.S. TREASURY BILL MAT 09/05/24 Cpn 912797GL5	(19,997,149.17)		0.00	0.00	(19,997,149.17)
09/04/24	09/04/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 09/05/24 Cpn 912797GL5	(49,992,872.92)		0.00	0.00	(49,992,872.92)
09/04/24	09/05/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/05/24 Cpn 912797LF2	(49,374,375.00)		0.00	0.00	(49,374,375.00)
09/04/24	09/05/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/05/24 Cpn 912797LF2	(49,374,375.00)		0.00	0.00	(49,374,375.00)
09/04/24	09/05/24	Buy	15,000,000.000	CANADIAN IMPERIAL BANK YCD FR MAT 05/29/25 Cpn 5.10 13606K7D2	(15,000,000.00)		0.00	0.00	(15,000,000.00)
09/05/24	09/05/24	Buy	45,000,000.000	FHLB DISCOUNT NOTE MAT 09/06/24 Cpn 313384E88	(44,993,487.50)		0.00	0.00	(44,993,487.50)
09/04/24	09/05/24	Buy	25,000,000.000	NATL SEC CLEARING CP 144A MAT 09/19/24 Cpn 63763PJK6	(24,948,569.44)		0.00	0.00	(24,948,569.44)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

09/01/2024
through 09/30/2024

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
09/04/24	09/05/24	Buy	10,900,000.000	TORONTO-DOMINION BANK YCD F MAT 05/29/25 Cpn 5.08 89115BZM5	(10,900,000.00)		0.00	0.00	(10,900,000.00)
09/06/24	09/06/24	Buy	40,000,000.000	CREDIT AGRICOLE CP MAT 09/09/24 Cpn 22533TJ98	(39,982,300.00)		0.00	0.00	(39,982,300.00)
09/09/24	09/09/24	Buy	28,000,000.000	AUTOMATIC DATA CP 144A MAT 09/10/24 Cpn 0530A2JA9	(27,995,862.22)		0.00	0.00	(27,995,862.22)
09/10/24	09/10/24	Buy	50,000,000.000	AUTOMATIC DATA CP 144A MAT 09/11/24 Cpn 0530A2JB7	(49,992,611.11)		0.00	0.00	(49,992,611.11)
09/10/24	09/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/07/25 Cpn 912797MW4	(49,218,236.11)		0.00	0.00	(49,218,236.11)
09/10/24	09/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/07/25 Cpn 912797MW4	(49,218,236.11)		0.00	0.00	(49,218,236.11)
09/10/24	09/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/07/25 Cpn 912797MW4	(49,218,236.11)		0.00	0.00	(49,218,236.11)
09/10/24	09/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 01/07/25 Cpn 912797MW4	(49,218,236.11)		0.00	0.00	(49,218,236.11)
09/10/24	09/10/24	Buy	24,000,000.000	U.S. TREASURY BILL MAT 09/24/24 Cpn 912797LJ4	(23,953,146.67)		0.00	0.00	(23,953,146.67)
09/10/24	09/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 09/24/24 Cpn 912797LJ4	(49,902,388.89)		0.00	0.00	(49,902,388.89)
09/10/24	09/10/24	Buy	15,000,000.000	U.S. TREASURY BILL MAT 09/26/24 Cpn 912797KM8	(14,966,400.00)		0.00	0.00	(14,966,400.00)
09/10/24	09/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 09/26/24 Cpn 912797KM8	(49,888,000.00)		0.00	0.00	(49,888,000.00)
09/10/24	09/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 09/26/24 Cpn 912797KM8	(49,888,000.00)		0.00	0.00	(49,888,000.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

09/01/2024
through 09/30/2024

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
09/10/24	09/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 09/26/24 Cpn	912797KM8	(49,888,000.00)		0.00	0.00	(49,888,000.00)
09/10/24	09/10/24	Buy	30,000,000.000	U.S. TREASURY BILL MAT 11/05/24 Cpn	912797MA2	(29,768,883.33)		0.00	0.00	(29,768,883.33)
09/10/24	09/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/05/24 Cpn	912797MA2	(49,614,805.56)		0.00	0.00	(49,614,805.56)
09/10/24	09/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/05/24 Cpn	912797MA2	(49,614,805.56)		0.00	0.00	(49,614,805.56)
09/10/24	09/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 11/05/24 Cpn	912797MA2	(49,614,805.56)		0.00	0.00	(49,614,805.56)
09/09/24	09/10/24	Buy	35,000,000.000	U.S. TREASURY BILL MAT 12/05/24 Cpn	912797LF2	(34,587,713.61)		0.00	0.00	(34,587,713.61)
09/10/24	09/10/24	Buy	20,000,000.000	U.S. TREASURY BILL MAT 12/05/24 Cpn	912797LF2	(19,767,465.56)		0.00	0.00	(19,767,465.56)
09/10/24	09/10/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 12/05/24 Cpn	912797LF2	(49,418,663.89)		0.00	0.00	(49,418,663.89)
09/10/24	09/10/24	Buy	50,000,000.000	CREDIT AGRICOLE CP MAT 09/11/24 Cpn	22533TJB3	(49,992,625.00)		0.00	0.00	(49,992,625.00)
09/10/24	09/10/24	Buy	39,000,000.000	FHLB DISCOUNT NOTE MAT 09/11/24 Cpn	313384F53	(38,994,377.50)		0.00	0.00	(38,994,377.50)
09/10/24	09/10/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/11/24 Cpn	313384F53	(49,992,791.67)		0.00	0.00	(49,992,791.67)
09/10/24	09/10/24	Buy	50,000,000.000	FHLMC DISCOUNT NOTE MAT 09/17/24 Cpn	313396G31	(49,949,736.11)		0.00	0.00	(49,949,736.11)
09/10/24	09/10/24	Buy	50,000,000.000	FHLMC DISCOUNT NOTE MAT 09/17/24 Cpn	313396G31	(49,949,736.11)		0.00	0.00	(49,949,736.11)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

09/01/2024
through 09/30/2024

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
09/10/24	09/10/24	Buy	50,000,000.000	FHLMC DISCOUNT NOTE MAT 09/17/24 Cpn 313396G31	(49,949,736.11)		0.00	0.00	(49,949,736.11)
09/10/24	09/10/24	Buy	50,000,000.000	FHLMC DISCOUNT NOTE MAT 09/17/24 Cpn 313396G31	(49,949,736.11)		0.00	0.00	(49,949,736.11)
09/10/24	09/10/24	Buy	50,000,000.000	FHLMC DISCOUNT NOTE MAT 10/07/24 Cpn 313396J79	(49,811,300.00)		0.00	0.00	(49,811,300.00)
09/10/24	09/10/24	Buy	50,000,000.000	FHLMC DISCOUNT NOTE MAT 10/07/24 Cpn 313396J79	(49,811,300.00)		0.00	0.00	(49,811,300.00)
09/10/24	09/10/24	Buy	50,000,000.000	FHLMC DISCOUNT NOTE MAT 10/07/24 Cpn 313396J79	(49,811,300.00)		0.00	0.00	(49,811,300.00)
09/09/24	09/10/24	Buy	21,450,000.000	KENVUE CP 144A MAT 10/02/24 Cpn 49177FK25	(21,382,229.92)		0.00	0.00	(21,382,229.92)
09/09/24	09/10/24	Buy	15,600,000.000	NOVARTIS FINANCE CP 144A MAT 10/04/24 Cpn 6698M4K43	(15,546,440.00)		0.00	0.00	(15,546,440.00)
09/10/24	09/10/24	Buy	20,000,000.000	TVA DISCOUNT NOTE MAT 09/25/24 Cpn 880592H37	(19,956,916.67)		0.00	0.00	(19,956,916.67)
09/10/24	09/10/24	Buy	50,000,000.000	TVA DISCOUNT NOTE MAT 09/25/24 Cpn 880592H37	(49,892,291.67)		0.00	0.00	(49,892,291.67)
09/10/24	09/10/24	Buy	50,000,000.000	TVA DISCOUNT NOTE MAT 09/25/24 Cpn 880592H37	(49,892,291.67)		0.00	0.00	(49,892,291.67)
09/10/24	09/10/24	Buy	19,000,000.000	TVA DISCOUNT NOTE MAT 09/25/24 Cpn 880592H37	(18,959,070.83)		0.00	0.00	(18,959,070.83)
09/10/24	09/10/24	Buy	50,000,000.000	TVA DISCOUNT NOTE MAT 09/25/24 Cpn 880592H37	(49,892,291.67)		0.00	0.00	(49,892,291.67)
09/10/24	09/10/24	Buy	50,000,000.000	TVA DISCOUNT NOTE MAT 09/25/24 Cpn 880592H37	(49,892,291.67)		0.00	0.00	(49,892,291.67)

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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
09/11/24	09/11/24	Buy	50,000,000.000	CREDIT AGRICOLE CP MAT 09/16/24 Cpn	22533TJG2	(49,963,125.00)		0.00	0.00	(49,963,125.00)
09/11/24	09/11/24	Buy	20,000,000.000	FHLB DISCOUNT NOTE MAT 09/12/24 Cpn	313384F61	(19,997,116.67)		0.00	0.00	(19,997,116.67)
09/11/24	09/11/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/12/24 Cpn	313384F61	(49,992,791.67)		0.00	0.00	(49,992,791.67)
09/11/24	09/11/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/12/24 Cpn	313384F61	(49,992,791.67)		0.00	0.00	(49,992,791.67)
09/11/24	09/11/24	Buy	14,500,000.000	UNIVERSITY OF CHICAGO CP TXB MAT 09/17/24 Cpn	91336CJH1	(14,487,109.50)		0.00	0.00	(14,487,109.50)
09/12/24	09/12/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/13/24 Cpn	313384F79	(49,992,847.22)		0.00	0.00	(49,992,847.22)
09/12/24	09/12/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/13/24 Cpn	313384F79	(49,992,847.22)		0.00	0.00	(49,992,847.22)
09/12/24	09/12/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/13/24 Cpn	313384F79	(49,992,847.22)		0.00	0.00	(49,992,847.22)
09/12/24	09/12/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/13/24 Cpn	313384F79	(49,992,847.22)		0.00	0.00	(49,992,847.22)
09/12/24	09/12/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/13/24 Cpn	313384F79	(49,992,847.22)		0.00	0.00	(49,992,847.22)
09/12/24	09/12/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/13/24 Cpn	313384F79	(49,992,847.22)		0.00	0.00	(49,992,847.22)
09/13/24	09/13/24	Buy	50,000,000.000	CATERPILLAR FIN CP MAT 09/16/24 Cpn	14912DJG5	(49,978,083.33)		0.00	0.00	(49,978,083.33)
09/13/24	09/13/24	Buy	45,000,000.000	FHLB DISCOUNT NOTE MAT 11/06/24 Cpn	313384N54	(44,665,875.00)		0.00	0.00	(44,665,875.00)
09/13/24	09/13/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 11/06/24 Cpn	313384N54	(49,628,750.00)		0.00	0.00	(49,628,750.00)

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09/13/24	09/13/24	Buy	44,000,000.000	FHLB DISCOUNT NOTE MAT 12/13/24 Cpn 313384T25	(43,459,460.00)		0.00	0.00	(43,459,460.00)
09/13/24	09/13/24	Buy	40,000,000.000	FLORIDA POWER & LIGHT CP MAT 10/15/24 Cpn 34108AKF3	(39,818,311.11)		0.00	0.00	(39,818,311.11)
09/16/24	09/16/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/17/24 Cpn 313384G37	(49,992,819.44)		0.00	0.00	(49,992,819.44)
09/16/24	09/16/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/17/24 Cpn 313384G37	(49,992,819.44)		0.00	0.00	(49,992,819.44)
09/17/24	09/17/24	Buy	40,000,000.000	CREDIT AGRICOLE CP MAT 09/18/24 Cpn 22533TJJ6	(39,994,100.00)		0.00	0.00	(39,994,100.00)
09/17/24	09/17/24	Buy	33,000,000.000	CATERPILLAR FIN CP MAT 09/18/24 Cpn 14912DJJ9	(32,995,169.17)		0.00	0.00	(32,995,169.17)
09/17/24	09/17/24	Buy	17,500,000.000	CUMMINS INC CP 144A MAT 09/25/24 Cpn 23102UJR4	(17,480,166.67)		0.00	0.00	(17,480,166.67)
09/17/24	09/17/24	Buy	5,000,000.000	FHLB DISCOUNT NOTE MAT 09/18/24 Cpn 313384G45	(4,999,283.33)		0.00	0.00	(4,999,283.33)
09/17/24	09/17/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/18/24 Cpn 313384G45	(49,992,833.33)		0.00	0.00	(49,992,833.33)
09/17/24	09/17/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/18/24 Cpn 313384G45	(49,992,833.33)		0.00	0.00	(49,992,833.33)
09/17/24	09/17/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/18/24 Cpn 313384G45	(49,992,833.33)		0.00	0.00	(49,992,833.33)
09/17/24	09/17/24	Buy	40,000,000.000	FHLB DISCOUNT NOTE MAT 09/19/24 Cpn 313384G52	(39,988,633.33)		0.00	0.00	(39,988,633.33)
09/17/24	09/17/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/19/24 Cpn 313384G52	(49,985,791.67)		0.00	0.00	(49,985,791.67)

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09/17/24	09/17/24	Buy	5,000,000.000	FHLMC DISCOUNT NOTE MAT 09/20/24 Cpn 313396G64	(4,997,895.83)		0.00	0.00	(4,997,895.83)
09/17/24	09/17/24	Buy	50,000,000.000	FHLMC DISCOUNT NOTE MAT 09/20/24 Cpn 313396G64	(49,978,958.33)		0.00	0.00	(49,978,958.33)
09/19/24	09/19/24	Buy	10,900,000.000	CA LOS ANGELES WASTEWATER MAT 10/15/24 Cpn 4.92 54466DBK0	(10,900,000.00)		0.00	0.00	(10,900,000.00)
09/20/24	09/20/24	Buy	20,000,000.000	AIR PRODUCTS & CHEMICALS CP 1 MAT 09/24/24 Cpn 00915SJQ6	(19,989,288.89)		0.00	0.00	(19,989,288.89)
09/20/24	09/20/24	Buy	45,000,000.000	CREDIT AGRICOLE CP MAT 09/23/24 Cpn 22533TJP2	(44,981,962.50)		0.00	0.00	(44,981,962.50)
09/24/24	09/24/24	Buy	40,000,000.000	CREDIT AGRICOLE CP MAT 09/25/24 Cpn 22533TJR8	(39,994,655.56)		0.00	0.00	(39,994,655.56)
09/25/24	09/25/24	Buy	40,000,000.000	AUTOMATIC DATA CP 144A MAT 09/26/24 Cpn 0530A2JS0	(39,994,644.44)		0.00	0.00	(39,994,644.44)
09/25/24	09/25/24	Buy	40,000,000.000	ALPHABET CP 144A MAT 10/04/24 Cpn 02079NK42	(39,952,200.00)		0.00	0.00	(39,952,200.00)
09/25/24	09/25/24	Buy	25,000,000.000	COLGATE-PALMOLIVE CP 144A MAT 09/27/24 Cpn 19416EJT5	(24,993,361.11)		0.00	0.00	(24,993,361.11)
09/25/24	09/25/24	Buy	39,980,000.000	FHLB DISCOUNT NOTE MAT 09/26/24 Cpn 313384H44	(39,974,858.13)		0.00	0.00	(39,974,858.13)
09/25/24	09/25/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/26/24 Cpn 313384H44	(49,993,569.44)		0.00	0.00	(49,993,569.44)
09/25/24	09/25/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/26/24 Cpn 313384H44	(49,993,569.44)		0.00	0.00	(49,993,569.44)
09/25/24	09/25/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/26/24 Cpn 313384H44	(49,993,569.44)		0.00	0.00	(49,993,569.44)

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09/25/24	09/25/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/26/24 Cpn 313384H44	(49,993,569.44)		0.00	0.00	(49,993,569.44)
09/25/24	09/25/24	Buy	19,400,000.000	FHLB DISCOUNT NOTE MAT 09/26/24 Cpn 313384H44	(19,397,504.94)		0.00	0.00	(19,397,504.94)
09/25/24	09/25/24	Buy	9,600,000.000	ILLINOIS TOOL WORKS CP 144A MAT 09/26/24 Cpn 4523ELJS5	(9,598,717.33)		0.00	0.00	(9,598,717.33)
09/25/24	09/25/24	Buy	30,000,000.000	ROCHE HOLDINGS CP 144A MAT 10/09/24 Cpn 77119LK99	(29,944,583.33)		0.00	0.00	(29,944,583.33)
09/25/24	09/25/24	Buy	50,000,000.000	TVA DISCOUNT NOTE MAT 10/09/24 Cpn 880592J92	(49,909,194.44)		0.00	0.00	(49,909,194.44)
09/25/24	09/25/24	Buy	25,000,000.000	TVA DISCOUNT NOTE MAT 09/30/24 Cpn 880592H86	(24,983,819.44)		0.00	0.00	(24,983,819.44)
09/26/24	09/26/24	Buy	40,000,000.000	CREDIT AGRICOLE CP MAT 09/27/24 Cpn 22533TJT4	(39,994,655.56)		0.00	0.00	(39,994,655.56)
09/26/24	09/26/24	Buy	8,975,000.000	CA STATE GO/ULT CP TXB MAT 10/29/24 Cpn 4.80 13068BLE5	(8,975,000.00)		0.00	0.00	(8,975,000.00)
09/26/24	09/26/24	Buy	12,000,000.000	FHLB DISCOUNT NOTE MAT 09/30/24 Cpn 313384H85	(11,993,906.67)		0.00	0.00	(11,993,906.67)
09/25/24	09/26/24	Buy	10,000,000.000	MASSACHUSETTS MUTUAL CP 144 MAT 10/24/24 Cpn 57576JKQ4	(9,962,666.67)		0.00	0.00	(9,962,666.67)
09/26/24	09/26/24	Buy	25,000,000.000	TVA DISCOUNT NOTE MAT 09/30/24 Cpn 880592H86	(24,987,305.56)		0.00	0.00	(24,987,305.56)
09/26/24	09/26/24	Buy	2,500,000.000	UNIVERSITY OF CHICAGO CP TXB MAT 10/15/24 Cpn 91336CKF3	(2,493,612.44)		0.00	0.00	(2,493,612.44)

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Fixed Income - cont.									
09/24/24	09/27/24	Buy	3,700,000.000	ALLYA 2024-2 A2 CAR MAT 07/15/27 Cpn 4.46 02007NAB4	(3,699,728.05)		0.00	0.00	(3,699,728.05)
			<u>3,974,005,000.000</u>		<u>(3,962,669,763.34)</u>		<u>0.00</u>	<u>0.00</u>	<u>(3,962,669,763.34)</u>
09/07/24	09/07/24	Coupon		SKANDINAVISKA BK YCD FRN SOF MAT 03/07/25 Cpn 5.13 83050P5X3		216,020.83	0.00	0.00	216,020.83
09/09/24	09/09/24	Coupon		CCCIT 2023-A2 A2 CARD MAT 12/08/27 Cpn 5.85 17305EGX7		27,372.63	0.00	0.00	27,372.63
09/10/24	09/10/24	Coupon		CRVNA 2021-P2 A4 CAR MAT 01/10/27 Cpn 0.80 14687TAD9		1,747.34	0.00	0.00	1,747.34
09/10/24	09/10/24	Coupon		CRVNA 2021-P4 A3 CAR MAT 01/11/27 Cpn 1.31 14687KAC0		6,165.72	0.00	0.00	6,165.72
09/10/24	09/10/24	Coupon		CRVNA 2024-P1 A2 CAR 144A MAT 08/10/27 Cpn 5.50 14688NAB5		16,361.94	0.00	0.00	16,361.94
09/10/24	09/10/24	Coupon		NY LONG ISLAND POWER AUTH CP MAT 09/10/24 Cpn 5.52 54270XDS3		97,750.00	0.00	0.00	97,750.00
09/13/24	09/13/24	Coupon		MMAF 2024-A A2 EQP 144A MAT 09/13/27 Cpn 5.20 55318CAB0		10,400.00	0.00	0.00	10,400.00
09/15/24	09/15/24	Coupon		BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4		10,224.76	0.00	0.00	10,224.76
09/15/24	09/15/24	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		953.75	0.00	0.00	953.75
09/15/24	09/15/24	Coupon		CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1		10,768.43	0.00	0.00	10,768.43

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09/15/24	09/15/24	Coupon		CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1		25,453.88	0.00	0.00	25,453.88
09/15/24	09/15/24	Coupon		CARMX 2023-1 A3 CAR MAT 10/15/27 Cpn 4.75 14318DAC3		26,125.00	0.00	0.00	26,125.00
09/15/24	09/15/24	Coupon		CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3		4,849.63	0.00	0.00	4,849.63
09/15/24	09/15/24	Coupon		CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3		4,041.36	0.00	0.00	4,041.36
09/15/24	09/15/24	Coupon		CARMX 2024-2 A2A CAR MAT 05/17/27 Cpn 5.65 14319EAC0		19,775.00	0.00	0.00	19,775.00
09/15/24	09/15/24	Coupon		DTRT 2024-1 A2 EQP MAT 04/15/26 Cpn 5.60 233874AB2		17,266.67	0.00	0.00	17,266.67
09/15/24	09/15/24	Coupon		FORDL 2023-B A3 LEASE MAT 10/15/26 Cpn 5.91 34529NAD2		51,756.83	0.00	0.00	51,756.83
09/15/24	09/15/24	Coupon		GALC 2022-1 A3 EQP 144A MAT 09/15/26 Cpn 5.08 39154TBW7		21,166.67	0.00	0.00	21,166.67
09/15/24	09/15/24	Coupon		GALC 2024-1 A2 EQP 144A MAT 08/17/26 Cpn 5.32 39154TCH9		11,083.33	0.00	0.00	11,083.33
09/15/24	09/15/24	Coupon		GALC 2024-2 A2 EQP 144A MAT 03/15/27 Cpn 5.28 39154GAB2		8,800.00	0.00	0.00	8,800.00
09/15/24	09/15/24	Coupon		GFORT 2024-1A A2 FLOORPLAN 14 MAT 03/15/29 Cpn 6.09 361886DB7		7,358.14	0.00	0.00	7,358.14
09/15/24	09/15/24	Coupon		HALST 2024-A A2A LEASE 144A MAT 06/15/26 Cpn 5.15 448988AB1		7,753.88	0.00	0.00	7,753.88
09/15/24	09/15/24	Coupon		HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2		13,974.63	0.00	0.00	13,974.63

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09/15/24	09/15/24	Coupon		HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6		838.05	0.00	0.00	838.05
09/15/24	09/15/24	Coupon		HART 2023-A A2A CAR MAT 12/15/25 Cpn 5.19 448979AB0		935.38	0.00	0.00	935.38
09/15/24	09/15/24	Coupon		HART 2023-B A2A CAR MAT 05/15/26 Cpn 5.77 44933XAB3		8,443.60	0.00	0.00	8,443.60
09/15/24	09/15/24	Coupon		HART 2023-C A2A CAR MAT 01/15/27 Cpn 5.80 44918CAB8		7,506.52	0.00	0.00	7,506.52
09/15/24	09/15/24	Coupon		HART 20024-A A2A CAR MAT 04/15/27 Cpn 5.29 448973AB3		16,310.83	0.00	0.00	16,310.83
09/15/24	09/15/24	Coupon		INTL BANK RECON & DEVELOP SO MAT 06/15/27 Cpn 5.19 459058LH4		41,521.99	0.00	0.00	41,521.99
09/15/24	09/15/24	Coupon		JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6		133.71	0.00	0.00	133.71
09/15/24	09/15/24	Coupon		LADAR 2024-2A A2 CAR 144A MAT 03/15/27 Cpn 5.70 505920AB4		34,675.00	0.00	0.00	34,675.00
09/15/24	09/15/24	Coupon		LADAR 2024-1A A2 CAR 144A MAT 11/16/26 Cpn 5.44 501689AB9		10,686.79	0.00	0.00	10,686.79
09/15/24	09/15/24	Coupon		TAOT 2023-D A2A CAR MAT 11/16/26 Cpn 5.80 89239FAB8		14,636.41	0.00	0.00	14,636.41
09/15/24	09/15/24	Coupon		WLAKE 2023-P1 A2 CAR 144A MAT 02/16/27 Cpn 5.89 96042UAB7		18,566.38	0.00	0.00	18,566.38
09/15/24	09/15/24	Coupon		WORLD OMNI 2020-C A4 CAR MAT 10/15/26 Cpn 0.61 98163CAF7		1,962.58	0.00	0.00	1,962.58
09/15/24	09/15/24	Coupon		WOART 2022-C A3 CAR MAT 10/15/27 Cpn 3.66 98163TAD5		28,975.00	0.00	0.00	28,975.00

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09/15/24	09/15/24	Coupon		WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0		4,881.35	0.00	0.00	4,881.35
09/16/24	09/16/24	Coupon		CCG 2024-1 A1 EQP 144A MAT 08/14/25 Cpn 5.41 12515PAA5		21,328.36	0.00	0.00	21,328.36
09/16/24	09/16/24	Coupon		FORDF 2024-1 A2 FLOORPLAN 144 MAT 04/15/29 Cpn 6.09 34528QJB1		54,253.60	0.00	0.00	54,253.60
09/16/24	09/16/24	Coupon		FORDO 2024-A A1 CAR MAT 04/15/25 Cpn 5.52 34535EAA0		4,931.35	0.00	0.00	4,931.35
09/16/24	09/16/24	Coupon		GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1		1,035.66	0.00	0.00	1,035.66
09/16/24	09/16/24	Coupon		GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2		1,295.36	0.00	0.00	1,295.36
09/16/24	09/16/24	Coupon		GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2		408.04	0.00	0.00	408.04
09/16/24	09/16/24	Coupon		GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3		6,711.06	0.00	0.00	6,711.06
09/16/24	09/16/24	Coupon		GMCAR 2024-1 A2B CAR MAT 02/16/27 Cpn 5.74 36268GAC9		5,594.57	0.00	0.00	5,594.57
09/16/24	09/16/24	Coupon		GMCAR 2024-2 A2A CAR MAT 03/16/27 Cpn 5.33 379931AB4		37,754.17	0.00	0.00	37,754.17
09/16/24	09/16/24	Coupon		HALST 2024-B A2B LEASE 144A MAT 10/15/26 Cpn 5.79 44934FAC9		39,464.00	0.00	0.00	39,464.00
09/16/24	09/16/24	Coupon		INTER-AMERICAN DEV BANK FRN MAT 09/16/26 Cpn 5.51 4581X0DY1		209,789.13	0.00	0.00	209,789.13
09/16/24	09/16/24	Coupon		MBALT 2024-A A2B LEASE MAT 02/16/27 Cpn 5.76 58770JAC8		15,396.08	0.00	0.00	15,396.08

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
09/16/24	09/16/24	Coupon		PFSFC 2024-E A INS 144A MAT 07/15/28 Cpn 6.19 69335PFL4		74,483.15	0.00	0.00	74,483.15
09/18/24	09/18/24	Coupon		INTL BANK RECON & DEVELOP FR MAT 09/18/25 Cpn 5.22 459058JJ3		299,840.40	0.00	0.00	299,840.40
09/19/24	09/19/24	Coupon		CA LOS ANGELES WASTEWATER MAT 09/19/24 Cpn 5.44 54466DBJ3		207,717.33	0.00	0.00	207,717.33
09/20/24	09/20/24	Coupon		DLLAD 2024-1A A1 EQP 144A MAT 05/20/25 Cpn 5.54 23346MAA4		11,883.20	0.00	0.00	11,883.20
09/20/24	09/20/24	Coupon		DLLAD 2024-1A A2 EQP 144A MAT 08/20/27 Cpn 5.50 23346MAB2		27,041.67	0.00	0.00	27,041.67
09/20/24	09/20/24	Coupon		DLLMT 2024-1A A1 144A MAT 08/20/25 Cpn 5.35 23347AAA9		21,456.61	0.00	0.00	21,456.61
09/20/24	09/20/24	Coupon		DLLST 2024-1A A2 EQP 144A MAT 01/20/26 Cpn 5.33 23346HAB3		3,553.33	0.00	0.00	3,553.33
09/20/24	09/20/24	Coupon		EFF 2023-1 A2 FLEET 144A MAT 01/22/29 Cpn 5.51 29375CAB5		37,749.14	0.00	0.00	37,749.14
09/20/24	09/20/24	Coupon		EFF 2024-2 A1 FLEET 144A MAT 05/20/25 Cpn 5.61 29375RAA4		15,065.81	0.00	0.00	15,065.81
09/20/24	09/20/24	Coupon		EFF 2024-3 A1 FLEET 144A MAT 07/21/25 Cpn 5.49 29375QAA6		11,314.79	0.00	0.00	11,314.79
09/20/24	09/20/24	Coupon		EFF 2024-3 A2 FLEET 144A MAT 04/20/27 Cpn 5.31 29375QAB4		26,107.50	0.00	0.00	26,107.50
09/20/24	09/20/24	Coupon		GMALT 2022-3 A3 LEASE MAT 09/22/25 Cpn 4.01 380130AD6		1,399.11	0.00	0.00	1,399.11
09/20/24	09/20/24	Coupon		GMALT 2023-2 A3 LEASE MAT 07/20/26 Cpn 5.05 362548AD1		42,083.33	0.00	0.00	42,083.33

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
09/20/24	09/20/24	Coupon		GMALT 2024-1 A2A LEASE MAT 06/22/26 Cpn 5.18 36269FAB2		9,942.78	0.00	0.00	9,942.78
09/20/24	09/20/24	Coupon		GMALT 2024-2 A2A LEASE MAT 09/21/26 Cpn 5.43 36269WAB5		17,195.00	0.00	0.00	17,195.00
09/20/24	09/20/24	Coupon		SBALT 2024-A A2 LEASE 144A MAT 01/20/26 Cpn 5.45 78414SAC8		16,269.58	0.00	0.00	16,269.58
09/20/24	09/20/24	Coupon		SBALT 2024-B A2 LEASE 144A MAT 11/20/26 Cpn 5.67 78437VAC4		24,097.50	0.00	0.00	24,097.50
09/20/24	09/20/24	Coupon		SFAST 2024-1A A2 CAR 144A MAT 06/21/27 Cpn 5.35 78435VAB8		10,112.16	0.00	0.00	10,112.16
09/20/24	09/20/24	Coupon		TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2		2,201.47	0.00	0.00	2,201.47
09/20/24	09/20/24	Coupon		TEVT 2023-1 A2B CAR 144A MAT 12/21/26 Cpn 5.87 881943AC8		25,793.09	0.00	0.00	25,793.09
09/20/24	09/20/24	Coupon		VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4		3,694.22	0.00	0.00	3,694.22
09/20/24	09/20/24	Coupon		VWALT 2024-A A2A LEASE MAT 12/21/26 Cpn 5.40 92866EAB5		12,600.00	0.00	0.00	12,600.00
09/20/24	09/20/24	Coupon		VZMT 2022-6 A PHONE MAT 01/22/29 Cpn 3.67 92348KAZ6		30,583.33	0.00	0.00	30,583.33
09/20/24	09/20/24	Coupon		VZMT 2024-1 A1B PHONE MAT 12/20/28 Cpn 5.99 92348KCM3		9,822.44	0.00	0.00	9,822.44
09/21/24	09/21/24	Coupon		HAROT 2024-3 A2 CAR MAT 02/22/27 Cpn 4.89 43813YAB8		7,131.25	0.00	0.00	7,131.25
09/23/24	09/23/24	Coupon		INTL BK RECON & DEVELOP FRN S MAT 09/23/26 Cpn 5.20 459058KK8		19,508.85	0.00	0.00	19,508.85

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
09/23/24	09/23/24	Coupon		INTL BK RECON & DEVELOP FRN S MAT 09/23/26 Cpn 5.20 459058KK8		62,543.09	0.00	0.00	62,543.09
09/23/24	09/23/24	Coupon		SVENSKA HANDELSBANKEN NY Y MAT 02/21/25 Cpn 5.08 86959TEL6		73,275.58	0.00	0.00	73,275.58
09/25/24	09/25/24	Coupon		BMWLT 2024-1 A2A LEASE MAT 07/27/26 Cpn 5.10 05611UAB9		11,697.37	0.00	0.00	11,697.37
09/25/24	09/25/24	Coupon		BMWOT 2023-A A2A CAR MAT 04/27/26 Cpn 5.72 05592XAB6		10,628.71	0.00	0.00	10,628.71
09/25/24	09/25/24	Coupon		CHAOT 2024-1A A2 CAR 144A MAT 04/26/27 Cpn 5.48 16144BAB4		10,606.10	0.00	0.00	10,606.10
09/25/24	09/25/24	Coupon		FHMS KI07 A SOFRFRN MAT 09/25/26 Cpn 5.52 3137H3KA9		33,042.61	0.00	0.00	33,042.61
09/25/24	09/25/24	Coupon		FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 5.55 3137H4RC6		9,293.39	0.00	0.00	9,293.39
09/25/24	09/25/24	Coupon		FHMS KS09 A MAT 10/25/27 Cpn 5.75 3137FCK52		63,988.10	0.00	0.00	63,988.10
09/25/24	09/25/24	Coupon		FNA 2015-M6 FA MAT 01/25/26 Cpn 5.77 3136ANLN5		10,342.97	0.00	0.00	10,342.97
09/30/24	09/30/24	Coupon		CANADIAN IMPERIAL BANK YCD FR MAT 05/29/25 Cpn 5.10 13606K7D2		56,225.00	0.00	0.00	56,225.00
						2,515,495.35	0.00	0.00	2,515,495.35

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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
09/01/24	09/01/24	Income	3,714.530	ADJ NET INT MAT	Cpn USD		3,714.53	0.00	0.00	3,714.53
09/01/24	09/01/24	Income	516,724.650	STIF INT MAT	Cpn USD		516,724.65	0.00	0.00	516,724.65
			<u>520,439.180</u>				<u>520,439.18</u>	<u>0.00</u>	<u>0.00</u>	<u>520,439.18</u>
09/10/24	09/10/24	Contributn	1,460,000,000.000	NM MAT	Cpn USD	1,460,000,000.00		0.00	0.00	1,460,000,000.00
09/04/24	09/05/24	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 10/10/24	Cpn 912797KT3	48,698,583.34	1,053,499.99	2,916.66	0.00	49,752,083.33
09/04/24	09/05/24	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 10/10/24	Cpn 912797KT3	48,698,583.34	1,053,499.99	2,916.66	0.00	49,752,083.33
09/19/24	09/19/24	Sell Long	11,000,000.000	U.S. TREASURY BILL MAT 09/24/24	Cpn 912797LJ4	10,813,587.44	179,324.44	917.44	0.00	10,992,911.88
09/23/24	09/23/24	Sell Long	9,000,000.000	U.S. TREASURY BILL MAT 09/24/24	Cpn 912797LJ4	8,846,888.50	151,960.00	158.50	0.00	8,998,848.50
09/26/24	09/26/24	Call	10,000,000.000	FHLB C 2/26/2024 M MAT 01/26/26	Cpn 5.50 3130AYP59	10,000,000.00	91,666.67	8,282.31	0.00	10,091,666.67
09/27/24	09/30/24	Sell Long	30,000,000.000	U.S. TREASURY BILL MAT 10/01/24	Cpn 912797LK1	29,885,236.67	111,030.83	537.92	0.00	29,996,267.50
			<u>160,000,000.000</u>			<u>156,942,879.28</u>	<u>2,640,981.93</u>	<u>15,729.50</u>	<u>0.00</u>	<u>159,583,861.21</u>

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
09/10/24	09/10/24	Pay Princpl	204,786.249	CRVNA 2021-P2 A4 CAR MAT 01/10/27 Cpn 0.80 14687TAD9	204,786.25		6,914.13	0.00	204,786.25
09/10/24	09/10/24	Pay Princpl	607,287.836	CRVNA 2021-P4 A3 CAR MAT 01/11/27 Cpn 1.31 14687KAC0	607,287.84		11,417.55	0.00	607,287.84
09/10/24	09/10/24	Pay Princpl	322,797.944	CRVNA 2024-P1 A2 CAR 144A MAT 08/10/27 Cpn 5.50 14688NAB5	322,797.94		13.17	0.00	322,797.94
09/13/24	09/13/24	Pay Princpl	32,739.041	MMAF 2024-A A2 EQP 144A MAT 09/13/27 Cpn 5.20 55318CAB0	32,739.04		0.07	0.00	32,739.04
09/15/24	09/15/24	Pay Princpl	355,766.203	BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4	355,766.20		0.00	5.25	355,766.20
09/15/24	09/15/24	Pay Princpl	270,960.935	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	270,960.94		0.00	3,995.79	270,960.94
09/15/24	09/15/24	Pay Princpl	222,986.534	CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1	222,986.53		2,409.32	0.00	222,986.53
09/15/24	09/15/24	Pay Princpl	527,084.419	CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1	527,084.42		5,309.41	0.00	527,084.42
09/15/24	09/15/24	Pay Princpl	95,118.325	CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3	95,118.33		2.74	0.00	95,118.33
09/15/24	09/15/24	Pay Princpl	79,265.271	CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3	79,265.27		206.04	0.00	79,265.27
09/15/24	09/15/24	Pay Princpl	67,394.893	DTRT 2024-1 A2 EQP MAT 04/15/26 Cpn 5.60 233874AB2	67,394.89		1.16	0.00	67,394.89
09/15/24	09/15/24	Pay Princpl	92,918.630	HALST 2024-A A2A LEASE 144A MAT 06/15/26 Cpn 5.15 448988AB1	92,918.63		0.17	0.00	92,918.63
09/15/24	09/15/24	Pay Princpl	408,173.946	HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2	408,173.95		0.00	8.94	408,173.95

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09/15/24	09/15/24	Pay Princpl	230,205.165	HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6	230,205.17		0.00	3,018.22	230,205.17
09/15/24	09/15/24	Pay Princpl	72,713.228	HART 2023-A A2A CAR MAT 12/15/25 Cpn 5.19 448979AB0	72,713.23		0.00	60.79	72,713.23
09/15/24	09/15/24	Pay Princpl	239,706.901	HART 2023-B A2A CAR MAT 05/15/26 Cpn 5.77 44933XAB3	239,706.90		0.00	1.85	239,706.90
09/15/24	09/15/24	Pay Princpl	139,735.370	HART 2023-C A2A CAR MAT 01/15/27 Cpn 5.80 44918CAB8	139,735.37		3.80	0.00	139,735.37
09/15/24	09/15/24	Pay Princpl	31,577.639	HART 20024-A A2A CAR MAT 04/15/27 Cpn 5.29 448973AB3	31,577.64		0.28	0.00	31,577.64
09/15/24	09/15/24	Pay Princpl	378,503.895	JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6	378,503.90		2,360.75	0.00	378,503.90
09/15/24	09/15/24	Pay Princpl	278,795.628	LADAR 2024-1A A2 CAR 144A MAT 11/16/26 Cpn 5.44 501689AB9	278,795.63		7.51	0.00	278,795.63
09/15/24	09/15/24	Pay Princpl	257,574.273	TAOT 2023-D A2A CAR MAT 11/16/26 Cpn 5.80 89239FAB8	257,574.27		2.26	0.00	257,574.27
09/15/24	09/15/24	Pay Princpl	308,430.136	WLAKE 2023-P1 A2 CAR 144A MAT 02/16/27 Cpn 5.89 96042UAB7	308,430.14		(358.29)	0.00	308,430.14
09/15/24	09/15/24	Pay Princpl	503,914.401	WORLD OMNI 2020-C A4 CAR MAT 10/15/26 Cpn 0.61 98163CAF7	503,914.40		0.00	3,462.04	503,914.40
09/15/24	09/15/24	Pay Princpl	89,542.463	WOART 2022-C A3 CAR MAT 10/15/27 Cpn 3.66 98163TAD5	89,542.46		1,210.16	0.00	89,542.46
09/15/24	09/15/24	Pay Princpl	314,954.834	WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0	314,954.83		0.00	0.61	314,954.83
09/16/24	09/16/24	Pay Princpl	990,184.764	CCG 2024-1 A1 EQP 144A MAT 08/14/25 Cpn 5.41 12515PAA5	990,184.76		(0.00)	0.00	990,184.76

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
09/16/24	09/16/24	Pay Princpl	783,140.457	FORDO 2024-A A1 CAR MAT 04/15/25 Cpn 5.52 34535EAA0	783,140.46		0.00	0.00	783,140.46
09/16/24	09/16/24	Pay Princpl	197,392.351	GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1	197,392.35		0.00	4,048.08	197,392.35
09/16/24	09/16/24	Pay Princpl	57,873.839	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	57,873.84		0.00	100.30	57,873.84
09/16/24	09/16/24	Pay Princpl	18,230.259	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	18,230.26		0.00	31.14	18,230.26
09/16/24	09/16/24	Pay Princpl	171,119.949	GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3	171,119.95		0.00	1.29	171,119.95
09/16/24	09/16/24	Pay Princpl	90,332.029	GMCAR 2024-1 A2B CAR MAT 02/16/27 Cpn 5.74 36268GAC9	90,332.03		0.00	0.00	90,332.03
09/20/24	09/20/24	Pay Princpl	655,983.710	DLLAD 2024-1A A1 EQP 144A MAT 05/20/25 Cpn 5.54 23346MAA4	655,983.71		0.00	0.00	655,983.71
09/20/24	09/20/24	Pay Princpl	946,821.775	DLLMT 2024-1A A1 144A MAT 08/20/25 Cpn 5.35 23347AAA9	946,821.78		0.01	0.00	946,821.78
09/20/24	09/20/24	Pay Princpl	418,992.163	EFF 2023-1 A2 FLEET 144A MAT 01/22/29 Cpn 5.51 29375CAB5	418,992.16		694.24	0.00	418,992.16
09/20/24	09/20/24	Pay Princpl	547,815.415	EFF 2024-2 A1 FLEET 144A MAT 05/20/25 Cpn 5.61 29375RAA4	547,815.41		(0.00)	0.00	547,815.41
09/20/24	09/20/24	Pay Princpl	394,493.539	EFF 2024-3 A1 FLEET 144A MAT 07/21/25 Cpn 5.49 29375QAA6	394,493.54		0.00	0.00	394,493.54
09/20/24	09/20/24	Pay Princpl	418,686.972	GMALT 2022-3 A3 LEASE MAT 09/22/25 Cpn 4.01 380130AD6	418,686.97		1,204.45	0.00	418,686.97
09/20/24	09/20/24	Pay Princpl	160,575.016	GMALT 2024-1 A2A LEASE MAT 06/22/26 Cpn 5.18 36269FAB2	160,575.02		11.41	0.00	160,575.02

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09/20/24	09/20/24	Pay Princpl	326,382.972	SBALT 2024-A A2 LEASE 144A MAT 01/20/26 Cpn 5.45 78414SAC8	326,382.97		11.42	0.00	326,382.97
09/20/24	09/20/24	Pay Princpl	208,048.687	SFAST 2024-1A A2 CAR 144A MAT 06/21/27 Cpn 5.35 78435VAB8	208,048.69		8.45	0.00	208,048.69
09/20/24	09/20/24	Pay Princpl	42,020.056	TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2	42,020.06		2.75	0.00	42,020.06
09/20/24	09/20/24	Pay Princpl	739,690.398	TEVT 2023-1 A2B CAR 144A MAT 12/21/26 Cpn 5.87 881943AC8	739,690.40		0.00	0.00	739,690.40
09/20/24	09/20/24	Pay Princpl	96,664.180	VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4	96,664.18		0.00	1.95	96,664.18
09/25/24	09/25/24	Pay Princpl	197,175.476	BMWLT 2024-1 A2A LEASE MAT 07/27/26 Cpn 5.10 05611UAB9	197,175.48		2.75	0.00	197,175.48
09/25/24	09/25/24	Pay Princpl	379,853.448	BMWOT 2023-A A2A CAR MAT 04/27/26 Cpn 5.72 05592XAB6	379,853.45		0.00	0.00	379,853.45
09/25/24	09/25/24	Pay Princpl	211,447.842	CHAOT 2024-1A A2 CAR 144A MAT 04/26/27 Cpn 5.48 16144BAB4	211,447.84		13.14	0.00	211,447.84
09/25/24	09/25/24	Pay Princpl	408,369.005	FHMS KS09 A MAT 10/25/27 Cpn 5.75 3137FCK52	408,369.00		113.31	0.00	408,369.00
09/25/24	09/25/24	Pay Princpl	111,107.953	FNA 2015-M6 FA MAT 01/25/26 Cpn 5.77 3136ANLN5	111,107.95		28.95	0.00	111,107.95
			<u>14,705,336.413</u>		<u>14,705,336.43</u>		<u>31,591.11</u>	<u>14,736.24</u>	<u>14,705,336.43</u>
09/03/24	09/03/24	Mature Long	19,000,000.000	U.S. TREASURY BILL MAT 09/03/24 Cpn 912797LA3	18,850,802.50	149,197.50	0.00	0.00	19,000,000.00
09/03/24	09/03/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 09/03/24 Cpn 912797LA3	49,607,375.00	392,625.00	0.00	0.00	50,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

09/01/2024
through 09/30/2024

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
09/03/24	09/03/24	Mature Long	40,000,000.000	CREDIT AGRICOLE CP MAT 09/03/24 Cpn 22533TJ31	39,976,400.00	23,600.00	0.00	0.00	40,000,000.00
09/03/24	09/03/24	Mature Long	40,000,000.000	MITSUBISHI UFJ TRUST & BANK 14 MAT 09/03/24 Cpn 60682WJ33	39,834,488.89	165,511.11	0.00	0.00	40,000,000.00
09/03/24	09/03/24	Mature Long	10,000,000.000	NOVARTIS FINANCE CP 144A MAT 09/03/24 Cpn 6698M4J37	9,960,175.00	39,825.00	0.00	0.00	10,000,000.00
09/04/24	09/04/24	Mature Long	20,000,000.000	AIR PRODUCTS & CHEMICALS CP 1 MAT 09/04/24 Cpn 00915SJ45	19,923,155.56	76,844.44	0.00	0.00	20,000,000.00
09/04/24	09/04/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOT E MAT 09/04/24 Cpn 313384E62	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
09/04/24	09/04/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOT E MAT 09/04/24 Cpn 313384E62	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
09/04/24	09/04/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOT E MAT 09/04/24 Cpn 313384E62	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
09/05/24	09/05/24	Mature Long	40,000,000.000	CREDIT AGRICOLE CP MAT 09/05/24 Cpn 22533TJ56	39,994,100.00	5,900.00	0.00	0.00	40,000,000.00
09/05/24	09/05/24	Mature Long	35,000,000.000	JOHNSON & JOHNSON CP 144A MAT 09/05/24 Cpn 47816FJ51	34,712,533.33	287,466.67	0.00	0.00	35,000,000.00
09/05/24	09/05/24	Mature Long	20,000,000.000	U.S. TREASURY BILL MAT 09/05/24 Cpn 912797GL5	19,997,149.17	2,850.83	0.00	0.00	20,000,000.00
09/05/24	09/05/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 09/05/24 Cpn 912797GL5	49,992,872.92	7,127.08	0.00	0.00	50,000,000.00
09/06/24	09/06/24	Mature Long	45,000,000.000	FHLB DISCOUNT NOTE MAT 09/06/24 Cpn 313384E88	44,993,487.50	6,512.50	0.00	0.00	45,000,000.00
09/09/24	09/09/24	Mature Long	40,000,000.000	CREDIT AGRICOLE CP MAT 09/09/24 Cpn 22533TJ98	39,982,300.00	17,700.00	0.00	0.00	40,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

09/01/2024
through 09/30/2024

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
09/09/24	09/09/24	Mature Long	18,000,000.000	NOVARTIS FINANCE CP 144A MAT 09/09/24 Cpn 6698M4J94	17,891,145.00	108,855.00	0.00	0.00	18,000,000.00
09/10/24	09/10/24	Mature Long	28,000,000.000	AUTOMATIC DATA CP 144A MAT 09/10/24 Cpn 0530A2JA9	27,995,862.22	4,137.78	0.00	0.00	28,000,000.00
09/10/24	09/10/24	Mature Long	35,000,000.000	U.S. TREASURY BILL MAT 09/10/24 Cpn 912797LG0	34,943,935.44	56,064.56	0.00	0.00	35,000,000.00
09/10/24	09/10/24	Mature Long	7,500,000.000	NY LONG ISLAND POWER AUTH CP MAT 09/10/24 Cpn 5.52 54270XDS3	7,500,000.00		0.00	0.00	7,500,000.00
09/11/24	09/11/24	Mature Long	50,000,000.000	AUTOMATIC DATA CP 144A MAT 09/11/24 Cpn 0530A2JB7	49,992,611.11	7,388.89	0.00	0.00	50,000,000.00
09/11/24	09/11/24	Mature Long	50,000,000.000	CREDIT AGRICOLE CP MAT 09/11/24 Cpn 22533TJB3	49,992,625.00	7,375.00	0.00	0.00	50,000,000.00
09/11/24	09/11/24	Mature Long	39,000,000.000	FHLB DISCOUNT NOTE MAT 09/11/24 Cpn 313384F53	38,994,377.50	5,622.50	0.00	0.00	39,000,000.00
09/11/24	09/11/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/11/24 Cpn 313384F53	49,992,791.67	7,208.33	0.00	0.00	50,000,000.00
09/12/24	09/12/24	Mature Long	10,000,000.000	U.S. TREASURY BILL MAT 09/12/24 Cpn 912797KK2	9,867,418.06	132,581.94	0.00	0.00	10,000,000.00
09/12/24	09/12/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 09/12/24 Cpn 912797KK2	49,337,090.28	662,909.72	0.00	0.00	50,000,000.00
09/12/24	09/12/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 09/12/24 Cpn 912797KK2	49,337,090.28	662,909.72	0.00	0.00	50,000,000.00
09/12/24	09/12/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 09/12/24 Cpn 912797KK2	49,337,090.28	662,909.72	0.00	0.00	50,000,000.00
09/12/24	09/12/24	Mature Long	20,000,000.000	FHLB DISCOUNT NOTE MAT 09/12/24 Cpn 313384F61	19,997,116.67	2,883.33	0.00	0.00	20,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

09/01/2024
through 09/30/2024

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
09/12/24	09/12/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/12/24 Cpn	313384F61	49,992,791.67	7,208.33	0.00	0.00	50,000,000.00
09/12/24	09/12/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/12/24 Cpn	313384F61	49,992,791.67	7,208.33	0.00	0.00	50,000,000.00
09/13/24	09/13/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/13/24 Cpn	313384F79	49,992,847.22	7,152.78	0.00	0.00	50,000,000.00
09/13/24	09/13/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/13/24 Cpn	313384F79	49,992,847.22	7,152.78	0.00	0.00	50,000,000.00
09/13/24	09/13/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/13/24 Cpn	313384F79	49,992,847.22	7,152.78	0.00	0.00	50,000,000.00
09/13/24	09/13/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/13/24 Cpn	313384F79	49,992,847.22	7,152.78	0.00	0.00	50,000,000.00
09/13/24	09/13/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/13/24 Cpn	313384F79	49,992,847.22	7,152.78	0.00	0.00	50,000,000.00
09/13/24	09/13/24	Mature Long	25,000,000.000	LVMH MOET HENNESSY LOUIS CP MAT 09/13/24 Cpn	55078TJD0	24,661,909.72	338,090.28	0.00	0.00	25,000,000.00
09/16/24	09/16/24	Mature Long	50,000,000.000	CREDIT AGRICOLE CP MAT 09/16/24 Cpn	22533TJG2	49,963,125.00	36,875.00	0.00	0.00	50,000,000.00
09/16/24	09/16/24	Mature Long	50,000,000.000	CATERPILLAR FIN CP MAT 09/16/24 Cpn	14912DJG5	49,978,083.33	21,916.67	0.00	0.00	50,000,000.00
09/17/24	09/17/24	Mature Long	12,000,000.000	U.S. TREASURY BILL MAT 09/17/24 Cpn	912797LH8	11,906,967.33	93,032.67	0.00	0.00	12,000,000.00
09/17/24	09/17/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 09/17/24 Cpn	912797LH8	49,612,363.89	387,636.11	0.00	0.00	50,000,000.00
09/17/24	09/17/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 09/17/24 Cpn	912797LH8	49,612,363.89	387,636.11	0.00	0.00	50,000,000.00

TRANSACTIONS BY TYPE

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09/01/2024
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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
09/17/24	09/17/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/17/24 Cpn 313384G37	49,992,819.44	7,180.56	0.00	0.00	50,000,000.00
09/17/24	09/17/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/17/24 Cpn 313384G37	49,992,819.44	7,180.56	0.00	0.00	50,000,000.00
09/17/24	09/17/24	Mature Long	50,000,000.000	FHLMC DISCOUNT NOTE MAT 09/17/24 Cpn 313396G31	49,949,736.11	50,263.89	0.00	0.00	50,000,000.00
09/17/24	09/17/24	Mature Long	50,000,000.000	FHLMC DISCOUNT NOTE MAT 09/17/24 Cpn 313396G31	49,949,736.11	50,263.89	0.00	0.00	50,000,000.00
09/17/24	09/17/24	Mature Long	50,000,000.000	FHLMC DISCOUNT NOTE MAT 09/17/24 Cpn 313396G31	49,949,736.11	50,263.89	0.00	0.00	50,000,000.00
09/17/24	09/17/24	Mature Long	50,000,000.000	FHLMC DISCOUNT NOTE MAT 09/17/24 Cpn 313396G31	49,949,736.11	50,263.89	0.00	0.00	50,000,000.00
09/17/24	09/17/24	Mature Long	14,500,000.000	UNIVERSITY OF CHICAGO CP TXB MAT 09/17/24 Cpn 91336CJH1	14,487,109.50	12,890.50	0.00	0.00	14,500,000.00
09/18/24	09/18/24	Mature Long	40,000,000.000	CREDIT AGRICOLE CP MAT 09/18/24 Cpn 22533TJJ6	39,994,100.00	5,900.00	0.00	0.00	40,000,000.00
09/18/24	09/18/24	Mature Long	33,000,000.000	CATERPILLAR FIN CP MAT 09/18/24 Cpn 14912DJJ9	32,995,169.17	4,830.83	0.00	0.00	33,000,000.00
09/18/24	09/18/24	Mature Long	5,000,000.000	FHLB DISCOUNT NOTE MAT 09/18/24 Cpn 313384G45	4,999,283.33	716.67	0.00	0.00	5,000,000.00
09/18/24	09/18/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/18/24 Cpn 313384G45	49,992,833.33	7,166.67	0.00	0.00	50,000,000.00
09/18/24	09/18/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/18/24 Cpn 313384G45	49,992,833.33	7,166.67	0.00	0.00	50,000,000.00
09/18/24	09/18/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/18/24 Cpn 313384G45	49,992,833.33	7,166.67	0.00	0.00	50,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

09/01/2024
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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
09/19/24	09/19/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 09/19/24 Cpn 912797KL0		49,346,250.00	653,750.00	0.00	0.00	50,000,000.00
09/19/24	09/19/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 09/19/24 Cpn 912797KL0		49,346,250.00	653,750.00	0.00	0.00	50,000,000.00
09/19/24	09/19/24	Mature Long	40,000,000.000	FHLB DISCOUNT NOTE MAT 09/19/24 Cpn 313384G52		39,988,633.33	11,366.67	0.00	0.00	40,000,000.00
09/19/24	09/19/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/19/24 Cpn 313384G52		49,985,791.67	14,208.33	0.00	0.00	50,000,000.00
09/19/24	09/19/24	Mature Long	23,700,000.000	CA LOS ANGELES WASTEWATER MAT 09/19/24 Cpn 5.44 54466DBJ3		23,700,000.00		0.00	0.00	23,700,000.00
09/19/24	09/19/24	Mature Long	25,000,000.000	NATL SEC CLEARING CP 144A MAT 09/19/24 Cpn 63763PJK6		24,948,569.44	51,430.56	0.00	0.00	25,000,000.00
09/20/24	09/20/24	Mature Long	5,000,000.000	FHLMC DISCOUNT NOTE MAT 09/20/24 Cpn 313396G64		4,997,895.83	2,104.17	0.00	0.00	5,000,000.00
09/20/24	09/20/24	Mature Long	50,000,000.000	FHLMC DISCOUNT NOTE MAT 09/20/24 Cpn 313396G64		49,978,958.33	21,041.67	0.00	0.00	50,000,000.00
09/20/24	09/20/24	Mature Long	11,150,000.000	NATL SEC CLEARING CP 144A MAT 09/20/24 Cpn 63763PJL4		11,034,659.44	115,340.56	0.00	0.00	11,150,000.00
09/23/24	09/23/24	Mature Long	45,000,000.000	CREDIT AGRICOLE CP MAT 09/23/24 Cpn 22533TJP2		44,981,962.50	18,037.50	0.00	0.00	45,000,000.00
09/24/24	09/24/24	Mature Long	20,000,000.000	AIR PRODUCTS & CHEMICALS CP 1 MAT 09/24/24 Cpn 00915SSJQ6		19,989,288.89	10,711.11	0.00	0.00	20,000,000.00
09/24/24	09/24/24	Mature Long	30,000,000.000	U.S. TREASURY BILL MAT 09/24/24 Cpn 912797LJ4		29,489,100.00	510,900.00	0.00	0.00	30,000,000.00
09/24/24	09/24/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 09/24/24 Cpn 912797LJ4		49,148,500.00	851,500.00	0.00	0.00	50,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
09/24/24	09/24/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 09/24/24 Cpn	912797LJ4	49,148,500.00	851,500.00	0.00	0.00	50,000,000.00
09/24/24	09/24/24	Mature Long	24,000,000.000	U.S. TREASURY BILL MAT 09/24/24 Cpn	912797LJ4	23,953,146.67	46,853.33	0.00	0.00	24,000,000.00
09/24/24	09/24/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 09/24/24 Cpn	912797LJ4	49,902,388.89	97,611.11	0.00	0.00	50,000,000.00
09/25/24	09/25/24	Mature Long	30,000,000.000	BNP PARIBAS NY CP MAT 09/25/24 Cpn	09659BJR2	29,603,950.00	396,050.00	0.00	0.00	30,000,000.00
09/25/24	09/25/24	Mature Long	40,000,000.000	CREDIT AGRICOLE CP MAT 09/25/24 Cpn	22533TJR8	39,994,655.56	5,344.44	0.00	0.00	40,000,000.00
09/25/24	09/25/24	Mature Long	17,500,000.000	CUMMINS INC CP 144A MAT 09/25/24 Cpn	23102UJR4	17,480,166.67	19,833.33	0.00	0.00	17,500,000.00
09/25/24	09/25/24	Mature Long	20,000,000.000	TVA DISCOUNT NOTE MAT 09/25/24 Cpn	880592H37	19,956,916.67	43,083.33	0.00	0.00	20,000,000.00
09/25/24	09/25/24	Mature Long	50,000,000.000	TVA DISCOUNT NOTE MAT 09/25/24 Cpn	880592H37	49,892,291.67	107,708.33	0.00	0.00	50,000,000.00
09/25/24	09/25/24	Mature Long	50,000,000.000	TVA DISCOUNT NOTE MAT 09/25/24 Cpn	880592H37	49,892,291.67	107,708.33	0.00	0.00	50,000,000.00
09/25/24	09/25/24	Mature Long	19,000,000.000	TVA DISCOUNT NOTE MAT 09/25/24 Cpn	880592H37	18,959,070.83	40,929.17	0.00	0.00	19,000,000.00
09/25/24	09/25/24	Mature Long	50,000,000.000	TVA DISCOUNT NOTE MAT 09/25/24 Cpn	880592H37	49,892,291.67	107,708.33	0.00	0.00	50,000,000.00
09/25/24	09/25/24	Mature Long	50,000,000.000	TVA DISCOUNT NOTE MAT 09/25/24 Cpn	880592H37	49,892,291.67	107,708.33	0.00	0.00	50,000,000.00
09/26/24	09/26/24	Mature Long	40,000,000.000	AUTOMATIC DATA CP 144A MAT 09/26/24 Cpn	0530A2JS0	39,994,644.44	5,355.56	0.00	0.00	40,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
09/26/24	09/26/24	Mature Long	5,000,000.000	U.S. TREASURY BILL MAT 09/26/24 Cpn	912797KM8	4,917,310.42	82,689.58	0.00	0.00	5,000,000.00
09/26/24	09/26/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 09/26/24 Cpn	912797KM8	49,173,104.17	826,895.83	0.00	0.00	50,000,000.00
09/26/24	09/26/24	Mature Long	42,000,000.000	U.S. TREASURY BILL MAT 09/26/24 Cpn	912797KM8	41,451,747.75	548,252.25	0.00	0.00	42,000,000.00
09/26/24	09/26/24	Mature Long	15,000,000.000	U.S. TREASURY BILL MAT 09/26/24 Cpn	912797KM8	14,966,400.00	33,600.00	0.00	0.00	15,000,000.00
09/26/24	09/26/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 09/26/24 Cpn	912797KM8	49,888,000.00	112,000.00	0.00	0.00	50,000,000.00
09/26/24	09/26/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 09/26/24 Cpn	912797KM8	49,888,000.00	112,000.00	0.00	0.00	50,000,000.00
09/26/24	09/26/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 09/26/24 Cpn	912797KM8	49,888,000.00	112,000.00	0.00	0.00	50,000,000.00
09/26/24	09/26/24	Mature Long	39,980,000.000	FHLB DISCOUNT NOTE MAT 09/26/24 Cpn	313384H44	39,974,858.13	5,141.87	0.00	0.00	39,980,000.00
09/26/24	09/26/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/26/24 Cpn	313384H44	49,993,569.44	6,430.56	0.00	0.00	50,000,000.00
09/26/24	09/26/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/26/24 Cpn	313384H44	49,993,569.44	6,430.56	0.00	0.00	50,000,000.00
09/26/24	09/26/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/26/24 Cpn	313384H44	49,993,569.44	6,430.56	0.00	0.00	50,000,000.00
09/26/24	09/26/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 09/26/24 Cpn	313384H44	49,993,569.44	6,430.56	0.00	0.00	50,000,000.00
09/26/24	09/26/24	Mature Long	19,400,000.000	FHLB DISCOUNT NOTE MAT 09/26/24 Cpn	313384H44	19,397,504.94	2,495.06	0.00	0.00	19,400,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

09/01/2024
through 09/30/2024

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
09/26/24	09/26/24	Mature Long	9,600,000.000	ILLINOIS TOOL WORKS CP 144A MAT 09/26/24 Cpn 4523ELJS5	9,598,717.33	1,282.67	0.00	0.00	9,600,000.00
09/27/24	09/27/24	Mature Long	40,000,000.000	CREDIT AGRICOLE CP MAT 09/27/24 Cpn 22533TJT4	39,994,655.56	5,344.44	0.00	0.00	40,000,000.00
09/27/24	09/27/24	Mature Long	25,000,000.000	COLGATE-PALMOLIVE CP 144A MAT 09/27/24 Cpn 19416EJT5	24,993,361.11	6,638.89	0.00	0.00	25,000,000.00
09/30/24	09/30/24	Mature Long	12,000,000.000	FHLB DISCOUNT NOTE MAT 09/30/24 Cpn 313384H85	11,993,906.67	6,093.33	0.00	0.00	12,000,000.00
09/30/24	09/30/24	Mature Long	25,000,000.000	TVA DISCOUNT NOTE MAT 09/30/24 Cpn 880592H86	24,983,819.44	16,180.56	0.00	0.00	25,000,000.00
09/30/24	09/30/24	Mature Long	25,000,000.000	TVA DISCOUNT NOTE MAT 09/30/24 Cpn 880592H86	24,987,305.56	12,694.44	0.00	0.00	25,000,000.00
			3,744,330,000.000		3,732,474,930.96	11,855,069.06	0.00	0.00	3,744,330,000.00
09/04/24	09/04/24	Withdrawal	(50,000,000.000)	WD MAT Cpn USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
09/09/24	09/09/24	Withdrawal	(45,000,000.000)	WD MAT Cpn USD	(45,000,000.00)		(45,000,000.00)	0.00	(45,000,000.00)
09/12/24	09/12/24	Withdrawal	(55,000,000.000)	WD MAT Cpn USD	(55,000,000.00)		(55,000,000.00)	0.00	(55,000,000.00)
09/13/24	09/13/24	Withdrawal	(45,000,000.000)	WD MAT Cpn USD	(45,000,000.00)		(45,000,000.00)	0.00	(45,000,000.00)
09/17/24	09/17/24	Withdrawal	(45,000,000.000)	WD MAT Cpn USD	(45,000,000.00)		(45,000,000.00)	0.00	(45,000,000.00)
09/19/24	09/19/24	Withdrawal	(240,000,000.000)	WD MAT Cpn USD	(240,000,000.00)		(240,000,000.00)	0.00	(240,000,000.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

09/01/2024
through 09/30/2024

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
09/23/24	09/23/24	Withdrawal	(60,000,000.000)	WD MAT	Cpn USD	(60,000,000.00)		(60,000,000.00)	0.00	(60,000,000.00)
09/24/24	09/24/24	Withdrawal	(180,000,000.000)	WD MAT	Cpn USD	(180,000,000.00)		(180,000,000.00)	0.00	(180,000,000.00)
09/26/24	09/26/24	Withdrawal	(150,000,000.000)	WD MAT	Cpn USD	(150,000,000.00)		(150,000,000.00)	0.00	(150,000,000.00)
09/27/24	09/27/24	Withdrawal	(130,000,000.000)	WD MAT	Cpn USD	(130,000,000.00)		(130,000,000.00)	0.00	(130,000,000.00)
09/30/24	09/30/24	Withdrawal	(290,000,000.000)	WD MAT	Cpn USD	(290,000,000.00)		(290,000,000.00)	0.00	(290,000,000.00)
09/30/24	09/30/24	Withdrawal	(160,000,000.000)	WD MAT	Cpn USD	(160,000,000.00)		(160,000,000.00)	0.00	(160,000,000.00)
			<u>(1,450,000,000.000)</u>			<u>(1,450,000,000.00)</u>		<u>(1,450,000,000.00)</u>	<u>0.00</u>	<u>(1,450,000,000.00)</u>

TRANSACTIONS BY TYPE

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

09/01/2024
through 09/30/2024

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
09/05/24	09/06/24	Buy	240,000.000	U.S. TREASURY NOTE MAT 08/31/29 Cpn 3.63 91282CLK5	(240,928.13)	(144.20)	0.00	0.00	(241,072.33)
09/27/24	09/30/24	Buy	2,435,000.000	U.S. TREASURY NOTE MAT 08/31/29 Cpn 3.63 91282CLK5	(2,449,457.81)	(7,315.09)	0.00	0.00	(2,456,772.90)
			<u>2,675,000.000</u>		<u>(2,690,385.94)</u>	<u>(7,459.29)</u>	<u>0.00</u>	<u>0.00</u>	<u>(2,697,845.23)</u>
09/01/24	09/01/24	Coupon		CA GLENDALE USD GO/ULT TXB MAT 09/01/24 Cpn 1.46 378460YD5		1,821.25	0.00	0.00	1,821.25
09/01/24	09/01/24	Coupon		CA SAN LUIS WESTLANDS WTR DI MAT 09/01/24 Cpn 1.45 798736AW4		2,970.45	0.00	0.00	2,970.45
09/15/24	09/15/24	Coupon		BAAT 2023-2A A3 CAR 144A MAT 06/15/28 Cpn 5.74 06054YAC1		3,348.33	0.00	0.00	3,348.33
09/15/24	09/15/24	Coupon		BAAT 2024-1A A3 CAR 144A MAT 11/15/28 Cpn 5.35 09709AAC6		4,458.33	0.00	0.00	4,458.33
09/15/24	09/15/24	Coupon		BACCT 2023-A2 A2 CARD MAT 11/15/28 Cpn 4.98 05522RDH8		2,075.00	0.00	0.00	2,075.00
09/15/24	09/15/24	Coupon		CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8		40.60	0.00	0.00	40.60
09/15/24	09/15/24	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		120.81	0.00	0.00	120.81
09/15/24	09/15/24	Coupon		CARMX 2023-3 A3 CAR MAT 05/15/28 Cpn 5.28 14319BAC6		3,520.00	0.00	0.00	3,520.00
09/15/24	09/15/24	Coupon		CARMX 2023-4 A3 CAR MAT 07/17/28 Cpn 6.00 14318XAC9		1,500.00	0.00	0.00	1,500.00
09/15/24	09/15/24	Coupon		CARMX 2023-4 A3 CAR MAT 07/17/28 Cpn 6.00 14318XAC9		2,500.00	0.00	0.00	2,500.00

TRANSACTIONS BY TYPE

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

09/01/2024
through 09/30/2024

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
09/15/24	09/15/24	Coupon		CARMX 2024-A3 CAR MAT 10/16/28 Cpn 4.92 14318WAD9		2,460.00	0.00	0.00	2,460.00
09/15/24	09/15/24	Coupon		CARMX 2024-3 A3 CAR MAT 07/16/29 Cpn 4.89 14319GAD3		2,852.50	0.00	0.00	2,852.50
09/15/24	09/15/24	Coupon		COPAR 2023-2 A3 CAR MAT 06/15/28 Cpn 5.82 14044EAD0		3,395.00	0.00	0.00	3,395.00
09/15/24	09/15/24	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
09/15/24	09/15/24	Coupon		FORDF 2023-1 A1 FLOOR 144A MAT 05/15/28 Cpn 4.92 34528QHV9		820.00	0.00	0.00	820.00
09/15/24	09/15/24	Coupon		FORDO 2023-B A3 CAR MAT 05/15/28 Cpn 5.23 344930AD4		2,615.00	0.00	0.00	2,615.00
09/15/24	09/15/24	Coupon		FORDO 2023-C A3 CAR MAT 09/15/28 Cpn 5.53 344940AD3		2,304.17	0.00	0.00	2,304.17
09/15/24	09/15/24	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
09/15/24	09/15/24	Coupon		HART 2023-C A3 CAR MAT 10/16/28 Cpn 5.54 44918CAD4		1,385.00	0.00	0.00	1,385.00
09/15/24	09/15/24	Coupon		JDOT 2023-B A3 EQP MAT 03/15/28 Cpn 5.18 477920AC6		3,237.50	0.00	0.00	3,237.50
09/15/24	09/15/24	Coupon		JDOT 2024-A A3 EQP MAT 11/15/28 Cpn 4.96 47800RAD5		2,893.33	0.00	0.00	2,893.33
09/15/24	09/15/24	Coupon		JDOT 2024-B A3 EQP MAT 03/15/29 Cpn 5.20 47786WAD2		3,033.33	0.00	0.00	3,033.33
09/15/24	09/15/24	Coupon		KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2		102.02	0.00	0.00	102.02

TRANSACTIONS BY TYPE

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

09/01/2024
through 09/30/2024

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
09/15/24	09/15/24	Coupon		KCOT 2023-2A A3 EQP 144A MAT 01/18/28 Cpn 5.28 500945AC4		2,200.00	0.00	0.00	2,200.00
09/15/24	09/15/24	Coupon		MBALT 2024-A A3 LEASE MAT 01/18/28 Cpn 5.32 58770JAD6		3,103.33	0.00	0.00	3,103.33
09/15/24	09/15/24	Coupon		NMOTR 2024-B A FLOORPLAN 144A MAT 02/15/29 Cpn 5.05 65479VAB2		2,525.00	0.00	0.00	2,525.00
09/15/24	09/15/24	Coupon		NY STATE DORM AUTH PERS INC T MAT 03/15/25 Cpn 0.89 64990FD43		3,015.80	0.00	0.00	3,015.80
09/15/24	09/15/24	Coupon		TAOT 2023-D A3 CAR MAT 08/15/28 Cpn 5.54 89239FAD4		1,846.67	0.00	0.00	1,846.67
09/15/24	09/15/24	Coupon		WOART 2022-B A3 CAR MAT 03/15/28 Cpn 3.44 98163QAE9		1,433.33	0.00	0.00	1,433.33
09/16/24	09/16/24	Coupon		GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8		10.96	0.00	0.00	10.96
09/16/24	09/16/24	Coupon		GMCAR 2024-1 A3 CAR MAT 12/18/28 Cpn 4.85 36268GAD7		1,616.67	0.00	0.00	1,616.67
09/17/24	09/17/24	Coupon		FORDF 2024-1 A1 FLOORPLAN 144 MAT 04/15/29 Cpn 5.29 34528QJA3		3,967.50	0.00	0.00	3,967.50
09/18/24	09/18/24	Coupon		HAROT 2023-3 A3 CAR MAT 02/18/28 Cpn 5.41 43815QAC1		1,127.08	0.00	0.00	1,127.08
09/20/24	09/20/24	Coupon		EFF 2024-3 A3 FLEET 144A MAT 08/21/28 Cpn 4.98 29375QAC2		2,075.00	0.00	0.00	2,075.00
09/20/24	09/20/24	Coupon		GMALT 2023-3 A3 LEASE MAT 11/20/26 Cpn 5.38 379929AD4		1,345.00	0.00	0.00	1,345.00
09/25/24	09/25/24	Coupon		BMWLT 2024-1 A3 LEASE MAT 03/25/27 Cpn 4.98 05611UAD5		2,905.00	0.00	0.00	2,905.00

TRANSACTIONS BY TYPE

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

09/01/2024
through 09/30/2024

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
09/25/24	09/25/24	Coupon		NAVMT 2023-1 A FLOOR 144A MAT 08/25/28 Cpn 6.18 63938PBU2		1,030.00	0.00	0.00	1,030.00
09/25/24	09/25/24	Coupon		NAVMT 2024-1 A FLOOR 144A MAT 04/25/29 Cpn 5.59 63938PBW8		1,863.33	0.00	0.00	1,863.33
09/30/24	09/30/24	Coupon		FHLMC C 12/30/2022 Q MAT 09/30/25 Cpn 4.75 3134GX3A0		14,487.50	0.00	0.00	14,487.50
09/30/24	09/30/24	Coupon		U.S. TREASURY NOTE MAT 09/30/26 Cpn 0.88 91282CCZ2		6,146.88	0.00	0.00	6,146.88
09/30/24	09/30/24	Coupon		U.S. TREASURY NOTE MAT 03/31/28 Cpn 3.63 91282CGT2		64,343.75	0.00	0.00	64,343.75
09/30/24	09/30/24	Coupon		U.S. TREASURY NOTE MAT 03/31/28 Cpn 3.63 91282CGT2		28,818.75	0.00	0.00	28,818.75
09/30/24	09/30/24	Coupon		U.S. TREASURY NOTE MAT 03/31/28 Cpn 3.63 91282CGT2		37,065.63	0.00	0.00	37,065.63
09/30/24	09/30/24	Coupon		U.S. TREASURY NOTE MAT 03/31/28 Cpn 3.63 91282CGT2		71,050.00	0.00	0.00	71,050.00
09/30/24	09/30/24	Coupon		U.S. TREASURY NOTE MAT 03/31/29 Cpn 4.13 91282CKG5		9,590.63	0.00	0.00	9,590.63
09/30/24	09/30/24	Coupon		U.S. TREASURY NOTE MAT 09/30/28 Cpn 4.63 91282CJA0		41,856.25	0.00	0.00	41,856.25
						357,751.68	0.00	0.00	357,751.68

TRANSACTIONS BY TYPE

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

09/01/2024
through 09/30/2024

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
09/01/24	09/01/24	Income	11,082.860	STIF INT MAT Cpn USD		11,082.86	0.00	0.00	11,082.86
09/24/24	09/25/24	Sell Long	300,000.000	U.S. TREASURY NOTE MAT 06/30/28 Cpn 4.00 91282CHK0	305,613.28	2,836.96	0.00	7,041.00	308,450.24
09/30/24	09/30/24	Call	610,000.000	FHLMC C 12/30/2022 Q MAT 09/30/25 Cpn 4.75 3134GX3A0	610,000.00		0.00	0.00	610,000.00
09/27/24	09/30/24	Sell Long	470,000.000	U.S. TREASURY NOTE MAT 07/31/26 Cpn 0.63 91282CCP4	445,471.88	486.92	0.00	(23,745.28)	445,958.80
09/27/24	09/30/24	Sell Long	530,000.000	U.S. TREASURY NOTE MAT 07/31/26 Cpn 0.63 91282CCP4	502,340.62	549.09	0.00	(26,292.87)	502,889.71
09/27/24	09/30/24	Sell Long	485,000.000	U.S. TREASURY NOTE MAT 07/31/26 Cpn 4.38 91282CLB5	491,611.91	3,517.24	3,008.75	0.00	495,129.15
			<u>2,395,000.000</u>		<u>2,355,037.69</u>	<u>7,390.21</u>	<u>3,008.75</u>	<u>(42,997.15)</u>	<u>2,362,427.90</u>
09/15/24	09/15/24	Pay Princpl	33,148.459	CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8	33,148.46		0.00	0.64	33,148.46
09/15/24	09/15/24	Pay Princpl	34,321.718	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	34,321.72		0.00	1.09	34,321.72
09/15/24	09/15/24	Pay Princpl	47,796.563	KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2	47,796.56		0.00	0.34	47,796.56
09/16/24	09/16/24	Pay Princpl	6,875.773	GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8	6,875.77		0.00	0.05	6,875.77
			<u>122,142.513</u>		<u>122,142.51</u>		<u>0.00</u>	<u>2.12</u>	<u>122,142.51</u>

TRANSACTIONS BY TYPE

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

09/01/2024
through 09/30/2024

<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>
09/01/24	09/01/24	Mature Long	250,000.000	CA GLENDALE USD GO/ULT TXB MAT 09/01/24 Cpn 1.46 378460YD5	250,000.00		0.00	0.00	250,000.00
09/01/24	09/01/24	Mature Long	410,000.000	CA SAN LUIS WESTLANDS WTR DI MAT 09/01/24 Cpn 1.45 798736AW4	410,000.00		0.00	0.00	410,000.00
			<u>660,000.000</u>		<u>660,000.00</u>		<u>0.00</u>	<u>0.00</u>	<u>660,000.00</u>

LA CARE
Cash Activity by Transaction Type GAAP Basis
Accounting Period From 09/01/2024 To 09/30/2024

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
BUY										
09/05/24	09/03/24	09/05/24	TNT77	02665WFQ9	AMERICAN HONDA FINANCE	3,000,000.00	0.00	(2,996,400.00)	0.00	(2,996,400.00)
09/18/24	09/18/24	09/18/24	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	8,857,759.67	0.00	(8,857,759.67)	0.00	(8,857,759.67)
TOTAL BUY						11,857,759.67	0.00	(11,854,159.67)	0.00	(11,854,159.67)
DIVIDEND										
09/01/24	09/01/24	09/01/24	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	3,657,493.37	23,022.33	0.00	0.00	23,022.33
TOTAL DIVIDEND						3,657,493.37	23,022.33	0.00	0.00	23,022.33
INTEREST										
09/01/24	09/01/24	09/01/24	TNT77	010392FY9	ALABAMA POWER CO	7,000,000.00	131,250.00	0.00	0.00	131,250.00
09/01/24	09/01/24	09/01/24	TNT77	20030NBS9	COMCAST CORP	3,500,000.00	55,125.00	0.00	0.00	55,125.00
09/01/24	09/01/24	09/01/24	TNT77	210518DS2	CONSUMERS ENERGY CO	4,650,000.00	108,112.50	0.00	0.00	108,112.50
09/01/24	09/01/24	09/01/24	TNT77	29157TAC0	EMORY UNIVERSITY	4,305,000.00	33,708.15	0.00	0.00	33,708.15
09/01/24	09/01/24	09/01/24	TNT77	875127BM3	TAMPA ELECTRIC CO	5,000,000.00	143,597.22	0.00	0.00	143,597.22
09/02/24	09/02/24	09/02/24	TNT77	14913R2K2	CATERPILLAR FINL SERVICE	5,000,000.00	22,500.00	0.00	0.00	22,500.00
09/03/24	09/03/24	09/03/24	TNT77	04636NAF0	ASTRAZENECA FINANCE LLC	5,000,000.00	121,875.00	0.00	0.00	121,875.00
09/10/24	09/10/24	09/10/24	TNT77	771196BV3	ROCHE HOLDINGS INC	7,500,000.00	86,775.00	0.00	0.00	86,775.00
09/12/24	09/12/24	09/12/24	TNT77	64105MAA9	NESTLE CAPITAL CORP	1,500,000.00	34,875.00	0.00	0.00	34,875.00
09/15/24	09/15/24	09/15/24	TNT77	26442UAH7	DUKE ENERGY PROGRESS LLC	1,500,000.00	25,875.00	0.00	0.00	25,875.00
09/15/24	09/15/24	09/15/24	TNT77	29736RAJ9	ESTEE LAUDER CO INC	1,500,000.00	23,625.00	0.00	0.00	23,625.00
09/15/24	09/15/24	09/15/24	TNT77	74456QCF1	PUBLIC SERVICE ELECTRIC	9,000,000.00	42,750.00	0.00	0.00	42,750.00
09/17/24	09/17/24	09/17/24	TNT77	931142ER0	WALMART INC	5,000,000.00	26,250.00	0.00	0.00	26,250.00
09/20/24	09/20/24	09/20/24	TNT77	89236TKJ3	TOYOTA MOTOR CREDIT CORP	3,000,000.00	68,250.00	0.00	0.00	68,250.00
09/22/24	09/22/24	09/22/24	TNT77	49177JAF9	KENVUE INC	2,000,000.00	50,500.00	0.00	0.00	50,500.00
09/30/24	09/30/24	09/30/24	TNT77	58769JAG2	MERCEDES-BENZ FIN NA	2,000,000.00	48,000.00	0.00	0.00	48,000.00
TOTAL INTEREST						67,455,000.00	1,023,067.87	0.00	0.00	1,023,067.87
SELL										
09/18/24	09/18/24	09/18/24	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	3,657,493.37	0.00	3,657,493.37	0.00	3,657,493.37
09/25/24	09/24/24	09/25/24	TNT77	576000ZE6	MASSACHUSETTS ST SCH BLDG AUTH	5,000,000.00	4,916.67	4,861,000.00	0.00	4,865,916.67
09/25/24	09/24/24	09/25/24	TNT77	969268DG3	WILLIAM S HART CA UNION HIGH S	2,350,000.00	2,668.43	2,281,991.00	0.00	2,284,659.43

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LA CARE
Cash Activity by Transaction Type GAAP Basis
 Accounting Period From 09/01/2024 To 09/30/2024

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
TOTAL SELL						11,007,493.37	7,585.10	10,800,484.37	0.00	10,808,069.47
GRAND TOTAL						93,977,746.41	1,053,675.30	(1,053,675.30)	0.00	0.00
Avg Date 18										



November 8, 2024

TO: Finance & Budget Committee
FROM: Afzal Shah, *Chief Financial Officer*

SUBJECT: AFS-006 (Authorization and Approval Limits) and AFS-007 (Procurement Policy) 4th Quarter and Annual Reports for FY 2023-24

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

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

Attached are the reports for 4th Quarter and Annual Reports for FY 2023-24.

L.A. Care Health Plan
AFS-006 Authorization and Approval Limits Annual Report
July 2024 - September 2024

New POs and Contracts

Vendor Name	PO and Contract Total
Tania Hernandez	\$ 210.00
Optum360 LLC	\$ 296.96
Digicert, Inc.	\$ 309.00
American Registry for Internet Numbers, LTD	\$ 500.00
Omar Sanchez Barreras	\$ 650.00
Antonio De Jesus Estrada	\$ 672.00
Majestic Marketing, Inc.	\$ 714.72
SALVA	\$ 746.32
Singleton Fire Protection, Inc.	\$ 860.00
Quadient, Inc.	\$ 910.00
Altec Products, Inc.	\$ 927.00
Wistia, Inc.	\$ 950.40
Antelope Valley Partners for Health	\$ 1,000.00
Training Connection LLC	\$ 1,590.00
Aunt Flow Corp.	\$ 2,215.00
Samuel Roman	\$ 2,320.00
American Society of Addiction Medicine Inc.	\$ 2,388.00
Getty Images (US), Inc.	\$ 2,400.00
Paradise Signs, Inc.	\$ 3,352.62
Homeboy Industries	\$ 3,400.40
WW North America Holdings LLC	\$ 3,600.00
Ethics Unlimited, LLC	\$ 4,000.00
Morgan, Lewis & Bockius, LLP	\$ 5,000.00
Luxury Glass Tinting Inc.	\$ 5,165.00
National Committee for Quality Assurance	\$ 5,260.00
Sustainable Economic Enterprises of Los Angeles	\$ 5,900.00
Dewey Services Incorporated	\$ 6,945.00
LexisNexis Risk Solutions FL Inc.	\$ 9,000.00
Worksite Wellness LA	\$ 9,000.00
I.D. Systems & Supplies, Inc.	\$ 10,000.00
Self-Help Graphics and Art, Inc	\$ 10,008.00
AHN Foundation	\$ 10,400.00
Lakeshore Equipment Company	\$ 11,296.27
Project Joy, Inc.	\$ 12,000.00
Safe and Sound Surveillance Solutions Inc	\$ 12,866.00
Insight Direct USA, Inc.	\$ 13,008.62
The Prophet Corporation	\$ 14,020.11
Well Rounded Fitness LLC	\$ 15,000.00
Community Clinic Association of Los Angeles County	\$ 15,400.00
Zipari, Inc.	\$ 16,000.00

New POs and Contracts

Vendor Name	PO and Contract Total
Kimberley Carruthers	\$ 16,640.00
Luxor Printing Inc.	\$ 16,877.43
Judy Andrea Lozada	\$ 19,500.00
Urban Voices Project	\$ 19,760.00
Lands' End, Inc.	\$ 21,068.16
ePlus Technology, Inc.	\$ 22,848.00
Your Own Greatness Affirmed, Inc.	\$ 24,000.00
Avalon Arts and Cultural Alliance	\$ 24,750.00
The Whitewater Group, Inc.	\$ 25,285.00
Nexry LLC	\$ 28,050.00
Angie Gomez	\$ 30,000.00
Republic Services, Inc.	\$ 30,166.00
Parent, Family Engagement and Community Services, Inc.	\$ 33,570.00
Posit Software, PBC	\$ 35,400.00
Uline, Inc.	\$ 35,962.36
MG Dance Foundation	\$ 37,440.00
Amazon Capital Services, Inc.	\$ 38,046.08
Yesenia Andrade	\$ 38,480.00
EBSCO Industries, Inc.	\$ 38,500.00
Laura Roman Cadena	\$ 39,480.00
Fivetran Inc.	\$ 42,000.00
Momentum Telecom, Inc.	\$ 42,480.00
Staarr Realty Corporation (Parking)	\$ 46,056.77
Bri Gainz LLC	\$ 46,800.00
Peoples Yoga	\$ 48,750.00
SAP America, Inc.	\$ 49,944.50
SponsorCX, Inc.	\$ 52,500.00
Office Depot, Inc.	\$ 53,371.51
Ollivier Corporation	\$ 54,767.89
Rubi Ruiz	\$ 56,160.00
BrandFuse, Inc.	\$ 60,395.44
Rebecca E. Lynch	\$ 60,500.00
ABF Data Systems, Inc	\$ 60,596.00
Faith Tramples Fear LLC	\$ 62,900.00
Sierra Pacific Constructors, Inc.	\$ 64,042.00
Advantage Mailing, LLC	\$ 64,576.44
Aunt Bertha, a Public Benefit Corporation	\$ 68,000.00
SonBern LLC	\$ 68,640.00
Vendor Credentialing Service LLC	\$ 72,830.38
Solarwinds, Inc.	\$ 75,633.00
HALO BRANDED SOLUTIONS, INC.	\$ 80,367.35
Sovos Compliance, LLC	\$ 80,401.82
Harbor Community Clinic, Inc. (Grantee)	\$ 82,031.00
mPulse Mobile, Inc.	\$ 88,000.00
Moveworks, Inc.	\$ 90,000.00

New POs and Contracts

Vendor Name	PO and Contract Total
Calven Inc.	\$ 90,500.00
Canon Solutions America Inc	\$ 92,482.56
Brent Powell	\$ 93,940.00
AccuSourceHR, Inc.	\$ 94,671.41
Gracelight Community Health (Grantee)	\$ 95,000.00
Public Health Foundation Enterprises, Inc. (Grantee)	\$ 100,000.00
Helpline Youth Counseling, Inc. (Grantee)	\$ 100,000.00
JWCH Institute, Inc. (Grantee)	\$ 100,000.00
Musick, Peeler & Garrett LLP	\$ 100,000.00
Nielsen Merksamer Parrinello Gross & Leoni, LLP	\$ 100,000.00
City of Los Angeles, Department of Water and Power	\$ 108,000.00
In Due Time Coalition (Grantee)	\$ 120,000.00
Compass Group USA, Inc.	\$ 120,000.00
Northeast Community Clinic (Grantee)	\$ 125,000.00
Buddhist Tzu Chi Medical Foundation (Grantee)	\$ 125,000.00
Breastfeeding Task Force of Greater Los Angeles (Grantee)	\$ 125,000.00
Garfield Health Center (Grantee)	\$ 125,000.00
Herald Christian Health Center (Grantee)	\$ 125,000.00
Independent Feature Project, Inc. (Grantee)	\$ 125,000.00
T.H.E. Clinic, Inc. (Grantee)	\$ 125,000.00
Pediatric & Family Medical Center (Grantee)	\$ 125,000.00
Via Care Community Health Center (Grantee)	\$ 125,000.00
Watts Healthcare Corporation (Grantee)	\$ 125,000.00
Northeast Valley Health Corporation (Grantee)	\$ 125,000.00
Southern California Medical Center, Inc. (Grantee)	\$ 125,000.00
White Memorial Community Health Center (Grantee)	\$ 125,000.00
White Memorial Community Health Center (Grantee)	\$ 125,000.00
Harbor Community Clinic, Inc. (Grantee)	\$ 125,000.00
Infosys Limited	\$ 135,720.00
St. John's Well Child & Family Center (Grantee)	\$ 150,000.00
Project Motherpath, Inc. (Grantee)	\$ 150,000.00
Southside Coalition of Community Health Centers (Grantee)	\$ 150,000.00
Diversity Uplifts, Inc. (Grantee)	\$ 150,000.00
3C Community Clinic (Grantee)	\$ 150,000.00
Pediatric & Family Medical Center (Grantee)	\$ 150,000.00
JWCH Institute, Inc. (Grantee)	\$ 150,000.00
Public Health Foundation Enterprises, Inc. (Grantee)	\$ 150,000.00
Herald Christian Health Center (Grantee)	\$ 150,000.00
Harbor Community Clinic, Inc. (Grantee)	\$ 150,000.00
Asian Pacific Health Care Venture, Inc. (Grantee)	\$ 150,000.00
The Los Angeles Free Clinic (Grantee)	\$ 150,000.00
Via Care Community Health Center (Grantee)	\$ 150,000.00
Garfield Health Center (Grantee)	\$ 150,000.00
Northeast Valley Health Corporation (Grantee)	\$ 150,000.00
Los Angeles Christian Health Centers (Grantee)	\$ 150,000.00

New POs and Contracts

Vendor Name	PO and Contract Total
University Muslim Medical Association, Inc. (Grantee)	\$ 150,000.00
Venice Family Clinic (Grantee)	\$ 150,000.00
Charles R. Drew University of Medicine and Science (Grantee)	\$ 150,000.00
APLA Health & Wellness (Grantee)	\$ 150,000.00
PillarRx Consulting, LLC	\$ 158,125.00
First Class Vending, Inc.	\$ 163,800.00
WTI Holdings LLC	\$ 190,000.24
CrowdStrike, Inc.	\$ 192,100.00
Harder + Company Community Research, Inc.	\$ 192,435.00
Silicon Valley Community Foundation (Grantee)	\$ 200,000.00
Bowser, Charles Warren	\$ 200,000.00
Mintz Levin Cohn Ferris Glovsky and Popeo P.C.	\$ 200,000.00
Seyfarth Shaw LLP	\$ 200,000.00
Wilshire Advisors LLC	\$ 200,000.00
DocuSign, Inc.	\$ 208,925.00
Critical Care Training Center	\$ 211,200.00
Community Clinic Association of Los Angeles County (Grantee)	\$ 215,250.00
SKKN, INC.	\$ 217,966.28
Glass Box Technology, Inc.	\$ 218,129.03
UCLA Foundation, The (Grantee)	\$ 266,000.00
Absolute Ops LLC	\$ 268,335.00
Sonia P. Guzman	\$ 281,720.00
Andruess/Podberesky, APLC	\$ 300,000.00
Byrne & Nixon, LLP	\$ 300,000.00
Crowell & Moring LLP	\$ 300,000.00
Isaacs Friedberg LLP	\$ 300,000.00
Resources Connection Inc.	\$ 300,000.00
Microsoft Corporation	\$ 304,427.00
SurveyMonkey Inc.	\$ 320,124.00
Lista Design Studio, Inc.	\$ 350,000.00
Arent Fox LLP	\$ 400,000.00
MetaSoftTech Solutions LLC	\$ 400,000.00
Oracle America, Inc.	\$ 449,316.00
Acquia, Inc.	\$ 452,274.54
Earth Print Inc.	\$ 465,665.19
CenturyLink Communications, LLC	\$ 488,385.31
Deloitte & Touche LLP	\$ 523,600.00
RightStar, Inc.	\$ 589,028.22
Epstein Becker & Green, P.C.	\$ 600,000.00
Larson LLP	\$ 656,507.50
Center for the Study of Services	\$ 692,302.34
Canon Financial Services, Inc. (Lease)	\$ 717,768.00
Canon Financial Services, Inc.	\$ 717,768.00
Optiv Security, Inc.	\$ 981,966.73
Saviynt, Inc.	\$ 984,000.00

New POs and Contracts

Vendor Name	PO and Contract Total
Cognizant Technology Solutions U.S. Corporation	\$ 1,198,944.84
Daponde Simpson Rowe PC	\$ 1,200,000.00
Cognizant TriZetto Software Group, Inc.	\$ 1,223,050.12
Sheppard Mullin Richter & Hampton LLP	\$ 1,270,000.32
NTT America, Inc.	\$ 1,615,011.91
County of Los Angeles (Grantee)	\$ 2,100,000.00
SHI International Corp	\$ 3,213,695.20
Edifecs, Inc.	\$ 3,650,627.86
Uncommon Good, A California Nonprofit Corporation (Grantee)	\$ 4,000,000.00
I Color Printing & Mailing Inc.	\$ 5,331,983.36
Total	\$ 48,873,594.51

L.A. Care Health Plan
AFS-006 Authorization and Approval Limits Annual Report
July 2024 - September 2024

Amended Vendor Contracts

Vendor Name	Current Contract Total	Amendment	New Contract Total	Term Date
AArete, LLC	\$ 495,000.00	Time	\$ 495,000.00	8/16/2024
Cognizant Technology Solutions U.S. Corporation	\$ 8,337,785.16	\$ 915,019.20	\$ 9,252,804.36	9/30/2024
Cognizant TriZetto Software Group, Inc.	\$ 1,957,613.60	Time	\$ 1,957,613.60	9/30/2024
Health Management Associates Inc.	\$ 88,320.00	\$ 16,000.00	\$ 104,320.00	9/30/2024
Health Management Associates Inc.	\$ 320,080.00	Time	\$ 320,080.00	9/30/2024
MG Dance Foundation	\$ 25,960.00	\$ 2,560.00	\$ 28,520.00	9/30/2024
AArete, LLC	\$ 495,000.00	\$ 30,000.00	\$ 525,000.00	10/11/2024
Cequel Data Centers, L.P.	\$ 240,921.43	Time	\$ 240,921.43	10/15/2024
Office Ally, Inc.	\$ 360,000.00	\$ 25,000.00	\$ 385,000.00	10/31/2024
11:11 Systems, Inc.	\$ 185,824.56	\$ 4,760.00	\$ 190,584.56	11/1/2024
Datavail Corporation	\$ 226,536.00	\$ 59,577.00	\$ 286,113.00	11/30/2024
Broniec Associates Inc	\$ 100,000.00	\$ 100,000.00	\$ 200,000.00	12/31/2024
Cynthia ReedCarmona	\$ 136,500.00	\$ 45,000.00	\$ 181,500.00	12/31/2024
Cognizant Technology Solutions U.S. Corporation	\$ 6,699,359.00	\$ 105,000.00	\$ 6,804,359.00	12/31/2024
Cognizant Technology Solutions U.S. Corporation	\$ 887,344.00	\$ 38,020.00	\$ 925,364.00	12/31/2024
Hyland Software, Inc.	\$ 412,225.00	\$ 384,835.00	\$ 797,060.00	12/31/2024
Hyland Software, Inc.	\$ 216,750.00	\$ 506,812.50	\$ 723,562.50	12/31/2024
1055 Seventh, LLC	\$ 75,478,939.00	\$ 295,597.00	\$ 75,774,536.00	1/31/2025
Resources Connection Inc.	\$ 250,000.00	\$ 31,000.00	\$ 281,000.00	1/31/2025
The Messina Group, Inc.	\$ 225,000.00	\$ 67,500.00	\$ 292,500.00	1/31/2025
Deloitte LLP	\$ 7,500,000.00	Time	\$ 7,500,000.00	2/7/2025
Trailant Operating, LLC	\$ 85,115.00	\$ 3,075.00	\$ 88,190.00	2/17/2025
Toney HealthCare Consulting, LLC	\$ 3,763,584.00	Time	\$ 3,763,584.00	2/28/2025
Datavail Corporation	\$ 306,564.00	\$ 263,264.00	\$ 569,828.00	3/26/2025
Imagenet LLC	\$ 600,000.00	\$ 200,000.00	\$ 800,000.00	6/30/2025
Imagenet LLC	\$ 3,750,000.00	\$ 600,000.00	\$ 4,350,000.00	6/30/2025
Datavail Corporation	\$ 519,984.00	\$ 272,136.00	\$ 792,120.00	8/15/2025
Infosys Limited	\$ 14,364,883.00	\$ 2,000,000.00	\$ 16,364,883.00	9/30/2025
LA Net Community Health Research and Resource	\$ 845,000.00	\$ 222,000.00	\$ 1,067,000.00	9/30/2025
Absolute Ops LLC	\$ 123,000.00	\$ 466,200.00	\$ 589,200.00	12/31/2025
Sullivan/Luallin, Inc.	\$ 849,711.12	Time	\$ 849,711.12	12/31/2025
BIG Language Solutions LLC	\$ 2,600,000.00	Time	\$ 2,600,000.00	2/28/2026
Healthy Cooking LLC	\$ 93,280.00	\$ 6,930.00	\$ 100,210.00	2/28/2026
Language Line Services, Inc.	\$ 20,400,000.00	Scope	\$ 20,400,000.00	4/30/2026
Sonia P. Guzman	\$ 137,840.00	\$ 3,020.00	\$ 140,860.00	7/31/2026
W Why W Enterprises, Inc.	\$ 300,000.00	\$ 200,000.00	\$ 500,000.00	12/31/2026
Continuum Global Solutions, LLC (Parent Compan	\$ 22,000,000.00	\$ 42,287,728.57	\$ 64,287,728.57	3/31/2027
Optiv Security, Inc.	\$ 1,874,024.92	\$ 65,457.03	\$ 1,939,481.95	4/2/2027
First Capitol Consulting, Inc. dba Trusaic	\$ 100,000.00	\$ 50,000.00	\$ 150,000.00	5/31/2027
WEX Health, Inc.	\$ 455,870.00	\$ 66,295.00	\$ 522,165.00	6/16/2027
WEX Health, Inc.	\$ 522,165.00	\$ 624,510.00	\$ 1,146,675.00	6/16/2027
Metcalfe Security Inc.	\$ 950,000.00	\$ 8,032,675.00	\$ 8,982,675.00	8/28/2028
Cequel Data Centers, L.P.	\$ 6,244,723.93	\$ 31,700.00	\$ 6,276,423.93	12/20/2028
Edifecs, Inc.	\$ 6,264,911.00	Scope	\$ 6,264,911.00	12/31/2030
Total	\$ 191,789,813.72			

L.A. Care Health Plan
AFS-006 Authorization and Approval Limits Annual Report
October 2023 - September 2024

New POs and Contracts

Vendor Name	PO and Contract Total
American Registry for Internet Numbers, LTD	\$ 500.00
Zoll Medical Corp	\$ 519.00
Omar Sanchez Barreras	\$ 650.00
Norm's Refrigeration, LLC.	\$ 772.50
Singleton Fire Protection, Inc.	\$ 860.00
Fitness International, LLC	\$ 1,000.00
Your Glass Connection, Inc.	\$ 1,500.00
Majestic Marketing, Inc.	\$ 1,606.44
Wistia, Inc	\$ 1,900.80
Johnathan Madrigal	\$ 1,981.50
Altec Products, Inc.	\$ 2,264.00
American Society of Addiction Medicine Inc.	\$ 2,388.00
Live Art Landscapes, Inc.	\$ 2,587.42
Metalcraft, Inc	\$ 3,375.20
Ethics Unlimited, LLC	\$ 4,000.00
Aunt Flow Corp.	\$ 4,102.50
Angela P. Ahmu	\$ 4,160.00
B&H Foto & Electronics, Corp.	\$ 4,288.87
Omar Ureta	\$ 5,000.00
Ryan Gonzalez	\$ 5,150.00
ABMS Solutions, LLC	\$ 5,250.00
Luxury Glass Tinting Inc.	\$ 5,350.00
Concur Technologies, Inc.	\$ 5,582.28
Sustainable Economic Enterprises of Los Angeles	\$ 5,900.00
Paradise Signs, Inc.	\$ 5,992.62
Pack4U, Inc	\$ 6,750.00
EPI-USE Labs, LLC	\$ 6,789.92
America's Health Insurance Plans, Inc.	\$ 7,000.00
WW North America Holdings LLC	\$ 7,200.00
Bootstrap Software Partners, LLC	\$ 7,415.48
Christopher Lopez	\$ 7,500.00
Blue Ribbon Technologies, LLC	\$ 7,800.00
Rita Lisa Sinkoski	\$ 7,800.00
Vicki Bolsega	\$ 7,800.00
LifeLabs Group, Inc.	\$ 8,550.00
Quadient, Inc.	\$ 8,977.60
Jack Nadel Inc	\$ 9,000.00
LexisNexis Risk Solutions FL Inc	\$ 9,000.00
Michael Moldofsky	\$ 9,499.50
Elizabeth Barnett	\$ 9,900.00
Cintas Corporation No. 2	\$ 10,000.00
Tham & Associates LTD	\$ 10,000.00
Self-Help Graphics and Art, Inc	\$ 10,008.00
ISI Telemanagement Solutions, LLC	\$ 10,200.00
PhotoShelter, Inc.	\$ 10,499.00
Getty Images (US), Inc.	\$ 11,010.00
Alexandra Rodriguez	\$ 11,240.00
Zoom Video Communications, Inc.	\$ 11,294.00
Plunet Inc.	\$ 11,928.76
Bahareh Rabii	\$ 12,000.00
Project Joy, Inc.	\$ 12,000.00
GOANIMATE, INC.	\$ 12,037.00

New POs and Contracts

Vendor Name	PO and Contract Total
Iron Mountain Inc	\$ 12,300.00
Freeman-Thomas Early Education Consulting, LLC	\$ 13,912.00
Sandra De Jesus	\$ 14,000.00
Articulate Global, Inc.	\$ 14,503.03
Well Rounded Fitness LLC	\$ 15,000.00
Community Clinic Association of Los Angeles County	\$ 15,400.00
Footage Firm, Inc	\$ 15,500.00
Birthworkers of Color Collective	\$ 16,000.00
ComponentSource, Inc.	\$ 16,425.60
Smartsheet.com, Inc.	\$ 16,560.00
Elisa Urbano	\$ 17,160.00
Meltwater News US Inc.	\$ 17,545.00
Juan Andres lara	\$ 17,920.00
Environmental Systems Research Institute, Inc.	\$ 17,940.00
Harbor Community Clinic, Inc.	\$ 18,000.00
Harbor Connects	\$ 18,000.00
Luxor Printing Inc.	\$ 18,101.52
Blackbaud, Inc.	\$ 18,112.50
Lucero Cuevas-Moreno	\$ 19,000.00
Integrity Marketing Group, LLC (Parent Company of Deft Research, LLC)	\$ 19,300.00
Health Literacy Innovations, LLC	\$ 19,740.00
Urban Voices Project	\$ 19,760.00
I.D. Systems & Supplies, Inc.	\$ 20,000.00
Aurora Systems Consulting, Inc	\$ 20,443.50
Gasol Foundation	\$ 20,800.00
Digicert, Inc.	\$ 21,065.60
Stella Ilran Han	\$ 21,400.00
The Prophet Corporation	\$ 22,236.98
Tania Hernandez	\$ 23,010.00
Costas Healthcare Solutions, LLC	\$ 23,100.00
Your Own Greatness Affirmed, Inc.	\$ 24,000.00
Gallup, Inc.	\$ 24,150.00
Antonio De Jesus Estrada	\$ 24,624.00
Karen Perez	\$ 24,700.00
Venice 2000 dba HELPER Foundation	\$ 24,700.00
Avalon Arts and Cultural Alliance	\$ 24,750.00
Dalia Rosa Cadena	\$ 24,960.00
Competiscan, LLC	\$ 24,970.00
Axis Technology, LLC	\$ 25,000.00
Samuel Roman	\$ 25,009.53
The Whitewater Group, Inc.	\$ 25,285.00
Motherhood Together	\$ 26,200.00
Young Men's Christian Association of Metropolitan Los Angele	\$ 26,800.00
Insight Direct USA, Inc.	\$ 27,693.70
Nexry LLC	\$ 28,050.00
Training Connection LLC	\$ 28,540.00
Homeboy Industries	\$ 29,871.10
Comcast Holdings Corporation	\$ 30,000.00
Kinema Fitness, Inc.	\$ 30,000.00
Dewey Services Incorporated	\$ 30,122.00
Melissa Data Corporation	\$ 30,645.00
Amtex Delivery Systems	\$ 31,320.00
Safe and Sound Surveillance Solutions Inc	\$ 32,546.00
Lakeshore Equipment Company	\$ 32,588.83
Watts Healthcare Corporation	\$ 34,580.00
LPS Holdco LLC	\$ 35,000.00

New POs and Contracts

Vendor Name	PO and Contract Total
Miriam Patricia Perez	\$ 35,120.00
Esperanza Community Housing Corporation	\$ 35,360.00
AHN Foundation	\$ 35,600.00
Khavarian Enterprises, Inc.	\$ 35,800.00
SALVA	\$ 35,966.32
IBISWorld, Inc.	\$ 36,900.00
Galan Cultural Center Inc.	\$ 38,000.00
TRI Ventures, Inc.	\$ 38,000.00
Yesenia Andrade	\$ 38,480.00
EBSCO Industries, Inc.	\$ 38,500.00
FEAST	\$ 38,800.00
Laura Roman Cadena	\$ 39,480.00
Kimberley Carruthers	\$ 40,040.00
Judy Andrea Lozada	\$ 40,160.00
Sculpt Fitness Long Beach LLC	\$ 40,950.00
Fivetran Inc.	\$ 42,000.00
California Hospital Assessment and Reporting Task Force (CHART)	\$ 45,000.00
Expert Plant Care, Inc.	\$ 45,920.00
Staarr Realty Corporation (Grantee)	\$ 46,056.77
Staarr Realty Corporation (Lease)	\$ 46,056.77
Aquent LLC	\$ 47,662.00
Herald Christian Health Center	\$ 49,920.00
Hanson Bridgett LLP	\$ 50,000.00
Virginia Medina	\$ 52,000.00
SponsorCX, Inc.	\$ 52,500.00
Black Velveteen Yoga	\$ 52,990.00
Merative US L.P.	\$ 54,835.92
Antelope Valley Partners for Health	\$ 58,140.00
City of Long Beach (Grantee)	\$ 60,032.00
PPT Holdings I, LLC	\$ 60,477.84
GM Voices, Inc.	\$ 62,004.00
Gloria S. Nuestro	\$ 62,400.00
Ana Maria Delgado	\$ 62,900.00
Faith Tramples Fear LLC	\$ 62,900.00
Maria J. Davila	\$ 63,040.00
Merito Solutions, Inc	\$ 64,324.59
Posit Software, PBC	\$ 67,479.00
Bri Gainz LLC	\$ 67,600.00
Republic Services, Inc.	\$ 67,760.20
Aunt Bertha, a Public Benefit Corporation	\$ 68,000.00
Advanced Healthcare Administration	\$ 68,600.00
City of Long Beach	\$ 68,783.00
Peoples Yoga	\$ 70,030.00
WestLA Homeless	\$ 70,300.00
Uline, Inc.	\$ 70,336.38
Vendor Credentialing Service LLC	\$ 72,830.38
California Community Foundation (Grantee)	\$ 75,000.00
Homies Unidos, Inc. (Grantee)	\$ 75,000.00
Khmer Girls in Action (Grantee)	\$ 75,000.00
Southeast Asian Community Alliance (Grantee)	\$ 75,000.00
ALCO Sales & Service Co	\$ 75,049.89
Solarwinds, Inc.	\$ 75,633.00
Jennifer Baez	\$ 78,300.00
ATTAC Consulting Group, LLC	\$ 81,060.00
Rockstar Music, Inc.	\$ 83,600.00
Med-Mizer Inc	\$ 84,000.00

New POs and Contracts

Vendor Name	PO and Contract Total
AVI Systems, Inc.	\$ 85,363.00
Martha Navarro	\$ 86,040.00
Lands' End, Inc	\$ 86,417.99
Parent, Family Engagement and Community Services, Inc.	\$ 87,530.00
Unidos Por La Musica	\$ 87,840.00
Zones, LLC (Wholly Owned by Zones IT Solutions Inc.)	\$ 88,316.88
Corodata Shredding, Inc.	\$ 90,000.00
Edmund Jung & Associates Inc.	\$ 90,000.00
Moveworks, Inc.	\$ 90,000.00
Calven Inc	\$ 90,500.00
Qurium Solutions Inc	\$ 90,500.00
AccuSourceHR, Inc.	\$ 94,671.41
Gracelight Community Health (Grantee)	\$ 95,000.00
Advantage Mailing, LLC	\$ 95,089.57
Angie Gomez	\$ 96,320.00
ACE Health Consulting LLC	\$ 100,000.00
D&S Security, Inc.	\$ 100,000.00
Helpline Youth Counseling, Inc. (Grantee)	\$ 100,000.00
Jemmott Rollins Group, Inc.	\$ 100,000.00
L.A. Family Housing Corporation (Grantee)	\$ 100,000.00
Nossaman LLP	\$ 100,000.00
University of Southern California	\$ 105,000.00
City of Los Angeles, Department of Water and Power	\$ 108,000.00
Ollivier Corporation	\$ 112,394.71
Moss Adams LLP	\$ 112,676.00
Sovos Compliance, LLC	\$ 112,678.92
Providence Little Company of Mary Foundation	\$ 113,200.00
Amazon Capital Services, Inc.	\$ 116,160.87
Rubi Ruiz	\$ 118,500.00
Amazon Web Services	\$ 120,000.00
Compass Group USA, Inc.	\$ 120,000.00
In Due Time Coalition (Grantee)	\$ 120,000.00
Bhive Holdings, LLC	\$ 124,750.00
A Step to Freedom (Grantee)	\$ 125,000.00
Buddhist Tzu Chi Medical Foundation (Grantee)	\$ 125,000.00
California Black Women's Health Project (Grantee)	\$ 125,000.00
Central City Community Health Centers (Grantee)	\$ 125,000.00
Creative Acts (Grantee)	\$ 125,000.00
East Valley Community Health Center, Inc. (Grantee)	\$ 125,000.00
Health Access for All Inc. (Grantee)	\$ 125,000.00
HRRP Garland LLC	\$ 125,000.00
Inclusive Action for the City (Grantee)	\$ 125,000.00
Independent Feature Project, Inc. (Grantee)	\$ 125,000.00
PIH Health Physicians (Grantee)	\$ 125,000.00
T.H.E. Clinic, Inc. (Grantee)	\$ 125,000.00
The R.O.A.D.S. Foundation, Inc. (Grantee)	\$ 125,000.00
Watts Healthcare Corporation (Grantee)	\$ 125,000.00
BeverlyCare (Grantee)	\$ 125,000.00
Garfield Health Center (Grantee)	\$ 125,000.00
Fariborz Satey, MD, Inc. (Grantee)	\$ 125,000.00
Tangoe US, Inc.	\$ 132,768.00
Henry Schein, Inc.	\$ 133,628.99
VideoGuard, LLC	\$ 135,000.00
SAS Institute, Inc.	\$ 142,177.98
Rapid7 LLC	\$ 145,962.00
3C Community Clinic (Grantee)	\$ 150,000.00

New POs and Contracts

Vendor Name	PO and Contract Total
AltaMed Health Services Corporation (Grantee)	\$ 150,000.00
APLA Health & Wellness (Grantee)	\$ 150,000.00
Housing Works (Grantee)	\$ 150,000.00
Kutturan Chamoru Foundation (Grantee)	\$ 150,000.00
Los Angeles Christian Health Centers (Grantee)	\$ 150,000.00
New Economics for Women (Grantee)	\$ 150,000.00
Project Motherpath, Inc. (Grantee)	\$ 150,000.00
Sola I CAN Foundation (Grantee)	\$ 150,000.00
Southside Coalition of Community Health Centers (Grantee)	\$ 150,000.00
St. John's Well Child & Family Center (Grantee)	\$ 150,000.00
The Los Angeles Free Clinic (Grantee)	\$ 150,000.00
Unite-LA, Inc, (Grantee)	\$ 150,000.00
University Muslim Medical Association, Inc. (Grantee)	\$ 150,000.00
Venice Family Clinic (Grantee)	\$ 150,000.00
ABF Data Systems, Inc	\$ 154,552.00
Purchaser Business Group on Health	\$ 155,755.20
PillarRx Consulting, LLC	\$ 158,125.00
Brent Powell	\$ 158,540.00
First Class Vending, Inc	\$ 163,800.00
National Committee for Quality Assurance	\$ 169,405.84
Office Depot, Inc.	\$ 172,211.96
Rebecca E. Lynch	\$ 174,900.00
Bearing on Health Inc	\$ 176,000.00
MCKESSON MEDICAL-SURGICAL INC.	\$ 177,355.39
Center for Health Care Strategies Inc. (Grantee)	\$ 180,000.00
DGA Group Government Relations LLC	\$ 180,000.00
Cynthia ReedCarmona	\$ 181,500.00
God's Pantry	\$ 183,801.00
Anthony Peter Lopez, Jr.	\$ 185,827.24
WTI Holdings LLC	\$ 190,000.24
11:11 Systems, Inc.	\$ 190,584.56
CrowdStrike, Inc.	\$ 192,100.00
Harder + Company Community Research, Inc.	\$ 192,435.00
Bowser, Charles Warren	\$ 200,000.00
Broniec Associates Inc	\$ 200,000.00
Carl Andrew Botterud	\$ 200,000.00
Hogan Lovells US LLP	\$ 200,000.00
Lewis Brisbois Bisgaard & Smith LLP	\$ 200,000.00
Mansfield, Bronstein & Stone, LLP	\$ 200,000.00
Mintz Levin Cohn Ferris Glovsky and Popeo P.C.	\$ 200,000.00
Musick, Peeler & Garrett LLP	\$ 200,000.00
Parsons Behle & Latimer A Professional Corporation	\$ 200,000.00
Procopio, Cory, Hargreaves, & Savitch, LLP	\$ 200,000.00
Redwood Public Law, LLP	\$ 200,000.00
Richards, Watson & Gershon A Professional Corporation	\$ 200,000.00
Silicon Valley Community Foundation (Grantee)	\$ 200,000.00
Wilshire Advisors LLC	\$ 200,000.00
DocuSign, Inc.	\$ 208,925.00
GHA Technologies Inc	\$ 214,044.83
Community Clinic Association of Los Angeles County (Grantee)	\$ 215,250.00
Glass Box Technology, Inc.	\$ 218,129.03
SonBern LLC.	\$ 221,760.00
LA Net Community Health Research and Resource Network	\$ 222,000.00
Nielsen Merksamer Parrinello Gross & Leoni, LLP	\$ 236,707.20
BrandFuse, inc.	\$ 237,587.80
SAI360 Inc.	\$ 240,100.00

New POs and Contracts

Vendor Name	PO and Contract Total
SciQuest, Inc.	\$ 240,670.24
Ascencia (Grantee)	\$ 250,000.00
Breastfeeding Task Force of Greater Los Angeles (Grantee)	\$ 250,000.00
Downtown Women's Center (Grantee)	\$ 250,000.00
Imagine Los Angeles, Inc. (Grantee)	\$ 250,000.00
Northeast Community Clinic (Grantee)	\$ 250,000.00
The Anti-Recidivism Coalition (Grantee)	\$ 250,000.00
The Children's Clinic, Serving Children and Their Families (Grantee)	\$ 250,000.00
White Memorial Community Health Center (Grantee)	\$ 250,000.00
Worksite Wellness LA	\$ 263,176.00
Asian Pacific Health Care Venture, Inc. (Grantee)	\$ 275,000.00
Garfield Health Center (Grantee)	\$ 275,000.00
Herald Christian Health Center (Grantee)	\$ 275,000.00
STEM to the Future (Grantee)	\$ 275,000.00
Health Management Associates, Inc. (dba Wakely Consulting Group, LLC)	\$ 280,000.00
Green Management Consulting Group, Inc.	\$ 286,875.00
MG Dance Foundation	\$ 299,660.00
Affordable Living for The Aging (Grantee)	\$ 300,000.00
Barber Ranen LLP	\$ 300,000.00
Byrne & Nixon, LLP	\$ 300,000.00
Chinatown Service Center (Grantee)	\$ 300,000.00
Diversity Uplifts, Inc. (Grantee)	\$ 300,000.00
Proaxys, Inc.	\$ 300,000.00
Southern California Medical Center, Inc. (Grantee)	\$ 300,000.00
Winston & Strawn LLP	\$ 300,000.00
Microsoft Corporation	\$ 304,427.00
City of Glendale (Grantee)	\$ 308,779.80
Advent Advisory Group LLC	\$ 311,197.16
Community Partners (Grantee)	\$ 325,000.00
HALO BRANDED SOLUTIONS, INC.	\$ 333,392.96
JeffersonLarsonSmith LLC	\$ 349,150.00
Mazars USA LLP	\$ 349,542.00
Public Health Foundation Enterprises, Inc. (Grantee)	\$ 350,000.00
Harbor Community Clinic, Inc. (Grantee)	\$ 357,031.00
SurveyMonkey Inc.	\$ 362,624.20
Informatica LLC	\$ 370,439.13
Office Ally, Inc.	\$ 385,000.00
Crowell & Moring LLP	\$ 400,000.00
Fisher & Phillips, LLP	\$ 400,000.00
MetaSoftTech Solutions LLC	\$ 400,000.00
Meyers, Nave, Riback, Silver & Wilson	\$ 400,000.00
Northeast Valley Health Corporation (Grantee)	\$ 400,000.00
Pediatric & Family Medical Center (Grantee)	\$ 400,000.00
Seyfarth Shaw LLP	\$ 400,000.00
Via Care Community Health Center (Grantee)	\$ 400,000.00
Fierce Software Corporation	\$ 401,587.56
Micro-Dyn Medical Systems, LLC	\$ 403,515.00
El Sol Neighborhood Educational Center	\$ 433,000.00
CVS Pharmacy, Inc.	\$ 450,000.00
Critical Care Training Center	\$ 454,400.00
Acquia, Inc	\$ 455,174.54
Healthy Cooking LLC	\$ 472,800.00
Prevalent, Inc.	\$ 498,964.77
Martin Luther King, Jr. Community Health Foundation (Grantee)	\$ 500,000.00
W Why W Enterprises, Inc.	\$ 500,000.00
Morgan, Lewis & Bockius, LLP	\$ 505,000.00

New POs and Contracts

Vendor Name	PO and Contract Total
AArete, LLC	\$ 525,000.00
CenturyLink Communications, LLC	\$ 538,385.31
Sonia P. Guzman	\$ 563,045.00
Cato Networks, Inc.	\$ 572,126.38
Epstein Becker & Green, P.C.	\$ 600,000.00
Orbach Huff & Henderson LLP	\$ 600,000.00
Skillsoft Corporation	\$ 616,399.91
A&M Healthcare Industry Group, LLC (a Wholly Owned Subsidiary of A&M Holdings, LLC)	\$ 617,000.00
Level 3 Financing, Inc.	\$ 650,000.00
mPulse Mobile, Inc.	\$ 652,782.00
Quest Analytics, Inc. (Parent Company of Quest Analytics L.L.C.)	\$ 654,740.00
Cahaba Consulting Group, LLC	\$ 695,450.00
Canon Financial Services, Inc.	\$ 717,768.00
Canon Financial Services, Inc. (Grantee)	\$ 717,768.00
Canon Financial Services, Inc. (Lease)	\$ 717,768.00
Optum360 LLC	\$ 725,004.46
JWCH Institute, Inc. (Grantee)	\$ 750,000.00
Canon Solutions America Inc	\$ 769,548.56
SKKN, INC.	\$ 837,962.95
Lista Design Studio, Inc.	\$ 850,000.00
Datavail Corporation	\$ 855,941.00
RightStar, Inc.	\$ 884,732.97
Isaacs Friedberg LLP	\$ 900,000.00
Greater Rochester Independent Practice Association, Inc.	\$ 940,000.00
Deloitte & Touche LLP	\$ 988,900.00
Best Best & Krieger LLP	\$ 1,100,000.00
Safety Net Connect Inc.	\$ 1,180,000.00
Absolute Ops LLC	\$ 1,182,497.75
Cognizant Technology Solutions U.S. Corporation	\$ 1,198,944.84
Andrues/Podberesky, APLC	\$ 1,200,000.00
Manhattan Telecommunications Corporation LLC	\$ 1,280,948.68
California Association of Food Banks (Grantee)	\$ 1,300,000.00
Health Management Associates Inc.	\$ 1,372,800.00
M. Arthur Gensler, Jr. & Associates, Inc	\$ 1,415,661.50
Gartner Inc.	\$ 1,418,774.20
Zipari, Inc.	\$ 1,626,223.52
Wavestone Consulting US Inc.	\$ 1,651,000.00
Saviynt, Inc.	\$ 1,730,873.07
Earth Print Inc.	\$ 1,743,216.64
Larson LLP	\$ 1,756,507.50
Charles R. Drew University of Medicine and Science (Grantee)	\$ 1,861,019.20
Thrasys, Inc.	\$ 1,950,000.00
UCLA Foundation, The (Grantee)	\$ 1,977,019.20
Avalon Medical Development Corporation (Grantee)	\$ 2,000,000.00
CCI Network Services LLC	\$ 2,000,000.00
Momentum Telecom, Inc.	\$ 2,082,178.08
County of Los Angeles (Grantee)	\$ 2,100,000.00
Instant InfoSystems	\$ 2,114,550.62
Collective Medical Technologies, Inc.	\$ 2,732,478.00
SAP America, Inc.	\$ 2,754,209.78
North Star Alliances, LLC	\$ 2,878,200.00
AdhereHealth Solutions LLC	\$ 2,990,000.00
Center for the Study of Services	\$ 3,586,620.51
Uncommon Good, A California Nonprofit Corporation (Grantee)	\$ 4,000,000.00
Hyland Software, Inc.	\$ 4,140,425.60
NTT America, Inc.	\$ 4,157,977.58

New POs and Contracts

Vendor Name	PO and Contract Total
Toney HealthCare Consulting, LLC	\$ 4,363,584.00
New Tangram, LLC	\$ 4,395,400.00
NICE Systems Inc	\$ 4,524,908.56
Arent Fox LLP	\$ 4,600,000.00
Daponde Simpson Rowe PC	\$ 4,775,000.00
Oracle America, Inc.	\$ 5,249,316.00
IX Layer Inc	\$ 5,400,000.00
Resources Connection Inc.	\$ 5,434,900.00
Optiv Security, Inc.	\$ 5,990,281.36
Sheppard Mullin Richter & Hampton LLP	\$ 6,446,636.77
Cequel Data Centers, L.P.	\$ 6,907,958.22
OptumInsight, Inc.	\$ 7,118,500.00
Deloitte LLP	\$ 7,500,000.00
ePlus Technology, inc.	\$ 8,780,073.83
Metcalfe Security Inc.	\$ 8,982,675.00
Edifecs, Inc.	\$ 10,824,571.46
salesforce.com, inc.	\$ 11,329,232.49
Cognizant TriZetto Software Group, Inc.	\$ 11,882,576.91
Ntooitive Digital LLC	\$ 12,340,575.00
SHI International Corp	\$ 23,071,024.45
Sierra Pacific Constructors, Inc.	\$ 26,488,940.00
Infosys Limited	\$ 27,403,848.00
I Color Printing & Mailing Inc	\$ 29,181,243.69
Total	\$ 365,993,883.86

L.A. Care Health Plan
AFS-006 Authorization and Approval Limits Annual Report
October 2023 - September 2024

Amended Vendor Contracts

Vendor Name	Current Contract Total	Amendment	New Contract Total	Term Date
Integrated Healthcare Association	\$ 362,425.35	\$ 88,370.00	\$ 450,795.35	No Expiration
Los Angeles Network for Enhanced Services-Health Information	\$ 8,100,000.00	\$ 350,000.00	\$ 8,450,000.00	No Expiration
Cognizant Technology Solutions U.S. Corporation	\$ 4,251,301.00	\$ 2,156,130.00	\$ 6,407,431.00	10/31/2023
Cognizant TriZetto Software Group, Inc.	\$ 6,839.02	\$ 3,194.74	\$ 10,033.76	10/31/2023
MCG Health LLC	\$ 6,915,894.20	\$ 328,808.10	\$ 7,244,702.30	11/10/2023
Health Management Associates Inc.	\$ 320,080.00	Time	\$ 320,080.00	12/31/2023
Cognizant Technology Solutions U.S. Corporation	\$ 6,159,359.00	\$ 292,000.00	\$ 6,451,359.00	12/31/2023
Cynthia ReedCarmona	\$ 182,000.00	\$ 182,000.00	\$ 364,000.00	12/31/2023
mPulse Mobile, Inc.	\$ 318,491.00	\$ 56,776.00	\$ 375,267.00	12/31/2023
Zipari, Inc.	\$ 3,509,572.32	\$ 310,032.36	\$ 3,819,604.68	12/31/2023
Cerner Corporation	\$ 250,000.00	\$ 60,000.00	\$ 310,000.00	12/31/2023
Zipari, Inc.	\$ 3,819,604.68	\$ 103,644.12	\$ 3,923,248.80	1/31/2024
Zipari, Inc.	\$ 3,923,248.80	\$ 103,644.12	\$ 4,026,892.92	2/29/2024
phData, Inc.	\$ 159,780.00	Time	\$ 159,780.00	3/1/2024
Toney HealthCare Consulting, LLC	\$ 2,026,000.00	Time	\$ 2,026,000.00	3/31/2024
Resources Connection Inc.	\$ 2,505,000.00	\$ 850,000.00	\$ 3,355,000.00	3/31/2024
Shah Health LLC	\$ 300,000.00	Scope	\$ 300,000.00	3/31/2024
Cognizant TriZetto Software Group, Inc.	\$ 27,399.12	\$ 44,513.66	\$ 71,912.78	3/31/2024
Alison Klurfeld	\$ 267,400.00	\$ 118,700.00	\$ 386,100.00	4/17/2024
Cequel Data Centers, L.P.	\$ 177,921.43	Scope	\$ 177,921.43	4/9/2024
Cognizant TriZetto Software Group, Inc.	\$ 4,586.72	\$ 2,878.40	\$ 7,465.12	5/1/2024
Applied Research Works, Inc.	\$ 588,000.00	\$ 371,000.00	\$ 959,000.00	5/2/2024
Actum II, LLC	\$ 300,000.00	\$ 300,000.00	\$ 600,000.00	5/31/2024
Cognizant Technology Solutions U.S. Corporation	\$ 6,407,431.00	\$ 1,930,354.16	\$ 8,337,785.16	5/31/2024
Analysis Prime, Inc.	\$ 150,000.00	\$ 133,200.00	\$ 283,200.00	5/31/2024
MetaSoftTech Solutions LLC	\$ 300,000.00	\$ 300,000.00	\$ 600,000.00	6/30/2024
Deepa Gupta	\$ 150,000.00	\$ 150,000.00	\$ 300,000.00	6/30/2024
Axis Technology, LLC	\$ 471,000.00	\$ 75,000.00	\$ 546,000.00	6/30/2024
UL VERIFICATION SERVICES INC	\$ 158,874.17	Scope	\$ 158,874.17	6/30/2024
Pack4U, Inc.	\$ 6,750.00	Time	\$ 6,750.00	6/30/2024
Health Management Associates Inc.	\$ 332,790.00	Time	\$ 332,790.00	6/30/2024
Well Rounded Fitness LLC	\$ 23,390.00	\$ (2,750.00)	\$ 20,640.00	6/30/2024
Shah Health LLC	\$ 300,000.00	\$ 75,000.00	\$ 375,000.00	6/30/2024
Cognizant Technology Solutions U.S. Corporation	\$ 6,451,359.00	\$ 248,000.00	\$ 6,699,359.00	6/30/2024
Health Management Associates Inc.	\$ 320,080.00	Time	\$ 320,080.00	6/30/2024
Alison Klurfeld	\$ 386,100.00	Time	\$ 386,100.00	7/17/2024
Health Management Associates, Inc. (dba Wakely Consulting Gro	\$ 140,723.75	\$ 75,000.00	\$ 215,723.75	7/31/2024
Sonia P. Guzman	\$ 65,600.00	\$ 16,400.00	\$ 82,000.00	7/31/2024
Health Management Associates Inc.	\$ 189,225.00	\$ 249,685.00	\$ 438,910.00	7/31/2024
Critical Care Training Center (West LA)	\$ 16,800.00	\$ 600.00	\$ 17,400.00	7/31/2024
Iron Mountain Inc.	\$ 1,500,000.00	\$ 6,300.00	\$ 1,506,300.00	7/31/2024
DocuSign, Inc.	\$ 167,140.00	\$ 20,124.14	\$ 187,264.14	8/15/2024
AArete, LLC	\$ 495,000.00	Time	\$ 495,000.00	8/16/2024
Broniec Associates Inc	\$ 100,000.00	Scope	\$ 100,000.00	8/22/2024
Critical Care Training Center	\$ 50,400.00	\$ 1,200.00	\$ 51,600.00	8/31/2024
Yesenia Andrade	\$ 29,750.00	\$ 3,000.00	\$ 32,750.00	8/31/2024
Critical Care Training Center	\$ 36,400.00	\$ 1,000.00	\$ 37,400.00	8/31/2024
Cequel Data Centers, L.P.	\$ 177,921.43	\$ 63,000.00	\$ 240,921.43	8/7/2024
OnSolve Intermediate Holding Company, Inc.	\$ 53,779.50	\$ 1,747.74	\$ 55,527.24	9/18/2024
Collective Medical Technologies, Inc.	\$ 5,100,096.00	\$ (2,367,618.00)	\$ 2,732,478.00	9/29/2024
FRASCO, Inc.	\$ 314,000.00	\$ 100,000.00	\$ 414,000.00	9/30/2024
ALTA Language Services, Inc.	\$ 31,920.00	\$ 35,000.00	\$ 66,920.00	9/30/2024
Krishanda Hampton	\$ 306,685.00	\$ 84,835.00	\$ 391,520.00	9/30/2024
Solugenix Corporation	\$ 19,281,522.00	\$ 12,000,000.00	\$ 31,281,522.00	9/30/2024
Infosys Limited	\$ 9,364,883.00	\$ 3,300,000.00	\$ 12,664,883.00	9/30/2024
Infosys Limited	\$ 8,000,000.00	\$ 3,172,709.00	\$ 11,172,709.00	9/30/2024
Solugenix Corporation	\$ 31,281,522.00	Scope	\$ 31,281,522.00	9/30/2024
Press Ganey Associates, Inc.	\$ 329,785.57	\$ 25,324.15	\$ 355,109.72	9/30/2024
Resources Connection Inc.	\$ 3,355,000.00	\$ 525,000.00	\$ 3,880,000.00	9/30/2024
Applied Research Works, Inc.	\$ 959,000.00	\$ 217,000.00	\$ 1,176,000.00	9/30/2024
Solugenix Corporation	\$ 31,281,522.00	\$ 6,000,000.00	\$ 37,281,522.00	9/30/2024
mPulse Mobile, Inc.	\$ 336,602.00	Scope	\$ 336,602.00	9/30/2024
Cynthia ReedCarmona	\$ 91,000.00	\$ 45,500.00	\$ 136,500.00	9/30/2024
Center for the Study of Services	\$ 128,683.06	\$ 3,250.00	\$ 131,933.06	9/30/2024
Infosys Limited	\$ 12,664,883.00	\$ 1,700,000.00	\$ 14,364,883.00	9/30/2024
Solugenix Corporation	\$ 37,281,522.00	\$ 2,900,000.00	\$ 40,181,522.00	9/30/2024
Cognizant Technology Solutions U.S. Corporation	\$ 8,337,785.16	\$ 915,019.20	\$ 9,252,804.36	9/30/2024
Health Management Associates Inc.	\$ 88,320.00	\$ 16,000.00	\$ 104,320.00	9/30/2024
MG Dance Foundation	\$ 25,960.00	\$ 2,560.00	\$ 28,520.00	9/30/2024
Cognizant TriZetto Software Group, Inc.	\$ 1,957,613.60	Time	\$ 1,957,613.60	9/30/2024
Health Management Associates Inc.	\$ 320,080.00	Time	\$ 320,080.00	9/30/2024

Amended Vendor Contracts

Vendor Name	Current Contract Total	Amendment	New Contract Total	Term Date
AArete, LLC	\$ 495,000.00	\$ 30,000.00	\$ 525,000.00	10/11/2024
Cequel Data Centers, L.P.	\$ 240,921.43	Time	\$ 240,921.43	10/15/2024
A.O. Reed & Co., LLC	\$ 179,119.00	\$ 41,281.00	\$ 220,400.00	10/31/2024
HRchitect, Inc.	\$ 118,000.00	\$ 35,000.00	\$ 153,000.00	10/31/2024
Office Ally, Inc.	\$ 360,000.00	\$ 25,000.00	\$ 385,000.00	10/31/2024
Scott Ash	\$ 209,500.00	\$ 50,000.00	\$ 259,500.00	10/31/2024
Toney HealthCare Consulting, LLC	\$ 1,000,000.00	\$ 400,000.00	\$ 1,400,000.00	10/31/2024
Toney HealthCare Consulting, LLC	\$ 1,400,000.00	\$ 600,000.00	\$ 2,000,000.00	10/31/2024
Toney HealthCare Consulting, LLC	\$ 2,000,000.00	\$ 475,000.00	\$ 2,475,000.00	10/31/2024
11:11 Systems, Inc.	\$ 185,824.56	\$ 4,760.00	\$ 190,584.56	11/1/2024
Analysis Prime, Inc.	\$ 283,200.00	\$ 66,600.00	\$ 349,800.00	11/30/2024
Datavail Corporation	\$ 226,536.00	\$ 59,577.00	\$ 286,113.00	11/30/2024
FanelliPM	\$ 69,672.00	\$ 23,145.00	\$ 92,817.00	11/30/2024
FanelliPM	\$ 72,562.00	\$ 9,716.00	\$ 82,278.00	11/30/2024
Sierra Pacific Constructors, Inc.	\$ 3,445,954.00	Time	\$ 3,445,954.00	12/15/2024
EPI-USE America Inc.	\$ 340,000.00	\$ 100,000.00	\$ 440,000.00	12/31/2024
Ex Novo, Inc.	\$ 149,017.00	\$ 17,000.00	\$ 166,017.00	12/31/2024
Hyland Software, Inc.	\$ 412,225.00	\$ 384,835.00	\$ 797,060.00	12/31/2024
Hyland Software, Inc.	\$ 216,750.00	\$ 506,812.50	\$ 723,562.50	12/31/2024
Broniec Associates Inc.	\$ 100,000.00	\$ 100,000.00	\$ 200,000.00	12/31/2024
Advanced Medical Reviews, LLC	\$ 449,000.00	Time	\$ 449,000.00	12/31/2024
Cynthia ReedCarmona	\$ 136,500.00	\$ 45,000.00	\$ 181,500.00	12/31/2024
Change Healthcare Resources Holdings Inc.	\$ 6,100,000.00	\$ 300,000.00	\$ 6,400,000.00	12/31/2024
Cognizant Technology Solutions U.S. Corporation	\$ 6,699,359.00	\$ 105,000.00	\$ 6,804,359.00	12/31/2024
Cognizant Technology Solutions U.S. Corporation	\$ 740,264.00	\$ 147,080.00	\$ 887,344.00	12/31/2024
Cognizant Technology Solutions U.S. Corporation	\$ 887,344.00	\$ 38,020.00	\$ 925,364.00	12/31/2024
FRASCO, Inc.	\$ 414,000.00	\$ 117,000.00	\$ 531,000.00	12/31/2024
FRASCO, Inc.	\$ 531,000.00	Scope	\$ 531,000.00	12/31/2024
Gita Murthy	\$ 750,000.00	\$ 125,000.00	\$ 875,000.00	12/31/2024
Health Management Associates Inc.	\$ 100,000.00	\$ 200,000.00	\$ 300,000.00	12/31/2024
Health Management Associates, Inc. (dba Leavitt Partners, LLC)	\$ 187,800.00	\$ 33,000.00	\$ 220,800.00	12/31/2024
Lorenzo Campos-Marquez	\$ 2,469,420.50	Scope	\$ 2,469,420.50	12/31/2024
Mayor's Fund for Los Angeles	\$ 1,078,000.02	\$ 750,000.00	\$ 1,828,000.02	12/31/2024
MetaSoftTech Solutions LLC (Temp Labor)	\$ 600,000.00	\$ 600,000.00	\$ 1,200,000.00	12/31/2024
MetaSoftTech Solutions LLC (QNXT & CCA)	\$ 600,000.00	\$ 600,000.00	\$ 1,200,000.00	12/31/2024
MetaSoftTech Solutions LLC	\$ 1,200,000.00	\$ 150,000.00	\$ 1,350,000.00	12/31/2024
Milliman Inc.	\$ 1,599,000.00	\$ 400,000.00	\$ 1,999,000.00	12/31/2024
Milliman Inc.	\$ 1,650,000.00	\$ 400,000.00	\$ 2,050,000.00	12/31/2024
mPulse Mobile, Inc.	\$ 408,482.00	\$ 41,300.00	\$ 449,782.00	12/31/2024
Panhealth Inc.	\$ 395,000.00	\$ 275,000.00	\$ 670,000.00	12/31/2024
Payspan, Inc.	\$ 3,875,000.00	\$ 400,000.00	\$ 4,275,000.00	12/31/2024
Pearl Meyer & Partners LLC	\$ 389,500.00	\$ 75,000.00	\$ 464,500.00	12/31/2024
Resources Connection Inc.	\$ 1,694,000.00	\$ 448,800.00	\$ 2,142,800.00	12/31/2024
Safety Net Connect Inc.	\$ 116,000.00	\$ 182,000.00	\$ 298,000.00	12/31/2024
TRI Ventures, Inc.	\$ 48,464,908.00	\$ 15,000,000.00	\$ 63,464,908.00	12/31/2024
Therapeutic Bridges Inc.	\$ 19,000.00	\$ 21,000.00	\$ 40,000.00	12/31/2024
Toney HealthCare Consulting, LLC	\$ 475,000.00	\$ 150,000.00	\$ 625,000.00	12/31/2024
Toney HealthCare Consulting, LLC	\$ 2,026,000.00	\$ 360,000.00	\$ 2,386,000.00	12/31/2024
WestLA Homeless	\$ 84,700.00	\$ (14,400.00)	\$ 70,300.00	12/31/2024
Ex Novo, Inc.	\$ 126,073.00	\$ 16,450.00	\$ 142,523.00	1/1/2025
AltaMed Health Services Corporation	\$ 150,000.00	Time	\$ 150,000.00	1/1/2025
Martin Luther King, Jr. Community Health Foundation	\$ 500,000.00	Time	\$ 500,000.00	1/1/2025
The Messina Group, Inc.	\$ 225,000.00	\$ 67,500.00	\$ 292,500.00	1/31/2025
1055 Seventh, LLC	\$ 75,478,939.00	\$ 295,597.00	\$ 75,774,536.00	1/31/2025
Community Clinic Association of Los Angeles County	\$ 600,000.00	\$ 60,000.00	\$ 517,409.40	1/31/2025
Resources Connection Inc.	\$ 250,000.00	\$ 31,000.00	\$ 281,000.00	1/31/2025
Deloitte LLP	\$ 7,500,000.00	Time	\$ 7,500,000.00	2/7/2025
ABMS Solutions, LLC	\$ 6,920.00	\$ 5,250.00	\$ 12,170.00	2/17/2025
Traliant Operating, LLC	\$ 59,015.00	\$ 21,000.00	\$ 80,015.00	2/17/2025
Traliant Operating, LLC	\$ 75,015.00	\$ 5,100.00	\$ 80,115.00	2/17/2025
Traliant Operating, LLC	\$ 85,115.00	\$ 3,075.00	\$ 88,190.00	2/17/2025
Toney HealthCare Consulting, LLC	\$ 3,763,584.00	Time	\$ 3,763,584.00	2/28/2025
Transform Health LLC	\$ 1,098,910.29	\$ 646,751.96	\$ 1,745,662.25	2/28/2025
Datavail Corporation	\$ 306,564.00	\$ 263,264.00	\$ 569,828.00	3/26/2025
NTT America, Inc.	\$ 350,000.00	\$ 250,000.00	\$ 600,000.00	3/30/2025
Kensington Consulting Group LLC	\$ 70,000.00	\$ 60,000.00	\$ 130,000.00	3/31/2025
Marie Montgomery	\$ 400,400.00	Time	\$ 400,400.00	4/5/2025
Community Clinic Association of Los Angeles County	\$ 200,000.00	Scope	\$ 200,000.00	4/15/2025
Central City Community Health Centers	\$ 125,000.00	Time	\$ 125,000.00	4/15/2025
Invent Health Inc.	\$ 3,814,850.00	\$ 1,018,475.00	\$ 4,833,325.00	4/30/2025
SAI360 Inc.	\$ 240,100.00	Scope	\$ 240,100.00	4/30/2025
Healthcare in Action, Inc.	\$ 500,000.00	Time	\$ 500,000.00	5/1/2025
Actum II, LLC	\$ 600,000.00	\$ 600,000.00	\$ 1,200,000.00	5/31/2025
Critical Care Training Center	\$ 33,600.00	\$ 2,600.00	\$ 36,200.00	5/31/2025
LA Net Community Health Research and Resource Network	\$ 220,000.00	\$ 2,000.00	\$ 222,000.00	5/31/2025

Amended Vendor Contracts

Vendor Name	Current Contract Total	Amendment	New Contract Total	Term Date
NexTec Operating Corp	\$ 400,000.00	\$ 100,000.00	\$ 500,000.00	6/1/2025
Brent Powell	\$ 52,500.00	\$ 9,750.00	\$ 62,250.00	6/30/2025
Critical Care Training Center	\$ 33,600.00	\$ 2,800.00	\$ 36,400.00	6/30/2025
Deepa Gupta	\$ 300,000.00	\$ 150,000.00	\$ 450,000.00	6/30/2025
FanelliPM	\$ 217,887.00	\$ 56,419.00	\$ 274,306.00	6/30/2025
I Color Printing & Mailing Inc	\$ 4,090,200.00	\$ 4,600,000.00	\$ 8,690,200.00	6/30/2025
Imagenet LLC	\$ 600,000.00	\$ 200,000.00	\$ 800,000.00	6/30/2025
Imagenet LLC	\$ 3,750,000.00	\$ 600,000.00	\$ 4,350,000.00	6/30/2025
Critical Care Training Center (Wilmington)	\$ 33,600.00	\$ 3,000.00	\$ 36,600.00	7/31/2025
Datavail Corporation	\$ 519,984.00	\$ 272,136.00	\$ 792,120.00	8/15/2025
Advize Health LLC	\$ 146,000.00	\$ 146,000.00	\$ 292,000.00	8/24/2025
Moss Adams LLP	\$ 80,185.00	\$ 86,745.00	\$ 166,930.00	9/15/2025
Bayard Advertising Agency, Inc.	\$ 658,000.00	\$ 291,514.00	\$ 949,514.00	9/30/2025
FEAST	\$ 44,800.00	\$ (6,000.00)	\$ 38,800.00	9/30/2025
Imagenet LLC	\$ 4,101,233.00	\$ 11,707,395.00	\$ 15,808,628.00	9/30/2025
Infosys Limited	\$ 14,364,883.00	\$ 2,000,000.00	\$ 16,364,883.00	9/30/2025
LA Net Community Health Research and Resource Network	\$ 845,000.00	\$ 222,000.00	\$ 1,067,000.00	9/30/2025
Medica Talent Group Inc.	\$ 250,000.00	\$ 185,000.00	\$ 435,000.00	9/30/2025
Medica Talent Group Inc.	\$ 435,000.00	\$ 550,000.00	\$ 985,000.00	9/30/2025
Mitchell Martin Inc.	\$ 300,000.00	\$ 250,000.00	\$ 550,000.00	9/30/2025
Critical Care Training Center (Pomona)	\$ 33,600.00	\$ 18,000.00	\$ 51,600.00	10/31/2025
Critical Care Training Center (Lynwood)	\$ 72,800.00	\$ 5,200.00	\$ 78,000.00	11/30/2025
Sullivan/Luallin, Inc.	\$ 849,711.12	Time	\$ 849,711.12	12/31/2025
Absolute Ops LLC	\$ 123,000.00	\$ 466,200.00	\$ 589,200.00	12/31/2025
Centauri Health Solutions, Inc.	\$ 3,600,000.00	Time	\$ 3,600,000.00	12/31/2025
Cloud Technology Innovations LLC	\$ 2,335,000.00	\$ 1,048,000.00	\$ 3,383,000.00	12/31/2025
Critical Care Training Center (East L.A.)	\$ 33,600.00	\$ 4,000.00	\$ 37,600.00	12/31/2025
Critical Care Training Center (Long Beach)	\$ 33,600.00	\$ 4,000.00	\$ 37,600.00	12/31/2025
Infocrossing, LLC	\$ 3,462,949.00	\$ 1,200,000.00	\$ 4,662,949.00	12/31/2025
Multnomah Group, Inc.	\$ 288,000.00	\$ 86,400.00	\$ 374,400.00	12/31/2025
Oliver Tate Brooks	\$ 840,000.00	\$ 150,000.00	\$ 990,000.00	12/31/2025
SAP America, Inc.	\$ 3,087,000.00	\$ 2,043,303.78	\$ 5,130,303.78	12/31/2025
Avantpage Inc.	\$ 1,950,000.00	\$ 1,000,000.00	\$ 2,950,000.00	2/7/2026
BIG Language Solutions LLC	\$ 2,600,000.00	Time	\$ 2,600,000.00	2/28/2026
Healthy Cooking LLC	\$ 93,280.00	\$ 6,930.00	\$ 100,210.00	2/28/2026
Language Line Services, Inc.	\$ 12,600,000.00	\$ 7,800,000.00	\$ 20,400,000.00	4/30/2026
Language Line Services, Inc.	\$ 20,400,000.00	Scope	\$ 20,400,000.00	4/30/2026
O'Neil Digital Solutions LLC	\$ 3,000,000.00	Scope	\$ 3,000,000.00	6/30/2026
Fivetran Inc.	\$ 722,600.00	Time	\$ 722,600.00	7/30/2026
Sonia P. Guzman	\$ 137,840.00	\$ 3,020.00	\$ 140,860.00	7/31/2026
FAIR Health, Inc.	\$ 749,000.00	\$ 748,560.00	\$ 1,497,560.00	8/7/2026
Franklin Covey Client Sales, Inc.	\$ 87,023.73	\$ 55,366.00	\$ 142,389.73	9/30/2026
NetCentric Technologies Inc.	\$ 1,415,000.00	\$ 975,000.00	\$ 2,390,000.00	9/30/2026
Harvard Business School Publishing Corporation	\$ 81,795.04	\$ 16,516.50	\$ 98,311.54	12/19/2026
CBRE Group, Inc.	\$ 100,000.00	Time	\$ 100,000.00	12/31/2026
Interior Office Solutions (LOS ANG) LP	\$ 3,872,000.00	Scope	\$ 3,872,000.00	12/31/2026
Westfall Commercial Furniture	\$ 2,575,000.00	Time	\$ 2,575,000.00	12/31/2026
NetFile, Inc.	\$ 30,000.00	\$ 15,919.00	\$ 45,919.00	1/11/2027
NTT America, Inc.	\$ 2,275,680.00	\$ 197,111.00	\$ 2,472,791.00	1/25/2027
UptoDate, Inc.	\$ 160,434.33	\$ 184,882.00	\$ 345,316.33	2/28/2027
Continuum Global Solutions, LLC (Parent Company of Faneuil, L	\$ 22,000,000.00	\$ 42,287,728.57	\$ 64,287,728.57	3/31/2027
Los Angeles Network for Enhanced Services-Health Information	\$ 8,450,000.00	\$ 5,489,132.00	\$ 13,939,132.00	3/31/2027
Optiv Security, Inc.	\$ 1,874,024.92	\$ 65,457.03	\$ 1,939,481.95	4/2/2027
First Capitol Consulting, Inc. dba Trusaic	\$ 100,000.00	\$ 50,000.00	\$ 150,000.00	5/31/2027
WEX Health, Inc.	\$ 455,870.00	\$ 66,295.00	\$ 522,165.00	6/16/2027
WEX Health, Inc.	\$ 522,165.00	\$ 624,510.00	\$ 1,146,675.00	6/16/2027
Cognizant TriZetto Software Group, Inc.	\$ 56,273,719.41	\$ 134,400.00	\$ 56,408,119.41	9/30/2027
Cognizant TriZetto Software Group, Inc.	\$ 748,550.00	\$ 669,760.00	\$ 1,418,310.00	9/30/2027
Cognizant TriZetto Software Group, Inc.	\$ 75,944,611.22	Scope	\$ 75,944,611.22	9/30/2027
Metcalfe Security Inc.	\$ 950,000.00	\$ 8,032,675.00	\$ 8,982,675.00	8/28/2028
Cognizant TriZetto Software Group, Inc.	\$ 439,488.00	\$ 371,512.00	\$ 811,000.00	8/29/2028
Elsevier Inc.	\$ 37,730.00	\$ 39,232.00	\$ 76,962.00	10/23/2028
MCG Health LLC	\$ 7,244,702.30	\$ 11,510,319.50	\$ 18,755,021.80	11/10/2028
Cequel Data Centers, L.P.	\$ 6,244,723.93	\$ 31,700.00	\$ 6,276,423.93	12/20/2028
County of Los Angeles	\$ 50,000,000.00	\$ 30,000,000.00	\$ 80,000,000.00	12/31/2028
Edifecs, Inc. MSLA (SaaS T and C) and (BAA)	\$ 6,264,911.00	Scope	\$ 6,264,911.00	12/31/2030
Prove Em Investments LLC	\$ 3,483,873.00	Scope	\$ 3,483,873.00	8/30/2033
Decron Properties Corp	\$ 3,928,203.00	Time	\$ 3,928,203.00	10/30/2033
Total	\$ 770,010,801.68			

AFS-027 Travel Expenses Report Year-End FY 2023-24

Division	Oct 2023 - Sep 2024	Description
Chief Product Officer	\$ 101,533	Expenses are related to attendance of Product Marketing Summit, Association for Community Affiliated Plans (ACAP) conference, American Public Health Association (APHA) 2023 conference, 2024 Medicare Senior Summit, Special Needs Plan (SNP) Alliance Board meeting, SNP Alliance Fall Forum, AfroTech Health Summit, and L.A. Care staff mileage reimbursement.
Clinical Operations	\$ 74,955	Expenses are related to attendance of Medicaid Managed Long-Term Services and Supports (MLTSS) meeting, America's Health Insurance Plans (AHIP) conference, Medicaid Managed Long-Term Services and Supports (MLTSS) meeting, California Health Care Foundation (CHFC) Alumni meeting, and L.A. Care Community Health Worker (CHW) staff mileage reimbursement.
Compliance	\$ 45,748	Expenses are related to attendance of CMS conference, Health Care Compliance Association (HCCA) conference, National Health Care Anti-Fraud Association (NHCAA) Bootcamp, 2024 Managed Care conference, Institute of Internal Auditors (IIA) 2024 conference, California Association of Health Plans (CAHP) conference, Health Industry Collaboration Effort (HICE) 2023 conference, National Association of Drug Diversion Investigators (NADDI) conference, RISE Women in Healthcare Summit, National Health Care Anti-Fraud Association (NHCAA) conference and approved L.A. Care staff mileage reimbursement.
Executive Services	\$ 25,349	Expenses are related to attendance of Hospital Association of Southern California (HASC) conference, Local Health Plans of California (LHPC) Board meeting, America's Health Insurance Plans (AHIP) CEO and Board meetings, Cabinet Secretary meeting, LHPC Strategic Planning Retreat, 2024 Health Care Compliance Association (HCCA) conference, Department of Health Care Services (DHCS) CEO meeting, Promise Leadership Conference, Association for Community Associated Plans (ACAP) Fall meeting, Becker Conference, California Medical Association (CMA) Symposium, Covered CA Rate Negotiation meeting, 2024 State of Reform conference, and approved L.A. Care staff mileage reimbursement.
Finance Services	\$ 36,100	Expenses are related to attendance of Government Investment Officers Association (GIOA) conference, 2024 All Rise (RISE) national conference, All Plan CFO meeting, Cozeva Annual User Group meeting, CAHP conference, 2024 Society of Actuaries (SOA) conference, 2024 California Healthcare Interpreting Association (CHIA) conference, SAP Sapphire Conference, and approved L.A. Care staff education and travel.
Health Services	\$ 145,447	Expenses are related to attendance of Access to Care conference, 2024 Cognizant conference, 2024 Tableau conference, American Pharmacists Association (APHA) conference, Stars Master Class Summit, 2024 HCCA Conference, 2023 Cozeva Annual User Group meeting, RISE National conference, Academy of Managed Care Pharmacy (AMCP) conference, American Pharmacists Association (APHA) conference, National Association of Quality Assurance (NCQA) Summit, Cozeva Annual User Group meeting, America's Health Insurance Plans (AHIP) conference, Hospital Association of Southern California annual meeting, and L.A. Care staff mileage reimbursement.
Human Resources	\$ 9,620	Expenses are related to attendance of Cialdini conference, LHPC HR conference, University of California-Santa Barbara (UCSB) job fair, SAP SuccessConnect Conference, DevLearn Conference, Association of Workplace Investigators (AWI) conference, and L.A. Care staff mileage reimbursement.
Information Technology	\$ 34,680	Expenses are related to attendance of 2024 Health Sciences conference, LHPC Quarterly In-Person meeting, 2023 Cognizant QUser Fall conference, Cisco LIVE training, 2024 Cognizant conference, 2024 Community Information Exchange (CIE) summit, Ai4 2024 conference, and LA Care staff mileage reimbursement for CRC visits.
Legal Services	\$ 2,354	Expenses are related to attendance of American Health Law Organization (AHLA) conference and approved L.A. Care education, travel, and staff mileage reimbursement.
Operations	\$ 37,303	Expenses are related to attendance of NHCAA conference, HLTH 2023 conference, 2024 Fall Customer Group conference, Kiasco Research conference, America's Health Insurance Plans (AHIP) conference, and approved L.A. Care staff education, travel, and mileage reimbursement.
Strategic Services	\$ 83,417	Expenses are related to attendance of America's Physician Groups (APG) conference, LHPC Board meeting and Strategic Planning Retreat, Association of Community Affiliated Plans (ACAP) legislative fly-in, CAHP conference, 2024 Config conference, support fees for CRC workshops and Outreach events, and approved L.A. Care staff transportation for site visits and meetings.
Total Travel Expenses	\$ 596,507	

AFS-027 Other Expenses Report Year-End FY 2023-24

Division	Oct 2023 - Sep 2024	Description
Chief Product Officer	\$ 4,835	Expenses are related to Covered CA Semi-Annual meeting and on-site team building meetings.
Clinical Operations	\$ 1,643	Expenses are related to on-site team building meetings.
Compliance	\$ 8,076	Expenses are related to on-site team building meetings.
Executive Services	\$ 5,354	Expenses are related refreshments for the L.A. County Health Equity Officers meeting, CMS Roundtable meeting, and on-site team building meetings.
Finance Services	\$ 2,474	Expenses are related to Targeted Rate Increase (TRI) meeting and on-site team building meetings.
Health Services	\$ 110,440	Expenses are related to refreshments for CME/CE events for Asthma Management in Primary Care, Cancer Screenings Conference, Opioid Use Disorder Conference and Behavioral Health Conference, Motivational Interviewing Training sessions, Youth and Older Adults Substance Use Disorders & Screening, Brief Intervention, and Referral to Treatment (SUD & SBIRT), Gun Violence Prevention, deposits for upcoming CME/CE events, QI/Patient Experience trainings, Quarterly Appreciation Days for Transform LA, Help Me Grow/First 5LA, and EQuIP-LA, and on-site team building meetings.
Human Resources	\$ 44,679	Expenses are related to refreshments for New Hire Orientation events, Dedicated Service Recognition events, Management Certification Program events, 2024 Social Work Week events, Admin Appreciation Day event, and on-site team building meetings.
Information Technology	\$ 1,472	Expenses are related to in-person provider enrollment and maintenance project kickoff event and on-site team building meetings.
Legal Services	\$ 22,630	Expenses are related to refreshments for committee meetings and on-site team building meetings.
Operations	\$ 6,390	Expenses are related to on-site team building meetings.
Strategic Services	\$ 36,497	Expenses are related to refreshments for Health Promoters Program events, CRC Customer Service trainings, CRC Strategic Planning meetings, and RCAC/ECAC meetings.
Total Other Expenses	\$ 244,491	

L.A. Care Health Plan
AFS-007 Authorization and Approval Limits Quarterly Report
October 2023 - September 2024

Vendor Selection - Sole Source

Vendor Name	Contract Total	Paid As Of (10/14/2024)	Vendor Selection
Language Line Services, Inc.	\$ 20,400,000.00	\$ 15,104,811.84	Sole Source
Centauri Health Solutions, Inc.	\$ 3,600,000.00	\$ 1,175,909.12	Sole Source
FAIR Health, Inc.	\$ 1,497,560.00	\$ 948,040.00	Sole Source
Actum II, LLC	\$ 1,200,000.00	\$ 650,000.00	Sole Source
Cahaba Consulting Group, LLC	\$ 695,450.00	\$ 104,290.00	Sole Source
NexTec Operating Corp	\$ 500,000.00	\$ 220,280.76	Sole Source
AArete, LLC	\$ 495,000.00	\$ 470,250.00	Sole Source
Acquia, Inc	\$ 452,274.54	\$ -	Sole Source
W Why W Enterprises, Inc.	\$ 300,000.00	\$ 280,339.32	Sole Source
Proaxys, Inc.	\$ 300,000.00	\$ -	Sole Source
Green Management Consulting Group, Inc	\$ 286,875.00	\$ 168,104.00	Sole Source
Fierce Software Corporation	\$ 276,548.09	\$ 276,548.09	Sole Source
Applied Research Works, Inc.	\$ 1,176,000.00	\$ 1,176,000.00	Sole Source
AArete, LLC	\$ 495,000.00	\$ 470,250.00	Sole Source
Krishanda Hampton	\$ 391,520.00	\$ 378,595.00	Sole Source
Alison Klurfeld	\$ 386,100.00	\$ 324,180.49	Sole Source



L.A. Care Health Plan
07 Authorization and Approval Limits Quarterly Report
July 2024 - September 2024

Vendor Selection - Sole Source

Vendor Name	Contract Total	Paid As Of (10/14/24)	Vendor Selection
AArete, LLC	\$ 495,000.00	\$ 470,250.00	Sole Source



DATE: November 20, 2024
TO: Finance & Budget Committee
FROM: Afzal Shah, *Chief Financial Officer*

SUBJECT: AFS-027 Travel and Other Expenses Report

L.A. Care’s internal policies, AFS-027 Travel and Other Expenses, for business related travel and non-travel expenses incurred by employees, members of the Board of Governors, Stakeholder Committees, and members of the Public Advisory Committees (PACs), require that all expenditures covered under these policies are to be reported to the Board of Governors on a quarterly basis.

Travel Related Expenses covered under the policy:

Travel and training expenditures, such as:

- Airlines
- Out-of-Town Lodging
- Parking
- Mileage
- Rental Cars
- Taxis and Other Public Transportation
- Meals Related to Business Travel

Other Expenses covered under the policy:

Any lunch, event, or gathering at which stakeholders are in attendance, such as:

- Board of Governors’ meetings
- Stakeholder relationship events and outreach
- Education events

Any lunch, event, or gathering for internal staff only, such as:

- Recruitment, On-boarding, Training, or Orientation Events
- In-person Staff meetings, Teambuilding events or other on-site meetings
- Business Lunches in support of Developing External Relationships
- Extenuating circumstances
- Discretionary staff spending for recognition and retention efforts

In order to keep the Committee apprised of L.A. Care’s necessary expenditures and to comply with the internal policy, presented herein are the travel and non-travel related expenses for the fourth quarter of Fiscal Year 2023-2024, July - September 2024, and for the fiscal year 2023-2024, October 2023 through September 2024.

AFS-027 Travel Expenses Report Q4 FY 2023-24

Division	Jul - Sep 2024	Description
Chief Product Officer	\$ 31,771	Expenses are related to attendance of 2024 Medicare Senior Summit, Special Needs Plan (SNP) Alliance Board meeting, and L.A. Care staff mileage reimbursement.
Clinical Operations	\$ 26,336	Expenses are related to attendance of America's Health Insurance Plans (AHIP) conference, Medicaid Managed Long-Term Services and Supports (MLTSS) meeting, California Health Care Foundation (CHFC) Alumni meeting, and L.A. Care Community Health Worker (CHW) staff mileage reimbursement.
Compliance	\$ 6,121	Expenses are related attendance of National Health Care Anti-Fraud Association (NHCAA) conference and approved L.A. Care staff mileage reimbursement.
Executive Services	\$ 1,794	Expenses are related to attendance of California Medical Association (CMA) Symposium, Covered CA Rate Negotiation meeting, 2024 State of Reform conference, and approved L.A. Care Staff travel and mileage reimbursement.
Finance Services	\$ 9,175	Expenses are related to attendance of 2024 Society of Actuaries (SOA) conference, 2024 California Healthcare Interpreting Association (CHIA) conference, SAP Sapphire Conference, and approved L.A. Care staff education and travel.
Health Services	\$ 35,878	Expenses are related to attendance of America's Health Insurance Plans (AHIP) conference, Hospital Association of Southern California annual meeting, and L.A. Care staff mileage reimbursement.
Human Resources	\$ 2,272	Expenses are related to attendance of Association of Workplace Investigators (AWI) conference, and L.A. Care staff mileage reimbursement.
Information Technology	\$ 16,316	Expenses are related to attendance of 2024 Cognizant conference, 2024 Community Information Exchange (CIE) summit, Ai4 2024 conference, and LA Care staff mileage reimbursement for CRC visits.
Legal Services	\$ 687	Expenses are related to approved L.A. Care travel and staff mileage reimbursement.
Operations	\$ 6,563	Expenses are related to attendance of 2024 Fall Customer Group conference, Kiasco Research conference, America's Health Insurance Plans (AHIP) conference, and approved L.A. Care staff education, travel, and mileage reimbursement.
Strategic Services	\$ 2,682	Expenses are related to attendance of 2024 Config conference, support fees for CRC workshops and Outreach events, and approved L.A. Care staff transportation for site visits and meetings.
Total Travel Expenses	\$ 139,595	

AFS-027 Other Expenses Report Q4 FY 2023-24

Division	Jul - Sep 2024	Description
Chief Product Officer	\$ 1,135	Expenses are related to on-site team building meetings.
Clinical Operations	\$ 1,643	Expenses are related to on-site team building meetings.
Compliance	\$ 4,934	Expenses are related to on-site team building meetings.
Executive Services	\$ 962	Expenses are related refreshments for the L.A. County Health Equity Officers meeting and on-site team building meetings.
Finance Services	\$ 1,425	Expenses are related to Targeted Rate Increase (TRI) meeting and on-site team building meetings.
Health Services	\$ 17,557	Expenses are related to deposits for upcoming CME/CE events, attendance of Quality Improvement - Clinical Initiatives in-service, and Quarterly Appreciation Days for Transform LA, Help Me Grow/First 5LA, and EQUIP-LA.
Human Resources	\$ 4,531	Expenses are related to refreshments for New Hire Orientation events, Management Certification Program events, and on-site team building meetings.
Information Technology	\$ 420	Expenses are related to on-site team building meetings.
Legal Services	\$ 5,115	Expenses are related to refreshments for the committee meetings.
Operations	\$ 1,959	Expenses are related to on-site team building meetings.
Strategic Services	\$ 13,535	Expenses are related to refreshments for RCAC/ECAC meetings.
Total Other Expenses	\$ 53,216	

ADVISORY COMMITTEES

- **Provider Relations Advisory
Committee**
- **Temporary Transitional
Consumer Advisory
Committee**
- **Children's Health Consultant
Advisory Committee**
- **Technical Advisory
Committee**

BOARD OF GOVERNORS

Provider Relations Advisory Committee

Meeting Minutes – August 21, 2024

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



L.A. Care
HEALTH PLAN

Members

George Greene, Esq., *Chairperson*
 Richard Ayoub **
 Stephanie Booth, MD
 Hector Flores, MD **
 Monica Gutierrez-McCarthy *
 Alice Kou, MD *
 Sabra Matovsky **
 Ashkan Moazzez, MD, MPH, FACS, CHCQM

Zahra Movaghar
 John Raffoul
 Amanda Ruiz, MD *
 David Silver, MD
 David Topper *
 Michelle Tyson, MD **
 Haig Youredjian

*Absent ** Via Teleconference

Management/Staff

John Baackes, *Chief Executive Officer*
 Augustavia Haydel, Esq., *General Counsel*
 Sameer Amin, MD, *Chief Medical Officer*
 Noah Paley, *Chief of Staff*
 Acacia Reed, *Chief Operating Officer*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	George Greene, Esq., <i>Committee Chairperson</i> , welcomed everyone and called the L.A. Care and JPA Provider Relations Advisory Committee (PRAC) meetings to order at 9:33 A.M. The meetings were held simultaneously. Mr. Greene described the process for public comment.	
APPROVE MEETING AGENDA	Chairperson Greene informed Committee Members he was not able to attend the meeting in person due to an unexpected emergency issue, and requested approval to participate remotely. He stated that there are no individuals in the room with him. Committee Member Matovsky also informed Committee Members she was not able to attend the meeting in person due to an unexpected emergency issue, and requested approval to participate remotely. She stated that there are no individuals in the room with her. Remote participations of Chairperson Greene and Committee Member Matovsky were approved by roll call. The Agenda for today’s meeting was approved.	Approved unanimously by roll call. 10 AYES (Ayoub, Booth, Flores, Greene, Matovsky, Moazzez, Movaghar, Silver, Tyson and Youredjian) Approved unanimously by roll call. 10 AYES
PUBLIC COMMENTS	There was no public comment.	
APPROVE MEETING MINUTES	The May 15, 2024 meeting minutes were approved as submitted.	Approved unanimously by roll call. 10 AYES

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHAIRPERSON'S REPORT	<p>Chairperson Greene expressed his appreciation for Committee members' participation to the meetings. Chairperson Greene hopes that eventual successor to John Baackes, <i>Chief Executive Officer</i>, will continue the practice of engaging providers to prevent challenges and create opportunities to improve engagement. These meetings started as a forum for providers to present the challenges they experience and opportunities for working together. The providers can collaborate with L.A. Care to help improve the experience for L.A. Care beneficiaries. In the short time this committee has existed, L.A. Care has done substantive work in listening to providers and engaging in changes. The hospitals appreciate the actions taken already regarding prior authorizations, demonstrating L.A. Care's commitment to continue listening to providers. Chairperson Greene looks forward to more engagement in the future. Mr. Baackes has been a collaborator and a partner in challenging issues. Mr. Baackes has demonstrated commitment to continuing the dialogue, and he will be missed.</p>	
CHIEF EXECUTIVE OFFICER'S REPORT	<p>Mr. Baackes thanked Chairperson Greene for his kind remarks. Mr. Baackes reported on Proposition 35. Low Medicaid/Medi-Cal reimbursement has been a subject for years. In 2022, Los Angeles County Safety Net Coalition (SNC) was established to address the issue of low Medi-Cal reimbursement. The low funding was particularly acute post COVID, when many providers, hospitals, and doctors were dealing with a shortage and high cost for nurses. SNC advocated for the reinstatement of the managed care organization (MCO) tax to provide funding for Medi-Cal. It was approved by the California Legislature and signed by the Governor last year and went into effect on July 1, 2023, for a three-year period. \$19 billion in additional federal money was generated. Eight billion went to the state's general fund and \$11 billion to Medi-Cal. The funding for Medi-Cal was scheduled to be distributed at toward the end of the three-year period, and the general fund money was allocated first. The SNC members were concerned that the Governor and the legislature could change the allocation in subsequent legislation.</p> <p>The SNC started a ballot initiative that will appear on the statewide November 2024 ballot. In May, the Governor cited a budget deficit and swept the remaining funding from the MCO tax proceeds into the general fund. Aside from targeted rate increases (TRI) for Medi-Cal funding has not improved. The ballot initiative is Proposition 35. A sample ballot package will be sent to voters with information about the initiative. Opposition to the initiative has not been announced. If Prop 35 succeeds, the budget deficit will continue in future years.</p> <p>The Medi-Cal rate increase this year was the first base rate increase in 25 years. The base rate has gone up, but it was always behind. Mr. Baackes noted that as a public agency, L.A. Care</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>cannot advocate for the ballot initiative. There is information available about the ballot initiative. There will be an advertising campaign funded by organizations represented on SNC. The hospital association, medical association, and primary care association have committed millions of dollars to the campaign to get this initiative on the ballot. He offered to provide information to organizations wanting to support the SNC.</p> <p>Mr. Baackes commented that prior authorization for medical services is a key for the managed care health plan. It ensures that services are provided appropriately and to avoid unnecessary costs. Prior authorization is a tool to properly allocate services for managed care plan members. Mr. Baackes was always been concerned about this issue and asked chief medical officers to review L.A. Care’s prior authorization process to make it effective and efficient.</p> <p>Sameer Amin, <i>Chief Medical Officer</i>, noted that 14,000 codes have been identified as unnecessary, representing 24% of the codes used. Those are now eliminated in L.A. Care’s direct network.</p> <p>Mr. Baackes is on the Board of America's Health Insurance Plans (AHIP), a national trade association with which L.A. Care is affiliated. In January 2024, AHIP brought in a new CEO and he reported that everyone he talked to on Capitol Hill in Washington D.C., asked if he could work on prior authorizations. It was remarked that if the industry does not do it, the legislators will enact legislation on it. Mr. Baackes is hoping that L.A. Care will be seen as a trendsetter and other managed care plans will look inwardly before getting defensive about prior authorizations. He supports reform on prior authorization that makes the process a way to help members get the right care, at the right place, and at the right time. Mr. Baackes thanked Dr. Amin for his leadership.</p> <p>Dr. Amin agreed that there is that happy medium using prior authorizations to drive value-based care, with the right controls in place versus creating an undue administrative burden on providers. It is incumbent upon L.A. Care, considering its place in the community, to lead on this issue. There are areas of care that had significant drop in the number of codes requiring prior authorization. For durable medical equipment, about 43% of the codes were removed from the prior authorization list. For digestive, respiratory, and muscular-skeletal surgeries, there have been more significant drops with almost 80% of the codes removed. With common complex radiology, laboratory and medications, 70% of the codes were removed.</p>	

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	<p>Dr. Amin credited the Medical Management team led by Colleen Boltman, David Kagan, and Tara Nelson. L.A. Care is responsibly streamlining and making things easier for its providers and facilities to deliver care to its members. Being in Los Angeles County, L.A. Care has a significant delegation of responsibility to providers. The delegated entities are responsible for utilization management for their members. L.A. Care is collaborating with delegates on the prior authorization lists to help minimize the administrative burdens.</p> <p>Mr. Baackes reported a significant shift by the California Department of Health Care Services (DHCS) regarding the delegated model for how care is organized and delivered in Southern California for the last 35-40 years. As in Medi-Cal, DHCS and Centers for Medicaid and Medicare Centers (CMS) have determined the level of administrative cost in the system is too high. L.A. Care saw this in the contract that went into effect in January 2024. In January 2025, DHCS will require L.A. Care to report the administrative costs of its delegated entities. L.A. Care has been asking for information from delegates that have not been asked before, and there is some resistance. L.A. Care understands the providers' distress, but it is necessary. There is concern about the funds that L.A. Care is spending for Plan Partners. About 38% of L.A. Care's enrollment is through Plan Partners, the other 62% of members are enrolled through direct contracting with independent physician associations (IPAs) and hospitals. L.A. Care was required to report fees paid related to a series of codes for the target rate increase (TRI). This is a good outcome in the MCO tax from last year. L.A. Care has to demonstrate that the fees paid to providers do not exceed 87.5% of Medicare fee schedule. Providing this data to L.A. Care has caused distress to delegates. L.A. Care has contracted with a vendor to receive the data securely. L.A. Care is caught between the requirements of regulators and the needs of the delegated provider network. L.A. Care wanted to discuss this issue with this Committee.</p> <p>Committee Member Booth noted that the State wants to make sure that L.A. Care pays capitation to the IPAs. The IPAs distribute to the doctors individually. There are no details for when a primary care, a behavioral health or an OBGYN is paid, and whether it is less than equal to or more than 87.5% of the Medicare fee schedule.</p> <p>Mr. Baackes added that if it is more than 87.5% of the Medicare fee schedule, the regulators do not want L.A. Care to continue to pay them. If it is less, regulators want to make sure the money gets to them. L.A. Care is required to ask all the IPAs for data that in the past they have not provided to L.A. Care.</p>	

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	<p>Committee Member Movaghar commented that the targeted rate increase (TRI) implementation has become a very complex process for the health plan and for the delegated groups. There are different types of contracts in the delegated networks:</p> <ul style="list-style-type: none"> • Fee for service which is very straightforward • Case rate that includes visits and ancillary services • Capitated specialists that include capitated oncology services including drugs and visits. • Primary care capitation. <p>Providers are trying to decide how it works because, at the end of the year, the risks stays with the delegated group and providers are going to look to the groups for adequate reimbursement. IPAs have to get ready for provider disputes or a lot of contract negotiations. There is significant administrative cost to this. With the medical loss ratio (MLR) policy, IPAs do not have information about how the MLR will be calculated, but hope that they are not seen as a delegated model like a third party administrator (TPA) that only manages utilization and pays claims, because IPAs do a lot of work other than being a TPA.</p> <p>Mr. Baackes appreciated Committee Member Movaghar’s comments, and noted that dialogue is important. An enormous disconnect exists between DHCS plans and those that have to implement them. It is becoming increasingly clear that disconnect is getting bigger and there’s an increasing burden for L.A. Care to try to implement the requirements. L.A. Care is asking for feedback from this Committee, along with ideas to share with DHCS on how to do it better. L.A. Care is in a better position when it goes to DHCS not to complain, but present ideas. L.A. Care was very disappointed that DHCS chose to implement in this way. L.A. Care wants to see the rates enhanced in response to providing the additional services. The proposed process will provide a lump sum payment at the end, which will likely result in haggling over how the payment was determined. L.A. Care wanted it to be included in the base rate. DHCS did not do it that way so now L.A. Care is stuck with the mess.</p> <p>Committee Member Movaghar noted in the MLR discussions, there is no overhead nor administrative fee included. Mr. Baackes confirmed this to be true. DHCS wants to have an overall 7% administrative cap. It does not align with the 85% DHCS wants to have as the minimum MLR. The minimum MLR is 85%, there may be 15% for profit as well as administrative expenses. Mr. Baackes noted that that, Afzal Shah, <i>Chief Financial Officer</i>, could not attend this meeting. He is meeting with actuaries and regulators on this issue. Mr. Baackes asked for ideas so that when L.A. Care meets with DHCS, it can present alternatives.</p>	

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	<p>Committee Member Matovsky thinks there may be confusion in how the State is passing funding to health plans, and how the health plan passes funding. A compounding issue is provider led; the specialty costs have gone up 15% annually over the past three years. It is frustrating that rate increases now are for providers that potentially may have slow walked the rate increases that were needed in the extreme inflation during the COVID pandemic, and they benefit for not keeping pace with market demand and specialty needs. That is a complicated conversation, because the rate increases since COVID may, or may not, be reflected in the TRI payments, but are definitely wreaking havoc on financials and affect the ability to provide care.</p> <p>Mr. Baackes recognized that it has been a particularly difficult for their organization and all the FQHCs they represent, that is why he brought up this issue. Committee Member Matovsky agreed with Mr. Baackes and noted the lack of understanding at the State level. Some of the assumptions were off the mark. If there is an opportunity, her organization would be happy to be involved.</p> <p>Committee Member Flores expressed his appreciation for Mr. Baackes' leadership and noted that he will be missed. Committee Member Flores noted that part of the reason this Provider Relations Advisory Committee is important is to have a unified message. Part of the State's lack of understanding is that the provider community approaches regulators from different directions with self-interest issues. This confuses them and regulators do not want to act. He suggested that L.A. Care hold IPA summits, and this committee could be a driver for a pre-conference survey of IPAs on their pain point issues and potential solutions, so there would be a unified voice to the State, with a set of solutions. One issue in the delegated model is that it is treated overall as a business transaction and often not associated with clinical issues that result. Capitation rate is considered a proprietary issue, but many delegated models are not in a position to negotiate or have the leverage to negotiate the capitation needed to care for patients. Second, the infamous distribution and financial responsibility historically was rationalized by considering that IPAs had different capabilities and some were ready to take on a level of risk while other IPAs were not. That is now been boiled down to a purely business negotiation of getting the most out of IPAs for the least amount of money. He sees a need for transparency or standardization so IPAs are not put in financial situations they cannot possibly bear and end up cutting corners to balance their books. He proposed convening a group to start to problem solve to present a unified proposal to the State.</p>	

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	<p>Mr. Baackes thanked Committee Member Flores for his comments. Mr. Baackes noted that L.A. Care would be happy to take on the challenge of convening. The standardization of contracts between the plans and the delegated entities will be a project because contracts were developed individually with each delegated entity.</p>	
COMMITTEE ISSUES		
<p>Participating Physician Group (PPG) Scorecard and Internal Performance Metrics</p>	<p>Dr. Amin, Acacia Reed, <i>Chief Operating Officer</i>, and Suma Simcoe, <i>Deputy Chief Operating Officer</i>, presented the Participating Physician Group (PPG) Scorecard and Internal Performance Metrics. <i>(A copy of the report may be obtained by contacting Board Services.)</i></p> <p><u>Medical Management.</u></p> <p>Dr. Amin reported on the changes in Utilization Management (UM) for expedited urgent pre-service, post service, and standard routine requests. L.A. Care is operating at a very high rate, with a stellar performance from the UM team. This is a significant change in performance compared to a few years ago. Dr. Amin commended the UM team for maintaining the high performance.</p> <p>Dr. Amin reported on L.A. Care’s population, how L.A. Care is responding to all the work it is doing, the joint operations meetings with L.A. Care’s quality team and medical management team. Inpatient hospital admissions were down significantly compared to the prior year. There was significant improvement from March 2023 to January 2024 from the efforts of L.A. Care, its delegates and providers, making sure value based care is delivered to keep patients out of the hospital who do not need that care.</p> <p>The January 2024 numbers are starting to increase because of natural seasonality. Results show a significant hit at the end of last year. L.A. Care found a majority were respiratory infections consistent with public health issues at the time. The same goes for L.A. Care’s non-obstetric ancillary patients. A core step in L.A. Care’s new process is having conversations with providers about their issues to help them through it. There has been a slight increase in the readmission rate but overall the rate is lower than the prior year.</p> <p>Emergency department (ED) visits were climbing in the winter period compared to last year and staff reviewed these in detail. A lot were waves of RSV and viral infections, which were a little unusual. Staff will continue to review urgent cases. The vaccination rates, particularly for flu, are lower than in prior years, with some resulting from overall vaccine hesitancy. ED visits and hospital avoidable admissions were a main discussion topic in L.A. Care’s quality and medical management meetings with delegates.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>L.A. Care’s meets with PPGs and providers in the direct network to discuss performance, and the data on quality, medical management and member experience was well-received.</p> <p>Dr. Amin provided an update on L.A. Care’s work for the unhoused across the county. L.A. Care has earmarked at least \$1.2 billion between 2022 and 2029 to benefit unhoused members.</p> <p>At the last meeting, L.A. Care presented data from the third quarter of 2023, which showed 14,000 quarterly enrollment for Enhanced Care Management (ECM). L.A. Care has put new incentives in its contracts to increase ECM enrollment. New leadership is in place and new engagement with L.A. Care’s ECM providers took effect by the fourth quarter. There was an increase from 13,900 to 15,000 in the quarterly enrollment, exceeding L.A. Care’s internal goal for ECM enrollment.</p> <p>Acacia Reed, <i>Chief Operating Officer</i>, and Suma Simcoe, <i>Deputy Chief Operating Officer</i>, provided an update on Claims processing. The metrics for payments dispersed and claims received are appropriately aligned. No significant issues between June and July, and data is the same for the volume submitted electronically and service type.</p> <p>Ms. Simcoe noted the dip in June in the volume received and subsequent increase in July. The change in volume received is believed to be due to the Change Healthcare cyberattack in February, which impacted claims submissions for several providers, and L.A. Care received a higher volume as providers resumed submissions. There was a dip in the paid claims amount in June with an increase in July, because the payment cycle in June had 16 days in while in July there were 22 days in the payment cycle.</p> <p>There were no differences in the claims adjudication rate. Previously, new regulations were implemented that resulted in a backlog of 300,000 claims for several months in the queue. L.A. Care has put new processes in place and shifted the standard process to address that issue. The average claims processing timeline is 10 days, and L.A. Care has a 7-day payment flow.</p> <p>Ms. Reed noted a significant decrease in the overall denial rate due to significant work by the team to re-categorize coordination of benefits claims along with additional work that Ms. Simcoe and her team have been doing throughout the months since she joined the organization.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>A system issue identified very recently involved about 180,000 claims. From the claims payment perspective, when L.A. Care denies a claim during a process run, it should send an EOB to the providers, but these claims just re-circled in the system. QNXT-Cognizant, which owns the software and the system, identified four issues and is working on fixing that issue.</p> <p>Ms. Reed reported that Provider Dispute Resolution (PDR) cases closed in May 2024 are 94%; L.A. Care’s internal benchmark is 95%.</p> <p>Committee Member Hector Flores asked about the percentage rate of incomplete claims received that are recycled back to providers and how duplicate claims L.A. Care receives increase the workload.</p> <p>Ms. Reed responded that duplicate claims coordination and incorrect billing cause first pass claims denials. Ms. Simcoe added that once L.A. Care receives the claims for coordination of benefits from CMS, L.A. Care is already processing the claims, and providers are resubmitting claims for the secondary payment. This creates a duplicate claims volume.</p> <p>Ms. Reed noted that historically the percentage of denials of incorrect incoming claims is between 10-13%. Ms. Reed asked Ms. Simcoe to send the percentage of the volume for both the aggregated six months and just for July 2024 to Committee Member Flores.</p> <p>Committee Member Flores suggested that providers be informed about the process so they do not immediately submit duplicate claims that could potentially delay the process.</p> <p>Dr. Amin noted L.A. Care has internal processes and goals to educate providers as much as possible rather than just denying claims. There has to be a wait period before a claim is resubmitted. If providers keep submitting duplicate claims, it adds to the claims inventory and delays claims payment. These are points of discussion during the joint operating meetings. Ms. Simcoe and her team have worked with hospitals and have seen improvement based on conversations and information sharing. L.A. Care’s Advanced Analytics team regularly looks into the claims with facilities, particularly those submitting incorrect claims.</p> <p>L.A. Care found that some hospitals were doing certain processes incorrectly. Ms. Simcoe’s team has gone to those facilities and talked about how they are billing, and assisted them to correct their billing.</p> <p>Committee Member Tyson commented she thinks Call The Car (CTC) holds responsibility for claims and denials. L.A. Care came in during a transition and the process stalled. The</p>	

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	<p>CTC team is actively working with L.A. Care staff. Committee Member Tyson commented that CTC’s vendors live ride by ride, unlike large organizations or medical groups. She expressed her appreciation to everyone’s efforts to understand and address any issues.</p> <p>Dr. Amin noted that CTC has complied and improved performance after corrective action plans were put in place. Noah Paley, <i>Chief of Staff</i>, added that the metrics in the dashboard reflect performance through May. June and July metrics show an upward trend in performance. L.A. Care is working with CTC on engaging an overflow alternate vendor, which will be completed by the end of the year. L.A. Care will provide an updated CTC performance through July.</p> <p>Do you have any opportunity to have hard stops if they are making a mistake so that the claim does not go through like for the common ones that basically have a hard stop before the. L.A. Care has SNF level edits with its vendors to certain HIPAA required fields and if it is normal for a modifier. L.A. Care can still use that data for quality purpose. L.A. Care has have certain aspects it does want to deny up front. L.A. Care wants that data which helps to navigate other things, so upfront edits are really focused on the SNF level HIPAA edits.</p> <p>L.A. Care is in discussion with a couple of the clearinghouses regarding soft denials that could give opportunity to fix and submit the claims so that L.A. Care can handle the volume better. L.A. Care is also doing some work on its Provider portal. The provider portal is still scheduled to be rolled out in the next few months, which is going to be a big change for everybody. The ability to see where the claim received is and that it is in queue, will be helpful in terms of reducing duplicate claims. People will at least know that there is something in queue, instead of continuing to resubmit it five times they will know that we have it.</p> <p><i>(Committee Chair Greene and John Baackes left the meeting.)</i></p>	
OPEN FORUM	<p>Dr. Amin noted this Committee was created so that L.A. Care could get input from its providers in terms of transparency, issues they are experiencing, and areas for improvement. Not necessarily just about how the health plan can improve, but how we can improve as a healthcare ecosystem. This open forum is for any comments or questions that people have.</p> <p>Dr. Amin thinks medicine needs to write its own script by getting together, describing and talking about problems. Some of the problems can be solved in a way that regulators have to agree with. He thanked everyone for their participation and collaboration. Dr. Amin is proud of L.A. Care for making sure claims are paid timely, utilization management is done in</p>	

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	<p>a timely manner, and prior authorization requirements are reduced. He is most proud of the engagement between plan, provider, and facility to get input.</p> <p>L.A. Care regularly meets with providers, which has been difficult post pandemic. L.A. Care first pass claims denials are going down and quality metrics are going up. L.A. Care is having important conversations not only with its delegates, but also with its direct network providers. The issues around L.A. Care’s difficult to place patients have receded. L.A. Care’s continues to build a relationship with its collaborators at LA County Department of Health Services (DHS) sites.</p> <p>Committee Member Flores would like to see how the direct contract is performing. Mr. Baackes’ commented in a previous meeting that the State limits L.A. Care’s ability to use that model for a maximum of 40,000 patients. Committee Member Flores would like to see how the Committee could advocate expanding that because directly contracted doctors that he knows really like it. He would like to get an overall perspective of how that program is doing because one of the challenges is L.A. Care’s directly contracted physicians and primary care providers may refer the patient to a cardiologist who then says this patient needs a specialized intervention. That may end up in the hands of a non-professional non-contracted provider or the provider is contracted but in a non-contracted facility. He would like to learn how L.A. Care would address that, so that advocacy for expansion of the model includes accounting for challenges.</p> <p>He noted there is real crisis in access overall and a shortage of primary care in the independent and small practice pediatrician practices. They are having difficulty and are deselected from IPAs. They are seen as expensive because they tend to inherit the California Children’s Services (CCS) patients that cannot make it to a children's hospital. Committee Member Flores is proud of family medicine and the role he plays in improving access for Medi-Cal patients, but the pediatric community does the heavy lifting since half of Medi-Cal patients are kids. The patients fall in the hands of pediatricians, many times solo small practices, independents, and not those working with FQHCs or large medical groups. Committee Member Flores would like to see attention on this issue.</p> <p>He suggested working toward vertical integration. All of these models are moving in the right direction to support efficiency and remove barriers to care. He noted frustrations that are sometimes self-inflicted and asked about a better way to do it.</p> <p>Dr. Amin thanked Committee Member Flores for his comments. L.A. Care’s delegated providers have an important place in the health care ecosystem. His main push at the plan is</p>	

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	<p>to help to collaborate with providers so they are able to make a significant difference for the providers that are underneath them, and for the members who are receiving care through them. L.A. Care has a direct network with providers that are happy with contracting directly through L.A. Care. Cap on enrollment has been uncomfortable for L.A. Care, and it dates back to regulatory issues many years ago. L.A. Care has been going back and forth with the regulators about lifting the enrollment cap, and has made some progress. Information has been exchanged with the State to demonstrate that L.A. Care has the administrative capacity to take on these members, and can do the utilization management, pay the claims and handle all the work that goes along with it.</p> <p>L.A. Care administrative capacity has grown dramatically over the last few years. L.A. Care has increased its utilization management team by over 40%, its case management team by over 60%. L.A. Care utilization management timelines are close to 100%, and claims are paid appropriately. L.A. Care’s Appeals & Grievances staff connect grievances to PPGs and there are conversations with various departments about reducing grievances.</p> <p>The State said that they would allow L.A. Care to add patients above the 40,000 cap, under certain circumstances, but fully lift the cap. The State advised L.A. Care it would get back to L.A. Care in the next two weeks. L.A. Care has some doctors waiting to join the directly contracted network.</p> <p>Committee Member Ayoub is the CEO of Project Angel Food. Project Angel Food will be honoring John Baackes and L.A. Care at their Angel Awards Gala on September 28. He invited everyone to join them. Committee Member Ayoub noted that L.A. Care and Mr. Baackes have been amazing partners. Dr. Amin thanked Committee Member Ayoub on behalf of Mr. Baackes. Mr. Baackes is very involved with and supports the members of this community.</p> <p>Committee Member Sabra Matovsky commended Noah Paley. A meeting was held with internal staff at L.A. Care about accelerating recognition for practitioners. She encouraged L.A. Care to finalize rules on how advanced practitioners would be allowed to practice. It would really help providers with access concerns. She expressed her appreciation for the help so far and would like to see that worked all the way through to closure. Dr. Amin thanked Committee Member Matovsky. There have been multiple conversations with L.A. Care’s credentialing team about this specific issue and it is getting closer to a solution.</p> <p>Committee Member Silver commented his team has provided feedback that there are remarkable improvements timely claims payment. He added it is nice to say that things that</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>are going right, and he thinks a lot of it is better communication. Dr. Amin thanked Committee Member Silver. He added that there has been a huge cultural shift at L.A. Care over the last few years centered around communication. Dr. Amin noted that when he joined L.A. Care he heard a lot of concern that L.A. Care does not know how to get in touch with providers. L.A. Care opened up a line where a human being would pick up the phone and talk to providers. It is these simple things where people can feel like the system is more streamlined, and they can speak to a human being and get the concern fixed. That allows more collaboration and has been a massive cultural change. L.A. Care is headed in the right direction.</p> <p>Committee Member Youredjian, Western Direct Medical Supply, echoed Committee Member Silver comments. They are experiencing the same type of feedback with regard to claims and seeing great communication at regular meetings. From his provider perspective, initiatives put in place for CPT codes and prior authorizations had a tremendous benefit in internal operations and in expediting the delivery of care for patients. He expressed his appreciation to L.A. Care. With regard to prior authorizations there is work to do. L.A. Care has regular meetings to review whether the prior authorizations list can be pared down more. L.A. Care has experience doing this for a long period of time and has a lot of data about approval rates, denial rates, what is common, what L.A. Care’s team does with a prior authorization category at a 99% approval rate.</p> <p>Dr. Amin thanked the Committee members. L.A. Care wants to make sure that it is not creating artificial barriers for its providers that could increase the administrative burden. There is more work that L.A. Care can do to help support providers and contribute to the system.</p> <p>Committee Member Tyson noted the release of some prior authorizations is encouraging. She is a physician working with IPAs, and experienced patient frustration because of prior authorizations. She appreciates the innovation. She loved the idea of doctors coming to the patients in different places. She suggested that L.A. Care create a committee to review the potential for transportation for physicians to visit patients where they are.</p> <p>Dr. Amin thanked Committee Member Tyson and noted her suggestion to advocate for more in-home services for members who have a difficult time leaving their homes to get care. L.A. Care has had discussions with providers who can do that in its network. On the delegated side, L.A. Care have significantly added to its direct referral list. L.A. Care calls it direct referral, not a prior authorization list. The list has grown significantly to improve</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>access and to make sure that L.A. Care’s providers are satisfied and to make sure the patients are seeing the providers. It has been a challenge because there are long wait times. When L.A. Care increases direct referrals, it also increases the wait time at the physician's office.</p> <p>Dr. Amin noted that staff would like the Committee to discuss the turnaround time for referrals to higher level of care. L.A. Care has seen delays for specialists asking for higher levels of care at tertiary facilities. L.A. Care will meet with providers. There are three parties involved to delegate. L.A. Care needs to align with the hospital. L.A. Care is trying to get a general sense of which delegates are difficult to deal with in the hospital system. Delegates have patients in the hospital awaiting higher and lower levels of care and are trying to get those patients moved to the appropriate facility. Dr. Amin and his team had multiple discussions about how to help in these situations. L.A. Care does authorize care for those patients, does not know the status and will reach out to each delegate to help. L.A. Care has UM teams to specifically work with hospitals for members with a much closer connection with the delegates. L.A. Care is making all efforts to make sure that members are referred to the community providers and keep people out of EDs. Due to insufficient urgent care facilities, patients end up going to the ED that is closer than the urgent care site. Dr. Amin suggested that facilities might want to have a night clinic or after-hours care to serve members. L.A. Care is working to form care collaboratives for the unhoused members. One site is about to open for skid row. L.A. Care’s medical management team is reviewing the network of urgent care sites to expand its network. This would be a way that to reduce ED visit volume.</p> <p>Committee Member Matovsky commented that providers are doing more preventive screening and early identification of potential early chronic conditions. There is a dearth of specialists available for that follow up care referrals. The Medi-Cal system is expanding at different levels, and some places in the system are not able to keep up with the expanded volume. There has been a huge expansion in primary care and in the Medi-Cal coverage for Californians, but there is a lack of access to specialty care. It is not a rate issue with specialists. There is not enough specialty capacity to treat people for some earlier stages of illness. A discussion on this topic was held with a larger PPG. During the discussion, it was noted that folks are pushed to get quality metrics taken care of, such as colorectal cancer screening, but there is no specialist to conduct a colonoscopy after a positive test. With the inflation of specialty care costs over the last two years, the math oftentimes does not work out for them to treat Medi-Cal members. It is an unfortunate reality in California based on how doctors are paid, and that is not necessarily something that L.A. Care can fix.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Dr. Amin noted that L.A. Care is trying to work on this, as Mr. Baackes mentioned regarding targeted rate increases (TRI). As a health care community, in order to close the quality gaps L.A. Care needs to have a network of providers and be able to sufficiently pay the providers to care for Medi-Cal members. There are also facility capacity constraints. It is often not the provider because even if there are doctors to do the work, there is no site available for a colonoscopy, because facilities would not schedule them. In trying to fit all the pieces together with the right doctor, at the right facility and the right time to get everything coordinated, and then the pieces fall apart.</p> <p>David Kagan, <i>Senior Medical Director, Direct Network</i>, noted the struggle in trying to transfer members is not necessarily a delay by L.A. Care; it is because there are 40 people waiting for care at the only higher level of care facility in the community.</p> <p>Dr. Amin noted the issues with a need to expand facility capacity so that the doctors who can do the work have a site to do the work. He added that L.A. Care might need an expanded Ambulatory Surgical Center (ASC) network. Priti Golechha, <i>Senior Medical Director, Care Delivery</i>, is reviewing an ASC strategy. It is a complicated issue because providers in the network have relationships with certain ASCs where they like to work, and do not have credentials at others. There are certain ASCs that have open doors and plenty of capacity, but no provider. Some are for ear, nose, throat (ENT) procedures and some are for GI procedures. It is complicated but is not insurmountable. L.A. Care will continue to work on that. There are distance parameters that L.A. Care must meet for specialists as well as primary care, Dr. Amin thinks it is less about who is contracted but more about a willingness to serve the member in the time period needed.</p> <p>The shortage of physician specialists for areas like rheumatology, infectious disease, cardiology and pulmonary has been discussed for quite some time. There is now a demand crunch. L.A. Care is considering ways to increase fellowships, and there are challenges in trying to find academic institutions to train for a specific specialty, and there is no quick solution. People outside of medicine and outside of the industry do not understand that an increase in fellowship spots will have a lead time of 5-10 years. There will be a period with a significant demand and insufficient supply.</p> <p>Dr. Amin thanked the Committee Members. He noted transparency in these meetings has led to significant changes.</p>	
ADJOURNMENT	The meeting adjourned at 11:30 a.m.	

Respectfully submitted by:

Linda Merkens, *Senior Manager, Board Services*

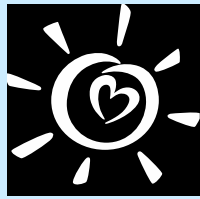
Malou Balones, *Board Specialist III, Board Services*

Victor Rodriguez, *Board Specialist II, Board Services*

APPROVED BY:

George Greene, Esq., *Chairperson*

Date Signed _____



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: December 5, 2024

Motion No. TTECA 101.1225

Committee: Temporary Transitional Executive
Community Advisory Committee (TTECAC)

Chairperson: Ana Rodriguez

Issue: Hoyer Lifts or electronic lifts are essential to assisting medical personnel to assist non-ambulatory patients to be transferred from their assistive device to exam tables and other devices for care. TTECAC is recommending that Community Benefits add these medical devices to the Community Health Investment Fund (CHIF) funding.

Background: At the November 13, 2024, the Interim RCAC 8 Chair presented to TTECAC a motion approved by the committee members of RCAC 8 asking TTECAC committee members to please discuss and consider forwarding a motion to L.A. Care's Board of Governors to add Hoyer Lifts or electronic lifts to the Community Health Investment Program (CHIF) funding.

Member Impact: The addition of these medical device will assist patients who have limited mobility due to age, disability, or injury to safely lift and transfer them to their exam table during their health care visits. Thus, increasing access to care, enhancement of L.A. Care's existing efforts, and continued support for community providers.

Budget Impact: Staff will return with an estimate of budget impact once a response to the attached motion is developed.

Motion: A request for L.A. Care Health Plan to include Hoyer Lifts or electronic lifts to the Community Health Investment Fund program to aid with patients getting on and off examination tables. The motion also includes that providers who receive funding for the Hoyer Lifts or electronic lifts receiver training on how to use them effectively.

Board of Governors

Temporary Transitional Executive Community Advisory Committee (TTECAC)

Meeting Minutes – September 11, 2024

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



L.A. Care
HEALTH PLAN

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Senior Staff
Roger Rabaja, RCAC 1 Chair Ana Rodriguez, TTECAC Chair and RCAC 2 Chair Silvia Poz, RCAC 4 Chair Maria Sanchez, RCAC 5 Chair Joyce Sales, RCAC 6 Chair Martiza Lebron, RCAC 7 Chair Ana Romo, RCAC 8 Chair Tonya Byrd, RCAC 9 Chair Damares O Hernández de Cordero, RCAC 10 Chair Maria Angel Refugio, RCAC 11 Chair * Lluvia Salazar, At-Large Member Deaka McClain, TTECAC Vice-Chair and At Large Member * Excused Absent ** Absent *** Via teleconference	Izmir Coello, Interpreter Pablo De La Puente, Interpreter Sonia Hernandez, Interpreter Isaac Ibarlucea, Interpreter Eduardo Kogan, Interpreter Katelynn Mory, Captioner Andrew Yates, Interpreter Norma Angélica Álvarez, Public Elizabeth Cooper, Public *** Silvia Sosio, Public Nereyda Ibarra, Public *** Estela Lara, Public Russel Mahler, Public Kimberly Martinez, Public Andrea McFerson, Public Maria Montes, Public *** Demetria Saffore, Public Dazzling Sanchez, Public	Layla Gonzalez, <i>Advocate, Board of Governors</i> Fatima Vazquez, <i>Member, Board of Governors</i> Sameer Amin, MD, <i>Chief Medical Officer, L.A. Care</i> Todd Gower, <i>Chief Compliance Officer, L.A. Care</i> *** Brigitte Baily, <i>Supervisor, Quality Improvement Department</i> *** Tyonna Baker, <i>Community Outreach Field Specialist, CO&E</i> Malou Balones, <i>Board Specialist, Board Services</i> *** Idalia De La Torre, <i>Field Specialist Supervisor, CO&E</i> Priscilla De La Torre, <i>Project Manager, Quality Manager</i> *** Auleria Eakins, <i>Manager, CO&E</i> Ramon Garcia, <i>Community Outreach Field Specialist, CO&E</i> Hilda Herrera, <i>Community Outreach Field Specialist, CO&E</i> Christopher Maghar, <i>Community Outreach Field Specialist, CO&E</i> Linda Merkens, <i>Senior Manager, Board Services</i> *** Frank Meza, <i>Community Outreach Field Specialist, CO&E</i> Alfredo Mora, <i>Staff Augmentation, Facilities Services</i> Cindy Pozos, <i>Community Outreach Field Specialist, CO&E</i> Victor Rodriguez, <i>Board Specialist, Board Services</i> *** Farid Seyed, <i>Lead Unified Communication Mobility Engineer, IT Operations & Infrastructure</i>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Ana Rodriguez, <i>TTECAC Chairperson</i> , explained the meeting rules guidelines and process for making public comments via Zoom chat and a toll-free line for WebEx bridge line listeners. She also mentioned that public members could submit comment cards and that they would be allowed time to speak during the appropriate agenda items. Chairperson Rodriguez welcomed L.A. Care staff and the public to the meeting and encouraged L.A. Care members with healthcare issues to contact the Member Services Department.	

	Chairperson Rodriguez called the meeting to order at 10:02 A.M.	
<p>APPROVE MEETING AGENDA</p>	<p>Vice Chair McClain advised the members of the public that one minute will be allotted for public comment on each agenda item and asked that their comments be related to the agenda item.</p> <p><u>PUBLIC COMMENT</u> <i>Andria McFerson, RCAC 5 Member, stated that unless there's a motion on the floor to take the minutes away, then there should not be less than, it states 3 minutes on the agenda but there should not be less minutes allotted. She said she needs ADA compensation or some sort of ADA rights so that she can have a little bit more time and she is in a lot of pain right now and it's debilitating. Unless there's a motion on the floor to take the minutes away, then there should not be less than, it states 3 minutes on the agenda but there should not be. But I need ADA compensation, I guess you can say, some sort of ADA rights so that I can have a little bit more time and I'm in a lot of pain right now and it's debilitating. But with that said, there must be a motion on the floor or approval of the depreciation of time.</i> Chairperson Rodriguez responded that as the chair she can reduce the time allotted for public comment. <i>Ms. McFerson responded that as the Chair, she is saying for the public record that she can depreciate the minutes even if they're not behind on time.</i> Chairperson Rodriguez responded that she can do so. <i>Ms. McFerson said that as far as the agenda goes, that should be discussed. And also with the budget sent to her should also be discussed on the agenda so she does not approve of this agenda today and it needs to be investigated if they are taking away minutes for public comment and there is no ADA provision.</i></p> <p>Ms. De La Torre stated that for clarity for everyone including TTECAC members, the Chair has authority to reduce the public comment time and she will determine if accommodations will be made for those individuals that need extra time. The Chair has that authority.</p> <p>The Agenda for today's meeting was approved.</p> <p>Ms. De La Torre advised the committee that Lidia Parra, <i>RCAC 3 Chair</i>, resigned from the committee and membership now stands at 12 members.</p>	<p>Approved. 8 AYES (Byrd, Cordero, McClain, Poz, Rabaja, Rodriguez, Salazar, and Sanchez)</p> <p>3 Abstention (Lebron, Romo, and Sales)</p>
<p>APPROVE MEETING MINUTES</p>	<p>Member Salazar would like Francisco Oaxaca, <i>MBA, Chief, Communications and Community Relations</i>, to invite the TTECAC to the grand opening of the South L.A. Community Resource Center. Ms. De La Torre stated that everyone will be receiving an invitation.</p>	<p>Approved.</p>

	<p>Member Lebron stated that on page 19, it looks strange. She suggested an agenda item regarding the Health Promoters program. She would like to see what L.A. Care is doing, if it's going to recruit, or if there will be spaces available. Ms. De La Torre stated that Board Services is taking note of corrections and comments.</p> <p>The July 10, 2024 Meeting minutes were approved with corrections.</p>	<p>8 AYES (Byrd, Cordero, McClain, Poz, Rabaja, Rodriguez, Salazar, Lebron, and Romo), 3 Absentions (Sanchez, Salazar, and Sales)</p>
STANDING ITEM		
<p>UPDATE FROM CHIEF EXECUTIVE OFFICER</p>	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, reported on behalf of John Baackes, <i>Chief Executive Officer</i>.</p> <p>Dr. Amin provided an update on L.A. Care’s work with the unhoused community. He emphasized the organization's commitment to serving the community beyond being just an insurance provider, noting that L.A. Care reinvests funds into the community.</p> <p>Dr. Amin outlined the four key areas of focus for their unhoused program:</p> <ol style="list-style-type: none"> 1. Helping members find and stay in housing. 2. Providing short-term housing solutions. 3. Increasing the availability of permanent housing. 4. Ensuring access to healthcare and social services. <p>He highlighted the importance of field medicine. The county has been divided geographically into 15 regions, each with dedicated medical teams to provide care to the unhoused on the streets. These regions also have anchor providers for brick-and-mortar healthcare services. L.A. Care has committed \$1.2 billion from 2022 to 2029 for these efforts, including \$30 million to create 10 new street medicine teams and \$40 million in incentive payments to sustain healthcare providers.</p> <p>Dr. Amin discussed L.A. Care’s initiatives in Skid Row, where \$90 million has been allocated for services including harm reduction, mental health, and substance use treatment, as well as extending urgent care and transportation services. He also introduced plans for a new initiative in the community around MacArthur Park, a high-density area of unhoused individuals. L.A. Care will create a 16th region specifically for this area, with specialized services including field medicine, overdose response teams, behavioral health services, and a harm reduction health hub with respite care, hygiene, and nutrition support in collaboration with the Department of Mental Health, the Department of Public Health, and local city and county councils. Dr. Amin outlined plans for transit services and expanded clinical-based</p>	

services. He emphasized the speed and commitment to implement these initiatives, similar to the Skid Row effort.

PUBLIC COMMENT

Andria McFerson, RCAC 5 Member, thanked the Chair for being given the opportunity to speak, and mentioned that her ADA rights were not fully accommodated. She thanked Dr. Amin for his presentation and referred to the recent approval of the housing initiative incentive program by the Board of Governors. She spoke about her motion aimed at ensuring that L.A. Care provides not only housing but also healthcare for the unhoused. Ms. McFerson emphasized the importance of conducting a mental health evaluation to identify specific challenges individuals face, such as learning disabilities, job loss, disabilities, veteran status or domestic violence. She asked if there are specific programs tailored to address these various needs. She said that disabled individuals, those without family support, often require 24-hour assistance from service workers. The workers would help manage essential tasks like paying bills, maintaining hygiene and ensure access to food, as those are often neglected when someone is facing mental health issues. She asked if these services are available to the unhoused population.

Dr. Sameer Amin confirmed that L.A. Care is indeed providing the services Ms. McFerson inquired about. He affirmed that the programs include mental health assessments, social workers, and community health workers, many of whom come from similar life experiences and are familiar with the community’s needs. These services are designed to ensure that individuals receive temporary or permanent housing and the care management necessary to maintain stability. Dr. Amin highlighted Enhanced Care Management (ECM) as a key approach, emphasizing that street teams and ECM are central to delivering comprehensive services.

Russel Mahler, RCAC 4 Member, asked if the RCACs can get involved with helping this project.

Dr. Amin responded that RCACs can be involved and he will brainstorm with Dr. Eakins on how to do this. This is a community-based problem. It's not something an insurance plan will be able to do on its own and L.A. Care is not trying to go solo on this. L.A. Care involves multiple partners from the county, the city, the Department of Mental Health, the Department of Public Health and the community, which includes the RCACs. He noted that the program is for the community and supported by the community and L.A. Care is going to need their help.

Member Poz expressed concern about the diversity of the population at MacArthur Park, highlighting the presence of many immigrants, possibly without legal status. She noted that

harm reduction is relatively new in the area and might be misunderstood by some. She spoke about the need for co-located Department of Mental Health (DMH) clinics, similar to those in Skid Row, to provide long-term health services. Based on her experience living in the area 22 years ago, the addiction issue is linked to minor drug dealing and street gangs contribute to anxiety among the residents. Dr. Amin thanked Ms. Poz for her comments. He agreed that the problems at MacArthur Park are multifactorial, meaning they stem from multiple causes layered together. He explained that solving such issues requires a multifaceted approach and can't be resolved quickly or with a single solution. Dr. Amin highlighted the need for responsible harm reduction, acknowledging arguments on all sides of the debate, and emphasized that solutions should prioritize community involvement. He agreed that MacArthur Park has distinct challenges compared to Skid Row, particularly in terms of safety and substance abuse, and mentioned the ongoing discussion with DMH about developing long-term care solutions for the area.

Member Salazar asked for a printed copy of his presentation. Dr. Amin noted that the slide deck was finished earlier today and will be forwarded to the committee after the meeting. Member Salazar asked Dr. Amin if he is speaking about a new housing program. Dr. Amin explained that efforts to address housing and staying housed are linked to community support programs under CalAIM. Specifically, finding housing is part of the housing navigation program, while staying housed is tied to housing-sustaining services. He also mentioned significant efforts related to housing deposits, grouping all these initiatives under the broader goal of helping individuals find and maintain stable housing. Member Salazar asked about the plan for hygiene, nutrition, and laundry, will there be mobile services. Dr. Amin responded that L.A. Care is trying to determine the best method. There are some services which L.A. Care may try to bring to the area. It's still under discussion, and he has spoken to the team quite a bit about this, it is needed for these folks to get back up on their feet. Some of the services are not truly healthcare but healthcare adjacent, and those need to be addressed. Two of those are laundry and a clean place to shower.

Member Joyce Sales mentioned the unpleasant conditions at MacArthur Park, including the stench. She then asked about the boundaries of the 15 regions, wondering if there are specific offices people could visit. Sales also inquired about the source of the \$90 million in funding and whether the programs were already in progress or would begin soon. She referenced previous discussions about RCAC members wanting to get involved, particularly regarding the health promotion program and expressed frustration over delayed responses from Mr. Baackes, especially concerning the orientation at St. Anne and services like mobile laundry. Sales supports the idea of mobile laundry and suggested helping people become more independent with supervised assistance. Lastly, she highlighted concerns about gangs, drugs, and dealing in the area and urged for greater involvement from the Los Angeles Police Department (LAPD) to address crime. Dr. Amin responded that the Department of

Health, the housing division specifically works with the unhoused. They have been dealing with this issue for a long time, L.A. Care works closely with them that is where the providers that deal with the unhoused specifically sit with them. The question with LAPD, the answer is yes, L.A. Care is actively considering the LAPD's role in the MacArthur Park collaborative. The \$90 million in funding includes \$30 million for Skid Row, \$30 million for incentives for Medi-Cal payment and providers providing care and \$30 million to add street teams where L.A. Care does not have enough capacity. The funding is coming from L.A. Care reserves, because L.A. Care doesn't give the money to shareholders that are sitting across the country by way of a stock price. And so the money is coming from within and it is putting it out there into the community where it belongs.

Dr. Eakins raised two points. First, she asked how the County collaborates with the City, particularly for services like mobile showers, and suggested that greater collaboration between the City and County could expand available resources. She mentioned that libraries, such as the public library downtown, now dispense Narcan to help homeless individuals. She wondered if there could be a partnership with libraries to connect people who receive Narcan with medical services offered at nearby clinics. Dr. Amin responded that that he will take the suggestion into account. With regard to City and County programs, L.A. City District One and County District One are involved. L.A. Care works with the Supervisor and the City Councilperson in those districts to coordinate and work together and a meeting was held last week with District representatives, and a couple of days ago with the Mayor's Office.

Member Romo thanked Dr. Amin for the information and she would like to reinforce what Member Salazar mentioned about prevention, because some people don't have social security, they cannot work, but they have children born here and they have not been given many months of rent. She would like more information about prevention. She also thanked him for helping the homeless. She thinks it's important to help them become self-sufficient. She would like also to help them understand that people are the architects of their own destiny, if they don't want to get out of the hole, nobody will be able to help them all the time. Dr. Amin expressed appreciation for the comments, acknowledging the idea of personal responsibility. He noted that intensive care management services that they provide are designed to support helping individuals with practical skills such as paying bills on time, avoiding substance abuse, and securing more permanent employment. He noted that the housing-sustaining services aim to foster independence. Amin reiterated his commitment to advocating for these ideas in other settings.

Vice Chair McClain asked if they will need training to help with this program. Dr. Amin responded that he will work on ways that RCAC members can be involved. He suggested that the training health workers receive would be helpful. He needs a more concrete

	<p>understanding of what the intentions are and how to best incorporate RCAC members. Vice Chair McClain asked about data to support statements about the high density of Skid Row and MacArthur Park and differences between the two communities. She noted at the end of the day, both areas need help. Dr. Amin responded that certain high-density areas, such as Skid Row and MacArthur Park, have large populations of unhoused individuals and many service providers that are not fully coordinated. There is an opportunity to better organize the providers and services, inject additional funding, and address the needs of large populations in these regions. Each area has unique challenges, such as greater issues with substance abuse or safety, which are informed by data and input from people on the ground. Dr. Amin said that many individuals and organizations are already providing support, and emphasized that L.A. Care’s role is to offer care management, additional funding, and to help coordinate efforts, rather than be a sole solution.</p> <p>Member Lebron stated her concerns about the challenges in accessing housing and health services, particularly for people with mental health issues. She noted that while some individuals receive help, others who genuinely want assistance struggle to qualify. She emphasized that housing alone is insufficient if mental health support is lacking, as people may end up in the same situation without proper therapy and care. Member Lebron called for a comprehensive approach that integrates mental health services with housing programs and urged for stronger advocacy to ensure that these projects work effectively for those in need. Dr. Amin spoke about the significant investments L.A. Care has made in increasing both short-term housing solutions and the availability of permanent housing, and while the focus of the current discussion is on addressing the needs of the unhoused, L.A. Care is also dedicating substantial resources to other populations, such as veterans, disabled children, and individuals with various health conditions. Amin emphasized that L.A. Care is actively working across a range of health issues, including behavioral health and medical management, and that the efforts are not limited to the unhoused population.</p>	
<p>Board Members Report</p>	<p>Ms. Gonzalez and Ms. Vazquez presented the September 2024 Board Member Report (<i>a copy of the report can be obtained from CO&E</i>).</p> <p><u>PUBLIC COMMENT</u> <i>Andria McFerson thanked the Board Members for their report. She noted the importance of Proposition 35, which supports managed care organizations and healthcare funding. She said that the measure would improve healthcare services, particularly for L.A. Care members. She shared a personal experience where she received inadequate care after being injured, which led to ongoing pain and challenges with transportation. Ms. McFerson urged the Board to enhance outreach and provide better information to RCAC members so they can</i></p>	

	<p><i>advocate for important measures like Proposition 35 that impact healthcare services.</i></p>	
<p>ECAC CHAIRPERSON'S REPORT</p> <ul style="list-style-type: none"> • Motion 	<p>Chairperson Rodriguez presented the following motion:</p> <p><u>MOTION ECA 100.1003</u> <i>Motion to recommend approval of the following candidate(s) for RCAC membership. (A copy of the list of RCAC members can be obtained from CO&E.)</i></p> <p><u>PUBLIC COMMENT</u> <i>Ms. McFerson spoke about the importance of diverse representation in the RCACs to inform the Board on significant financial decisions related to community needs. She advocated for including a wide range of personal stories from various racial and demographic backgrounds, including seniors and individuals with disabilities. Ms. McFerson pointed out that participation in the RCACs has declined, partly due to the COVID-19 pandemic which made some members feel their voices were not heard. She called for improved public communication about RCAC options and a more inclusive approach to recruiting members, stressing the need for diversity and equity. She urged for a fresh start in building a more representative RCAC membership through motions from the TTECAC.</i></p> <p>Member Sales said she did not attend the last Board meeting and would like to know what the motion is about. Member Romo responded that the motion is to approve new RCAC members, and if approved, it will be on the agenda at the next Board meeting.</p>	<p>Approved. 9 AYES (Byrd, Cordero, McClain, Poz, Rabaja, Rodriguez, Salazar, Sanchez, Salazar, and Sales)</p> <p><i>(Member Lebron and Member Romo stepped out of the room during voting.)</i></p>
<p>MEMBER ISSUES</p>	<p><u>PUBLIC COMMENT</u> <i>Ms. McFerson shared her concerns regarding recent bylaws that discourage RCAC members from sharing personal stories, arguing that this restriction undermines their role as stakeholders. She claimed it could violate ADA rights and other legislative protections. McFerson emphasized the importance of members being able to share their experiences related to healthcare issues, including treatment, homelessness, and discrimination, to foster a more inclusive environment. She urged the board to clarify this policy to ensure new and existing RCAC members feel comfortable expressing themselves. Additionally, she highlighted the discrimination faced by low-income L.A. Care members, suggesting that this issue should be addressed as a specific agenda item in future meetings.</i></p>	

	<p>Member Poz suggested that L.A. Care enhance support for dual members facing difficulties accessing medications, particularly in light of current shortages of diabetic medications at pharmacies. She expressed frustration that when members contact L.A. Care for assistance, they often do not receive helpful information. Poz urged the organization to collaborate with pharmacies to provide clearer guidance on where members can obtain the necessary medications.</p> <p>Vice Chair McClain spoke about the need for better communication regarding L.A. Care transportation services after being informed by a disabled community member who was unaware of these options. The individual, who uses a wheelchair, had been taking the bus to medical appointments. She mentioned that the member faced issues with accessible transportation, particularly regarding the availability of equipment and training for proper use. She proposed adding this topic to future agenda items to explore potential grants for accessible equipment or separate funding specifically for this purpose.</p> <p>Ms. Vazquez noted the importance of addressing issues related to pharmacy service coupons or vouchers during upcoming RCAC meetings. She noted that many members face out-of-pocket costs for medications not fully covered by insurance and often rely on these coupons to help with expenses. Vazquez expressed concern that pharmacies might mishandle these coupons or charge extra fees, resulting in members not receiving the intended benefits. She suggested sharing information with members about how to effectively use these coupons and encouraged them to report any issues they encounter at pharmacies.</p> <p>Member Salazar spoke about a lack of awareness regarding a program that provides assistance with cleaning tools, specifically for families dealing with asthma, like her own. She expressed interest in having information about this program shared within the resource center in Pomona, emphasizing the need for better communication from L.A. Care. Salazar also shared her personal approach to managing medication costs, suggesting that members could request generic prescriptions from their doctors and consider using pharmacies like Costco or Sam's Club, where medications can be more affordable. She urged for greater dissemination of such helpful information to ensure members can access available resources.</p>	
OLD BUSINESS		
<p>IMPROVING THE EXPERIENCE OF L.A. CARE MEMBERS</p>	<p>Brigitte Bailey, MPH, CHES, Supervisor, Quality Improvement, and Priscilla De La Torre, Project Manager, Quality Improvement, gave a presentation on Improving the Experience of L.A. Care Members <i>(a copy of the presentation can be obtained from Board Services)</i>.</p> <p>Ms. Bailey defined member experience as the overall interaction members have with the healthcare system, including the health plan, doctors, and healthcare facilities. She spoke</p>	

about the importance of a positive member experience, noting the correlation with better clinical outcomes. She outlined various factors contributing to member experience, such as appointment availability, respect from healthcare staff, and timely responses to questions. She highlighted common issues faced by members, including long wait times, lack of available appointments, and inadequate time spent with providers. To enhance member experience, L.A. Care is implementing several initiatives, including increasing provider availability, expanding telehealth services, and offering comprehensive training for healthcare staff. Ms. Bailey encouraged members to provide feedback through surveys and report both positive and negative experiences to help identify areas for improvement. She concluded by inviting questions and suggestions from the audience.

PUBLIC COMMENT

Ms. McFerson spoke about communication between L.A. Care, service providers, and members. She emphasized that members should be treated with respect and highlighted the importance of staff following up on feedback from RCAC members. Ms. McFerson pointed out that there is a need for better internal communication among service providers to assist members effectively, especially those who may not know how to access the necessary resources for their healthcare needs. She expressed concern about the challenges faced by low-income providers and the lack of accountability for poor service. She also questioned how members can receive feedback regarding their care to ensure they are not being taken advantage of. She concluded by asking what steps can be taken if L.A. Care fails to follow through on addressing these issues.

Member Sales asked how many providers have been added to offer healthcare services at community centers. She is asked if training is required or voluntary. She would like to know what rewards are in highlighting the highest surveys and improvements made at the call centers. Ms. Bailey acknowledged the need for information on how many providers have been added to offer healthcare services at community centers and mentioned that this falls under the provider network management team, and she would research it further. She clarified that training is voluntary, not required, and offered to compile a list of clinics and provider groups with which they have collaborated over the years. She highlighted that L.A. Care conducts webinars and various training sessions throughout the year. She noted that high-performing providers are typically recognized at the annual provider award ceremony, though she does not manage that program directly. With regard to improvements at the call centers, Ms. Bailey suggested that the relevant team should provide a detailed overview, as she is not an expert in that area.

Member LeBron commented on the importance of language when discussing culture and feedback, emphasizing that terms like "positive" and "negative" can stigmatize individuals.

	<p>She suggested using the phrase "constructive comments" instead, as it promotes a more supportive approach and avoids placing a stigma on those providing feedback. Ms. Bailey thank her for her comments and stated that she wholeheartedly agrees.</p>	
<p>LAUNCH OF THE NEW REGIONAL COMMUNITY ADVISORY COMMITTEES (RCACs) MEETINGS</p>	<p>Dr. Eakins and Ms. De La Torre gave a Regional Community Advisory Committee (RCAC) update (<i>a copy of the report can be obtained from CO&E</i>).</p> <p>Dr. Eakins spoke about the importance of reestablishing the Regional Community Advisory Committees (RCACs) as a key opportunity for engagement and communication. She outlined that effective September, all eight regions will hold "welcome back" meetings, aiming to generate excitement and gather insights from members. Dr. Eakins highlighted plans for broader member inclusion in discussions about health care access and quality, as well as increased volunteer opportunities tied to L.A. Care initiatives. She stressed the importance of accountability between staff and committee members, advocating for actionable items on meeting agendas to ensure meaningful outcomes. Overall, her section aimed to set a collaborative tone and encourage members to actively participate in shaping the RCAC experience.</p> <p>Ms. De La Torre reiterated the importance of member experience and emphasized the need for RCAC members to share insights at meetings. She outlined plans for a revised, more community-friendly agenda that includes a clear mission for the RCACs and the CO&E department, as well as guidelines for meetings. Ms. De La Torre stressed the need for in-depth discussion to provide opportunities for members to voice concerns and suggestions, which will then be communicated to the ECAC and ultimately to the Board of Governors. Acknowledging the hiatus in RCAC meetings, she noted that there would be opportunities for education and training to enhance member engagement. Overall, her report focused on fostering collaboration between L.A. Care staff and advisory members to ensure that their voices are heard and valued in the decision-making process.</p> <p>Dr. Eakins expressed enthusiasm for the discussions and emphasized the importance of accountability and transparency as they move forward with the reimplementation of the RCACs. She noted the shift from a meeting format where chairs read talking points to a more engaging and interactive process, encouraging members to actively participate in creating agendas tailored to their specific regional needs. Dr. Eakins noted the importance of fostering a welcoming environment where members feel comfortable sharing their experiences. She encouraged chairs to arrive early and set a positive tone for meetings, aiming to transform silent participants into vocal contributors. She introduced the concept of "interim chairs," as the RCACs will undergo elections for new chairs due to the integration of regions, shifting from 11 to 8. This new model will allow for co-interim chairs who can alternate meeting responsibilities, ensuring equity in leadership roles. Eakins reassured members that the stipends would remain unchanged and emphasized the goal of building a collaborative atmosphere as they adopt this new operational model. She</p>	

concluded by handing the presentation over to Ms. De La Torre for further details on upcoming meetings.

Ms. De La Torre outlined the schedule and objectives for the upcoming welcome meetings for the RCACs, starting with RCAC 1 next Tuesday and continuing through the following week for all eight RCACs. She emphasized the importance of these meetings as an opportunity for returning and new members to feel included and engaged in the advisory committee process. A focus of the welcome meetings will be on developing group agreements tailored to each region, with a significant portion of the agenda dedicated to this discussion. Additionally, updates will be provided on the Chair and Vice Chair election process and a review of a revised, more community-friendly RCAC agenda. This agenda will reflect the mission of the CO&E department and include essential meeting materials. Ms. De La Torre mentioned the need to cover the Ralph M. Brown Act to ensure all members understand their responsibilities regarding public meetings. Member discussion issues will remain a component of the agenda, with opportunity for members to voice their concerns. To encourage participation, a raffle will be held for those who complete the evaluations, and each member will receive a volunteer polo shirt at the welcome meetings. Time will be allotted for members to tour the Community Resource Center (CRC) to familiarize themselves with its services. She encouraged members to connect with their assigned field specialists to prepare adequately for the meetings.

Dr. Eakins discussed what to expect in October as the RCACs transition from welcome meetings to official business meetings. She emphasized the importance of grounding the meetings in the mission, which focuses on empowering L.A. Care members to advocate for healthcare issues affecting their communities. Dr. Eakins presented a new mission statement for the CO&E department, which aims to improve healthcare delivery through advocacy, education, and resources. She introduced the concept of an "RCAC Promise," which serves to remind members of their shared commitment to diversity and collaboration in addressing health disparities. The promise reflects the strength of their diverse community and reinforces the importance of including varied voices in their discussions. Moving forward, she assured members that advocacy education would consistently be a component of every meeting, with a focus on relevant aspects of the Brown Act. Eakins mentioned the intent to streamline the consensus-building process and emphasized that education would be tailored to the specific needs of the members. Additionally, she noted the importance of developing a work plan that aligns with the organization's fiscal year, starting October 1, to effectively share resources with community-based organizations. She encouraged members to actively seek out diverse perspectives to enrich their discussions and enhance the RCAC experience.

PUBLIC COMMENT

Ms. McFerson questioned the election process, specifically whether it is governed by TTECAC and the associated timelines, emphasizing the importance

	<p><i>of their rights in making provisions. Ms. McFerson also inquired about the new structural changes and whether decisions regarding votes and motions are determined by members or dictated by staff. She expressed concerns regarding the budgeting process, requesting a detailed history of the budget allocations, particularly highlighting a reported \$300,000 expenditure for food without specific breakdowns. She asserted that all discussions should facilitate open dialogue within the RCAC, stressing that members have the right to express their views without being disruptive. McFerson concluded by asking whether the RCAC meeting schedules for September are public record, noting that only the date for RCAC 1 is currently listed on the website.</i></p> <p>Dr. Eakins addressed Andria McFerson’s concerns regarding the elections, stating that the elections for Chair and Vice Chair must occur according to the established processes and operating rules, particularly due to the new RCAC structure. She emphasized the importance of expediting the election process to avoid unnecessary delays.</p> <p>Regarding the new RCAC structure, Eakins explained that it was designed to enhance dialogue with consumer members, aligning with recommendations from the Department of Health Care Services. She assured that the RCAC budget will be discussed in upcoming meetings, clarifying that the staff is working to ensure agendas are posted at least 72 hours in advance of meetings, affirming that welcome meetings are public events.</p> <p>Member Sales asked if the meeting dates and time will change and if they can attend other welcoming RCAC meetings. Dr. Eakins responded that the schedule will be shared, the meetings are scheduled the third week of the month. They are working with the availability of the community resource centers.</p> <p>Member Salazar asked for clarification on transportation. She would like to know if it will be provided. Ms. De La Torre responded that transportation will be provided to anybody that needs transportation for their assigned RCACs. When the field specialist calls to confirm attendance, they will ask for that information. In reference for attending other RCACs, she highly recommends they speak to their field specialist and they will try to make those accommodations.</p>	
FUTURE AGENDA ITEM SUGGESTIONS		
	Member Salazar asked for a presentation about Asthma.	
PUBLIC COMMENTS		
	<p><u>PUBLIC COMMENT</u> <i>(This public comment was submitted by voicemail and read by staff) Elizabeth Cooper, RCAC 2 member, was unable to attend the meeting in person but wants the Chair and staff members to know that meetings should be more friendly</i></p>	


	<p><i>when calling in and she filed a grievance toward that and ADA rights should be considered and given the opportunity to those members requested and like to bring notice to both members that they should be helping members as well when these types of issues occur.</i></p> <p><i>Ms. McFerson noted the importance of filing motions in the RCAC to influence decisions regarding agendas, election times, and other community matters, asserting their right to ensure public access to RCAC meetings for all stakeholders involved in the L.A. Care system. She noted the legal obligations L.A. Care has concerning stakeholder rights and stressed the need for transparency in budget discussions. Ms. McFerson called for the budget to be included in future agenda items, mentioning that audits by the Department of Justice are a serious concern when budget information is not accessible to stakeholders. She noted her request for a complete record of past fiscal year expenditures was not fulfilled, warning that lack of transparency could lead to public corruption.</i></p>	
ADJOURNMENT		
ADJOURNMENT	The meeting was adjourned at 1:19 P.M.	

RESPECTFULLY SUBMITTED BY:

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

APPROVED BY

Ana Rodriguez, TTECAC Chair



Date

10/9/2024

Board of Governors
Temporary Transitional Executive Community Advisory
Committee (TTECAC)



Meeting Minutes – October 9, 2024

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

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Senior Staff
Roger Rabaja, RCAC 1 Chair Ana Rodriguez, TTECAC Chair and RCAC 2 Chair Silvia Poz, RCAC 4 Chair ** Maria Sanchez, RCAC 5 Chair * Joyce Sales, RCAC 6 Chair * Martiza Lebron, RCAC 7 Chair Ana Romo, RCAC 8 Chair Tonya Byrd, RCAC 9 Chair Damares O Hernández de Cordero, RCAC 10 Chair Maria Angel Refugio, RCAC 11 Chair Lluvia Salazar, At-Large Member Deaka McClain, TTECAC Vice-Chair and At Large Member	Izmir Coello, Interpreter Rebekah Coster, Closed Captioner Sonia Hernandez, Interpreter Isaac Ibarlucea, Interpreter Eduardo Kogan, Interpreter Erin Lafarque, Interpreter Sina New, Interpreter Andrew Yates, Interpreter Diane Chaves, Public Scott Clapson, Public Elizabeth Cooper, Public Gloria Hernandez Munoz, Public *** Estela Lara, Public Sambour Lay, Public Russel Mahler, Public Andrea McFerson, Public Elmano Osorio, Public Fresia Paz, Public Marlene Paz, Public Maria Teresa Rabaja, Public Ana Reyes, Public Demetria Saffore, Public Julia Wong, Public	Layla Gonzalez, Advocate, Board of Governors Fatima Vazquez, Member, Board of Governors Francisco Oaxaca, Chief of Communication and Community Relations *** Tyonna Baker, Community Outreach Field Specialist, CO&E Idalia De La Torre, Field Specialist Supervisor, CO&E Auleria Eakins, Manager, CO&E Ramon Garcia, Community Outreach Field Specialist, CO&E Hilda Herrera, Community Outreach Field Specialist, CO&E Melissa Jones, Strategic Planning Specialist, Strategic Planning *** Christopher Maghar, Community Outreach Field Specialist, CO&E Linda Merkens, Senior Manager, Board Services Frank Meza, Community Outreach Field Specialist, CO&E Alfredo Mora, Staff Augmentation, Facilities Services Cindy Pozos, Community Outreach Field Specialist, CO&E Victor Rodriguez, Board Specialist, Board Services Wendy Schiffer, Senior Director, Strategic Planning Farid Seyed, Lead Unified Communication Mobility Engineer, IT Operations & Infrastructure
* Excused Absent ** Absent *** Via teleconference		

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	<p>Mr. Baackes before the meeting was called to order Mr. Baackes spoke about Proposition 35, to increase Medi-Cal reimbursement for providers. He explained the implications of a ballot proposition related to an existing tax on health insurance plans. This tax has been collected for years, raising approximately \$30 billion over nine years, most of which was directed to the state's general fund. The proposition now proposes to use these funds specifically to increase reimbursement for doctors and hospitals participating in Medi-Cal. Mr. Baackes highlighted that Medi-Cal reimbursement rates are significantly lower than for Medicare or commercial insurance, with Medi-Cal rates approximately 60-70% of Medicare rates and about half of commercial insurance rates.</p> <p>The funding adjustment aims to encourage more doctors to participate in Medi-Cal, improving patient access to care and alleviating overcrowding in emergency rooms, where individuals often go when they cannot secure primary care. Safety-net hospitals, which serve primarily Medi-Cal patients, would especially benefit from this change. Mr. Baackes noted that consumers would not see a tax increase. He clarified that L.A. Care, due to its public funding, is limited in its effort to promote the proposition but has prepared informational materials in English and Spanish to raise awareness. He mentioned that 350 organizations support the proposition, with only a few opposing it, signaling broad approval of the initiative aimed at ensuring Medi-Cal providers receive adequate compensation. He concluded by offering to answer questions about Proposition 35.</p> <p><u>PUBLIC COMMENT</u></p> <p><i>Elizabeth Cooper expressed appreciation for the information shared and mentioned that she had read about the proposition and seen television advertisements on the topic. She voiced her concern that there should be more educational resources available, like presentations from the League of Women Voters, to ensure clear, nonpartisan information on ballot propositions. As a long-time member, Ms. Cooper emphasized the importance of educating the public about propositions in a balanced manner. She noted her support for Proposition 35 as a registered voter but expressed disappointment over the lack of adequate education on these issues. She concluded by asking for further clarification on this matter.</i></p> <p>Mr. Baackes acknowledged Ms. Cooper's suggestion, recalling that the League of Women Voters had previously participated in educational activities at L.A. Care and expressing openness to reintroducing such initiatives. He explained that he had wanted to do more to promote Proposition 35 but is limited by legal constraints, though he personally supports Proposition 35 and plans to vote for it. He highlighted that Proposition 35 is uniquely impactful for Medi-Cal recipients, addressing a critical need for better funding in Medi-Cal.</p>	

	<p>Mr. Baackes said that while Proposition 35 won't fully resolve funding issues, it represents a significant step toward reducing health disparities by improving access and equity for Medical beneficiaries.</p> <p>Ana Rodriguez, <i>TTECAC Chairperson</i>, explained the meeting rules guidelines and process for making public comments via Zoom chat and a toll-free line for WebEx bridge line listeners. She also mentioned that public members could submit comment cards and that they would be allowed time to speak during the appropriate agenda items. Chairperson Rodriguez welcomed L.A. Care staff and the public to the meeting and encouraged L.A. Care members with healthcare issues to contact the Member Services Department.</p> <p>Chairperson Rodriguez called the meeting to order at 10:12 A.M.</p>	
<p>APPROVE MEETING AGENDA</p>	<p>Vice Chair McClain asked the public to make sure their comments are related to the agenda item. Special accommodations will be made based on time available.</p> <p><u>PUBLIC COMMENT</u></p> <p><i>Elizabeth Cooper voiced her objection to the way ECAC members are directed in meetings, contrasting it with her experience at a recent Board of Governors meeting, where an ECAC member was allowed ample time to discuss an issue. She emphasized her right to speak freely under the U.S. Constitution and affirmed that ECAC members are there to provide constructive public comment, not to create disruption. She requested that her comments be formally noted.</i></p> <p><i>Andria McFerson stated that the meeting agenda did not reflect prior discussions, particularly regarding community outreach and budget topics. She emphasized the importance of respecting the role of the Regional Community Advisory Committee (RCAC) and requested that staff consider the committee's input when creating the agenda. McFerson suggested that RCAC members should review and vote on Board of Governors items first, allowing their chairs to represent them effectively. She underscored the responsibility of committee members to represent their community.</i></p> <p>The Agenda for today's meeting was approved.</p>	<p>Approved. 9 AYES (Byrd, Cordero, McClain, Poz, Rabaja, Rodriguez, Salazar, Lebron, and Romo)</p>
<p>APPROVE MEETING MINUTES</p>		<p>Approved. 9 AYES (Byrd, Cordero, McClain,</p>

	<p>The September 11, 2024 Meeting minutes were approved.</p>	<p>Poz, Rabaja, Rodriguez, Salazar, Lebron, and Romo)</p>
<p>STANDING ITEM</p>		
<p>BOARD MEMBERS REPORT</p>	<p>Board Members Gonzalez and Vazquez presented the October 2024 Board Member Report <i>(a copy of the report can be obtained from CO&E).</i></p> <p>The Board of Governors met on October 3. Approved meeting minutes for previous Board meetings can be obtained by contacting Board Services and meeting materials are available on L.A. Care’s website.</p> <ul style="list-style-type: none"> • The list of motions approved at that Board meeting can be obtained from CO&E. • Thank you to the RCAC members that joined the Board meeting in person or virtually. We were happy to see members there and we appreciated hearing their public comments. Public comment gives Board Members the opportunity to hear from members and helps improve services for members. These members attended the Board Meeting in person: <ul style="list-style-type: none"> - Roger Rabaja - Silvia Poz - Joyce Sales - Maritza Lebron - Ana Romo - Damares O Hernandez de Cordero - Tanya Lopez - Alicia Flores - Nereyda Ibarra - Elizabeth Cooper - Estela Lara - Myrra Bolla - Diana Camacho - Maria Montes - Lottie Cleveland • Chairperson Ballesteros expressed gratitude for the recognition Supervisor Hilda Solis has given to L.A. Care for the community resource centers (CRCs). He congratulated Mr. Baackes and Mr. Oaxaca and he spoke about the invaluable contribution CRCs have made to the community. He highlighted the upcoming ribbon-cutting ceremony for the new South L.A. location on October 11. 	

- Mr. Baackes announced that L.A. Care has settled enforcement actions with the California Department of Managed Healthcare and the Department of Healthcare Services, following a \$55 million fine for violations related to unresolved grievances and a new utilization management system. L.A. Care self-reported the issues. The settlement is a fine of \$27 million and \$28 million designated for community investments over three years, focusing on quality, health equity, and behavioral health integration. Additionally, a consultant will monitor the areas affected by the enforcement action and report to the departments quarterly for two years.
- Mr. Baackes reported on Government Affairs on behalf of Ms. Compartore. He reported that the recent legislative session concluded with the Governor signing a significant bill that reduces the payment period for claims from 45 to 30 days, effective in 2026, changing the terminology from "clean claims" to "complete claims." He mentioned that LA Care has been proactive in implementing business transformation projects, including upgrades to their claims payment system, which should help with the upcoming changes. On the federal level, bi-partisan legislation was introduced which will extend enhanced premium tax credits for individuals enrolled in the health benefit exchange, called Covered California in our state.
- Ms. Webber-Christmas gave a Community Benefits Community Health Investment Fund (CHIF) Summary. The 2022-2023 Summary Report, highlights \$29.3 million invested in 167 active grants. Key outcomes included hiring over 400 clinical professionals who impacted more than 23,000 patients, and initiatives addressing social determinants of health that benefited nearly 100,000 lives. She said that investments in African American infant and maternal health programs resulted in 100 out of 116 live births to Black families surviving. This reflects the positive impact of L.A. Care's community initiatives.
- Ms. Smart and Mr. Ng discussed the collaboration between L.A. Care and the LA County Fire Department's Advanced Provider Response Units (APRU), which aims to reduce unnecessary emergency room visits by providing care for low-acuity health issues in the community. This partnership allows APRU teams, which include firefighters and medical professionals, to assess and treat patients in their homes, improving access to healthcare services while alleviating pressure on emergency departments. They shared a success story of a frequent 911 caller who, through coordinated efforts between L.A. Care's Enhanced Care Management and APRU, received comprehensive support for his healthcare needs, demonstrating the effectiveness of their collaborative approach.

PUBLIC COMMENT

Elizabeth Cooper stated she was concerned that input from RCAC members is not being effectively communicated to the Board of Governors, despite the original legislative intent of the Consumer Advisory Committee. She noted that

	<p><i>RCAC issues and motions are rarely addressed at board meetings and urged board members to gather and present RCAC input, as this connection gives them their authority. While respectful of the board members, she emphasized her objection to the lack of visible RCAC representation.</i></p> <p><i>Andria McFerson urged the Board members to take RCAC members seriously, emphasizing that RCAC meetings address real community health disparities and concerns. She requested that board representatives, Ms. Gonzalez and Ms. Vazquez, present RCAC motions and input accurately to the Board of Governors. McFerson also expressed concern over budget transparency, citing an email indicating \$300,000 in spending and calling for a clear, scheduled budget report for current and future fiscal years to ensure accountability.</i></p>	
<p>ECAC CHAIRPERSON'S REPORT</p> <p>Motion</p>	<p>Chairperson Rodriguez presented the following motion <i>(A copy of the list of RCAC members can be obtained from CO&E.)</i>:</p> <p><u>ECA 100</u> Motion to recommend approval of the following candidate (s) for RCAC membership (see attachment).</p> <p><u>PUBLIC COMMENT</u> <i>Elizabeth Cooper welcomed the new RCAC members but expressed concern over the lack of diversity within some RCACs, noting that in her own RCAC she is the only African American member. She urged L.A. Care staff to ensure greater diversity in representation, emphasizing the importance of reflecting the diverse communities served by this state-mandated program.</i></p> <p><i>Andria McFerson echoed concerns about the lack of diversity among RCAC members, as previously mentioned by Ms. Cooper, and noted that there is no community outreach focused on recruiting diverse new members. She questioned the rationale of having limited representation from different racial groups within each RCAC and called for a structured outreach plan to ensure more comprehensive diversity across all races in the committee.</i></p>	<p>Approved. 9 AYES (Byrd, Cordero, McClain, Poz, Rabaja, Rodriguez, Salazar, Lebron, and Romo)</p>
<p>COMMUNICATIONS AND COMMUNITY RELATIONS UPDATE</p>	<p>Francisco Oaxaca, MBA, Chief, Communication and Community Relations, gave a Communications and Community Relations Update <i>(a copy of the written update can be obtained from CO&E).</i></p> <p>Mr. Oaxaca provided updates on several initiatives. He announced the upcoming ribbon-cutting for the South LA Community Resource Center and shared that the fourteenth CRC is expected to open in February next year in Lincoln Heights. A new five-year agreement</p>	

**Community Resource
Center Update**

with Blue Shield's Promise Health Plan to jointly operate the centers will begin in January. Additionally, LA Care plans to extend operating hours across centers, including reintroducing Saturday hours by March. Centers will have flexibility in adjusting hours to best serve their communities. He also noted that an update on the Health Promoters Program would be provided at a future meeting. He addressed efforts to enhance diversity within RCAC and ECAC, emphasizing ongoing work with community organizations to recruit diverse members that reflect LA County's population.

PUBLIC COMMENT

Elizabeth Cooper expressed concern regarding the RCACs' role in recruitment and funding, noting that only staff are involved in recruitment, not committee members. She praised the Resource Centers' efforts but questioned why RCACs are not mentioned in funding discussions, warning that future RCAC sustainability may be at risk. She urged ECAC members to recognize that their roles exist due to past advocacy and emphasized the need for continued funding for RCACs.

Andria McFerson emphasized the importance of RCAC members making decisions about community outreach and activities at Resource Centers, asserting that only RCAC members should have this authority. She suggested including a community outreach section on RCAC agendas to address regional needs effectively. McFerson proposed a process where RCACs plan and vote on outreach initiatives, allowing chairs to represent these plans to L.A. Care, ensuring that RCACs can execute and report on these activities independently.

Mr. Oaxaca responded to a request for information about the South LA location grand opening event, scheduled this Friday at 10 A.M. He shared that the site located in Lincoln Heights is expected to be completed by mid-February of next year.

Ms. Gonzalez thanked Mr. Oaxaca for his report and asked if the new five-year plan with Blue Shield Promise would include having clinicians or nurses available at the centers to administer vaccines or address minor healthcare needs. Mr. Oaxaca said that there have been discussions to bring clinical services to CRCs, but it is not yet finalized.

Ms. Salazar asked that the TTECAC members be invited to the South L.A. opening. She has not been invited to the opening, and other members are having the same issue. She said that not everyone can make it to the classes that are offered due to their schedules and asked about extended hours. Mr. Oaxaca responded by explaining that extended hours and Saturday openings are being implemented to increase access, particularly for those unable to attend classes during the week. He mentioned that they will assess which classes are most

	<p>needed during these extended hours, with popular options like CPR likely to be included. He also noted he would verify ECAC members' scheduling concerns after the meeting.</p> <p>Member Refugio asked if there will be a vaccine event at all community resource centers. Mr. Oaxaca responded that there will be a series of vaccination events.</p> <p>Member Lebron said she has not received an invitation for the grand opening. Mr. Oaxaca responded that staff will look into providing transportation to the event.</p>	
MEMBER ISSUES	<p><u>PUBLIC COMMENT</u></p> <p><i>Elizabeth Cooper expressed concern about the perceived unfair treatment of the public at community meetings, emphasizing her commitment to advocating for the RCACs. She highlighted the importance of ensuring RCAC longevity, funding, and active participation, urging board representatives to speak up on behalf of RCAC members. She reminded the committee that past efforts made RCAC and ECAC participation possible and stressed the need to prioritize RCAC sustainability and community representation.</i></p> <p><i>Demetra Saffore stated that she continuously has issues with her referrals. She has been approved to see providers that are no longer contracted with L.A. Care. She said that the doctor is blamed, but does not agree because they do not approve referrals.</i></p> <p><i>Andria McFerson shared her experience with inadequate medical care, describing how she was misdiagnosed and mistreated at a hospital while dealing with severe symptoms, including muscle spasms and a kidney infection. She explained that, as a disabled child of a disabled veteran with epilepsy and kidney issues, she faced significant challenges and discrimination due to her low-income status and L.A. Care coverage. She emphasized the need for hospitals and staff to treat low-income patients with respect and called for immediate action to address this issue.</i></p> <p>Member Salazar advised Ms. Saffore to contact her insurance provider directly during an emergency to ensure coverage approval. She shared that he has taken this extra step before, as doctors and insurance providers may not automatically coordinate, and said that while it requires additional effort, it can be done.</p> <p>Member Cordero reported that during a recent RCAC 10 meeting in East LA, several members experienced issues with the L.A. Care phone service, including disrespectful treatment and incorrect responses from representatives. She noted that five individuals specifically complained about mistreatment. While she personally has had courteous</p>	

	<p>interactions, Member Cordero spoke about the recurring concerns shared by other members.</p> <p>Board Member Gonzalez thanked members for sharing their concerns and suggested bringing these issues to the Board of Governors for potential brainstorming. She emphasized the importance of filing complaints with L.A. Care to ensure documentation, as this data is reviewed and reported to the Board. She encouraged members to document complaints and to share ideas on possible solutions, which could then be presented to the Board of Governors.</p>	
NEW BUSINESS		
<p>STRATEGIC VISION 2024/2025 – 2026/2027</p>	<p>Wendy Schiffer MSPH, Senior Director, Strategic Planning gave a presentation about L.A. Care’s Strategic Vision <i>(a copy of the presentation can be obtained from CO&E)</i>.</p> <p>Ms. Schiffer presented LA Care’s three-year strategic plan, developed through analysis of healthcare trends and internal feedback. The plan focuses on four priorities: improving operational efficiency, expanding the provider and partner network, enhancing member experience, and establishing L.A. Care as a national advocate for health equity. Key initiatives include extending CRC hours, expanding community and clinical services, enhancing support for dual-eligible members, and improving customer service responsiveness. The plan also prioritizes creating a diverse workforce, promoting equitable funding, and careful use of AI. Progress reports will be provided quarterly to the Board, using a new template to track measurable outcomes.</p> <p><u>PUBLIC COMMENT</u></p> <p><i>Elizabeth Cooper thanked Ms. Schiffer for the strategic plan presentation and inquired about the plan’s provisions for RCAC funding, involvement, and support. She emphasized the importance of RCACs and ECACs in representing regional consumer interests and asked how they would be included and supported within L.A. Care’s strategic initiatives.</i></p> <p>Ms. Schiffer explained that while not specifically mentioned in the strategic plan, the RCACs remain a foundational part of L.A. Care’s structure. The plan focuses on new initiatives rather than existing structures like the RCACs. She assured Ms. Cooper that community input was integral to the plan’s development, and priorities from RCAC meeting minutes were reviewed. Schiffer emphasized that the strategic plan aims to promote collaboration across departments and align efforts with RCACs to achieve L.A. Care’s goals for improved access to care in L.A. County.</p> <p><i>Ms. McFerson expressed appreciation for the strategic plan overview and requested that each RCAC receive detailed information on how the new</i></p>	

	<p><i>initiatives will affect them. She suggested that RCACs collaborate closely with L.A. Care to support initiatives, particularly in areas like partnerships with shelters and addressing homelessness. She recommended that staff engage RCACs for regional insights and community event planning, making L.A. Care's resources more accessible to the public. Additionally, Ms. McFerson proposed discussing how RCAC members could actively participate in these initiatives, including budget considerations for stipends, to support cultural equity and diversity efforts across L.A. Care's programs.</i></p> <p>Ms. Schiffer noted that the feedback from RCAC and ECAC members is foundational to L.A. Care's planning process. She assured that they intentionally consider input from these groups to inform strategic decisions. Additionally, she welcomed the idea of focused outreach efforts for seniors, disabled individuals, and those with learning disabilities, especially regarding AI initiatives. Schiffer and her team offered to attend RCAC meetings whenever needed to maintain open communication and engagement.</p>	
OLD BUSINESS		
<p>L.A. CARE BOARD OF GOVERNORS ELECTIONS UPDATE</p>	<p>Linda Merkens, Senior Manager, Board Services, provided information on the L.A. Care Board of Governors elections (<i>a copy of the report can be obtained from CO&E</i>).</p> <p><u>PUBLIC COMMENT</u></p> <p><i>Elizabeth Cooper expressed concern about the election process for ECAC representatives, questioning if it was conducted fairly and suggesting that a one-year term might be too long. She emphasized the importance of representatives actively engaging with RCAC members to gather input before making comments at Board meetings. Cooper urged the representatives to be more proactive in understanding and addressing RCAC members' concerns, especially on issues of diversity and member participation, and stressed the importance of fair and inclusive representation.</i></p> <p><i>Andria McFerson objected to the motion, criticizing the lack of a fair, democratic process in recent ECAC leadership decisions. She recounted a previous situation where she nominated herself for a chair position, but the decision seemed predetermined, with no formal voting process. McFerson argued that RCAC members were excluded from this process and should have been consulted. She cited a similar experience in her RCAC where staff encouraged others to replace her as chair despite limited interest, highlighting concerns about representation and fairness. McFerson urged for a more transparent and inclusive approach moving forward.</i></p>	

	<p>Member Salazar asked about the changes on the application, marked in red. Ms. Merkens responded that they indicate the wording added from the last election. Member Salazar asked if it will be reviewed before they vote. Ms. Merkens stated that is it not a final approval of the election rules but directs staff to review the proposed rules at RCAC meetings. This is the third time TTECAC is asked to review proposed election rules, and the proposed election rules have not changed since June. Member Salazar expressed concern about the voting process and the need for clarity on application corrections. She emphasized the importance of reviewing and understanding any corrections as a group before voting or sending it to the RCAC. She noted that the application had been revised multiple times but wanted assurance of its accuracy before proceeding. Ms. Merkens stated that it has not changed since it was presented in June, where it was scheduled to be reviewed in the fall to direct the staff to take it to the RCACs for review.</p> <p><u>MOTION ECA 101</u> Ask the two consumer representatives, Layla Gonzalez and Fatima Vazquez, to continue to serve until the 2025 election of new representatives is complete, and request a review by RCAC members of the application and rules for the election of nominees to the two consumer Board Seats, with feedback provided to ECAC by February 2025.</p>	<p>Approved. 6 AYES (Byrd, McClain, Rabaja, Refugio, Rodriguez, and Romo) 3 ABSTENTIONS (Cordero, Lebron, and Salazar)</p>
FUTURE AGENDA ITEM SUGGESTIONS		
	<p>Member Refugio would like to learn more about L.A. Care Covered, and she requested a presentation at a future meeting.</p> <p>Member Cordero would like to know more about the Health Promoters program and requested a presentation on the topic at a future meeting.</p> <p>Board Member Gonzalez would like training for members to be better advocates. Ms. De La Torre clarified is she is requesting training for ECAC leadership.</p> <p>Board Member Vazquez stated that she would like to know what the requirements are for electric wheelchairs and standard chairs and how they are obtained.</p>	
PUBLIC COMMENTS		
	<p><u>PUBLIC COMMENT</u> <i>Elizabeth Cooper requested legal guidance on election procedures, emphasizing her commitment to ensuring fairness and legality in the process. She expressed her determination to advocate for proper election practices.</i></p>	

	<p><i>Andria McFerson spoke about the importance of unity and family within the group, highlighting that their shared mission is to improve healthcare and save lives. She advocated for adding RCAC events to the agenda to promote peer-to-peer engagement, community outreach, and awareness of Proposition 35. McFerson also suggested including guidance on member rights, including Roberts Rules of Order and the Brown Act, to ensure that staff does not dominate RCAC meetings, supporting fair and effective advocacy for the community.</i></p> <p><i>Frezia Paz asked if there will be Health Promoter positions opening up.</i></p> <p><i>Diane Chaves raised concerns about transportation services, noting that some contracted drivers display hostile nonverbal cues, likely due to dissatisfaction with compensation. She worried that this could impact timely arrivals, especially for vulnerable individuals relying on these services for essential appointments. She suggested ensuring that third-party transportation providers, such as Uber or Lyft, address these issues to maintain a supportive and punctual service for consumers.</i></p>	
ADJOURNMENT		
ADJOURNMENT	The meeting was adjourned at 12: P.M.	

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

APPROVED BY
 Ana Rodriguez, TTECAC Chair _____



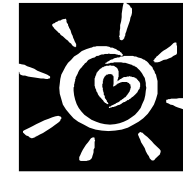
Date _____

BOARD OF GOVERNORS

Children’s Health Consultant Advisory Committee

Meeting Summary – August 20, 2024

1055 W. Seventh Street, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

Members

Tara Ficek, MPH, Chair	Lynda Knox, PhD
Sameer Amin, MD	Hilda Perez
Edward Bloch, MD*	Maryjane Puffer, BSN, MPH*
Maria Chandler, MD, MBA*	Diana Ramos, MD*
Rebecca Dudovitz, MD, MS	Ilan Shapiro, MD, FAAP*
Rosina Franco, MD	
Toni Frederick, PhD*	
Gwendolyn Ross Jordan	

*Absent **Present, but not quorum

Management

Alex Li, MD, Chief Health Equity Officer
 Cherie Compartore, Senior Director, Government Affairs, Government Affairs
 Laura Gunn, Quality Improvement Project Manager II, Quality Improvement
 Tamara Ataiwi, Quality Management Nurse Specialist RN II, Quality Improvement
 Caroline Margaret Basil, Quality Improvement Project Manager II, Quality Improvement

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Tara Ficek, MPH, Chairperson, called the meeting to order at 8:36 A.M. without quorum	
APPROVAL OF MEETING AGENDA	The Agenda for today’s meeting was approved as submitted.	Approved Unanimously. 7 AYES (Amin, Dudovitz, Ficek, Franco, Jordan, Knox, Perez)
PUBLIC COMMENT	<i>No public comment was submitted.</i>	
APPROVAL OF THE MEETING MINUTES	The March 26, 2024 meeting minutes were approved as submitted.	Approved Unanimously. 7 AYES
CHAIRPERSON’S REPORT	Chairperson Ficek gave the following report	

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Chair Ficek expressed her enthusiasm for resuming meetings after the summer break, hoping everyone had an enjoyable and COVID-19-free summer. She acknowledged the back-to-school season, noting the significant policy changes in Los Angeles Unified School District (LAUSD), particularly the implementation of a student cell phone ban aimed at improving mental health. Chair Ficek pointed out the importance of this shift and expressed interest in tracking its impact on children's mental health. She encouraged the committee to prioritize mental health in their agenda, highlighting her organization, First 5 LA's, focus on maternal mental health in their new strategic plan. She stressed the significance of mental health for both parents and children, particularly its long-term effects on health, learning, and family well-being. She invited committee members to share their insights, progress, and challenges related to children's and youth mental health, citing previous presentations on the DHCS Children's Youth Behavioral Health Initiative. Chair Ficek called for the committee's support in spotlighting mental health over the coming year, emphasizing the need to address remaining gaps and ensure the issue receives the attention it deserves.</p>	
<p>CHIEF MEDICAL OFFICER REPORT</p>	<p>Sameer Amin, <i>MD, Chief Medical Officer</i>, gave a Chief Medical Officer update.</p> <p>Dr. Amin provided an update on increasing access to mental health treatment in Los Angeles County schools, emphasizing the importance of addressing the mental health needs of adolescents. He noted that California ranks low in Medicaid spending per child and highlighted the concerning statistic that approximately 64% of adolescents needing depression treatment are not receiving it, particularly affecting teenage girls. He explained the establishment of the Student Behavioral Health Incentive Program (SB HIP) in August 2021, aimed at enhancing mental health services in schools. A survey revealed that only 46% of the responding school districts had fully operational mental health services, underscoring the need for improvement. Dr. Amin described the implementation of a school telehealth process that facilitates referral, evaluation, treatment, and linkage to community resources, with the assistance of Hazel Health. He shared positive results from the program, noting that over 2,800 students were assessed, leading to significant counseling sessions, predominantly initiated by school staff. He spoke about the improvements in school attendance among students referred to the program, indicating that students were feeling well enough to attend school regularly. Dr. Amin spoke about plans for 2024 and 2025, including expanding the therapist network, expediting the consent process, and enhancing long-term treatment pathways to ensure continuous support for those needing ongoing care. He expressed excitement for the work being done and offered to have Michael Brodsky, <i>MD, Senior Medical Director, Community Health, Behavioral Health</i>, give an update on this.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Member Dudovitz inquired about the racial and ethnic breakdown of the users of the mental health services, specifically how it compares to the overall school population across the various districts involved in the program. She noted that in the Los Angeles Unified School District (LAUSD), students of color might be underrepresented in the user sample and sought clarification on how the data aligned with the broader demographic trends in the schools from which the data was collected. She also asked Dr. Amin to elaborate on the challenges related to streamlining the consent process. Dudovitz was interested in understanding the number of students who expressed interest in the services or were referred but ultimately did not connect with the program. This inquiry aimed to identify potential barriers that may prevent students from accessing the mental health support they need.</p> <p>Member Amin addressed the racial and ethnic breakdown of students receiving mental health care. He reported that approximately 55% of those referred for care identify as Latinx, while around 7.5% are African American. Member Amin noted that this distribution aligns well with the student populations in the schools served, although he acknowledged that African American youth might still be underrepresented given the significant mental health needs in that demographic. He spoke about L.A. Care’s commitment to increasing referrals for this group, especially in light of rising suicide rates among young African American women. Regarding the challenges of streamlining the consent process, Dr. Amin emphasized the importance of establishing a sustainable program beyond the initial incentive funding. He highlighted the need to transition to a fee schedule that allows schools to bill Medi-Cal effectively. He pointed out that many school districts are not currently set up for this billing process, creating a gap that needs to be addressed. To overcome this challenge, the state plans to employ a third-party administrator to facilitate billing and ensure funds are appropriately allocated back to the schools. Amin acknowledged that this process might be complicated and initially challenging, but he expressed confidence in successfully navigating these obstacles.</p>	
MEMBERSHIP (CHC 100)	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, presented the following motion for approval.</p> <p><u>Motion CHC 100.0924</u> To appoint Lina Shah, MD, Medical Director, Medical Management, Utilization Management, as member of the Children’s Health Consultant Advisory Committee (CHCAC), for the Medical Director for Quality Management of L.A. Care Health Plan seat.</p>	<p>Approved Unanimously. 7 AYES</p>

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>PROPOSED COMMITTEE PURPOSE AND OTHER HOUSEKEEPING ACTIVITIES</p>	<p>Chairperson Ficek and Alex Li, MD, <i>Chief Health Equity Officer</i>, gave the following presentation about the Proposed Committee Purpose and Other Housekeeping Activities (<i>a copy of the presentation can be obtained from Board Services</i>).</p> <p>Dr. Li began by speaking about the importance of revisiting the committee's mission and purpose, particularly in relation to how L.A. Care can impact children's healthcare for 2024 and beyond. He noted that the discussion was initiated by Chair Ficek, who invited feedback from committee members. Dr. Li stated that the core mission of the Children Health Consultant Advisory Committee (CHCAC) is to ensure that young children and teenagers in the community have access to necessary healthcare. He discussed the need for collaboration among managed care plans and community stakeholders to improve healthcare delivery. He stressed the significance of creating strong relationships between the healthcare system, public health entities, and social services that support children and youth. Dr. Li addressed the importance of committee diversity, stating that it should reflect the varied communities served. He affirmed that the committee's recommendations should advocate for children and youth at board meetings, especially as L.A. Care refreshes its vision and strategy for the next three years. Dr. Li reminded the committee to incorporate themes of health equity and quality into their discussions, he said that serving vulnerable communities requires a comprehensive approach. He invited feedback on the clarified purpose of the committee and encouraged a collaborative effort in making impactful decisions for the benefit of children and youth.</p> <p>Chair Ficek spoke about the importance of aligning the committee's activities with the needs and services available for children and youth across Los Angeles County. She said that the committee could better reflect these needs and provide valuable insights to L.A. Care. Chair Ficek noted the challenge of creating relationships among various entities and organizations within a virtual meeting environment. She said that the need for more engaging meetings that promote relationship-building among members and other stakeholders involved in the welfare of children and youth. She also mentioned the current membership roster, indicating a desire to ensure it represents the diverse demographics of L.A. County. Chair Ficek invited feedback on potential gaps in membership and encouraged committee members to nominate individuals who could add value to the committee. Regarding the structure of future meetings, Chair Ficek proposed maintaining bi-monthly meetings but also suggested an annual in-person meeting. This would provide an opportunity for agenda planning and facilitate relationship-building among members. She proposed holding committee retreat, noted the benefits of face-to-face engagement. She indicated that there would be an action</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>item on the agenda to review and approve an updated committee charter, which would incorporate the ideas and suggestions discussed during the meeting.</p> <p>Member Knox proposed the idea of involving young people as guest speakers during committee meetings, particularly to provide firsthand insights about their experiences. She suggested this could be done every other session or at the proposed annual retreat, potentially featuring young individuals and pregnant mothers to facilitate meaningful discussions about their needs. She stated that she can assist with organizing the youth participation if there was capacity for it. She recommended starting with scheduling a young guest speaker, allowing the committee to prepare questions in advance to guide the conversation. This approach could create a more structured yet open dialogue, lasting about 15 to 20 minutes, where young speakers could share their perspectives on issues like access to school-based clinics or other relevant topics. She noted the limitations imposed by the Brown Act but believed that even with these constraints, engaging with young voices could provide feedback for the committee. Member Knox stated that she is open for a retreat, meeting face-to-face.</p> <p>Chair Ficek responded that she would be happy to bring in members that are within their population.</p> <p>Member Franco stated that she is the Senior Physician for Student Medical Services at LAUSD, outlined her role in managing 13 school-based clinics within the district, previously classified as CHDP clinics. She noted that with the sunset of the CHDP program, her staff no longer receives the guidance and training previously provided by public health nurses from the county. Member Franco mentioned her discussions with Felix Aguilar-Henriquez, MD, Medical Director, <i>Quality, Quality Improvement</i>, and noted his helpfulness in addressing these concerns. She inquired whether L.A. Care could take on the responsibility of conducting facility site reviews, as the county public health nurses would no longer perform these audits. She requested support from L.A. Care in providing educational resources and training for her staff. Member Franco specifically mentioned the need for training in areas such as immunizations, Body Mass Index readings, and audiology to ensure that medical assistants and providers are equipped to continue delivering quality care to students.</p> <p>Member Amin responded that he can ask Dr. Aguilar and Edward Sheen, MD, Senior Quality, Population Health and Informatics Executive, speak a little bit to that. Yep. Okay, that'd be great.</p> <p>Dr. Li stated that this could be part of future agenda items.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Member Perez thanked Member Knox for her suggestion to include the voices of patients and consumers in discussions. She suggested that the committee could enhance this approach by conducting focus groups tailored to specific populations, such as pregnant women or children in foster care. These focus groups would gather insights on how these groups prefer to receive information and access healthcare services. Member Perez noted the constraints of short meetings and busy schedules but emphasized the importance of creating opportunities for direct feedback from these communities. She also supported the idea of an annual retreat, viewing it as a valuable opportunity for strategic planning and fostering deeper discussions about incorporating these insights into the committee's work.</p> <p>Chair Ficek stated that she can work with Victor Rodriguez, <i>Board Services</i>, to figure out a demographic and figure out a way to engage members. Member Perez stated that they can connect with the Community Resource Centers so they know what services are offered. She noted that they do not have medical appointments but do offer education and classes. They have a diversity of all different classes, workshops, educational facilitation of health topics, and also there's case management from the community health workers at LA care. They do follow ups with patients.</p>	
<p>DISCUSSION AND CONSIDERATION OF APPROVAL OF REVISIONS TO THE COMMITTEE CHARTER (CHC 101)</p>	<p>Alex Li, MD, <i>Chief Health Equity Officer</i>, presented Motion CHC 101.0924 for approval.</p> <p>Dr. Li presented a motion to approve revisions to the committee charter, noting that the proposed changes were straightforward and outlined in the packet provided to committee members. He said that the revisions primarily focused on recognizing his role as the Chief Health Equity Officer, who will have an increased responsibility in supporting the committee. Dr. Li also mentioned that outdated language and references to committees or councils no longer in existence were revised for clarity. He also updated references to L.A. Care and its Board of Governors..</p> <p><u>Motion CHC 101.0924</u> To approve the Revisions to the Children’s Health Consultants Advisory Committee (CHCAC) Charter.</p>	<p>Approved Unanimously. 7 AYES</p>

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>CALIFORNIA BUDGET UPDATE AND IMPACT ON CHILDREN AND YOUTH</p>	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, and Erica Whitt, , gave a California Budget update and its impact on children and youth.</p> <p>Budget Updates</p> <ul style="list-style-type: none"> • California State Budget: The final budget for 2024-2025, totaling \$297.9 billion, was approved on June 29, 2024. This budget aims to address a significant deficit through fund shifts and early actions. • Key Changes: <ul style="list-style-type: none"> ○ Elimination of the Los Angeles County Child Welfare Services Public Health Nursing Program, resulting in a \$8.3 million reduction. ○ A six-month delay in the implementation of a rate increase for developmental services, now starting January 1, 2025. ○ Introduction of a \$9 million allocation for diaper and wipe distributions for low-income families. <p>Managed Care Organization (MCO) Tax</p> <ul style="list-style-type: none"> • MCO Tax Renewal: The MCO tax has been renewed through December 31, 2026. This renewal includes provider rate increases for various specialties and the implementation of continuous Medi-Cal eligibility for children aged 0-5, effective January 1, 2026. • Potential Changes: The funding for these new programs may be affected if Proposition 35, a ballot measure set for November, passes. <p>Legislative Updates</p> <ul style="list-style-type: none"> • Legislative Priorities: The presentation highlighted several key bills: <ul style="list-style-type: none"> ○ SB 1289: This bill focuses on improving Medi-Cal call center standards and metrics. ○ AB 2630: Mandates oral health assessments for transitional kindergarten students. ○ AB 2319: Updates the California Dignity in Pregnancy and Childbirth Act, aiming to address implicit bias in healthcare settings. ○ SB 1396: Addresses changes to the CalWORKs Home Visiting Program but is currently held in suspense. <p>Legislative Calendar</p> <ul style="list-style-type: none"> • Important upcoming deadlines were noted, including the last day for each house to pass bills (August 31) and the governor’s deadline to sign or veto bills (September 30). 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting was adjourned at 9:55 a.m.	

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

APPROVED BY:
 Tara Ficek, *MPH, Chairperson* _____

Date Signed: _____

BOARD OF GOVERNORS

Technical Advisory Committee

Meeting Summary – August 8, 2024

1055 W. Seventh Street, Los Angeles, CA 90017



Members

Alex Li, MD, *Chief Health Equity Officer, Chairperson* Santiago Munoz
 Sameer Amin, MD, *Chief Medical Officer* Elan Shultz
 John Baackes, *Chief Executive Officer** Stephanie Taylor, PhD*
 Elaine Batchlor, MD, MPH
 Paul Chung, MD, MS
 Muntu Davis, MD, MPH,
 Rishi Manchanda, MD, MPH
 * Absent ***Present (Does not count towards Quorum)

Management

Noah Paley, *Chief of Staff, Executive Services*
 Wendy Schiffer, *Senior Director, Strategic Planning, Strategy*

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Alex Li, MD, <i>Chief Health Equity Officer</i> , called the meeting to order at 2:02 p.m. without a quorum. <i>The committee reached a quorum at 2:11 p.m.</i>	
APPROVAL OF MEETING AGENDA	The Agenda for today’s meeting was approved.	Approved Unanimously by roll call. 6 AYES (Batchlor, Chung, Li, Manchanda, Munoz, and Shultz)
PUBLIC COMMENT	There were no public comments.	
APPROVAL OF MEETING MINUTES	The April 11, 2024 meeting minutes were approved as submitted.	Approved Unanimously by roll call. 6 AYES

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>CHAIRPERSON'S REPORT</p> <ul style="list-style-type: none"> Chief Health Equity Update 	<p>Member Alex Li, MD, <i>Chief Health Equity Officer</i>, gave a Chief Health Equity Officer Update as part of the Chairperson's Report.</p> <ul style="list-style-type: none"> Targeted Rate Increase for Medi-Cal/Medicaid Providers: Dr. Li discussed a statewide initiative aimed at increasing payment parity for primary care providers, particularly those in behavioral health and OB. He noted that this is a significant effort, especially in the context of the delegated and capitated market, which adds complexity. Equity Practice Transformation Program: Originally a \$700 million state investment to improve primary care provider performance, the budget was reduced to \$350 million due to budget challenges. Despite the cutbacks, L.A. Care retained all 46 partner providers and remains committed to expediting payments upon milestone completion and enhancing the program by adding practice coaches. The program has been shortened to three years, reducing required milestones from 40+ to 25. One-Year Reflection as Chief Health Equity Officer: Dr. Li marked his one-year anniversary in his role, reflecting on the lessons learned from working with the TAC committee, L.A. Care staff, and community partners. He shared that health equity disparity mitigation plans span over two years and stated that progress is in the "yellow" zone, indicating room for improvement but moving forward steadily. Dr. Li indicated that a one-year update on his work would be presented to the Board of Governors in September. 	
<p>L.A. CARE'S PROGRAM IMPACT ASSESSMENT PRACTICE</p>	<p>Francisco Perez-Chavez, <i>Data Scientist III, Advanced Analytics Lab</i>, gave a presentation on L.A. Care's Program Impact Assessment Practice (IAP) (<i>a copy of the presentation can be obtained from Board Services</i>).</p> <p>Overview</p> <ul style="list-style-type: none"> Impact Assessments are all about tying the effect of a program to an outcome of interest. Impact assessments come from various different scientific disciplines such as public policy and public health and is part of a broader program evaluation process. Wanted to make sure our work is grounded in statistical rigor backed by peer reviewed scholarship. LA Care's implementation called Impact Assessment Program (IAP) Based on existing work delivered to Department of Health Care Services (DHCS) Causal analysis methodologies: <ul style="list-style-type: none"> How we provide evidence of a casual link existing and future directions Open discussion 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>How do we evaluate a program’s impact with a focus on evidence based policies? Key Idea: What is the impact (or causal effect) of a program on a specific outcome of interest?</p> <ul style="list-style-type: none"> • Impact assessments are a particular type of evaluation that seeks to answer cause-and-effect questions <ul style="list-style-type: none"> - Use statistical tools and methods to account for other factors to that impact the observed outcome • A periodic assessment of the effectiveness, relevance and sustainability of a program or policy <p>Program Evaluations: A complementary suite of evaluations both qualitative and quantitative needed for “demonstrating the results of resource investments”:</p> <ul style="list-style-type: none"> • Needs assessment • Process evaluation and monitoring • Design and theory assessment • Efficiency evaluation (cost benefit analysis) <p>How the IAP was designed? Final Evaluation of California’s Whole Person Care (WPC) Program (December 2022)</p> <ul style="list-style-type: none"> • WPC was a \$3 billion five-year statewide pilot with ~250,000 participants • UCLA Center for Health Policy Research was selected to evaluate WPC • Developed a conceptual framework for evaluation with a mixed methods approach <p>An impact assessment is part of a very thorough full program evaluation</p> <p>Member Manchanda inquired whether the tracked outcomes include changes in both adverse utilization and increases in appropriate utilization, such as preferred use of primary care over emergency department or urgent care visits. He asked for clarification on whether the metrics being used to evaluate outcomes also account for positive shifts in appropriate service use, not just reductions in inappropriate use. Member Manchanda spoke about the importance of considering balancing measures, which would track the increase in preferred utilization alongside any decrease in inappropriate utilization, to ensure that the overall impact on healthcare access and usage is fully understood.</p> <p>Mr. Perez-Chavez acknowledged that while they can analyze various outcomes, the current focus is on three main metrics: inpatient admissions, outpatient utilization, and primary care provider (PCP) visits. These outcomes are carryovers from an earlier version of the program. The emphasis on adverse utilization measures (like emergency department utilization) is because they can be directly linked to</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>costs. In contrast, tracking changes in PCP utilization, while beneficial, does not easily correlate with cost, which is why it is less emphasized in the current outcome targets.</p> <p>Member Manchanda responded that that sounds great. He thinks that maybe if there a discussion element afterwards, he would love to come back to that point about defining the kind of outcomes of interest and seeing how easy it is or not to be able to assign monetary value including costs to that He asked if the IAP methodology that L.A. Care is using to define outcomes for meeting the disparities reduction targets as well. Mr. Perez-Chavez responded he is not familiar with that program.</p> <p>Member Manchanda said that the work, goals and the disparities reduction targets that. The targets demonstrate that there are improvement plans to reduce the disparities. He asked if L.A. Care will be using this methodology to help demonstrate, not only the impact on closing disparities, but also the economic impact. Mr. Perez-Chavez responded that is not something he is familiar with, and he suggested that Dr. Li would know more. L.A. Care is currently focused on specific programs and measuring the changes to adverse utilization in the aggregate.</p> <p>Chairperson Li stated that the team held its first kick off meeting last week to discuss that, and the discussion can be brought back to this committee in the future.</p> <p>What is the IAP?</p> <ul style="list-style-type: none"> • The goal is to apply an iterative and systematic accounting, with a focus on results that can help inform policy and program guidelines. • Consultative process to help define the operational characteristics of the program with the institutional knowledge of the people administering the program <ul style="list-style-type: none"> - Empower program managers to help define parameters of the study - It is our job to help them define the problem so that it can be examined with these tools • The specific outcomes are changes in adverse utilization as well as the costs associated with those changes <ul style="list-style-type: none"> - Translate these parameters into statistical outcomes • The code is the definitive source of the methodology <ul style="list-style-type: none"> - Outcomes are determined and reviewed by the code • Software design principals <ul style="list-style-type: none"> - Computational statistics - Efficient, scalable, and reproducible code • We must transform statistical outcomes into a language that is accessible and intuitive so that stakeholders understand and feel empowered to participate 	

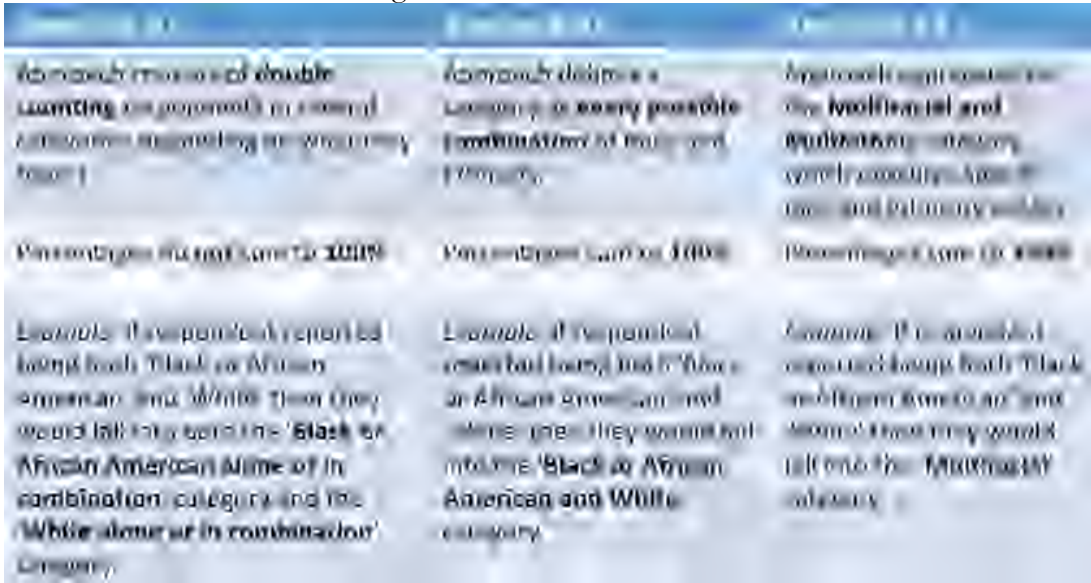
AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> - Outcomes from the studies are typically in a very specific specialized language. • Communicate the process and the outcomes in a way that is transparent, accessible and effective <ul style="list-style-type: none"> - Helps our customers in building confidence in our outcomes - Encourages building meaningful two-way discussion <p>Methodology</p> <ul style="list-style-type: none"> • Estimating a counterfactual <ul style="list-style-type: none"> - Randomized Control Trails in medical literature - Natural experiments in econometrics - Quasi-experimental in social sciences • Design based approaches <ul style="list-style-type: none"> - Difference in differences - Regression discontinuity <p>Heterogeneous Treatment Effects</p> <ul style="list-style-type: none"> • “Individuals differ not only in their background characteristics but also in how they respond to a particular treatment” • How effects vary based on a member’s background characteristics <ul style="list-style-type: none"> - What groups see greater effect - Useful for equity analysis <p>Methodology</p> <ul style="list-style-type: none"> • Structural Causal Modeling <ul style="list-style-type: none"> - Cause and effect - Represent a more logical flow for business processes • Making the assumptions very clear, explicit and transparent <ul style="list-style-type: none"> - Validating those assumptions with subject matter experts - Testing those assumptions • Helps identify: <ul style="list-style-type: none"> - Downstream impacts - Confounding variables <p>Interesting points about Lyft’s causal model: How sessions has two paths to the rides and one is independent of price</p>	

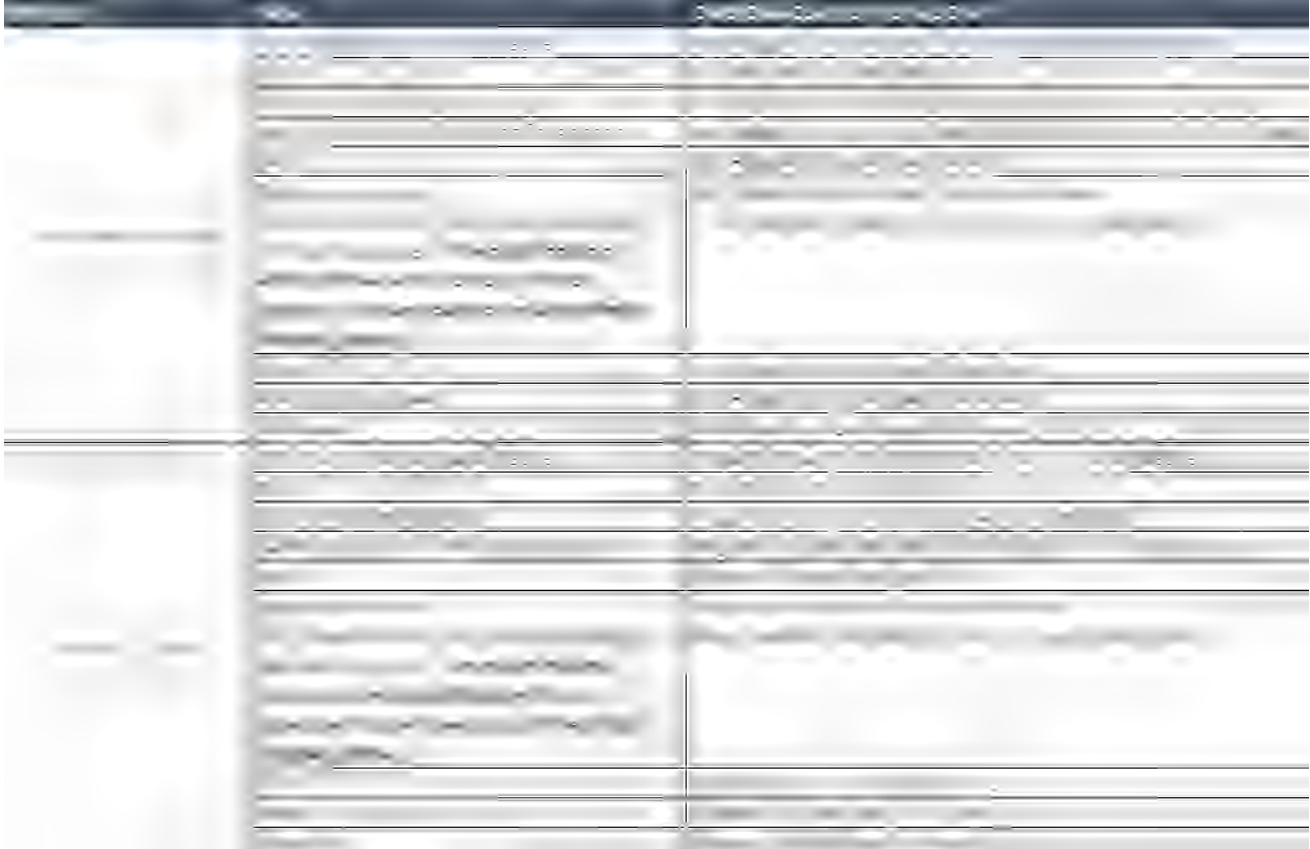
AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>- Members enrolled in multiple programs With limited resources, these confounders have unintended consequences</p> <p>Member Chung noted that choosing the analytic methodology is a subtle approach and much of the validity of the analysis depends on choices that are made - it is not always clear. He asked what L.A. Care is using to guide its decision. Mr. Perez-Chavez responded that L.A. Care is using established approaches rather than developing new methods. Specifically, employing a difference-in-difference methodology, following the model used by the UCLA School of Public Health for a study commissioned by the DHCS. He explained that by aligning with a methodology already accepted by DHCS and validated in similar populations, they aim to avoid the complexities and debates over which analytic approach is best. He acknowledged that various disciplines have different methodologies, but L.A. Care is following a well-recognized, validated path.</p> <p>Member Chung pointed out that certain situations call for specific methods . He noted that a difference-in-difference may be more appropriate in some cases than in others and there are alternative approaches that might be better suited depending on the situation. He asked about whether L.A. Care is employing various techniques based on specific contexts and suggested that this topic could be discussed further offline. Mr. Perez-Chavez responded that L.A. Care is using a generalizable framework across different programs, applying the same methods because the panel data format allows for it. The methodology is checked to be appropriate for the data by performing validity tests, which are documented in an application called Confluence. This documentation tracks all outcomes and verifies that the chosen method fits the data and assumptions. He emphasized the importance of making validity tests interpretable for non-technical stakeholders, ensuring the results are clearly understood and valid. All results and methodologies are memorialized for future reference.</p>	
<p>L.A. CARE'S STRATEGIC PLAN</p>	<p>Wendy Schiffer, <i>Senior Director, Strategic Planning, Strategy</i>, gave a report about L.A. Care's Strategic Plan (<i>a copy of the materials can be obtained from Board Services</i>).</p> <p>Ms. Schiffer provided an overview of the draft three-year strategic plan. The plan builds upon the successes of the previous plan and is informed by leadership interviews, community advisory committees, and broader healthcare trends.</p> <p>Key highlights:</p> <ul style="list-style-type: none"> • Mission and Vision: The mission and vision remain unchanged, focusing on providing access to quality healthcare for vulnerable communities and promoting a healthy, inclusive society. • Four Strategic Directions: 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> - Improving Operational Efficiency: Focus on strong leadership, enhancing IT systems (appeals, claims), and modernizing the data ecosystem. - Supporting a Robust Provider Network: Ensuring providers can meet both health and social needs, improving provider portals, expanding the direct network, and enhancing field medicine and care management programs. - Improving Member Experience and Care Quality: Utilizing community resource centers, improving customer service, expanding member outreach, and addressing quality ratings and health disparities. - National Leadership in Equitable Healthcare: Advocating for equity, addressing AI integration, and investing in safety net providers. <ul style="list-style-type: none"> • The plan will be presented at the September 5 Board of Governors retreat after finalizing goals and wording with leadership. <p>Member Shultz suggested clarifying L.A. Care's Role in serving homeless populations. He emphasized the need for L.A. Care to articulate its specific responsibilities for the Medi-Cal population experiencing homelessness. He noted the confusion and debate within the County about which agencies are responsible for different aspects of care, particularly in behavioral health. He suggested L.A. Care create an internal consensus document that clearly defines its role in addressing homelessness, complementing the strategic plan. Member Shultz encouraged L.A. Care to take a stronger leadership role in expanding and strengthening the behavioral health care continuum for Medi-Cal managed care populations. He acknowledged that there may be challenges in partnering with the Department of Mental Health (DMH) along with an opportunity for L.A. Care to demonstrate what a public plan can do in addressing behavioral health needs and ensuring continuity of care, similar to how the organization has been a leader in other areas under John Baackes' leadership. Chairperson Li responded that the vision is crucial, and the practical aspects of execution and operations are equally critical. He thanked Member Shultz for his thoughtful points. Member Shultz urged L.A. Care to be more assertive in demanding stronger partnerships from the County, particularly in the area of behavioral health. Member Shultz encouraged L.A. Care to feel comfortable publicly pushing the County to better collaborate, especially regarding behavioral health services.</p> <p>Member Munoz wondered if Ms. Schiffer could speak to the ways L.A. Care is measuring success in all these categories. It was a great presentation really thoughtful, and he appreciates it. He asked if there is a scorecard that the committee will be able to look at. He asked if the Board will be adopting the actual measures.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Ms. Schiffer noted the challenge of making strategic planning measurable, noting that this is a common struggle. She explained that when possible, L.A. Care tries to identify metrics, in areas such as workforce diversity, where clear metrics exist. However, when metrics are not available, the organization relies on qualitative reporting. Ms. Schiffer emphasized that L.A. Care regularly provides quarterly reports to the board to ensure accountability and track progress, even when the data is more qualitative than quantitative.</p> <p>Noah Paley, <i>Chief of Staff</i>, added that L.A. Care consistently shares a variety of performance metrics, such as claims and call center data, with the Board of Governors and the Provider Relations Advisory Committee. Over the past year, the Quality, Health Informatics, and Advanced Analytics teams have collaborated to improve the data sets shared with the provider network. These data sets now integrate quality metrics like <u>Managed Care Accountability Set (MCAS)</u>, Healthcare Effectiveness Data and Information Set (HEDIS), and compliance data with member grievances and utilization data. This integrated approach allows L.A. Care to track the effectiveness of infrastructure and workflow enhancements, ensuring that operational improvements are reflected in performance outcomes.</p>	
<p>APPROACH ON RACE AND ETHNICITY DATA</p>	<p>Melinda Mata, <i>Clinical Data Analyst III, Health Equity</i>, reported on L.A. Care’s Approach to Categorize and Report on Race Ethnicity Data (<i>a copy of the presentation can be obtained from Board Services</i>).</p> <p>Federal Office of Management and Budget’s (OMB) Race/Ethnicity (R/E) Standards Overview</p> <ul style="list-style-type: none"> • The OMB Statistical Policy Directive No. 15 (SPD 15) guidance has not changed since 1997. • Since 1997 there has been one: <ul style="list-style-type: none"> - Increasing racial and ethnic diversity and rise in number of people who identify as more than one race and/or ethnicity. • This requires data to be captured accurately, which can lead to more opportunities to reflect communities with diverse experiences and needs. <p>Increasing accuracy in counts could help lead to more opportunities for communities of color who have diverse experiences, not only at the minimum R/E categories but within the detailed R/E categories as well. Previously there was no requirement to collect detailed race or detailed ethnicities categories. The latest SPD 15 revision now requires it.</p> <p>Detailed data helps:</p> <ul style="list-style-type: none"> • Identify important differences that exist across subgroups who may have previously been “statistically invisible.” • Accurately count some communities that may have been undercounted using previous methods. 	

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	<ul style="list-style-type: none"> • Distinguish with-in group disparities which will help identify specific community needs. <p>SPD 15 recent revisions include:</p> <ul style="list-style-type: none"> • Using a single combined race and ethnicity question for data collection. • Allowing respondents to have multiple responses in that single question. • Adding the Middle Eastern or North African (MENA) category, as a minimum reporting category <ul style="list-style-type: none"> - Separate and distinct from the White category • Requiring the collection of more detail beyond the minimum race and ethnicity reporting categories. • Updated terminology. • Requiring agency Action Plans on Race and Ethnicity Data and timely compliance with revisions. <p>Supporting Evidence</p> <ul style="list-style-type: none"> • Census Bureau research suggests this change would lead more people to declaring both their racial and ethnic identities. • The decennial census, the American Community Survey (ACS), and the 2015 NCT Research Study found that a combined race and ethnicity question reduces confusion and reduces the use of the “some other race” category by Hispanic or Latino respondents. • The 2020 Census found that 43.5% of respondents who self-identified as Hispanic or Latino either did not report a race or were classified as ‘Some Other Race’ (SOR) alone (over 23 million people). <p>Concerns regarding combining R/E</p> <ul style="list-style-type: none"> • Some presenters advised against a combined race and ethnicity question, expressing concern that race data for the Hispanic or Latino population may be lost. • E.g., some presenters worried that the Black or African American population in Puerto Rico may only select “Hispanic or Latino” and not “Black or African American” in a combined question format, even with the instruction of “Select all that apply”) [2] <p>Working Group’s Response to Concerns</p> <ul style="list-style-type: none"> • The 2015 NCT Research Study compared Afro-Latino population estimates when using a combined question format versus a separate questions format and did not find a significant difference between the approaches. In fact, Afro-Latino population estimates were slightly higher when using a combined question with detailed checkboxes and write-in fields. • However, during cognitive interviews the working group conducted, respondents only selected the Hispanic or Latino response when shown the combined question, this resulted in the working groups recommendation for future research in the 2024 revision to the SPD 15. 	

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	<p>OMB's Guidance on R/E Categorization</p>  <p>The screenshot shows three approaches to R/E categorization:</p> <ul style="list-style-type: none"> Approach #1: Identify members of double limiting categories in census. Approaches regarding the way they count. Approach #2: Identify discrete categories of every possible combination of race and ethnicity. Approach #3: Approach to count members of the multiracial and multiancestry categories with mutually exclusive and primary coding. <p>Percentages sum to 100 percent. Response categories to be mutually exclusive.</p> <p>Example: If respondent reported both Black or African American and White then they would fall into both the 'Black or African American Alone or in combination' category and the 'White alone or in combination' category.</p> <p>Example: If respondent reported both Latino and White or Hispanic or African American and White then they would fall into the 'Black or African American and White' category.</p> <p>Example: If respondent reported both Black or African American and Hispanic or Latino then they would fall into the 'MUTUALLY EXCLUSIVE' category.</p> <p>L.A. Care is considering a combination of OMB's suggested Approach #2 and Approach #3. Implement this approach with the understanding that we may want to shift more toward Approach #2 if the data supports this.</p> <ul style="list-style-type: none"> As we learn more about our member population we may want to include additional categories (similar to the permutations seen in Approach #2) such as 'Hispanic or Latino and Black or African American and White'. <p>Percentages sum to 100 percent. Response categories to be mutually exclusive.</p> <p>L.A. Care's Consideration for Tabulation – 1 Question Roll Up</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
		

L.A. Care's Consideration for Tabulation – 2 Question Roll Up



Primary Data Sources	Key Questions
Health Plan Enrollment	1. How many members of each race/ethnicity group are enrolled in the Health Plan?
Health Plan Enrollment	2. Any other key questions?
Health Plan Enrollment	3. Any other key questions?
Health Plan Enrollment	4. Any other key questions?

Potential Limitations

834 Files - Health Plan benefit enrollment files

- Each Line of Business manages their own race and ethnicity codes.
- Race and Ethnicity codes are not consistent across Lines of Business.

Potential Future Opportunities

- Health Information Exchange Data
- Call Center Data
 - Expand the race and ethnicity values to include the minimum 7 race and ethnicity categories as well as the minimum detailed race and ethnicity values.
 - Ensure we are capturing the both race and ethnicity details for our members. This may include additional detailed values than what is seen in the SPD 15.

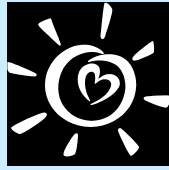
AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting was adjourned at 4:01 P.M.	

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

APPROVED BY: _____
 Alex Li, MD, *Chairperson*

 Date Signed

EXECUTIVE COMMITTEE



L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: December 5, 2024

Motion No. EXE 102.1224

Committee: Executive

Chairperson: Alvaro Ballesteros, MBA

Issue: Approve the disbursement of funds for the Annual Incentive Plan, based on the results of individual performance goals and organizational targets for FY 2023-24.

Background:

Currently, employees are eligible to participate based upon job classification, and under one of the following components of the Annual Incentive Program:

- Monthly Production Incentives Program based on predetermined criteria;
- Individual Annual Incentives Program based on predetermined goals; and,

The Production Incentive Program was budgeted and paid monthly according to policy.

This request is for authorization to payout for the Annual Incentives Program, not to exceed \$12.63 million.

Budget Impact: The Annual Incentive Program was accounted for and previously accepted by the Board of Governors for FY 2023-2024, roughly 3.5% of forecasted Salaries and Benefits. The projected amount for a potential incentive for the Chief Executive Officer has a separate budget.

Motion: **To authorize the disbursement of funds not to exceed \$12.63 million for the Individual Annual Incentive Program, based on the completion of pre-determined individual goals and targets in support of L.A. Care's FY 2023-24 Organizational Goals. Distribution of the annual incentive payout shall be guided by Human Resource Policy No. 602, Annual Organizational Incentive Program.**

BOARD OF GOVERNORS

Executive Committee

Meeting Minutes – September 25, 2024

1055 West 7th Street, 1st Floor, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

Members

Alvaro Ballesteros, MBA, *Chairperson*
 Ilan Shapiro MD, MBA, FAAP, FACHE,
Vice Chairperson
 Stephanie Booth, MD, *Treasurer*
 John G. Raffoul, *Secretary* *
 G. Michael Roybal, MD

Management/Staff

John Baackes, *Chief Executive Officer*
 Sameer Amin, MD, *Chief Medical Officer*
 Augustavia J. Haydel, Esq., *General Counsel*
 Todd Gower, *Interim Chief Compliance Officer*
 Linda Greenfeld, *Chief Products Officer*

Alex Li, MD, *Chief Health Equity Officer*
 Noah Paley, *Chief of Staff*
 Acacia Reed, *Chief Operating Officer*
 Afzal Shah, *Chief Financial Officer*

**Absent*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Stephanie Booth, <i>Treasurer</i> , called to order the regular meetings of the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee at 1:02 p.m. The meetings were held simultaneously. She welcomed everyone to the meetings. She provided information on how to submit public comments.	
APPROVE MEETING AGENDA	The Agenda for today’s meeting was approved.	Approved unanimously. 3 AYES (Booth, Raffoul, and Roybal)
PUBLIC COMMENT		
APPROVE MEETING MINUTES	The minutes of the August 28, 2024 meeting were approved. <i>Agenda items were heard out of the order on the Agenda with no objection from Committee Members.</i>	Approved unanimously. 3 AYES
COMMITTEE ISSUES		
Increase the existing purchase order with TRI Ventures (formerly known as Scout Exchange) for contingent	Terry Brown, <i>Chief Human Resources Officer</i> , summarized a request for approval to execute Amendment VII to the contract with Scout Exchange adding \$12,924,000 to the maximum compensation.	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS				ACTION TAKEN																				
<p>worker vendor management services</p>	<p>Scout provides L.A. Care with software to assist in the management of contingent workers (temporary labor). Using Scout streamlines the contingent workforce management process, including timecards, staffing requests, and vendor management.</p> <p>Approval of this motion would authorize staff to extend the contract for temporary labor needs through December 31, 2025 with an additional \$12,924,000 (for a total cost not to exceed \$76,388,908).</p> <p><u>Motion EXE 100.1025</u> To authorize staff to increase the spend of the existing purchase order, by an additional amount of \$12,924,000 not to exceed a total spend of \$76,388,908 with TRI Ventures (formerly known as Scout Exchange) for contingent worker vendor management services rendered through the end of the contract term on December 31, 2025.</p>				<p>Approved unanimously. 3 AYES</p> <p>The Committee approved placing EXE 100 on the Consent Agenda for October 3, 2024 Board of Governors meeting.</p>																				
<p>Approve Human Resources Policies HR-205 (Dress Code), HR-225 (Standards of Employee Training), HR-502 (L.A. Care Employee Handbook and Human Resources Policies), and HR-710 (Reimbursement for Education Expenses)</p>	<p>Mr. Brown explained that these are standard updates to existing policies. The revised policies are written to comply with changes to Regulatory, Legislative and Judicial changes, and reflect changes in L.A. Care’s practices.</p> <table border="1" data-bbox="489 776 1587 1433"> <thead> <tr> <th>Policy Number</th> <th>Policy</th> <th>Section</th> <th>Description of Modification</th> </tr> </thead> <tbody> <tr> <td>HR-205</td> <td>Dress Code</td> <td>Employee Relations</td> <td>Revised for gender inclusivity</td> </tr> <tr> <td>HR-225</td> <td>Standards of Employee Training</td> <td>Learning & Development</td> <td>Transitioned policy into new template. Rewrote 4.1 and 4.3 to align with current practices</td> </tr> <tr> <td>HR-502</td> <td>L.A. Care Employee Handbook and Human Resources Policies</td> <td>Preface</td> <td>Transfer to new template and removed reference to procedure manual to the title of policy</td> </tr> <tr> <td>HR-710</td> <td>Reimbursement for Educational Expenses</td> <td>Learning & Development</td> <td>Added verbiage to 4.2.3.2 and added 4.2.3.4.3 to exclude reimbursement for courses that are available in L.A. Care University, unless required for a degree program; added 4.2.3.4.4. to exclude subscriptions to online universities</td> </tr> </tbody> </table>				Policy Number	Policy	Section	Description of Modification	HR-205	Dress Code	Employee Relations	Revised for gender inclusivity	HR-225	Standards of Employee Training	Learning & Development	Transitioned policy into new template. Rewrote 4.1 and 4.3 to align with current practices	HR-502	L.A. Care Employee Handbook and Human Resources Policies	Preface	Transfer to new template and removed reference to procedure manual to the title of policy	HR-710	Reimbursement for Educational Expenses	Learning & Development	Added verbiage to 4.2.3.2 and added 4.2.3.4.3 to exclude reimbursement for courses that are available in L.A. Care University, unless required for a degree program; added 4.2.3.4.4. to exclude subscriptions to online universities	
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AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Motion EXE A.0924 To approve the Human Resources Policies HR-205 (Dress Code), HR-225 (Standards of Employee Training), HR-502 (L.A. Care Employee Handbook and Human Resources Policies), and HR-710 (Reimbursement for Education Expenses), as presented.</p> <p><i>(Chairperson Ballesteros and Vice Chairperson Shapiro joined the meeting.)</i></p>	<p>Approved unanimously. 3 AYES</p> <p>This motion does not require full Board approval.</p>
<p>CHAIRPERSON'S REPORT</p>	<p>There was no report from the Chairperson.</p>	
<p>CHIEF EXECUTIVE OFFICER REPORT</p>	<p>John Baackes, <i>Chief Executive Officer</i>, reported that the California Department of Health Care Services (DHCS) is issuing new all plan letters (APLs) elaborating on requirements in the new Medi-Cal contract for managed Medi-Cal plans to invest 5-7.5% of operating income in the community. When he signed the contract with that 89-word provision, he conducted an assessment of L.A. Care's community investments, which are 20% of our operating income on average. A 23-page draft APL was recently issued clarifying the community investments provision. If the APL draft becomes permanent, the current investments will not count toward the 20% community investment requirement. The APL requires new investments over and above current community investments, and is very specific in describing the required investment areas. The draft APL proposes shared governance with L.A. Care's Board of Governors on how the community investments are spent. L.A. Care is objecting, along with other health plans, through the Local Health Plans of California. A very detailed letter will be submitted to DHCS on behalf of all 17 local health plans in California.</p> <p>There is another clause in the new contract that requires health plans to report administrative expenses including delegated providers. The combined administrative expense of L.A. Care, the delegates, including Independent Physician Associations (IPAs), cannot exceed 7%. This is challenging because L.A. Care and other health plans have experienced a significant increase in administrative expenses over the last 2 to 3 years to meet the requirements of newly mandated DHCS programs, including California Advancing and Improving Medi-Cal (CalAIM). With a limit on administrative expense along with additional oversight and reporting, it will be very difficult for a health plan to reach the required administrative expense level.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The California state budget is in obviously poor financial condition. DHCS has exercised three acuity adjustments reducing Medi-Cal rates.</p> <p>Afzal Shah, <i>Chief Financial Officer</i>, reported that 2024 final rates were received the previous evening and staff is reviewing the information, there is a third acuity adjustment for 2024 rates. Mr. Baackes reported that adjustment will “claw back” \$199 million. It will continue to be a very difficult environment, with an aggressive reach into the operations of the health plans by the regulator who is also L.A. Care’s customer. The pressure on California’s finances will ultimately be reflected in the Medi-Cal rates. During the previous recession, reimbursement and benefits for Medi-Cal were cut. Cuts have not been discussed yet, the tactic seems to be financial pressure on the health plans. He is bringing awareness to the Board as these factors will color the relationship with DHCS in the remaining time of the Newsom administration.</p> <p>Board Member Booth noted that these regulatory actions may reflect the California administration’s displeasure with health plan support of Proposition 35.</p> <p>Board Member Roybal asked if L.A. Care currently is able to review the administrative expense of its delegated providers. Mr. Baackes responded that L.A. Care’s oversight of delegated providers does not currently include a detailed review of administrative expenses nor an accounting of the level of administrative expense. L.A. Care’s administrative expenses have historically been about 5.5%. The APL has not been finalized because delegated providers are pushing back based on the established “four part rule”. Mr. Shah noted that L.A. Care collects data on medical loss ratio (MLR) from its delegated (subcontracted) providers. DHCS and Centers for Medicare and Medicaid Services (CMS), make a distinction between services that delegates provide directly providing versus services that they purchase. If the MLR is less than 85%, funds will be deducted by regulators from future reimbursement. This year, L.A. Care will have line of sight into the administrative expenses related to the services that delegated providers are purchasing. Regulators are moving towards one set of administrative expense among health plans, plan partners and delegated providers. He anticipates continued collective financial pressure on the administrative expense ratio in 2025 and 2026. Board Member Roybal commented that it will be challenging to meet the required administrative expense level.</p> <p>Mr. Baackes agreed, and noted that almost all IPAs purchase services through managed service organizations (MSOs) and the cost of those purchased services will be added to</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>administrative expenses. There was a severe disruption in services in 2017 because of an MSO failure in Los Angeles County.</p> <p>Board Member Roybal asked if the community investment level of 7.5% has to be new investments and would not include L.A. Care’s current community investments such as Community Resource Centers, Elevating the Safety Net and others. Mr. Baackes noted that is in the draft APL and health plans are challenging that provision. L.A. Care is included in the LHPC objection and will write to DHCS with L.A. Care objections. L.A. Care leads the industry with community investments and its current level of investment should be included in the APL provisions. Other health plans also have community investment programs, and have informed DHCS that requirements for new community investments will force them to discontinue current community investments that are not included in meeting the regulatory requirement. Mr. Baackes noted that when he started at L.A. Care he felt the regulators were partners with L.A. Care, but now he feels the relationship has changed into a more contentious one.</p> <p>Board Member Roybal noted that this happened to health plans during the last State budget problems. Sameer Amin, MD, <i>Chief Medical Officer</i>, commented that it’s not only that the community investments have to be new programs, the program must also be acceptable according to requirements delineated in the draft APL, and the detail about unacceptable community reinvestments is very concerning, because a lot of them are programs that L.A. Care thinks are important for its community.</p> <p>Board Member Booth asked about acceptable and unacceptable community investments. Mr. Baackes responded that L.A. Care has requested discussion about the community investment requirements. L.A. Care’s funding for workforce development is essential for the safety net. It appears that DHCS wants investment in programs for which DHCS does not have the funds to invest, which seems to be a reason for DHCS being so directive and particularly for the shared governance over health plan funds. L.A. Care currently funds programs to recruit doctors, supplement salaries for primary care providers and facilities, safety net doctors, medical school scholarships, and more. DHCS does not have similar programs.</p> <p>Board Member Booth asked if CMS has imposed requirements on DHCS, and DHCS is imposing those on health plans. Mr. Baackes has not studied this. Health plans are never informed about CMS communication with DHCS about Medicaid. This is an issue he raised with Chiquita Brooks-LaSure, the Administrator who runs the Medicaid side of CMS.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Board Member Booth asked about communication at the state level about the community investments. Mr. Baackes responded that L.A. Care could probably ask the director of DHCS for an opinion, she is likely to decline because DHCS has not wanted to interfere in health plan contracting with providers. But this is a new contract provision. The APL indicates what areas health plans should invest in.</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 Governor has until September 30 to take action on legislation passed by the Legislature, and has signed several high profile bills relating to retail theft, artificial intelligence and housing initiatives. He has not yet acted on bills of significant interest to L.A. Care. One reason is that at the end of the legislative session he convened a special session on gas and oil pricing and to establish additional regulations on oil refinery inventory. The California Assembly agreed to hold a special session but the Senate did not agree to the special session, indicating it would await meaningful action by the Assembly. The special session seems to be politically driven rather than focused on real policy. It is likely the Governor will wait until the last minute on some of the bills that L.A. Care is tracking. L.A. Care is working with its trade associations including LHPC, America’s Health Insurance Plans (AHIP) and the California Association of Health Plans (CAHP) in advocating for priority health care bills that await the Governor’s action. The general election voter guide has been mailed to voters and includes Proposition 35, related to the managed care organization (MCO) tax. There is no argument against Prop 35 in the voter guide. However, the Governor has been privately trying to pressure organizations to not outwardly support Prop 35 nor verbally oppose it. Some organizations have publicly opposed Prop 35, including the California Pan-Ethnic Health Network and the Children’s Partnership. L.A. Care’s Board of Governors approved a support position on Prop 35. The opposition affirms a need for Prop 35 in not allowing the Legislature or the Governor to use Medi-Cal funds to backfill the general fund nor take away important Medi Cal provider rate increases. Prop 35 will permanently guard those funds as long as CMS continues to approve MCO taxes. At the federal level, Congressional leaders approved a continuing resolution on funding for the federal budget through December 20, 2024. Final budget action will be taken up after the November election. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Mr. Baackes commented that the coalition formed around the MCO tax met this morning. There are about a half a dozen organizations that have opposed but there are 300 organizations that are supporting prop 35, including trade associations and the health plan associations. Both the Democratic and the Republican parties have endorsed Prop 35. The opposition is fairly thin and has not mounted a paid media campaign in opposition. The Vote Yes Prop 35 media campaign began earlier this week.</p> <p>Board Member Booth asked about the potential for action to reverse the provisions of Prop 35 in the future. Ms. Compartore noted that a 3/4ths majority affirmative vote of the Legislature is required to change or repeal the initiative. The Department could make changes to comply with federal regulation. Voters could also change or repeal it with another initiative.</p> <p>Board Member Roybal asked about the arguments against Prop 35. The opposition is that Prop 35 would divert funds from the opposition's interests, and would take money away from other programs. There is no credible connection because this is new money directed at specific programs for primary care, special care and other health care. Prop 35 does not infringe on funding for other programs.</p> <p>Mr. Baackes noted that the taxes raised would supplement and would not supplant existing revenue sources. Ms. Compartore noted that the coalition established the categories of the specialties to be funded. The administration wanted control of the general fund and used that to their advantage. It created specific special deals for some provider groups or specialties that weren't originally included in the coalition. If Prop 35 is approved by voters, those specific areas of funding will end. Advocates of those specific funding areas are using the end of that additional exclusive funding as a negative against Prop 35.</p> <p>Chair Ballesteros asked about active opposition to Prop 35. Mr. Baackes responded that the Governor is silent in public on this, but behind the scenes he is not happy about it. Indications are that he will not go public in his opposition, there are too many in favor of it and no resources to conduct an effective opposition campaign. If he publicly opposed it and it was passed, he would be losing face and his reputation. Remaining silent is better for him.</p> <p>There are a lot of leaders in the coalition supporting Prop 35 who have been champions and allies of the Governor throughout his career. It is a watermark event that Prop 35 is so important to those leaders that they would differ with the Governor on this issue.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>Chief Financial Officer Report</p> <ul style="list-style-type: none"> Monthly Investments Transactions Report 	<p>Afzal Shah, <i>Chief Financial Officer</i>, reported that August financial reports will be presented at the October 23, 2024 Finance & Budget Committee. He 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 as of August 31, 2024, was \$3.5 billion.</p> <ul style="list-style-type: none"> \$3.4 billion managed by Payden & Rygel and New England Asset Management (NEAM) \$125 million in BlackRock Liquidity T-Fund \$11 million in Los Angeles County Pooled Investment Fund \$6 million in Local Agency Investment Fund 	
<ul style="list-style-type: none"> Authorized signatories for all L.A. Care Health Plan's and L.A. Care Health Plan Joint Powers Authority's (JPA) banking and investment accounts 	<p>Mr. Shah summarized the motion requesting an update to L.A. Care and L.A. Care Joint Powers Authority signatories. The three signatories will have authority to approve financial transactions, create accounts, and make investment decisions on behalf of the organization.</p> <p>The motion will provide authority over all L.A. Care Health Plan's and L.A. Care Health Plan Joint Powers Authority's (JPA) banking and investment accounts to the following three employees:</p> <ol style="list-style-type: none"> Afzal Shah, <i>Chief Financial Officer</i>, Jeff Ingram, <i>Deputy Chief Financial Officer</i>, and Radiah Campbell, <i>Controller</i> <p>This authority will be renewed when the investment policy is brought for approval by the Board, which is approximately annually, or as updates are needed.</p> <p><u>Motion EXE 101.1024</u> To authorize the employees listed above as authorized signatories for all L.A. Care Health Plan and L.A. Care Health Plan Joint Powers Authority (JPA) banking and investment accounts.</p> <p>Mr. Shah introduced Radiah Campbell, <i>Controller</i>. She greeted the Committee members and noted she is excited to join L.A. Care.</p>	<p>Approved unanimously. 5 AYES (Ballesteros, Booth, Raffoul, Roybal and Shapiro)</p> <p>The Committee approved placing EXE 101 on the Consent Agenda for October 3, 2024 Board of Governors meeting.</p>
<p>Ntootive Contract for marketing campaigns for L.A. Care's direct lines of</p>	<p>John Cota, <i>Senior Director, Creative and Marketing</i>, presented a motion to approve a contract with Ntootive, the agency that supports L.A. Care with all marketing and</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>business, including the L.A. Care Covered (LACC) Shop and Compare Tool, and the Community Resource Centers</p>	<p>advertising needs. He noted a correction to the contract amount to \$15.1 million due to an error in the original draft of this motion.</p> <p>Board Member Booth noted the contract is expensive and the cost has increased over the five years or so that Ntooitive has provided services for L.A. Care. She would like to better understand why this is a good company to keep and the funds are spent appropriately for these services so the Executive Committee knows the funds are well spent. She asked about data or reports on new member enrollment generated by Ntooitive services. She asked if the LACC shop and compare tool, which was first mentioned in 2021, requires ongoing development and management.</p> <p>Mr. Cota responded that the calculator requires ongoing development and management of the LACC shop and compare tool is required to reflect the current pricing model.</p> <p>Board Member Booth noted that between 2019 and 2024, the price increased from \$5.3 million roughly to \$12.3 million, a 135% increase. She asked if that is due to inflation or additional services and if L.A. Care receives value in those services. Mr. Cota noted that up to 95% of the funds are for procurement by Ntooitive of contracts with media for TV, radio and other outlets where L.A. Care advertising appears.</p> <p>Board Member Raffoul suggested a report on L.A. Care’s marketing plan at a future Board meeting. Board Member Booth suggested adding data on the enrollment increase reflected in the marketing plan. Mr. Cota commented that L.A. Care added a layer into the contract to be able to provide de-identified new membership data to correlate media impressions with the marketing. In the next year it is hoped that the return on investment will be more accurate in reflecting the tactics that are executed. Board Member Raffoul suggested identifying funding used to create awareness and growth, and identify the goals for growth.</p> <p><u>Motion EXE 102.1024</u> To authorize staff to execute a new statement of work with Ntooitive in the amount of \$15,189,396 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, 2024 through September 30, 2025.</p>	<p>Approved unanimously. 5 AYES (Ballesteros, Booth, Raffoul, Roybal and Shapiro)</p> <p>The Committee approved placing EXE 102 on the Consent Agenda for October 3, 2024 Board of Governors meeting.</p>
<p>Edifecs, Inc. Contract to provide Software as a</p>	<p>Tom MacDougall, <i>Chief Information and Technology Officer</i>, introduced a motion requesting approval to execute a five-year contract with Edifecs, Inc. from October 2024 to September 2029 in the amount of \$25,497,331, reflecting an increase of \$5 million in</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Service (SaaS) licensing and integration services	<p>licensing fees over five years. The contract will support L.A. Care’s internal infrastructure to manage encounter data and make sure that the data quality is good. There will be an initial increase and costs will decrease over the contract term. The vendor will assume responsibility for maintaining the software.</p> <p>Board Member Booth asked about statements of work (SOW) in contracting with this vendor. Mr. MacDougall stated there are four SOWs over the next few years for additional services with discounts already negotiated.</p> <p><u>Motion EXE 103.1024</u> To authorize staff to execute a contract in the amount of \$25,497,331 with Edifecs, Inc. to provide Software as a Service (SaaS) licensing and integration services for the period of October 2024 to September 2029.</p>	<p>Approved unanimously. 5 AYES</p> <p>The Committee approved placing EXE 103 on the Consent Agenda for October 3, 2024 Board of Governors meeting.</p>
Delegate Authority for CEO to execute a membership sponsorship agreement with the California Medical Association (CMA)	<p><i>Board Member Booth may have financial interests in Plans, Plan Participating Providers or other programs and as such she refrained from the discussion and vote on this motion.</i></p> <p>Mr. Baackes stated that in 2022, L.A. Care entered into a pilot group membership program (Pilot Program) with California Medical Association (CMA) whereby L.A. Care paid the membership expenses to CMA and the Los Angeles County Medical Association (LACMA) for 312 physicians participating in L.A. Care’s Direct Network. The goal was to increase L.A. Care’s direct network participation. Benefits of CMA and LACMA membership include physician education and training, practice management support, health information technology, physician wellness, legal and regulatory compliance support, financial and insurance benefits, recruitment and office staffing assistance, and community-directed resources. Given the success of the pilot program, L.A. Care would like to expand the group membership program by up to an additional 841 physicians. The proposed expansion will begin October 1, 2024 and will cease on September 30, 2027.</p> <p>Board Member Shapiro commented that membership in these organizations is a great benefit for physicians and this will include some physicians that would otherwise not get involved. He suggested a program to help guide new members with participation and advocacy for important community programs. He suggested that L.A. Care negotiate access to the resources offered by the two organizations.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Motion EXE B.0924</u> To delegate authority to the CEO to execute the CMA group membership program agreement in the amount of \$3,461,700 in order to provide three years of membership in California Medical Association (CMA) and Los Angeles County Medical Association (LACMA) for up to 1,153 physicians participating in L.A. Care’s provider network.</p>	<p>Approved unanimously. 3 AYES (Ballesteros, Raffoul, and Roybal), 2 ABSTENTIONS (Booth and Shapiro)</p>
Approve Consent Agenda	<p>Approve the list of items that will be considered on a Consent Agenda for October 3, 2024 Board of Governors Meeting.</p> <ul style="list-style-type: none"> • September 5, 2024 meeting minutes • TRI Ventures (formerly known as Scout Exchange) Contract • Authorized signatories for all L.A. Care Health Plan’s and L.A. Care Health Plan Joint Powers Authority’s (JPA) banking and investment accounts • Ntooitive Contract • Edifecs, Inc. Contract • Delegate Authority for CEO to execute a membership sponsorship agreement with the California Medical Association (CMA) for up to 1,153 physicians in L.A. Care’s provider network • RCAC Membership 	<p>Approved unanimously. 5 AYES (Ballesteros, Booth, Raffoul, Roybal and Shapiro)</p>
PUBLIC COMMENTS ON CLOSED SESSION ITEMS		
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Executive Committee meeting adjourned at 2:08 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i> announced the items for discussion in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 2:08 pm.</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>September 2026</i></p>	

CONTRACT RATES

Pursuant to Welfare and Institutions Code Section 14087.38(m)

- Plan Partner Rates
- Provider Rates
- DHCS Rates

THREAT TO PUBLIC SERVICES OR FACILITIES

Government Code Section 54957

Consultation with: Tom MacDougall, *Chief Information & Technology Officer*, and Gene Magerr, *Chief Information Security Officer*

CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION

Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:
Three Potential Cases

CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION

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

- 1) *Lakewood Regional Med. Ctr., Inc., et al. v L.A. Care* (JAMS Case No. 1220075422)
- 2) *Lakewood Regional Med. Ctr., Inc., et al. v L.A. Care* (JAMS Case No. 1220074758)

CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION

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

- 1) *University of Southern California on behalf of its Keck Hospital of USC v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 22STCV02659
- 2) *University of Southern California on behalf of its USC Verdugo Hills Hospital v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 22STCV15865
- 3) *University of Southern California on behalf of its Keck Hospital of USC v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 22STCV33996
- 4) *University of Southern California on behalf of its Keck Hospital of USC and on behalf of its USC Norris Comprehensive Cancer Center v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 23STCV22700
- 5) *University of Southern California on behalf of its USC Verdugo Hills Hospital v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 23STCV25633
- 6) *University of Southern California on behalf of its Keck Hospital of USC v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. and Norris 23STCV25875
- 7) *University of Southern California on behalf of its USC Verdugo Hills Hospital v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 24STCV21495
- 8) *University of Southern California on behalf of its Keck Hospital of USC v. Local Initiative Health Authority for Los Angeles County*, L.A.S.C. Case No. 24STCV20537

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>9) <i>University of Southern California on behalf of its Keck Hospital of USC and on behalf of its USC Verdugo Hills Hospital v. Local Initiative Health Authority for Los Angeles County, L.A.S.C. Case No. 23STCV13310</i></p> <p>10) <i>University of Southern California on behalf of its Keck Hospital of USC, on behalf of its USC Verdugo Hills Hospital, and on behalf of its USC Norris Comprehensive Cancer Center v. Local Initiative Health Authority for Los Angeles County, L.A.S.C. Case No. 24STCV13333</i></p> <p>11) <i>University of Southern California on behalf of its Keck Hospital of USC v. Local Initiative Health Authority for Los Angeles County, L.A.S.C. Case No. 24STCV17654</i></p> <p>12) <i>University of Southern California on behalf of its USC Verdugo Hills Hospital v. Local Initiative Health Authority for Los Angeles County, L.A.S.C. Case No. 22STCV02072</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable)</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 <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR Sections 54957 and 54957.6 of the Ralph M. Brown Act Title: Chief Executive Officer Agency Designated Representative: Alvaro Ballesteros, MBA Unrepresented Employee: John Baackes</p>	
<p>RECONVENE IN OPEN SESSION</p>	<p>The meeting reconvened in open session at 2:38 pm. No reportable actions were taken during the closed session.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting adjourned at 2:38 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: _____

BOARD OF GOVERNORS

Executive Committee

Meeting Minutes – October 23, 2024

1055 West 7th Street, 1st Floor, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

Members

Alvaro Ballesteros, MBA, *Chairperson* *
 Ilan Shapiro MD, MBA, FAAP, FACHE,
Vice Chairperson
 Stephanie Booth, MD, *Treasurer*
 John G. Raffoul, *Secretary* *
 G. Michael Roybal, MD

Management/Staff

John Baackes, *Chief Executive Officer*
 Sameer Amin, MD, *Chief Medical Officer*
 Augustavia J. Haydel, Esq., *General Counsel*
 Todd Gower, *Interim Chief Compliance Officer*
 Linda Greenfeld, *Chief Products Officer*

Alex Li, MD, *Chief Health Equity Officer*
 Noah Paley, *Chief of Staff*
 Acacia Reed, *Chief Operating Officer*
 Afzal Shah, *Chief Financial Officer*

**Absent*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Ilan Shapiro, MD, <i>Vice Chairperson</i> , called to order at 2:00 pm the regular and special meetings of the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee. The meetings were held simultaneously. He welcomed everyone to the meetings. He provided information on how to submit public comments.	
APPROVE MEETING AGENDA	The Agenda for today’s meeting was approved.	Approved unanimously. 3 AYES (Booth, Roybal, and Shapiro)
PUBLIC COMMENT	There was no public comment.	
APPROVE MEETING MINUTES	The minutes of the September 25, 2024 meeting were approved.	Approved unanimously. 3 AYES
CHAIRPERSON’S REPORT	Vice Chairperson Shapiro reported that L.A. Care is preparing to welcome a new CEO soon. Officer elections usually are held in November or soon thereafter. He invited discussion for continuing with the current officers until the February 2025 meeting after the new CEO has settled in. Board Member Booth commented that current Officers should remain until there is confidence that the CEO transition is complete. Board	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Member Roybal agreed. Board Member Booth suggested that the Executive Committee recommend to the Board of Governors that the officer elections are delayed.</p> <p>Vice Chairperson Shapiro reported that each member of the Board represents an important stakeholder category (members, providers including physicians, hospitals, clinics, and others). Terms in office for six Board seats are scheduled to end in October, 2024. He noted that the Temporary Transitional Executive Community Advisory Committee (TTECAC) voted at its last meeting to extend the terms for the two Board seats representing consumer Regional Community Advisory Committee (RCAC) members. At its June 2024 meeting, TTECAC members approved a timeline to hold election of the two consumer representatives in mid-2025. This will allow RCAC members time to establish the new structure and elect RCAC Chairpersons to serve on Executive Community Advisory Committee (ECAC). RCAC members will be very involved during the campaigns of the candidates for nomination to the Board so it is important that candidates can attend RCAC meetings to meet the RCAC members.</p> <p>There is a Board seat nominated by the Board of Governors (incumbent is Hector De La Torre). For continuity in leadership the Board could consider waiting until next year to nominate a representative for this seat (representing health care expertise).</p> <p>The three remaining seats are nominated by outside entities named in the enabling legislation. The nominations could be sent by the nominating entities to the Los Angeles County Executive Offices at any time. If the nominating entity sends a nomination, the nominee would be processed as usual through the Los Angeles County Executive Office.</p> <p>Traditionally, the incumbent in each of the 13 seats continues to represent the stakeholders until a new nominee is named and processed through the Los Angeles County Executive Office.</p> <p>Executive Committee members agreed by consensus to recommend to the Board of Governors at the November meeting, if he is willing to serve.</p>	
CHIEF EXECUTIVE OFFICER'S REPORT	<p>John Baackes, <i>Chief Executive Officer</i>, reported that the Los Angeles County Board of Supervisors approved a resolution earlier this year appropriating \$5 million for medical debt relief. It is estimated that medical debt is a burden for a tremendous number of families across the United States. The Board of Supervisors voted for Los Angeles County to help with this situation that affects the lives of so many people. One hundred</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>million people in the United States are saddled with medical debt. In Los Angeles, there has been coverage about medical bills pushing families into poverty.</p> <p>Medi-Cal members also have occasionally incurred medical debt. According to the Board of Supervisors, medical debt burden affects approximately 785,000 adults in Los Angeles County. Much of the medical debt affects individuals with incomes below the federal poverty level. The total amount of debt rose during the pandemic from \$2.6 billion to over \$3 billion. Many L.A. Care member grievances are related to financial disputes and co-pay related issues with out of network or private ambulance billing. The Los Angeles County Department of Public Health (DPH) led a Los Angeles County medical debt coalition consisting of community based organizations, hospitals, public agencies, and provider groups. The coalition met throughout 2023 and 2024; Alexander Li, MD, <i>Chief Health Equity Officer</i>, participated representing L.A. Care.</p> <p>In September 2024, Los Angeles County adopted an ordinance that would require hospitals to report on medical debt and financial assistance provided to residents. DPH contracted with a national nonprofit, Undue Medical Debt, to manage the retirement of debt with collection agencies. The coalition aims to raise \$24 million, which will relieve \$2 billion in medical debt. Undue Medical Debt acts as an agency and negotiates with the hospitals to accept a lower amount to satisfy the debt.</p> <p>Dr. Li commented that this has a tremendous impact for those with medical debt, many of whom are L.A. Care members, future members or past members, and medical debt is a leading cause of bankruptcy.</p> <p>Mr. Baackes was contacted by Barbara Ferrer, PhD, MPH, MEd., Director of DPH, asking L.A. Care to support the medical debt coalition with \$2 million, in addition to the \$5 million appropriated by the Board of Supervisors. Mr. Baackes spoke to George Greene, President and CEO of the Hospital Association of Southern California (HASC). There is language in the original legislation that a goal is to identify software technology to help patients qualify for programs that will reduce or cancel medical debts.</p> <p>L.A. Care staff recommends the Board's consideration of a proposal to agree to fund up to \$2 million, with a priority to identify and purchase software technology that will help patients qualify for programs. That would produce dividends over a long period, whereas the part of money just to reduce or buy down the debt will be exhausted at some point. If the board is willing to fund up to \$2 million, the remaining balance left after the cost of the software technology would support medical debt relief for L.A.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Care members. Mr. Baackes noted this funding would not be eligible to be paid out of the enforcement action settlement and it does not fit into the Elevating the Safety Net reserves. He recommended funding this new project from unassigned reserves.</p> <p>Afzal Shah, <i>Chief Financial Officer</i>, agreed with the approach.</p> <p>Board Member Booth asked if the funding fits in with the new community investment requirements from California Department of Health Care Services (DHCS). Dr. Li responded those requirements will apply in 2026.</p> <p>Board Member Booth asked if funding could be prioritized to help people that are really trying to stay out of poverty or keep from losing their home, etc; people who are working and trying to make things happen for themselves, and for whom being in debt really seems to be a burden. In the same way that programs help physicians, she suggested providing incremental support over time. This would help people who would deeply appreciate help with paying their debt and who are not able to receive help most of the time.</p> <p>Board Member Roybal commented that the recommendation makes sense especially given L.A. Care’s mission. He supports making sure that L.A. Care is doing everything possible to ensure members avail themselves of support and services to which they are entitled. He has patients that are afraid to call the ambulance because they will be charged for the ambulance. He wonders if that is covered with Medi-Cal or other insurance. He would like to know L.A. Care is doing everything possible to make sure that patients are not getting into medical debt when they are not fully informed by the healthcare provider or even being misled. He thinks that is one part of this. For those who are not L.A. Care members should be part of this too. Some people do not have somebody to advocate for them so that they can take full advantage of all that insurance is supposed to pay for, they might need a navigator to understand how services are covered before incurring costs. People can be sometimes desperate for care and they may really need is an insurance navigator to work with them on what services are covered and how they can get needed care without incurring unnecessary debt.</p> <p>Mr. Baackes responded that is part of presumptive eligibility technology, which can link members to other resources available rather than have the funds go into a pot of money and used negotiate through the third party. L.A. Care would invest in technology for the DPH that would provide exactly that kind of service. When members call for an appeal and grievance about coverage, L.A. Care can review what is currently done and look for</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>opportunities to increase support through the appeals and grievance process in advising members who might be on the verge of a medical debt situation. The technology being suggested for investment and that the hospital association recommends would address this for everybody. Mr. Baackes suggests that operationally L.A. Care can tighten up on the appeals and grievance process to be more alert to medical debt avoidance.</p> <p>Board Member Roybal agreed the technology is important. Eventually what will help people the most is a navigator to help manage the situation so members avoid medical debt. Undue Medical Debt may be able to provide that service. It is a really important component, in addition to the technology that could be developed and implemented. Mr. Baackes noted that L.A. Care will participate in the coalition. If L.A. Care proceeds with funding, it can recommend to the coalition that, based on guidance from the Board of Governors, there are further actions to pursue.</p> <p>Dr. Li noted that the \$5 million investment from Los Angeles County includes criteria for assisting those with the heaviest burden in addition to financial qualifications. Board Member Booth made a great point with regard to debt relief assistance programs. Board Member Roybal also had a great point about doing more for patients. Many of the private hospitals are referring members to other resources, but not consistently. Having both the resources and technology as well as staff training will really tighten up the safety net in many ways for the many different individuals that use the safety net hospital system. He noted this prevention effort is for the hospital setting, and does not include outpatient settings.</p> <p>Sameer Amin, MD, <i>Chief Medical Officer</i>, noted that as Dr. Li outlined, a majority of medical debt is accumulated on the inpatient side and is of particular concern as people are leaving the hospital. He mentioned at the last Compliance & Quality Committee meeting and he will provide more detail during the Board of Governor's meeting that L.A. Care is realigning strategy in the Health Services department to consolidate transitions of care to minimize transactions among utilization management, care management, and Managed Long Term Supportive Services so one person acts as care coordinator. There will be a staff person from discharge planning through lower levels of care, such as a skilled nursing facility and on to home. He will talk with team members to determine whether a component for medical debt should be added. This could include a conversation with members leaving the hospital about what services are covered to provide some comfort in knowing what to expect. Particularly for Medi-Cal</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>members, who should not be getting a surprise bill, it is important to help them with the documents received from the hospital that can be hard to understand.</p> <p>Mr. Baackes commented that when Dr. Ferrer called him, he asked who else has contributed in response to her request. She responded that she wanted to start with L.A. Care to “prime the pump.” Mr. Baackes wanted to point out that L.A. Care is, as cynics might say, viewed as an easy touch. He thinks L.A. Care is seen as having a mission compatible with this effort, if the Board agrees that \$2 million in funding is acceptable, some guardrails are placed on it, such as investing in technology and directing the balance of whatever is left over after the technology and assisting L.A. Care members who are in debt. Hopefully other funders would follow suit. L.A. Care was asked first, and that is a compliment to how well the mission of L.A. Care is understood.</p> <p>Board Member Booth commented that people at the lowest levels of poverty, may find their situation too overwhelming to be concerned whether the doctor's bills or hospital bill is paid. It will be the people who are earning something, who feel like they need to pay and are trying to pay their bills, who would be helped the most. That is the population she would like to help. If chosen just because they have the highest debt or because they are at the lowest level of poverty, the payment of their medical debt may only amount to giving the hospitals money; donors lose the chance to help those who'd most deeply appreciate the gift of medical debt relief.</p> <p>Mr. Baackes agreed with Board Member Booth, and he noted the high level of sophistication that would be required to determine who fits the criteria outlined, which could be very helpful, but is not something L.A. Care could take on. He suggested that L.A. Care fund the Coalition and not take on more administrative tasks. By participating in the Coalition, L.A. Care could hopefully encourage the right action.</p> <p>Board Member Shapiro asked about the cost for the software and if the funding would this be a onetime thing or require additional rounds of funding?</p> <p>Dr. Li suggested the answer could be provided at a future meeting as further investigation is needed. L.A. Care has asked the HASc to help identify vendors and potential costs.</p> <p>Board Member Shapiro commented that support is needed to help members with medical debt. He praised the idea of not just giving money but doing something tangible by providing software to support those who have a medical debt burden, and bringing support to L.A. Care members that need extra help. He thinks that the safety</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>nets will be key, and noted that the navigation and educational components are important. He suggested pitching the project to the California Health Foundation for additional funding.</p> <p>Mr. Baackes noted that he did not want L.A. Care to take on an administrative burden. One issue for L.A. Care’s budget is that the administrative costs are rising as it has addressed the many new CalAIM regulations a lot of staff was added over recent years and it has resolved enforcement matters. L.A. Care would like to bring that cost down and increase efficiency with the administrative staff. He recommended not taking on tasks that would increase administrative costs; it would be irresponsible.</p> <p>Board Member Roybal noted that sustainability will be important as the Coalition develops. Hopefully the program will prevent people from getting into medical debt in the first place, by using existing resources. Mr. Baackes recommends that L.A. Care specify that the first priority for funding would be to invest in the technology and make to support sustainability.</p> <p>Dr. Li noted that, in addition to DPH, Los Angeles County also has a Department of Consumer Affairs, and county counsel is involved. To the point about sustainability, the initial effort to tighten the belts among safety net hospitals and broaden knowledge of resources available, there are other departments that will take a more active role. There is also state and federal legislations under consideration.</p> <p>Mr. Baackes noted he is taking direction from the Executive Committee as a motion is prepared for Board consideration at the next meeting.</p>	
<ul style="list-style-type: none"> Government Affairs Update 	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported that the state legislative session is over and the legislators have gone back to their districts. The next legislative session will begin on December 2 and newly elected legislators will be sworn in, then promptly go back to their districts until the new year. After the elections in November there will likely be changes in committee leadership. L.A. Care staff will reach out to committee leadership and members, and to newly elected officials, between December and January.</p> <p>During this interim period, the L.A. Care Government Affairs team is preparing for next year, meeting with elected officials, staff, and with budget and health committee staff to continue conversations on Medi-Cal reimbursement.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The Government Affairs team has continued reaching out to elected officials in the districts where L.A. Care has community resource centers (CRC), offering tours so they can see what services are offered and what goes on at the CRCs. The feedback has been extremely positive so far. Thus far staff has met with Assembly Member Tina McKinnor at the Inglewood CRC, Senator Bob Archuleta toured the Norwalk Center, Assembly Member Juan Carrillo toured Palmdale CRC, and all three elected officials were very impressed. They interacted with CRC staff, took lots of photos and interacted with the public during the visits. CRC staff in Palmdale reached out with news that Assembly Member Juan Carrillo contacted them about a turkey handout at the CRC with Partners In Health, which is affiliated with AT&T. AT&T is very interested in helping the CRC distribute turkeys. The details are being worked out. Two additional community resource center tours are scheduled with Senator Lena Gonzalez in the Inglewood CRC as well as Senator Maria Elena Durazo in the Los Angeles Metro CRC. Staff will continue the outreach and after the November election, staff will reach out to all new Los Angeles Congressional Legislators to inform them about L.A. Care over the next few months.</p> <p>Mr. Baackes added that he has been at all three of the meetings with local elected officials and will continue to participate. The visits are eye-opening for the representatives who may not understand about L.A. Care. Assemblyman Carrillo was a freshman in this term and he noted that now he knows why he sees lines of people outside the CRC when he drives by. Mr. Baackes found that refreshing and he is glad staff is doing this. The grand opening of the South LA CRC was held a week ago. It was a very successful event. That is now the 13th CRC, and the grand opening for the 14th will be held in December in Lincoln Heights.</p> <p>Noah Paley, <i>Chief of Staff</i>, attended the CRC events. He thinks it was important for the Assembly Persons to hear the breadth of services that are available at the CRCs and that the services are available to members and nonmembers, and to understand the extent of nonmember utilization. It is truly a resource for the communities and not just for L.A. Care members.</p>	
COMMITTEE ISSUES		
Human Resources Policies HR-213 (Personnel Records Access), HR-310 (Per Diem	Terry Brown, <i>Chief Human Resources Officer</i> , presented a motion to revise HR policies. Most revisions are very minor adjustments to the policies. The personnel record access has been changed to reference a changed to recognize records are now electronic. The	

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<p>Employment Status), HR-314 (Separation of Employment, HR-401 (Drug Free Workplace) (EXE A)</p>	<p>separation of employment to indicate that once an employee separation is entered into employee central, all of the appropriate parties are notified to eliminate human error and ensure that former employees are deactivated in all areas upon their separation. We also removed job abandonment from employee separation, because abandonment will lead to employee separation, job abandonment is addressed in the progressive discipline policy and the attendance and punctuality policy. The revision to the drug free workplace policy clarifies that even outside of work hours, certain levels of behavior are expected and violating those standards of professionalism could lead to discipline. For employment status, there is a new law that requires employers to provide mandatory, sick leave to individuals in certain categories that may not be eligible for PTO. The per diem employee is was adjusted to be compliant with current legal requirements.</p> <p>Board Member Booth commented that in relation to the drug and alcohol policy, she would like to make sure everybody has a really low threshold for taking people to the emergency room or calling an ambulance. It is important not to miss a stroke when someone behaving strangely. Mr. Brown noted this is a valid point and he will make sure it is added to education in this area.</p> <p>The revised policy is written to comply with changes to Regulatory, Legislative and Judicial changes, and reflect changes in L.A. Care’s practices.</p> <table border="1" data-bbox="495 862 1577 1369"> <thead> <tr> <th>Policy Number</th> <th>Policy</th> <th>Section</th> <th>Description of Modification</th> </tr> </thead> <tbody> <tr> <td>HR-213</td> <td>Personnel Records Access</td> <td>Employee Relations</td> <td>Transferred into new policy template, and minor changes</td> </tr> <tr> <td>HR-310</td> <td>Per Diem Employment Status</td> <td>Employment</td> <td>Transferred into new policy template, and minor changes</td> </tr> <tr> <td>HR-315</td> <td>Separation of Employment</td> <td>Employment</td> <td>Transferred into new policy template. Removed one definition and updated Procedure section</td> </tr> <tr> <td>HR-401</td> <td>Drug Free Workplace</td> <td>Health & Safety</td> <td>Definition added, suspicious behavior added, and other minor edits</td> </tr> </tbody> </table> <p><u>Motion EXE A.1024</u></p>	Policy Number	Policy	Section	Description of Modification	HR-213	Personnel Records Access	Employee Relations	Transferred into new policy template, and minor changes	HR-310	Per Diem Employment Status	Employment	Transferred into new policy template, and minor changes	HR-315	Separation of Employment	Employment	Transferred into new policy template. Removed one definition and updated Procedure section	HR-401	Drug Free Workplace	Health & Safety	Definition added, suspicious behavior added, and other minor edits	<p>Approved unanimously.</p>
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HR-213	Personnel Records Access	Employee Relations	Transferred into new policy template, and minor changes																			
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HR-401	Drug Free Workplace	Health & Safety	Definition added, suspicious behavior added, and other minor edits																			

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	To approve the Human Resources Policies HR-213 (Personnel Records Access), HR-310 (Per Diem Employment Status), HR-314 (Separation of Employment, HR-401 (Drug Free Workplace), as presented.	3 AYES
Approve Consent Agenda	<p>Approve the list of items that will be considered on a Consent Agenda for November 7, 2024 Board of Governors Meeting.</p> <ul style="list-style-type: none"> • October 3, 2024 meeting minutes • Annual Review of Investment Policy AFS 008 • Revised Compliance & Quality Committee Charter • Children’s Health Consultant Advisory Committee Membership • Regional Community Advisory Committee Membership 	Approved unanimously. 3 AYES
PUBLIC COMMENTS ON CLOSED SESSION ITEMS	There were no public comments.	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Executive Committee meeting adjourned at 2:45 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i> announced the items for discussion in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 2:45 pm.</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 2026</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 <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Tom MacDougall, <i>Chief Information & Technology Officer</i>, and Gene Magerr, <i>Chief Information Security Officer</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant Exposure (3 cases) Pursuant to paragraph 4 of subdivision (d) of Section 54956.9 of the Ralph M. Brown Act</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act HRRP Garland, LLC v. Local Initiative Health Authority for Los Angeles County L.A.S.C. Case No. 21STCV47250</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable)</p> <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR Sections 54957 and 54957.6 of the Ralph M. Brown Act Title: Chief Executive Officer Agency Designated Representative: Alvaro Ballesteros, MBA Unrepresented Employee: John Baackes</p>	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 2:59 pm. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting adjourned at 2:59 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**

BOARD OF GOVERNORS

Finance & Budget Committee

Meeting Minutes – August 28, 2024

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 **

*Absent ** Via Teleconference

Management/Staff

John Baackes, *Chief Executive Officer*
Sameer Amin, MD, *Chief Medical Officer*
Terry Brown, *Chief of Human Resources*
Augustavia Haydel, *General Counsel*
Todd Gower, *Interim Chief Compliance Officer*
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*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Stephanie Booth, MD, <i>Committee Chairperson</i> , called the L.A. Care and JPA Finance & Budget Committee meetings to order at 1:01 p.m. The meetings were held simultaneously. She welcomed everyone and summarized the process for public comment during this meeting.	
APPROVE MEETING AGENDA	The Agenda for today’s meeting was approved.	Approved unanimously by roll call. 3 AYES (Ballesteros, Booth, and Vaccaro)
PUBLIC COMMENTS	There were no public comments.	
APPROVE CONSENT AGENDA	<ul style="list-style-type: none"> June 26 2024 Meeting Minutes Quarterly Investment Report Motion FIN 100.0924 To accept the Quarterly Investment Report for the quarter ending June 30, 2024, as submitted. Hyland Contract for Salesforce Integration, Appeals & Grievances, QNXT Integration (Utilization Management) Motion FIN A.0824 To authorize staff to execute a contract with Hyland (i3/Kiriworks) in an amount of \$ 1,319,160 (total not to exceed amount of \$4,018,278) to provide Appeals & 	<p>Approved unanimously by roll call. 3 AYES</p> <p>The Committee approved placing FIN 100 on the Consent Agenda for September 5, 2024 Board of Governors meeting.</p>

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Grievances (A&G) services and QNXT FAX Ingestion/Hyland Intelligent Document Processing platform for the period thru December 31, 2026.</p> <ul style="list-style-type: none"> Contract with NTT America Contract Amendment (FIN B) <u>Motion FIN B.0824</u> To authorize staff to amend the contract with NTT America, in an amount not to exceed \$3,300,000 for the purpose of amending NTT America’s Cisco Enterprise Agreement contract thru April 2026. 	<p>FIN A and FIN B do not require full Board approval.</p>
<p>CHAIRPERSON’S REPORT</p>	<p>There was no report from the Chairperson.</p>	
<p>CHIEF EXECUTIVE OFFICER’S REPORT</p>	<p>There was no report from the CEO.</p>	
<p>COMMITTEE ITEMS</p>		
<p>Chief Financial Officer’s Report</p> <ul style="list-style-type: none"> Financial Report 	<p><i>(Board Member Roybal joined the meeting.)</i></p> <p>Jeffrey Ingram, <i>Deputy Chief Financial Officer</i>, reported on the Financial Performance as of July 2024 <i>(a copy of the report can be obtained by contacting Board Services).</i></p> <p><u>Membership</u> Total membership for July 2024 was approximately 2.6 million members, around 155,000 favorable to the 4+8 forecast. Year-to-date (YTD) member months was approximately 26 million; 539,000 favorable to the 4+8 forecast. The majority of favorability is coming from Medi-Cal as higher than expected enrollment has been reported post-redeterminations. L.A. Care Covered (LACC) has also been a main driver in favorability primarily due to SB260 and its competitive price position.</p> <p><u>Consolidated Financial Performance</u> There was a \$7.6 million net loss for July 2024, excluding Housing and Homelessness Incentive Program (HHIP)/Incentive Payment Program (IPP) which was \$5 million favorable to forecast. Revenue was favorable to forecast \$57.9 million, primarily driven by membership, +\$52.5 million. Medical Expense was unfavorable to forecast \$82.3 million. Higher membership brings higher capitation costs (\$50.5 million). There was also a \$31 million adjustment to Ground Emergency Medical Transportation (GEMT) covering 2018-</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>2024, with \$5 million in associated interest. Operating Expense was flat to forecast. Non-Operating was \$8.9 million favorable, driven by unrealized gains and other income.</p> <p>YTD, there was \$368 million net surplus, \$133 million favorable to the forecast when HHIP and IPP are excluded. That was an income percentage of 4.1%, however, that drops to 2.1% when investment income is removed.</p> <p>Revenue was favorable \$122.2 million which includes a final acuity adjustment of (\$118 million) to CY 2023 rates. Offsetting that was higher membership, which accounts for \$185 million. There is favorability in LACC and Dual Eligible Special Needs Plan (DNSP) as well.</p> <p>Medical Expense is favorable to forecast by \$26.6 million. Drivers include (<i>parentheses indicate negative impacts, +indicates positive impacts</i>):</p> <ul style="list-style-type: none"> • (\$171 million) Membership • (\$41 million) Incurred Claims • (\$31 million) GEMT 2018-2024 • (\$23 million) Hospital & Skilled Nursing Facility (SNF) Pay for Performance (P4P) Incentives • (\$19 million) CY 2023 Shared Risk True-Up • +\$168 million Capitation • +\$43 million Provider Incentives (excl. SBHIP, P4P & IPP) • +\$36 million CY 2023 Rates • +\$28 million HHIP/IPP • +11 million Medical Admin • +\$7 million SBHIP Incentive • +\$6 million Shared Risk • +\$4 million Retro ECM/HHSS cleanup <p>Operating Expense was \$11.3 million unfavorable driven by \$11 million in Medical Administrative costs. There was an equivalent offset within the healthcare costs. Non-Operating was \$23.4 million favorable, driven by higher interest income, unrealized gains and lower non-operating expenses than forecasted.</p> <p>The YTD key financial metrics are all good.</p> <ul style="list-style-type: none"> • Medical Cost Ratio: 91.8% vs 93% • Administration Ratio: 6.0% vs 5.9% 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Working Capital, Cash to claims, and Tangible Net Equity (TNE) were all ahead of benchmarks.</p> <p><u>Motion FIN 101.0924</u> To accept the Financial Reports as of July 2024, as submitted.</p>	<p>Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Roybal, and Vaccaro)</p>
<ul style="list-style-type: none"> Fiscal Year 2024-25 Operating and Capital Budget 	<p>Afzal Shah, <i>Chief Financial Officer</i>, presented the Fiscal Year 2024-25 Operating and Capital Budget. <i>(A copy of the report can be obtained by contacting Board Services).</i></p> <p><u>Membership Assumptions</u></p> <ul style="list-style-type: none"> FY 2024-25 Budget assumes 3.9% annual decline in Medi-Cal membership from previous year (0.33% p/month). This accounts for post unwinding activity after the end of the redetermination period as well as ongoing renewal processing delays. The California State budget projects a 4.38% decrease in the statewide Medi-Cal caseload for FY 2024-25. Nearly 1.5 million outstanding Medi-Cal renewals statewide were not completed during the unwinding period as of July 2024. L.A. Care believes it has about 240,000 of those outstanding renewals. D-SNP assumes 6% member growth from previous year. LACC assumes growth of 11% over previous year. This assumes #1 price position and retention rate of 90%. The projected membership gain for FY 2024-25 Budget vs FY 2023-24 4+8 Forecast is expected to be 69,000 members or 2.9 %, with member months falling approximately 720,000 or 2.3 %. D-SNP and LACC growth is expected to offset moderate losses in Medi-Cal, which gets net September 2024 vs September 2025 increase of 2.9%. <p><u>Revenue Assumptions</u></p> <ul style="list-style-type: none"> Medi-Cal - CY 2024 aligned with current Department of Healthcare Services (DHCS) rates. CY 2025 based on preliminary actuarial assumption, pending DHCS draft release. LACC & D-SNP - CY 2024 consistent with CY 2024 rates. CY 2025 aligns with respective bids. PASC - CY 2025 projected to continue at current rates. <p><u>Healthcare Cost Assumptions</u></p> <ul style="list-style-type: none"> Global Sub Capitation - CY 2024 in line with current draft rates. CY 2025 rate methodology based on preliminary actuarial assumptions. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Capitation <ul style="list-style-type: none"> ○ Medi-Cal - CY 2024 aligns with June '24 capitation. CY 2025 trend consistent with historical increases. ○ LACC <ul style="list-style-type: none"> • Risk Adjustment Factor (RAF) of 0.64 • CY 2024 uses June 2024 rates • CY 2025 trend consistent with historical increases ○ D-SNP - Aligns with June 2024 Capitation ○ Fee-for-Service (FFS) Cost <ul style="list-style-type: none"> • Incurred But Not Reported (IBNR) files from May 2024 and CY 2023 trends • FFS trends were developed using a base period of CY 2023 and projected using actuarial assumptions <p><u>FY24-25 Budget vs. FY23-24 4+8 Forecast P&L – Total L.A. Care (excl. HHIP/IPP)</u></p> <ul style="list-style-type: none"> • Revenue is \$278 million higher than prior year forecast. The primary driver of the increases are tied to the growth in LACC and D-SNP • Healthcare Costs (HCC) are \$168 million higher than the 4+8 forecast. <ul style="list-style-type: none"> ○ Lower capitation tied to lower member months. ○ FFS trend discussed earlier accounts for increase in FFS claims. ○ Provider incentives favorability includes Student Behavioral Health Incentive Program (SBHIP) timing in current fiscal year. ○ Medical Administrative increase is associated with administrative increases tied to activities within Health Services • Operating margin is projected to improve \$109 million • MCR of 93.2% vs 94.1% forecast • Overall Administrative is increasing \$60 million from the 4+8 forecast • Administrative ratio of 6.5% vs 6.1% • Salaries & Benefits increasing \$36 million due to primarily carrying existing staff - Temporary labor increasing \$6 million. This is more of a difference on where it was accounted for in the forecast. • Professional & Purchased Services increasing \$2.7 million <ul style="list-style-type: none"> ○ Increase in printing/contracted services ○ Broker commissions tied to higher LACC enrollment ○ Pharmacy and Behavioral Health (BH) administrative fees 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Offset by reduced staff augmentation spend ● Advertising decreasing \$6 million. The 4+8 forecast was too high. ● Business Fees & Occupancy/Leases increasing \$17.7 million <ul style="list-style-type: none"> ○ DMHC and LACC participation fees ○ Software licenses/maintenance ● Medical Administrative increasing \$4.8 million <ul style="list-style-type: none"> ○ Reduces administrative amount ○ Increases to Health Services-related activities ● Depreciation and Amortization increasing \$16.8 million <ul style="list-style-type: none"> ○ Subscription-Based Information Technology Arrangement (SBITA) geography changes (\$15 Million) ○ Assets placed in service ● Non-Operating – a slight decrease in interest income because the Federal Reserve is expected begin to cut rates in September. ● Overall Surplus of 1.5%. If interest income is removed, there would have a slight loss. <p><u>FY 2024-25 Budget – Margin by Segment</u></p> <ul style="list-style-type: none"> ● Most segments are showing an improvement over the 4+8 forecast. <p><u>FY 2024-25 Budget – Opportunities</u></p> <ul style="list-style-type: none"> ● CY 2025 Revenue Rates. Continued rate advocacy efforts with DHCS related to a safety net adjustment and acknowledging acuity of remaining members post redeterminations. ● Membership. Reduce dis-enrollment rates, increase renewals along with overall higher new sales growth for LACC and DSNP segments. ● Business Transformation/Sunset Legacy Systems & Processes. Driving cost savings via administrative value-based procurement, selective workforce conversions and realizing efficiency gains due to new systems and processes. ● Headcount Management. Evaluate the effectiveness of incremental staffing on operational metrics and expected cost savings. Resource management relative to like-sized plans, accounting for percentage of delegation. <p><u>FY 2024-25 Budget – Risks</u></p> <ul style="list-style-type: none"> ● CY 2025 Rates - Additional pressure due to overall acuity assumptions, risk adjustment, county-wide averaging, administrative adjustments and/or negative economic development adding pressure to CA general fund. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Medi-Cal Targeted Rate Increase (TRI) Rates - TRI Rates from DHCS less than L.A. Care’s obligations for payment. There is also a risk of providers not agreeing to the Medi-Cal TRI payments, provider disputes, and L.A. Care not able to attest by December 31, 2024. • Covid Testing - Costs are continuing to increase this summer with an uptick in Covid cases. • Utilization and Unit Cost Trends - FFS and Capitation trends higher than assumed in the budget. • Administrative Costs - Exceeding budgetary assumptions due to unplanned/uncontrolled cost. <p><u>FY 2024-25 Budget – Balance Sheet Comparison</u> The balance sheet continues to be a source of strength for L.A. Care. Investments at fair value could increase by more than projected if the Federal Reserve aggressively cuts rates throughout next calendar year.</p> <p><u>Board Designated Funds</u> The Community Health Investment Fund is projected to have \$37.7 million at fiscal year-end. Staff is projecting \$98.6 million for the Workforce Development Initiative or Elevating the Safety Net and \$0 remaining for Community Resource Centers (CRCs) maintenance and expansion.</p> <p><u>Tangible Net Equity (TNE)</u> TNE is showing a slight drop next year with the fund balance increasing. Days of cash on hand decreasing slightly but still in good shape.</p> <p><u>FY 2024-25 Capital Projects and Programs</u> Staff is proposing total project spend of \$88.7 million with \$78.3 million in capital and \$10.4 million in operating. It is 33% less than what was spent last fiscal year. The 2023-24 Budget was \$129 million. It covers strategic projects and leasehold improvements. The leasehold improvements are primarily for the CRCs.</p> <p>Tom McDougall, <i>Chief Information and Technology Officer</i>, presented and summarized the following L.A. Care’s Strategic Programs.</p> <ul style="list-style-type: none"> • Appeals & Grievance (A&G) System Replacement. • Care Catalyst – New Health Services Clinical System. • Clinical Data Repository (CDR) Phase 2 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Clinic Based Assignment and FQHC APM • CMS Interoperability Mandate • Edifecs Enhancements • Medicare Advantage Prescription Drug (MA-PD) Product Launch • PQI System Replacement for Provider Quality Review • Provider Roadmap • SAP/ERP • VOICE - Customer Relationship Management (CRM) & Telecom • I.T. Member Experience Program • Performance Optimization Program (Enterprise & Network) • QNXT Upgrade & Transformation • Leasehold Improvements <p><i>Board Members Ballesteros and Vaccaro may have financial interests in Plans, Plan Participating Providers or other programs and as such should consider refraining from the discussion of such issues. In order to expedite the process, those Board Members' vote on the Budget reflects a vote concerning the entire budget excluding those items for which the member is abstaining, as identified below:</i></p> <p><i>For the Community Health Improvement Programs:</i> <u>Board Members Ballesteros and Vaccaro</u> Community Health Investment Fund SCOPE Fund <u>Board Members Ballesteros</u> Work Force Development Initiative Provider Recruitment Program</p> <p><u>Motion FIN 102.0924</u> To approve the Fiscal Year 2024-25 Operating and Capital Budget, as submitted.</p>	<p>Approved unanimously by roll call with potential conflicts noted. 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 as of July 31, 2024, L.A. Care's total investment market value was \$3.7 billion.</p> <ul style="list-style-type: none"> • \$3.6 billion managed by Payden & Rygel and New England Asset Management (NEAM) • \$88 million in BlackRock Liquidity T-Fund 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> \$11 million in Los Angeles County Pooled Investment Fund \$6 million in Local Agency Investment Fund 	
<ul style="list-style-type: none"> Quarterly Internal Policy Reports 	<p>Mr. Ingram referred to the 3rd Quarter Expenditure Reports required by L.A. Care Internal Policies for FY 2023-24 included in the meeting materials. <i>(A copy of the report is available by contacting Board Services).</i> L.A. Care internal policies require reports on expenditures for business related travel expenses incurred by employees, members of the Board of Governors, Stakeholder Committees, and members of the Public Advisory Committees. The Authorization and Approval Limits policy requires reports for executed vendor contracts for all expenditures and the Procurement Policy requires reports for all sole source purchases over \$250,000. These are informational items, and do not require approval.</p> <ul style="list-style-type: none"> Policy AFS-004 (Non-Travel Expense Report) Policy AFS-027 (Travel Expense Report) Policy AFS-006 (Authorization and Approval Limits) Policy AFS-007 (Procurement) 	
Infosys Contract (FIN 103)	<p>Mr. MacDougall presented a motion requesting approval of contract with Infosys for Quality Assurance testing (QA Test), totaling \$23,715,760 and yielding a savings of \$5,200,000. The new 3-year total contract with Infosys (FY25 to FY27) would cost \$18,515,760 for Solutions Delivery and EDM combined.</p> <p><u>Motion FIN 103.0924</u> To authorize staff to execute a contract in the amount of \$18,515,760 with Infosys to provide Information Technology (IT) testing services for the period of October 1, 2024 to September 30, 2027.</p>	<p>Approved unanimously by roll call. 4 AYES</p> <p>The Committee approved placing FIN 103 on the Consent Agenda for September 5, 2024 Board of Governors meeting.</p>
Public Comments on the Closed Session agenda items.	There were no public comments.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Finance & Budget Committee meeting adjourned at 1:55 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 1:55 p.m.</p> <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>August 2026</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 	
RECONVENE IN OPEN SESSION	<p>The meeting reconvened in open session at 2:24 pm.</p> <p>Ms. Haydel advised the public that no reportable action from the closed session.</p>	
ADJOURNMENT	The meeting adjourned at 2:25 p.m.	

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

APPROVED BY:
Signed by: *Stephanie Booth, MD.*
084B48A20E5F499
Stephanie Booth, MD, *Chairperson*
Date Signed 10/24/2024 | 6:55 PM PDT

BOARD OF GOVERNORS

Finance & Budget Committee

Meeting Minutes – October 23, 2024

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 **

*Absent ** Via Teleconference

Management/Staff

John Baackes, *Chief Executive Officer*
Sameer Amin, MD, *Chief Medical Officer*
Terry Brown, *Chief of Human Resources*
Augustavia Haydel, *General Counsel*
Todd Gower, *Interim Chief Compliance Officer*
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*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	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.	
APPROVE MEETING AGENDA	The Agenda for today’s meeting was approved.	Approved unanimously by roll call. 3 AYES (Booth, Roybal, and Vaccaro)
PUBLIC COMMENTS	There were no public comments.	
APPROVE CONSENT AGENDA	<ul style="list-style-type: none"> August 28, 2024 Meeting Minutes O’Neil Digital Solutions, LLC, contract amendment <u>Motion FIN A.1024</u> To authorize the staff to enter into Amendment #9 with O’Neil Digital Solutions, LLC, increasing the overall contract amount from \$3,000,000 to \$5,000,000, an incremental increase of \$2,000,000, through current contract termination date of June 30, 2026. This amendment will allow O’Neil Digital Solutions, LLC, to continue to support L.A. Care with Explanation of Benefits and Threshold Certificate printing, mailing and electronic delivery to our members through June 30, 2026. 	Approved unanimously by roll call. 3 AYES FIN A does not require full Board approval.

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHAIRPERSON'S REPORT	There was no report from the Chairperson.	
CHIEF EXECUTIVE OFFICER'S REPORT	There was no report from the CEO.	
COMMITTEE ITEMS		
Chief Financial Officer's Report <ul style="list-style-type: none"> • Financial Report 	<p>Jeffrey Ingram, <i>Deputy Chief Financial Officer</i>, reported on the Financial Performance through August 2024 (<i>a copy of the report can be obtained by contacting Board Services</i>).</p> <p><u>Membership</u> August 2024 total membership was just shy of 2.6 million members; about 183,000 favorable to the 4+8 forecast. Year-to-date (YTD) is around \$29 million; 722,000 favorable to the 4+8 forecast. A majority of favorability continues from Medi-Cal reporting higher enrollment than expected after eligibility redetermination. L.A. Care Covered (LACC) has been a consistent driver in favorability primarily due to SB 260 and the competitive price position. This favorability will likely continue into the next fiscal year. The budget assumed 0.33% monthly decrease and the last two month's results showed a 0.32% growth.</p> <p><u>Consolidated Financial Performance</u> There was a net loss of \$84 million for August 2024; excluding Housing and Homelessness Incentive Program/ Incentive Payment Program (HHIP/IPP) was \$64 million unfavorable to forecast. <i>Negative results compared to forecast are indicated by numerals in (parentheses) and positive results shown by numerals preceded by + sign.</i></p> <p><u>Revenue (\$21.4 million)</u></p> <ul style="list-style-type: none"> • Risk Corridors/Adjustments <ul style="list-style-type: none"> ○ (\$30 million) MOT Risk Corridor ○ (\$15 million) Unsatisfactory Immigration Status (UIS) Revenue Corridor ○ (\$12 million) LACC Risk Adjustment Factor (RAF), RAF Adjustment 0.66 to 0.64 • (\$39 million) CY 2024 Acuity Adjustment with offset in Healthcare Costs (HCC) • Partially offset by Membership: +\$63 million Maternity Kick +\$10 million, and CY 2024 Rates +\$6 million <p>Some of the acuity adjustment assumed from the revenue perspective is allocated to L.A. Care delegates. Operating expenses were unfavorable for the month driven by timing of</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>marketing expenses for printing, related to printing of the provider directory, ID cards, and other items to meet regulatory requirements.</p> <p><u>Medical Expense (\$43 million)</u></p> <ul style="list-style-type: none"> • (\$62 million) Membership • (\$32 million) Incurred Claims • (\$7 million) Targeted Rate Increase (TRI) Adjustment • (\$3 million) Hospital and Skilled Nursing Facility (SNF) Pay for Performance (P4P) Incentive Expense • Partially offset by <ul style="list-style-type: none"> ○ Capitation favorability +\$22 million ○ CY 2024 Acuity Adj +\$12 million <p><u>Operating Expense (\$3.5 million)</u></p> <p>Unfavorability was primarily driven by</p> <ul style="list-style-type: none"> • Purchased Services (\$3.6 million) <ul style="list-style-type: none"> ○ (\$1.3 million) iColor: Marketing ○ (\$1 million) related to Provider Directory, ID cards, etc.; MPSS ○ (\$0.2 million) related to printing/ mailing for invoices and notices ○ (\$0.8 million) IPROS Insurance • Salaries & Benefits (\$1.8 million) <ul style="list-style-type: none"> ○ (\$1 million) Paid Time Off expense due to three pay periods vs baseline of ~two • Professional Fees (\$1.1 million) <ul style="list-style-type: none"> ○ (\$2.2 million) Deloitte consulting related to VOICE project ○ +\$0.5 million Pullback in support needed for litigation and enforcement matters (expecting end of year invoices) <p><u>Non-Ops (\$4.8 million)</u></p> <p>Unfavorability was driven by timing of grant spending, partially offset by managed care organization (MCO) tax revenue.</p> <p>YTD net surplus was \$285 million; \$69 million favorable to the forecast when HHIP and IPP are excluded.</p> <p><u>Revenue +\$101 million</u></p> <ul style="list-style-type: none"> • +\$241 million Membership • +\$36 million Maternity Kick 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • +\$18 million CY 2024 Rate including Long Term Care (LTC) • +\$4 million Equity Payment & Transformation Incentive Revenue (CalAIM) • Partially offset by CY 2023 acuity rate adjustment (\$113 million), CY 2024 Acuity Adjustment (\$39 million), Risk Corridors/Adjustments (\$26 million), and Cal MediConect (CMC) CY 2021 Disenrollment Penalty (\$4 million) <p>Same drivers as explained in the month to date performance. Highest driver of favorability is membership.</p> <p><u>Medical Expense (\$16 million)</u></p> <ul style="list-style-type: none"> • (\$233 million) Membership • (\$73 million) Incurred Claims • (\$26 million) Hospital/SNF P4P Incentives • (\$20 million) CY 2023 Shared Risk True-Up • (\$3 million) Maternity Kick • Partially offset by Capitation favorability +\$176 million, Provider Incentives +\$45 million, CY2023 acuity rate adjustment +\$36million, CY 2024 Rates (PP) +\$17 million, CY 2024 Acuity Adjustment +\$12million, Shared Risk +\$7 million. Student Behavioral Health Incentive Program (SBHIP) +\$7 million, Enhanced Care Management (ECM)/Homeless Housing and Support Services (HHSS) Membership Cleanup +4 million, and CMC CY 2021 Disenrollment penalty +\$3 million <p>For medical expenses, higher membership results in higher capitation expenses. Some of the additional incurred claims were tied to higher membership.</p> <p>There are two large offsets in medical expenses: membership driving it down and some mistakes in the forecast reported at prior meetings. Operating expenses YTD are about \$14.8 million unfavorable.</p> <p>Items that will be shown in September include timing in legal fees expenses and adjustments to expenses in the Student Behavioral Health Incentive Program (SBHIP). This resulted from a change in Governmental Accounting Standards Board (GASB) accounting, and L.A. Care began amortizing software license expenses. The new Controller, Radiah Campbell, is reviewing the calculations, L.A. Care may need to recognize expenses from prior years in this year.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Operating Expense (\$14.8 million)</u> Operating expense is unfavorable primarily by Medical Administrative (\$11.4 million) expense. There is an equivalent offset in the healthcare cost. Staff is confident that controls in place for the budgeting for the next fiscal year.</p> <p><u>Non-Operating Expenses +\$18.6 million</u> Favorability for non-operating expense is driven by higher interest income, unrealized gains and MCO tax revenue.</p> <p><u>Operating Margin by Segment</u></p> <ul style="list-style-type: none"> • Overall, Medi Cal operating margin is at 92.8% vs 93.4% forecast. • Operating margins for Medi-Cal and Duals Special Needs Plan (DSNP) were ahead of forecast with one month to go in the fiscal year. • LACC operating margin is unfavorable to forecast due to the risk adjustment factor (RAF) scores changing from 0.70 to 0.66 and from 0.66 to 0.64. • PASC operating margin is virtually flat to the forecast. • Overall, the total medical cost ratio (MCR) is favorable to forecast when HHIP/IPP are excluded. • Administrative ratio at 6.0% is slightly ahead of forecast. • Balance sheet metrics were all healthy this month with no caveats for pass-through payments. <p><u>Tangible Net Equity (TNE)</u> TNE was at 856% this month with 84 days of cash on hand.</p> <p><u>Motion FIN 100.1124</u> To accept the Financial Reports as of August 2024, as submitted.</p>	<p>Approved unanimously by roll call. 3 AYES</p>
<ul style="list-style-type: none"> • Annual Review of Investment Policy AFS 008 	<p>Mr. Ingram presented a motion requesting approval of the revisions to Accounting and Financial Services Policy AFS-008 (Annual Investment Policy). L.A. Care policy and procedure requires an annual review and approval by the Finance & Budget Committee. Policy AFS-008 was last reviewed in November 2023. Changes and clarifications made in the California Government Code are included in the policy AFS-008. Mr. Ingram summarized the changes to the policy.</p> <ol style="list-style-type: none"> 1. Investment policy section 2.25 & 3.7.15.2 – The term Secured Overnight Financing rate (SOFR) has been added to the glossary and further clarified as an allowed reference rate for variable and floating rate securities. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>This is more of a secured based on transaction, the former reference was to LIBOR, which is more of an estimate. It is a change in practice across the industry in terms of recognizing SOFR as the new standard benchmark rate.</p> <ol style="list-style-type: none"> 2. Investment policy section 3.7.13.1.6 – Prohibits the purchase of exchange-traded funds (ETFs) for the L.A. Care investment portfolio. Government code sections 53601 (l) and 53601.6(b) now include statements regarding the impermissibility of ETFs for public investment portfolios. 3. Investment policy section 3.7.4.1 – Further clarifies allowed issuers and guarantors of federal agency and US government related agency debt securities. Explicitly calls out L.A. Care’s inability to purchase ETFs. The new language does not have a material impact on how L.A. Care invests or holds in its portfolio. <p>After internal discussion with Chairperson Booth, staff suggested removing Finance & Budget (F&B) Committee listed specifically in the language. Instead it requires that “the CFO shall submit a monthly report of investment transactions as outlined under Government Code Section 53607, which requires L.A. Care to report to the legislative body”. This recognizes that in some months, there is no scheduled meeting of the F&B Committee or Board of Governors. Staff would report to Board of Governors without limiting the report to just F&B. L.A. Care wants to ensure it will meet its regulatory requirement.</p> <p><u>Motion FIN 101.1124</u> To approve Accounting & Financial Services Policy AFS-008 (Annual Investment Policy) as submitted.</p>	<p>Approved unanimously by roll call. 3 AYES</p> <p>The Committee approved to include FIN 101 to the Consent Agenda for November 7 Board meeting agenda.</p>
Public Comments on the Closed Session agenda items.	There were no public comments.	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Finance & Budget Committee meeting adjourned at 1:24 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 1:55 p.m.</p> <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>October 2026</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates 	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 1:44 pm. Ms. Haydel advised the public that no reportable action from the closed session.	
ADJOURNMENT	The meeting adjourned at 1:45 p.m.	

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

APPROVED BY:

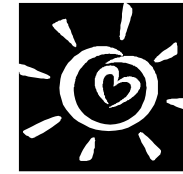
 Stephanie Booth, MD, *Chairperson*
 Date Signed _____

**COMPLIANCE
&
QUALITY
COMMITTEE**

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – September 19, 2024



L.A. Care
HEALTH PLAN

L.A. Care Health Plan CR 1017-1018, 1055 W. Seventh Street, Los Angeles, CA 90017

Members

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

Senior Management

Sameer Amin, MD, *Chief Medical Officer*
Terry Brown, *Chief of Human Resources*
Todd Gower, *Chief Compliance Officer*
Augustavia J. Haydel, *General Counsel*
Alex Li, *Chief Health Equity Officer*
Tom MacDougall, *Chief Information and Technology Officer, IT Executive Administration*
Noah Paley, *Chief of Staff*
Acacia Reed, *Chief Operations Officer*
Edward Sheen, MD, *Senior Quality, Population Health, and Informatics Executive*

* 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 2:00 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>	
APPROVAL OF MEETING AGENDA	<p>The meeting Agenda was approved as submitted.</p>	<p>Approved unanimously 4 AYES (Ballesteros, Booth, Roybal, and Vazquez)</p>
PUBLIC COMMENT	<p><i>There was no public comment.</i></p>	

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF MEETING MINUTES	The August 15, 2024 meeting minutes were approved as submitted.	Approved unanimously. 4 AYES
CHAIRPERSON REPORT	<p>Chairperson Booth commended the committee for their hard work during a period of significant change. She noted that while the process involves considerable effort, the group is making meaningful progress beyond mere reorganization. Chairperson Booth stated that the system is maturing and expressed hope that Compliance will eventually become a natural part of their operations, where individuals will no longer resist it.</p> <p>She noted that audits should be viewed as beneficial opportunities for improvement rather than as punitive measures. Chairperson Booth noted the unique opportunity they have to receive expert advice on Compliance, which is not commonly found in similar organizations. She expressed pride in both the team’s efforts and the contributions of Board committee members, who have been actively engaged in reviewing materials to ensure clarity and quality.</p>	
CHIEF MEDICAL OFFICER REPORT	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, gave a Chief Medical Officer report (<i>a copy of the materials can be obtained from Board Services</i>).</p> <p>Dr. Amin provided an update on key initiatives and progress within the health services department, emphasizing the importance of accountability for decisions and strategies made. Dr. Amin highlighted the success of Enhanced Care Management (ECM), noting a 25% increase in enrollment from February to August 2024. This growth was attributed to strategic recontracting efforts that incentivized providers to enroll new members and enhance patient interactions. He acknowledged the effective leadership of Noah Ng, <i>Director, Enhanced Care Management</i>, and his team, who have fostered positive relationships with providers, allowing for better service delivery. He discussed improvements in the Transitions of Care program, which aims to support high-risk patients during their transitions between care settings. Dr. Amin reported an increase in interactions related to transitions of care, rising from approximately 1,600 to 2,700.</p> <p>Dr. Amin addressed changes made to the prior authorization process, which resulted in a 10% reduction in overall authorization volume. These adjustments have reduced administrative burdens and improved the efficiency of the utilization management department. Collaboration with hospitals has also seen significant improvements, particularly with the establishment of a 24/7 hotline for urgent calls, which now boasts a response time of 40 seconds and a drop rate of less than 5%. Dr. Amin credited Tara Nelson, RN, BSN, <i>Senior Director, Utilization Management, Utilization Management</i>, for her outstanding leadership in enhancing operational performance and</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>responsiveness to hospital needs. Dr. Amin expressed pride in the team’s accomplishments and the ongoing efforts to create a more coordinated and efficient healthcare system for members.</p> <p>Member Roybal asked for clarification regarding the calls received through the hotline. He inquired whether the majority of these calls, specifically about 99%, were related to admissions from the emergency room. He assumed that a similar percentage of these calls likely resulted in approvals and sought confirmation on the actual approval rates for callers. Dr. Amin responded that at that point they are not calling for approval per se and they categorize all the calls that come in. the highest number is post stabilization. The next is transition to a higher level of care.</p> <p>Dr. Amin addressed the improvements in discharge planning and collaboration with hospitals. He noted that previously, the approach to engaging with hospitals was passive, relying on them to reach out for assistance with difficult-to-place patients. Recognizing the need for a more proactive strategy, Dr. Amin detailed the restructuring of the medical director division and the alignment of nursing staff with specific hospitals to enhance discharge processes. Dr. Amin noted the importance of actively rounding with hospital teams to discuss patients pending discharge. These efforts include connecting patients with necessary resources such as housing and community services, ensuring they are discharged to appropriate care settings rather than automatically to Skilled Nursing Facilities (SNFs). He pointed out that many patients were previously denied placement in SNFs because they were not suitable for that level of care. As a result of these strategic changes, the difficult-to-place patient list has been reduced by 25% month over month. He reported that patients are now being discharged to various care options beyond SNFs, including residential care and hospice services. Dr. Amin said that successful recontracting with skilled nursing facilities, noting that approximately 16% of the patients discharged are benefiting from a pilot program with Rockport, meeting expectations.</p> <p>Member Roybal noted that it isn’t really a difficult to place patient population but more so it’s the provider not knowing where to place them. Dr. Amin responded that it’s a cry for help list. Dr. Amin explained that proactive engagement with hospitals around discharge planning has been instrumental in reducing the number of patients on this list. By addressing discharge needs before hospitals urgently request help, the team has been able to facilitate smoother transitions. He noted that a key factor in successfully paring down the list has been ensuring patients are directed to the appropriate care destinations. Dr. Amin noted that, previously, the common practice was to send patients to SNFs, even when that was not the most suitable option. He said that approximately 17% of the members on the difficult-to-place list were able to go home directly instead.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>CHIEF COMPLIANCE OFFICER REPORT</p>	<p>Todd Gower, <i>Chief Compliance Officer</i>, and the 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>Overview</p> <ul style="list-style-type: none"> ○ Compliance Report from the Internal Compliance Committee (ICC) ○ Updates on the Enterprise Risk Assessment and Management Action Plans (MAPs) ○ Vendor Management and Contracting Process ○ Issues Inventory ○ Business Unit Report Out on Appeals and Grievances <p>Key Highlights</p> <p>Compliance Report</p> <ul style="list-style-type: none"> ○ The compliance report outlined the current status of various compliance initiatives and highlighted the importance of accountability within the organization. <p>Michael Sobetzko, <i>Senior Director, Risk Management and Operations Support, Compliance</i>, presented updates on the Enterprise Risk Assessment, focusing on:</p> <ul style="list-style-type: none"> ○ The lack of cross-functional third-party vendor management and oversight. ○ A remediation plan was developed, currently being assessed by a third-party consultant. Key actions include: <ul style="list-style-type: none"> - End-to-End Process Assessment: Completed in Q3 2024. - Leadership Review: Ongoing, with recommendations evaluated for implementation by Q2 2025. - Vendor Risk Committee: The charter is set to be presented for approval in September, with initial data gathering already in progress. <p>Mr. Sobetzko provided an update on the Issues Inventory.</p> <ul style="list-style-type: none"> ○ The current status included: <ul style="list-style-type: none"> - Reported Issues: Fluctuated over the past months, with a notable increase in July and August. - Open Issues: Currently at four. - Closed to Inventory: Issues resolved and removed from active tracking. - Deferred Issues: Waiting on regulatory guidance. <p>Demetra Crandall, <i>Director, Customer Solution Center Appeals and Grievances, CSC Appeals & Grievances</i>, reported on the appeal and grievance volumes from July 2023 to June 2024. The data highlighted trends in complaints and the effectiveness of the response system. The report indicated that the system is undergoing improvements, including the implementation of a new system (i3vertical/Kiriworks) aimed at enhancing data reporting and compliance visibility by 2025.</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
COMPLIANCE & QUALITY COMMITTEE CHARTER STATUS UPDATE	<p>Todd Gower, <i>Chief Compliance Officer</i>, discussed the Compliance & Quality Committee Charter Process.</p> <p>Mr. Gower provided an update on the Compliance and Quality Charter, which has undergone a thorough review over the past year and a half. He pointed out a significant organizational change from the previous year: the separation of Internal Audit from the Compliance Department. This change necessitated clear documentation in the charter. He noted the importance of incorporating the Office of Inspector General seven elements into the charter, which serves as a framework for compliance. Mr. Gower also noted that the updated charter includes provisions for monitoring and auditing within the compliance area. He acknowledged the contributions of various team members, Mr. Gower expressed gratitude to Linda Merkens, <i>Senior Manager, Board Services</i>, and Augustavia J. Haydel, <i>General Counsel</i>, and Chairperson Booth for their collaboration on the charter. He said that the necessity of periodically reviewing charters every two to three years to ensure they align with the organization's current practices, noting that such a review had not occurred for some time. Mr. Gower indicated that changes made to the charter are highlighted in red for easy reference. He mentioned plans to seek a vote for the approval of the revised charter at the next meeting. He assured the Board that the essential legal requirements remain intact in the updated document, even as some legal jargon was streamlined for clarity. He also shared insights from comparisons with charters from other plans in California, noting that many only have compliance charters, while very few include both compliance and quality. He reiterated that the revisions reflect the best efforts to create a comprehensive charter that meets the needs of both compliance and quality for the committee.</p> <p>Member Roybal asked if there is a role for the Chief Medical Officer in the charter. Chairperson Booth stated that it's in the charter. Mr. Gower said that he will take it offline with Chairperson Booth and make sure there is wording in the charter regarding the Chief Medical Officer. Chairperson Booth said that they can also define CCO and CMO. She noted that there should also be an Internal Audit charter and remembers seeing one in the past. Maggie Marchese, <i>Senior Director, Audit Services</i>, responded that she'll be sure to get the charter to the committee for its review.</p>	
QUALITY OVERSIGHT COMMITTEE (QOC) REPORT	<p>Edward Sheen, MD, <i>Senior Quality, Population Health, and Informatics Executive</i>, (a copy of the materials can be obtained from Board Services).</p> <p>Cultural and Linguistic Services (C&L) Utilization Report Monitoring and Effectiveness: The C&L unit monitors its effectiveness through quarterly utilization reports, which analyze:</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ The utilization of language services. ○ Service levels and satisfaction with language services. ○ C&L-related grievances and complaints. <p>Language Services Overview:</p> <ul style="list-style-type: none"> ○ Services are provided uniformly across all product lines, including standard and rapid translations, alternative formats (large print, audio, braille), and both face-to-face and telephonic interpreting. ○ Key metrics included the number of documents translated and requests for interpreting services. <p>Key Findings:</p> <ul style="list-style-type: none"> ○ A slight decrease in standard translations and alternative formats (down 20.2%), while rapid translations increased by 11.7%. ○ Face-to-face interpreting requests increased by 5.1% for medical appointments and 8.8% for non-medical appointments. ○ Telephonic interpreting usage rose significantly, with a 37.4% increase in minutes used compared to previous quarters. <p>Satisfaction Metrics:</p> <ul style="list-style-type: none"> ○ Most goals related to member satisfaction with interpreting and translation services were met. For instance, 99.2% of members reported satisfaction with translation services. ○ Challenges were identified, including declining satisfaction regarding the ease of requesting an interpreter, which led to initiatives for improvement. <p>Nurse Advice Line (NAL) Oversight Service Overview L.A. Care provides 24/7 access to a Nurse Advice Line where members can consult with Registered Nurse Health Coaches for medical concerns and referrals. Contract Extension: The contract with the vendor Health Dialog was extended for three years to ensure continuous service.</p> <p>Key Findings:</p> <ul style="list-style-type: none"> ○ NAL met most performance metrics but struggled with average speed of answer during Q4 2023 and Q1 2024. ○ 35% of symptom check calls initially intended for the ER were redirected to appropriate lower levels of care. <p>Corrective Action Plan:</p> <ul style="list-style-type: none"> ○ Health Dialog was placed on a corrective action plan due to consistent performance issues. ○ The acquisition by Carenet is expected to improve service delivery, with an increase in available nursing staff. <p>Teladoc Utilization Report</p>	

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	<ul style="list-style-type: none"> ○ Overview: This section summarized how members received care through Teladoc services, showcasing trends and utilization rates. ○ Clinical Details: The report provided metrics on symptom check calls and identified common presenting symptoms, such as abdominal pain and respiratory issues. 	
<p>QUALITY IMPROVEMENT AND HEALTH EQUITY COMMITTEE (QIHEC) REPORT</p>	<p>Alex Li, MD, <i>Chief Health Equity Officer</i>, gave a Quality Improvement and Health Equity Committee (QIHEC) report (<i>a copy of the presentation can be obtained from Board Services</i>).</p> <p>Brief Summary of Key Equity and Disparities Findings and Program Focus and Interventions:</p> <ul style="list-style-type: none"> ● Disparities in clinical outcomes persist across various domains and populations ● One of the main priorities is focused on improving the child health measures with Black/African American children and youth in Service Planning Area 6 (South LA): <ul style="list-style-type: none"> - Community Health Workers provide assistance with scheduling well-child visits before the 15-month mark - Offering at-home test kits ● Conducted member survey in text message campaign: <ul style="list-style-type: none"> - Majority of members stated they did not see their doctor due to not feeling sick or not knowing who their doctor is. <p>Data Efforts:</p> <ul style="list-style-type: none"> ● Efforts are under way to improve the quality and data collection of social determinants of health and race/ethnicity data points as well as scouring and scrubbing claims, encounters and supplemental data to capture the completion of our HEDIS measures. <p>Demographic Changes:</p> <ul style="list-style-type: none"> ● Addressing the new Office of Management and Budget race/ethnicity changes in our system and talking with key community stakeholders (Los Angeles County Department of Public Health) <p>Correct and Updated Contact Information:</p> <ul style="list-style-type: none"> ● Exploring alternative databases with member contact information. ● Working with enrollment services to continue to update and ensure that we have the accurate member contact information <p>Additional Work Planned for 2024-2025:</p> <ul style="list-style-type: none"> ● Developing a disparities data dashboards to better identify disparities. ● Utilizing member councils and health promotoras for feedback on member outreach materials and programs 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Empowering provider groups and clinics to analyze data and identify disparities in patient populations • Increasing the number of languages available for member outreach • Collaborating with community-based organizations and vendors in developing culturally tailored materials for a diverse membership <p>Informational: Universal Provider Manual (UPM) Updates:</p> <ul style="list-style-type: none"> • Legally binding document and serves as an extension of L.A. Care’s contract with our network providers. • Updated on a regular cadence and posted on our website. • The Communications team seeks QIHEC input for the UPM on an annual basis. 	
<p>TIMELY ACCESS TO CARE UPDATE: MY2023 SURVEY RESULTS</p>	<p>Priscilla Lopez, <i>Manager, Quality Improvement Accreditation, Quality Improvement</i>, gave a Timely Access to Care Update: Measurement Year 2023 Survey Results (<i>a copy of the presentation can be obtained from Board Services</i>).</p> <p>Overview and Agenda: She provided insights into access to care survey results, performance goals, monitoring cycles, and interventions for improving provider performance. The annual survey is conducted from October to December, with results received by spring. Providers are given a report card and a corrective action plan (CAP) based on their performance, which they must respond to within 30 days.</p> <p>Performance Goals. L.A. Care sets a compliance rate goal of 80% for appointment availability and after-hours access, with the aim of achieving statistically significant improvement each year. She highlighted the compliance rates for various appointment types, comparing them against established performance goals:</p> <ul style="list-style-type: none"> ○ Primary Care: Urgent appointments had a compliance rate of 73%, routine appointments 85%, and preventive care (adult) at 95%. ○ Specialty Care: Urgent appointments had a 69% compliance rate, routine appointments 75%, and prenatal appointments 100%. ○ After-Hours Care: Emergency room access showed 88%, but timeliness dropped to 66%. <p>Provider Performance Analysis: Her analysis identified the lowest-performing provider groups based on urgent care appointments, call-back appointments, and after-hours care timeliness. Specific provider groups were highlighted, including those with high non-compliance rates.</p> <p>Interventions and Strategies:</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Ms. Lopez outlined ongoing remediation strategies for underperforming provider groups, including enhancing education about access to care requirements and collaborating to identify root causes for non-compliance. Ms. Lopez noted the importance of using data analytics to inform provider engagement and the need for adjusting training methods to address best practices effectively.</p>	
<p>MY2023 HEDIS RESULTS</p>	<p>Thomas Mendez, <i>Director, Quality Performance Informatics, Quality Performance Management</i>, presented the Measurement Year 2023 Healthcare Effectiveness Data and Information Set (HEDIS) Results <i>(a copy of the presentation can be obtained from Board Services)</i>.</p> <p>Overview All HEDIS submissions for Measurement Year (MY) 2023 across all Lines of Business (LOB) were successfully completed in June 2024. L.A. Care maintained a 3.5 NCQA Health Plan Rating (HPR) for Medi-Cal, the same rating held since MY2020. The Dual Special Needs Plan (DSNP) HPR was not calculated due to the plan being new without eligible members for the CAHPS survey. The NCQA does not calculate Marketplace HPR.</p> <p>Key Findings:</p> <ul style="list-style-type: none"> ○ HEDIS rates have generally improved year over year since the impact of COVID-19 (MY2020), with many measures returning to or exceeding pre-COVID levels. <p>Summary of Improvements and Declines</p> <ul style="list-style-type: none"> ○ Measures Improved: <ul style="list-style-type: none"> - DSNP Admin Measures: 45 - DSNP Hybrid Measures: 6 - LACC Admin Measures: 22 - LACC Hybrid Measures: 12 - Medi-Cal Admin Measures: 68 - Medi-Cal Hybrid Measures: 14 - Total Improvements: 167 <p>Highlights and Goals Met Managed Care Accountability Set (MCAS): 11 out of 18 measures reached the Minimum Performance Level (MPL):</p> <ul style="list-style-type: none"> ○ Lead Screening in Children (LSC), Topical Fluoride (TFL), and Well Visits for Children and Adolescents achieved MPL status, which they did not meet in MY2022. ○ Expected penalties from DHCS are projected to be approximately \$500,000 less than the previous year due to these improvements. 	

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	<p>Quality Transformation Initiative (QTI):</p> <ul style="list-style-type: none"> ○ 3 out of 4 measures were above MY2022 results ○ Controlling Blood Pressure (CBP) reached the 50th percentile, increasing by 5.19% compared to last year. ○ Colorectal Cancer Screening (COL) improved by 5.03%, and HbA1c for Diabetics (HBD) improved by 5.84%. <p>Areas of Poor Performance</p> <p>For the MCAS MPL measures, concerns include:</p> <ul style="list-style-type: none"> ○ Childhood Immunization Status (CIS): The rate for the influenza vaccine continues to decline. ○ Cervical Cancer Screening (CCS): The rate has been trending downward since COVID-19, remaining a challenge due to its five-year measurement cycle. <p>For the QTI measures, despite improvements, all four measures still fall well below the required 67th percentile, indicating substantial penalties are expected.</p> <p>Root Cause Analysis</p> <p>Access to care remains an issue for several measures, particularly those requiring in-person visits or multiple appointments for compliance, such as cervical cancer screenings, well-child visits, and colorectal cancer screenings. Notable challenges include delays in scheduling necessary procedures like colonoscopies and a rise in late immunizations.</p>	
PUBLIC COMMENT ON CLOSED SESSION ITEMS	<i>There was no public comment.</i>	
ADJOURN TO CLOSED SESSION	<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 4:51 P.M.</p> <p>PEER REVIEW</p> <p>Welfare & Institutions Code Section 14087.38(o)</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION</p> <p>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</p> <p>Government Code Section 54957</p>	

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	Consultation with: Tom MacDougall, Chief Information and Technology Officer, IT Executive Administration CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act <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	The Committee reconvened in open session at 5:10 p.m. There was no report from closed session.	
ADJOURNMENT	The meeting adjourned at 5:15 p.m.	

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

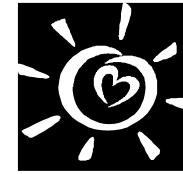
APPROVED BY:

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

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – October 17, 2024



L.A. Care
HEALTH PLAN

L.A. Care Health Plan CR 1017-1018, 1055 W. Seventh Street, Los Angeles, CA 90017

Members

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

Senior Management

Sameer Amin, MD, *Chief Medical Officer*
Terry Brown, *Chief of Human Resources*
Todd Gower, *Chief Compliance Officer*
Augustavia J. Haydel, *General Counsel*
Alex Li, *Chief Health Equity Officer*
Noah Paley, *Chief of Staff*
Acacia Reed, *Chief Operations Officer*
Edward Sheen, MD, *Chief Quality and Population Health Executive*

* 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 2:05 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>	
APPROVAL OF MEETING AGENDA	<p>The meeting Agenda was approved as submitted.</p>	<p>Approved unanimously 3 AYES (Booth, Roybal, and Vazquez)</p>
PUBLIC COMMENT	<p><i>There was no public comment.</i></p>	
APPROVAL OF MEETING MINUTES	<p>The September 19, 2024 meeting minutes were approved as submitted.</p>	<p>Approved unanimously. 3 AYES</p>

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHAIRPERSON REPORT	<p>Chairperson Booth reported on her search for educational topics that could benefit board members. She suggested providing brief educational sessions, either online or as short presentations during board meetings, ideally lasting no longer than 15 minutes. These sessions would focus on clarifying board members' roles, responsibilities, and key issues to consider. Booth expressed concern that if these were optional and only available online, they might be overlooked by board members, particularly those new to the board. She also mentioned a recent minor miscommunication between the Internal Audit and IT departments, describing it as a natural part of organizational growth. Booth reassured the board that Internal Audit's role is supportive and not punitive, aiming to address potential issues internally before any external audits. She added that if departments face an overload of responsibilities, they can return new activities to the risk management team for further guidance.</p>	
CHIEF MEDICAL OFFICER REPORT	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, gave a Chief Medical Officer report (<i>a copy of the report can be obtained from Board Services</i>).</p> <p>In his Chief Medical Officer report, Dr. Amin provided an update on recent initiatives and progress within L.A. Care Health Services. He began by discussing the October 7-8 strategy summit, where senior leadership across all health services areas gathered to set strategic goals for 2025. The summit aimed to create a “living strategic guide” that aligns enterprise goals and integrates efforts across departments. Key initiatives from the summit included streamlining authorizations and care coordination, enhancing population health management, and establishing collaboration frameworks with other divisions to build a more cohesive healthcare ecosystem. Dr. Amin plans to present a detailed summary of the summit outcomes at the November board meeting.</p> <p>Dr. Amin then spoke about developments in L.A. Care's enhanced Care Management and Case Management programs. L.A. Care is progressing toward its goal of enrolling 30,000 members in Enhanced Care Management, with over 16,000 members currently enrolled, half of whom joined within the past year. New incentive payments and contract structures have spurred this growth, and additional provider partnerships, such as with Didi Hersh Mental Health Services, have been beneficial. Case management services also expanded, with 542 new cases in August, including 427 high-risk cases and 73 transferred to California Children Services. The high-risk case management remains a crucial support for L.A. Care's members.</p> <p>Transitioning to care services, Dr. Amin reported on the rapid expansion of the Transitions of Care program, which contacted over 2,700 members in August to offer post-hospital discharge support. L.A. Care established an intake line for low-risk members, enabling them to access care</p>	

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	<p>coordination resources when needed. Dr. Amin also touched on Utilization Management, emphasizing the program’s high performance, with metrics consistently above 95% for timeliness and accuracy over the past 15 months, a testament to the team’s commitment to quality.</p> <p>Dr. Amin noted the behavioral health telehealth program in schools, a significant initiative providing mental health services to students across 703 schools through partnerships with 63 local education agencies. In 2023, the program served 3,000 students through 20,000 visits, reaching a diverse demographic, including 54.5% Latinx and 8.6% Black students. This school-based telehealth program has successfully delivered critical behavioral health services to a highly diverse student population. Dr. Amin wrapped up by acknowledging upcoming presentations on quality oversight, facility site review, and utilization management, indicating that these topics would be explored in further detail by other leaders.</p>	
<p>CHIEF COMPLIANCE OFFICER REPORT</p>	<p>Todd Gower, <i>Chief Compliance Officer</i>, and the Compliance Department staff presented the Chief Compliance Officer Report (<i>a copy of the written report can be obtained from Board Services</i>).</p> <p>Todd Gower provided an overview of the Compliance and Quality (C&Q) Committee's efforts and shared updates on key compliance initiatives. Mr. Gower introduced a new format for the C&Q meeting to allocate more time for quality discussions, with a full compliance report planned for December to evaluate progress against the compliance work plan. Of the 20 projects outlined in the work plan, guided by the Office of Inspector General (OIG) recommendations, six have been completed, and the remaining projects are expected to conclude by late 2024 or early 2025. Notably, the team has focused on refining the regulatory intake process with IT support, enhancing the annual risk assessment by integrating efforts with IT security, and forming a Risk Committee to improve risk accountability and efficiency.</p> <p>Mr. Gower noted improvements in governance, including the reformation of oversight and sanctions committees, as well as implementing scorecards to monitor progress. He discussed efforts to benchmark L.A. Care’s compliance activities against similar organizations, particularly regarding organization size and risk, while collaborating with Finance and Human Resources to ensure that resources align with budgetary and operational needs. This year, they launched an annual compliance survey to gather feedback from delegates and providers to reduce redundancies and improve provider relations.</p> <p>Mr. Gower noted efforts to streamline reporting requirements, distinguishing quarterly from monthly reports to enhance efficiency, and stated that further reporting refinements would be rolled out in 2025. He spoke about ongoing improvements in defining roles between internal audit</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>and compliance functions, aiming to solidify a structure based on the "three lines of defense" model. Mr. Gower also shared that today's meeting would cover internal compliance updates, the revised compliance charter, and updates on Special Investigative Units (SIUs). The compliance charter was a major agenda item, developed with input from Augustavia J. Haydel, Esq., <i>General Counsel</i>, Board Services, and other stakeholders. The charter clarifies recent structural adjustments, including moving internal audit outside Compliance, ensuring quality and compliance oversight, and aligning with the OIG's seven compliance elements. He acknowledged the need to potentially revise the charter in the future to reflect an expanded focus on quality and ethics, which may be incorporated depending on ongoing evaluations. Mr. Gover noted the integration of compliance and quality functions within L.A. Care, recognizing the unique structure among California health plans and expressing a commitment to evaluate and adjust the reporting approach as needed to meet member and regulatory expectations.</p> <p><u>Motion COM 100</u> To approve the Revisions to the Compliance and Quality Committee Charter.</p>	<p>Approved unanimously. 3 AYES</p>
<p>QUALITY OVERSIGHT COMMITTEE (QOC) REPORT</p>	<p>Edward Sheen, MD, <i>Senior Quality, Population Health, and Informatics Executive</i>, gave an update from the Quality Oversight Committee (QOC) meeting held on September 24. He focused on four key areas: Healthcare Effectiveness Data and Information Set (HEDIS) metrics, Initial Health Appointments (IHAs), the 2023 Preventive Services Report, and the Cardiovascular Disease Management Program.</p> <p>HEDIS Performance Dr. Sheen highlighted improvements in HEDIS performance in 2023 compared to 2022, with LA Care meeting the Minimum Performance Level (MPL) on 11 of 18 measures, including specific progress in lead screening, topical fluoride, and well-child visits. This overall performance improvement is expected to reduce the number of measures subject to sanctions and the overall total financial penalties by approximately \$550,000 from the previous year, although of note, L.A. Care is still legally appealing the \$800,000 penalty from 2022 due to ongoing concerns over DHCS sanctions methodology .</p> <p>Two developments will further impact financial penalties:</p> <ul style="list-style-type: none"> • Data Barriers for Mental Health and Substance Abuse Follow-Ups: The state acknowledged data limitations for follow-ups after ED visits for mental illness and substance abuse, leading to a waiver of penalties for these measures. • Asthma Medication Ratio (AMR): LA Care's lower-than-expected AMR performance in 2023 was actually due to data mapping issues. Missing data from certain drug codes affected score 	

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	<p>calculations. LA Care is appealing to the Department of Health Care Services (DHCS) to recalculate this measure, which could further reduce penalties. When the data mapping issues are corrected, L.A. Care’s AMR performance clearly exceeded MPL.</p> <p>Dr. Sheen also discussed improvement in the Covered California Quality Transformation Initiative (QTI) measures, notably in blood pressure control, colorectal cancer screenings, and diabetes management, driven by targeted interventions and upcoming financial incentives for both providers and members.</p> <p>Initial Health Appointments (IHAs) IHAs remain a significant challenge, with a completion rate of around 30%, with slight year-over-year improvements. IHAs require a comprehensive initial assessment for Medi-Cal members within 120 days of enrollment, covering physical and mental health history, risk assessments, preventive screenings, and more. Challenges include:</p> <ul style="list-style-type: none"> • Access to Care: Providers struggle to bring members in for IHAs, despite knowing the importance of the requirement. • Provider administrative and documentation burdens • Members may not come in for IHA even when PCPs try to get them in • Documentation: Proper documentation is crucial, as missing any IHA component results in no credit. Members can also be removed from the denominator if they refuse the IHA or if providers document three outreach attempts. But providers also often have challenges with documenting these exclusions. <p>To address these challenges, Dr. Sheen outlined several initiatives:</p> <ul style="list-style-type: none"> • Provider Engagement: LA Care has implemented, performance reviews and scorecards to monitor and improve IHA metrics. Monthly meetings with provider groups review performance and review strategies to increase IHA completion. There is also a provider incentive in place. • Member Outreach: LA Care has updated member welcome kits. We have also expanded member outreach through text message and phone campaigns targeting high-risk members to encourage IHA completion. <p>2023 Preventive Services Report Dr. Sheen summarized the results of the 2023 preventive services report, emphasizing key services and preventive measures implemented for members. Details of this summary were brief but focused on aligning preventive care with long-term health goals.</p>	

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	<p>Cardiovascular Disease Management Program</p> <p>Dr. Sheen concluded with updates on the cardiovascular disease management program, though specifics on program advancements were not detailed.</p> <p>Dr. Roybal raised concerns about the extensive documentation requirements for the IHA, noting that multiple screening tools, such as hepatitis screenings, make compliance burdensome for providers. He suggested exploring ways to ease this documentation load, possibly by providing asynchronous tools that can supply necessary information back to providers. He also inquired about whether access surveys conducted by the organization include calls specifically for IHA appointments to capture data on access for new appointments. Dr. Sheen stated that data is collected on new visits and new appointments. Member Roybal commented on the challenges of meeting the 120-day Initial Health Appointment (IHA) requirement, pointing out that high patient-to-provider ratios, especially when providers contract with multiple entities, restrict access for members. He suggested that reassessing patient assignments could improve access and help meet compliance targets. He also noted that IHAs are increasingly lengthy, with new requirements adding to providers' workloads each year. Dr. Sheen agreed with Dr. Roybal's concern about high patient-to-provider ratios, noting that Health Services supports considering this factor in the contracting process. Dr. Sheen noted that Initial Health Assessments (IHAs) should be considered for members re-enrolling in Medi-Cal. If an IHA was already completed it could count, even if conducted with a different provider or health plan. However, the challenge lies in ensuring providers are aware of this and are then able to access this prior IHA information, potentially saving costs by avoiding duplicate assessments.</p> <p>Member Vazquez asked that as a member, how can she make sure that her clinic, her provider is participating in all these studies. She would like to know how she can make sure that her provider is participating in all these studies. Dr. Sheen clarified that the Preventive Services Report (PSR) utilizes a sampling methodology, which includes Los Angeles and L.A. Care. Dr. Sheen emphasized that LA Care evaluates performance across various measures (MCAS, HEDIS, STAR) by provider group and aims to support providers and members equitably, despite data challenges and the network's large size.</p>	
FSR OVERVIEW AND UPDATE (QUARTER 1 TO QUARTER 2, 2024) AND IHA OVERVIEW AND	<p>Elaine Sadocchi-Smith, <i>Director, Facility Site Review (FSR), Director, Population Health Management</i>, gave a FSR Overview and Update (Quarter 1 to Quarter 2, 2024) & Initial Health Assessment Overview and Update (<i>a copy of the presentation can be obtained from Board Services</i>).</p> <p>Report Content & Background</p>	

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<p>UPDATE</p>	<p>FSR and Medical Record Review (MRR) are essential audits that ensure quality and compliance within facilities. Both audits evaluate critical criteria, with FSR focusing on 156 standards and MRR on 147. Each criterion set carries a minimum passing score of 80%, reflecting the level of adherence needed for compliance.</p> <p>Key Findings: Q1-Q2 2024 From January through June 2024, FSR and MRR audits were conducted, emphasizing areas where facilities met or fell short of compliance. The audits offered a snapshot of overall facility performance, assessing their alignment with quality care standards and identifying specific strengths and weaknesses in their operations.</p> <p>Challenges in FSR and MRR The presentation highlighted notable challenges encountered during these audits. These included logistical and operational barriers in facilities, such as documentation inconsistencies, limited resources affecting compliance, and areas where clarity in standards may have been lacking. These issues prompted a reassessment of approaches to support facilities in achieving compliance.</p> <p>Actions Taken To address these challenges, corrective actions were implemented across FSR and MRR activities. This involved providing targeted support to facilities, offering clear guidelines to ensure understanding of compliance standards, and introducing streamlined processes to enhance audit efficiency. Training and resources were provided to facilities where recurring issues were observed, aiming to build capacity and prevent future compliance risks.</p> <p>Future Vision and Strategy for FSR Looking ahead, the presentation outlined a strategic plan focused on sustainable compliance improvements. This included enhancing audit methodologies, refining the criteria to better reflect evolving standards, and leveraging technology to improve data accuracy and audit processes. The strategy emphasized collaboration with facilities to foster a culture of continuous improvement.</p> <p>Member Roybal inquired about the new requirements for hepatitis B and C screenings, he said that beyond conducting the tests, a risk assessment is also necessary. He asked for clarification on the specific tools to be used for these risk assessments and asked whether such tools are included in the enduring documentation provided to the medical group. Ms. Sadocchi-Smith responded that it is included in the comprehensive assessment guide that L.A. Care provides to provider groups. Member Roybal asked whether there is a process to ensure consistency in evaluations across clinics within large health systems, such as Kaiser or the Department of Health Services, where different health plans may evaluate separate clinics within the same system. He emphasized the importance</p>	

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	of consistent scoring, given that these clinics often use the same medical records and processes, and questioned whether steps are taken to align evaluations across different reviewers. Ms. Sadocchi-Smith explained that they are implementing a mini Inter-Rater Reliability (IRR) process with collaborative health plans, including Health Net. Her team meets monthly to review any score variances, with the DHCS APL 20-017 guideline allowing up to a 10% variance. When variances approach or exceed 10%, Health Net and LA Care address these discrepancies together, a practice that has been ongoing for several years.	
APPROVE UTILIZATION MANAGEMENT PROGRAM DESCRIPTION AND PROGRAM EVALUATION (COM 101)	<p>Tara Nelson, BSN, RN, <i>Senior Director, Utilization Management (UM)</i>, presented the following motion (<i>a copy of the 2023 UM Program Evaluation and 2024 UM Program Description can be obtained from Board Services</i>):</p> <p><u>MOTION COM 101</u> To approve the following documents:</p> <ul style="list-style-type: none"> • 2023 UM Program Evaluation • 2024 UM Program Description 	<p>Approved unanimously. 3 AYES</p>
ADJOURNMENT	The meeting adjourned at 4:15 p.m.	

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

APPROVED BY:

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