



L.A. Care
HEALTH PLAN
For All of L.A.

BOARD OF GOVERNORS MEETING

June 1, 2023 • 1:00 PM

L.A. Care Health Plan

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



ELEVATING
HEALTHCARE
IN LOS ANGELES COUNTY
SINCE 1997

Statement

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

Overview

Committed to the promotion of accessible, affordable and high quality health care, L.A. Care Health Plan (Local Initiative Health Authority of Los Angeles County) is an independent local public agency created by the State of California to provide health coverage to low-income Los Angeles County residents. Serving more than 2.8 million members in four product lines, L.A. Care is the nation's largest publicly operated health plan.

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

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

Programs

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



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

L.A. Care Membership by Product Line – As of May 2023	
Medi-Cal	2,722,040
L.A. Care Covered	127,275
D-SNP	18,039
PASC-SEIU	49,268
Total membership	2,916,622
L.A. Care Providers – As of April 2022	
Physicians	5,709
Specialists	13,534
Both	364
Hospitals, clinics and other health care professionals	14,276
Financial Performance (FY 2022-2023 budget)	
Revenue	\$8.6B
Fund Equity	\$1,143,510
Net Operating Surplus	(\$90,772)
Administrative cost ratio	5.2%
Staffing highlights	
Full-time employees (Actual as of September 2021)	1,911
Projected full-time employees (FY 2021-2022 budget)	1,945





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

DRAFT

L.A. Care Health Plan, 1055 W. 7th Street, Conference Rooms 1017-18, 10th Floor
Los Angeles, CA 90017

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

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

<https://lacare.webex.com/lacare/j.php?MTID=m482c947a291a89009f485f298af29100>

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

English Meeting Access Number: 2498 406 2618 Password: lacare

Spanish Meeting Access Number: 2481 937 9928 Password: lacare

Hector De La Torre

One Guadalajara
Avenida Periférico Poniente Manuel Gómez
Morin 7306, Zapopan, Jalisco 45010, Mexico

Hilda Perez

L.A. Care Community Resource Center
3200 E Imperial Hwy, Lynwood, CA 90262

Supervisor Hilda L. Solis

San Gabriel Valley Field Office
1441 N. Santa Anita Avenue, South El Monte, CA 91733

For those not attending the meeting in person, public comments on Agenda items can be submitted in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420.

Attendees who log on to lacare.webex using the URL above will be able to use “chat” during the meeting for public comment. You must be logged into WebEx to use the “chat” feature. The log in information is at the top of the meeting Agenda. The chat function will be available during the meeting so public comments can be made live and direct.

1. The “chat” will be available during the public comment periods before each item.
2. To use the “chat” during public comment periods, look at the bottom right of your screen for the icon that has the word, “chat” on it.
3. Click on the chat icon. It will open two small windows.
4. Select “Everyone” in the “To:” window,
5. The chat message must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.
6. Type your public comment in the box that says “Enter chat message here”.
7. When you hit the enter key, your message is sent and everyone can see it.
8. L.A. Care staff will read the chat messages for up to three minutes during public comment so people who are on the phone can hear the comment.

You can send your public comments by voicemail, email or text. If we receive your comments by 1:00 P.M., June 1, 2023, it will be provided to the members of the Board of Governors in writing at the beginning of the meeting. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must include the name of the item to which your comment relates.

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

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

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

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

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act (ADA) please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org.

Welcome

Al Ballesteros, MBA, *Chair*

1. Approve today's Agenda *Chair*
2. Public Comment (*Please read instructions above.*) *Chair*
3. Approve Consent Agenda Items *Chair*
 - May 4, 2023 Board of Governors Meeting Minutes p.17
 - Appointment of Alex Li, MD, as member to the Technical Advisory Committee **(BOG 100)** p.49
 - BIG Language Solutions & Avantpage Contracts Amendments **(FIN 100)** p.50
 - Cognizant Contract for Healthcare Effectiveness Data and Information Set (HEDIS) and Align. Measure. Perform (AMP) Services **(FIN 101)** p.52
 - Delphix Corporation Contract Amendment to expand Delphix Data Masking Solution and enhance L.A. Care's Data Security and Compliance platform **(FIN 102)** p.53
 - Cognizant Technology Solutions and HCL America, Inc. Contract Amendment for Information Technology Staff Augmentation **(FIN 103)** p.54
 - Cognizant Technology Solutions for continued Hosting Services for the QNXN and CCA Core Systems **(FIN 104)** p.55
 - Imagenet, LLC Contract Amendment for Scanning Solution Services **(FIN 105)** p.56
 - Authorized Signatories for L.A. Care Health Plan and L.A. Care Health Plan Joint Powers Authority Bank & Investments Accounts **(FIN 106)** p.57
 - *Authorized Signatories for L.A. Care Health Plan and L.A. Care Health Plan Joint Powers Authority Bank & Investments Accounts* **(JPA FIN 100)** p.58
4. Chairperson's Report *Chair*
5. Chief Executive Officer Report p.59
 - SB 510 Litigation Update
 - Monthly Grants & Sponsorship Reports p.77John Baackes
Chief Executive Officer
6. Chief Medical Officer Report p.79Sameer Amin, MD
Chief Medical Officer

Advisory Committee Reports

7. Executive Community Advisory Committee Hilda Perez / Layla Gonzalez
Consumer member and Advocate member

8. Children’s Health Consultant Advisory Committee Tara Ficek, MPH
CHCAC Chair
9. Technical Advisory Committee Sameer Amin, MD

Committee Reports

10. Executive Committee *Chair*
- Government Affairs Update **p.102** Cherie Compartore
Senior Director, Government Affairs
 - Financial Support For Mayor’s Fund of Los Angeles Housing Program (**EXE 100**) **p.217** John Baackes
11. Finance & Budget Committee Stephanie Booth, MD
Committee Chair
- Chief Financial Officer Report **p.227** Afzal Shah
Chief Financial Officer
 - Financial Report – April 2023 (**FIN 107**) **p.238**
 - Monthly Investment Transactions Reports – April 2023 **p.249**
12. Compliance & Quality Committee Stephanie Booth, MD
Committee Chair
13. Public Comment on Closed Session Items (*Please read instructions above.*) *Chair*
- ADJOURN TO CLOSED SESSION (Estimated time: 60 minutes)** *Chair*

14. CONTRACT RATES
Pursuant to Welfare and Institutions Code Section 14087.38(m)
- Plan Partner Rates
 - Provider Rates
 - DHCS Rates
15. REPORT INVOLVING TRADE SECRET
Pursuant to Welfare and Institutions Code Section 14087.38(n)
Discussion Concerning new Service, Program, Marketing Strategy, Business Plan or Technology
Estimated date of public disclosure: *June 025*
16. 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)
17. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
- *PIH Whittier & PIH Downey v. L.A. Care* (L.A.S.C. Case No. 19STCV18084, filed May 24, 2019), consolidated with:
 - *PIH Whittier & PIH Downey v. L.A. Care* (L.A.S.C. Case No. 21NWCV0052, filed Jan. 27, 2021)
 - *PIH Whittier & PIH Downey v. L.A. Care* (L.A.S.C. Case No. 22NWCV00596, filed Jul. 14, 2022)

18. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:
Four Potential Cases
19. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
 - Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680
 - Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF
20. PUBLIC EMPLOYEE PERFORMANCE EVALUATION
Pursuant to Section 54957 of the Ralph M. Brown Act
Title: Chief Executive Officer
21. CONFERENCE WITH LABOR NEGOTIATOR
Pursuant to Section 54957.6 of the Ralph M. Brown Act
Agency Designated Representative: Alvaro Ballesteros, MBA
Unrepresented Employee: John Baackes

RECONVENE IN OPEN SESSION

Chair

Adjournment

Chair

The next meeting is scheduled on July 27, 2023 at 1 PM and 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.

NOTE: THE BOARD OF GOVERNORS CURRENTLY MEETS ON THE FIRST THURSDAY OF MOST MONTHS AT 1:00 P.M.

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

1. At L.A. CARE'S Website: <http://www.lacare.org/about-us/public-meetings/board-meetings>
2. L.A. Care's Offices at 1055 W. 7th Street, Los Angeles, CA 90017 through the Reception Area in the Building Lobby, or
3. by email request to BoardServices@lacare.org

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda and meeting materials have been posted will be available for public inspection by email request to BoardServices@lacare.org

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

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



Schedule of Meetings

June 2023

Monday	Tuesday	Wednesday	Thursday	Friday
			1 <i>Board of Governors Meeting</i> 1 PM <i>(for approx. 6 hours)</i>	2
5	6	7	8	9
12	13	14 <i>ECAC Meeting</i> 10 AM <i>(for approx. 2 hours)</i>	15 <i>Compliance & Quality</i> 2 PM <i>(for approx. 2 hours)</i> <i>RCAC 10</i> 2 PM <i>(for approx. 1-1/2 hours)</i>	16 <i>RCAC 1</i> 10 AM <i>(for approx. 1-1/2 hours)</i>
19	20 <i>RCAC 3</i> 10 AM <i>(for approx. 1-1/2 hours)</i>	21 <i>RCAC 6</i> 10 AM <i>(for approx. 1-1/2 hours)</i>	22	23
26	26 <i>RCAC 2*</i> 10 AM <i>(for approx. 1-1/2 hours)</i> <i>*Date has changed due to holiday or L.A. Care Special events</i> <i>RCAC 5</i> 2:00 PM <i>(for approx. 1-1/2 hours)</i>	28 <i>Finance & Budget Committee Meeting</i> 1 PM <i>(for approx. 1 hour)</i> <i>Executive Committee Meeting</i> 2 PM <i>(for approx. 2 hours)</i>	29	30



	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
BOARD OF GOVERNORS	<p>1st Thursday 1:00 PM <i>(for approximately 3 hours)</i> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p> <p><i>*All Day Retreat – location TBD</i> <i>***Placeholder meeting</i></p>	<p>June 1 July 27 <i>No meeting in August</i> September 7* October 5** November 2 December 7</p>	<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Jackie Contreras, PhD Hector De La Torre Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. Hilda Perez G. Michael Roybal, MD, MPH Supervisor Hilda L. Solis Nina Vaccaro, MPH</p> <p>Staff Contact: John Baackes <i>Chief Executive Officer, x4102</i> Linda Merkens <i>Senior Manager, Board Services, x4050</i></p>
BOARD COMMITTEES			
EXECUTIVE COMMITTEE	<p>4th Wednesday of the month 2:00 PM <i>(for approximately 2 hours)</i> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p> <p><i>*2nd Wednesday due to Thanksgiving holiday</i></p>	<p>June 28 <i>No meeting in July</i> August 23 September 27 October 25 November 15* <i>No meeting in December</i></p>	<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Hilda Perez <i>Compliance & Quality Committee Chair</i></p> <p>Staff Contact: Linda Merkens <i>Senior Manager, Board Services, x4050</i> Malou Balones <i>Board Specialist III, Board Services x4183</i></p>

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

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
COMPLIANCE & QUALITY COMMITTEE	<p>3rd Thursday of the month 2:00 PM <i>(for approximately 2 hours)</i> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>	<p>June 15 <i>No meeting in July</i> August 17 September 21 October 19 November 16 <i>No meeting in December</i></p>	<p>Stephanie Booth, MD, <i>Chairperson</i> Alvaro Ballesteros, MBA Hilda Perez G. Michael Roybal, MD, MPH</p> <p>Staff Contact: Victor Rodriguez <i>Board Specialist II, Board Services x 5214</i></p>
FINANCE & BUDGET COMMITTEE	<p>4th Wednesday of the month 1:00 PM <i>(for approximately 1 hour)</i> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p> <p><i>*2nd Wednesday due to Thanksgiving holiday</i></p>	<p>June 28 <i>No meeting in July</i> August 23 September 27 October 25 November 15* <i>No meeting in December</i></p>	<p>Stephanie Booth, MD, <i>Treasurer</i> Al Ballesteros, MBA Hilda Perez 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>Monthly - TBD L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>		<p>George Greene, Esq., <i>Chairperson</i></p> <p>Staff Contact: Linda Merkens <i>Senior Manager, Board Services, x4050</i></p>
AUDIT COMMITTEE	<p>L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p> <p>MEETS AS NEEDED</p>		<p>Hector De La Torre Layla Gonzalez George Greene</p> <p>Staff Contact Malou Balones <i>Board Specialist III, Board Services, x 4183</i></p>
GOVERNANCE COMMITTEE	<p>L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>		<p>Hilda Perez, <i>Chairperson</i> Stephanie Booth, MD Layla Gonzalez Nina Vaccaro, MPH</p>

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

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

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<p align="center">L.A. CARE COMMUNITY HEALTH PLAN</p>	<p>Meets Annually or as needed L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>		<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Jackie Contreras, PhD Hector De La Torre Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. Hilda Perez G. Michael Roybal, MD, MPH Supervisor Hilda Solis Nina Vaccaro, MPH</p> <p>Staff Contact: John Baackes, <i>Chief Executive Officer, x4102</i> Linda Merkens, <i>Senior Manager, Board Services, x4050</i></p>
<p align="center">L.A. CARE JOINT POWERS AUTHORITY</p>	<p>L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p> <p><i>*All Day Retreat – location TBD</i></p> <p><i>**Placeholder meetings</i></p>	<p>June 1 July 27 <i>No meeting in August</i> September 7* October 5** November 2 December 7</p>	<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Jackie Contreras, PhD Hector De La Torre Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. Hilda Perez G. Michael Roybal, MD, MPH Supervisor Hilda Solis Nina Vaccaro, MPH</p> <p>Staff Contact: John Baackes, <i>Chief Executive Officer, x4102</i> Linda Merkens, <i>Senior Manager, Board Services, x4050</i></p>

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PUBLIC ADVISORY COMMITTEES			
<p>CHILDREN'S HEALTH CONSULTANT ADVISORY COMMITTEE GENERAL MEETING</p>	<p>3rd Tuesday of every other month 8:30 AM <i>(for approximately 2 hours)</i></p> <p>L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>	<p><i>No meeting in July</i> August 15 September 19 November 21</p>	<p>Tara Ficek, MPH, Chairperson</p> <p>Staff Contact: Victor Rodriguez <i>Board Specialist II, Board Services/x 5214</i></p>
<p>EXECUTIVE COMMUNITY ADVISORY COMMITTEE</p>	<p>2nd Wednesday of the month 10:00 AM <i>(for approximately 3 hours)</i></p> <p>L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>	<p>June 14 <i>No meeting in July</i> August 9 September 13 October 11 November 8 December 13</p>	<p>Fatima Vasquez, Chairperson</p> <p>Staff Contact: Idalia Chitica, <i>Community Outreach & Education, Ext. 4420</i></p>
<p>TECHNICAL ADVISORY COMMITTEE</p>	<p>Meets Quarterly 2nd Thursday of meeting month 2:00 PM <i>(for approximately 2 hours)</i> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>	<p>August 10 November 9</p>	<p>Staff Contact: Victor Rodriguez <i>Board Specialist II, Board Services/x 5214</i></p>

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REGIONAL COMMUNITY ADVISORY COMMITTEES			
<p align="center">REGION 1 ANTELOPE VALLEY</p>	<p>3rd Friday of every other month 10:00 AM <i>(for approximately 2-1/2 hours)</i> L.A. Care Family Resource Center 2072 E. Palmdale Blvd. Palmdale, CA 93550 (213) 438-5580</p>	<p>June 16 August 18 October 20 December 15</p>	<p>Russel Mahler, <i>Chairperson</i></p> <p>Staff Contact: Kristina Chung, Field Specialist Cell Phone (213) 905-8502 <i>Community Outreach & Education</i></p>
<p align="center">REGION 2 SAN FERNANDO VALLEY</p>	<p>3rd Monday of every other month 10:00 AM <i>(for approximately 2-1/2 hours)</i> L.A. Care Family Resource Center 10807 San Fernando Rd. Pacoima, CA 91331 (844) 858-9942</p>	<p>June 26 * August 21 October 16 December 18</p> <p><i>*Dates have changed due to holidays or L.A. Care Special events</i></p>	<p>Estela Lara, <i>Chairperson</i></p> <p>Staff Contact: Martin Vicente, Field Specialist Cell Phone (213) 503-6199 <i>Community Outreach & Education</i></p>
<p align="center">REGION 3 ALHAMBRA, PASADENA AND FOOTHILL</p>	<p>3rd Tuesday of every other month 10:00 AM <i>(for approximately 2-1/2 hours)</i> Robinson Park Recreation Center 1081 N. Fair Oaks Ave. Pasadena, CA 91103 (626) 744-7330</p>	<p>June 20 August 15 October 17 December 19</p>	<p>Cynthia Conteas-Wood, <i>Chairperson</i></p> <p>Staff Contact: Frank Meza, Field Specialist Cell phone (323) 541-7900 <i>Community Outreach & Education</i></p>
<p align="center">REGION 4 HOLLYWOOD-WILSHIRE, CENTRAL L.A. AND GLENDALE</p>	<p>3rd Wednesday of every other month 9:30 AM <i>(for approximately 2-1/2 hours)</i> Community Resource Center Metro LA 1233 S. Western Ave. Los Angeles, CA 90006 (213) 428-1457</p>	<p>July 20 September 21 November 16</p>	<p>Sylvia Poz, <i>Chairperson</i></p> <p>Staff Contact: Kristina Chung, Field Specialist Cell Phone (213) 905-8502 <i>Community Outreach & Education</i></p>

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

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

<p align="center">REGION 5 CULVER CITY, VENICE, SANTA MONICA, MALIBU, WESTCHESTER</p>	<p align="center">3rd Monday of every other month 2:00 PM <i>(for approximately 2-1/2 hours)</i> Veterans Memorial Bldg Multipurpose Room 4117 Overland Avenue Culver City, CA 90230 (310) 253-6625</p>	<p align="center">June 26 * August 21 October 16 December 18</p>	<p align="center"><i>Maria Sanchez, Chairperson</i></p> <p>Staff Contact: Cindy Pozos, Field Specialist Cell phone (213) 545-4649 <i>Community Outreach & Education</i></p>
<p align="center">REGION 6 COMPTON, INGLEWOOD, WATTS, GARDENA, HAWTHORNE</p>	<p align="center">3rd Thursday of every other month 10:00 AM <i>(for approximately 2-1/2 hours)</i> Community Resource Center Inglewood 2864 W. Imperial Highway Inglewood, CA 90303 (310) 330-3130</p>	<p align="center">June 21 August 16 October 18 December 20</p>	<p align="center"><i>Andria McFerson, Chairperson</i></p> <p>Staff Contact: Frank Meza, Field Specialist Cell phone (323) 541-7900 <i>Community Outreach & Education</i></p>
<p align="center">REGION 7 HUNTINGTON PARK, BELLFLOWER, NORWALK, CUDAHY</p>	<p align="center">3rd Thursday of every other month 10:00 AM <i>(for approximately 2-1/2 hours)</i> Community Resource Center Norwalk 11721 Rosecrans Ave. Norwalk, CA 90650 (562) 651-6060</p>	<p align="center">July 18 September 19 November 21</p>	<p align="center"><i>Fatima Vasquez, Chairperson</i></p> <p>Staff Contact: Martin Vicente, Field Specialist Cell Phone (213) 503-6199 <i>Community Outreach & Education</i></p>
<p align="center">REGION 8 CARSON, TORRANCE, SAN PEDRO, WILMINGTON</p>	<p align="center">3rd Friday of every other month 10:30 AM <i>(for approximately 2-1/2 hours)</i> Community Resource Center Wilmington 911 N. Avalon Ave. Wilmington, CA 90744 (213) 428-1490</p>	<p align="center">July 21 September 15 November 17</p>	<p align="center"><i>Ana Romo – Chairperson</i></p> <p>Staff Contact: Hilda Herrera, Field Specialist Cell phone (213) 605-4197 <i>Community Outreach & Education</i></p>

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AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2023 MEETING SCHEDULE / MEMBER LISTING**

<p align="center">REGION 9 LONG BEACH</p>	<p>3rd Monday of every other month 10:00 AM <i>(for approximately 2-1/2 hours)</i> Community Resource Center Long Beach 5599 Atlantic Ave. Long Beach, CA 90805 (213) 905-8502</p>	<p align="center">July 17 September 18 November 20</p>	<p>Tonya Byrd, <i>Chairperson</i></p> <p>Staff Contact: Kristina Chung, Field Specialist Cell Phone (213) 905-8502 <i>Community Outreach & Education</i></p>
<p align="center">REGION 10 EAST LOS ANGELES, WHITTIER AND HIGHLAND PARK</p>	<p>3rd Thursday of every other month 2:00 PM <i>(for approximately 2-1/2 hours)</i> L.A. Care East L.A. Family Resource Center 4801 Whittier Blvd Los Angeles, CA 90022 (213) 438-5570</p>	<p align="center">June 15 August 17 October 19 December 21</p>	<p>Damara Hernández de Cordero, <i>Chairperson</i></p> <p>Staff Contact: Hilda Herrera, <i>Field Specialist</i> Cell phone (213) 605-4197 <i>Community Outreach & Education</i></p>
<p align="center">REGION 11 POMONA AND EL MONTE</p>	<p>3rd Thursday of every other Month 10:00 AM <i>(for approximately 2-1/2 hours)</i> Pomona Community Resource Center 696 W. Holt Street Pomona, CA 91768 (909) 620-1661</p>	<p align="center">July 19 September 20 November 15</p>	<p>Maria Angel Refugio, <i>Chairperson</i></p> <p>Staff Contact: Frank Meza, Field Specialist Cell phone (323) 541-7900 <i>Community Outreach & Education</i></p>

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Board of Governors
Regular Meeting Minutes #317
May 4, 2023



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 **
 Hilda Perez **
 G. Michael Roybal, MD, MPH
 Nina Vaccaro, MPH

Management

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

**Absent*

*** via teleconference*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>WELCOME</p>	<p>Al Ballesteros, <i>Board Chairperson</i>, called to order the regular meeting of L.A. Care Health Plan Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors at 1:09 p.m. The meetings were held simultaneously.</p> <p>Chairperson Ballesteros welcomed Dr. Jackie Contreras, PhD, Director of Los Angeles County Department of Public and Social Services (DPSS) as the newest member of the Board of Governors. Dr. Contreras stated that she is happy to be a member of the Board, DPSS partners closely with L.A. Care and it is exciting to see the work from a new perspective.</p> <p>He announced that those attending the meeting in person who wish to submit a public comment should use the form provided. For those with access to the internet, the materials for today’s meeting are available on the L.A. Care website.</p> <p>He welcomed everyone and thanked those who have submitted public comment by voice mail, text or email. He informed participants that for those using the video software during the meetings; the “chat” function will be available to provide live and direct public comment to everyone participating in the virtual meeting. The Chat feature will be open throughout the meeting for public comment.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Board Members have received in writing the voice messages and written public comments sent before the meeting. All comments sent before and during the meeting were read for up to three minutes. All are welcome to provide input.</p>	
<p>APPROVAL OF MEETING AGENDA</p>	<p>PUBLIC COMMENT <i>Andria McFerson commented that she thinks the Agenda today is very eventful and is proper protocol. But with the RCACs need to be able to discuss things as well. With the RCACs if we can have a democratic process exercising the Robert’s Rules of Order, the Brown Act, and whatever the case may be professionally. With that being said, RCACs have 75 minutes on the Agenda with staff speaking, really 85. So they were not able to actually even converse with each other and discuss necessary things in order to better the health care treatment for the people they represent. It is very important that they honor that and she honors the Board saying that the Agenda is great and is very much appreciated.</i></p> <p>The agendas were approved as presented.</p>	<p>Unanimously approved by roll call. 9 AYES (Ballesteros, Booth, Ghaly, Gonzalez, Greene, Perez, Roybal, Solis, and Vaccaro) 1 ABSTENTION (Contreras) <i>Member De La Torre was listening to the meeting and not voting as his location was not listed on the Agenda.</i></p>
<p>PUBLIC COMMENTS</p>	<p><i>Andria McFerson commented that basically ECAC was in a missed schedule meeting that was cancelled by staff, then a later date was given, March 27 or something like that. It was labelled a listening session. They had no way of communicating with the information that was given to them; talking about it or actually filing a motion and voting on things. That’s scary. Because this is not a dictatorship and they should have equal opportunity to speak. The last RCAC members were told in 75 minutes of the staff speaking. She has love for everyone, including the staff, but they can only do what they are told to do. It was basically stated that the RCACs will no longer be here, but will turn into focus groups. With that being said, who will choose the people who participate in the focus groups? What are the topics at hand? How can someone know how the community is affected and formulate a plan and a focus group if RCAC members can’t get together and talk about those things anymore? It defeats the whole purpose. And it is uneventful, but we need to have the opportunity to file a motion on what needs to happen at this point. Because after June, there may not even be RCACs anymore. There will be transitional ECACs, but even after that, why are we there unless we are able to talk about how they need better mental health services for the homeless guy laying on the street in front of her house. She went to the Downtown Santa Monica Board meeting, and they were talking about \$1.7 million that they want to</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>spend on security. She got up and said she agrees that security is needed in Santa Monica, but asked that they address the elephant in the room: an apple a day keeps the doctor away. When one takes the time out to talk to that person, give them food, or give them an apple, they are more willing to discuss things with you and you need that psychological evaluation to see the next step in helping that person to get off the streets. And they were not talking about that, they were talking about security. That's why she thinks it's important to speak up and talk about different things that are happening on a day-to-day basis. She asked that the RCACs remain.</i></p> <p>John Baackes, <i>Chief Executive Officer</i>, suggested that there be a future Agenda item about the proposal to restructure the RCACs, which was discussed at the listening session. The Board of Governors will eventually consider the proposal.</p> <p><i>Elizabeth Cooper commented that she likes Mr. Ballesteros' sense of humor and hopes it will continue while she speaks. On behalf of her son, Jonathan, she welcomes the DPSS, she feels the service corps is very caring and she has written many letters to thank them. She welcomed the members. She asked that Board Members Layla Gonzalez and Hilda Perez, regarding the information they have received. She made the effort to come here today regarding the proposal about the RCACs. The legislation signed by Governor Wilson and approved by the legislature under the enabling legislation, it is her opinion that no action can be taken on changes to the RCACs unless the legislature and the Chief Executive Officer, Governor Wilson. She respects everyone but is deeply concerned. Also because RCAC members spent 75 minutes. Rules for the RCAC members must be brought to ECAC and ECAC brings it to the Board of Governors. The Board of Governors must get approval from the County Board of Supervisors and the legislators. She reads the rules and tries to stay in compliance with the rules and The Ralph M. Brown Act. All of that must be considered before the rules are changed. If one is going to talk the talk, make sure you walk the walk. She knows that some might want to change the rules. She respects the Chairperson and Mr. Baackes. She was part of the committee when the RCACs were first formed and she is part of the enabling legislation. She was grandfathered in. She is concerned about something that happened at her RCAC. She is deeply concerned about how the RCAC Chair <unintelligible>. She is a member, she believes in diversity and she works with diversity. She is deeply concerned about what happened at her April 17 meeting. She felt the current Chair was very rude to her compared to other members. She is</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>there to listen to issues. She believes in diversity and she believes in cultural diversity. But that is not right. The Chair is supposed to facilitate the meeting, not remove two members when they raise their hands in good faith. She trusts in the members of the Board and Staff to please take notice of comments. She invited them to visit RCAC meetings. She asked the board to take an emergency vote: the RCACs should not have an election next month until all the candidates have been vetted. Because when they sit on there they could be discussing policy. There should not be an election next month when all the candidates have not been vetted, and she does not know their position. None of the changes should be made until it goes to the Ralph M. Brown Act. Her RCAC did not receive 75 minutes. She asked that Board Members take notice of her comments.</i></p> <p>Chairperson Ballesteros welcomed Ms. Cooper to the meeting, and he asked if Jonathan Cooper was also at the meeting. Ms. Cooper responded that Jonathan was not at the meeting, but has public comment.</p> <p><i>On behalf of Jonathan Cooper, Elizabeth Cooper wished everyone a Happy Mother's Day.</i></p>	
<p>APPROVE CONSENT AGENDA ITEMS</p>	<p>PUBLIC COMMENT</p> <p><i>Elizabeth Cooper asked about the motions on the Consent Agenda because everything that the Board votes on impacts the public and the members.</i></p> <p>Mr. Baackes noted that the items on the Consent Agenda were reviewed at the Finance & Budget and the Executive Committee meetings, and are brought for the final approval by the Board of Governors. The motions were vetted at those public meetings.</p> <p><i>Mary Jo Fernando asked about ratification of an Amendment to L.A. Care's Medi-Cal Contract.</i></p> <p>Mr. Baackes noted that in terms of ratifying an amendment with California Department of Health Care Services (DHCS), there are routine amendments to the Medi-Cal contract that are very technical in nature. He does not recall the terms of this particular amendment but he does not think it is of material consequence and at least doesn't affect member benefits. Augustavia Haydel, Esq., <i>General Counsel</i>, noted that this is a ratification of the Amendment because DHCS gave a very short timeframe for L.A. Care to sign the agreement. Ratification means that the Board is approving the signature of the Agreement between L.A. Care and DHCS. There were</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>technical changes in the contract. The redlined version of the contract is included in the meeting materials.</p> <p><i>Ms. Fernando expressed her appreciation for the explanation.</i></p> <p><i>Andria McFerson commented that protocol before we received an Agenda and a whole meeting packet a ways before the actual BoG meeting so they can look at it, research it, look it up in a book, talk to the community about how it affects them and then come to the meeting and talk about different issues and how it would affect, positively or negatively, the community that we represent. Now they don't get that mailed to them anymore. They may get an email two days before the meeting. That defeats the whole process of an advisory committee, to be able to tell the Board exactly what is affecting the community and if this is a good thing or a bad thing. When the Board gets together and votes on certain things, genuinely, they want to come and tell the Board how it would affect them beforehand; before the Board actually makes the coinciding general consensus, whatever you want to call it, decision on that particular item, the Board needs to know how in sense it would affect them first. That is what they were just basically stating that they may need the packet beforehand, so they can honestly say how they feel about it and how it affects the community.</i></p> <ul style="list-style-type: none"> • April 6, 2023 Board of Governors Meeting Minutes • Ratify execution of Amendment to L.A. Care's Medi-Cal Contract No. 04-36069 with the Department of Health Care Services <u>Motion EXE 100.0523</u> To approve execution by L.A. Care Chief Executive Officer, John Baackes, of one Amendment to Medi-Cal Contract (04-36069). • Delegation of authority to negotiate and execute the delegation amendments to the Plan Partner Services Agreements with Kaiser Foundation Health Plan, Inc., and Blue Cross of California and Ratification of the execution of the delegation amendment to the Plan Partner Services Agreement with Blue Shield of California Promise Health Plan <u>Motion EXE 101.0523</u> To approve and/or delegate authority to L.A. Care Chief Executive Officer, John Baackes, to negotiate and execute Amendments to Plan Partner Services Agreements between L.A. Care Health Plan and Kaiser, Anthem Blue Cross, and 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Promise, and to ratify any non-substantive changes to the associated Amendments which may be made or negotiated by the Chief Executive Officer and/or his designees.</p> <ul style="list-style-type: none"> • Quarterly Investment Report <u>Motion FIN 100.0523</u> To accept the Quarterly Investment Report for the quarter ending March 31, 2023, as submitted. • Health Dialog Contract Amendment <u>Motion FIN 101.0523</u> To extend contract term with Health Dialog to provide Nurse Advice Line for three additional years (September 2023 to August 2026) and Health & Wellness Platform services for additional four months (September 2023 to December 2023) in the amount of \$8,720,000 for a new aggregate contract total of \$17,720,000. • Integrated Healthcare Association Contract Amendment <u>Motion FIN 102.0523</u> To authorize staff to amend SOW 1 with the Integrated Healthcare Association to extend the term for 3 years through May 31, 2026, and increase the total compensation by \$1,207,658, from \$1,000,000 to \$2,207,658. • O'Neil Digital Solutions, LLC Contract Amendment <u>Motion FIN 103.0523</u> To authorize staff to amend a contract with O'Neil Digital Solutions, LLC in the amount of \$1,000,000 (total amount not to exceed \$3,000,000), through June 30, 2024 for electronic and/or printing and mailing services. 	<p>Unanimously approved by roll call. 9 AYES (Ballesteros, Booth, Ghaly, Gonzalez, Greene, Perez, Roybal, Solis, and Vaccaro) 1 ABSTENTION (Contreras)</p>
<p>CHAIRPERSON'S REPORT</p>	<p><i>Elizabeth Cooper commented that there are many new faces, and she asked who they are and who they represent. She sees wonderful people sitting on the Board. The Chairperson's report is vital to the members.</i></p> <p>Mr. Baackes introduced staff members and board members (<i>names are listed at the top of these minutes</i>).</p> <p>Chairperson Ballesteros reported that he has been talking with Ms. Cooper about some issues she has raised about the Regional Community Advisory Committees (RCACs) and the communication about the proposed restructure. He has communicated her concerns to staff</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>and Board representatives. Mr. Baackes indicated earlier that there will be an item on a future Agenda about the RCACs and the advisory committees.</p> <p>Chairperson Ballesteros attended the L.A. Care provider recognition event.</p>	
<p>CHIEF EXECUTIVE OFFICER REPORT</p>	<p>PUBLIC COMMENT</p> <p><i>Andria McFerson commented that she spoke earlier about a program to help the homeless, that would give direct communication to someone who needs assistance but is either afraid or ashamed or may feel as though it is uneventful. Empathy training for the shelters, service providers and everyone from the PCP to the staff members in the offices. They need to be able to better communicate with people who may have mental limitations, chronic illnesses that affect them emotionally. There also are people who may have been domestically abused and they are homeless now too. L.A. Care can work directly with a volunteer program or with the Department of Mental Health to have a group go out on a regular basis with a positive note basically stating that they are only there to help and give them an apple a day, letting them know that they do have resources and they have people who actually care. Once they do decide to initiate some sort of relationship with the person, they can have a mental evaluation to see what is the next step. Then next step could be AA, VA assistance, or a safer location. People who have learning disabilities have nowhere to go after 12th grade. If there could be an evaluation to uplift them and let them know that they do have another step to take in life. There are training classes for people who may have disabilities, mental or physical, but it is almost depressing. She has been there. When one has a disability or have been abused, harassed, whatever the case may be, one can feel they can never own anything in life and will never be sitting right up here talking to the Board helping make critical decisions in order to help people just like you. She feels like that has happened to her because she was running for a BoG seat. But the person that was to refer her from an organization she fought hard to be in, was told by staff that she has to give her social security number and have a background check to talk about her and what she has done for the organization. She does not feel that is why she is here. She appreciates the Board and wishes them luck. She wants them to know what happens to certain people.</i></p> <p><i>Elizabeth Cooper decided not to make a public comment for this item.</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Mr. Baackes reported that the redetermination process for Medi-Cal eligibility is the most critical issue this year. All 2.7 million members will need to complete redetermination of eligibility in the next 12 months. Notifications began to be mailed to Medi-Cal beneficiaries in mid-April. Notification was either that the member did not have to complete the application because DPSS had the necessary information available, or that the application must be completed. L.A. Care has extensively reported on preparation work. The key messages for members now, are:</p> <ul style="list-style-type: none"> • Update your contact information <ul style="list-style-type: none"> - Make sure the county has your current contact information, if it has changed. This way, the county can contact you about your Medi-Cal. If your information has changed, you can update it online at benefitscal.com or by calling DPSS at 1-866-613-3777. • Create or check your online account <ul style="list-style-type: none"> - You can sign up to receive alerts on your case. Create or log into your BenefitsCal account to get these alerts. You may submit renewals or requested information online. • Check your mail <ul style="list-style-type: none"> - The county will mail you a letter about you Medi-Cal eligibility. You may need to complete a renewal form. • Complete your renewal form (if you get one) <ul style="list-style-type: none"> - If you receive a renewal form in the mail, submit your information by mail, phone, in person, or online so you do not lose your coverage. • Watch out for scammers <ul style="list-style-type: none"> - There is no cost to renew your Medi-Cal! <p>Other L.A. Care outreach includes:</p> <p>Provider Engagement</p> <ul style="list-style-type: none"> • Redetermination provider webpage on L.A. Care website • Provider webinar training • Provider toolkit to include: <ul style="list-style-type: none"> • Key messages and FAQs on how providers can support the renewal process • Referral process to CRCs and CBOs for renewal assistance for members • Animations for sharing on websites and provider offices • Provider poster <p>Member Engagement</p> <ul style="list-style-type: none"> • Text campaign • Robocall campaign • Social media campaign 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Animations • Member newsletters • Reminder postcards for disenrolled members • Bus shelters & media ads • Digital marketing • Health promoter training • Flyer for RCACs / community members • Outreach to UIS members / procedural terms <p>DPSS & Plan Partner Collaboration</p> <ul style="list-style-type: none"> • Memorandum of Understanding (MOU) in process to allow sharing of L.A. Care Medi-Cal member renewal data from DPSS to support proactive member outreach – estimated June 2023; and • To allow DPSS to ingest Medi-Cal contact and demographic changes from L.A. Care Plan Partners <p>Mr. Baackes wanted Board Members to know that outreach is underway. L.A. Care is hopeful that the outreach will be highly successful and will be watching carefully the amount of redeterminations to be conducted automatically. It is estimated that up to 45% of the renewals will be done automatically.</p> <p>Board Member Solis asked if alternative language access was on request. Acacia Reed, <i>Chief Operating Officer</i>, reported there is a tagline in all communication directing how to access the information in an alternative language or format. Board Member Solis asked about training for contact with members who come into the Community Resource Centers (CRCs) for assistance with redetermination. Mr. Baackes reported that an organization was contracted to provide certified enrollers.</p> <p>Board Member Solis mentioned that there are some different indigenous languages spoken now in Los Angeles County, and she hopes information will be available in those languages. Mr. Baackes noted that the indigenous languages have come up and are being addressed in L.A. Care’s medically tailored meal delivery.</p> <p>Chairperson Ballesteros asked about individuals whose benefits have expired but still qualify for Medi-Cal, and how quickly access can be restored. Board Member Contreras noted that there is a 90-day cure period in which members can reinstate benefits through a variety of ways, or the beneficiary can reapply for Medi-Cal.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Board Member Ballesteros asked about how services can be accessed if there is a gap in coverage. Mr. Baackes noted that L.A. Care is concerned about a gap in coverage and is anxious to get information quickly about members who may not have responded to the mailing, so direct outreach can be made.</p> <p>Board Member Greene commented that hospitals are focused on this issue as well, because those who cannot access care or get prescribed medication may come to the emergency department at a hospital without health care coverage. This is very important to hospital providers.</p> <p>Board Member Contreras noted that information was sent in April, and reminders will be sent. If information is still not received, DPSS will call the beneficiary and another notice will be sent. DPSS is working to anticipate and capture as many renewals as possible. DPSS is tracking the members carefully.</p> <p>Board Member Greene noted that many Medi-Cal members have moved during the public health emergency. All the work being done by organizations to renew coverage are greatly appreciated. There may be some that fall through the gaps but the work will help mitigate the number of members who do not renew.</p> <p>Board Member Vaccaro asked if the list of beneficiaries from DPSS has been shared with community clinics and health centers. Mr. Baackes noted that the agreement for providing the names is expected to be executed very soon. Prior to the public health emergency, L.A. Care had around 30-40,000 members each month become ineligible, and then renewed the following month.</p> <p>Board Member Booth asked about how the data will be shared. Board Member Contreras reported that from June 2023 to May 2024, information about renewals would be shared with health care providers monthly.</p> <p>Board Member Gonzalez asked about call center volume at DPSS and preparations for assisting members. Board Member Contreras reported there is a rise in call volume, but noted that it is not unusual to see higher call volume at the beginning of the month. Medi-Cal does not require an interview. Renewals can be mailed in, and once DPSS receives the information, all negative action is stopped. Beneficiaries can still come in to an office or call for assistance.</p> <p>Mr. Baackes asked Sameer Amin, MD, <i>Chief Medical Officer</i>, to comment on an important update on the Homeless and Housing Incentive Program. Dr. Amin reported that L.A. Care recently announced an investment of \$80 million over multiple years to address homelessness crisis in Los Angeles County. Earlier in 2023, the Los Angeles County Board of Supervisors declared a state of emergency to expedite resources to support the unhoused in collaboration with the Los</p>	

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	<p>Angeles County Homeless Initiative (CEOHI). The investments will initially fund two major strategies:</p> <ol style="list-style-type: none"> 1. Securing leasing on as many as 1900 housing units, paying for vacancy coverage, damage repair, trash services, greenspace maintenance and things like pest control, to help secure housing for people suffering from homelessness, and 2. Identifying the needs of unhoused people through field assessments to determine who requires assistance with activities of daily living, to move into permanent housing, which is especially important due to the growing number of seniors experiencing homelessness and people with disabilities. <p>L.A. Care strongly believes in these two strategies. The unit acquisition is meant to braid together L.A. Care’s funding with other sources that are specifically tied to different populations with different restrictions. When the sources are braided together, a holistic program can be realized to acquire units, and can secure leases in whole buildings to help eliminate the discrimination that is in the community and get people into housing quickly. When housing vouchers are used, not only does it take a long time to get a housing voucher, it takes even longer to get into a home. The current design will help eliminate a lot of discrimination and will allow people to get into a rental location because of the ability to guarantee resources other than just the lease.</p> <p>The second strategy is because current resources are for people who do not need assistance with daily living. People experiencing homelessness often need help with tasks like bathing, dressing or getting in or out of bed. These people are often deemed too needy for placement and remain unsheltered for longer periods. Sending assessment teams to shelters and other interim housing sites as well as identifying people who need other assistance will help get people into housing faster, keeping in mind their needs for health equity.</p> <p>Board Member Solis asked if Board Member Ghaly could describe some of the services being provided in Los Angeles County. Board Member Ghaly asked Dr. Amin to explain how this funding stream, which comes from the state, will be protected after the state funding is completed. She asked about long term sustainable funding and how it overlaps with California Advancing and Innovating Medi-Cal (CalAIM). She also asked about street engagement and outreach activities.</p> <p>Dr. Amin noted that there are multiple finance sources for the program. One is CalAIM, which is the basis for L.A. Care’s Homeless Housing and Support Services (HHSS) department. That department oversees two major initiatives for Cal AIM: housing navigation and tenancy supports. These are funded through a separate source with a hope that over time, the Department of Healthcare Services (DHCS) will have long term funding as a benefit or through</p>	

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	<p>a different funding source. Much of the funding ends up going to Los Angeles County Department of Health Services (DHS) as the main provider of many of those services.</p> <p>The Housing and Homelessness Incentive Program (HHIP) is has a completely different funding stream. As L.A. Care reaches metrics established for the program, additional funding becomes available. In the first measurement period, L.A. Care is supporting the two initiatives above through a grant with the CEOHI.</p> <p>The third item is street medicine, a new specialty that L.A. Care supports. It is a new way to get health care to members who are without a home, and will directly provide medicine and services to people on the streets. This could include mental health.</p> <p>Dr. Amin asked Afzal Shah, <i>Chief Financial Officer</i>, to describe the sustainability of funding for these programs. Mr. Shah reported that HHIP is a one-time funding. L.A. Care will be eligible for a total of \$290 million. The leasing agreements in phase one will be for five or ten years. There is not yet a solution beyond that. In terms of HHSS funding, he will follow up. L.A. Care is exploring all options to continue these programs.</p> <p>Board Member Ghaly thanked him for the explanation. The sustainability is paramount. She clarified that the County DHS Housing 4 Health is the implementation arm for the work Los Angeles County is doing and is not the primary owner; it is really the CEOHI. A variety of the challenges experienced with CalAIM is rate inadequacy, which needs to be managed with the state, but it is also a lack of sustainability in the funding streams. For housing and homelessness services, the secret of success is in sustaining the programs over many years, and potentially indefinitely, for certain populations. Even tenancy support and housing navigation services are built into the Centers for Medicare and Medicaid Services (CMS) rates, and these are not things that go away or that can be ramped down. Sustainable funding could be an area for advocacy with the state, on which DHS will continue to work with L.A. Care. Community Supports also has a short-term post hospitalization funding which provides rental subsidy for a certain number of months, but has not yet been implemented by L.A. Care. She asked if that might be an opportunity for some additional funding. Board Member Ghaly noted that there is so much to be done for the epidemic of homelessness and the incredible need for services, in particularly hard hit communities, and one thing that the County has been very active on is the Skid Row Action Plan. It is exciting that the focus is on Skid Row, the area that has been the hardest hit in the country. There is a long history of need in that impoverished community. She would love to see if there are opportunities for L.A. Care to partner with Los Angeles County on helping to build up services in that community, using HHIP funds to supplement the work of Skid Row Action Plan in some of the health supportive services to be built in that area.</p>	

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	<p>Dr. Amin thanked Board Member Ghaly for her comments. L.A. Care is discussing sustainability internally.</p> <p>Mr. Baackes added that this is a concern from the beginning of the CalAIM funding, as it has been an issue in too many other programs with one-time funding. Just as we are finding with the coalition L.A. Care built to get a ballot initiative for Medi-Cal funding, a collaboration is much stronger in moving the funding. A plan working with the County and other community-based organizations, like the hospital association, it can be much more effective.</p> <p>Board Member Solis thanked Board Member Ghaly for her comments and the staff for clarification about the funding. She suggested that a presentation to the Board at a future meeting could be developed with County staff to show the types of services that will be available and what that change can mean. It is important to share with the public. Mr. Baackes noted that the programs are very complex and clarity will be very important.</p> <p>Board Member Perez asked Dr. Amin to provide information to the ECAC meeting on May 10.</p> <p>Mr. Baackes continued his report with an update on issues brought by hospitals. Last Thursday there was a brainstorming forum with clinical staff from 80 skilled nursing facilities and discharge planners from 30 hospitals to address issues raised around discharge of patients from inpatient care that need to go to a skilled nursing facility for continued progress. There is a problem in that movement taking place in a timely fashion. The brainstorming session was to bring together the people that make the process work to build collective solutions to making the transfer happen more timely. It was acknowledged that the hospitals are full, and a patient lingering in a bed who does not need hospital-level services is denying the care from another patient who needs it. The session was well received and specific issues were identified and will be discussed further in a follow up session on May 31, where work will start on putting solutions together. The issue is not a problem for just one organization to resolve, a solution will be reached with all working together. Of those attending, everyone agreed that the vast majority of the transfers go very smoothly every day. There are some clinically difficult patients, sometimes a skilled nursing facility does not have the staff to care for that patient, and those are cases where more cooperation is needed. He invited Dr. Amin to share his thoughts about the brainstorming session.</p> <p>Dr. Amin reported that he spent a majority of his time with staff from the skilled nursing facilities to hear about the issue and try to figure ways to address the situation. Better communication among all of the entities would solve many of the problems. A list of items was developed, and L.A. Care will be working on those items. He agreed with Mr. Baackes that the solutions will need collaboration among all the entities.</p>	

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	<p>Mr. Baackes reported that L.A. Care is current in payments to skilled nursing facilities. L.A. Care also pays higher rates to skilled nursing facilities than other health plans. Mr. Afzal confirmed that data from DHCS shows that L.A. Care’s cost per day for nursing facilities and acute inpatient hospitals is at least 10% higher than other health plans in Los Angeles County. The latest data provided is two years old.</p> <p>Mr. Baackes noted that since the transfer issues were raised and are being widely discussed, L.A. Care is being asked to participate in the process much more frequently, and L.A. Care is increasing staffing to meet the demand.</p> <p>Mr. Baackes reported that coverage for observation days and for administrative days in hospitals has been a nagging problem for years. L.A. Care has constructed a contract amendment to review with participating hospitals for payment of observation and administrative days. It is expected this will clear up a great number of claims appeals.</p> <p>Mr. Baackes noted that addressing these issues would require additional staff. Since the beginning of the current fiscal year on October 1, 2022, L.A. Care has added 233 new positions and filled them. This is over a 10% increase. In April 2023, 63 staff positions were filled. Unfortunately, L.A. Care is competing with clinics and hospitals in recruiting staff.</p> <p>Mr. Baackes noted that the Provider Relations Advisory Committee (PRAC) was approved by the Executive Committee and will be discussed later in this meeting. Board Member Greene has agreed to serve as the initial Chairperson.</p> <p>Board Member Greene commented that the hospital community is very appreciative that L.A. Care and its leadership team have shown by their actions that they are listening to the issues raised by the providers. L.A. Care has demonstrated a desire to collaborate, listen and take action. There is an ongoing dialog over the past several years with Mr. Baackes and the Los Angeles hospital leadership group. Out of these conversations, there have been opportunities to create forums to discuss particular issues and develop action items. Board Member Greene and Mr. Baackes have had discussions to follow up on the commitments made by L.A. Care in response to recommendations made by hospitals caring for L.A. Care members. Board Member Greene stated that he and Mr. Baackes align on the process moving forward. He appreciates that the PRAC will be a forum to directly address some of those issues in a public manner and bring them to the Board of Governors. He recognized Mr. Baackes and the leadership team for the actions that have been taken and acknowledged there is still work to be done. As long as there is transparent and open dialog, he is confident that they can all move forward together to keep L.A. Care members at the center of everything they do. Hospitals, clinics and skilled nursing facilities will keep the patients in the center. He applauds Mr.</p>	

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	<p>Baackes and his team for the steps taken and looks forward to continued work on improvements.</p> <p>Board Member Solis commended Mr. Baackes and his team, along with the Governing Board, for moving quickly on these items. We need to continue to monitor the progress and make sure timelines on metrics and a dashboard to reflect the accomplishments are being achieved and progress made. She is happy to hear that L.A. Care was able to hire so many people so quickly. Mr. Baackes credits the HR department and other staff for the recruitment efforts.</p> <p>Mr. Baackes congratulated Alex Li, MD, L.A. Care’s new <i>Chief Health Equity Officer</i>.</p> <p>For the last five years, L.A. Care has held a Provider Awards recognition dinner. The event is to honor the individual providers and medical groups who have improved quality performance as measured through the Value Initiative for IPA Performance (VIIP) report cards. Mr. Baackes remembers that during the first dinner, a provider expressed appreciation to L.A. Care for the recognition. <i>(There was a technical issue and the intended video clip could not be shown.)</i></p> <p>Mr. Ballesteros commented that he attended the event and it was evident to him that the people being recognized at the event were very appreciative. The pride they take in the recognition of the work the providers do for L.A. Care members was obvious.</p>	
<ul style="list-style-type: none"> Quarterly 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"> Department of Managed Health Care Enforcement Matter 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>	
ADVISORY COMMITTEE REPORTS		
<p>Executive Community Advisory Committee (ECAC)</p>	<p>PUBLIC COMMENT <i>Fresia Paz, RCAC 10, asked about access to the CalAIM services.</i></p> <p>Board Member Ghaly responded that there are many different aspects of CalAIM, and almost all of the connections to those services would happen through the primary care provider. Board Member Ghaly offered to speak with Ms. Paz after the meeting to help her.</p>	

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	<p><i>Ms. Paz asked if the provider is aware of the programs.</i></p> <p>Board Member Ghaly responded that many of the components of CalAIM have been implemented but providers have differing stages of readiness. It would be better to work through Ms. Paz’ specific needs offline. L.A. Care can help facilitate the connection to services. The programs that L.A. Care offers are available. Mr. Baackes offered to have staff talk with Ms. Paz. Board Member Ghaly responded that there are two broad categories; one is Enhanced Case Management (ECM) that is available through the providers. The second category is Community Supports, which connects with services such as housing and other services.</p> <p><i>Elizabeth Cooper, RCAC 2, asked about redetermination of eligibility for those who are dually eligible, which is the responsibility of the Department of Social Services. Parents of the duals who are L.A. Care members are rare and it cries out for attention and a response. The DPSS is very culturally sensitive and she appreciates the DPSS.</i></p> <p>Mr. Baackes responded that duals go through the same redetermination process for Medi-Cal benefits.</p> <p><i>Ms. Cooper asked that Board Members Gonzalez and Perez take note of her recommendation that the terms be extended until the election is determined. Chairperson Ballesteros said that it would be discussed, but it cries out to “hold the brakes for a while” until there is a determination that the Ralph M. Brown Act has been complied with and that the Board has vetted it. She thanked the Chairperson for his attention. She thanked Board Members Gonzalez and Perez for their services. She wants to be sure that the people who get elected to the seats that they now occupy are competent, culturally competent and informed persons and can make decisions like the ladies and gentlemen seated here. It cries out for delay, delay. In a democracy, it doesn’t matter as long as it’s done right. A democracy doesn’t exist if it is done wrong. She appreciates the role of both Layla Gonzalez and Hilda Perez, whether she agrees or disagrees, but it’s not whether she agrees or disagrees, but it matters who sits in those seats.</i></p> <p><i>Andria McFerson thinks it’s important that RCAC and ECAC members work together. When they first started out, they started advocating for L.A. Care, with the community, with the state, and all other aspects, just to make it so L.A. Care had a more broader arrangement of all types of outreach and people who actually had L.A. Care Health Plan who are low income. Because there was a lack thereof at first.</i></p>	

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	<p><i>That was 25 years ago. We have one person here that kind of helped start that out, that's Ms. Cooper. That's why she cannot do anything but thank Ms. Cooper because if it weren't for people like her, we wouldn't all be here. Or maybe just a few of us, and that's it. She knows that L.A. Care is trying to reach out to the community and have different programs and things like that so we can better homelessness, better doctor care, and all of these things. That is the reason why they are here. If L.A. Care has anything that they need to do as far as outreach goes, they are willing to do it. That is what they have been doing before. We would go to different events that people had, organizations, schools and all kinds of different things, and have tables with necessary information about L.A. Care and what it provides. They are still totally willing to do that when it comes to the redetermination process as well. As far as employees go, there are plenty, but there are willing volunteers. They are here. If there is any way to come up with some sort of program or focus group, to have people who are here that want to do that community outreach, give them an opportunity to do it. People like her, she is disabled and a doctor told her she can't even work anymore. She has had a couple of seizures right here. But this is how she gives back. Because she has worked two jobs all her life. The only way that she feels that she is doing something important is by helping people just like her. Give them an opportunity to give back to the community, they would love that. The last meeting they had, give props to the committee members was the Executive and the Health Promoter appreciation lunch. It was in a tight space, as big as the table here. There were only 30 of them. The translation equipment wasn't working. And someone, it wasn't her fault, but it almost ripped the tubes out of her nose to where she can breathe. She knows that L.A. Care appreciates them, but they are willing to do a lot more and be taken seriously. She thanked the Board.</i></p> <p><i>Estela Lara, RCAC 2, commented that not only do providers receive awards, so do ECAC Chairs. The Chairs at the ECAC received awards on April 27. This award says L.A. Care Volunteer Award presented to Estela Lara (and it has five stars), in recognition of your outstanding dedication to the Executive Community Advisory Committee and for your commitment to the health and well-being of the L.A. County community, April 27, 2023. She wants the board to see that the same way that providers had a beautiful smile and were all happy, they were ecstatic. She thinks these should be given out every five years, not wait until 20 years or when you retire. They are very grateful and they want another one next year, because they do</i></p>	

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	<p><i>a lot of work in between, not just every five years. She thinks this was the first one because she didn't get one before.</i></p> <p>Mr. Baackes noted that this was the first time the awards were given.</p> <p><i>Ms. Lara commented that she is very happy to receive the recognition, and it feels good in her heart. An increase in the meeting stipend would be even better. She thanked the Board. The members are really fun. The Chairs at the Executive Community Advisory Committee represent the RCAC members in the 11 Regions. She invited Board Members to the RCAC meetings, and her RCAC meets in June. They will be talking about the election. She thanked Layla Gonzalez and Hilda Perez for their wonderful work. It is marvelous to receive recognition. <inaudible> representation of all our members, 2.9 million members.</i></p> <p>Board Member Layla Gonzalez reported that the first in person ECAC meeting was held on April 12, after three years of the public health emergency. She thanked everyone listening to the Board meeting today and to the RCAC and ECAC members and public that were able to attend in person today. We appreciate your attendance and welcome your comments, suggestions and questions.</p> <p>Members here in person today:</p> <ol style="list-style-type: none"> 1. Gladis Alvarez 2. Fresia Paz 3. Amanda Calzada 4. Ana Rodriguez 5. Celia Hernandez 6. Maria Alvarez 7. Nereyda Ibarra 8. Maria Mendez 9. Elizabeth Cooper 10. Andria McPerson 11. Mary Jo Fernando 12. Estela Lara <p>Dr. Amin gave Chief Medical Officer Update and he spoke about the restructure of Health Services, L.A. Care's programs to address housing instability, and the School Behavioral Health Program.</p>	

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	<p>In his CEO update, Mr. Baackes emphasized the importance of members updating their address and phone number with DPSS so that the Medi-Cal redetermination information would reach them. He explained earlier today that members would be receiving a letter in a yellow envelope. He spoke about housing and homelessness, and the progress being made on the L.A. Care programs.</p> <p>Dr. Li reported that he is developing a program to address the needs and create partnerships with community organizations to address health equity.</p> <p>There was a Volunteer Recognition Event on April 28 for RCAC members. Ms. Lara did a great job describing it earlier. It was a very emotional day because many people had not received a public thanks in a long time, especially during the public health emergency. It was wonderful to be recognized for all the work they had done during the emergency. It was a very nice event and she is glad to see that many people were thankful for receiving the awards.</p> <p>ECAC members expressed concern in making same day appointments with medical providers for urgent needs, and the difficulty in having medical providers listen to member needs when multiple medical issues are presented at the doctor visit. ECAC members also expressed concern about stipends and food at consumer advisory committee meetings, as many members depend on the stipends and appreciate the much-needed meal as the price of food continues to rise. Members have also expressed issues with Call The Car (CTC). When CTC contacts the member, the representative asked for the date of birth without asking for the member's name. This makes the member leery about the possibility of a scam. She asked that staff talk to CTC to let them know to ask for the member name first. She asked that L.A. Care take into consideration when contracting with hospital to have the hospital update the urgent care center information.</p> <p>Board Member Hilda Perez thanked the Board Members, for their comments, for making sure the comments are all-inclusive and that L.A. Care reaches out to every person to make sure the eligibility redetermination is completed and there is no loss of coverage. For those who mentioned their name every time they speak, it is helpful for those who are connected via WebEx. She thanked Chairperson Ballesteros and Mr. Baackes for allotting time for staff to come to the meeting to explain and clarify the upcoming changes and upgrades to the structure of the advisory committee meetings. With the addition of the focus groups and roundtables, members feel that finally they are able to reconvene to in person meetings. Now we can wait until 2024 to meet again and in the meantime, staff is working on all of these changes. Francisco Oaxaca, <i>Chief of Communications and Community Relations</i>, provided the information at the special meeting and the last ECAC meeting as well. Ms. McFerson spoke about the time</p>	

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	<p>that staff spent during the last few meetings about the restructure. It would be helpful to have time for members to ask questions and for staff to explain the restructure.</p> <p>The volunteer recognition event took place on April 27 in the same room where the Board meeting is held. Validation and recognition is always good and always nice. For her, the awards she received are for those RCAC members and members of the community that benefited from her actions. With regard to the RCAC members present who did not get an award in recognition of their advocacy and for their caring for others, regardless of the situation they go through, her recognition of them is an award in her heart.</p> <p>With regard to L.A. Care’s efforts on the eligibility redetermination progress, the L.A. Care Health Promoters who are volunteers received recognition at the event as well. Health Promoters are part of L.A. Care’s redetermination efforts.</p> <p>Board Member Perez thanked Ms. Cooper for her comments. She is honored that she would like her to stay for the rest of the term. Ms. Perez has been a member of the Board for 11 years. She believes that another person with dynamic ideas is needed. Board Member Perez has two children who are young adults. Her youngest, who is autistic, is going to college and that requires a lot of her time. Even though she feels that setting an example for them as a public health advocate is important, they do need her. She is happy to be present, even if it is virtually. She thanked Ms. Cooper for advocating and always mentioning her son, Jonathan. She thanked all the Moms, biological or not, or those who have embraced, raised and mentored someone or otherwise made sure of their well-being. Mother’s Day is this month, and ECAC will meet on May 10, Dia de les Madres. She has great respect and admiration for Moms, because they are the biggest part of the well-being of the family. Moms make sure everyone is taken care of, that the children make their appointments, and put healthy food on the table. Most of the time Moms put themselves at the end of the line, but for her they are at the front of the line.</p>	
BOARD COMMITTEE REPORTS		
Executive Committee	<p>PUBLIC COMMENT</p> <p><i>Elizabeth Cooper, RCAC 2, commented she is glad to be able to speak here. She speaks for the voiceless, for those who are not present but who speak to her. She was born in the South and had a challenging time. That is why she speaks. She speaks for the homeless, she speaks for those who cannot speak and for those who tell her thank you, Ms. Cooper, you are saying what I am saying. She speaks for justice and for democracy. She speaks for those who would like to be here. She asked if Government Affairs is considering the update on the food stamps. It was reduced after the emergency. There is a bill being submitted by the State Senator in</i></p>	

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	<p><i>the San Fernando Valley and she doesn't know the status. She asked if someone could tell her. Give the basic minimum for those people who are receiving food, and we talk about hunger. Hunger depends on who is in office and who doesn't get in office. She asked for support for the bill (she thinks it is SB661). People can call their state senator. Members of the committee and members of the audience, if you believe in making sure that children and people who are denied food stamps. That is a very important program, and it cries out for support. She would like the Board to please look into that and support it. That is one of the issues she is concerned about. She has said what she wanted to say and the Board gave her the opportunity to speak. She came here for a reason, not just to sit. She came to listen. She wants to say, thank you. She does speak for justice, she speaks for voting rights and for participation. She didn't come here to be a potted plant.</i></p> <p>Chairperson Ballesteros reported that the Executive Committee met on April 26 (<i>approved meeting minutes can be obtained by contacting Board Services and will be available on the website</i>).</p>	
<ul style="list-style-type: none"> Government Affairs Update 	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported that staff is looking into the bill Ms. Cooper mentioned and they will let her know.</p> <p>At the federal level, the Centers for Medicare and Medicaid Services (CMS) issued two proposed rules that will impact the Medicaid and Children's Health Insurance Program (CHIP) with several substantial changes to the policies by establishing national standards for wait times. It would also require states to conduct secret shopper type of surveys on complying with wait times as well as some provider directory requirements. States would be required to expand on the disclosure of fee for service and managed care payments in those programs. L.A. Care is reviewing the proposed rules. Comments are due on July 3. L.A. Care is working with national and state trade associations and L.A. Care will likely submit its independent comment as well. CMS recently released a proposed rule that would affect Deferred Action for Childhood Arrivals (DACA) recipients. If finalized it would allow DACA recipients to enroll in Medicaid, CHIP as well as Covered California, and would have access to federal subsidies. Currently, DACA can enroll in Medi-Cal, and costs are funded by California. This rule would require federal funding of the program for DACA. DACA recipients have not been able to enroll in Covered California. This rule would allow them to enroll, effective November 1, 2023. L.A. Care will submit a comment letter supporting these changes in the rules.</p> <p>The federal government will hit the debt ceiling early this year, putting a lot of pressure on Congress and the President to come to an agreement to raise the debt ceiling before June 1. It will be a long process and will require a bipartisan agreement on the solution. Last week, Kevin McCarthy, Speaker of the House, and the Republicans, released a proposal that would place</p>	

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	<p>work requirements on certain Medicaid beneficiaries. This would fall on childless adults. People under 18 or over 56 years of age, people with mental or physical disabilities and parents of dependent children would be exempt from the work requirement. About 2/3rds of Medicaid beneficiaries would be exempt. One cannot assume that this will never happen, but this is a non-starter with Democrats. L.A. Care is working with trade associations and has reached out to the members of the Los Angeles Congressional Delegation individually on this issue. L.A. Care will continue to carefully monitor the legislation.</p> <p>In California, there has been legislation introduced related to hospital funding. The California Hospital Association has asked for \$1.5 billion in funding for hospitals facing immediate financial crises. A bill was heard in California Senate Budget Committee and was passed unanimously out of the committee. That bill would provide \$150 million in immediate loans to the hospitals facing financial crises. It would likely take effect in June 2023. Many of the Senators on the Committee were not enamored with the bill overall. They felt it was vague and lacked guardrails and did not identify the hospitals that would be able to get loans. It was approved as an immediate stopgap that would help sustain hospitals until solutions that are more permanent can be put in place. There was also \$200 million in the Governor’s January Budget Proposal for the Designated State Health Program funding and some limited provider rate increases. The Senate Budget Committee separately released a Budget proposal with \$400 million annually for four years to support hospitals that are struggling financially. This does not come near the \$1.5 billion that CHA is asking. AB 112 would get funding to financially distressed hospitals very quickly and the Budget will likely have funds as well. As the legislature mentioned during the hearing earlier this week, the Managed Care Organization (MCO) Tax could be a long-term fix, if it were to be reinstated by CMS. Some of the funding from MCO could go to the Medi-Cal program and used for things such as seismic safety and workforce development for hospitals.</p> <p>Mr. Baackes added that the CHA is supporting the work of the California Safety Net Coalition (CSNC), and the CHA request for additional funding is outside of that work. The CSNC is advocating for reinstatement of the MCO tax with the proceeds used to supplement Medi-Cal reimbursement to providers. The proposal by CSNC, which has been shared with the Governor’s office, includes some funding for hospitals but the CSNC members agreed that half of the funds would support health care services by community based physicians, like primary care and specialists, in communities where access to care is critically needed. That CSNC has diverse provider groups coming to agreement on its work sends a powerful message. It is hoped that the Governor’s May Budget Revise, to be announced on May 12, will provide support for including the proposal as a state ballot initiative in 2024. If the initiative passes, it would be an amendment to the state constitution permanently directing proceeds from the</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>MCO tax to Medi-Cal supplemental funding, and not to the general state budget. With the Governor’s support of a ballot initiative, it wouldn’t be necessary to spend money to gather signatures to place the initiative on the 2024 ballot. This would be in addition to the other proposed legislation Ms. Compartore described.</p> <p>Ms. Compartore reported that there are two bills related to Cal Fresh, AB 605 and SB 245. AB 605 provides a supplemental benefit expansion program for purchasing fresh, California grown fruits and vegetables. SB 245 may be the bill to which Ms. Cooper referred, and it removes the age limitation and make any individual eligible for the program, if the individual’s immigration status is the sole basis for their eligibility for CalFresh. Government Affairs staff will analyze the bills and will report on L.A. Care’s potential support of each bill.</p> <p>Board Member Booth asked about SB 784. Ms. Compartore will respond at a future meeting. Board Member Greene noted that it is not clear what the process or protocol would be if this were enacted. He believes that some district hospitals are in severely underserved areas, which has led to serious access issues for those communities, with data showing it is leading to bad patient outcomes. It is proposed to lift the ban on corporate practice of medicine in those areas, so the facilities can hire physicians in an effort to improve access to care and improve patient outcomes. Corporate practice of medicine ban has been an issue for a long time in some areas where the data shows bad patient outcomes where they cannot secure physicians. Board Member Greene expressed appreciation for Ms. Compartore’s work in bringing attention to efforts to increase the funding for Medi-Cal, which is extremely important. It has been at least five years since there was an increase in Medi-Cal funding for hospitals. In that time, costs have increased. In California, eligibility and benefits for Medi-Cal have been greatly expanded, which is the right thing to do to provide more health care coverage. Reimbursement needs to match that increased coverage and increased costs. The hospital community appreciates the proposed legislation and recognizes the lack of funding likely will not be solved in one year. A recent report from Kaufman Hall states that over half of the hospitals in California are losing money and are operating in the red. That is not sustainable in this environment. Hospitals appreciate the collaborative efforts with managed care entities in addressing the systemic issue of funding shortfall.</p>	
<ul style="list-style-type: none"> • Authorization to establish a Provider Relations Advisory Committee (EXE 102) 	<p>Mr. Baackes reported that this motion is a result of the Board’s discussion at the April meeting and a motion by Supervisor Solis to create a Provider Relations Advisory Committee (PRAC). Mr. Greene agreed to be the founding Chairperson of the PRAC. A Charter has been drafted for consideration by the PRAC at its first meeting, which is anticipated to be held in June 2023.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Motion EXE 102.0523</u></p> <p>To establish a Provider Relations Advisory Committee (“Committee”) to function as a committee of the Board of Governors (“Board”) with its first regular meeting to be held in June 2023 or as soon thereafter as possible. The Committee will develop a Committee Charter that includes, but is not limited to:</p> <ul style="list-style-type: none"> • identifying and informing the Board of challenges affecting providers in Los Angeles County • recommending opportunities to mitigate those challenges, • reporting to the Board regularly on progress made toward achieving its objectives, • recommending to the Board the number and qualifications of Committee members, scope of matters on which Committee will review, • recommending parameters for the conduct of proceedings, and • Board Member George Greene shall serve as founding Chairperson. <p>Founding Committee members may include Board members, Los Angeles County providers and others. Committee members will be recommended by John Baackes, <i>Chief Executive Officer</i>, and Committee Chairperson Greene, and shall be appointed by the Chairperson of the Board.</p> <p>Mr. Baackes thanked the Board for supporting this important new advisory committee; one that L.A. Care probably should have had a long time ago.</p> <p>Chairperson Ballesteros thanked Board Member Solis for introducing the creation of this committee at the last Board Meeting.</p>	<p>Unanimously approved by roll call. 10 AYES (Ballesteros, Booth, Contreras, Ghaly, Gonzalez, Greene, Perez, Roybal, Solis, and Vaccaro)</p>
<p>Finance & Budget Committee</p>	<p>PUBLIC COMMENT</p> <p><i>Andria McFerson commented that she did not know if this was relevant to the Finance & Budget Committee. She thinks that if there will be a Provider Relations Advisory Committee, there needs to be data from the actual people that are served. When they go to the doctor’s office or something like that, they have some sort of survey after they get seen by the doctor. With that survey, it can be in a locked box, it can even be anonymous. But make it so that the doctors are accountable for their work and make it so that they are seen not just as someone who takes care of people who are low income that has L.A. Care. So they are doing well regardless. No. It makes it so that they are accountable and have sustainability, what the Board asks for, and we know that by the people they actually treat. And that would be great. And she’s talked about that before; having surveys for people so that they can give their honest opinion on how they were treated. And its preventative care,</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>care of chronic illnesses, and all kinds of different things, just by letting people know how you were treated by the doctor and that if you feel it was effective. That would be great. She filed a motion for a survey and just different things like that and it kept being pushed back and pushed back. And now you won't have the RCACs anymore. So we won't have any sort of ad hoc to work with L.A. Care to find some sort of survey that we can reach out to people and they can give their honest opinion about the work that's being done from the their doctors, nurses and care providers. And she thinks that is very important. If there is any way we can come up with some sort of focus groups or anything else having to do with the RCAC members to come up with the necessary questions to ask the people who have received care from the doctors who work directly with L.A. Care, and give their honest opinion. That would be great. She asked the Board to talk about it and please allow members to give their recommendations and let you know about our history and how members have been treated by providers.</i></p> <p>Board Member Booth reported that the Finance & Budget Committee met on April 26 (<i>approved meeting minutes can be obtained by contacting Board Services and are available on the website</i>). The Committee reviewed and approved motions at that meeting that were approved earlier today on the Consent Agenda. She introduced Mr. Shah and Jeffrey Ingram, <i>Deputy Chief Financial Officer</i>.</p>	
Chief Financial Officer Report	<p>Mr. Shah presented Financial Reports for February and March 2023. (<i>a copy of the presentation can be requested by contacting Board Services</i>). Mr. Shah introduced Mr. Ingram.</p> <p>Mr. Shah reviewed the highlights of the financial reports for March, 2023.</p> <p><u>Membership</u> March 2023 membership is under 2.9 million members, with approximately 2.7 million Medi-Cal members. There is a 9,000 member unfavorable variance for Medi-Cal primarily due to the new mandatory managed care population. The forecast included more new members than the actual enrollment. Total membership is about 7,500 members below the 3 + 9 forecast. Due to Exclusively Aligned Enrollment (EAE) Dual Eligible Special Needs Plan (D-SNP)/Non-Exclusively Aligned D-SNP/MCP enrollment there was a shift of 33,000 members who moved from L.A. Care direct Medi-Cal into Plan Partner enrollment, because these members had D-SNP plans with the Plan Partner and Medi-Cal through LA Care. The shift happened in order to make sure the member had the same health plan and providers. This will impact L.A. Care's costs as capitation must be paid retroactive to January 2023. L.A. Care covered some direct costs for these members that will be recouped from the Plan Partners.</p>	

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	<p><u>Consolidated Financial Performance</u> March 2023 net surplus was \$57 million; \$20 million favorable to the forecast.</p> <p>Operating margin is \$11 million favorable to the forecast, driven primarily by favorability in Long-Term Care (LTC) for dates of services prior to January 1, 2023 and Community Based Adult Services (CBAS). L.A. Care receives retroactive payment when it submits claims when a member is in a skilled nursing facility for 90 days or more.</p> <p>Year-to-date, there is a net surplus of \$170 million, \$99 million favorable to the forecast. This excludes the Homelessness Incentive Program (HHIP)/Incentive Payment Program (IPP) funding. Operating margin is favorable by \$71 million, driven primarily by favorability in incurred claims and CBAS.</p> <p>Administrative expense was favorable to the forecast YTD by \$9 million primarily driven by lower spending in consulting fees, software licenses and printing. This is all due to timing, and it is expected that as the fiscal year progresses, due to investments in staffing and hiring, L.A. Care will be at or even above the forecast for administrative expenses.</p> <p><u>Operating Margin by Segment</u></p> <ul style="list-style-type: none"> • Overall Medical Cost Ratio (MCR) is the total healthcare expenses for each line of business divided by the total revenue. • Medi-Cal MCR is 1.5% favorable to forecast of 94.2%. • Cal MediConnect (CMC) program has ended. In the last quarter of 2022, costs were 116%, or 16% higher than revenue for this program. • DSNP MCR is primarily the Medicare component for the CMC population due to regulatory changes. The MCR is lower than forecast due to 2023 Risk Adjustment Factor (RAF.) Staff will continue to monitor the costs for this program. • Commercial lines include Covered California and PASC-SEIU workers. The MCR is slightly higher at 90.4% than the forecast due to decrease in the RAF score. L.A. Care staff has met with most of the providers to work on getting better encounter data and expects improved performance. • HHIP and IPP resulted in a \$29 million operating margin. L.A. Care expects to spend all of the HHIP and IPP funds as those programs progress. <p><u>Reported vs Paid Claims Trend</u> L.A. Care experienced some volatility in paid claims that has stabilized more recently. Attention is focused on recent trends. A key question for 2023 is the accuracy of the expected level of claims Incurred but not Received (IBNR). The 2023 reserve level is still an estimate since there is about a 3-month lag. Staff will continue to monitor.</p>	

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	<p><u>Key Financial Ratios</u> Cash to claims is shown in two different ways. In March, L.A. Care received \$1.2 billion for hospital pass-through payments, which were distributed in April. Excluding the pass through payments, the cash to claims ratio would have been 0.58 and the benchmark is 0.75. This ratio is low because the denominator of this ratio is L.A. Care’s total reserve for all projected claims and the In-Home Support Services (IHSS) balances yet to be settled with DHCS.</p> <p><u>Tangible Net Equity (TNE) and Days of Cash on-Hand</u> March 2023 Fund Balance was \$1.29 billion. For March, excluding the funds for hospitals, the days of cash on hand is 61 days.</p> <p><u>Motion FIN 104.0523</u> To accept the Financial Reports for February and March 2023, as submitted.</p>	<p>Unanimously approved by roll call. 9 AYES (Ballesteros, Booth, Contreras, Ghaly, Gonzalez, Greene, Roybal, Solis, and Vaccaro) Board Member Perez left the meeting briefly and did not vote on this motion.</p>
<ul style="list-style-type: none"> Monthly Investments Transactions Report 	<p>Mr. Shah referred to the investment transactions reports included in the meeting materials (a copy of the report can be obtained by contacting Board Services). This report is provided to comply with the California Government Code and is presented as an informational item. L.A. Care's total investment market value as of March 31, 2023 was \$3.4 billion (\$2.2 billion without hospital pass-through funds)</p> <ul style="list-style-type: none"> \$3.2 billion managed by Payden & Rygel and New England Asset Management (NEAM) (\$2 billion without hospital pass-through funds) \$74 million in Local Agency Investment Fund \$158 million in Los Angeles County Pooled Investment Fund 	
<ul style="list-style-type: none"> Internal Reports Required by Policies 	<p>Mr. Shah referred to the expenditure reports pursuant to internal policies that are included in the meeting materials. The reports relate to business travel and non-travel related expenses and authorization and approval policies and purchases over \$250,000, and sole source purchases over \$250,000.</p>	
<p>Compliance & Quality Committee</p>	<p>Board Member Booth reported that the Compliance & Quality Committee met on April 20. The approved meeting minutes can be obtained by contacting Board Services.</p> <ul style="list-style-type: none"> Mr. Mapp and the Compliance Department presented a Chief Compliance Officer report. <ul style="list-style-type: none"> 2023 Delegation Oversight Audit Work Plan: Compliance conducted 42 audits, 27 of those audits were completed or closed and 15 are still in progress, (those numbers may have changed since the meeting). Delegated entities include Plan Partners, participating physician groups/Independent Physician Associations, specialty health plans and vendors. 33 audits are scheduled to take place between April and January 2024. 	

- Issues Inventory March 2023 Summary: 96 items were listed in the Issues Inventory as of March 31, 2023
 - o 5 items were added to the inventory
 - o 1 duplicate issue was closed
 - o 4 new issues identified
 - o 21 are in process of remediation
 - o 17 existing issues are in process
 - o 1 issue was remediated
 - o The Annual Board Compliance Training is 100% complete
 - o Remediation activities for the issue of Untimely Mail Delivery have been completed. A follow up audit by Internal Audit is planned to occur later in 2023.
- 2023 Internal Audit Plan
 - o There are currently four audits in process:
 - Staffing and talent acquisition process, which assesses the current staff management program to include talent acquisition process, onboarding, and retention oversight.
 - Data Management Governance will assess overall data management governance over data in reports submitted to regulators.
 - Delegation Oversight Auditing and EPO Delegation Oversight Monitoring Programs will be audited for effectiveness. This is an important update so the effectiveness can be assessed earlier in the process.
- Dr. Amin gave a Chief Medical Officer report. Dr. Amin has been visiting FQHCs and community clinics and meeting staff that are providing services to members, as well as speaking to L.A. Care members as well. He received positive feedback and members feel very connected to L.A. Care and the work that it is doing, they feel well taken care of by the community clinics. This has given Health Services a platform to move forward with the services that are being provided to members. Dr. Amin also gave an update about the restructuring of departments in Health Services.
- Henock Solomon gave a report about L.A. Care's Provider Incentives Update. The programs promote provider accountability and align the improvement efforts across all levels of L.A. Care's provider network. In 2021, the physician P4P paid a total of \$20.9 million to 997 providers and \$520K to 60 providers through the Direct Network P4P incentive program. Between 2016 and 2021 there were improvements noted in perinatal care, child immunizations, and chlamydia screening.
- Brigitte Bailey and Marina Acosta reported about Health Equity Quality Initiatives. The NCQA Health Equity Accreditation is on track for submission on December 5, 2023. Call center staff collected Sexual Orientation and Gender Identity data to help identify preferred pronouns, gender, and sexual orientation for members.

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	<p>- Medi-Cal Initiatives: The Medi Cal Performance Improvement Project (PIP) focused on disparities in the Black/African American members in diabetic care. There are continuing efforts focusing on maternal health disparities amongst Black/African American pregnant people.</p> <p>Board Member Perez congratulated the new Chief Financial Officer and thanked him for the way he explains things. She thanked Board Member Booth for the wonderful job she does in reading through all the reports and asking questions.</p>	
<p>PUBLIC COMMENT on Closed Session Items</p>	<p><i>Estela Lara commented that tomorrow, May the 5th is Cinco de Mayo, the 157th commemoration of the anniversary of Mexico's victory over the Second French Empire at the battle of Puebla in 1862, led by General Ignacio Saragosa. It is not, according to popular lore, the Mexican Independence Day. She thanked the Board of Governors, and she thanked Ms. Linda Merkens, Mr. Victor Rodriguez, Ms. Malou Balones for the meetings. They are fantastic for this Board. They are only a 3-unit staff, but they act like a 100 unit staff. Quietly, under the radar, they do all this stuff and no one even knows when errors occur. She sent Victor an email at 9:15 pm yesterday asking what would be done to celebrate today. This morning he responded that there would be chips and salsa. We appreciate that. Mr. Rodriguez, thank you for the chips and salsa today. The only thing missing was guacamole. She invited Board Members to the RCAC meetings. She thanked Board Services and the Board of Governors. It is nice to see the Board Members. The next meeting for RCAC 2 in the San Fernando Valley is on June at the Pacoima Resource Center. It is a fun meeting, a little boisterous - they call us feisty. She thanked Mr. Baackes.</i></p> <p><i>Andria McFerson asked how the Board thinks about the survey, do they think it would be eventful to have surveys for the people who are being treated by the doctors that we are in conglomerance with in some kind of way. She thinks that would be great because people of color and low income people have the highest mortality rate, highest mental illness rate, highest homeless rate and highest chronic illness rate. It is for a reason, so if we could just place all of that right on the front runner so that we can all see what's going on and why is this happening, it would be great. With surveys. And it doesn't necessarily have to mean that they have to put all of their information, just something basically stating how they were treated by their PCP. That's it. There's nothing wrong with that, is there? Her second question was, will they still have the RCACs? After June, are the RCACs just gone? Do we have a right to vote on that at all? Was there a democratic process that we voted on so that they all agreed on giving that to the Board and the Board actually making that decision? I don't think so. So after June, we should still have the RCACs. And if the Board makes that decision today, please know that I'm pretty sure most of the RCAC members, the ones who she's talked to, they still want to be here. They want to advocate, and they still want to give back to the community and help L.A. Care. Her third question is about Juneteenth. Will they be working with organizations, churches, anyone else with Juneteenth. Giving back necessary information to the community about what L.A. Care does and the resources that they have, in order to better their health care? That would</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>be great, being that Black People have the highest mortality rate, chronic illness rate. That would be great if we are able to give back to the churches and just different things like that - maybe sponsors, maybe have tables for them, whatever the case may be, so they can have some sort of assistance in giving back to the community necessary information in order to adhere to the necessities of health care for all. With regard to the BoG, she ran for BoG, and for some strange reason, the organization that was supposed to either refer her or give her some sort of accolades or whatever the case may be, someone called her, I believe someone called her from L.A. Care and said, look, you have to be a member of L.A. Care if you want to endorse one of the candidates. And, you have to give us your social security number and you have to have a background check. She asked, is that ok? Is that the right thing to do? She isn't quite sure, but she knows that this person is on the board with Santa Monica. And she has a big, huge organization working with Santa Monica. The Black Leaders Association. It is not that she's just anybody off the street that would want to say Andria's a good person. No, she has accolades. But she just did not want to give her social security number, and that's why Ms. McFerson is not a candidate for the BoG today.</i></p> <p>Mr. Baackes responded that there were a number of questions and he will try to respond to her. On the survey, he reminded everyone that there is an annual subscriber satisfaction survey conducted by the federal government for both Medicare and Medi-Cal called Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys. Other surveys can be taken under advisement. There will not be a vote on the RCACs today. ECAC must send a motion to the Board for consideration after review by RCAC members. L.A. Care observes Juneteenth as a holiday and he is not sure about the planned outreach programs. He noted that L.A. Care is following procedures with regard to the election by the consumer members.</p> <p><i>Elizabeth Cooper thanked each and every one of the Board Members for giving the opportunity to speak after three years. She is still confused, and she is glad that Mr. Baackes said there will be a presentation. She refuses to say the RCACs have ended, because she has to wait and see. She follows the evidence. No one has said to her that the RCACs will end. She refuses until the Board of Governors makes a decisions. She is looking forward to hearing the comment and information and input. She is saying, as a member, they fought very hard for the issues, and fought for the RCACs. She can't say something will end without point of authority. It is has not been brought to the Board that the RCACs will end. She refuses to say that until the Board makes a decision. She trusts in the ladies and gentlemen of the Board to make the decision. She knows there is concern by her fellow members but she refuses to say the RCACs will end. RCACs will never end because they are members of the community, they support issues, health care. So many beautiful people have spoken today. She asked the Board Chair if that is true.</i></p> <p>Mr. Baackes stated that the changes being proposed are not to eliminate the RCACs and he is sorry it has been mischaracterized that way. This is why he wants it to be brought to the Board at the next meeting. There will be no vote today, there will be no vote next time. There is a proposal to try to make the way we receive information from the</p>	

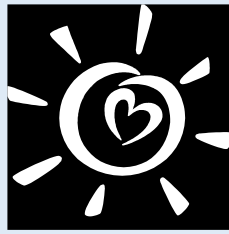
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>community more efficient and to bring some new participants into the advisory committee structure. L.A. Care is not eliminating advisory committees. He assured the Board that is not being proposed. He does not want to get into the details of the proposal today, there will be a formal presentation. It is still a proposal. He thanked members for the input. He assured everyone that the advisory committees will not be eliminated.</p> <p><i>Ms. Cooper hopes that L.A. Care is following the enabling legislation of SB 2092, that is the legislative mandate signed 25 years ago. She would like to inform the Chief Legal Officer about grandfathering. Ms. Cooper just cant, she refuses to say until she sees the details. Then she will comment. It has to come through the RCACs, and members vote on it, then the ECAC and the board of Governors. And members have to vote on the RCAC handbook. She thanked Mr. Baackes and appreciates what he is saying. She thanked the members of the Board of Governors from the bottom of her heart. And on behalf of her son. She thanked them for representing her and taking the time.</i></p>	
<p>ADJOURN TO CLOSED SESSION</p>	<p>The Joint Powers Authority Board of Directors meeting adjourned at 4:14 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 4:15 pm. No report is anticipated from the closed session.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates • Plan Partner Services Agreement <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>May 2025</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) L.A. Care Health Plan v. United States, (U.S. Court of Federal Claims Case No. 17-1542); (U.S. Court of Appeals for the Federal Circuit Case No. 20-2254)</p> <p><i>The following were not discussed</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Glendale Adventist Medical Center dba Adventist Health Glendale v. Local Initiative Health Authority for Los Angeles dba L.A. Care Health Plan, JAMS 1220072271 <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"> • PIH Whittier & PIH Downey v. L.A. Care (L.A.S.C. Case No. 19STCV18084, filed May 24, 2019), consolidated with: • PIH Whittier & PIH Downey v. L.A. Care (L.A.S.C. Case No. 21NWCV0052, filed Jan. 27, 2021) • PIH Whittier & PIH Downey v. L.A. Care (L.A.S.C. Case No. 22NWCV00596, filed Jul. 14, 2022) <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four Potential Cases</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF 	
RECONVENE IN OPEN SESSION	The Board reconvened in open session at 5:13 p.m. There was no report from closed session.	
ADJOURNMENT	The meeting adjourned at 5:14 p.m.	

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: June 1, 2023

Motion No. BOG 100.0623

Committee:

Chairperson: Alvaro Ballesteros, MBA

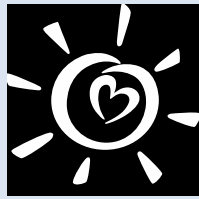
Issue: None

Background: None

Members Impact: N/A

Budget Impact: N/A

Motion: To approve Alex Li, *MD, Chief Health Equity Officer*, as a member of the Technical Advisory Committee (TAC).



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: June 1, 2023

Motion No. FIN 100.0623

Committee: Finance & Budget

Chairperson: Stephanie Booth, MD

Issue: Amend the existing contracts with the translation and face-to-face interpreting vendors, BIG Language Solutions and Avantpage to extend the terms by two additional years and add funds in the amount of \$4.6 million for a new contract total of \$10.05 million.

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

Background: L.A. Care staff requests approval to amend the existing contracts with the translation and face-to-face interpreting vendors, BIG Language Solutions (formally known as Interpreting Services International) and Avantpage extending their respective terms two additional years until 2026 and adding funds in the amount of \$4.6 million.

Per state and federal regulations, no-cost language assistance services and alternative formats (large print, audio, Braille) must be made available to members with limited English proficiency and disabilities.

BIG Language Solutions and Avantpage were selected as the result of a competitive Request for Proposal (RFP) in April 2017 based on their company credentials, processes and procedures, quality assurance and control, health care experience, capacity to meet L.A. Care needs, and pricing. Both vendors have been successfully providing the services at the performance levels specified in the contracts since 2018. The Cultural and Linguistics (C&L) staff will continue assuring vendors' performance through regular monitoring of their services.

The two-year extension and additional funds will ensure compliance with the language assistance regulations and provision of uninterrupted interpreting and translation services, while allowing sufficient time to conduct the next RFP in 2025 to select vendors and execute new contracts before expiration of these amendments in 2026. The language service rates were re-negotiated for these amendments and are lower than the original competitive rates in the current contracts. On average, there was a 10% reduction from the current per-word rate for translation services.

In 2017, the Board of Governors had approved up to \$15 million for five vendor contracts including BIG Language Solutions and Avantpage. The remaining approved funds from FIN 106.1017, \$5.229 million were allocated to the two-year contract extension of the other three language vendors: Language Line, Language Select and Corporate Translation Services, which exhausted the previously approved \$15 million.

The monthly average expenditure of the last 12 months was used to forecast the future spending for BIG Language Solutions and Avantpage, because the expenditure during the COVID-19 and prior years do not reflect the normalized language service expenditure with the current membership trend. This estimate also includes an additional 15% to accommodate for the anticipated increased utilization due to L.A. Care membership growth and encouragement for members to see providers annually. The rate of

Board of Governors
MOTION SUMMARY

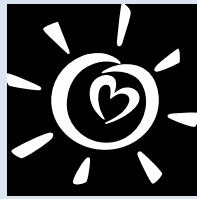
face-to-face interpreting services for members’ medical appointments have surpassed the pre-COVID-19 levels by 20% in 2022-2023. Additionally, Chinese and Armenian were identified as new threshold translation languages for L.A. Care Covered and PASC-SEIU in 2023. All these factors have influenced the current funds availability and necessitated the request for increase in funds. The request for additional \$4.6 million will cover the contract extension as well as replenish current purchase orders for the two vendors.

Vendor	Service Type	Current Term	New Amendment Term	Average Monthly Expenditure with 15% Anticipated Membership Increase	Current Contract Total into 2024	Funds Requested for Additional Two Year Term	Revised New Contract Total
Avantpage	Translation and Alternative Formats	2/8/2018 to 2/8/2024	2/8/2024 to 2/7/2026	\$ 27,600	\$ 1,950,000	\$ 1,000,000	\$ 2,950,000
BIG Language Solutions	Translation, Alternative Formats and Face-to-face interpreting	10/1/2018 to 8/1/2024	8/1/2024 to 7/30/2026	\$ 89,700	\$ 3,500,000	\$ 3,600,000	\$ 7,100,000

Member Impact: The language assistance and alternative format services will enable members with limited English proficiency and disabilities to access health care, improve member health outcomes and satisfaction while ensuring L.A. Care’s compliance with regulatory and accreditation requirements.

Budget Impact: Sufficient funds are budgeted in the C&L budget for FY 2022-2023. Additional funds will be requested for subsequent fiscal years.

Motion: **To extend existing contract terms with BIG Language Solutions and Avantpage by two years (2024-2026) and add funds in the total amount of \$4.6 million for a new contract total of \$10.05 million.**



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: June 1, 2023

Motion No. FIN 101.0623

Committee: Finance & Budget

Chairperson: Stephanie Booth, MD

Issue: Execute a contract with Cognizant to provide Healthcare Effectiveness Data and Information Set (HEDIS) and Align. Measure. Perform (AMP) services.

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

Background: HEDIS reporting is required by Centers for Medicare and Medicaid Services (CMS), Department of Health Care Services (DHCS), National Commission on Quality Assurance (NCQA), and Covered California. The AMP Program is administered by the Integrated Healthcare Association. Participation and the AMP Program is the primary way L.A. Care meets the Covered California requirement to offer some portion of reimbursement to our network using a value based payment methodology. Utilization of certified HEDIS software is required to complete the audit and submission process to these entities.

L.A. Care staff requests approval to execute a contract with Cognizant from August 1, 2023 to July 31, 2026 in the amount of \$5,910,461.77. The vendor will provide L.A. Care with data processing services to generate HEDIS rates and AMP submissions. We have used this vendor since 2017 and they have provided complete and accurate rates, which we have successfully submitted every year. The cost per year from August 2021-July 2023 was \$1,100,000, based on 2.3 million members. The new contract cost averages \$1,970,154.00 per year, based on 2.8 million members. The number of user licenses has also increased, from 25 to 50 and they are now charging us for our non-production HEDIS engine, which was at no cost in prior years.

The next request for proposal will be conducted in 2025.

Member Impact: L.A. Care members will benefit from this motion through increased services to members by identifying gaps in care for recommended services. These gaps are used to inform providers, PPGs and Plan Partners to spur improvement in care for all L.A. Care members.

Budget Impact: The cost is anticipated and included in the proposed budget for the Quality Performance Management department for Fiscal Year 2023-2024, in the amount of \$1,931,271. We will budget the balance of \$3,979,190.77 in the future, for fiscal year 2 and 3.

Motion: **To authorize staff to execute a contract in the amount of \$5,910,461.77 with Cognizant to provide HEDIS and AMP software and services for the period of August 1, 2023 to July 31, 2026.**



L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: June 1, 2023

Motion No. FIN 102.0623

Committee: Finance & Budget

Chairperson: Stephanie Booth, MD

Issue: Approval of funds to expand Delphix Data Masking Solution and enhance L.A. Care's Data Security and Compliance platform.

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

Background: Delphix Data Masking Software is an on-premises solution that was purchased in 2015 in response to several high-profile data breaches in the industry. The software replaces confidential data such as social security numbers, birthdates and addresses with scrambled data that cannot be used to identify member records to meet HIPAA requirements. This tool enables IT staff to eliminate confidential and private information before it reaches developers, Quality Assurance engineers or other privileged users both on premises and in the cloud—dramatically reducing the exposure risk for PHI/PII.

In order to effectively protect data from new risks, potential attacks and meet HIPAA requirements, L.A. Care must expand its Data Masking Platform. L.A. Care staff requests approval to execute a contract with Delphix for a 3 year term thru 2026 in the amount of \$4,026,000.

Member Impact: Vendor's products safeguards sensitive Member and Provider data and ensures HIPAA compliance requirements.

Budget Impact: The cost was anticipated and included in the approved budget for the IT department in FY 2022-23. We will budget the balance in future fiscal years.

Motion: **To authorize staff to execute contract amendment in the amount of \$4,026,000 with Delphix Corporation to provide continuous Compliance and Data Protection for L.A. Care Member and Provider data for a three year term starting in FY Q3 2023.**



Board of Governors
MOTION SUMMARY

Date: June 1, 2023

Motion No. FIN 103.0623

Committee: Finance & Budget

Chairperson: Stephanie Booth, MD

Issue: Amend existing contracts with Cognizant Technology Solutions (Cognizant) and HCL America, Inc. (HCL) for Information Technology staff augmentation services to continue through September 30, 2023.

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

Background: In June, 2015, the Board of Governors approved motion FIN 107.0615, authorizing staff to negotiate contracts with Cognizant and HCL following a competitive bidding process. In September, 2018, L.A. Care conducted a Request for Proposal (RFP) process that evaluated more than twenty vendors. Cognizant and HCL were selected during that RFP. All of these vendors provided competitive rates and supply resources with the specialized expertise required to support initiatives at L.A. Care. These vendors compete to meet our staff augmentation needs position-by-position so we adjust the allocation of dollars between these vendors in the contracts.

Vendor	Estimated Increase	Estimated Total Contract
Cognizant	950,000	7,251,801
HCL	590,000	4,307,772
Total	1,540,000	11,559,573

The total cost of the revised contract agreements with the two vendors is \$1,540,000 through September 30, 2023. The primary strategic programs these resources will support are CareCatalyst/CalAIM, VOICE, Provider Network (PNOR), and Enterprise Performance Optimization Program (compliance), along with several smaller projects to improve L.A. Care’s value delivery to our members and internal customers.

Member Impact: The services purchased under this agreement will improve L.A. Care’s technology delivery capability, which in turn indirectly results in enhanced quality and more efficient services to all members.

Budget Impact: The staff augmentation contract expenses were anticipated and included in IT’s approved FY22-23 budget.

Motion: **To authorize staff to amend contracts with Cognizant Technology Solutions and HCL America, Inc. (total contracts not to exceed \$11,559,573), for Information Technology staff augmentation services through September 30, 2023.**



Board of Governors
MOTION SUMMARY

Date: June 1, 2023

Motion No. FIN 104.0623

Committee: Finance & Budget

Chairperson: Stephanie Booth, MD

Issue: To amend a contract with Cognizant Trizetto Software Group, Inc. for continued hosting services for the QNXT and CCA core systems.

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

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

For continued use of the core software products, L.A. Care staff requests approval to amend the purchase order with Cognizant in the amount of \$2,160,000 through December 31, 2023 for Cognizant hosting services.

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

Budget Impact: The cost of the contract was anticipated and included in the budget for the Information Technology (IT) department for FY 2022-23.

Motion: To amend the existing contract with Cognizant in the amount of \$2,160,000 (total contract not to exceed \$108,244,459), for continued hosting services for L.A. Care's core systems through December 31, 2023.



L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: June 1, 2023

Motion No. FIN 105.0623

Committee: Finance & Budget

Chairperson: Stephanie Booth, MD

Issue: Amend a contract with ImageNet, LLC to continue to provide L.A. Care with scanning solution services that will enable conversion of paper claims into an electronic format.

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

Background: L.A. Care staff requests approval to amend a contract with Imagenet, LLC in the amount of \$600,000 from July 1, 2023 through June 30, 2024. The vendor will continue to provide us with document acquisition, sorting, preparation, scanning, data processing, 837 EDI transmission, document storage, and destruction for the three paper claim/form types:

- 1) CMS1500 - claims submitted by health care professionals and suppliers;
- 2) UB04 - claims submitted by institutional providers; and
- 3) PM-160 - Confidential Screening/Billing Report claim form.

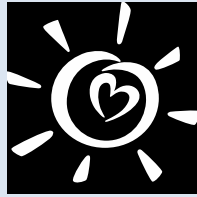
The \$600,000 requested in this amendment will cover expenses estimated at an average of \$50,000 per month from July 1, 2023 to June 30, 2024.

We conducted a competitive request for proposal process in March 2017, and at that time we selected Imagenet because of lower pricing.

Member Impact: L.A. Care Members will benefit from this motion through efficient processing of provider claims, allowing providers and their staff to focus on serving the member.

Budget Impact: Sufficient funds are accounted for in the Claims Department budget for FY 2022-23. Budget will be appropriated in FY 2023-24.

Motion: **To authorize staff to amend a contract with Imagenet, LLC, in the amount of \$600,000 (total contract amount not to exceed \$3,850,000) from July 1, 2023 through June 30, 2024 for scanning solution services.**



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: June 1, 2023

Motion No. FIN 106.0623

Committee: Finance & Budget

Chairperson: Stephanie Booth, MD

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

Issue: Provide the following employees with authority over all L.A. Care Health Plan's and L.A. Care Health Plan Joint Powers Authority's (JPA) banking and investment accounts.

1. Afzal Shah, *Chief Financial Officer*,
2. Jeff Ingram, *Deputy Chief Financial Officer*, and
3. Angela Bergman, *Controller*

The next planned financial authority renewal will be in late 2024, when the 2024 Investment Policy is brought for approval by the Board.

Background: This motion designates the employees listed above as Authorized Signatories to all L.A. Care Health Plan's and L.A. Care Health Plan Joint Powers Authority's (JPA) banking and investment accounts.

Member Impact: N/A

Budget Impact: N/A

Motion: To authorize following employees with authority over all L.A. Care Health Plan's and L.A. Care Health Plan Joint Powers Authority's (JPA) banking and investment accounts:

1. Afzal Shah, *Chief Financial Officer*,
2. Jeffrey Ingram, *Deputy Chief Financial Officer*, and
3. Angela Bergman, *Controller*

as authorized signatories for all L.A. Care Health Plan and L.A. Care Health Plan Joint Powers Authority (JPA) banking and investment accounts. This authority is to be renewed whenever the investment policy is brought for approval by the Board, which is approximately annually.

L.A. CARE HEALTH PLAN JOINT POWERS AUTHORITY
Board of Directors

MOTION SUMMARY

Date: June 1, 2023

Motion No. JPA FIN 100.0623

Committee: JPA Finance & Budget

Chairperson: Stephanie Booth, MD

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

Issue: Provide the following employees with authority over all L.A. Care Health Plan’s and L.A. Care Health Plan Joint Powers Authority’s (JPA) banking and investment accounts.

1. Afzal Shah, *Chief Financial Officer*,
2. Jeff Ingram, *Deputy Chief Financial Officer*, and
3. Angela Bergman, *Controller*

The next planned financial authority renewal will be in late 2024, when the 2024 Investment Policy is brought for approval by the Board.

Background: This motion designates the employees listed above as Authorized Signatories to all L.A. Care Health Plan’s and L.A. Care Health Plan Joint Powers Authority’s (JPA) banking and investment accounts.

Member Impact: N/A

Budget Impact: N/A

Motion: To authorize following employees with authority over all L.A. Care Health Plan’s and L.A. Care Health Plan Joint Powers Authority’s (JPA) banking and investment accounts:

1. Afzal Shah, *Chief Financial Officer*,
2. Jeff Ingram, *Deputy Chief Financial Officer*, and
3. Angela Bergman, *Controller*

as authorized signatories for all L.A. Care Health Plan and L.A. Care Health Plan Joint Powers Authority (JPA) banking and investment accounts. This authority is to be renewed whenever the investment policy is brought for approval by the Board, which is approximately annually.



May 24, 2023

TO: Board of Governors
FROM: John Baackes, *Chief Executive Officer*
SUBJECT: **CEO Report – June 2023**

Fifteen years ago, L.A. Care’s first Family Resource Center opened in a small storefront in Plaza Mexico in Lynwood. Today, our L.A. Care-Blue Shield Promise Community Resource Center (CRC) can be found in a much larger freestanding building, still in Plaza Mexico and still going above and beyond to serve the Lynwood community. This weekend I had the pleasure of joining colleagues and community members in Lynwood to celebrate this momentous anniversary. It was a great celebration, with fun activities set up for kids and families, and a number of booths from Community Based Organizations sharing important information about resources and services available to the community.

Lynwood and all our CRCs play an important role in helping L.A. Care ensure our members and their communities are receiving the services and support they need. L.A. Care continues to work diligently to raise awareness about the resumption of Medi-Cal redeterminations and provide critical information to members about the renewal process and alternative coverage options. Our CRCs are doing their part to support those efforts by disseminating information and serving as a valuable resource for those who need in-person assistance. Working to ensure our members retain continuity of coverage as Medi-Cal redeterminations resume is a team effort and our Community Resource Centers are critical members of the L.A. Care team.

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

	Since Last CEO Report (4/26/23)	As of 5/24/23
Provider Recruitment Program Physicians hired under PRP ¹	—	152
Provider Loan Repayment Program Active grants for medical school loan repayment ²	-3	135
Medical School Scholarships Grants for medical school scholarships ³	8	48
Elevating Community Health Home care worker graduates from CCA’s IHSS training program	362	5,963

Notes:

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

Below please find organizational updates for May:

L.A. Care Hosts Gun Violence Prevention Webinar

On May 11th L.A. Care hosted a webinar titled Prioritizing Patient Safety by Reducing Firearm Injury & Death: What Clinicians Can Do. The webinar, moderated by Alex Li, MD, L.A. Care's Chief Health Equity Officer, included a presentation by Amy Barnhorst, MD, Director of The BulletPoints Project. The webinar aimed to help participants learn how to identify the risk for firearm-related harm among their patients, summarize ways to engage with patients to reduce the risk of firearm-related harm, specify how to have culturally appropriate and respectful conversations with patients and their families to reduce firearm-related risk, and describe available interventions for patients at risk of firearm-related harm.

L.A. Care Health Plan and Health Net Commit \$114 Million to Bolster Los Angeles County's Emergency Response to Support the Unhoused

L.A. Care Health Plan and Health Net announced an investment of \$114 million over multiple years to address the homelessness crisis in Los Angeles County. In collaboration with the Los Angeles County Homeless Initiative (CEO-HI), the investment will fund two initial strategies. One strategy is to secure leases on as many as 1,900 housing units and pay for vacancy coverage, damage repair, trash services, greenspace, maintenance, and/or pest control. Another strategy is to identify the needs of unhoused people through field assessments to determine who requires assistance with Activities of Daily Living to move into permanent housing. The funding for this investment is the result of California's Housing and Homelessness Incentive Program (HHIP), a voluntary incentive program allowing Medi-Cal managed care plans to earn incentive funds for making progress in addressing homelessness and housing insecurity as social determinants of health. L.A. Care and Health Net are working together to meet funding guidelines and maximize the project impact. As funding is based on membership, L.A. Care will be allocating \$80 million to the project and Health Net will allocate \$34 million.

Attachments

L.A. Care Statement of Support for Making Equal Access to Health Care a Protected Civil Right



L.A. Care Stands in Support of Measure to Make Equal Access to Health Care a Protected Civil Right

Monday, May 15, 2023

L.A. Care Health Plan, the nation's largest publicly operated health plan that serves nearly 2.9 million residents of Los Angeles County, applauds Congressman Adam Schiff for reintroducing legislation to protect access to equitable health care. H.R. 3068, known as the Equal Health Care for All Act, would make equal access to health care a protected civil right, addressing racial inequities and system failures in the U.S. health care system. The legislation states that these inequities and failures exacerbate health and mortality disparities among Black, Hispanic, and Indigenous communities.

The legislation would establish a definition for 'inequitable health care' to help ensure that hospitals provide the same high quality health care services to all patients, regardless of race, national origin, sexual orientation, gender identity, disability, age, or religion. It would also create a Federal Health Equity Commission to oversee progress of health equity efforts.

For generations, America's health care system has failed millions of people because of systemic barriers that stem from various biases. Biases lead to disparate care, which results in higher rates of serious illness and death. L.A. Care is committed to advancing health equity, and believes everyone deserves access to affordable and equitable health care. H.R. 3068 aims to remedy structural and system failures, and L.A. Care wrote to Congressman Schiff, the L.A. County Congressional delegation and California's Senators, to express support for the legislation.

About L.A. Care Health Plan

L.A. Care Health Plan serves more than 2.8 million members in Los Angeles County, making it the largest publicly operated health plan in the country. L.A. Care offers four health coverage plans including [Medi-Cal](#), [L.A. Care Covered™](#), [L.A. Care Medicare Plus](#) and the [PASC-SEIU Homecare Workers Health Care Plan](#), all dedicated to being accountable and responsive to members. As a public entity, L.A. Care's mission is to provide access to quality health care for L.A. County's low-income communities, and to support the safety net required to achieve that purpose. L.A. Care prioritizes quality, access and inclusion, elevating health care for all of L.A. County. For more information, follow us on [Twitter](#), [Facebook](#), [LinkedIn](#) and [Instagram](#).

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Coalition Spending Priorities

INCREASE ACCESS TO PHYSICAL AND MENTAL HEALTH CARE SERVICES:

- **Primary Care** – This funding would be directed to primary care providers in the Medi-Cal program to support the comprehensive services that protect and promote overall health of beneficiaries. **\$1 billion**
- **Specialty Care** – This funding would be directed to specialty care providers contracting with Medi-Cal. **\$1 billion**
- **Increase Use of Community Health Workers** – This funding would increase the use of CHWs which will expand the pool of Medi-Cal enrollees who can benefit from these services and is critical. **\$50 million**
- **Protect Family Planning and Sexual and Reproductive Health** – This funding would be directed to family planning, related services, and sexual and reproductive health care services for those enrolled in both Medi-Cal and FPACT. **\$250 million**
- **Access to Abortion** – The Coalition believes that there should be additional funding to continue supporting California’s abortion providers, especially as capacity in other states continues to be limited. **\$50 million**
- **Clinic Quality Improvement & Access** – This funding will be directed toward FQHCs, RHCs and other community clinics to advance the goals of improved quality and access for their patients. **\$250 million**
- **Ground Emergency Transport** – Funding is being directed to support the 911 emergency ground providers and increase staffing capacity due to increased workforce challenges. **\$100 million**
- **Emergency Department Access** – This funding would be used to support inpatient facilities and their provision of care to patients, most notably through their emergency departments. **\$600 million**



IMPROVE MENTAL HEALTH ACCESS:

- **Stabilize and Increase Inpatient Psychiatric Bed Capacity** – This funding would be used to provide increases for inpatient psychiatric beds. **\$200 million**
- **Same Day Encounter for Mental Health** – This funding would allow Federally Qualified Health Centers to bill for two encounters in a single day. **\$50 million**

ENHANCE WORKFORCE:

- **Increase Graduate Medical Education** –\$200 million
- **Allied Loan Repayment** – \$50 million
- **Medi-Cal Workforce Pool**- \$200 million
- **CalHealthCares Loan Repayment** - \$50 million



The Importance of Funding Medi-Cal

Background

California's Medicaid program, known as Medi-Cal, insures one in three Californians, more than 15 million low-income people and almost 6 million children¹. In fact, 50 percent of California children utilize Medi-Cal², making it an essential program for preventive and routine care.

The Legislature and Governor have taken tremendous steps to expand Medi-Cal eligibility to all qualifying Californians. Over the course of the last decade, millions of Californians have enrolled in the Medi-Cal program because of the eligibility expansions, while employer-based health insurance has remained steady since 2013. More people are expected to enter the Medi-Cal program given the Legislature and Governor's recent enactment to expand Medi-Cal eligibility to all income-eligible Californians.



Disparities in Health Care Access

Although more Californians gained health coverage since 2014, some reimbursement rates to Medi-Cal providers have remained stagnant for more than 25 years, resulting in physicians, certain health centers and hospitals receiving the same base reimbursement rates OVER THE LAST TWO DECADES, even with inflation.

Consequently, many health care providers experience considerable financial losses and cannot afford to take on new Medi-Cal patients, leaving Medi-Cal patients with long wait times and few choices in providers, both primary care and specialists. Delayed care results in increased and unnecessary use of emergency rooms that impact access to care for ALL Californians.

¹ dhcs.ca.gov/dataandstats/statistics/Documents/Medi-Cal-at-a-Glance-August2022.pdf

² chcf.org/publication/2021-edition-medi-cal-facts-figures/

The rising cost of inflation and abysmal reimbursement rates in Medi-Cal have become unsustainable in many parts of the state, with hospitals facing closure and physicians having to make the difficult decision not to take on new patients.

Nationally, California ranks in the bottom for Medi-Cal reimbursement rates, lagging behind both Florida and New York³.

The Managed Care Organization Tax



Medi-Cal patients are unable to find the primary and specialty care they need, they are waiting months for appointments and traveling long distances just to get care. The Medi-Cal program is woefully underfunded which has truly devastating consequences on the health and well-being of my patients.

California has used a Managed Care Organization (MCO) tax since 2009 to maximize federal funding and help support the state's General Fund, but the last approved tax expired at the end of 2022 and was not renewed. We believe that a pending budget proposal to renew this important financial mechanism should be directed to increasing access to health care by supporting the Medi-Cal providers that are serving millions of patients daily in a variety of care settings.

Doctors, community health centers, Planned Parenthood, hospitals, health plans and health care workers stand together to support reauthorization of the MCO tax to reclaim the infusion of billions of new federal funds for the Medi-Cal program. Our coalition supports these funds going directly to the Medi-Cal program to benefit the low-income children, families, seniors, mental health needs and disabled patients that rely on Medi-Cal for essential health care.

With roughly a third of all Californians enrolled in the Medi-Cal program, it remains more important than ever to ensure that health care dollars remain in our health care system. We strongly believe that revenue generated by the reinstatement of the MCO tax must be directly dedicated to supplementing and enhancing the core areas of the Medi-Cal program such as primary and specialty care, community clinics, emergency department access, hospital services, family planning, mental health and workforce needs, including attracting and retaining workers. This must be a meaningful enough investment to maximize immediate impact that improves access to health care for Medi-Cal patients.

Funding Medi-Cal is not just good for the patients who rely on the program, but will result in a reduction in expensive emergency room and hospital care that will save health care dollars for everyone.

³ commonwealthfund.org/blog/2022/medicaid-reimbursement-rates-are-racial-justice-issue

KFF Health News

California Hospitals Seek a Broad Bailout, but They Don't All Need It

By Samantha Young and Angela Hart

MAY 25, 2023



Cedars-Sinai Health System in Los Angeles secured nearly \$28 million under California's recession-era financing scheme that allows wealthy hospitals to take valuable health care tax money from poorer ones. (ROBERT GAUTHIER / LOS ANGELES TIMES VIA GETTY IMAGES)

SACRAMENTO, Calif. — One of the country's richest hospitals, which caters to Hollywood elites, accepted nearly \$28 million last year from an unusual source: a charity that siphons money from other California hospitals, many of which serve the state's poorest residents.

THE SACRAMENTO BEE

This story also ran on [The Sacramento Bee](#). It can be [republished for free](#).

Are you covered by Medi-Cal?

We want to hear about your experiences and, with your permission, may incorporate your story into our coverage. Please tell us what it has been like for you as you have sought and received care, including the good and the bad, the obstacles and the successes.

SHARE YOUR STORY

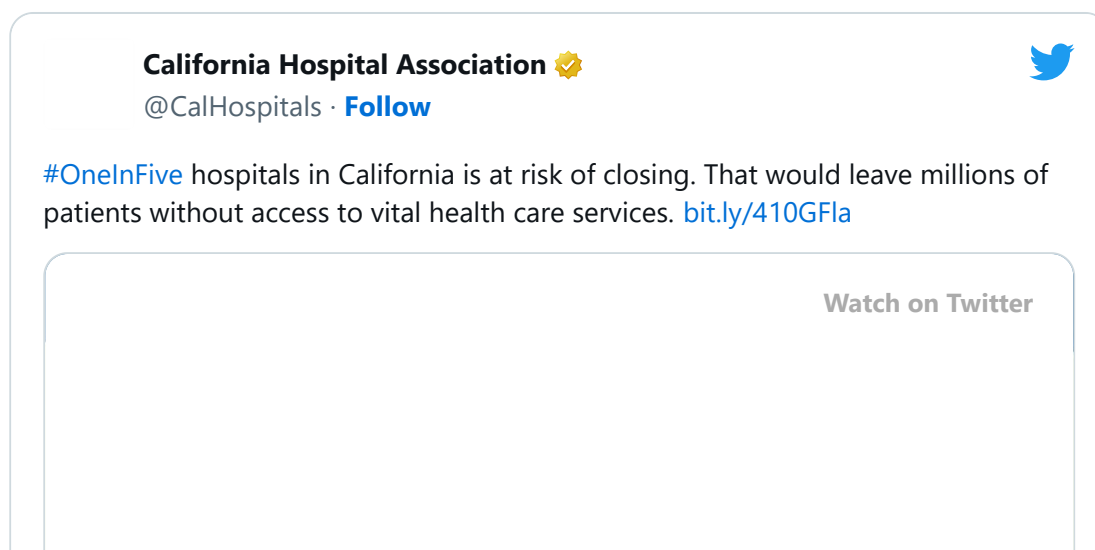
Cedars-Sinai Health System in Los Angeles secured the grant under California's recession-era financing scheme that allows wealthy hospitals to take valuable health care tax money from poorer ones. Hospitals across the state agreed in 2009 to the arrangement in order to tap billions more per year in taxpayer dollars to support the state's Medicaid program, called Medi-Cal.



Now, some of those hospitals serving a greater share of Medi-Cal patients are in dire financial need and face cutbacks and potential closures. But instead of asking for help for only those at greatest risk, California's powerful hospital industry is putting the squeeze on Gov. Gavin Newsom and fellow Democratic lawmakers for an unprecedented bailout. And they are doing it even as the state faces a nearly \$32 billion budget deficit.

Hospitals argue that to avert a crisis, they need an emergency infusion of \$1.5 billion. They also want a steady annual stream of new health care tax money despite already having their own dedicated tax intended to support struggling

facilities that serve a large percentage of the state's low-income people, such as Madera Community Hospital in the Central Valley, which closed earlier this year.

Ads by the California Hospital Association paint a scary picture: "1 in 5 Hospitals are at risk of closure." Yet another warns, "Health care that millions rely on is at risk." Those claims are being repeated by state lawmakers as they debate financial rescue for hospitals.



California Hospital Association 
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#OneInFive hospitals in California is at risk of closing. That would leave millions of patients without access to vital health care services. bit.ly/410GFla

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But a KFF Health News analysis of state data revealed that despite increased labor costs and inflation, many California hospitals have been profitable in recent years. The industry earned roughly \$131 billion last year in patient revenue, a key indicator of profitability — \$7.3 billion more than the previous year. After factoring in rising costs, the industry still turned a profit of about \$207 million last year. State figures show the industry reaped \$9.2 billion in patient revenue in 2021, partly a reflection of big swings in the stock market.

Leading health care finance experts and former state officials are urging Newsom and lawmakers to resist the industry's fear tactics, saying that, even though hospitals are still reeling from the covid-19 pandemic, many have plush financial reserves.

“They are big fans of these giant bailouts, where the relatively rich hospitals benefit as well as the ones who really need it,” said Glenn Melnick, a health economist at the University of Southern California. “A big chunk of the hospitals, even if they’re losing money, don’t need taxpayer money to help them through this crisis.”

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Melnick and others who have analyzed the financial state of California hospitals say a sliver of California’s 368 general hospitals are in crisis and that relief should be given only to those that can show they are in immediate peril. Many hospitals in underserved and rural communities are struggling financially, in part because they have failed to attract enough patients with private insurance. And the cost of providing care to lower-income patients who rely on Medi-Cal hasn’t kept pace with government reimbursement rates.

But low Medi-Cal rates aren’t necessarily a predictor of financial disaster, according to a [report released Thursday](#) by the California Health Care Foundation. (KFF Health News publishes [California Healthline](#), which is an editorially independent service of the California Health Care Foundation.)

Health economists found that hospitals “with the lowest margins were no more dependent on Medi-Cal or Medicare than the average California hospital.” And many cash-strapped hospitals may be sitting on enormous wealth, an indication they don’t necessarily need more taxpayer money.

“Most of the facilities that have negative margins are a part of larger systems, which suggests that they have the underlying wealth of those systems to stabilize them,” said Kristof Stremikis, director of market analysis and insight for the foundation.

Carmela Coyle, the influential leader of the state hospital lobby, said California's hospitals are in the worst crisis they've faced in recent history, largely because the state reimburses providers just 74 cents on the dollar to care for Medi-Cal patients.

"You have these underserved communities in the Central Valley, where a hospital comes in, they're doing their best, and those underserved individuals are not reimbursed the same as everybody else," Coyle told KFF Health News. "The real underlying issue here is government underfunding."

But Coyle isn't disclosing the full picture. Experts agree that reimbursement rates in Medi-Cal — money provided to doctors, clinics, and hospitals for taking care of low-income patients — are too low to cover the actual cost of care. Yet the state and federal government give billions in bonus and incentive payments that can actually result in higher reimbursements and even profits.

After Madera Community Hospital cut off services and shuttered, Coyle warned that it was a "canary in the coal mine" for other hospitals unable to make ends meet because of its high proportion of low-income patients and reliance on government payments. But the hospital actually made nearly \$15 million from Medi-Cal in 2021, KFF Health News has gleaned from state hospital financial records.

The overarching problem, according to emails obtained by KFF Health News, was an inability to demand higher payments from commercial health insurance companies, as well as attract their patients — 70% of whom sought care outside Madera County.

The hospital "does not have the ability to negotiate competitive rates on its own," according to an email last June to the California attorney general's office from representatives of Trinity Health, a national Catholic health system, which backed off from acquiring the hospital.

The Madera hospital's CEO, Karen Paolinelli, and other hospital leaders made another last-ditch effort to keep its doors open: They asked for an advance payment of their hospital tax revenue — money distributed through health insurance plans and the state. The payment they sought was from the Hospital Quality Assurance Fee, which allows hospitals to tax themselves to draw in federal money for Medi-Cal. Adopted in California in 2009 and later approved by voters through a ballot initiative, the tax brought in \$8.4 billion last year.

“We did ask before we closed to get paid some of the provider money owed to us,” Paolinelli said. “But we were not successful.”

She said the hospital needed \$5 million to remain open and couldn't secure funding in time.

Under the hospital tax revenue, the money is spread across California hospitals, but the system is designed to protect the rich hospitals and essentially help them avoid industry taxes.

Hospitals with a greater share of low-income patients pay a higher tax than wealthier systems that don't serve as many poor people. However, they benefit handsomely, ultimately increasing how much they are paid to care for Medi-Cal patients. Then those hospitals give up a portion of their tax money to a charity that funnels it to better-performing hospitals in exchange for their political support for the hospital tax.

“The winner hospitals contribute money to a fund that is used to distribute money to the loser hospitals,” said Elaine Batchlor, CEO of MLK Community Health, which is asking for financial help because roughly 70% of its patients are on Medi-Cal. “No hospital loses by being a part of it. If you were going to lose money, you'd be against it.”

The transactions are routed through the California Health Foundation and Trust, the charity operated by the leadership of the California Hospital Association.

For example, Cedars-Sinai paid nearly \$172 million in taxes in 2022, eclipsing the \$151 million it got back in additional Medi-Cal dollars. To make up for the loss, it secured the nearly \$28 million in grant revenue — earning nearly \$6.9 million from the program, its commissioned tax audit shows.

Cedars-Sinai spokesperson Duke Helfand acknowledged the benefit from the taxing scheme but said the health system effectively subsidizes Medi-Cal enrollees and incurs losses of more than \$180 million annually serving those low-income patients. “Over the years, our teams at Cedars-Sinai have effectively managed our financial resources, enabling us to provide exceptional patient care,” Helfand said.

By comparison, the faith-based Adventist Health, which serves more poor people and operates roughly two dozen hospitals in California, Oregon, and Hawaii, paid \$148 million in taxes in 2022 and reaped \$401 million in additional Medi-Cal dollars through the program, according to its independent tax audit. It then contributed \$3 million of that money to the charity.

These sorts of financing arrangements are under federal scrutiny. Officials with the Centers for Medicare & Medicaid Services have blasted “hold harmless” deals that can result in wealthier hospitals receiving enough money back that they ultimately wind up paying little or no tax at all.

“A health care-related tax cannot have a hold harmless provision that guarantees to return all or a portion of the tax back to the taxpayer,” Daniel Tsai, deputy administrator and director for the federal Medicaid agency, wrote in February.

Dave Regan, president of Service Employees International Union-United Healthcare Workers West, which represents hospital workers, has long lambasted California’s scheme as a ploy that lets wealthy hospitals siphon valuable health care dollars from smaller, rural hospitals that need more support for Medi-Cal patients.

“We believe the policies and practices of the hospital industry, in large part, contribute to the problems that Madera faced,” Regan said. “The hospital industry is richer than it’s ever been — and it’s being disingenuous, trying to get the public to fork over more money at a time when they have more money than they’ve ever had.”

California Hospital Association spokesperson David Simon defended the charity, saying it helps “hospitals provide health care services despite losses” from the tax.

Hospital leaders say exorbitant costs and inflation have created extreme financial woes. Last year, California’s hospitals paid at least \$10 billion more for labor, supplies, and other expenses than the year before, according to state hospital finance data. And overall, they saw substantially smaller investment gains, reporting nearly \$119 million in non-operating revenue compared with \$6 billion the year before — a big blow to their financial cushion to ensure patient care.

The industry points out 200 hospitals had negative operating margins last year, yet KFF Health News found that, even before the pandemic, about 160 hospitals reported losing money in their operating budgets. Experts say the finding underscores the reality that hospitals operate on slim margins.

And, credit ratings agencies have recently upgraded the bonds of a number of hospitals and health systems, including Sutter Health in Northern California and Loma Linda University Medical Center in San Bernardino County.

“We just upgraded Sutter like two weeks ago, so it would be very hard-pressed, for me, to look at California and say California is looking bad,” said Kevin Holloran, a senior director at Fitch Ratings.



California Gov. Gavin Newsom speaks during the Milken Institute Global Conference in Beverly Hills, California, on May 2, 2023. (PATRICK T. FALLON / AFP VIA GETTY IMAGES)

Some Democratic lawmakers agree that not all hospitals need a bailout. Instead, they favor targeted relief such as a \$150 million loan program that Newsom signed into law earlier this month to help struggling hospitals.

“I’m not a big fan of writing everybody a check,” said Democratic Assemblymember Jim Wood, chair of the Health Committee, who says hospitals ought to be more transparent about their finances before state taxpayers give them any more money. “If you’re a hospital system that’s doing well, I don’t believe you should be getting any additional resources from the state.”

KFF Health News senior correspondent Bernard J. Wolfson contributed to this report.

This article was produced by KFF Health News, which publishes California Healthline, an editorially independent service of the California Health Care Foundation.

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**April 2023
Grants & Sponsorships Report
June 2023 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	BreakSpell Consulting	UNIDAD: Gay & Lesbian Latinos Unidos Documentary Film Screening/PBS	4/6/2023	Sponsorship	\$ -	\$ 25,000	\$ 25,000
2	Didi Hirsch Mental Health	Mental Health Heroes: Celebrating 80 Years of Hope and Healing Fundraising Gala	4/6/2023	Sponsorship	\$ -	\$ 10,000	\$ 10,000
3	It's Bigger Than Us	IBTU Food Distribution Weekly Events	4/19/2023	Sponsorship	\$ -	\$ 20,000	\$ 20,000
4	KJLH	KJLH Women's Health Expo	4/6/2023	Sponsorship	\$ -	\$ 15,000	\$ 15,000
5	Los Angeles Business Journal	Women's Leadership Symposium & Awards	4/6/2023	Sponsorship	\$ -	\$ 12,500	\$ 12,500
6	Los Angeles County Department of Health Services - Rancho Los Amigos	2023 Amistad Gala	4/5/2023	Sponsorship	\$ -	\$ 5,000	\$ 5,000
7	Move LA	What's Next LA? Move LA Celebration & Conference	4/27/2023	Sponsorship	\$ -	\$ 15,000	\$ 15,000
8	Speak Up Empowerment Foundation, Inc.	7th Annual Ms. Single Mom Empowerment Forum	4/7/2023	Sponsorship	\$ -	\$ 2,500	\$ 2,500
9	The Achievable Foundation	It's Achievable 10th Anniversary Gala	4/19/2023	Sponsorship	\$ -	\$ 5,000	\$ 5,000
10	Through Peace	Hate Crimes Safety Summit/Workshop	4/27/2023	Sponsorship	\$ -	\$ 5,000	\$ 5,000
11	UCLA Foundation	Leaders of Today, Leaders of Tomorrow Awards Dinner.	4/27/2023	Sponsorship	\$ -	\$ 10,000	\$ 10,000
12	United Friends of the Children	United Friends of the Children's Caregiver Symposium	4/19/2023	Sponsorship	\$ -	\$ 5,000	\$ 5,000
13	Antelope Valley Partners for Health (AVPH)	Educate and support and/or refer African American birthers in AV	4/28/2023	GAAINS* II Grant	\$ 100,000	\$ -	\$ 100,000
14	Beauty for Ashes Maternal Wellness Inc.	Expand Community Doula Hub program in South LA, South Bay, and AV	4/28/2023	GAAINS II Grant	\$ 75,000	\$ -	\$ 75,000
15	California Coalition for Black Birth	Assess the readiness of clinicians to advance birth equity strategies	4/28/2023	GAAINS II Grant	\$ 150,000	\$ -	\$ 150,000

16	Community Health Alliance of Pasadena	Supplement prenatal education for nurturers with culturally relevant topics	4/28/2023	GAAINS II Grant	\$ 100,000	\$ -	\$ 100,000
17	CinnaMoms - PHFE WIC	Provide culturally relevant breastfeeding and nutrition education in a safe space	4/28/2023	GAAINS II Grant	\$ 100,000	\$ -	\$ 100,000
18	Frontline Doulas - Diversity Uplifts	Connects African American birthing and postpartum families with trained African American doulas	4/28/2023	GAAINS II Grant	\$ 150,000	\$ -	\$ 150,000
19	Happy Mama Healthy Baby Alliance - PHFE -	Provide home visitation program clients up to eight weeks postpartum	4/28/2023	GAAINS II Grant	\$ 150,000	\$ -	\$ 150,000
20	Maternal Mental Health NOW	Coordinate peer support groups to improve perinatal mental health	4/28/2023	GAAINS II Grant	\$ 150,000	\$ -	\$ 160,000
21	St. John's Community Health	Provide education and life planning skills to pregnant and postpartum African American youth	4/28/2023	GAAINS II Grant	\$ 125,000	\$ -	\$ 125,000
Total of grants and sponsorships approved in April 2023					\$ 1,100,000	\$ 130,000	\$ 1,230,000
* GAAINS = Generating African American Infant & Nurturers' Survival							



Chief Medical Officer Report May 2023

Care Management/Utilization Management/MLTSS Department

Care Management (CM)

Enhanced Care Management (ECM)

Noah Ng is the new Director of Enhanced Care Management (ECM) and he has taken leadership of the team following the staff integration from the Safety Net Initiatives department. He is in the process conducting a full assessment of people's roles, technology, and processes against the December 2022 revision of the Department of Healthcare Services (DHCS) ECM Policy Guide. Notable opportunities for improvement include:

- Data Integrity
- Payment Model
- Clinical Oversight
- Network
- Regulatory Notifications
- Staffing
- Documentation

As part of the assessment, risks will be prioritized. Upon completion of the review, remediation and improvement plans will be developed and implemented on a rolling basis starting in June.

Transitional Care Services (TCS)

CM team began implementing our transitions of care program at the beginning of the year for members. We have been training Community Health Workers (CHWs) to be incorporated into the model specifically to assist Direct Network members who do not have an assigned CM. CM team receive daily reports from Utilization Management (UM) of members admitted and discharged to supplement the limited data available through the Health Information Exchanges.

Due to the new populations of focus and the broad TCS requirements, CM received approval from L.A. Care's Resource Review Board (RRB) in April for five additional staff. In addition, six CHW staff in the Social Services Department who have been administering a Transitions of Care (ToC) pilot program have begun transitioning to the CM department.

Risk stratification algorithms in iPro are being revised to delineate all risk levels and provide a new indicator for DHCS High Risk in accordance with updated DHCS Population Health Policy Guide from December 2022. Even without the full estimates, a substantial expansion of staff will be needed to ensure TCS is provided to high risk SPDs and members receiving Long Term Services and Supports (LTSS). CM leadership are preparing an additional RRB ask to continue to ramp up the TCS program. We are also working with the Provider Network Management team to ensure

TCS for pregnant members and Children with Special Health Care Needs will be delivered through Participating Physician Groups (PPGs).

General CM

- California Children’s Services (CCS) (DHCS Audit focus area)
 - Historically and currently, very few CCS members are in Complex Care Management (CCM) and none with Medi-Cal as secondary coverage. Additional staff and processes are being developed as we seek to meet contractual requirements.
 - A cross-functional team of UM and CM staff has been outlined and net new staff will be requested from RRB.
 - While ECM is expanding in July 2023 to take on the care coordination of CCS members, CCM still needs to be made available for CCS members electing out of ECM. Moreover, new DHCS Population Health Management (PHM) expectations spotlight Children with Special Health Care Needs (CSHCN) as a high-risk population that require additional coordination, regardless of whether they are already in CCS.
 - UM System SyntraNet does not currently display dates of birth in the work queues or dashboards that would allow team members to identify members under 21. Request submitted to add this critical data element.
 - Memorandum of Understanding (MOU) with county CCS agency is from 1999 and needs updating to clarify each party’s requirements, including the expectations for a dedicated CCS Liaison position. Compliance Department has reached out to DHCS to get the current MOU template applicable to Los Angeles County.

Utilization Management

Timeliness Corrective Action Plans (from June 2021 regulatory disclosure and 2021 DHCS Audit)

- Compliance Scorecard measures – February 23 most recent available
 - Overall performance
 - 45/53 measures > 95%, 50/53 measures > 90%
 - 7/8 measures under 95% are for notification timeliness (1 provider, 6 member). Two main causes – delays due to translation to threshold languages and failed letters. The former should improve with a solution being built between SyntraNet and translation vendor to automate multiple steps in the translation process. However, we expect to still have some delays related to less common languages that take longer on the translation vendor’s end. For the latter, in March, we added monitoring of failed letters via system alerts. In addition, UM leadership is establishing a dedicated and robust letter team who will have subject matter expertise, higher proficiency and productivity which will help improve letter timeliness.
 - Direct Network only (see below)
 - 17/20 measures > 95%
 - Three member notification measures below 95%. Two main causes – delays due to translation to threshold languages and failed letters. The former should improve with a solution being built between SyntraNet and translation vendor to automate multiple steps in the translation process. However, we still expect to have some delays related to less common languages that take longer on the translation vendor’s end. For the latter, in March, we added monitoring of failed letters via system alerts.
- Toney Consulting staff (supplemental staffing) received cross-training in March and April in order to provide additional hands to multiple UM areas based on volume/staffing needed.

Direct Network

- Compliance has created a subset scorecard to monitor timely decisions and notifications, the first three months (November-January scores) were submitted to DMHC in February. At the end of March, DMHC sent back a comment letter with questions related to untimely notices. LAC responded in April, explaining the root causes and solutions described above. The Department also inquired specifically about a batch of letters with excessive delays which we explained were due to failed letters previously not identified and were resent as a batch in February. The failed letter alert monitoring being done daily now should prevent a recurrence.
- Feb 23 most recent available scores:
 - 17/20 measures > 95%
 - Three member notification measures below 95%. See above scorecard descriptions of root causes and corrective actions.

UM Quality Program (DHCS Audit focus area)

- Developing and implementing audit tools and protocols
 - Emphasis on accuracy and consistency of decision making by nurses and physicians, approvals and adverse decisions
 - Focused audits based on audit/corrective action areas and identified gaps (e.g. Continuity of Care, letter readability, private duty nursing, Physician Certification Forms)
- Additional positions in recruitment for trainers and auditors
 - Hired: 3
 - Three additional Clinical Quality Nurse Reviewers have been brought on board and are in training for role specific tasks
 - Newly approved/In recruitment: 3
 - A Health Services Nurse Educator, Quality Nurse Reviewer, and Quality Reporting and Auditing specialist have been approved as incremental hires
- Enhanced Reporting to Utilization Management Committee began during the March meeting:
 - Annual program description/evaluation
 - Inter-rater Reliability reports for nurses and physicians
 - Staff Audit Updates
 - Quality metrics/oversight
 - UM Call Center Performance
 - UM Highlights and Activities
 - Training Updates

Hospital agitation/abrasion

- Provider Disputes Resolution (PDR, originates from Claims)
 - Backlog resolved as of December 31, 2022 and compliance sustained for three full months
 - Creation of dedicated PDR team to support ongoing compliance and assist with litigation/arbitration cases; four positions filled (two start March 13, 2023), one in recruitment. Toney Consulting agreement extended to September 2023 to supplement staffing.
 - Participation in cross-functional team assessing root causes and solutions to reduce PDR volume
 - PDR prevention activities in progress to increase rate of concurrent review and to close cases ASAP following discharge.
- Reestablishing Admit Team for post-stabilization requests (audit focus area)
 - Nine positions filled, two in recruitment (the 3 pm-11 pm shifts have been difficult to fill)

- Revising processes and documentation to improve compliance and enable reporting and oversight
- Identified process to notify hospitals when inpatient level-of-care is denied but observation level of care has been approved
- Collaboration with the Provider Network team on related requirements for updating hospital contracts
- Adding a dedicated discharge planning team to accelerate processing of authorizations needed for discharge and provide more resources for members who are difficult to place due to complex medical-psycho-social situations. Changes to UM processes were sent to all contracted hospitals in April and updated forms were posted to our public website. As of mid April, the volume of requests for complex discharge planning have increased in response to our changes and communications.

Managed Long Term Services & Supports (MLTSS)

Community Based Adult Services (CBAS)

As part of the post-COVID transition to in-center attendance, state allowed for some out-of-center services to continue on a limited basis under Emergency Remote Service (ERS) provisions. New regulations require CBAS providers to use DHCS' Electronic Visit Verification (EVV) as of March 23, 2023. The purpose of EVV is to ensure that services are delivered in the home and should reduce the potential for inappropriately high utilization and fraud. Provider Network Management (PNM) is doing the oversight of provider use of EVV.

Skilled Nursing Facility

MLTSS, QI, Enrollment and Finance cross-functional workgroups have worked to address a variety of cost and quality issues arising from members going to or leaving Long Term Care (LTC) facilities who did not have appropriate assignment to a Primary Care Physician (PCP)/PPG. New processes implemented in December 2022 to ensure timely transitions:

- Members going to LTC are assigned to L.A. Care directly and no longer to a PPG
- Members returning to community get assigned to PCP/PPG
- Data collection and monitoring of discharges are being done to avoid Potential Quality Issues (PQIs) as a result of access to care issues
- Ongoing process of monthly reconciliation of new and former LTC assignments for appropriate capitation payments

CalAIM

Planning is in swing for future Community Supports (CS) that will be managed by MLTSS. Two that raise concerns:

- Intermediate Care Facility For Developmentally Disabled (ICF-DD) Long-Term Care Carve-In
 - Currently members in the population are covered by Fee-For-Service (FFS) Medi-Cal and the benefits are administered by Regional Centers.
 - There are 235 6-bed ICF-DDs in Los Angeles County.
 - DHCS reached out to Managed Care Plans (MCPs) regarding ICF-DDs concern around claims and payment timing.
 - Expecting a very delayed release of policy guide (October) for a January 1, 2024 effective date.
 - A major challenge will be the authorization conversion from Treatment Authorization Requests (FFS Medi-Cal) to Prior Authorizations (Managed Care Medi-Cal). Without clear guidance from DHCS, there could be delays and/or disruption in care and these members will require significant care coordination.

- Nursing Facility Transitions, Diversions to Home, and the Assisted-Living Waiver (ALW) program (transitioning members who meet program and medical criteria for transition out of LTC).
 - There are questions around the financial responsibility for ALW, which is a waiver program as opposed to a covered benefit.
 - The queue for ALW spots can take months if not longer.

Over and Under Utilization

We have been actively working to monitor and address over/under utilization of care within our network. This has been an ongoing effort that runs through our clinical analytics department in collaboration with, among others, utilization management, provider network management, care management, and finance. Hospice has been an area of focus due to high utilization. Findings include:

- An unusual number of members on hospice for > 1 year
- Incorrect billing for long lengths of stay
- High volume providers who discharge members at 6 months who are then immediately enrolled in another hospice
- Relatively high enrollment for members with chronic conditions that may not be at end-stage of illness

A cross-functional team meets weekly to review results of data analysis and determine next steps.

Quality Improvement and Informatics Department

Chief Updates

- National Commission on Quality Assurance (NCQA) agreed to roll Discretionary Survey into the Triannual Health Plan Accreditation Survey.
- The Direct Network Physician Advisory Committee is set and first meeting will be in June.
- Centers for Medicare and Medicaid Services (CMS) Interoperability will be transitioning from the vendor, Change Healthcare, to another process for identity management. A Member facing Webform is in development for requesting Application Programming Interface (API) access. DHCS Operational Readiness documentation was provided.
- We await the Health Equity and Practice Transformation Grant from DHCS.
- QI continues to support the Federally Qualified Health Centers (FQHC) Alternative Payment Model Program implementation including encounter data process challenges.

Health Education & Cultural Linguistic Services (HECLS)

- The race and ethnicity (R/E) data remediation program was subsumed into the new “Member Data Capture Initiative”. This new initiative includes all member demographic components.
- MediKeeper was selected as the new NCQA certified wellness vendor that will provide an online member health and wellness platform launching in January 2024.
- The DHCS Doula benefit launched January 1, 2023. The doula provider recommendation form, doula member flyer, and provider trainings are currently under review by the Doula workgroup for deployment by end of April 2023.
- Perinatal texting campaigns expanded to include commercial line of business and incorporate messaging on Doula benefit.

Quality Improvement-Initiatives

First 5LA/HMG LA

Cohort 1 practices Asian Pacific Health Care Venture and Kids & Teens Medical Group have generated a 14% increase in screenings conducted and are now screening 25% of our members aged 0-5 years old.

Transform L.A.-Direct Network (DN)

- Current program enrollment: 21 practices, 107 providers, 13,093 DN members (35% of total DN members).
- Twelve practices (with pediatric members) out of 21 are now tracking CIS-10 as a required measure in addition to A1c>9% (Poor Control) and Controlling Blood Pressure.

Provider Quality Review (PQR)/Potential Quality Issues (PQI)

- **PQR, Appeals, and Grievances Data Discrepancies:** As previously stated, the PQR team received an additional 503 cases from Grievances in February 2023. A remediation plan to close the additional cases has been implemented in addition to monthly audits of Appeals & Grievances (A&G) cases not sent to PQI, to ensure PQIs are being properly routed. As of March 31, 2023, 441 cases remain open from the new backlog; the goal is to complete cases by August 2023.
 - The risk management and operation support team is now engaged with A&G and PQR team to review the oversight/monitoring manual forwarding communication/reporting process for PQI cases.
 - Joint meetings continue with CSC, A&G, DHS and Call The Car to address ongoing optimization, issues and Corrective Action Plans (CAPs).

Quality Improvement (QI)-Accreditation:

Stars/HEDIS

- MY2022 performance continues to be projected at an overall 2.5 (with rounding). In March, the Healthcare Effectiveness Data and Information Set (HEDIS) overall domain improved (2.41 to 2.71) but the Operations domain overall declined (3.40 to 3.24). HEDIS improved due to +1 Star Rating improvement in Care of Older Adults (COA) Medication Review, COA Pain Assessment, Osteoporosis Management in Women and Plan All Cause Readmission. Operations fell due to a 1 Star rating decline in Reviewing Appeal Decisions due to a change in cut-point assumptions.
- Root-cause analysis continues for Grievance and Appeals (timeliness and overturn rate) and complaints lodged directly with CMS through the Complaints Tracking Module (CTM) for MY2023 and MY2022. Outcome of efforts includes corrective actions and project management to ensure timely implementation of recommendations. An additional analysis to be conducted to identify if G&A and CTM have correlation on connections to member disenrollment.
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey at the contract level for MAPD (Medicare Advantage Prescription Drug) will not be fielded this year due to Dual Eligible Special Needs Plan (D-SNP) contract being new. However, the plan will conduct a CAHPS survey at the PPG level during Q4 to help guide programs and PPG evaluations for MY2024.
- For the High Touch HEDIS / Pharmacy Call Center Outreach RFP, three vendors were selected and their solutions were demonstrated in March. The winner is AdhereHealth.

- The Teletypewriters (TTY)/ Foreign Language Star Measure is currently exceeding the goal of 80% (for Part C and Part D) for MY2023. Current performance is 86% for Part C (3 Star) and 100% for Part D (5 Star).
- Pharmacy Medication Adherence measures are performing at similar levels in MY2023 as in prior years when comparing February and March activity. This will yield an overall domain rating of 2 Stars or less unless the rate of month over month decline is reduced.
- The HEDIS audit season is underway and all deliverables are on target. Both Advent and Health Services Advisory Group (HSAG) Audits took place in March with some minor follow-ups but overall successful. Non-Standard Data submissions and approvals are due March 31, 2023. Medical Records collection for hybrid pursuit is currently on target.
- Align. Measure. Performance (AMP) measure sets file generation is on target with plan to submit in April.
- Prospective HEDIS MY2023 is running in parallel to retrospective. First prospective rate tracker will be available this month.

Population Health Management (PHM)

- The PHM NCQA year one documentation for the 2023 audit is final and expected to meet the requirements. The PHM team has submitted documentation for year two NCQA documentation and is finalizing a consolidated PHM Impact Evaluation Report per NCQA Consultant, The Mihalik Group's (TMG) recommendation. No barriers to note.
- The PHM team will develop the 2023 PHM Program Description in Q2 2023 and will include the CalAIM requirements. CalAIM Strategy document is due October 2023.
- L.A. Care is working to develop the CalAIM Key Performance Indicators (KPIs) report that will be shared with DHCS in July 2023. It will be built into a Tableau Dashboard for tracking.
- The PHM team has drafted the overarching PHM Policy & Procedure and a Transitional Care Services (TCS) Policy & Procedure that will be reviewed for approval in the April Quality Oversight Committee (QOC).

Initial Health Assessment (IHA) transitioning to Initial Health Appointment

The PHM team and IHA workgroup have reviewed APL 22-030 and are making all necessary changes to QI-047 IHA policy, lacare.org, the Universal Provider Manual, the New Member Welcome Letter and New Member Welcome phone script. The QI-047 IHA Policy has been submitted to DHCS and is being approved at Quality Oversight Committee (QOC) in April 2023. There are two potential points of improvement in our IHA monitoring process. The IHA workgroup is drafting the documentation on the root causes and a corrective action plan to address. The ideas include enhancing the monitoring tool, possibly widening the sample and adding accountability to PPGs.

Facility Site Review (FSR)

- The total COVID Public Health Emergency (PHE) related backlog panning March 15, 2020 to December 31, 2021 is now down to 82. To date three hundred and thirty eight (338) audits have been completed from the backlog.
- In Q1 2023, 48 FSR/MRR audits were conducted from the backlog.

Population Health Informatics

Health Information Management (HIM) Analytics

- HIM supports key analytic elements for the CalAim project. Populations of high-risk members who've had a transition of care are being identified for improved Care Management purposes. Further, KPIs relating to ambulatory care and members' engagement with their PCPs are being developed.

- Social Determinants of Health are being monitored by HIM on a PPG and PCP level. Tracking is currently underway to monitor improved usages of SDOH z-codes. Additionally, screening codes have been incorporated into the analysis to verify that an SDOH screening occurred.

Health Information Exchange Ecosystem (HIEc)

- Currently, a cross-functional stakeholder group is in the process of discussing revisions to the Hospital Services Agreement (HSA), which will include a new requirement for hospital participation in Health Information Exchanges (HIEs). Additionally, a memo is being prepared to be sent to contracted hospitals to request their compliance status and to bring their attention to the CMS 9115 Hospital Admit/Discharge and Transfer (ADT) notification requirements.
- The HIEc team is working closely with the ECM team and HIE vendors (LANES and CMT), to bring on additional new entities for Enhanced Care Management/Community Support (ECM/CS) programs. The HIE program continues to support the transition of the existing Health Homes Clinics and CB-CMEs to the new ECM program.
- The Post-Acute Care Management (PAC-MAN) solution is live, giving MLTSS and Care Management users access to near real-time Skilled Nursing Facility (SNF) data on members, with efforts underway to expand access beyond the current 80% of contracted SNFs.
- Clinical Data Repository (CDR) solution vendor selection in progress; aiming to begin real-time ADT ingestion through Fast Healthcare Interoperability Resources (FHIR) from LANES & CMT by May 2023.

Pharmacy Department

Star Rating Metrics

- Medication Adherence: Pharmacy's Comprehensive Adherence Solutions Program (CASP) targets DSNP members who are at risk of non-adherence in any of the 3 triple-weighted adherence measures. A business case for Salesforce was submitted to assist our efforts to increase member engagement and ensure compliance with the Telephone Consumer Protection Act (TCPA). Pharmacy and the STARS team are working on internal review of the CVS adherence program and the Gaps In Care program to target other STARS metrics.
- Osteoporosis Management in Women who had a Fracture (OMW): Pharmacy's comprehensive approach has steadily increased our Star Rating from 1 Star (MY2020) to 3 Stars (MY2022). Pharmacy will be handing off this measure to QI by May but will continue to provide clinical support if needed.
- Medication Therapy Management (MTM) Program: CMS requires health plans to offer a minimum level of MTM services to Medicare members through a CMS-approved MTM program. Services include an annual comprehensive medication review (CMR). Pharmacy, in collaboration with Navitus Clinical Engagement Center (MTM vendor) and CustomHealth pilot program, achieved 31% completion rate of eligible members in 2023 Q1, a significant improvement from 2022 Q1 at 17%. Pharmacy plans to add OutcomesMTM as an additional vendor.

California Right Meds Collaborative (CRMC)

CRMC is an initiative with USC to establish a network of community pharmacies that provide comprehensive medication management (CMM) to members with chronic diseases, such as diabetes and cardiovascular disease. An average A1c reduction of 2% in patients with an average baseline A1c of 11.7% (2.8% reduction seen in ≥ 5 CMM visits) and an average systolic blood pressure (SBP) of 14.4 in patients with baseline blood pressure $>140/90$ mmHg and 2 or more visits is seen.

Clinical Pharmacy Pilot Program (Ambulatory Care)

A clinical pharmacist participates as part of the healthcare team once weekly at various FQHCs to improve medication use and safety for L.A. Care members with uncontrolled diabetes and/or uncontrolled hypertension. 262 medication therapy problems were identified across all patient visits. Current clinics include Wilmington Community Clinic (started 9/2022) and APLA Health (started 12/2022). Contract with Harbor Community Health Center is pending.

Community Resource Center (CRC) Flu Clinics

Pharmacy is working closely with Health Education, CRC leadership, and North Star Alliances to plan for the upcoming flu season. Expanding from 4 events in 2022, 10 events will be hosted between September to October 2023. USC Medical Plaza Pharmacy will offer health screenings (blood pressure and blood glucose), in addition to flu and COVID vaccines. Contract amendments are currently under review by L.A. Care Legal team.

Community Health Department

Social Services

The CHW Benefit Recommendation Form has been uploaded on our provider website and our providers are now able to make requests to have a CHW outreach.

Behavioral Health

The Behavioral Health Integration (BHI) Incentive Program was a 2- year (January 1, 2021- December 31, 2022) grant funded program by DHCS aimed at improving physical and behavioral health outcomes. L.A. Care was awarded \$9 million to disburse to eight network providers who achieved behavioral health integration milestones and measures. Final year performance metrics were submitted to DHCS in March 2023.

Community Supports (CS) Operations & Reporting:

- CS staff worked alongside ECM team to resubmit revisions on Q1 2022 Regulatory Reporting to DHCS
- CS staff is working alongside our ECM team to collect data needed to submit Q1 2023 Regulatory Reporting due to DHCS on May 16th.
- CS staff received DHCS Updated Data/Report guidance and is currently analyzing the requests. Staff will work with internal IT staff to build out reports in accordance with DHCS requirements.

Homeless and Housing Support Services (HHSS):

- As of April 21, 2023, over 10,900 members enrolled in HHSS
- Contracted provider network increased from 22 to 25 this quarter

Street Medicine (SM):

- Healthcare In Action (HIA): providing care by 4/1/2023
- Work plan for Network Expansion: Developing timeline and strategy for LA Care Street Medicine network and program

Board of Governors

Executive Community Advisory Committee

Meeting Minutes – April 12, 2023

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



L.A. Care
HEALTH PLAN

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Senior Staff
<p>Russell Mahler, RCAC 1 Chair Estela Lara, RCAC 2 Chair Cynthia Contreas-Wood, RCAC 3 Chair, ECAC Vice-Chair Silvia Poz, RCAC 4 Chair Maria Sanchez, RCAC 5 Chair Andria McFerson, RCAC 6 Chair Fátima Vázquez, RCAC 7 Chair, ECAC Chair Ana Romo, RCAC 8 Chair Tonya Byrd, RCAC 9 Chair Damares O Hernández de Cordero, RCAC 10 Chair Maria Angel Refugio, RCAC 11 Chair Lluvia Salazar, At-Large Member Deaka McClain, At Large Member</p> <p>* Excused Absent ** Absent *** Via teleconference</p>	<p>Isaac Ibarlucea, Interpreter Eduardo Kogan, Interpreter</p> <p>Marina Garcia, Public Maria Montes, Public Guadalupe Perez, Public Dazzling Sanchez, Public Demetria Saffore, Public Maria Velasquez, Public</p>	<p>Hilda Pérez, Member, Board of Governors Layla Gonzalez, Advocate, Board of Governors John Baackes, Chief Executive Office, L.A. Care *** Sameer Amin, MD, Chief Medical Officer, L.A. Care Alex Li, MD, Chief Health Equity Officer, L.A. Care *** Francisco Oaxaca, Chief of Communication and Community Relations Miriam Admasu, Department Assistant, CO&E Tyonna Baker, Community Outreach Field Specialist, CO&E Kristina Chung, Community Outreach Field Specialist, CO&E Idalia De La Torre, Field Specialist Supervisor, CO&E Auleria Eakins, Manager, CO&E Hilda Herrera, Community Outreach Field Specialist, CO&E Linda Merkens, Senior Manager, Board Services *** Frank Meza, Community Outreach Field Specialist, CO&E Cindy Pozos, Community Outreach Field Specialist, CO&E Victor Rodriguez, Board Specialist, Board Services Martin Vicente, Community Outreach Field Specialist, CO&E</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	<p>Chairperson Vazquez called the meeting to order at 10:00 a.m.</p> <p>Chairperson Fatima Vazquez advised the public to recheck the directions for updates prior to the start of the meeting.</p> <p>The Chair announced that this meeting would be conducted in accordance with the provisions of the Ralph M. Brown Act, allowing members of the Executive Community Advisory Committee, members of the public and staff to participate via teleconference,</p>	

because State and Local officials are recommending measures to promote social distancing. Accordingly, members of the public should join this meeting via teleconference as follows:
<https://us06web.zoom.us/j/87488876422>

Teleconference Call –In information/Site

Call-in number: 1-415-655-0002 Participants Access Code: 2486 945 8852 (English)

Call-in number: 1-415-655-0002 Participants Access Code: 2496 386 9555 (Spanish)

Members of the Executive Community Advisory Committee or staff may also participate in this meeting via teleconference. The public is encouraged to submit public comments or comments on Agenda items in writing by email to COEpubliccomments@lacare.org or by sending a text or voicemail to (888) 522-2732.

Attendees who log on using the URL above will be able to use “chat” during the meeting for public comment. Attendees must log into Zoom to use the “chat” feature. The log in information is at the top of the meeting Agenda. This is a new function during the meeting so that public comments can be made live and direct.

1. The “chat” will be available during the public comment periods before each item.
2. To use the “chat” during public comment periods, look at the bottom of the screen for the icon that has the word, “chat” on it.
3. Click on the chat icon. It will open a window.
4. Select “Everyone” in the To: window.
5. Type the public comment in the box.
6. After hitting the enter key, the message is sent and everyone can see it.
7. The chat message, text, voicemail, or email must indicate if the submitter wishes to be identified or remain anonymous, and must also include the name of the item to which the comment relates.
8. L.A. Care staff will read the chat messages for up to three minutes during public comment so people who are on the phone can hear the comment.

Your comments can also be sent by text, voicemail, or email. If we receive your comments by 10:00 a.m. on April 12, 2023, it will be provided to the members of the Executive Community Advisory Committee at the beginning of the meeting. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates. If you do not indicate an Agenda item for your comment, your comment(s) will be read for up to 3 minutes at item VIII Public Comments on the Agenda.

Once the meeting has started, public comments should be submitted prior to the time the Chair announces public comments for each agenda item and staff will read those comments for up to three minutes. Chat messages submitted during the public comment period for

each agenda item will be read for up to three minutes. If your public comment agenda is not related to any of the agenda item topics, your public comment will be read for up to 3 minutes at item VIII Public Comments on the agenda.

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

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

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

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

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act please contact the Community Outreach & Engagement staff prior to the meeting for assistance by text (888) 522-2732 or by email to COEpubliccomments@lacare.org.

Goals for today's meeting:

1. Receive an update from L.A. Care's Chief Executive Officer.
2. Receive an update from L.A. Care's Chief Medical Officer.
3. Receive and update from L.A. Care's Equity Steering Committee.
4. Receive an update on L.A. Care's Communications and Community Relations Department.
5. Receive an update on L.A. Care's Board of Governors Elections.
6. Receive recommendations from the ECAC ad-hoc committee – Member Survey.
7. Receive a presentation on Sexual Orientation Gender Identity Data Collection.

Idalia De La Torre, *Field Specialist Supervisor, CO&E*, confirmed attendance by roll call.

Chairperson Vazquez read the ECAC Meeting Ground Rules and Meeting Guidelines.

Meeting Ground Rules

- We treat each other with respect
- We raise our virtual hand icon and wait to be called on
- We lower our virtual hand icon when done speaking
- Only one member speaks at a time
- We speak up when something is wrong or not working; we confront issues not people

	<ul style="list-style-type: none"> • We do not personally attack each other <p>Meeting Guidelines</p> <ul style="list-style-type: none"> • ECAC Members will have three (3) minutes to speak on each agenda item • The ECAC Chair can reduce the time to two (2) minutes if time is limited • The three (3) or two (2) minutes allotment will be consecutive and may include questions, comments, and/or anecdotes as long as they fall within the time limit • If time is limited and ECAC members are unable to make a comment or ask a question, the member/s will be asked to forward their comment or question to CO&E staff for follow-up • The response will be recorded in the ECAC meeting minutes for that meeting • The L.A. Care staff schedule to provide an update or present during the ECAC meeting will be timed to ensure they stay within their allotted time. 	
<p>APPROVE MEETING AGENDA</p>	<p>Chairperson Vazquez stated that there will be a small change and Mr. Oaxaca will be providing his report after the ECAC member updates.</p> <p>Estela Lara, <i>RCAC 2 Chair</i>, asked where will Mr. Oaxaca present. Chairperson Vazquez said that it will be before the Board Member Report.</p> <p>Andria McFerson, <i>RCAC 6 Chair</i>, stated that she was not able to hear the chair due to her translation equipment. She said that she arrived late, because her Call the Car ride did not arrive and she had to pay \$30 to get to the meeting, but she is glad to be here.</p> <p>Member McFerson said that when they make the agendas they are made so they can speak to each other as far as health care goes. Having a list of people that they did not agree on to speak is not correct. They only have 15 minutes to speak and it's not enough time to discuss among themselves. She said NAY based on her comment. Deaka McClain, <i>Member At-Large</i>, agrees with Member McFerson and noted that "Future Agenda Items" would be the appropriate agenda item to place topics on the agenda for future meetings. Member McClain said that when it's time to vote for the approval of the agenda, no explanation about their vote is needed. Member McFerson stated that she asks to add items on every agenda and also calls, but they are not added.</p> <p>Ms. De La Torre asked the committee to please allow the Chair to continue with the meeting. Member McFerson called "Point of Order" and said that she is not allowed to speak over anyone. She said that she would like to clarify what was said by Member McClain. She asked the Chair to have the floor and asked that staff not interrupt. Member McFerson said that she called the staff and asked that certain things be on the agenda and</p>	<p>Approved by roll call. 9 AYES (Byrd, Contreas-Wood, Hernandez de Cordero, Lara, McClain, Poz, Sanchez, Refugio, Vazquez)</p> <p>2 NAYS (Mahler, McFerson)</p>

	<p>it's never followed through. With that being said, there needs to be better communication so that they can feel like they are important and they're there for a purpose.</p> <p>The Agenda for today's meeting was approved.</p>	
<p>APPROVE MEETING MINUTES</p>	<p>Member McFerson stated that she is here for one purpose and one purpose only. She is here to make things more accessible, as far as services and healthcare and inner communications for everyone, including with seniors and disabled people. They may need more time to view the meeting minutes, and she did not get them in time to speak about the minutes with the liaison.</p> <p>The March 8, 2023 meeting minutes were approved as submitted.</p>	<p>Approved by roll call. 10 AYES (Byrd, Contreas-Wood, Hernandez de Cordero, Lara, Mahler, McClain, Poz, Sanchez, Refugio, Vazquez) 1 ABSTENTION McFerson</p>
<p>STANDING ITEMS</p>		
<p>UPDATE FROM CHIEF EXECUTIVE OFFICER</p>	<p><i>(Mr. Baackes experienced technical difficulties before giving his update.)</i></p> <p>Mr. Baackes gave the following update:</p> <p>He apologized for not being able to attend the meeting in person. He said he is in Sacramento working on a ballot initiative for the November 2024 election to increase Medi-Cal funding. Because the amount of revenue that comes in to support the hospitals and doctors to take care of members is woefully inadequate, California is the bottom 10% of states and California is the most expensive state to operate in. The housing homeless program that the state is providing so much money on is based on the work L.A. Care did on whole person care. He said they may recall in a six-year period ending in 2021, Los Angeles county participated in a program with an emphasis on homelessness and they participated in a \$21 million initiative as part of a local share that went to communities that helped to find permanent housing for folks that are coming off the streets or in a homeless situation. During that period, L.A. Care built up a network in collaboration with the various agencies that deal with housing. It is centered in Los Angeles County. Dr. Amin talked about collaborating with other agencies and using the funding that was earned under this program in collaboration with other agencies to put it to best use. This money, which is about \$1.3 billion statewide, can't actually be used to pay somebody's rent or to build something, because Medicaid dollars cannot be used for that. So there are many programs that are being used to work around that limitation. He gives credit for the great creativity to staff in the programming that they have come up with.</p> <p>Medi-Cal Redeterminations</p>	

The first notice for Medi-Cal redeterminations went into the mail April 1. He understands that in L.A. County notices have not gone out yet but may be sent next week. He said that people need to look for the yellow envelope and if it has a single page it means that eligibility has been automatically been determined by the state and county and eligibility is guaranteed for another year. If it's a 20 page form, it has to be filled out and submitted. L.A. Care encourages everyone to call the Department of Public Social Services (DPSS) or L.A. Care to make sure the most current address, phone number and e-mail are in the records. L.A. Care is currently working with DPSS to start using renewal date information and target outreach to help members stay enrolled. Secondly, we know people whose income has gone up and they may no longer be eligible, because the income exceeds the ceiling. If those people don't have health insurance, they will have the option of staying with L.A. Care through Covered California. Currently, of the 128K Covered California members with LA Care, almost half of them don't pay any monthly premium, because the premium subsidies cover most of the cost. Those subsidies will not cover the co-pays and deductibles that go with the each of four plan options in Covered California.

Two more mass shootings grabbed the headlines in the United States. Last Friday, a group that participated in L.A. Care's gun violence prevention summit announced a four-point program offered by Los Angeles County Department of Health, with participation by L.A. Care. There was a press event last Friday featuring comments by Dr. Barbara Ferrer, Director of the Los Angeles County Department of Public Health and Dr. Susan Stone, L.A. Care Senior Medical Director,. The emphasis was on treating gun violence as a public health issue. He noted that they may recall that in the '60s and '70s there was a human cry about the number of automobile deaths. One thing that was done, as it was a public health issue, was to mandate seat belts in automobiles. That action helped reduce the number of automobile deaths. When it became apparent that tobacco is a health problem, we mandated labelling of tobacco products so that people would be aware of the dangers.

Estela Lara, *RCAC 2 Chair*, thanked Mr. Baackes for his update and for restructuring the meeting. She said that their input is highly more important than that introductory of about 5 to 10 minutes of reading the guidelines, they all have it and get them so if they are included it in their packet, that is sufficient to say they've been informed. She said that the members need to know that they are important. Many times they get dismissed and are told that they are out of time to speak. She said that the members should have input in the restructuring of the RCACs. She noted the uniqueness of the RCACs. Their voices are important, because they represent their communities. Mr. Baackes responded that he would like to toss all this stuff and talk with members. Because L.A. Care is a public entity, there are some structures it has to adhere to but he thinks it can do a better job and he has asked the staff to look at what can be done. He said that input from members would be wonderful.

	<p>Russel Mahler, <i>RCAC 1 Chair</i>, asked Mr. Baackes for copies of what L.A. Care is doing in Sacramento. Mr. Baackes responded that L.A. Care organized a coalition in June of last year. There was a conversation with the leadership of Medi-Cal program and to ask them if there would be an increase in rates to address the significant increase in the cost of nursing. Because many providers, hospitals and clinics that L.A. Care members go to can't hire nurses. If they can even find them, they can't afford them, because cost has gotten so high as a result of the pandemic and people leaving the business. They told L.A. Care no and he did not find that satisfactory. He does not have anything that he can share in writing, but is happy to continue to provide verbal reports.</p> <p>Maria Sanchez, <i>RCAC 5 Chair</i>, said she would like L.A. Care to continue its efforts on gun violence prevention and she would like to help in any way possible. Mr. Baackes thanked for her offer to help L.A. Care's efforts. He will ask staff to find a way to get members more involved.</p> <p>Member McFerson said to Mr. Baackes that they have the right to speak, this is a delegation, not a dictatorship, they should be able to talk to each other and come up with feasible solutions to help L.A. Care. She said "If people are handpicked to speak for particular amount of time by the Chair, point of order, can we please speak to the Chair about solutions to better our community? That's why we got voted in."</p> <p>Chairperson Vazquez said that they have to follow the agenda and asked that members with questions can email them to staff for a response.</p> <p><i>(The meeting was paused due to a medical emergency.)</i></p>	
<p>UPDATE FROM CHIEF MEDICAL OFFICER</p>	<p>Sameer Amin, <i>MD, Chief Medical Officer</i>, gave the Chief Medical Officer update.</p> <p>He thanked ECAC for the time granted to him to speak with the committee. It is always a pleasure to speak with them and this is one of the bright moments of his month whenever they have the chance to get together. He wanted to center his comments today around a few points. One is the achievements they have had around helping those with housing instability and another around school behavioral health program. He said he has spent the last two months looking at the makeup of his team and trying to figure out how he can put into a structure that will allow his teams to better treat and support the members. These changes took effect on February 27 and he is proud to say they are in a better place to serve members with clear lines of accountability and responsibility. The next phase is to make sure that L.A. Care is applying the right resources, particularly in how it helps hospitals move care forward for members, and assessing how provider groups are making sure they are doing the right quality of work. L.A. Care is making sure that it is providing the right oversight of all vendors and all delegates.</p>	

The other thing he has done in the last four months is get out in the community and spend a significant amount of time going out to the various community health clinics, Federally Qualified Health Centers and to the hospital systems, to make sure that they know they have a direct connection to him. He also wants to understand how care is provided to L.A. Care members. It has been an amazing experience and extremely enlightening for him. He has spoken to the Chief Executive Officers and the Chief Medical Officers and the various clinic members, as well as the members coming in and out. He said he has been able to hear their experiences and where they had issues, and try to address those from a global point of view.

Housing Instability and Behavioral Health

When it comes to housing instability, he proud to report that L.A. Care has now completed a report to the Department of Health Care Services (DHCS) for the Housing Homelessness Incentive Program (HHIP). L.A. Care conducted an internal assessment of how many points it can earn. The points allow L.A. Care to get the funding that it needs from the HHIP incentive program. The funding will be put back into the community to help members with housing instability. L.A. Care performed even better than anticipated, and the performance results brought an increased amount of funding that was not anticipated. Fortunately, we have a place to put it, and that is back into the community. L.A. Care is putting that right back into programs and investments, particularly with the L.A. Care homeless initiative funds it has available.

On February 21, DHCS awarded L.A. Care \$20.7 million under the school behavioral health incentive program to help with behavioral health training, workforce capacity, and IT infrastructure, in partnership with Health Net and the L.A. County Department of Education. There is additional funding allocated for this assessment that will be reinvested back into programs for the members.

Member McClain thanked Dr. Amin for being here and said that she is from RCAC 9 and represents Seniors and People with Disabilities. She is proud and happy for what he has accomplished at L.A. Care so far. She would like to put on the table that there was a time when exam tables for disabled people and seniors were not available at doctor offices, emergency rooms, and hospitals. She noted that a member needed medical services and she was unable to get on an exam table because she was in a wheelchair. ECAC helped procure accessible tables for some providers and hospitals through grants from L.A. Care. She would like that work to continue. She noted that seniors also need housing and just because people say it is accessible does not mean it is actually accessible. Dr. Amin thanked her for her comments and said that he will look into the program she is speaking of to make sure that work continues.

Silvia Poz, *RCAC 4 Chair*, asked how points are accumulated to get help with housing.

	<p>Dr. Amin responded that there is a list of activities that L.A. Care needs to demonstrate in order to provide this help. There are about 30 criteria, and each gives an assessment of how we've done. It's basically a report card and the report card translates to how many incentive payments L.A. Care receives and we can put that funding into further homelessness efforts.</p> <p>Member McFerson thanked Dr. Amin for attending the meeting and providing this necessary information. She noted that they have family members that are disabled, low income, and homeless. She said she has been homeless before. She said that she is disabled and had brain surgery. She said that as L.A. Care is building that program, the incentives, some things like that, you kind of need someone who is homeless, who is disabled to actually make it so that L.A. Care can make it more feasible for the people who need those incentives. She asked if he can sit down with someone or a group of people that they can delegate what they voted on and have those presented to ECAC. That is why they are there, with the advisory committee; she asked if there is any way they can speak on those issues. She also asked if the meeting can be hybrid in case people are not able to make it in person. Dr. Amin responded that has been making sure on this specific HHIP program, that he has a much more detailed regular report than the one he gave today, that is presented in public sessions during the board meetings, and hopefully members will attend. Those discussions are ongoing and publicly available and you can see all the measurements there and can contribute to the conversation during the open comment period. The second thing he would say is that the strategy L.A. Care has used is to find the right places in the community to put the incentive payments.</p> <p><i>(Member Lluvia Salazar joined the meeting.)</i></p> <p>Cynthia Contreas-Wood, RN, RCAC 3 Chair, stated that the tables were exam tables for people who could not get on regular exam tables. She asked for more information about the school program. Dr. Amin responded that it is to focus on the IT infrastructure and the workforce to make sure they have the appropriate staffing.</p>	
<p>UPDATE FROM L.A. CARE EQUITY STEERING COMMITTEE</p>	<p>Alexander Li, MD reported:</p> <p>He thanked ECAC for the invitation and hopes that everything is all right with the members. He also thanked the committee for advocating on behalf of L.A. Care members. He noted that they are very important and a central advisory committee at L.A. Care. He said staff really appreciates and values their time here for advocating on behalf of members. For those that don't know him, he is the new Chief Equity Officer at L.A. Care and previously was the Deputy Chief Medical Officer. He noted that he was also previously an L.A. Care Board member. He said he often sees patients in both South L.A. as well as East L.A., so he knows L.A. County residents very well. He said he has been in this role for six weeks now and it is an incredibly exciting role. This opportunity is a way to think about</p>	

health care both in terms of physical well-being as well as social services. He noted that many members here talk about homelessness as one of the biggest challenges L.A. Care has for members and he couldn't agree more. During the pandemic, L.A. Care saw that there were individuals and communities that were able to bear down and weather through the pandemic, and also members of our community that had lots of challenges, in particular people who are homeless, people of color, and people working in the service industry, and children of school age. We know that many of them have fallen behind in their education or fallen behind in their physical and social skills, as well as in their treatment for mental illness. L.A. Care saw a lot of challenges that have arisen through this pandemic. He said that L.A. Care's Equity Council was created in 2020, so this is not something new. He is stepping into an area where L.A. Care has an established process. It consists of three committees. L.A. Care has a committee for providers. L.A. Care decided to focus the equity council to be one of its providers as opposed a vendor. It felt that its vendors had a fairly solid guardrails around the efforts to make sure that its subcontractors are thinking about equity and both workforce as well as in the services it provide. There is also an internal L.A. Care workforce committee. L.A. Care gave them a spot in terms of how it wants to reconstruct and reimagine this council with a partnership with human resources as well as efforts that are required of LA Care with regard to diversity, equity, and inclusion training, and health equity, and to embody that and embrace that for our staff. One example is reduction of gun violence and gun safety, things that everyone should support.

L.A. Care is predominantly a Medi-Cal plan and he thinks mom and kids are the first and foremost priorities to ensure the most successful start in life. Unfortunately, with the pandemic, there are many people that have fallen behind in prenatal care or vaccinations, as well as in mental health, where he can see a tremendous amount of disparity. These are s target groups, in addition to the homeless, with regard to building out streamlined medicine programs and coordinating housing, vouchers and support.

Another one, in partnership with Dr. Amin and the team, is in thinking about furthering efforts around children and kids. During this pandemic, there were three years of relatively inactivity where a lot of kids were on Zoom or WebEx, they were unfortunately, left behind in social interactions, mental wellness and physical activity. These are effects that would have lasting impact on health and wellness.

Member McFerson thanked Dr. Li for his update. His information is very needed and appreciated by people who need those services. She noted that she has epilepsy and is still speaking up for people. She asked about the partnership with Human Resources, who makes those decisions, and who contributes to the focus group. She asked if the provider committee gives information. She asked that they do some sort of survey and just like an election of the president. Have it so that each person can make their own comment and vote and different things like that and give it inadvertently so that they do not put their own

	<p>business out there. Because some people are not welcomed to put their own information out there because they are scared that their providers would not give them proper health care or they might retaliate. She asked if he is hand choosing those people that are involved in the committees. Dr. Li responded that the partnership with Human Resources is more internally focused around the L.A. Care workforce. He pointed out the restructure of the RCACs. He thinks this is something he would love to engage with members. The team led by Mr. Oaxaca, in terms of how to move forward with, a more connected partnership. He thinks about the years of incredible history with the RCACs, and he would love to take advantage of that and partner with RCAC members.</p> <p>Member McClain thanked Dr. Li for his sharing his information and she appreciates what he is doing with the Steering Committee. She noted that he did not mention Seniors and People with Disabilities so she is hoping that he can put that on the table. She said homelessness is a major issue for people with disabilities and seniors because they rely on a fixed income and they have to choose between where they will live or get their medicine. She also stressed the need for housing to be accessible for disabled people. Dr. Li thanked her for her comments.</p>	
<p>BOARD MEMBERS REPORT</p>	<p><i>This agenda item was postponed until the May 2023 ECAC meeting due to time constraints.</i></p>	
<p>COMMUNICATIONS AND COMMUNITY RELATIONS DEPARTMENT UPDATE</p>	<p>Francisco Oaxaca, <i>MBA</i>, gave a Communication and Community Relations Department Update (<i>a copy of the written report can be obtained from CO&E.</i>).</p> <p>Lluvia Salazar, <i>Member At-Large</i>, stated that ECAC needs to come together because they are a group not individuals. The community resource centers are also part of this group. The members are the ones who requested these centers in their neighborhoods and there needs to be more communication with the community. She asked that there be a representative from each community resource center to provide updates about their activities.</p> <p>Member McFerson said that she appreciates the update. She asked, “if we do form these groups that were suggested, will that end the advisory committees in anyway as of 2024? Would that make it so that we do not focus equally as a RCAC member or as an ECAC? What will change? Will we still be an advisory committee? In addition, specifically, how is the communication and outreach participants, how are they chosen? Will that be announced at each RCAC meeting?” Ms. McFerson asked if ECAC would be able to vote on these issues.</p> <p>Mr. Oaxaca responded that RCACs and the ECAC are not going away. These are additional opportunities for engagement. Therefore, they are mandated committees of the Board. That structure will not change. What L.A. Care is trying to do is implement an innovative approach that will create new outlets for discussions and new additional opportunities to</p>	

	<p>have discussions that really are difficult for us to have in the current structure based on the way that ECAC and the RCACs are required to operate. L.A. Care is trying to create broader opportunities for discussion.. There is going to be much more discussion with each of the RCACs about the details. Mr. Oaxaca stated that staff would not be in as much of the position of selecting who should participate, as the new process will allow opportunities for members to determine their interest. Members who are interested in having a role in certain discussions will come to us and say, “I’m really interested in advocacy, “I want to engage with L.A. Care on advocacy” or “I’m really interested in social determinants of health” and “I want to be a part of that group.” The focus groups will be a little more intentional because L.A. Care will want to hear from certain members who have things in common around a certain topic</p>	
MEMBER ISSUES	<p>Member Lara stated that members in her community had issues getting a same day appointment with their doctor and they lack a contracted urgent care. A member also had issues accessing their caseworker at L.A. Care. They needed help getting a referral and no one followed up with him. She also reported that a member had trouble getting their stipend for attending ECAC and RCAC meetings. She noted that Finance Department is using a new computer system and were having issues. She said staff was looking into the problem.</p> <p>Member McFerson said that she went to the Board and asked that there be food provided to the RCACs. She said they are dealing with low-income people and only have one meal a day. She noted they used to having food at RCAC meetings and some people are now catching buses. She asked they make sure that RCAC members get one meal every two months. She said that the raising of the stipend could be in the form of a gift card.</p> <p>Member Sanchez stated that members are having issues setting an appointment at a community clinic medical conditions or health problems. They are asked to schedule additional appointments when they are already at the doctor’s office. She said that the doctor should give members the opportunity to speak about their health issues.</p>	
OLD BUSINESS		
BOARD OF GOVERNORS ELECTIONS	<p><i>Due to time constrains this agenda item was not discussed. A copy of the report was distributed to the committee and is available by contacting CO&E.</i></p> <p>Member McFerson asked when the deadline for Board Seat applications is.</p> <p>The deadline for applications is April 12, 2023 at 3:00 P.M.</p>	
ECAC AD HOIC COMMITTEE MEMBER SURVEY	<p><i>Due to time this agenda item was not discussed.</i></p>	

NEW BUSINESS

**SEXUAL
ORIENTATION
GENDER IDENTITY
(SOGI)
PRESENTATION**

This agenda item was postponed until the May 2023 ECAC meeting due to time constraints. A copy of the report was distributed to the committee and is available by contacting CO&E.

FUTURE AGENDA ITEMS

Member Mahler would like an update on the restructure of the RCACs. He would like to be able to pass that information on to his RCAC members.

Member McClain said she is glad they are meeting in person again. She said she would like ECAC to go through the emergency drill so they know what to do in case of an emergency.

Maria Angel Refugio, *RCAC 11 Chair*, said that she would like to receive a presentation on how to select a new doctor and make a doctor change.

Member McFerson would like to know how to suggest different presenters to their RCACs according to the necessities of the public. She would like more involvement with planning RCAC meeting agendas. She feels they are being spoken at and not spoken to.

Member Poz asked for more information on COVID-19. She heard a report that anyone going into the hospital to get treated for COVID-19 will have to pay for those services. She said that they will also have to pay for testing about \$50.

PUBLIC COMMENTS

No public comment was submitted.

ADJOURNMENT

Ms. De La Torre stated that the Board Seat Application is due at 3:00 P.M. today.

Member McFerson said she is there to give everyone a voice. She would like ECAC to go back to being a family. She said she loves everyone. She is there only here for one purpose. She does it for people who don't receive proper health care.

Member Poz said that the redetermination papers are being mailed. She said that members can visit the website or call 702-202-2210 to get assistance.

Dr. Li stated via chat that there is no charge for COVID-19 testing for L.A. Care members.

	Chairperson Vazquez thanked the interpreters, L.A. Care staff, and the public for attending. The meeting was adjourned at 1:00 p.m.	
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RESPECTFULLY SUBMITTED BY:

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

APPROVED BY

Fatima Vasquez, *ECAC Chair*
Date 05-10-2023



Legislative Matrix - Post Appropriations Deadline

Last Updated: May 23, 2023

Bills by Issue

2023 Legislation (121)

Bill Number	Status	Position
AB 4	In Assembly	Support
Title		
Covered California: expansion.		
Description		
<p>AB 4, as amended, Arambula. Covered California: expansion. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Existing state law creates the California Health Benefit Exchange, also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law requires the Exchange to apply to the United States Department of Health and Human Services for a waiver to allow individuals who are not eligible to obtain health coverage through the Exchange because of their immigration status to obtain coverage from the Exchange, by waiving the requirement that the Exchange offer only qualified health plans solely for the purpose of offering coverage to persons otherwise not able to obtain coverage by reason of immigration status. Existing law limits the waiver of that requirement to requiring the Exchange to offer only "California qualified health plans," as specified, to those individuals. Existing law requires an issuer that offers a qualified health plan in the individual market through the Exchange to concurrently offer a California qualified health plan that meets prescribed criteria. This bill would revise those provisions by deleting the requirement that limits coverage for the described individuals to the California qualified health plans. Contingent upon federal approval of the waiver, specified requirements for applicants eligible for the coverage described in the bill would become operative on January 1, 2025, for coverage effective for qualified health plans beginning January 1, 2026.</p>		
Primary Sponsors		
Joaquin Arambula, Sabrina Cervantes, Maria Durazo		
Organizational Notes		
Last edited by Joanne Campbell at May 12, 2023, 9:13 PM L.A. Care, Health Access California (co-sponsor), California Immigrant Policy Center (co-sponsor): Support		

Title

Pelvic floor physical therapy coverage.

Description

AB 47, as introduced, Boerner. Pelvic floor physical therapy coverage. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy to provide maternity coverage, and prohibits the restriction, reduction, or denial of specified maternity benefits. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, to provide coverage for pelvic floor physical therapy after pregnancy. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Tasha Boerner Horvath

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:50 PM

California Association of Health Plans: Oppose

Title

Social determinants of health: screening and outreach.

Description

AB 85, as amended, Weber. Social determinants of health: screening and outreach. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plans and health insurers to include coverage for screening for various conditions and circumstances, including adverse childhood experiences. Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would, upon appropriation by the Legislature for these purposes, require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, to include coverage for screenings for social determinants of health, as defined, regardless of the screening method utilized. The bill would, upon appropriation, require a health care service plan or health insurer to provide physicians who provide primary care services with adequate access to community health workers, peer support specialists, lay health workers, community health representatives, or social workers in counties where the health care service plan or health insurer has enrollees or insureds, as specified. The bill would, upon appropriation, authorize the respective departments to adopt guidance to implement its provisions. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. The bill would, upon appropriation, make social determinants of health screenings a covered benefit for Medi-Cal beneficiaries and would require the State Department of Health Care Services to provide reimbursement for those screenings, as specified. Existing law establishes the Department of Health Care Access and Information, under the control of the Director of the Department of Health Care Access and Information, to administer programs relating to areas including health policy and planning. This bill would, upon appropriation, require the department to convene a working group, with specified membership, to create a standardized model and procedures for connecting patients with community resources, to assess the need for a centralized list of accredited community providers, and to determine gaps in research and data to inform policies on system changes to address social determinant... (click bill link to see more).

Primary Sponsors

Akilah Weber

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:51 PM
California Association of Health Plans: Oppose

Title

Distressed Hospital Loan Program.

Description

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

Primary Sponsors

House Budget Committee

Bill Number

AB 221

Status

In Assembly

Position

Monitor

Title

Budget Act of 2023.

Description

AB 221, as introduced, Ting. Budget Act of 2023. This bill would make appropriations for the support of state government for the 2023–24 fiscal year. This bill would declare that it is to take effect immediately as a Budget Bill.

Primary Sponsors

Phil Ting

Title

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

Description

AB 254, as amended, Bauer-Kahan. Confidentiality of Medical Information Act: reproductive or sexual health application information. The Confidentiality of Medical Information Act (CMIA) prohibits a provider of health care, a health care service plan, a contractor, or a corporation and its subsidiaries and affiliates from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as provided. The CMIA makes a business that offers software or hardware to consumers, including a mobile application or other related device that is designed to maintain medical information in order to make the information available to an individual or a provider of health care at the request of the individual or a provider of health care, for purposes of allowing the individual to manage the individual's information or for the diagnosis, treatment, or management of a medical condition of the individual, a provider of health care subject to the requirements of the CMIA. Existing law makes a violation of these provisions that results in economic loss or personal injury to a patient punishable as a misdemeanor. This bill would revise the definition of "medical information" to include reproductive or sexual health application information, which the bill would define to mean information about a consumer's reproductive or sexual health collected by a reproductive or sexual health digital service, as specified. The bill would make a business that offers a reproductive or sexual health digital service to a consumer for the purpose of allowing the individual to manage the individual's information, or for the diagnosis, treatment, or management of a medical condition of the individual, a provider of health care subject to the requirements of the CMIA. Because the bill would expand the scope of a crime, it would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Rebecca Bauer-Kahan, Dawn Addis, Laura Friedman

Title

Public health: COVID-19 testing and dispensing sites.

Description

AB 269, Berman. Public health: COVID-19 testing and dispensing sites. Existing law, the California Emergency Services Act, authorizes the Governor to declare a state of emergency during conditions of disaster or extreme peril to persons or property, including epidemics. Pursuant to this authority, on March 4, 2020, the Governor declared a state of emergency relating to the novel coronavirus 2019 (COVID-19) pandemic, and ordered, among other things, that the certification and licensure requirements as specified in statute and regulation be suspended to all persons who meet the requirements under the Clinical Laboratory Improvement Amendments (CLIA) for high complexity testing and who are performing analysis of samples to test for SARS-CoV-2, the virus that causes COVID-19, in any certified public health laboratory or licensed clinical laboratory, and that the California Health and Human Services Agency is required to identify and make available medical facilities and other facilities that are suitable for use as medical facilities as necessary for treating individuals who test positive for COVID-19. This bill would authorize a person to perform an analysis of samples to test for SARS-CoV-2 in a clinical laboratory or a city, county, or city and county public health laboratory if they meet the requirements under CLIA for high complexity testing. The bill would, until January 1, 2024, authorize an entity contracted with and approved by the State Department of Public Health to operate a designated COVID-19 testing and dispensing site to acquire, dispense, and store COVID-19 oral therapeutics, as defined, at or from a designated site. This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors

Marc Berman

Title

CalWORKs: CalFresh: eligibility: income exclusions.

Description

AB 274, as amended, Bryan. CalWORKs: CalFresh: eligibility: income exclusions. Existing federal law provides for allocation of federal funds to eligible states through the federal Temporary Assistance for Needy Families (TANF) block grant program. Existing state law provides for the California Work Opportunity and Responsibility to Kids (CalWORKs) program under which, through a combination of state and county funds and federal funds received through the TANF program, each county provides cash assistance and other benefits to qualified low-income families. Under existing law, certain types of payments received by recipients of aid under the CalWORKs program, including, among others, an award or scholarship provided by a public or private entity to, or on behalf of, a dependent child are exempt from consideration as income for purposes of determining eligibility and aid amount. Existing federal law provides for the Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh, under which supplemental nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county. Existing law requires the eligibility of households to be determined to the extent permitted by federal law. Existing federal regulation provides states with the option to exclude, for purposes of calculating a household's income under SNAP, any type of income that the state excludes when determining eligibility or benefits for TANF cash assistance. This bill would exempt any grant, award, scholarship, loan, or fellowship benefit provided to any assistance unit member for educational purposes from consideration as income for purposes of determining CalWORKs eligibility or grant amounts. The bill would also require, to the extent permitted by federal law, regulation, or guidance, or a waiver thereof, the State Department of Social Services to exercise a federal option to exclude, for purposes of calculating a household's income under CalFresh, any type of income that the department excludes when determining eligibility or benefits for CalWORKs. This bill would require the department to implement these provisions through an all-county letter or similar instruction until regulations are adopted. By expanding the scope of eligibility for CalWORKs and CalFresh, the bill would impose a state-mandated local program. Existing law continuously appropriates moneys from the General Fund to defray a portion of county costs under the CalWORKs program. This bill would provide that the continuous appropriation would not be made for purposes of implementing the bill. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by t... (click bill link to see more).

Primary Sponsors

Isaac Bryan, Lisa Calderon

Title

California Food Assistance Program: eligibility and benefits.

Description

AB 311, as introduced, Santiago. California Food Assistance Program: eligibility and benefits. Existing federal law provides for the Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh, under which supplemental nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county. Existing law requires the State Department of Social Services to establish a food assistance program, known as the California Food Assistance Program (CFAP), to provide assistance to a noncitizen of the United States if the person's immigration status meets the eligibility criteria of SNAP in effect on August 21, 1996, but the person is not eligible for SNAP benefits solely due to their immigration status, as specified. Existing law also makes eligible for the program an applicant who is otherwise eligible for the program, but who entered the United States on or after August 22, 1996, if the applicant is sponsored and the applicant meets one of a list of criteria, including that the applicant, after entry into the United States, is a victim of the sponsor or the spouse of the sponsor if the spouse is living with the sponsor. Existing law, to become operative on the date that the department notifies the Legislature that the Statewide Automated Welfare System (SAWS) has been updated to perform the necessary automation, and subject to an appropriation in the annual Budget Act, makes an individual 55 years of age or older eligible for the program if the individual's immigration status is the sole basis for their ineligibility for CalFresh benefits. This bill would remove that age limitation and make any individual eligible for the program if the individual's immigration status is the sole basis for their ineligibility for CalFresh benefits. By extending eligibility for CFAP, which is administered by the counties, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors

Miguel Santiago, Melissa Hurtado

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 6:22 PM

L.A. Care: Support

Title

Pharmacist service coverage.

Description

AB 317, as introduced, Weber. Pharmacist service coverage.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care under authority of the Director of the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes health care service plans and certain disability insurers, that offer coverage for a service that is within the scope of practice of a duly licensed pharmacist, to pay or reimburse the cost of the service performed by a pharmacist for the plan or insurer if the pharmacist otherwise provides services for the plan or insurer. This bill would instead require a health care service plan and certain disability insurers that offer coverage for a service that is within the scope of practice of a duly licensed pharmacist to pay or reimburse the cost of services performed by a pharmacist at an in-network pharmacy or by a pharmacist at an out-of-network pharmacy if the health care service plan or insurer has an out-of-network pharmacy benefit. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Akilah Weber

Title

Health information.

Description

AB 352, as amended, Bauer-Kahan. Health information. Existing law, the Reproductive Privacy Act, provides that every individual possesses a fundamental right of privacy with respect to their personal reproductive decisions. Existing law prohibits the state from denying or interfering with a person's right to choose or obtain an abortion prior to viability of the fetus, or when the abortion is necessary to protect the life or health of the person. Existing law, the Confidentiality of Medical Information Act (CMIA), generally prohibits a provider of health care, a health care service plan, or a contractor from disclosing medical information regarding a patient, enrollee, or subscriber without first obtaining an authorization, unless a specified exception applies. The CMIA requires every provider of health care, health care service plan, pharmaceutical company, or contractor who, among other things, maintains or stores medical information to do so in a manner that preserves the confidentiality of the information contained therein. The CMIA also prohibits a provider of health care, a health care service plan, a contractor, or an employer from releasing medical information that would identify an individual or related to an individual seeking or obtaining an abortion in response to a subpoena or a request or to law enforcement if that subpoena, request, or the purpose of law enforcement for the medical information is based on, or for the purpose of enforcement of, either another state's laws that interfere with a person's rights to choose or obtain an abortion or a foreign penal civil action. Existing law makes a violation of the CMIA that results in economic loss or personal injury to a patient punishable as a misdemeanor. This bill would require specified businesses that electronically store or maintain medical information on the provision of sensitive services on behalf of a provider of health care, health care service plan, pharmaceutical company, contractor, or employer to develop capabilities, policies, and procedures, on or before July 1, 2024, to enable certain security features, including limiting user access privileges and segregating medical information related to sensitive services, as specified. The bill would additionally prohibit a provider of health care, health care service plan, contractor, or employer from cooperating with any inquiry or investigation by, or from providing medical information to, an individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual or that is related to an individual seeking or obtaining an abortion or abortion-related services that are lawful under the laws of this state, u... (click bill link to see more).

Primary Sponsors

Rebecca Bauer-Kahan

Title

Medi-Cal: diabetes management.

Description

AB 365, as amended, Aguiar-Curry. Medi-Cal: diabetes management. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth a schedule of benefits under the Medi-Cal program. This bill would add continuous glucose monitors and related supplies required for use with those monitors as a covered benefit under the Medi-Cal program, subject to utilization controls. The bill would require the department, by July 1, 2024, to review and update, as appropriate, coverage policies for continuous glucose monitors, as specified. The bill would authorize the department to require a manufacturer of a continuous glucose monitor to enter into a rebate agreement with the department. The bill would limit its implementation to the extent that any necessary federal approvals are obtained and federal financial participation is not otherwise jeopardized. The bill would make related findings and declarations.

Primary Sponsors

Cecilia Aguiar-Curry

Title

Distressed Hospital Loan Program.

Description

AB 412, as amended, Soria. Distressed Hospital Loan Program. The California Health Facilities Financing Authority Act authorizes the California Health Facilities Financing Authority to, among other things, make loans from the continuously appropriated California Health Facilities Financing Authority Fund to participating health institutions, as defined, for financing or refinancing the acquisition, construction, or remodeling of health facilities. This bill would create the Distressed Hospital Loan Program, until January 1, 2032, for the purpose of providing loans to not-for-profit hospitals and public hospitals, as defined, in significant financial distress, or to governmental entities representing a closed hospital to prevent the closure or facilitate the reopening of a closed hospital. The bill would require, subject to an appropriation by the Legislature, the Department of Health Care Access and Information to administer the program and would require the department to enter into an interagency agreement with the authority to implement the program. The bill would require the department, in collaboration with the State Department of Health Care Services, the Department of Managed Health Care, and the State Department of Public Health, to develop a methodology to evaluate an at-risk hospital's potential eligibility for state assistance from the program, as specified. Notwithstanding that methodology, the bill would deem a hospital applying for aid to be immediately eligible for state assistance from the program if the hospital has 90 or fewer days cash on hand and has experienced a negative operating margin over the preceding 12 months. The bill would require a hospital or a closed hospital to provide the authority and the department with financial information, in a format determined by the authority, demonstrating the hospital's need for assistance due to financial hardship. The bill would additionally require that the department, in consultation with the authority, develop a loan forgiveness application and approval process, as specified. The bill would specify that the authority and the department may implement these provisions by information notices or other similar instructions, without taking any further regulatory action. This bill would create the Distressed Hospital Loan Program Fund, a continuously appropriated fund, for use by the department and the authority to administer the loan program, as specified. The bill would authorize both the authority and the department to recover administrative costs from the fund, as specified. By creating a continuously appropriated fund, the bill would make an appropriation. Existing law generally requires a health care facility to report specified data to the department, i... (click bill link to see more).

Primary Sponsors

Esmeralda Soria, Eduardo Garcia, Jim Wood, Anna Caballero

Title

Medi-Cal: pharmacogenomic testing.

Description

AB 425, as amended, Alvarez. Medi-Cal: pharmacogenomic testing. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth a schedule of covered benefits under the Medi-Cal program. This bill would add pharmacogenomic testing as a covered benefit under Medi-Cal, as specified. The bill would define pharmacogenomic testing as laboratory genetic testing that includes, but is not limited to, a panel test, to identify how a person's genetics may impact the efficacy, toxicity, and safety of medications, including medications prescribed for behavioral or mental health, oncology, hematology, pain management, infectious disease, urology, reproductive or sexual health, neurology, gastroenterology, or cardiovascular diseases. The bill would also make related legislative findings.

Primary Sponsors

David Alvarez

Title

California Behavioral Health Outcomes and Accountability Review.

Description

AB 459, as amended, Haney. California Behavioral Health Outcomes and Accountability Review. Existing law, the Bronzan-McCorquodale Act, contains provisions governing the operation and financing of community mental health services for persons with mental disorders in every county through locally administered and locally controlled community mental health programs. Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 in the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs, including prevention and early intervention programs. This bill would require the California Health and Human Services Agency, by July 1, 2026, to establish the California Behavioral Health Outcomes and Accountability Review (CBH-OAR), consisting of performance indicators, county self-assessments, and county and health plan improvement plans, to facilitate an accountability system that fosters continuous quality improvement in county and commercial behavioral health services and in the collection and dissemination of best practices in service delivery by the agency. The bill would require the agency to convene a workgroup, as specified, to establish a workplan by which the CBH-OAR shall be conducted. The bill would require the agency to establish specific process measures and uniform elements for the county and health plan improvement plan updates. The bill would require the agency to report to the Legislature, as specified. By imposing new requirements on counties, this bill would impose a state-mandated local program. This bill would require the agency to request the University of California to enter into a contract with the state to provide specific services, including preparing an analysis of how data pertaining to the provision of behavioral health services and client outcomes collected by the counties and health plans may be used to demonstrate the impact of services on life outcomes. The bill would require the analysis to be delivered to the agency, the Legislature, and the workgroup on or before July 1, 2026. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors

Matt Haney

Title

California Public Records Act Ombudsperson.

Description

AB 469, as introduced, Vince Fong. California Public Records Act Ombudsperson. The California Public Records Act requires state and local agencies to make their records available for public inspection, unless an exemption from disclosure applies. The act declares that access to information concerning the conduct of the people's business is a fundamental and necessary right of every person in this state. Existing law creates the California State Auditor's Office, which is independent of the executive branch and legislative control, to examine and report annually upon the financial statements prepared by the executive branch. Existing law establishes, within the State Treasury, the State Audit Fund, which is a continuously appropriated fund, for the expenses of the California State Auditor. This bill would establish, within the California State Auditor's Office, the California Public Records Act Ombudsperson. The bill would require the California State Auditor to appoint the ombudsperson subject to certain requirements. The bill would require the ombudsperson to receive and investigate requests for review, as defined, determine whether the denials of original requests, as defined, complied with the California Public Records Act, and issue written opinions of its determination, as provided. The bill would require the ombudsperson to create a process to that effect, and would authorize a member of the public to submit a request for review to the ombudsperson consistent with that process. The bill would require the ombudsperson, within 30 days from receipt of a request for review, to make a determination, as provided, and would require the state agency to provide the public record if the ombudsperson determines that it was improperly denied. The bill would, if requested by the ombudsperson, require any state agency determined to have improperly denied a request to reimburse the ombudsperson for its costs to investigate the request for review. The bill would require the ombudsperson to create a process through which a person whose information is contained in a record being reviewed may intervene to assert their privacy and confidentiality rights, and would otherwise require the ombudsperson to maintain the privacy and confidentiality of records, as provided. The bill would require the ombudsperson to report to the Legislature, on or before January 1, 2025, and annually thereafter, on, among other things, the number of requests for review the ombudsperson has received in the prior year. By expanding the duties of the California State Auditor's Office, this bill would create an appropriation.

Primary Sponsors

Vince Fong

Title

Medi-Cal: skilled nursing facilities: vision loss.

Description

AB 488, as introduced, Stephanie Nguyen. Medi-Cal: skilled nursing facilities: vision loss. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department, subject to any necessary federal approvals, for managed care rating periods that begin between January 1, 2023, and December 31, 2026, inclusive, to establish and implement the Workforce and Quality Incentive Program under which a network provider furnishing skilled nursing facility services to a Medi-Cal managed care enrollee may earn performance-based directed payments from the Medi-Cal managed care plan with which they contract, as specified. Existing law, subject to an appropriation, requires the department to set the amounts of those directed payments under a specified formula. Existing law requires the department to establish the methodology or methodologies, parameters, and eligibility criteria for the directed payments, including the milestones and metrics that network providers of skilled nursing facility services must meet in order to receive a directed payment from a Medi-Cal managed care plan, with at least 2 of these milestones and metrics tied to workforce measures. This bill would require that the measures and milestones include program access, staff training, and capital improvement measures aimed at addressing the needs of skilled nursing facility residents with vision loss. The bill would make related legislative findings.

Primary Sponsors

Stephanie Nguyen

Title

Health Professions Career Opportunity Program.

Description

AB 517, as amended, Soria. Health Professions Career Opportunity Program. Existing law establishes the Department of Health Care Access and Information and requires the department to maintain a Health Professions Career Opportunity Program to, among other things, implement programs at colleges and universities selected by the department and include in those programs pipeline programs that provide comprehensive academic enrichment, career development, mentorship, and advising in order to support students from underrepresented regions and backgrounds to pursue health careers. This bill would require the department to provide to the Legislature a spending report of the Health Professions Career Opportunity Program for the 2021–22 and 2022–23 fiscal years.

Primary Sponsors

Esmeralda Soria

Title

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

Description

AB 551, as amended, Bennett. Medi-Cal: specialty mental health services: foster children. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services (department), under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, specialty mental health services include federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services provided to eligible Medi-Cal beneficiaries under 21 years of age. Existing law requires each local mental health plan to establish a procedure to ensure access to outpatient specialty mental health services, as required by the EPSDT program standards, for youth in foster care who have been placed outside their county of adjudication, as described. Existing law requires the department to issue policy guidance on the conditions for, and exceptions to, presumptive transfer of responsibility for providing or arranging for specialty mental health services to a foster youth from the county of original jurisdiction to the county in which the foster youth resides, as prescribed. On a case-by-case basis, and when consistent with the medical rights of children in foster care, existing law authorizes the waiver of presumptive transfer, with the responsibility for the provision of specialty mental health services remaining with the county of original jurisdiction if certain exceptions exist. Under existing law, the county probation agency or the child welfare services agency is responsible for determining whether waiver of the presumptive transfer is appropriate, with notice provided to the person requesting the exception. Under existing law, commencing July 1, 2023, in the case of placement of foster children in short-term residential therapeutic programs, community treatment facilities, or group homes, or in the case of admission of foster children to children's crisis residential programs, the county of original jurisdiction is required to retain responsibility and presumptive transfer provisions apply only if certain circumstances exist. This bill, for purposes of foster children placed or admitted in those specific settings, would delay, until July 1, 2024, the requirement on the county of original jurisdiction to retain responsibility and the limitation on the presumptive transfer provisions. By extending the period during which a county agency is responsible for making determinations about presumptive transfer waivers and making certain notifications, the bill would impose a state-mandated local program. Existing law conditions implementation of the above-described provisions on the availability of fede... (click bill link to see more).

Primary Sponsors

Steve Bennett

Title

Open meetings: local agencies: teleconferences.

Description

AB 557, as introduced, Hart. Open meetings: local agencies: teleconferences. (1) Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act contains specified provisions regarding providing for the ability of the public to observe and provide comment. The act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. Existing law, until January 1, 2024, authorizes a local agency to use teleconferencing without complying with those specified teleconferencing requirements in specified circumstances when a declared state of emergency is in effect, or in other situations related to public health, as specified. If there is a continuing state of emergency, or if state or local officials have imposed or recommended measures to promote social distancing, existing law requires a legislative body to make specified findings not later than 30 days after the first teleconferenced meeting, and to make those findings every 30 days thereafter, in order to continue to meet under these abbreviated teleconferencing procedures. Existing law requires a legislative body that holds a teleconferenced meeting under these abbreviated teleconferencing procedures to give notice of the meeting and post agendas, as described, to allow members of the public to access the meeting and address the legislative body, to give notice of the means by which members of the public may access the meeting and offer public comment, including an opportunity for all persons to attend via a call-in option or an internet-based service option. Existing law prohibits a legislative body that holds a teleconferenced meeting under these abbreviated teleconferencing procedures from requiring public comments to be submitted in advance of the meeting and would specify that the legislative body must provide an opportunity for the public to address the legislative body and offer comment in real time. This bill would extend the above-described abbreviated teleconferen... (click bill link to see more).

Primary Sponsors

Gregg Hart

Bill Number

AB 564

Status

In Assembly

Position

Monitor

Title

Medi-Cal: claim or remittance forms: signature.

Description

AB 564, as amended, Villapudua. Medi-Cal: claim or remittance forms: signature. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the Director of Health Care Services to develop and implement standards for the timely processing and payment of each claim type. Existing law requires that the standards be sufficient to meet minimal federal requirements for the timely processing of claims. Existing law states the intent of the Legislature that claim forms for use by physicians and hospitals be the same as claim forms in general use by other payors, as specified. This bill would require the department to allow a provider to submit an electronic signature for a claim or remittance form under the Medi-Cal program, to the extent not in conflict with federal law.

Primary Sponsors

Carlos Villapudua

Bill Number

AB 576

Status

In Assembly

Position

Monitor

Title

Medi-Cal: reimbursement for abortion.

Description

AB 576, as amended, Weber. Medi-Cal: reimbursement for abortion. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides that abortion is a covered benefit under Medi-Cal. Existing regulation authorizes reimbursement for specified medications used to terminate a pregnancy through the 70th day from the first day of the recipient's last menstrual period. This bill would require the department, by March 1, 2024, to review and update Medi-Cal coverage policies for medication abortion to align with current evidence-based clinical guidelines. After the initial review, the bill would require the department to update its Medi-Cal coverage policies for medication abortion as needed to align with evidence-based clinical guidelines. The bill would require the department to allow flexibility for providers to exercise their clinical judgment when services are performed in a manner that aligns with one or more evidence-based clinical guidelines.

Primary Sponsors

Akilah Weber

Title

Medi-Cal: comprehensive perinatal services.

Description

AB 608, as amended, Schiavo. Medi-Cal: comprehensive perinatal services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including comprehensive perinatal services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, a pregnant individual or targeted low-income child who is eligible for, and is receiving, health care coverage under any of specified Medi-Cal programs is eligible for full-scope Medi-Cal benefits for the duration of the pregnancy and for a period of one year following the last day of the individual's pregnancy. This bill, during the one-year postpregnancy eligibility period, and as part of comprehensive perinatal services under Medi-Cal, would require the department to cover additional comprehensive perinatal assessments and individualized care plans and to provide additional visits and units of services in an amount, duration, and scope that are at least proportional to those available on July 27, 2021, during pregnancy and the initial 60-day postpregnancy period in effect on that date. The bill would require the department to consider input from the State Department of Public Health and certain stakeholders, as specified, in determining the specific number of additional comprehensive perinatal assessments, individualized care plans, visits, and units of services to be covered. The bill would require the department to cover comprehensive perinatal services that are rendered by a nonlicensed perinatal health worker in a beneficiary's home or other community setting away from a medical site, as specified. The bill would also require the department to allow a nonlicensed perinatal health worker rendering those services to be supervised by a community-based organization (CBO) or a local health jurisdiction (LHJ). For these purposes, the bill would require a CBO or LHJ supervising a nonlicensed perinatal health worker to provide those services under contract with a Comprehensive Perinatal Services Program provider. The bill would condition implementation of the provisions above on receipt of any necessary federal approvals and the availability of federal financial participation. The bill would authorize the department to implement these provisions by all-county letters or similar instructions until regulations are adopted.

Primary Sponsors

Pilar Schiavo, Joaquin Arambula, Sabrina Cervantes

Title

Medi-Cal.

Description

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

Primary Sponsors

Jim Wood

Title

Medical Group Financial Transparency Act.

Description

AB 616, as amended, Rodriguez. Medical Group Financial Transparency Act. Existing law establishes the Office of Health Care Affordability within the Department of Health Care Access and Information to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers and purchasers, and create a state strategy for controlling the cost of health care. Existing law requires the office to collect data and other information it deems necessary from health care entities to carry out the functions of the office, and requires the office to require providers and physician organizations to submit audited financial reports or comprehensive financial statements, as specified. Existing law requires those reports and statements to be kept confidential, and specifies that they are not required to be disclosed under the California Public Records Act. Existing law requires the office to obtain information about health care service plans from the Department of Managed Health Care. Existing law requires a contract between a health care service plan and a risk-bearing organization to include provisions concerning the risk-bearing organization's administrative and financial capacity. Existing law requires the director of the Department of Managed Health Care to adopt regulations regarding, among other things, periodic reports from a health care service plan that include information concerning the risk-bearing organizations and the type and amount of financial risk they have assumed. Existing law establishes, within the office, the Health Care Affordability Board, composed of 8 members, appointed as prescribed. This bill, the Medical Group Financial Transparency Act, would authorize the disclosure of audited financial reports and comprehensive financial statements of providers and physician organizations collected by the Office of Health Care Affordability and financial and other records of risk-bearing organizations made available to the Department of Managed Health Care. This bill would authorize the board, members of the board, the office, the department, and the employees, contractors, and advisors of the office and the department to use confidential audited financial reports and comprehensive financial statements only as necessary to carry out functions of the office. The bill would also require certain physician organizations, as specified, to produce or disclose audited financial reports and comprehensive financial statements to the office, subject to these provisions. The bill would require the audited financial reports and comprehensive financial statements produced or disclosed to the office to be made available to the public, by the office, as specif... (click bill link to see more).

Primary Sponsors

Freddie Rodriguez

Title

Health care coverage for metabolic disorders.

Description

AB 620, as amended, Connolly. Health care coverage for metabolic disorders. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers, including health insurers, by the Department of Insurance. Existing law requires a health care service plan contract and disability insurance policy that provides coverage for hospital, medical, or surgical expenses and is issued, amended, delivered, or renewed on and after July 1, 2000, to provide coverage for the testing and treatment of phenylketonuria, including coverage for the formulas and special food products that are part of a prescribed diet, as specified. This bill would require a health care service plan contract and disability insurance policy that provides coverage for hospital, medical, or surgical expenses and is issued, amended, delivered, or renewed on and after January 1, 2024, to provide coverage for the testing and treatment of other chronic digestive diseases and inherited metabolic disorders, as specified. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Damon Connolly

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:51 PM

California Association of Health Plans: Oppose

Title

Health care coverage: prostate cancer screening.

Description

AB 632, as introduced, Gipson. Health care coverage: prostate cancer screening. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires an individual and group health care service plan contract or health insurance policy to provide coverage for the screening and diagnosis of prostate cancer when medically necessary and consistent with good professional practice. Under existing law, the application of a deductible or copayment for those services is not prohibited. This bill would prohibit a health care service plan or a health insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, from applying a deductible, copayment, or coinsurance to coverage for prostate cancer screening services for an enrollee or insured who is 55 years of age or older or who is 40 years of age or older and is high risk, as determined by the attending or treating health care provider. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Mike Gipson

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:52 PM

California Association of Health Plans: Oppose

Title

Cancer Prevention Act.

Description

AB 659, as amended, Aguiar-Curry. Cancer Prevention Act. Existing law prohibits the governing authority of a school or other institution from unconditionally admitting any person as a pupil of any private or public elementary or secondary school, childcare center, day nursery, nursery school, family daycare home, or development center, unless prior to their admission to that institution they have been fully immunized. Existing law requires the documentation of immunizations for certain diseases, including, among others, measles, mumps, pertussis, and any other disease deemed appropriate by the State Department of Public Health, as specified. Existing law authorizes certain exemptions from these provisions subject to specified conditions. This bill, the Cancer Prevention Act, would declare the public policy of the state that pupils are expected to be fully immunized against human papillomavirus (HPV) before admission or advancement to the 8th grade level of any private or public elementary or secondary school. The bill would, upon a pupil's admission or advancement to the 6th grade level, require the governing authority to submit to the pupil and their parent or guardian a notification containing a statement about that public policy and advising that the pupil be fully immunized against HPV before admission or advancement to the 8th grade level. By creating new notification duties for school districts, the bill would impose a state-mandated local program. Existing law requires the Trustees of the California State University and, subject to a resolution, the Regents of the University of California to require the first-time enrollees at those institutions who are 18 years of age or younger to provide proof of full immunization against the hepatitis B virus prior to enrollment, with certain exemptions. This bill would declare the public policy of the state that students who are 26 years of age or younger are expected to be fully immunized against HPV before first-time enrollment at an institution of the California State University, the University of California, or the California Community Colleges. The bill would make a conforming change to a consultation-related provision. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2002, as specified, to provide coverage for an annual cervical cancer screening test, including an HPV ... (click bill link to see more).

Primary Sponsors

Cecilia Aguiar-Curry

Organizational Notes

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

Title

Pharmacy: mobile units.

Description

AB 663, as amended, Haney. Pharmacy: mobile units. Existing law, the Pharmacy Law, requires the California State Board of Pharmacy within the Department of Consumer Affairs to license and regulate the practice of pharmacy, including pharmacists, pharmacy technicians, and pharmacies. Existing law authorizes a county, city and county, or special hospital authority, as defined, to operate a mobile unit as an extension of a pharmacy license held by the county, city and county, or special hospital authority to provide prescription medication within its jurisdiction to specified individuals, including those individuals without fixed addresses. Existing law authorizes a mobile unit to dispense prescription medication pursuant to a valid prescription if the county, city and county, or special hospital authority meets prescribed requirements for licensure, staffing, and operations, including a prohibition on carrying or dispensing controlled substances. Existing law, the California Uniform Controlled Substances Act, classifies certain controlled substances into Schedules I to V, inclusive. This bill would exempt from that prohibition on carrying or dispensing controlled substances Schedule III, Schedule IV, or Schedule V controlled substances approved by the United States Food and Drug Administration for the treatment of opioid use disorder. The bill would require any controlled substance for the treatment of opioid use disorder carried or dispensed in accordance with that exemption to be carried in reasonable quantities based on prescription volume and stored securely in the mobile pharmacy unit. The bill would also authorize a mobile unit to provide prescription medication within its jurisdiction to city-and-county-operated housing facilities.

Primary Sponsors

Matt Haney

Title

Minors: consent to mental health services.

Description

AB 665, as introduced, Wendy Carrillo. Minors: consent to mental health services. Existing law, for some purposes, authorizes a minor who is 12 years of age or older to consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, if the minor is mature enough to participate intelligently in the outpatient services or residential shelter services, as specified, and either the minor would present a danger of serious physical or mental harm to themselves or to others or if the minor is the alleged victim of incest or child abuse. For other purposes, existing law authorizes a minor who is 12 years of age or older to consent to mental health treatment or counseling services if the minor is mature enough to participate intelligently in the outpatient services or counseling services. This bill would align the existing laws by removing the additional requirement that, in order to consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, the minor must present a danger of serious physical or mental harm to themselves or to others, or be the alleged victim of incest or child abuse. Existing law, for some purposes, requires that the mental health treatment or counseling include involvement of the minor's parent or guardian unless the professional person treating or counseling the minor determines that the involvement would be inappropriate. For other purposes, existing law requires the involvement of the parent or guardian unless the professional person who is treating or counseling the minor, after consulting with the minor, determines that the involvement would be inappropriate. This bill would also align the existing laws by requiring the professional person treating or counseling the minor to consult with the minor before determining whether involvement of the minor's parent or guardian would be inappropriate.

Primary Sponsors

Wendy Carrillo, Scott Wiener

Title

Health systems: community benefits plans.

Description

AB 666, as amended, Arambula. Health systems: community benefits plans. Existing law establishes the Department of Health Care Access and Information to oversee various aspects of the health care market, including oversight of hospital facilities and community benefits plans. Existing law requires a private, not-for-profit hospital to adopt and update a community benefits plan that describes the activities the hospital has undertaken to address identified community needs within its mission and financial capacity, including health care services rendered to vulnerable populations. Existing law defines the term "community" as the service areas or patient populations for which the hospital provides health care services, defines "vulnerable populations" for these purposes to include a population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs, and defines "community benefit" to mean the hospital's activities that are intended to address community needs, such as support to local health departments, among other things. Existing law requires a hospital to conduct a community needs assessment to evaluate the health needs of the community and to update that assessment at least once every 3 years. Existing law requires a hospital to annually submit a community benefits plan to the department not later than 150 days after the hospital's fiscal year ends. Existing law authorizes the department to impose a fine not to exceed \$5,000 against a hospital that fails to adopt, update, or submit a community benefits plan, and requires the department to annually report on its internet website the amount of community benefit spending and list those that failed to report community benefit spending, among other things. This bill would require the department to define the term "community" by regulation within certain parameters, would redefine the term "community benefit" to mean services rendered to those eligible for, but not enrolled in the above-described programs, the unreimbursed costs as reported in specified tax filings, and the support to local health departments as documented by those local health departments, among other things, and would redefine the term "vulnerable populations" to include those eligible for, but not enrolled in the above-described programs, those below median income experiencing economic disparities, and certain socially disadvantaged groups, such as those who are incarcerated. The bill would require that a community needs assessment include the needs of the vulnerable populations and include a description of which vulnerable populations are low or moderate income, coord... (click bill link to see more).

Primary Sponsors

Joaquin Arambula

Bill Number

AB 677

Status

In Assembly

Position

Monitor

Title

Confidentiality of Medical Information Act.

Description

AB 677, as introduced, Addis. Confidentiality of Medical Information Act. The Confidentiality of Medical Information Act, among other things, prohibits a health care provider, a contractor, or a health care service plan from disclosing medical information, as defined, regarding a patient of the provider or an enrollee or subscriber of the health care service plan without first obtaining an authorization, except as specified. This bill would make nonsubstantive changes to the title provision of the act.

Primary Sponsors

Dawn Addis

Bill Number

AB 712

Status

In Senate

Position

Support

Title

CalFresh: hot and prepared foods.

Description

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

Primary Sponsors

Wendy Carrillo

Title

Emergency ground medical transportation.

Description

AB 716, as amended, Boerner. Emergency ground medical transportation. Existing law creates the Emergency Medical Services Authority to coordinate various state activities concerning emergency medical services. Existing law requires the authority to report specified information, including reporting ambulance patient offload time twice per year to the Commission on Emergency Medical Services. This bill would require the authority to annually report the allowable maximum rates for ground ambulance transportation services in each county, including trending the rates by county, as specified. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires that health care service plan contracts and health insurance policies provide coverage for certain services and treatments, including emergency medical transportation services, and requires a policy or contract to provide for the direct reimbursement of a covered medical transportation services provider if the provider has not received payment from another source. This bill would delete that direct reimbursement requirement and would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2024, to require an enrollee or insured who receives covered services from a noncontracting ground ambulance provider to pay no more than the same cost-sharing amount that the enrollee or insured would pay for the same covered services received from a contracting ground ambulance provider. The bill would prohibit a noncontracting ground ambulance provider from sending to collections a higher amount, would limit the amount an enrollee or insured owes a noncontracting ground ambulance provider to no more than the in-network cost-sharing amount, and would prohibit a ground ambulance provider from billing an uninsured or self-pay patient more than the established payment by Medi-Cal or Medicare fee-for-service amount, whichever is greater. The bill would require a plan or insurer to directly reimburse a noncontracting ground ambulance provider for ground ambulance services at the authorized rate or an amount established by regulation, as specified, unless it reaches another agreement with the noncontracting ground ambulance provider. Because a willful violation of the bill's requirements relative to a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to ... (click bill link to see more).

Primary Sponsors

Tasha Boerner Horvath

Title

Medi-Cal benefits.

Description

AB 719, as introduced, Boerner. Medi-Cal benefits. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program, including nonmedical transportation for a beneficiary to obtain covered Medi-Cal services. Existing law requires nonmedical transportation to be provided by the beneficiary's managed care plan or by the department for a Medi-Cal fee-for-service beneficiary. This bill would require the department to require managed care plans to contract with public transit operators for the purpose of establishing reimbursement rates for nonmedical and nonemergency medical transportation trips provided by a public transit operator. The bill would require the rates reimbursed by the managed care plan to the public transit operator to be based on the department's fee-for-service rates for nonmedical and nonemergency medical transportation service.

Primary Sponsors

Tasha Boerner Horvath

Organizational Notes

Last edited by Joanne Campbell at Apr 17, 2023, 4:40 PM
California Association of Health Plans: Oppose

Title

Health care coverage: provider credentials.

Description

AB 815, as amended, Wood. Health care coverage: provider credentials. Existing law establishes the California Health and Human Services Agency, which includes departments charged with the administration of health, social, and other human services. Existing law provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and the regulation of health insurers by the Department of Insurance. Existing law sets forth requirements for provider credentialing by a health care service plan or health insurer. This bill would require the California Health and Human Services Agency to create and maintain a provider credentialing board, with specified membership, to certify private and public entities for purposes of credentialing physicians and surgeons in lieu of a health care service plan's or health insurer's credentialing process. The bill would require the board to convene by July 1, 2024, develop criteria for the certification of public and private credentialing entities by January 1, 2025, and develop an application process for certification by July 1, 2025. This bill would require a health care service plan or health insurer, or its delegated entity, to accept a valid credential from a board-certified entity without imposing additional criteria requirements and to pay a fee to a board-certified entity based on the number of contracted providers credentialed through the board-certified entity.

Primary Sponsors

Jim Wood

Title

Minors: consent to medical care.

Description

AB 816, as introduced, Haney. Minors: consent to medical care. Existing law authorizes a minor who is 12 years of age or older to consent to medical care and counseling relating to the diagnosis and treatment of a drug- or alcohol-related problem. Existing law exempts replacement narcotic abuse treatment, as specified, from these provisions. This bill would authorize a minor who is 16 years of age or older to consent to replacement narcotic abuse treatment that uses buprenorphine.

Primary Sponsors

Matt Haney

Title

Open meetings: teleconferencing: subsidiary body.

Description

AB 817, as amended, Pacheco. Open meetings: teleconferencing: subsidiary body. Existing law, the Ralph M. Brown Act, requires, with specified exceptions, each legislative body of a local agency to provide notice of the time and place for its regular meetings and an agenda containing a brief general description of each item of business to be transacted. The act also requires that all meetings of a legislative body be open and public, and that all persons be permitted to attend unless a closed session is authorized. The act generally requires for teleconferencing that the legislative body of a local agency that elects to use teleconferencing post agendas at all teleconference locations, identify each teleconference location in the notice and agenda of the meeting or proceeding, and have each teleconference location be accessible to the public. Existing law also requires that, during the teleconference, at least a quorum of the members of the legislative body participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction. Existing law, until January 1, 2024, authorizes the legislative body of a local agency to use alternate teleconferencing provisions during a proclaimed state of emergency or in other situations related to public health that exempt a legislative body from the general requirements (emergency provisions) and impose different requirements for notice, agenda, and public participation, as prescribed. The emergency provisions specify that they do not require a legislative body to provide a physical location from which the public may attend or comment. Existing law, until January 1, 2026, authorizes the legislative body of a local agency to use alternative teleconferencing in certain circumstances related to the particular member if at least a quorum of its members participate from a singular physical location that is open to the public and situated within the agency's jurisdiction and other requirements are met, including restrictions on remote participation by a member of the legislative body. This bill would authorize a subsidiary body, as defined, to use alternative teleconferencing provisions similar to the emergency provisions indefinitely and without regard to a state of emergency. In order to use teleconferencing pursuant to this act, the bill would require the legislative body that established the subsidiary body by charter, ordinance, resolution, or other formal action to make specified findings by majority vote, before the subsidiary body uses teleconferencing for the first time and every 12 months thereafter. Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings... (click bill link to see more).

Primary Sponsors

Blanca Pacheco

Title

Medi-Cal: pediatric palliative care services.

Description

AB 847, as amended, Luz Rivas. Medi-Cal: pediatric palliative care services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department to develop a pediatric palliative care benefit as a pilot program to Medi-Cal beneficiaries under 21 years of age, to be implemented only to the extent that any necessary federal approvals are obtained and federal financial participation is available. Existing law requires that program to include, among other things, hospice services to individuals whose conditions may result in death, regardless of the estimated length of the individual's remaining period of life. Pursuant to the above-described provisions, the department established the Pediatric Palliative Care (PPC) Waiver in 2009, upon receiving federal approval in December 2008. After the waiver ended on December 31, 2018, the department implemented a plan in 2019 to transition some pediatric palliative care services to the Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) benefit, which is available to Medi-Cal beneficiaries under 21 years of age, as specified. This bill would extend eligibility for pediatric palliative care services for those individuals who have been determined eligible for those services prior to 21 years of age, until 26 years of age and would extend eligibility for hospice services after 21 years of age. To the extent that these provisions would alter the eligibility of individuals for these services, the bill would create a state-mandated local program. The bill would implement these provisions only to the extent that necessary federal approvals are obtained and federal financial participation is not otherwise jeopardized. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors

Luz Rivas

Title

Substance use disorder: telephone system.

Description

AB 864, as amended, Haney. Substance use disorder: telephone system. Existing law requires the State Department of Health Care Services to license and regulate alcoholism or drug abuse recovery or treatment facilities serving adults. Existing law authorizes the department to certify qualified alcoholism or drug abuse recovery or treatment programs, as prescribed. Under existing law, the department regulates the quality of these programs, taking into consideration the significance of community-based programs to alcohol and other drug abuse recovery and the need to encourage opportunities for low-income and special needs populations to receive alcohol and other drug abuse recovery or treatment services. This bill would require the department to establish and maintain a 3-digit, statewide, nonemergency telephone system for substance use disorder treatment referrals.

Primary Sponsors

Matt Haney

Title

Food assistance for nonminor dependents.

Description

AB 866, as amended, Blanca Rubio. Food assistance for nonminor dependents. Existing federal law provides for the federal Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh, under which nutrition assistance benefits are distributed to eligible individuals by the counties. Existing law establishes eligibility and benefit level requirements for receipt of CalFresh benefits. Existing law establishes the Aid to Families with Dependent Children-Foster Care (AFDC-FC) program, under which counties provide payments to foster care providers on behalf of qualified children in foster care. The program is funded by a combination of federal, state, and county funds. In order to be eligible for AFDC-FC, existing law requires a child or nonminor dependent to be placed in one of several specified placements, including, for nonminor dependents, a supervised independent living placement or a transitional living setting. This bill would require the State Department of Social Services to establish a state-funded food assistance program to provide assistance for a nonminor dependent, as defined, who is residing in a supervised independent living placement or a transitional living setting, as specified. The bill would require the program to utilize the existing CalFresh and electronic benefits transfer system infrastructure to implement the program, to the extent permissible under federal law. The bill would specify the amount of assistance a nonminor dependent would receive, based on whether or not the nonminor dependent is a custodial parent. The bill would authorize counties to screen the nonminor dependent for eligibility for CalFresh benefits and if the nonminor dependent is eligible for those benefits, the amount of assistance pursuant to the bill would be the difference between the nonminor dependent's CalFresh payment and the maximum benefit allotted for their household size. The bill would terminate food assistance payments to the minor on the last day of the month in which the nonminor dependent no longer lives in a supervised independent living placement or transitional living setting, as specified. The bill would require the department to work with the County Welfare Directors Association of California and the California Statewide Automated Welfare System (CalSAWS) to develop and implement the necessary system changes to implement its provisions, and would require the payment to be automated on the later of January 1, 2025, or the date the department notifies the Legislature that CalSAWS can perform the necessary automation. By increasing county duties, the bill would impose a state-mandated local program. The bill would authorize the State Department of Social Services to implement and administ... (click bill link to see more).

Primary Sponsors

Blanca Rubio

Title

Health care coverage: out-of-pocket expenses.

Description

AB 874, as introduced, Weber. Health care coverage: out-of-pocket expenses. Existing law generally prohibits a person who manufactures a prescription drug from offering in California any discount, repayment, product voucher, or other reduction in an individual's out-of-pocket expenses associated with the individual's health insurance, health care service plan, or other health coverage, including, but not limited to, a copayment, coinsurance, or deductible, for any prescription drug if a lower cost generic drug is covered under the individual's health insurance, health care service plan, or other health coverage on a lower cost-sharing tier that is designated as therapeutically equivalent to the prescription drug manufactured by that person or if the active ingredients of the drug are contained in products regulated by the federal Food and Drug Administration, are available without prescription at a lower cost, and are not otherwise contraindicated for the condition for which the prescription drug is approved. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. This bill would require a health care service plan, health insurance policy, other health coverage carrier, or pharmacy benefit manager that administers pharmacy benefits to apply any amounts paid by the enrollee, insured, or another source pursuant to a discount, repayment, product voucher, or other reduction to the enrollee's or insured's out-of-pocket expenses toward the enrollee's or insured's overall contribution to any out-of-pocket maximum, deductible, copayment, coinsurance, or applicable cost-sharing requirement under the enrollee's or insured's health care service plan, health insurance policy, or other health care coverage. The bill would make a willful violation of that requirement by a health care service plan a crime. The bill would limit the application of the section to health care service plans and health insurance policies issued, amended, delivered, or renewed on or after January 1, 2024. Because a willful violation of these requirements by a health care service plan would be a crime, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Akilah Weber

Title

Health care coverage: doulas.

Description

AB 904, as amended, Calderon. Health care coverage: doulas. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer to develop a maternal mental health program designed to promote quality and cost-effective outcomes. Existing law encourages a plan or insurer to include coverage for doulas. This bill would require a health care service plan or health insurer, on or before January 1, 2025, to develop a maternal and infant health equity program that addresses racial health disparities in maternal and infant health outcomes through the use of doulas. The bill would authorize the departments to jointly convene a workgroup to examine the implementation of these programs. The bill would specify workgroup membership and duties. The bill would require the Department of Managed Health Care, in consultation with the Department of insurance, to collect data and submit a report on doula coverage and the above-described programs to the Legislature by January 1, 2027. Because a willful violation of the provisions relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Lisa Calderon, Sabrina Cervantes

Title

Coverage for PANDAS and PANS.

Description

AB 907, as amended, Lowenthal. Coverage for PANDAS and PANS. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law sets forth specified coverage requirements for health care service plan contracts and health insurance policies, and limits the copayment, coinsurance, deductible, and other cost sharing that may be imposed for specified health care services. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, to provide coverage for the prophylaxis, diagnosis, and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) that is prescribed or ordered by a provider. The bill would prohibit coverage for PANDAS and PANS from being subject to a copayment, coinsurance, deductible, or other cost sharing that is greater than that applied to other benefits. The bill would prohibit a plan or insurer from denying or delaying coverage for PANDAS or PANS therapies because the enrollee or insured previously received treatment for PANDAS or PANS or was diagnosed with or received treatment for the condition under a different diagnostic name. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Josh Lowenthal

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:54 PM
California Association of Health Plans: Oppose

Title

Prior authorization: physical therapy.

Description

AB 931, as introduced, Irwin. Prior authorization: physical therapy. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law sets forth specified prior authorization limitations for health care service plans and health insurers. This bill would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, that provides coverage for physical therapy from imposing prior authorization for the initial 12 treatment visits for a new episode of care for physical therapy. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Jacqui Irwin

Organizational Notes

Last edited by Joanne Campbell at Apr 17, 2023, 4:41 PM

California Association of Health Plans: Oppose

Title

Health care: eating disorders.

Description

AB 940, as amended, Villapudua. Health care: eating disorders. Existing law establishes the licensure and regulation of health facilities by the State Department of Public Health. Existing law requires that inpatient treatment of eating disorders must be provided only in state licensed hospitals, which may be general acute care hospitals, acute psychiatric hospitals, or any other licensed health facility designed by the State Department of Public Health. This bill would expand the approved facilities for inpatient treatment of eating disorders to include psychiatric health facilities.

Primary Sponsors

Carlos Villapudua

Title

Prescription drugs.

Description

AB 948, as introduced, Berman. Prescription drugs. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law, until January 1, 2024, prohibits the copayment, coinsurance, or any other form of cost sharing for a covered outpatient prescription drug for an individual prescription from exceeding \$250 for a supply of up to 30 days, except as specified. Existing law, until January 1, 2024, requires a nongrandfathered individual or small group plan contract or policy to use specified definitions for each tier of a drug formulary. This bill would delete the January 1, 2024, repeal date of those provisions, thus making them operative indefinitely. Because extension of the bill's requirements relative to health care service plans would extend the existence of a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Marc Berman, Scott Wiener

Title

Dental coverage disclosures.

Description

AB 952, as introduced, Wood. Dental coverage disclosures. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law imposes specified coverage and disclosure requirements on health care service plans and health insurers, including specialized plans and insurers, that cover dental services. This bill would require a health care service plan or health insurer that issues, sells, renews, or offers a contract covering dental services, or a specialized health care service plan or specialized health insurer covering dental services, to disclose whether or not an enrollee's or insured's dental coverage is subject to regulation by the appropriate department at the time a treatment plan is communicated to the plan or insurer. The bill would also require that plan or insurer to include whether or not an enrollee's or insured's dental coverage is subject to regulation by the appropriate department on an identification card, membership card, coverage card, or other documentation of coverage. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Jim Wood

Title

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

Description

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

Primary Sponsors

Devon Mathis, Buffy Wicks

Title

Health facilities: behavioral health response.

Description

AB 1001, as amended, Haney. Health facilities: behavioral health response. Existing law provides for the licensing, regulation, and inspection of various types of health facilities by the State Department of Public Health, including general acute care hospitals. Existing law requires certain building standards and regulations to prescribe standards of adequacy, safety, and sanitation of the physical plant, of staffing with duly qualified licensed personnel, and of services, based on the type of health facility and the needs of the persons served. Existing law requires specified financial and utilization data to be reported to the department by a hospital at the end of a calendar quarter. Existing law generally makes a violation of the licensure provisions for health facilities a misdemeanor. This bill would require a general acute care hospital to adopt policies for behavioral health personnel to respond to patients with a mental health or substance use crisis. The bill would require that these protocols meet standards established by the department and consist of various parameters such as minimum staffing requirements for behavioral health responses, procedures for response by behavioral health personnel in a timely manner, and annual training, as specified. The bill would require the department to adopt regulations on standards for general acute care hospitals related to behavioral health response. The bill would require all general acute care hospitals to maintain records on each patient who receives care from behavioral health response personnel and the number of hours of services provided for a period of 3 years. The bill would require hospitals to include related data in their quarterly summary utilization data reported to the department. Existing law establishes the Department of Health Care Access and Information, which is responsible for administering various programs with respect to health care professions and establishes various programs to facilitate the expansion of the health care workforce. Existing law authorizes the board of supervisors in each county to establish and maintain a county hospital to provide public health care services within the county. Existing law authorizes the board to prescribe rules for the hospital's government and management, and to appoint a county physician and other necessary officers and employees of the hospital, as specified. This bill would establish the Behavioral Health Response and Training Fund to provide grants to qualifying applicants for the purpose of funding a new program or supporting an existing program that increases the staffing in general acute care hospitals of direct care personnel who are trained in behavioral health care and behavioral health response o... (click bill link to see more).

Primary Sponsors

Matt Haney

Title

In-home supportive services: terminal illness diagnosis.

Description

AB 1005, as amended, Alvarez. In-home supportive services: terminal illness diagnosis. Existing law establishes the In-Home Supportive Services (IHSS) program, administered by the State Department of Social Services and counties, under which qualified aged, blind, or disabled persons are provided with supportive services in order to permit them to remain in their own homes. As a condition of receiving services under the IHSS program, existing law requires an applicant or recipient to obtain a certification from a licensed health care professional declaring that the applicant or recipient is unable to perform some activities of daily living independently, and that without services to assist the applicant or recipient with activities of daily living, the applicant or recipient is at risk of placement in out-of-home care. Existing law requires that the certification be received prior to service authorization, except under certain circumstances. Existing law requires the department to develop a standard certification form, as specified, and to identify alternative documentation, including, but not limited to, hospital or nursing facility discharge plans, containing the required information. Existing law sets forth various provisions relating to end-of-life care. When a health care provider makes a diagnosis that a patient has a terminal illness, existing law generally requires the health care provider, upon request, to provide the patient or another person authorized to make health care decisions with comprehensive information and counseling regarding legal end-of-life care options. This bill would, before the discharge of a patient diagnosed with a terminal illness, require the diagnosing health care provider to ask the patient or authorized person if they are interested in receiving information about the IHSS program. If interest is expressed, the bill would require the health care provider to disclose to the patient or authorized person the information, including the IHSS eligibility criteria and the option for a family member to provide care as an IHSS provider subject to the IHSS provider enrollment conditions. If the patient seeks to apply for services under the IHSS program, the bill would require the health care provider to provide a copy of the health care certification form and to complete the applicable portion before the patient's discharge. Existing law sets forth various conditions on the number of hours of service authorized for an IHSS provider, with a modified number based on exemptions for a provider who is related to the recipients whom the provider serves, as specified. Existing law requires the county welfare department to assess each IHSS recipient's continuing monthly need for in-home supportive services... (click bill link to see more).

Primary Sponsors

David Alvarez

Title

Medi-Cal: Program of All-Inclusive Care for the Elderly.

Description

AB 1022, as introduced, Mathis. Medi-Cal: Program of All-Inclusive Care for the Elderly. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing federal law establishes the Program of All-Inclusive Care for the Elderly (PACE), which provides specified services for older individuals at a PACE center so that they may continue living in the community. Federal law authorizes states to implement PACE as a Medicaid state option. Existing state law establishes the California Program of All-Inclusive Care for the Elderly (PACE program) to provide community-based, risk-based, and capitated long-term care services as optional services under the state's Medi-Cal state plan. Existing law requires the department to develop and pay capitation rates to entities contracted through the PACE program using actuarial methods and that reflect the level of care associated with the specific populations served pursuant to the contract. Existing law authorizes a PACE organization approved by the department to use video telehealth to conduct initial assessments and annual reassessments for eligibility for enrollment in the PACE program. This bill, among other things relating to the PACE program, would require those capitation rates to also reflect the frailty level and risk associated with those populations. The bill would also expand an approved PACE organization's authority to use video telehealth to conduct all assessments, as specified.

Primary Sponsors

Devon Mathis

Title

Health care coverage: emergency medical transport.

Description

AB 1036, as introduced, Bryan. Health care coverage: emergency medical transport. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally requires a health care service plan contract or large group health insurance policy to provide an enrollee or insured with basic health care services, which include emergency health care services. Existing law prohibits a health care service plan that provides basic health care services from requiring prior authorization or refusing to pay for an ambulance or ambulance transport services if the request was made for an emergency medical condition and the services were required or if an enrollee reasonably believed the medical condition was an emergency that required ambulance transport services. Existing law requires a policy of disability insurance issued, amended, delivered, or renewed in this state on or after January 1, 1999, that provides hospital, medical, or surgical coverage with coverage for emergency health care services to include coverage for emergency medical transportation services without regard to whether or not the emergency provider contracts with the insurer or to prior authorization. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program, including various emergency medical services. This bill would require a physician, upon an individual's arrival to an emergency department of a hospital, to certify in the treatment record whether an emergency medical condition existed, or was reasonably believed to have existed, and required emergency medical transportation services, as specified. This bill would, if a physician has certified that emergency medical transportation services according to these provisions, require a health care service plan, disability insurance policy, and Medi-Cal managed care plan, to provide coverage for emergency medical transport, consistent with an individual's plan or policy. The bill would specify that the indication by a physician pursuant to these provisions is limited to an assessment of the medical necessity of the emergency medical transport services, and does not apply or otherwise impact provisions regarding coverage for care provided following comple... (click bill link to see more).

Primary Sponsors

Isaac Bryan

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:54 PM
California Association of Health Plans: Oppose

Title

Medi-Cal: housing support services.

Description

AB 1085, as amended, Maienschein. Medi-Cal: housing support services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law, subject to implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, authorizes a Medi-Cal managed care plan to elect to cover community supports approved by the department as cost effective and medically appropriate in a comprehensive risk contract that are in lieu of applicable Medi-Cal state plan services. Under existing law, community supports that the department is authorized to approve include, among other things, housing transition navigation services, housing deposits, and housing tenancy and sustaining services. Existing law, subject to an appropriation, requires the department to complete an independent analysis to determine whether network adequacy exists to obtain federal approval for a covered Medi-Cal benefit that provides housing support services. Existing law requires that the analysis take into consideration specified information, including the number of providers in relation to each region's or county's number of people experiencing homelessness. Existing law requires the department to report the outcomes of the analysis to the Legislature by January 1, 2024. This bill would require the department to seek any necessary federal approvals for a Medi-Cal benefit to cover housing support services within 6 months of the completion of the above-described analysis. Under the bill, subject to receipt of those federal approvals, a Medi-Cal beneficiary would be eligible for those services if they either experience homelessness or are at risk of homelessness, as specified. Under the bill, the services would include housing transition and navigation services, housing deposits, and housing tenancy and sustaining services, as defined. If the evaluation finds that the state has insufficient network capacity to meet state and federal guidelines to create a new housing support services benefit, the bill would require the department to provide recommendations for building capacity and a timeline for implementation consistent with the analysis findings.

Primary Sponsors

Brian Maienschein

Title

Health Care Consolidation and Contracting Fairness Act of 2023.

Description

AB 1091, as introduced, Wood. Health Care Consolidation and Contracting Fairness Act of 2023. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law regulates contracts between health care service plans or health insurers and health care providers or health facilities, including requirements for reimbursement and the cost-sharing amount collected from an enrollee or insured. This bill, the Health Care Consolidation and Contracting Fairness Act of 2023, would prohibit a contract issued, amended, or renewed on or after January 1, 2024, between a health care service plan or health insurer and a health care provider or health facility from containing terms that, among other things, restrict the plan or insurer from steering an enrollee or insured to another provider or facility or require the plan or insurer to contract with other affiliated providers or facilities. The bill would authorize the appropriate regulating department to refer a plan's or insurer's contract to the Attorney General, and would authorize the Attorney General or state entity charged with reviewing health care market competition to review a health care practitioner's or health facility's entrance into a contract that contains specified terms. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. Existing law requires a nonprofit corporation that operates or controls a health facility to provide written notice to, and obtain the written consent from, the Attorney General before entering an agreement to dispose of its assets or transfer control of a material amount of its assets. Existing law requires the Attorney General, within 90 days of receiving the written notice, to notify the corporation of the Attorney General's decision to consent to, give conditional consent to, or not consent to the agreement. Existing law authorizes that period to be extended by 45 days if specified conditions are met. This bill would require a medical group, hospital or hospital system, specified health facility, health care service plan, health insurer, or pharmacy benefit manager to provide written notice to the Attorney General at the same time as another state or federal agency is notified or otherwise at least 90 days before entering an agreement or transaction to make a specified material change with a value of \$15,000,000 or more. The bill would authorize the Attorney General to consent to, give condit... (click bill link to see more).

Primary Sponsors

Jim Wood

Title

Health care service plans: consolidation.

Description

AB 1092, as amended, Wood. Health care service plans: consolidation. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law requires a health care service plan that intends to merge with, consolidate with, or enter into an agreement resulting in its purchase, acquisition, or control by, an entity, to give notice to, and secure prior approval from, the Director of the Department of Managed Health Care. Existing law authorizes the director to disapprove the transaction or agreement if the director finds it would substantially lessen competition in health care service plan products or create a monopoly in this state. Existing law authorizes the director to conditionally approve the transaction or agreement, contingent upon the health care service plan's agreement to fulfill one or more conditions to benefit subscribers and enrollees of the health care service plan, provide for a stable health care delivery system, and impose other conditions specific to the transaction or agreement, as specified. This bill would additionally require a health care service plan that intends to acquire or obtain control of an entity, as specified, to give notice to, and secure prior approval from, the director. Because a willful violation of this provision would be a crime, the bill would impose a state-mandated local program. The bill would also authorize the director to disapprove a transaction or agreement if it would substantially lessen competition in the health system or among a particular category of health care providers, and would require the director to provide information related to competition to the Attorney General. The bill would revise the director's authority to conditionally approve a transaction or agreement, including authorizing the director to review information from federal agencies and other state agencies, including agencies in other states, that is relevant to any of the parties to the transaction, as specified. The bill would prohibit the director from waiving, or delaying implementation of, certain requirements imposed under existing law and the bill, notwithstanding a specified provision. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Jim Wood

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 6:12 PM

California Association of Health Plans: Oppose

Title

Public health: adverse childhood experiences.

Description

AB 1110, as amended, Arambula. Public health: adverse childhood experiences. Existing law requires the Office of the Surgeon General to, among other things, raise public awareness and coordinate policies governing scientific screening and treatment for toxic stress and adverse childhood experiences (ACEs). This bill would, subject to an appropriation and until January 1, 2027, require the office, in collaboration with ACEs Aware, other relevant state departments, and subject matter experts, to review available literature on ACEs, as defined, and ancestry or ethnicity-based data disaggregation practices in ACEs screenings, develop guidance for culturally and linguistically competent ACEs screenings through improved data collection methods, and post the guidance on the office's internet website and make the guidance accessible, as specified. The bill would make legislative findings and declarations.

Primary Sponsors

Joaquin Arambula

Title

Medi-Cal provider applications.

Description

AB 1122, as amended, Bains. Medi-Cal provider applications. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law generally requires an applicant that currently is not enrolled in the Medi-Cal program, a provider applying for continued enrollment, or a provider not currently enrolled at a location where the provider intends to provide services, goods, supplies, or merchandise to a Medi-Cal beneficiary, to submit a complete application package for enrollment, continuing enrollment, or enrollment at a new location or a change in location, as specified. Existing law requires an applicant or provider, for new or continued enrollment in the Medi-Cal program, to disclose all information as required in federal Medicaid regulations and any other information required by the department, as specified. This bill would require the Director of Health Care Services to develop a process to allow an applicant or provider to submit an alternative type of primary, authoritative source documentation to meet the requirement of submitting the above-described information. The bill would require the department to document each case of an applicant or provider submitting an alternative type of primary, authoritative source documentation, as specified. The bill would condition implementation of these provisions on lack of conflict with federal law or regulation, federal financial participation not being jeopardized, and receipt of any necessary federal approvals. Existing law authorizes the department to make unannounced visits to an applicant or provider for the purpose of determining whether enrollment, continued enrollment, or certification is warranted, or as necessary for the administration of the Medi-Cal program. Existing law requires, at the time of the visit, the applicant or provider to demonstrate an established place of business appropriate and adequate for the services billed or claimed to the Medi-Cal program, as specified. This bill would authorize the applicant or provider to submit its application for enrollment up to 30 days before having an established place of business and have its application considered by the department, to the extent not in conflict with federal law.

Primary Sponsors

Jasmeet Bains

Title

Rehabilitative and habilitative services: durable medical equipment and services.

Description

AB 1157, as introduced, Ortega. Rehabilitative and habilitative services: durable medical equipment and services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Other existing law requires the Department of Insurance to regulate health insurers. Existing law requires an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2017, to include, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. Under existing law, essential health benefits includes, among other things, rehabilitative and habilitative services. Existing law requires habilitative services and devices to be covered under the same terms and conditions applied to rehabilitative services and devices under the plan contract or policy, and defines habilitative services to mean health care services and devices that help a person keep, learn, or improve skills and functioning for daily living. This bill would specify that coverage of rehabilitative and habilitative services and devices under a health care service plan or health insurance policy includes durable medical equipment, services, and repairs, if the equipment, services, or repairs are prescribed or ordered by a physician, surgeon, or other health professional acting within the scope of their license. The bill would define "durable medical equipment" to mean devices, including replacement devices, that are designed for repeated use, and that are used for the treatment or monitoring of a medical condition or injury in order to help a person to partially or fully acquire, improve, keep, or learn, or minimize the loss of, skills and functioning of daily living. The bill would prohibit coverage of durable medical equipment and services from being subject to financial or treatment limitations, as specified. Because a violation of the bill's provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Liz Ortega, Lori Wilson

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:55 PM
California Association of Health Plans: Oppose

Title

Medi-Cal: time or distance standards: children's health care services.

Description

AB 1202, as amended, Lackey. Medi-Cal: time or distance standards: children's health care services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various health care delivery systems, including managed care pursuant to Medi-Cal managed care plan contracts. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes, until January 1, 2026, certain time or distance and appointment time standards for specified Medi-Cal managed care covered services, consistent with federal regulations relating to network adequacy standards, to ensure that those services are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner, as specified. Existing law sets forth various limits on the number of miles or minutes from the enrollee's place of residence, depending on the type of service or specialty and, in some cases, on the county. Existing law authorizes a Medi-Cal managed care plan to use clinically appropriate video synchronous interaction as a means of demonstrating compliance with those standards. Existing law authorizes the department, upon request of a Medi-Cal managed care plan, to authorize alternative access standards for those standards under certain conditions, with the request being approved or denied on ZIP Code and provider type basis, as specified. This bill would, no later than January 1, 2025, require each Medi-Cal managed care plan to conduct, and report to the department the results of, an analysis to identify the number and, as appropriate, the geographic distribution of Medi-Cal providers needed to ensure the Medi-Cal managed care plan's compliance with the above-described time or distance and appointment time standards for pediatric primary care, across all service areas of the plan. The bill would, no later than January 1, 2026, require the department to prepare and submit a report to the Legislature that includes certain information, including a summary of the results reported by Medi-Cal managed care plans, specific steps for Medi-Cal managed care plan accountability, evidence of progress and compliance, and level of accuracy of provider directories, as specified. The bill would, no later than July 1, 2024, require the department to submit a report to the Legislature, and to make it publicly available, with certain information for the 2019, 2020, 2021, and 2022 calendar years, including (1) the number of children 0 to 5 years of age, inclusive, and the number of children 6 to 18 years of age, inclusive, who are Medi-Cal beneficiaries receiving any of specified early childho... (click bill link to see more).

Primary Sponsors

Tom Lackey

Title

Medi-Cal and Medicare: dual eligible beneficiaries: special needs plans.

Description

AB 1230, as introduced, Valencia. Medi-Cal and Medicare: dual eligible beneficiaries: special needs plans. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing federal law establishes the Medicare Program, which is a public health insurance program for persons who are 65 years of age or older and specified persons with disabilities who are under 65 years of age. Existing law sets forth various provisions, including within the Coordinated Care Initiative (CCI) and the California Advancing and Innovating Medi-Cal (CalAIM) initiative, relating to beneficiaries who are dually eligible for the Medicare Program and the Medi-Cal program, for purposes of promoting more integrated care through those beneficiaries' aligned enrollment in a Medicare Advantage Dual Eligible Special Needs Plan (D-SNP), as defined. This bill would require the department, commencing no later than January 1, 2025, to offer contracts to health care service plans for Highly Integrated Dual Eligible Special Needs Plans (HIDE-SNPs) and Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs), as defined, to provide care to dual eligible beneficiaries. The bill would require that a HIDE-SNP or FIDE-SNP contract authorize a beneficiary to select from a number of available options and to maintain their established or selected health care providers. The bill would also require a contracting plan to perform all applicable required care coordination and data-sharing functions, and to provide documentation demonstrating the care integration that dual eligible beneficiaries receive through a HIDE-SNP or FIDE-SNP contract.

Primary Sponsors

Avelino Valencia

Organizational Notes

Last edited by Joanne Campbell at Apr 17, 2023, 5:45 PM
L.A. Care, Local Health Plans of California: Oppose

Title

Medi-Cal: telehealth.

Description

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

Primary Sponsors

Akilah Weber

Title

Mental health: impacts of social media.

Description

AB 1282, as amended, Lowenthal. Mental health: impacts of social media. Existing law, the Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Services Oversight and Accountability Commission, and authorizes the commission to take specified actions, including advising the Governor or the Legislature regarding actions the state may take to improve care and services for people with mental illness. This bill would require the commission to report to specified policy committees of the Legislature, on or before July 1, 2026, a statewide strategy to understand, communicate, and mitigate mental health risks associated with the use of social media by children and youth. The bill would require the report to include, among other things, (1) the degree to which individuals negatively impacted by social media are accessing and receiving mental health services and (2) recommendations to strengthen children and youth resiliency strategies and California's use of mental health services to reduce the negative outcomes that may result from untreated mental illness, as specified. The bill would require the commission to explore, among other things, the persons and populations that use social media and the negative mental health risks associated with social media, as specified. The bill would repeal these provisions on January 1, 2029.

Primary Sponsors

Josh Lowenthal

Title

Pupil health: emergency stock albuterol inhalers.

Description

AB 1283, as amended, Chen. Pupil health: emergency stock albuterol inhalers. Existing law requires the governing board of any school district to give diligent care to the health and physical development of pupils and authorizes the governing board of a school district to employ properly certified persons for the work. Existing law requires school districts, county offices of education, and charter schools to provide emergency epinephrine auto-injectors to school nurses or trained personnel who have volunteered, and authorizes school nurses or trained personnel to use emergency epinephrine auto-injectors to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an anaphylactic reaction, as provided. This bill would authorize a school district, county office of education, or charter school to provide emergency stock albuterol inhalers, including, if necessary, single-use disposable holding chambers, as specified, to school nurses or trained personnel who have volunteered, and would authorize school nurses or trained personnel to use an emergency stock albuterol inhaler to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from respiratory distress, as provided. The bill would require the Superintendent of Public Instruction to establish, and post on the State Department of Education's internet website, minimum standards of training for the administration of stock albuterol inhalers, as provided, and every 5 years or sooner, as provided, review those standards. The bill would define the terms, including, among others, "stock albuterol inhaler" and "respiratory distress" for purposes of these provisions.

Primary Sponsors

Phillip Chen

Title

Health care coverage: Medication-assisted treatment.

Description

AB 1288, as introduced, Reyes. Health care coverage: Medication-assisted treatment. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes health care service plans and health insurers that cover prescription drugs to utilize reasonable medical management practices, including prior authorization and step therapy, consistent with applicable law. This bill would prohibit a medical service plan and a health insurer from subjecting a buprenorphine product, methadone, or long-acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder that is prescribed according to generally accepted national professional guidelines for the treatment of a substance use disorder to prior authorization. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Eloise Reyes

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:56 PM

California Association of Health Plans: Oppose

Title

Emergency services: psychiatric emergency medical conditions.

Description

AB 1316, as introduced, Irwin. Emergency services: psychiatric emergency medical conditions. Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled, as defined. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Pursuant to a schedule of covered benefits, existing law requires Medi-Cal coverage for inpatient hospital services, subject to utilization controls, and with respect to fee-for service beneficiaries, coverage for emergency services and care necessary for the treatment of an emergency medical condition and medical care directly related to the emergency medical condition, as specified. Existing law provides for the licensing and regulation of health facilities by the State Department of Public Health and makes a violation of those provisions a crime. Existing law defines "psychiatric emergency medical condition," for purposes of providing treatment for emergency conditions, as a mental disorder that manifests itself by acute symptoms of sufficient severity that it renders the patient as being either an immediate danger to the patient or to others, or immediately unable to provide for, or utilize, food, shelter, or clothing, due to the mental disorder. Existing law includes various circumstances under which a patient is required to be treated by, or may be transferred to, specified health facilities for treatment that is solely necessary to relieve or eliminate a psychiatric emergency medical condition. This bill would revise the definition of "psychiatric emergency medical condition" to make that definition applicable regardless of whether the patient is voluntary, or is involuntarily detained for evaluation and treatment. The bill would make conforming changes to provisions requiring facilities to provide that treatment. By expanding the definition of a crime with respect to those facilities, the bill would impose a state-mandated local program. The bill would require the Medi-Cal program to cover emergency services and care necessary to treat an emergency medical condition, as defined, including all professional physical, mental, and substance use treatment services, including screening examinations necessary to determine the presence or absence of an emergency medical condition and, if an emergency medical condition exists, for all services medically necessary to stabilize the beneficiary. The bill would require coverage, including by a Medi-Cal managed care p... (click bill link to see more).

Primary Sponsors

Jacqui Irwin, Chris Ward

Bill Number

AB 1331

Status

In Senate

Position

Monitor

Title

California Health and Human Services Data Exchange Framework.

Description

AB 1331, as amended, Wood. California Health and Human Services Data Exchange Framework. Existing law establishes the Center for Data Insights and Innovation within the California Health and Human Services Agency to ensure the enforcement of state law mandating the confidentiality of medical information. Existing law, subject to an appropriation in the annual Budget Act, requires the California Health and Human Services Agency to establish the California Health and Human Services Data Exchange Framework on or before July 1, 2022, to govern and require the exchange of health information among health care entities and government agencies. This bill would require the Center for Data Insights and Innovation to take over establishment, implementation, and all the functions related to the California Health and Human Services Data Exchange Framework on or before July 1, 2023, subject to an appropriation in the annual Budget Act. The bill would require the center to establish the CalHHS Data Exchange Board, with specified membership, to develop recommendations and to approve any modifications to the Data Exchange Framework data sharing agreement, among other things.

Primary Sponsors

Jim Wood

Bill Number

AB 1419

Status

In Assembly

Position

Monitor

Title

Insulin.

Description

AB 1419, as introduced, Grayson. Insulin. Existing law requires a health care service plan contract or disability insurance policy issued, amended, delivered, or renewed on or after January 1, 2000, that covers prescription benefits to include coverage for insulin if it is determined to be medically necessary. This bill would state the intent of the Legislature to enact legislation to lower the cost of insulin for Californians.

Primary Sponsors

Tim Grayson

Title

Medi-Cal: serious mental illness.

Description

AB 1437, as amended, Irwin. Medi-Cal: serious mental illness. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth a schedule of benefits under the Medi-Cal program, including specialty and nonspecialty mental health services through different delivery systems, in certain cases subject to utilization controls, such as prior authorization. Under existing law, prior authorization is approval of a specified service in advance of the rendering of that service based upon a determination of medical necessity. Existing law sets forth various provisions relating to processing, or appealing the decision of, treatment authorization requests, and provisions relating to certain services requiring or not requiring a treatment authorization request. After a determination of cost benefit, existing law requires the Director of Health Care Services to modify or eliminate the requirement of prior authorization as a control for treatment, supplies, or equipment that costs less than \$100, except for prescribed drugs, as specified. Under this bill, a prescription refill for a drug for serious mental illness would automatically be approved for a period of 365 days after the initial prescription is dispensed. The bill would condition the above-described provisions on the prescription being for a person 18 years of age or over, and on the person not being within the transition jurisdiction of the juvenile court, as specified.

Primary Sponsors

Jacqui Irwin, Sharon Quirk-Silva

Title

Los Angeles County Affordable Housing Solutions Agency.

Description

AB 1438, as introduced, Juan Carrillo. Los Angeles County Affordable Housing Solutions Agency. Existing law, the Los Angeles County Regional Housing Finance Act, establishes the Los Angeles County Affordable Housing Solutions Agency. Under existing law, the purpose of the Los Angeles County Affordable Housing Solutions Agency is to increase the supply of affordable housing in Los Angeles County by providing for significantly enhanced funding and technical assistance at a regional level for renter protections, affordable housing preservation, and new affordable housing production, as specified. Existing law makes legislative findings and declarations as to the necessity of a countywide agency to address the housing crisis in Los Angeles County. This bill would make nonsubstantive changes to the above-described legislative findings and declarations provisions.

Primary Sponsors

Juan Carrillo

Title

Pupil health: universal screenings: adverse childhood experiences and dyslexia.

Description

AB 1450, as introduced, Jackson. Pupil health: universal screenings: adverse childhood experiences and dyslexia. Existing law requires the governing board of any school district to give diligent care to the health and physical development of pupils and authorizes the governing board of a school district to employ properly certified persons for the work. Existing law authorizes the governing board of a school district to provide a comprehensive educational counseling program for all pupils enrolled in the school district. Existing law prohibits specified medical professionals, including psychiatrists, not employed in that capacity by the State Department of Health Care Services from being employed or permitted to supervise the health and physical development of pupils unless that person holds a services credential with a specialization in health or a valid credential, as provided. Existing law prohibits any person who is an employee of a school district from administering psychological tests or engaging in other psychological activities involving the application of psychological principles, methods, or procedures unless (1) the person holds a valid and current credential as a school psychologist issued by the Commission on Teacher Credentialing that permits the holder to administer psychological testing to, or engage in psychological activities with, pupils, or (2) psychological assistants or school psychology interns perform the testing or activities under the supervision of a person described in (1). Under existing law, parents and guardians of pupils enrolled in public schools have the right and should have the opportunity, as mutually supportive and respectful partners in the education of their children within the public schools, to be informed by the school, and to participate in the education of their children, including, among others, the right to receive information about any psychological testing the school does involving their child and to deny permission to give the test. This bill would require a school district, county office of education, or charter school to employ or contract with at least one mental health clinician, as defined, and at least one case manager, as defined, for each schoolsite of the local educational agency, and to conduct universal screenings for adverse childhood experiences, as defined, and dyslexia, pursuant to a graduated schedule by grade span, as specified. The bill would require a mental health clinician who conducts a screening to develop, and provide to the pupil and their parent or guardian, an action plan based upon findings from the screening, as appropriate, and would require case managers to help implement approved action plans. By imposing additional requirements on local educat... (click bill link to see more).

Primary Sponsors

Corey Jackson

Title

Urgent and emergency mental health and substance use disorder treatment.

Description

AB 1451, as amended, Jackson. Urgent and emergency mental health and substance use disorder treatment. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer that provides hospital, medical, or surgical coverage shall provide coverage for medically necessary treatment of mental health and substance use disorders, under the same terms and conditions applied to other medical conditions, as specified. Existing law also includes requirements for timely access to care, including mental health services, including a requirement that a health care service plan or health insurer provide or arrange for the provision of covered health care services in a timely manner appropriate for the nature of the enrollee's or insured's condition consistent with good professional practice. This bill would require a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, to provide coverage for treatment of urgent and emergency mental health and substance use disorders. The bill would require the treatment to be provided without preauthorization, and to be reimbursed in a timely manner, pursuant to specified provisions. The bill's provisions would only be implemented upon appropriation by the Legislature. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Corey Jackson

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:56 PM
California Association of Health Plans: Oppose

Title

Medi-Cal: behavioral health services: documentation standards.

Description

AB 1470, as amended, Quirk-Silva. Medi-Cal: behavioral health services: documentation standards. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including behavioral health services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes the California Advancing and Innovating Medi-Cal (CalAIM) initiative, subject to receipt of any necessary federal approvals and the availability of federal financial participation, in order to, among other things, improve quality outcomes and reduce health disparities. The bill, as part of CalAIM, and with respect to behavioral health services provided under the Medi-Cal program, would require the department to standardize data elements relating to documentation requirements, including, but not limited to, medically necessary criteria, and would require the department to develop standard forms containing information necessary to properly adjudicate claims pursuant to CalAIM Terms and Conditions. The bill would require the department to consult with representatives of specified associations and programs for purposes of implementing these provisions. The bill would require the department to conduct, on or before July 1, 2025, regional trainings for personnel and provider networks of applicable entities, including county mental health plans, Medi-Cal managed care plans, and entities within the fee-for-service delivery system, on proper completion of the standard forms. The bill would require each applicable entity to distribute the training material and standard forms to its provider networks, and to commence, no later than July 1, 2025, using the standard forms. The bill would require providers of applicable entities to use those forms, as specified. The bill would authorize the department to restrict the imposition of additional documentation requirements beyond those included on standard forms, as specified. The bill would require the department to conduct an analysis on the status of utilization of the standard forms by applicable entities, and on the status of the trainings and training material, in order to determine the effectiveness of implementation of the above-described provisions. The bill would require the department to prepare annual reports containing findings from the analysis, and, commencing on July 1, 2026, and each year thereafter, to submit the most recent report to the Legislature and to post it on the department's internet website.

Primary Sponsors

Sharon Quirk-Silva

Title

Medi-Cal: presumptive eligibility.

Description

AB 1481, as amended, Boerner. Medi-Cal: presumptive eligibility. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing federal law, as a condition of receiving federal Medicaid funds, requires states to provide health care services to specified individuals. Existing federal law authorizes states to provide presumptive eligibility to pregnant women or children, and existing state law requires the department to provide presumptive eligibility to pregnant women and children, as specified. This bill would expand the presumptive eligibility for pregnant women to all pregnant people, renaming the program "Presumptive Eligibility for Pregnant People" (PE4PP). The bill would also require the department to ensure that a pregnant person receiving coverage under PE4PP who applies for full-scope Medi-Cal benefits within 60 days receives coverage under PE4PP until their full-scope Medi-Cal application is approved or denied, as specified. The bill would make conforming changes to related provisions. Because counties are required to make eligibility determinations, and this bill would expand Medi-Cal eligibility, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors

Tasha Boerner Horvath, Rebecca Bauer-Kahan

Title

Health care coverage: discrimination.

Description

AB 1502, as introduced, Schiavo. Health care coverage: discrimination. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law prohibits a health care service plan or health insurer from employing marketing practices or benefit designs that discriminate based on an individual's race, color, national origin, present or predicted disability, age, sex, gender identity, sexual orientation, expected length of life, degree of medical dependency, quality of life, or other health conditions. Existing law requires a plan or insurer to notify enrollees and insureds that it does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. This bill would prohibit a health care service plan or health insurer from discriminating on the basis of race, color, national origin, sex, age, or disability through the use of clinical algorithms in its decisionmaking. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Pilar Schiavo

Title

Interagency Council on Homelessness.

Description

AB 1592, as introduced, Dixon. Interagency Council on Homelessness. Existing law requires the Governor to establish the Interagency Council on Homelessness, and requires the council to have specified goals, including, to identify mainstream resources, benefits, and services that can be accessed to prevent and end homelessness in California, and to report to the Governor, federal Cabinet members, and the Legislature on homelessness and work to reduce homelessness. This bill would require the council to report annually to the Governor, federal Cabinet members, and the Legislature, commencing June 30, 2026, on homelessness and work to reduce homelessness, and would require the report to include the cost per person and distribution of funding within United States Department of Housing and Urban Development's Continuum of Care program by city and census-designated area.

Primary Sponsors

Diane Dixon

Title

Medi-Cal: managed care plans.

Description

AB 1608, as amended, Joe Patterson. Medi-Cal: managed care plans. The Lanterman Developmental Disabilities Services Act makes the State Department of Developmental Services responsible for providing various services and supports to individuals with developmental disabilities, and for ensuring the appropriateness and quality of those services and supports. Pursuant to that law, the department contracts with regional centers to provide services and supports to persons with developmental disabilities. The act requires regional centers to pursue all possible sources of funding for consumers receiving regional center services, including, among others, Medi-Cal. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes the California Advancing and Innovating Medi-Cal (CalAIM) initiative, subject to receipt of any necessary federal approvals and the availability of federal financial participation, in order to, among other things, improve quality outcomes, reduce health disparities, and increase flexibility. Existing law authorizes the department to standardize those populations that are subject to mandatory enrollment in a Medi-Cal managed care plan across all aid code groups and Medi-Cal managed care models statewide, subject to a Medi-Cal managed care plan readiness, continuity of care transition plan, and disenrollment process developed in consultation with stakeholders, in accordance with specified requirements and the CalAIM Terms and Conditions. Existing law, if the department standardizes those populations subject to mandatory enrollment, exempts certain dual and non-dual beneficiary groups, as defined, from that mandatory enrollment. This bill would additionally exempt dual and non-dual-eligible beneficiaries who receive services from a regional center and use a Medi-Cal fee-for-service delivery system as a secondary form of health coverage.

Primary Sponsors

Joe Patterson

Title

Local government: internet websites and email addresses.

Description

AB 1637, as amended, Irwin. Local government: internet websites and email addresses. (1) The California Constitution authorizes cities and counties to make and enforce within their limits all local, police, sanitary, and other ordinances and regulations not in conflict with general laws and further authorizes cities organized under a charter to make and enforce all ordinances and regulations in respect to municipal affairs, which supersede inconsistent general laws. The California Public Records Act requires a local agency to make public records available for inspection and allows a local agency to comply by posting the record on its internet website and directing a member of the public to the internet website, as specified. This bill, no later than January 1, 2027, would require a local agency, as defined, that maintains an internet website for use by the public to ensure that the internet website utilizes a ".gov" top-level domain or a ".ca.gov" second-level domain and would require a local agency that maintains an internet website that is noncompliant with that requirement to redirect that internet website to a domain name that does utilize a ".gov" or ".ca.gov" domain. This bill, no later than January 1, 2027, would also require a local agency that maintains public email addresses to ensure that each email address provided to its employees utilizes a ".gov" domain name or a ".ca.gov" domain name. By adding to the duties of local officials, the bill would impose a state-mandated local program. (2) The bill would include findings that changes proposed by this bill address a matter of statewide concern rather than a municipal affair and, therefore, apply to all cities, including charter cities. (3) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors

Jacqui Irwin

Title

Health care coverage: cost sharing.

Description

AB 1645, as amended, Zbur. Health care coverage: cost sharing. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a group or individual nongrandfathered health care service plan contract or health insurance policy to provide coverage for, and prohibits a contract or policy from imposing cost-sharing requirements for, specified preventive care services and screenings. This bill would prohibit a group or individual health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2024, from imposing a cost-sharing requirement for office visits for the above-described preventive care services and screenings and for items or services that are integral to their provision. The bill would prohibit contracts and policies from imposing a cost-sharing requirement, utilization review, or other specified limits on a recommended sexually transmitted infections screening, and from imposing a cost-sharing requirement for any items and services integral to a sexually transmitted infections screening, as specified. The bill would require a plan or insurer to directly reimburse a nonparticipating provider or facility of sexually transmitted infections screening that meets specified criteria for screening tests and integral items and services rendered, as specified, and would prohibit a nonparticipating provider from billing or collecting a cost-sharing amount for a sexually transmitted infections screening from an enrollee or insured. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Rick Zbur

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:57 PM

California Association of Health Plans: Oppose

Title

Universal health care coverage.

Description

AB 1690, as introduced, Kalra. Universal health care coverage. Existing law provides for the creation of various programs to provide health care services to persons who have limited incomes and meet various eligibility requirements, including the Medi-Cal program administered by the State Department of Health Care Services. Existing law provides for the regulation of health care service plans by the Department of Managed Health Care and health insurers by the Department of Insurance. Existing law establishes the California Health Benefit Exchange to facilitate the purchase of qualified health plans through the Exchange by qualified individuals and small employers. This bill would state the intent of the Legislature to guarantee accessible, affordable, equitable, and high-quality health care for all Californians through a comprehensive universal single-payer health care program that benefits every resident of the state.

Primary Sponsors

Ash Kalra

Title

Prescription drug coverage.

Description

SB 70, as amended, Wiener. Prescription drug coverage. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law prohibits a health care service plan contract that covers prescription drug benefits or a specified health insurance policy from limiting or excluding coverage for a drug on the basis that the drug is prescribed for a use that is different from the use for which it was approved by the federal Food and Drug Administration if specified conditions are met. Existing law also prohibits a health care service plan that covers prescription drug benefits from limiting or excluding coverage for a drug that was previously approved for coverage if an enrollee continues to be prescribed that drug, as specified. This bill would additionally prohibit limiting or excluding coverage of a drug, dose of a drug, or dosage form of a drug that is prescribed for off-label use if the drug has been previously covered for a chronic condition or cancer, regardless of whether or not the drug, dose, or dosage form is on the plan's or insurer's formulary. The bill would prohibit a health care service plan contract or health insurance policy from requiring additional cost sharing not already imposed for a drug that was previously approved for coverage. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Scott Wiener

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:57 PM

California Association of Health Plans: Oppose

Bill Number

SB 72

Status

In Senate

Position

Monitor

Title

Budget Act of 2023.

Description

SB 72, as introduced, Skinner. Budget Act of 2023. This bill would make appropriations for the support of state government for the 2023–24 fiscal year. This bill would declare that it is to take effect immediately as a Budget Bill.

Primary Sponsors

Nancy Skinner

Bill Number

SB 87

Status

In Senate

Position

Monitor

Title

Mental health: involuntary commitment.

Description

SB 87, as amended, Nguyen. Mental health: involuntary commitment. Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of persons with specified mental disorders for the protection of the persons committed. Under the act, when a person, as a result of a mental health disorder, is a danger to others, or to themselves, or gravely disabled, the person may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services. Existing law provides that a conservator of the person, of the estate, or of the person and the estate may be appointed for a person who is gravely disabled due to a mental health disorder or impairment by chronic alcoholism. Existing law authorizes that a person for whom conservatorship is sought has a right to demand a court or jury trial on the issue of whether the individual is gravely disabled. Existing law requires that such a demand must be made within 5 days following the hearing on the conservatorship petition. Existing law requires that the court or jury trial must commence within 10 days of the date of the demand, except the court may continue the trial date for a period not to exceed 15 days upon request of counsel for the proposed conservatee. This bill would extend the period for which a court or jury trial may be continued at the request of counsel for the proposed conservatee from 15 days to 20 days.

Primary Sponsors

Janet Nguyen

Title

Health care coverage: insulin affordability.

Description

SB 90, as amended, Wiener. Health care coverage: insulin affordability. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or disability insurance policy issued, amended, delivered, or renewed on or after January 1, 2000, that covers prescription benefits to include coverage for insulin if it is determined to be medically necessary. This bill would prohibit a health care service plan contract or a disability insurance policy, as specified, issued, amended, delivered, or renewed on or after January 1, 2024, or a contract or policy offered in the individual or small group market on or after January 1, 2025, from imposing a copayment of more than \$35 for a 30-day supply of an insulin prescription drug or imposing a deductible, coinsurance, or other cost sharing on an insulin prescription drug, and would prohibit a high deductible health plan from imposing a deductible, coinsurance, or other cost sharing on an insulin prescription drug, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Scott Wiener

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:58 PM

California Association of Health Plans: Oppose

Title

Distressed Hospital Loan Program.

Description

SB 112, as amended, Committee on Budget and Fiscal Review.

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

Primary Sponsors

Senate Budget and Fiscal Review Committee

Title

Health care coverage: independent medical review.

Description

SB 238, as amended, Wiener. Health care coverage: independent medical review. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers by the Department of Insurance. Existing law establishes the Independent Medical Review System within each department, under which an enrollee or insured may seek review if a health care service has been denied, modified, or delayed by a health care service plan or disability insurer and the enrollee or insured has previously filed a grievance that remains unresolved after 30 days. This bill would require a health care service plan or a disability insurer that modifies, delays, or denies a health care service, based in whole or in part on medical necessity, to automatically submit within 24 hours a decision regarding a disputed health care service to the Independent Medical Review System, as well as the information that informed its decision, without requiring an enrollee or insured to submit a grievance, if the decision is to deny, modify, or delay specified services relating to mental health or substance use disorder conditions for an enrollee or insured up to 26 years of age. The bill would require a health care service plan or disability insurer, within 24 hours after submitting its decision to the Independent Medical Review System to provide notice to the appropriate department, the enrollee or insured or their representative, if any, and the enrollee's or insured's provider. The bill would require the notice to include notification to the enrollee or insured that they or their representative may cancel the independent medical review at any time before a determination, as specified. The bill would apply specified existing provisions relating to mental health and substance use disorders for purposes of its provisions, and would be subject to relevant provisions relating to the Independent Medical Review System that do not otherwise conflict with the express requirements of the bill. With respect to health care service plans, the bill would specify that its provisions do not apply to Medi-Cal managed care plan contracts. The bill would authorize the Insurance Commissioner to promulgate regulations subject to the Administrative Procedure Act to implement and enforce the bill. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the ... (click bill link to see more).

Primary Sponsors

Scott Wiener

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 6:11 PM

Local Health Plans of California: Oppose California Association of Health Plans: Oppose

Title

California Food Assistance Program: eligibility and benefits.

Description

SB 245, as amended, Hurtado. California Food Assistance Program: eligibility and benefits. Existing federal law provides for the Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh, under which supplemental nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county. Existing law requires the State Department of Social Services to establish a food assistance program, known as the California Food Assistance Program (CFAP), to provide assistance to a noncitizen of the United States if the person's immigration status meets the eligibility criteria of SNAP in effect on August 21, 1996, but the person is not eligible for SNAP benefits solely due to their immigration status, as specified. Existing law also makes eligible for the program an applicant who is otherwise eligible for the program, but who entered the United States on or after August 22, 1996, if the applicant is sponsored and the applicant meets one of a list of criteria, including that the applicant, after entry into the United States, is a victim of the sponsor or the spouse of the sponsor if the spouse is living with the sponsor. Existing law, to become operative on the date that the department notifies the Legislature that the Statewide Automated Welfare System (SAWS) has been updated to perform the necessary automation, and subject to an appropriation in the annual Budget Act, makes an individual 55 years of age or older eligible for the program if the individual's immigration status is the sole basis for their ineligibility for CalFresh benefits. This bill would remove that age limitation and make any individual eligible for the program if the individual's immigration status is the sole basis for their ineligibility for CalFresh benefits. By extending eligibility for CFAP, which is administered by the counties, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors

Melissa Hurtado, Susan Rubio, Miguel Santiago

Title

Health care coverage: diagnostic imaging.

Description

SB 257, as introduced, Portantino. Health care coverage: diagnostic imaging. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract issued, amended, delivered, or renewed on or after January 1, 2000, or an individual or group policy of disability insurance or self-insured employee welfare benefit plan to provide coverage for mammography for screening or diagnostic purposes upon referral by specified professionals. Under existing law, mammography performed pursuant to those requirements or that meets the current recommendations of the United States Preventive Services Task Force is provided to an enrollee or an insured without cost sharing. This bill would require a health care service plan contract, a policy of disability insurance that provides hospital, medical, or surgical coverage, or a self-insured employee welfare benefit plan issued, amended, or renewed on or after January 1, 2025, to provide coverage without imposing cost sharing for, among other things, screening mammography and medically necessary diagnostic breast imaging, including diagnostic breast imaging following an abnormal mammography result and for an enrollee or insured indicated to have a risk factor associated with breast cancer, except as specified. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Anthony Portantino

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:58 PM

California Association of Health Plans: Oppose

Title

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

Description

SB 282, as amended, Eggman. Medi-Cal: federally qualified health centers and rural health clinics. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, to the extent that federal financial participation is available, FQHC and RHC services are reimbursed on a per-visit basis, as specified. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and a physician or other specified health care professionals. Under existing law, "visit" also includes an encounter using video or audio-only synchronous interaction or an asynchronous store and forward modality, as specified. This bill would authorize reimbursement for a maximum of 2 visits that take place on the same day at a single site, whether through a face-to-face or telehealth-based encounter, if after the first visit the patient suffers illness or injury that requires additional diagnosis or treatment, or if the patient has a medical visit and either a mental health visit or a dental visit, as defined. The bill would require the department, by July 1, 2024, to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services reflecting those provisions. The bill would include a licensed acupuncturist within those health care professionals covered under the definition of a "visit." The bill would also make a change to the provision relating to physicians and would make other technical changes.

Primary Sponsors

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

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 7:27 PM
Local Health Plans of California: Support L.A. Care: Support

Title

Medi-Cal eligibility: redetermination.

Description

SB 299, as amended, Eggman. Medi-Cal eligibility: redetermination. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law generally requires a county to redetermine a Medi-Cal beneficiary's eligibility to receive Medi-Cal benefits every 12 months and whenever the county receives information about changes in a beneficiary's circumstances that may affect their eligibility for Medi-Cal benefits. In response to a change in circumstances, if a county cannot obtain sufficient information to redetermine eligibility, existing law requires the county to send to the beneficiary a form that is prepopulated with the information that the county has obtained and that states the information needed to renew eligibility. Under existing law, if the purpose for a redetermination is loss of contact with the beneficiary, as evidenced by the return of mail, as specified, a return of the prepopulated form requires the county to immediately send a notice of action terminating Medi-Cal eligibility. This bill would remove loss of contact with a beneficiary, as evidenced by the return of mail, as a circumstance requiring prompt redetermination and would delete the above-described requirement for a county to send a notice of action terminating eligibility if the prepopulated form is returned and the purpose for the redetermination is loss of contact with the beneficiary. To the extent that the bill would modify county duties relating to the redetermination of Medi-Cal eligibility, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors

Susan Eggman

Title

Medi-Cal: Part A buy-in.

Description

SB 311, as introduced, Eggman. Medi-Cal: Part A buy-in. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the State Department of Health Care Services, to the extent required by federal law, for Medi-Cal recipients who are qualified Medicare beneficiaries, to pay the Medicare premiums, deductibles, and coinsurance for certain elderly and disabled persons. Existing federal law authorizes states to pay for Medicare benefits for specified enrollees pursuant to either a buy-in agreement to directly enroll and pay premiums or a group payer arrangement to pay premiums. This bill would require the department to submit a state plan amendment no later than January 1, 2024, to enter into a Medicare Part A buy-in agreement with the federal Centers for Medicare and Medicaid Services. To the extent that the bill would increase duties for a county, the bill would create a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors

Susan Eggman

Organizational Notes

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

Title

Health care coverage: endometriosis.

Description

SB 324, as amended, Limón. Health care coverage: endometriosis.

(1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance.

Existing law generally authorizes a health care service plan or health insurer to use prior authorization and other utilization review functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. This bill would prohibit a health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after January 1, 2024, from requiring prior authorization or other utilization review for any clinically indicated treatment for endometriosis, as determined by the treating physician and consistent with nationally recognized evidence-based clinical guidelines. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

(2) Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth a schedule of benefits under the Medi-Cal program. This bill would add any clinically indicated treatment for endometriosis, as determined by the treating physician and consistent with nationally recognized evidence-based clinical guidelines, as a covered benefit under Medi-Cal without prior authorization or other utilization review. (3) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Monique Limon

Organizational Notes

Last edited by Joanne Campbell at Apr 17, 2023, 4:45 PM

California Association of Health Plans: Oppose

Title

Mental Health Services Act.

Description

SB 326, as amended, Eggman. Mental Health Services Act. Existing law, the Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services, as specified. The act establishes the Mental Health Services Fund, which is continuously appropriated to, and administered by, the State Department of Health Care Services to fund specified county mental health programs. The act may be amended by the Legislature only by a 2/3 vote of both houses and only so long as the amendment is consistent with and furthers the intent of the act. The Legislature may clarify procedures and terms of the act by majority vote. This bill would require a county, for a behavioral health service eligible for reimbursement pursuant to the federal Social Security Act, to submit the claims for reimbursement to the State Department of Health Care Services under specific circumstances. By imposing a new duty on local officials, this bill would create a state-mandated local program. The bill would make findings that it clarifies procedures and terms of the Mental Health Services Act. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors

Susan Eggman

Title

HIV preexposure prophylaxis and postexposure prophylaxis.

Description

SB 339, as amended, Wiener. HIV preexposure prophylaxis and postexposure prophylaxis. Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy. Existing law authorizes a pharmacist to furnish at least a 30-day supply of HIV preexposure prophylaxis, and up to a 60-day supply of those drugs if certain conditions are met. Existing law also authorizes a pharmacist to furnish postexposure prophylaxis to a patient if certain conditions are met. This bill would authorize a pharmacist to furnish up to a 90-day course of preexposure prophylaxis, or preexposure prophylaxis beyond a 90-day course, if specified conditions are met. The bill would require the California State Board of Pharmacy to adopt emergency regulations to implement these provisions by July 1, 2024. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law prohibits a health care service plan or health insurer from covering preexposure prophylaxis that has been furnished by a pharmacist in excess of a 60-day supply once every 2 years. Existing law provides for the Medi-Cal program administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services pursuant to a schedule of benefits. The existing schedule of benefits includes coverage for preexposure prophylaxis as pharmacist services, limited to no more than a 60-day supply furnished by a pharmacist once every 2 years, and includes coverage for postexposure prophylaxis, subject to approval by the federal Centers for Medicare and Medicaid Services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would require a health care service plan and health insurer to cover preexposure prophylaxis and postexposure prophylaxis furnished by a pharmacist, including costs for the pharmacist's services and related testing ordered by the pharmacist, and reimburse pharmacist services at 100% of the fee schedule for physician services. The bill would include preexposure prophylaxis furnished by a pharmacist as pharmacist services on the Medi-Cal schedule of benefits. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutor... (click bill link to see more).

Primary Sponsors

Scott Wiener

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:59 PM
California Association of Health Plans: Oppose

Title

Medi-Cal: eyeglasses: Prison Industry Authority.

Description

SB 340, as introduced, Eggman. Medi-Cal: eyeglasses: Prison Industry Authority. Existing law establishes the Prison Industry Authority within the Department of Corrections and Rehabilitation and authorizes it to operate industrial, agricultural, and service enterprises that provide products and services needed by the state, or any political subdivision of the state, or by the federal government, or any department, agency, or corporation of the federal government, or for any other public use. Existing law requires state agencies to purchase these products and services at the prices fixed by the authority. Existing law also requires state agencies to make maximum utilization of these products and consult with the staff of the authority to develop new products and adapt existing products to meet their needs. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including certain optometric services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill, for purposes of Medi-Cal reimbursement for covered optometric services, would authorize a provider to obtain eyeglasses from a private entity, as an alternative to a purchase of eyeglasses from the Prison Industry Authority. The bill would condition implementation of this provision on the availability of federal financial participation. The bill, notwithstanding the above-described requirements, would authorize a provider participating in the Medi-Cal program to obtain eyeglasses from the authority or private entities, based on the optometrist's needs and assessment of quality and value.

Primary Sponsors

Susan Eggman, Scott Wilk

Title

Pupil meals.

Description

SB 348, as amended, Skinner. Pupil meals. (1) Existing law establishes a system of public elementary and secondary schools in this state. This system is composed of local educational agencies throughout the state that provide instruction to pupils in kindergarten and grades 1 to 12, inclusive, at schoolsites operated by these agencies. Existing law, commencing with the 2022–23 school year, requires each school district and county superintendent of schools maintaining kindergarten or any of grades 1 to 12, inclusive, and each charter school to provide 2 nutritiously adequate school meals free of charge during each schoolday, regardless of the length of the schoolday, to any pupil who requests a meal without consideration of the pupil’s eligibility for a federally funded free or reduced-price meal, as specified, with a maximum of one free meal for each meal service period. Existing law requires the department to develop and maintain nutrition guidelines for school lunches and breakfasts, and for all food and beverages sold on public school campuses. This bill would require local educational agencies to provide breakfast and would authorize those local educational agencies to provide lunch on each 4-hour schoolday unless the State Department of Education receives an approval for a waiver from the United States Department of Agriculture to allow for lunch on a 4-hour schoolday to be served in a noncongregate manner, in which case, both meals are required to be served. The bill would require those local educational agencies to provide pupils with adequate time to eat, as determined by the State Department of Education. The bill would require the State Department of Education, in partnership with specified entities to determine the maximum amount of added sugar to be allowed in a nutritionally adequate breakfast or lunch, as provided. The bill also would make conforming changes to related provisions of law. By imposing additional duties on local educational agencies, the bill would impose a state-mandated local program. (2) Existing law requires a school district, county superintendent of schools, or charter school to provide each needy pupil with one nutritionally adequate free or reduced-price meal during each schoolday, except as provided. This bill would revise and recast provisions regarding school meals for needy pupils by, among other things, instead requiring school districts and county superintendents of schools, and, commencing with the 2024–25 school year, requiring a charter school to provide 2 school meals free of charge during each schoolday to any pupil who requests a meal without consideration of the pupil’s eligibility for a federally funded free or reduced-price meal, as provided. By imposing additional ... (click bill link to see more).

Primary Sponsors

Nancy Skinner

Organizational Notes

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

Title

Facilities for inpatient and residential mental health and substance use disorder: database.

Description

SB 363, as amended, Eggman. Facilities for inpatient and residential mental health and substance use disorder: database. Existing law generally requires the State Department of Public Health to license, inspect, and regulate health facilities, defined to include, among other types of health facilities, an acute psychiatric hospital. Existing law generally requires the State Department of Social Services to license, inspect, and regulate various types of care facilities, including, among others, a community crisis home. Existing law requires the State Department of Health Care Services to license and regulate facilities that provide residential nonmedical services to adults who are recovering from problems related to alcohol, drug, or alcohol and drug misuse or abuse, and who need alcohol, drug, or alcohol and drug recovery treatment or detoxification services. This bill would require, by January 1, 2026, the State Department of Health Care Services, in consultation with the State Department of Public Health and the State Department of Social Services, and by conferring with specified stakeholders, to develop a real-time, internet-based database to collect, aggregate, and display information about beds in specified types of facilities, such as chemical dependency recovery hospitals, acute psychiatric hospitals, and mental health rehabilitation centers, among others, to identify the availability of inpatient and residential mental health or substance use disorder treatment. The bill would require the database to include a minimum of specific information, including the contact information for a facility's designated employee, the types of diagnoses or treatments for which the bed is appropriate, and the target populations served at the facility, and have the capacity to, among other things, enable searches to identify beds that are appropriate for individuals in need of inpatient or residential mental health or substance use disorder treatment. This bill would authorize the department to impose a plan of correction or assess penalties against a facility that fails to submit data accurately, timely, or as otherwise required and would establish a process for facilities to appeal these penalties. The bill would create the Available Care for Inpatient and Residential Mental Health or Substance Use Disorder Treatment Database Maintenance and Oversight Fund for the receipt of any penalties. Because the bill would continuously appropriate moneys in the fund for administrative costs of implementing the database, it would create an appropriation.

Primary Sponsors

Susan Eggman

Title

Open meetings: teleconferences: neighborhood councils.

Description

SB 411, as amended, Portantino. Open meetings: teleconferences: neighborhood councils. Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body, as defined, of a local agency be open and public and that all persons be permitted to attend and participate. The act generally requires for teleconferencing that the legislative body of a local agency that elects to use teleconferencing post agendas at all teleconference locations, identify each teleconference location in the notice and agenda of the meeting or proceeding, and have each teleconference location be accessible to the public. Existing law also requires that, during the teleconference, at least a quorum of the members of the legislative body participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. Existing law, until January 1, 2024, authorizes the legislative body of a local agency to use alternate teleconferencing provisions during a proclaimed state of emergency or in other situations related to public health that exempt a legislative body from the general requirements (emergency provisions) and impose different requirements for notice, agenda, and public participation, as prescribed. The emergency provisions specify that they do not require a legislative body to provide a physical location from which the public may attend or comment. Existing law, until January 1, 2026, authorizes the legislative body of a local agency to use alternative teleconferencing in certain circumstances related to the particular member if at least a quorum of its members participate from a singular physical location that is open to the public and situated within the agency's jurisdiction and other requirements are met, including restrictions on remote participation by a member of the legislative body. This bill, until January 1, 2028, would authorize an eligible legislative body to use alternate teleconferencing provisions related to notice, agenda, and public participation, as prescribed, if the city council has adopted an authorizing resolution and 2/3 of an eligible legislative body votes to use the alternate teleconferencing provisions. The bill would define "eligible legislative body" for this purpose to mean a neighborhood council that is an advisory body with the purpose to promote more citizen participation in government and make government more responsive to local needs that is established pursuant to the charter of a city with a population of more than 3,000,000 people that is subject to the act. The bill would require an eligible legislative body authorized un... (click bill link to see more).

Primary Sponsors

Anthony Portantino

Title

Medi-Cal: California Children's Services Program.

Description

SB 424, as amended, Durazo. Medi-Cal: California Children's Services Program. Existing law establishes the California Children's Services (CCS) Program, administered by the State Department of Health Care Services and a designated agency of each county, to provide medically necessary services for persons under 21 years of age who have any of specified medical conditions and who meet certain financial eligibility requirements. Existing law establishes the Medi-Cal program, which is administered by the department and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a Whole Child Model program for Medi-Cal eligible CCS children and youth enrolled in a Medi-Cal managed care plan served by a county organized health system or Regional Health Authority, or, commencing no sooner than January 1, 2024, an alternate health care service plan, in certain listed counties. This bill would specify that only those listed counties are authorized for the Whole Child Model program. Existing law prohibits the incorporation of CCS-covered services into a Medi-Cal managed care contract entered into after August 1, 1994, pursuant to specified provisions, until January 1, 2022, and until a certain related evaluation has been completed, except for contracts entered into under the Whole Child Model program or for county organized health systems or Regional Health Authority, as specified. This bill would extend that prohibition indefinitely by removing the expiration set for January 1, 2022, and for completion of the evaluation.

Primary Sponsors

Maria Durazo

Organizational Notes

Last edited by Joanne Campbell at Mar 29, 2023, 4:34 PM
Local Health Plans of California: Oppose Unless Amended

Title

Health care coverage: antiretroviral drugs, devices, and products.

Description

SB 427, as amended, Portantino. Health care coverage: antiretroviral drugs, devices, and products. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally prohibits a health care service plan or health insurer from subjecting antiretroviral drugs that are medically necessary for the prevention of AIDS/HIV, including preexposure prophylaxis or postexposure prophylaxis, to prior authorization or step therapy. Under existing law, a health care service plan or health insurer is not required to cover all the therapeutically equivalent versions of those drugs without prior authorization or step therapy if at least one is covered without prior authorization or step therapy. This bill would prohibit a health care service plan or health insurer from subjecting antiretroviral drugs, devices, or products that are either approved by the United States Food and Drug Administration (FDA) or recommended by the federal Centers for Disease Control and Prevention (CDC) for the prevention of AIDS/HIV to prior authorization or step therapy, but would authorize prior authorization or step therapy if at least one therapeutically equivalent version is covered without prior authorization or step therapy and the insurer provides coverage for a noncovered therapeutic equivalent antiretroviral drug, device, or product without cost sharing pursuant to an exception request. The bill would prohibit a nongrandfathered or grandfathered health care service plan contract or health insurance policy from imposing any cost-sharing or utilization review requirements for antiretroviral drugs, devices, or products that are either approved by the FDA or recommended by the CDC for the prevention of AIDS/HIV. The bill would require a grandfathered health care service plan contract or health insurance policy to provide coverage for those drugs, devices, or products, and would require a plan or insurer to provide coverage under the outpatient prescription drug benefit for those drugs, devices, or products, including by supplying participating providers directly with a drug, device, or product, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide ... (click bill link to see more).

Primary Sponsors

Anthony Portantino

Organizational Notes

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

Title

Biomarker testing.

Description

SB 496, as amended, Limón. Biomarker testing. (1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after July 1, 2000, to provide coverage for all generally medically accepted cancer screening tests, and prohibits that contract or policy issued, amended, delivered, or renewed on or after July 1, 2022, from requiring prior authorization for biomarker testing for certain enrollees or insureds. Existing law applies the provisions relating to biomarker testing to Medi-Cal managed care plans, as prescribed. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after July 1, 2024, to provide coverage for medically necessary biomarker testing, as prescribed, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition to guide treatment decisions if the test is supported by medical and scientific evidence, as prescribed. The bill would specify that it does not require a health care service plan or health insurer to cover biomarker testing for screening purposes unless otherwise required by law. The bill would subject restricted use of biomarker testing for the purpose of diagnosis, treatment, or ongoing monitoring of a medical condition to state and federal grievance and appeal processes. This bill would apply these provisions relating to biomarker testing to the Medi-Cal program, including Medi-Cal managed care plans, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. (2) Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law includes Rapid Whole Genome Sequencing as a covered benefit for any Medi-Cal beneficiary who is one year of age or younger and is receiving inpatient hospital services in an intensive care unit. Subject to the extent that federal financial participation is available and not otherwise jeopardized, and any necessary federal approvals have been obtained, this b... (click bill link to see more).

Primary Sponsors

Monique Limon

Organizational Notes

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

Title

Medi-Cal: children: mobile optometric office.

Description

SB 502, as amended, Allen. Medi-Cal: children: mobile optometric office. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions, with specified coverage for eligible children and pregnant persons funded by the federal Children's Health Insurance Program (CHIP). Existing federal law authorizes a state to provide services under CHIP through a Medicaid expansion program, a separate program, or a combination program. Pursuant to existing law, the department established a 3-year pilot program, from 2015 through 2017, in the County of Los Angeles that enabled school districts to allow students enrolled in Medi-Cal managed care plans to receive vision care services at the schoolsite through the use of a mobile vision service provider, limited to vision examinations and providing eyeglasses. Existing law authorizes an applicant or provider that meets the requirements to qualify as a mobile optometric office to be enrolled in the Medi-Cal program as either a mobile optometric office or within any other provider category for which the applicant or provider qualifies. Existing law defines "mobile optometric office" as a trailer, van, or other means of transportation in which the practice of optometry is performed and which is not affiliated with an approved optometry school in the state. Under existing law, the ownership and operation of a mobile optometric office is limited to a nonprofit or charitable organization, as specified, with the owner and operator registering with the State Board of Optometry. This bill would require the department to file all necessary state plan amendments to exercise the option made available under CHIP provisions to cover vision services provided to low-income children statewide through a mobile optometric office, as specified. The bill would condition implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation. The bill would require implementation of these provisions by January 1, 2025, or the date that any necessary federal approvals have been obtained, whichever date is later. The bill would require the department to seek to fund implementation of the above-described provisions with funding other than General Fund moneys, as specified. The bill would require that all of those derived revenues and applicable federal financial participation be deposited in the State Treasury to the credit of the Vision Services CHIP-HSI Special Fund, which the bill would create, with the moneys being contin... (click bill link to see more).

Primary Sponsors

Ben Allen

Title

Minimum wage: health care workers.

Description

SB 525, as amended, Durazo. Minimum wage: health care workers. Existing law generally requires the minimum wage for all industries to not be less than specified amounts to be increased until it is \$15 per hour commencing January 1, 2022, for employers employing 26 or more employees and commencing January 1, 2023, for employers employing 25 or fewer employees. Existing law makes a violation of minimum wage requirements a misdemeanor. This bill would require a health care worker minimum wage of \$25 per hour for hours worked in covered health care employment, as defined, subject to adjustment, as prescribed. The bill would provide that the health care worker minimum wage constitutes the state minimum wage for covered health care employment for all purposes under the Labor Code and the Wage Orders of the Industrial Welfare Commission. The health care worker minimum wage would be enforceable by the Labor Commissioner or by a covered worker through a civil action, through the same means and with the same relief available for violation of any other state minimum wage requirement. By establishing a new minimum wage, the violation of which would be a crime, the bill would impose a state-mandated local program. This bill would require, for covered health care employment where the employee is paid on a salary basis, that the employee earn a monthly salary equivalent to no less than 2 times the health care worker minimum wage for full-time employment in order to qualify as exempt from the payment of minimum wage and overtime. This bill would make legislative findings and declarations as to the necessity of a special statute for health care workers. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Maria Durazo

Title

Open meetings: multijurisdictional, cross-county agencies: teleconferences.

Description

SB 537, as amended, Becker. Open meetings: multijurisdictional, cross-county agencies: teleconferences. Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body, as defined, of a local agency be open and public and that all persons be permitted to attend and participate. The act generally requires for teleconferencing that the legislative body of a local agency that elects to use teleconferencing post agendas at all teleconference locations, identify each teleconference location in the notice and agenda of the meeting or proceeding, and have each teleconference location be accessible to the public. Existing law also requires that, during the teleconference, at least a quorum of the members of the legislative body participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. Existing law, until January 1, 2024, authorizes the legislative body of a local agency to use alternate teleconferencing provisions during a proclaimed state of emergency or in other situations related to public health that exempt a legislative body from the general requirements (emergency provisions) and impose different requirements for notice, agenda, and public participation, as prescribed. The emergency provisions specify that they do not require a legislative body to provide a physical location from which the public may attend or comment. Existing law, until January 1, 2026, authorizes the legislative body of a local agency to use alternative teleconferencing in certain circumstances related to the particular member if at least a quorum of its members participate from a singular physical location that is open to the public and situated within the agency's jurisdiction and other requirements are met, including restrictions on remote participation by a member of the legislative body. These circumstances include if a member shows "just cause," including for a childcare or caregiving need of a relative that requires the member to participate remotely. This bill would expand the circumstances of "just cause" to apply to the situation in which an immunocompromised child, parent, grandparent, or other specified relative requires the member to participate remotely. The bill would authorize the legislative body of a multijurisdictional, cross-county agency, as specified, to use alternate teleconferencing provisions if the eligible legislative body has adopted an authorizing resolution, as specified. The bill would also require the legislative body to provide a record of attendance and the number of public comments on its internet webs... (click bill link to see more).

Primary Sponsors

Josh Becker

Title

Sexual health: contraceptives: immunization.

Description

SB 541, as amended, Menjivar. Sexual health: contraceptives: immunization. (1) Existing law, the California Healthy Youth Act, requires school districts, defined to include county boards of education, county superintendents of schools, the California School for the Deaf, the California School for the Blind, and charter schools, to ensure that all pupils in grades 7 to 12, inclusive, receive comprehensive sexual health education and human immunodeficiency virus (HIV) prevention education, as specified. This bill would, in order to prevent and reduce unintended pregnancies and sexually transmitted infections, on or before the start of the 2024–25 school year, require each public school, including schools operated by a school district or county office of education and charter schools, to make internal and external condoms available to all pupils in grades 9 to 12, inclusive, free of charge, as provided. The bill would require these public schools to, at the beginning of each school year, inform pupils through existing school communication channels that free condoms are available and where the condoms can be obtained on school grounds. The bill would require a public school to post at least one notice regarding these requirements, as specified. The bill would require this notice to include certain information, including, among other information, information about how to use condoms properly. The bill would require each public school serving any of grades 7 to 12, inclusive, to allow the distribution of condoms during the course of, or in connection with, educational or public health programs and initiatives, as provided. The bill would authorize a state agency, the State Department of Education, or a public school to accept gifts, grants, and donations from any source for the support of a public school carrying out these provisions, including, but not limited to, the acceptance of condoms from a manufacturer or wholesaler. The bill would, in order to comply with these provisions, encourage public schools to explore partnerships, including, but not limited to, partnerships with local health jurisdictions, as defined, community health centers, nonprofit organizations, and the State Department of Public Health. By imposing additional duties on public schools, the bill would impose a state-mandated local program. The bill would additionally prohibit a public school, as defined, maintaining any combination of classrooms from grades 7 to 12, inclusive, a school district, the State Department of Education, or a county office of education from prohibiting certain school-based health centers, as defined, from making internal and external condoms available and easily accessible to pupils at the school-based health center site. (... (click bill link to see more).

Primary Sponsors

Caroline Menjivar

Title

Health records: EHR vendors.

Description

SB 582, as amended, Becker. Health records: EHR vendors. Existing law establishes the California Health and Human Services Agency (CHHSA), which includes departments charged with administration of health, social, and human services. Existing law establishes the California Health and Human Services Data Exchange Framework that includes a single data sharing agreement and common set of policies and procedures that govern and require the exchange of health information among health care entities and government agencies in California. Existing law requires specified entities to execute the framework data sharing agreement on or before January 31, 2023. This bill would, contingent on the stakeholder advisory group developing standards for including EHR vendors, as defined, require EHR vendors to execute the framework data sharing agreement. The bill would require any fees charged by an EHR vendor to enable compliance with the framework to comply with specified federal regulations and to be sufficient to include the cost of enabling the collection and sharing of all data required, as specified. The bill would authorize CHHSA to establish administrative oversight and enforcement authority, including fines, if fees are not in compliance with federal standards.

Primary Sponsors

Josh Becker

Title

Covered California: data sharing.

Description

SB 595, as amended, Roth. Covered California: data sharing. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Existing state law creates the California Health Benefit Exchange (Exchange), also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law requires the Exchange, beginning no later than September 1, 2023, and at least monthly thereafter, to request from the Employment Development Department (EDD) specified information of each new applicant for unemployment compensation, state disability, and paid family leave. Existing law requires the EDD to provide that information in a manner prescribed by the Exchange. Existing law requires the Exchange to market and publicize the availability of health care coverage through the Exchange, and engage in outreach activities, to the individuals whose contact information is received by the Exchange from the EDD, as specified. Existing law prohibits the Exchange from disclosing the personal information obtained from the EDD without the consent of the applicant. This bill would specifically apply that prohibition to the disclosure of personal information by the Exchange to a certified insurance agent or a certified employment counselor. The bill would require a person or entity that receives personal information from the Exchange pursuant to these provisions to at all times take reasonable measures to safeguard the confidentiality of any personal information obtained from the Exchange and would prohibit a person or entity from using or disclosing that information for any purpose other than to market and publicize the availability of health care coverage through the Exchange to individuals, as directed by the Exchange. The bill also would make a technical change to a related provision.

Primary Sponsors

Richard Roth

Title

Health care coverage: prior authorization.

Description

SB 598, as amended, Skinner. Health care coverage: prior authorization. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use prior authorization and other utilization review or utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law requires a health care service plan or health insurer, including those plans or insurers that delegate utilization review or utilization management functions to medical groups, independent practice associations, or to other contracting providers, to comply with specified requirements and limitations on their utilization review or utilization management functions. Existing law requires the criteria or guidelines used to determine whether or not to authorize, modify, or deny health care services to be developed with involvement from actively practicing health care providers. On or after January 1, 2025, this bill would prohibit a health care service plan or health insurer from requiring a contracted health professional to complete or obtain a prior authorization for any covered health care services if the plan or insurer approved or would have approved not less than 90% of the prior authorization requests they submitted in the most recent one-year contracted period. The bill would set standards for this exemption and its denial, rescission, and appeal. The bill would authorize a plan or insurer to evaluate the continuation of an exemption not more than once every 12 months, and would authorize a plan or insurer to rescind an exemption only at the end of the 12-month period and only if specified criteria are met. The bill would require a plan or insurer to provide an electronic prior authorization process. The bill would also require a plan or insurer to have a process for annually monitoring prior authorization approval, modification, appeal, and denial rates to identify services, items, and supplies that are regularly approved, and to discontinue prior authorization on those services, items, and supplies that are approved 95% of the time. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The California Constitution requ... (click bill link to see more).

Primary Sponsors

Nancy Skinner

Organizational Notes

Last edited by Joanne Campbell at Apr 17, 2023, 4:46 PM
California Association of Health Plans: Oppose

Title

California CalFresh Minimum Benefit Adequacy Act of 2023.

Description

SB 600, as introduced, Menjivar. California CalFresh Minimum Benefit Adequacy Act of 2023. Existing federal law provides for the federal Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh, under which supplemental nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county. Existing law sets maximum allotment amounts by household size. Existing law, until July 1, 2024, requires the State Department of Social Services to create the Safe Drinking Water Supplemental Benefit Pilot Program to provide time-limited additional CalFresh nutrition benefits to residents of prioritized disadvantaged communities that are served by public water systems that consistently fail to meet primary drinking water standards. This bill would, by January 1, 2025, require the department to establish the CalFresh Minimum Nutrition Benefit (MNB) Program to provide a household with a monthly CalFresh allotment of less than a minimum monthly benefit, established by the bill to be \$50, with an additional state-funded monthly MNB that is equal to the difference between their monthly CalFresh allotment and \$50. The bill would require the department to annually adjust the minimum monthly benefit amount, as prescribed, and would require these benefits to be delivered through the electronic benefits transfer (EBT) system. By imposing additional duties on counties administering the program, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors

Caroline Menjivar

Title

Health care coverage: biosimilar drugs.

Description

SB 621, as amended, Caballero. Health care coverage: biosimilar drugs. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes a health care service plan or health insurer that provides coverage for prescription drugs to require step therapy if there is more than one drug that is clinically appropriate for the treatment of a medical condition, but requires a plan or insurer to expeditiously grant a step therapy exception request if specified criteria are met. Existing law does not prohibit a plan, insurer, or utilization review organization from requiring an enrollee or insured to try an AB-rated generic equivalent or interchangeable biological product before providing coverage for the equivalent branded prescription drug. This bill would specify that a plan, insurer, or utilization review organization is also not prohibited from requiring an enrollee or insured to try a biosimilar before providing coverage for the equivalent branded prescription drug, but that the requirement to try biosimilar, generic, and interchangeable drugs does not prohibit or supersede a step therapy exception request.

Primary Sponsors

Anna Caballero

Title

State Healthy Food Access Policy.

Description

SB 628, as introduced, Hurtado. State Healthy Food Access Policy. Existing law establishes various food assistance programs, including, among others, the federal Supplemental Nutrition Assistance Program (SNAP), known in California as CalFresh, under which supplemental nutrition assistance benefits allocated to the state by the federal government are distributed to eligible individuals by each county. This bill would declare that it is the established policy of the state that every human being has the right to access sufficient affordable and healthy food. The bill would require all relevant state agencies to consider this state policy when revising, adopting, or establishing policies, regulations, and grant criteria when those policies, regulations, and grant criteria are pertinent to the distribution of sufficient affordable and adequate food. The bill would also require, by January 1, 2025, the State Department of Social Services, in consultation with the Department of Food and Agriculture's Farm Equity Advisor and the Department of Conservation, to submit a report to the Legislature relating to food access and recommendations to increase the availability of sufficient affordable and healthy food.

Primary Sponsors

Melissa Hurtado

Title

Healing arts: pregnancy and childbirth.

Description

SB 667, as amended, Dodd. Healing arts: pregnancy and childbirth.

(1) Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing within the Department of Consumer Affairs for the licensure and regulation of the practice of nursing. A violation of the act is a crime. Existing law requires the board to issue a certificate to practice nurse-midwifery to a person who meets specified qualifications. Existing law authorizes a certified nurse-midwife to attend cases of low-risk pregnancy and childbirth and to provide prenatal, intrapartum, and postpartum care, including interconception care, family planning care, and immediate care for the newborn, as specified. Existing law authorizes a certified nurse-midwife to practice with a physician and surgeon under mutually agreed-upon policies and protocols, as specified, to provide a patient with care outside of that scope of services or to provide intrapartum care to a patient who has had a prior cesarean section or surgery that interrupts the myometrium. This bill would revise and recast those provisions to, among other things, authorize a certified nurse-midwife, pursuant to policies and protocols that are mutually agreed upon with a physician and surgeon, as specified, to provide a patient with care outside of that scope of services or to provide intrapartum care to a patient who has had a prior cesarean section or surgery that interrupts the myometrium. The bill would include care for common gynecologic conditions, as specified, in the scope of services a certified nurse-midwife is authorized to perform without policies and protocols that are mutually agreed upon with a physician and surgeon. The bill would additionally authorize a hospital, as defined, to grant privileges to a certified nurse-midwife, allowing them to admit and discharge patients upon their own authority if in accordance with the bylaws of that facility and within the nurse-midwife's scope of practice. Existing law generally authorizes a certified nurse-midwife to furnish drugs or devices incidentally to the provision of care and services described above that the certified nurse-midwife is authorized to perform and care rendered to persons within certain settings, subject to specified requirements and exceptions. Among those requirements is that a certified nurse-midwife follow standardized procedures or protocols if they furnish or order Schedule IV or V controlled substances or drugs or devices for services other than attending cases of low-risk pregnancy and childbirth or providing prenatal, intrapartum, and postpartum care, as specified. Existing law requires those standardized procedures or protocols to specify which nurse-midwife is authorized to furnish or order drugs or device... (click bill link to see more).

Primary Sponsors

Bill Dodd

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 5:48 PM

Local Health Plans of California: Support

Title

Medi-Cal: self-measured blood pressure devices and services.

Description

SB 694, as introduced, Eggman. Medi-Cal: self-measured blood pressure devices and services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth a schedule of benefits under the Medi-Cal program, including pharmacy benefits (Medi-Cal Rx) and durable medical equipment. The department announced that, effective June 1, 2022, personal home blood pressure monitoring devices, and blood pressure cuffs for use with those devices, are a covered benefit under Medi-Cal Rx as a pharmacy-billed item. This bill would make self-measured blood pressure (SMBP) devices and SMBP services, as defined, covered benefits under the Medi-Cal program for the treatment of high blood pressure. The bill would state the intent of the Legislature that those covered devices and services be consistent in scope with devices and services that are recognized under specified existing billing codes or their successors. The bill would condition implementation of that coverage on receipt of any necessary federal approvals and the availability of federal financial participation.

Primary Sponsors

Susan Eggman

Title

Health care coverage: treatment for infertility and fertility services.

Description

SB 729, as amended, Menjivar. Health care coverage: treatment for infertility and fertility services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers by the Department of Insurance. Existing law imposes various requirements and restrictions on health care service plans and disability insurers, including, among other things, a requirement that every group health care service plan contract or disability insurance policy that is issued, amended, or renewed on or after January 1, 1990, offer coverage for the treatment of infertility, except in vitro fertilization. This bill would require large group, small group, and individual health care service plan contracts and disability insurance policies issued, amended, or renewed on or after January 1, 2024, to provide coverage for the diagnosis and treatment of infertility and fertility services. The bill would revise the definition of infertility, and would remove the exclusion of in vitro fertilization from coverage. The bill would also delete a requirement that a health care service plan contract and disability insurance policy provide infertility treatment under agreed-upon terms that are communicated to all group contractholders and policyholders. The bill would prohibit a health care service plan or disability insurer from placing different conditions or coverage limitations on fertility medications or services, or the diagnosis and treatment of infertility and fertility services, than would apply to other conditions, as specified. With respect to a health care service plan, the bill would not apply to a specialized health care service plan contract or Medi-Cal managed care health care service plan contracts or any entity that enters into a contract with the State Department of Health Care Services for the delivery of health care services pursuant to specified provisions. With respect to a disability insurer, the bill would not apply to accident-only, specified disease, hospital indemnity, Medicare supplement, or specialized disability insurance policies. Because the violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Caroline Menjivar, Buffy Wicks

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 6:01 PM

California Association of Health Plans: Oppose

Title

Health care: unified health care financing.

Description

SB 770, as amended, Wiener. Health care: unified health care financing. Prior state law established the Healthy California for All Commission for the purpose of developing a plan towards the goal of achieving a health care delivery system in California that provides coverage and access through a unified health care financing system for all Californians, including, among other options, a single-payer financing system. This bill would direct the Secretary of the California Health and Human Services Agency to pursue waiver discussions with the federal government with the objective of a unified health care financing system that incorporates specified features and objectives, including, among others, a comprehensive package of medical, behavioral health, pharmaceutical, dental, and vision benefits, and the absence of cost sharing for essential services and treatments. The bill would further require the secretary to establish a Waiver Development Workgroup comprised of members appointed by the Governor, Speaker of the Assembly, and President Pro Tempore of the Senate, as specified. The bill would require the workgroup to include stakeholders representing various specified interests, including consumers, patients, health care professionals, labor unions, government agencies, and philanthropic organizations. The bill would require the secretary to provide quarterly reports to the chairs of the Assembly and Senate Health Committees on the status and outcomes of waiver discussions with the federal government and the progress of the workgroup. The bill would also require the secretary to submit a complete set of recommendations regarding the elements to be included in a formal waiver application, as specified, by no later than June 1, 2024. The bill would also include findings and declarations of the Legislature related to the implementation of a unified health care financing system.

Primary Sponsors

Scott Wiener, Mike McGuire

Organizational Notes

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

Title

Nonprofit health facilities: sale of assets: Attorney General approval: conditional consent.

Description

SB 774, as introduced, Jones. Nonprofit health facilities: sale of assets: Attorney General approval: conditional consent. Existing law requires a nonprofit corporation, as defined, that operates or controls a health facility, as defined, or operates or controls a facility that provides similar health care to provide written notice to, and obtain the written consent of, the Attorney General prior to selling or otherwise disposing of a material amount of its assets to a for-profit corporation or entity, to a mutual benefit corporation or entity, or to another nonprofit corporation or entity. Existing law provides that the Attorney General has discretion to give consent to, give conditional consent to, or to not consent to, the agreement or transaction and requires the Attorney General to consider any factors they deem relevant, including, but not limited to, whether the terms are fair and reasonable. This bill would prohibit the Attorney General from giving conditional consent to any above-described agreement or transaction upon any condition or conditions that, individually or in aggregate, would reasonably be expected to, among other things, impose conditions that are unique to the selling nonprofit corporation, and are distinct from conditions that similarly situated selling nonprofit corporations are required to maintain or perform.

Primary Sponsors

Brian Jones, Shannon Grove

Title

Health care coverage: pervasive developmental disorders or autism.

Description

SB 805, as amended, Portantino. Health care coverage: pervasive developmental disorders or autism. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or a health insurance policy to provide coverage for behavioral health treatment for pervasive developmental disorder or autism, and defines “behavioral health treatment” to mean specified services and treatment programs, including treatment provided pursuant to a treatment plan that is prescribed by a qualified autism service provider and administered either by a qualified autism service provider or by a qualified autism service professional or qualified autism service paraprofessional who is supervised as specified. Existing law defines a “qualified autism service professional” to refer to a person who meets specified educational, training, and other requirements and is supervised and employed by a qualified autism service provider. Existing law defines a “qualified autism service paraprofessional” to mean an unlicensed and uncertified individual who meets specified educational, training, and other criteria, is supervised by a qualified autism service provider or a qualified autism service professional, and is employed by the qualified autism service provider. This bill would expand the criteria for a qualified autism service professional to include a behavioral health professional and a psychology associate, an associate marriage and family therapist, an associate clinical social worker, or an associate professional clinical counselor, as specified. The bill would expand the criteria for a qualified autism service paraprofessional to include a behavioral health paraprofessional, as specified. Existing law, the Lanterman Developmental Disabilities Services Act, requires the State Department of Developmental Services to contract with regional centers to provide services and supports to individuals with developmental disabilities and their families. Existing law defines developmental disability for these purposes to include, among other things, autism. This bill would require the department to adopt emergency regulations to address the use of behavioral health professionals and behavioral health paraprofessionals in group practice provider behavioral intervention services. The bill would require the department to establish rates and the educational or experiential qualifications and professional supervision requirements necessary for these p... (click bill link to see more).

Primary Sponsors

Anthony Portantino

Title

Medi-Cal: certification.

Description

SB 819, as amended, Eggman. Medi-Cal: certification. Existing law requires the State Department of Public Health to license and regulate clinics. Existing law exempts from those licensing provisions certain clinics that are directly conducted, maintained, or operated by federal, state, or local governmental entities, as specified. Existing law also exempts from those licensing provisions a clinic that is operated by a primary care community or free clinic, that is operated on separate premises from the licensed clinic, and that is only open for limited services of no more than 40 hours per week. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services (department) and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth various procedures, including the submission of an application package, for providers to enroll in the Medi-Cal program. Under existing law, an applicant or provider that is a government-run license-exempt clinic as described above is required to comply with those Medi-Cal enrollment procedures. Under existing law, an applicant or provider that is operated on separate premises and is license exempt, including an intermittent site or mobile health care unit that is operated by a licensed primary care clinic that provides all staffing, protocols, equipment, supplies, and billing services, is not required to enroll in the Medi-Cal program as a separate provider or comply with the above-described enrollment procedures, if the licensed primary care clinic has notified the department of its separate locations, premises, intermittent sites, or mobile health care units. This bill would additionally exempt from the Medi-Cal enrollment procedures an intermittent site or mobile health care unit that is operated by the above-described government-run license-exempt clinic if that clinic has notified the department of its separate locations, premises, sites, or units. The bill would make legislative findings stating that this bill is declaratory of existing law, as specified.

Primary Sponsors

Susan Eggman

Title

Obesity Treatment Parity Act.

Description

SB 839, as amended, Bradford. Obesity Treatment Parity Act. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of disability and health insurers by the Department of Insurance. Existing law sets forth specified coverage requirements for plan contracts and insurance policies, and limits the copayment, coinsurance, deductible, and other cost sharing that may be imposed for specified health care services. This bill would require an individual or group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, to include comprehensive coverage for the treatment of obesity in the same manner as any other illness, condition, or disorder for purposes of determining deductibles, copayment and coinsurance factors, and benefit year maximums for deductibles and copayment and coinsurance factors. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Steve Bradford

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 6:01 PM

California Association of Health Plans: Oppose

Title

Prescription drugs: cost sharing.

Description

SB 873, as introduced, Bradford. Prescription drugs: cost sharing.

(1) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care under authority of the Director of the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance under the authority of the Insurance Commissioner. Existing law limits the maximum amount an enrollee or insured may be required to pay at the point of sale for a covered prescription drug to the lesser of the applicable cost-sharing amount or the retail price. This bill, commencing no later than January 1, 2025, would require an enrollee's or insured's defined cost sharing for each prescription drug to be calculated at the point of sale based on a price that is reduced by an amount equal to 90% of all rebates received, or to be received, in connection with the dispensing or administration of the drug. The bill would require a health care service plan or health insurer to, among other things, pass through to each enrollee or insured at the point of sale a good faith estimate of the enrollee's or insured's decrease in cost sharing. The bill would require a health care service plan or health insurer to calculate an enrollee's or insured's defined cost sharing and provide that information to the dispensing pharmacy, as specified. The bill would require the department and the commissioner to submit an annual report on the impact of these provisions to the appropriate policy committees of the Legislature, as specified. The bill would make these provisions inoperative on January 1, 2027.

(2) Existing law requires a health care service plan or health insurer that files certain rate information to report to the appropriate department specified cost information regarding covered prescription drugs, including generic drugs, brand name drugs, and specialty drugs, dispensed as provided. This bill, until January 1, 2027, would require a health care service plan or health insurer to report additional information on the above-described point of sale provision.

(3) Because a willful violation of the bill's provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Steve Bradford

Organizational Notes

Last edited by Joanne Campbell at Apr 17, 2023, 4:06 PM
California Association of Health Plans: Oppose

Bill Number
HR 3068

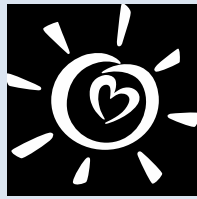
Status
In House

Position
Support

Title
Equal Health Care for All Act

Primary Sponsors
Adam Schiff

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L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: June 1, 2023

Motion No. EXE 100.0623

Committee: Executive

Chairperson: Alvaro Ballesteros, MBA

Issue: Execute a contract with the Mayor’s Fund of Los Angeles (The Fund) to hire staff who will support pro bono attorneys to provide legal aid services for individuals and families at risk of eviction.

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

Background: As of 2022, L.A. Care opted to participate in the Department of Health Care Services (DHCS) Housing and Homelessness Incentive Program (HHIP), which has two (2) overarching goals:

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

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

In order to align with both goals set by DHCS for HHIP, L.A. Care staff requests approval to execute a contract with The Fund from June 1, 2023 to May 30, 2024 of up to one million one hundred dollars (\$1,100,000.00). With L.A. Care’s HHIP investment, The Fund will hire six (6) staff coordinators within legal services offices throughout Los Angeles County to train, coordinate and support between one hundred and fifty and two hundred (150-200) pro bono attorneys. The pro bono attorneys will offer eviction defense for up to two hundred thousand (200,000) individuals and families who have received an eviction notice. L.A. Care will invest in these services because it will help us meet HHIP performance metrics, which will allow L.A. Care to earn additional funding from DHCS. The Fund of Los Angeles is uniquely positioned to engage local government, businesses, philanthropy and the non-profit sector to drive change and improve economic prosperity, efficiency, sustainability, and quality of life for all of Los Angeles County’s residents. The Fund is supported by private donations and is overseen by an independent Board of Directors.

L.A. Care selected The Fund because of their experience and position to quickly build capacity and coordinate the required services for vulnerable communities throughout Los Angeles. L.A. Care did not conduct a request for proposal for this vendor because of their experience and required timing for making the HHIP investment in order to meet DHCS goals within the current reporting period (January 1, 2023 – October 31, 2023) and earn future HHIP funding.

By investing in The Fund to hire of six (6) coordinators to support pro bono attorneys, we will reduce the risk of eviction by offering legal services to individuals and families in need. As a result, L.A. Care will track services rendered and evictions prevented during this HHIP investment period.

Board of Governors

MOTION SUMMARY

Member Impact: L.A Care members will benefit from this motion as it will secure legal resources and increase access to eviction prevention services.

Budget Impact: The cost was anticipated and included in the approved budget for the Housing and Homeless Incentive Program in this fiscal year. We will balance the budget in future fiscal years.

Motion: **To authorize staff to execute a contract in the amount of up to \$1,100,000 with the Mayor’s Fund of Los Angeles to hire staff who will train, coordinate and support between 150-200 pro bono attorneys for the period of June 1, 2023 to May 31, 2024.**

BOARD OF GOVERNORS
Executive Committee

Meeting Minutes – April 26, 2023

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



L.A. Care
 HEALTH PLAN

Members

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

* *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*
 Linda Greenfeld, *Chief Products Officer*
 Alex Li, MD, *Chief Health Equity Officer*
 Tom MacDougall, *Chief Technology & Information Officer*
 Thomas Mapp, *Chief Compliance Officer*
 Noah Paley, *Chief of Staff*
 Acacia Reed, *Chief Operating Officer*
 Afzal Shah, *Deputy Chief Financial Officer*

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	<p>Alvaro Ballesteros, <i>Chairperson</i>, called to order the regular and special supplemental meetings of the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee regular meeting at 2:02 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings.</p> <ul style="list-style-type: none"> • For those who provided public comment for this meeting by voice message or in writing, L.A. Care is glad that they provided input today. The Committee will hear their comments and the Committee also needs to finish the business on the Agenda today. • For people who have access to the internet, the meeting materials are available at the lacare.org website. If anyone needs information about how to locate the meeting materials, they can reach out to L.A. Care staff. • Information for public comment is on the Agenda available on the web site. Staff will read the comment received from each person for up to three minutes. • Public comment will be heard before the Committee discusses an item. If the comment is not on a specific agenda item, it will be read at the general Public Comment. 	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	He provided information on how to submit a comment in-person, or using the “chat” feature.	
APPROVE MEETING AGENDA	The Agenda for today’s meeting was approved.	Approved unanimously by roll call. 3 AYES (Ballesteros, Booth and Perez)
PUBLIC COMMENT	There were no public comments.	
APPROVE MEETING MINUTES	The minutes of the March 22, 2023 meeting were approved as submitted.	Approved unanimously by roll call. 3 AYES
CHAIRPERSON’S REPORT	Chairperson Ballesteros reported that he spoke with a member from Regional Community Advisory Committee (RCAC) 2, Ms. Elizabeth Cooper. She has concerns about the proposed restructure of the RCACs. He thanked Ms. Cooper for speaking with him. Board Member Perez asked that he update her on his communications with RCAC members.	
CHIEF EXECUTIVE OFFICER REPORT <ul style="list-style-type: none"> • Department of Managed Health Care Enforcement Matter Report 	<p>John Baackes, <i>Chief Executive Officer</i>, reported that L.A. Care was the subject in two publications released in late April, Journal of the American Medical Association (JAMA) and the Commonwealth Fund. The articles highlighted L.A. Care as a public option in Los Angeles County. Both publications are under the direction of the School of Public Health of the University of California, Berkeley.</p> <p>The JAMA Health Forum released an Original Investigation, focused on L.A. Care’s impact on the Covered California marketplace in Los Angeles County. The conclusion was that once L.A. Care achieved the lowest price position and held it for 3 of the last 4 years, resulted in competitors’ lowering their price. The savings for 2019-2022 was \$345 million in premium payments, which went back to the federal government. Results were compared with other regions in California.</p> <p>The article from the Commonwealth Fund focuses on a recommendation by the two leading professors, one an Emeritus and one the former Dean and still in faculty, proposed that based on the performance of L.A. Care, California should adopt a statewide public option that they called, “Golden Choices”.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>These very important foundational publications will become more valuable as time goes by, and will be significant documents in future debates and conversations about the public option being more widely adopted. This also supports the narrative that L.A. Care is the only public option in the United States because of the nature of this organization as a public entity and its successful participation in the individual marketplace in competition against commercial health plans. The original version of the Affordable Care Act (ACA), passed by the House in 2010 and sent over to the Senate, contained the public option should compete with every commercial plan in the public marketplace in every state. When the Senate was considering that bill, Senator Lieberman said he would filibuster the bill if the public option remained in it. Most of the major insurance companies in the United States have headquarters in Senator Lieberman's home state of Connecticut. To secure his vote and pass the bill, the public option was removed. Since then, L.A. Care began to say that L.A. Care is the public option, and these two publications support that position.</p> <p>Chairperson Ballesteros asked if the media reported on the two papers. Mr. Baackes responded that L.A. Care provided the information to its media contacts.</p>	
COMMITTEE ISSUES		
Government Affairs Update	<p><i>(Board Member Raffoul joined the meeting.)</i></p> <p>Joanne Campbell, <i>Health Care Policy Specialist III, Government Affairs</i>, reported that the Center for Medicaid and Medicare Services (CMS) has released a rule that would expand access to health coverage for Deferred Action for Childhood Arrival (DACA) program participants. If finalized, this rule would allow DACA participants to enroll in Medicaid, the Children's Health Insurance Program (CHIP) and health benefit exchanges. There are an estimated 190,000 DACA participants in California. California already allows DACA participants to enroll in Medi-Cal; with the state covering costs other than restricted scope services. This new rule would provide federal funding for DACAs in Medi-Cal. L.A. Care will submit a letter of support for this rule.</p> <p>The rising federal debt has put pressure on both chambers of Congress and the President to come to an agreement to raise the debt ceiling. A proposal by Republicans includes requirements for some Medicaid beneficiaries - specifically for able-bodied adults without dependents, aged 19-55 to work or engage in community service for 80 hours per month. L.A. Care will continue to monitor the discussions closely.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>The Governor’s May Revise to the State Budget is expected on May 10. State revenues are lower than expected, and some tax filings are not due until October, so the Budget will be set without knowing the actual revenue. It is likely that a Budget will be followed by trailer bills.</p> <p>Mr. Baackes reported the California Safety Net Coalition (CSNC) retained Jim DeBoo to lead the organization. Mr. DeBoo served as Governor Newsom’s Chief of Staff during his first term. Earlier this year, Governor Newsom announced he would reinstitute the Managed Care Organization (MCO) tax, which has been used to draw down matching federal funds. In the past, those funds have been added to California’s general fund. CSNC had planned to reinstitute the MCO tax through a ballot initiative and use the funds to supplement Medi-Cal provider payments. The Governor’s office met with public plans to explain that the MCO would be reinstated with some Medi-Cal supplemental funding to be distributed over a ten year period. CSNC proposed that the Governor include the MCO tax with some Medi-Cal supplemental funding this year, the ballot initiative will direct some revenue to the general fund. If an agreement can be reached, the ballot initiative could be sponsored by the State of California, which would have significant cost savings for CSNC.</p>	
Annual Disclosure of Broker Fees	Terry Brown, <i>Chief Human Resources Officer</i> , summarized the report included in the meeting materials to comply with the requirements of AB 2589 in annually reporting insurance broker fees associated with the various health and welfare benefits L.A. Care offers to its employees. There was no change from last year in the percentage of the brokerage fees. An uninterested third party assessed the brokerage fees and a letter is included in the meeting materials. L.A. Care’s fees paid continue to be below the external market for brokerage fees.	
Ratify execution of Amendment to L.A. Care’s Medi-Cal Contract No. 04-36069 with the Department of Health Care Services	<p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, presented a motion to ratify the execution of Amendment 42 to L.A. Care’s Medi-Cal Contract No. 04-36069 with the Department of Health Care Services (DHCS). She thanked Nadia Grochowski, <i>Associate Counsel III Senior Director Health Care Legal Services</i>, who led the review of the contract.</p> <p>Board Member Booth asked about the redlined version of the contract. Ms. Grochowski noted that the amendment was previously received and was subsequently rescinded by DHCS. L.A. Care reviewed this amendment last year. There were some items removed in this version.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Motion EXE 100.0523</u> To approve execution by L.A. Care Chief Executive Officer, John Baackes, of one Amendment to Medi-Cal Contract (04-36069).</p>	<p>Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez and Raffoul)</p>
<p>Delegation of authority to negotiate and execute the delegation amendments to the Plan Partner Services Agreements with Kaiser Foundation Health Plan, Inc., and Blue Cross of California and Ratification of the execution of the delegation amendment to the Plan Partner Services Agreement with Blue Shield of California Promise Health Plan</p>	<p>Ms. Haydel presented a motion to request delegated authority to negotiate and execute the delegation amendments to the Plan Partner Services Agreements (PPSA) with Kaiser Foundation Health Plan, Inc. (Kaiser) (A41) and Blue Cross of California (Anthem Blue Cross) (A54), and ratify the execution of the delegation amendment to the PPSA with Blue Shield of California Promise Health Plan (Promise) (A48). The delegation standards exhibit of the PPSA is being revised to incorporate current National Committee for Quality Assurance criteria, among other revisions.</p> <p>Board Member Booth asked if the Plan Partner Services Agreements are similar. Ms. Grochowski noted that individual negotiation with each plan partner results in different agreements. L.A. Care aligns the oversight activities among the agreements.</p> <p><u>Motion EXE 101.0523</u> To approve and/or delegate authority to L.A. Care Chief Executive Officer, John Baackes, to negotiate and execute Amendments to Plan Partner Services Agreements between L.A. Care Health Plan and Kaiser, Anthem Blue Cross, and Promise, and to ratify any non-substantive changes to the associated Amendments which may be made or negotiated by the Chief Executive Officer and/or his designees.</p>	<p>Approved unanimously by roll call. 4 AYES</p>
<p>Authorization to establish a Provider Relations Advisory Committee (EXE 102)</p>	<p>Mr. Baackes noted there was discussion at the April 2023 Board meeting, which resulted in a motion by Supervisor Solis that a proposal would be brought to the Executive Committee to authorize the formation of the Provider Relations Advisory Committee. This is in response to a letter from the Hospital Association of Southern California (HASC) to the Los Angeles County Board of Supervisors.</p> <p>Board Member Perez asked about the number of meetings that will be scheduled for this Committee. Mr. Baackes responded that the Committee would review a draft Charter, which will include a recommendation that the committee be scheduled to meet four times annually and will be brought to the Board for final approval. Member Perez asked if the meeting would be public. Augustavia Haydel, <i>General Counsel</i>, confirmed that meetings of this Committee would be conducted under The Brown Act.</p> <p><u>Motion EXE 102.0523</u></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>To establish a Provider Relations Advisory Committee (“Committee”) to function as a committee of the Board of Governors (“Board”) with its first regular meeting to be held in June 2023 or as soon thereafter as possible. The Committee will develop a Committee Charter that includes, but is not limited to:</p> <ul style="list-style-type: none"> • identifying and informing the Board of challenges affecting providers in Los Angeles County • recommending opportunities to mitigate those challenges, • reporting to the Board regularly on progress made toward achieving its objectives, • recommending to the Board the number and qualifications of Committee members, scope of matters on which Committee will review, • recommending parameters for the conduct of proceedings, and • Board Member George Greene shall serve as founding Chairperson. <p>Founding Committee members may include Board members, Los Angeles County providers and others. Committee members will be recommended by John Baackes, Chief Executive Officer, and Committee Chairperson Greene, and shall be appointed by the Chairperson of the Board.</p>	<p>Approved unanimously by roll call. 4 AYES</p>
<p>Approve Consent Agenda</p>	<p>Approve the list of items that will be considered on a Consent Agenda for the May 4, 2023 Board of Governors Meeting.</p> <ul style="list-style-type: none"> • April 6, 2023 Board of Governors Meeting Minutes • Ratify execution of Amendment to L.A. Care’s Medi-Cal Contract No. 04-36069 with the Department of Health Care Services • Delegation of authority to negotiate and execute the delegation amendments to the Plan Partner Services Agreements with Kaiser Foundation Health Plan, Inc., and Blue Cross of California and Ratification of the execution of the delegation amendment to the Plan Partner Services Agreement with Blue Shield of California Promise Health Plan • Quarterly Investment Report • Health Dialog Contract Amendment • Integrated Health Association Contract Amendment • O’Neil Digital Solutions, LLC Contract Amendment 	<p>Approved unanimously by roll call. 4 AYES</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
PUBLIC COMMENTS	There were no public comments.	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Executive Committee meeting adjourned at 2:41 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i> announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 2:42 pm.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates • Plan Partner Services Agreement <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>April 2025</i></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"> • L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable) <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four Potential Cases</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF 	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 3:48 pm. No reportable actions were taken during the closed session.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
ADJOURNMENT	The meeting adjourned at 3:49 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, *Chair*

Date: _____



Financial Update

Board of Governors Meeting

June 1, 2023



Agenda

Financial Performance – April 2023 YTD

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

Financial Informational Updates

- Investment Transactions

Membership

for the 7 months ended April 2023

Sub-Segment	April 2023			Year-to-Date		
	Actual	3+9 FCST	Variance	Actual	3+9 FCST	Variance
Medi-Cal	2,729,785	2,751,598	(21,813)	18,471,522	18,493,670	(22,148)
CMC	(13)	-	(13)	51,309	51,081	228
D-SNP	17,860	17,719	141	71,037	70,811	226
Commercial	176,367	174,408	1,959	1,185,814	1,179,599	6,215
*Elimination	(17,860)	(17,719)	(141)	(71,037)	(70,811)	(226)
Consolidated	2,906,139	2,926,005	(19,866)	19,708,645	19,724,350	(15,705)

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



Consolidated Financial Performance

for the month of April 2023

(\$ in Thousands)	Actual	3+9 FCST	Variance
Member Months	2,906,139	2,926,005	(19,866)
Total Revenues	\$962,376	\$970,080	(\$7,704)
Total Healthcare Expenses	\$850,701	\$893,007	\$42,307
Operating Margin	\$111,675	\$77,073	\$34,602
<i>Operating Margin (excl HHIP/IPP)</i>	<i>\$111,719</i>	<i>\$90,389</i>	<i>\$21,330</i>
Total Admin Expenses	\$38,213	\$43,572	\$5,359
Income/(Loss) from Operations	\$73,463	\$33,501	\$39,961
Non-Operating Income (Expense)	\$6,923	-\$1,493	\$8,416
Net Surplus	\$80,385	\$34,994	\$45,391
<i>Net Surplus (excl HHIP/IPP)</i>	<i>\$80,638</i>	<i>\$38,471</i>	<i>\$42,167</i>

Consolidated Financial Performance

for the 7 months ended April 2023

(\$ in Thousands)	Actual	3+9 FCST	Variance
Member Months	19,708,645	19,724,350	(15,705)
Total Revenues	\$6,347,957	\$6,355,234	(\$7,276)
Total Healthcare Expenses	\$5,813,579	\$5,933,343	\$119,764
Operating Margin	\$534,378	\$421,890	\$112,488
<i>Operating Margin (excl HHIP/IPP)</i>	<i>\$504,795</i>	<i>\$407,108</i>	<i>\$107,687</i>
Total Admin Expenses	\$293,958	\$309,376	\$15,418
Income/(Loss) from Operations	\$240,420	\$112,514	\$127,906
Non-Operating Income (Expense)	\$39,945	\$18,587	\$23,358
Net Surplus	\$280,365	\$129,101	\$151,264
<i>Net Surplus (excl HHIP/IPP)</i>	<i>\$251,192</i>	<i>\$110,480</i>	<i>\$140,712</i>

Operating Margin by Segment

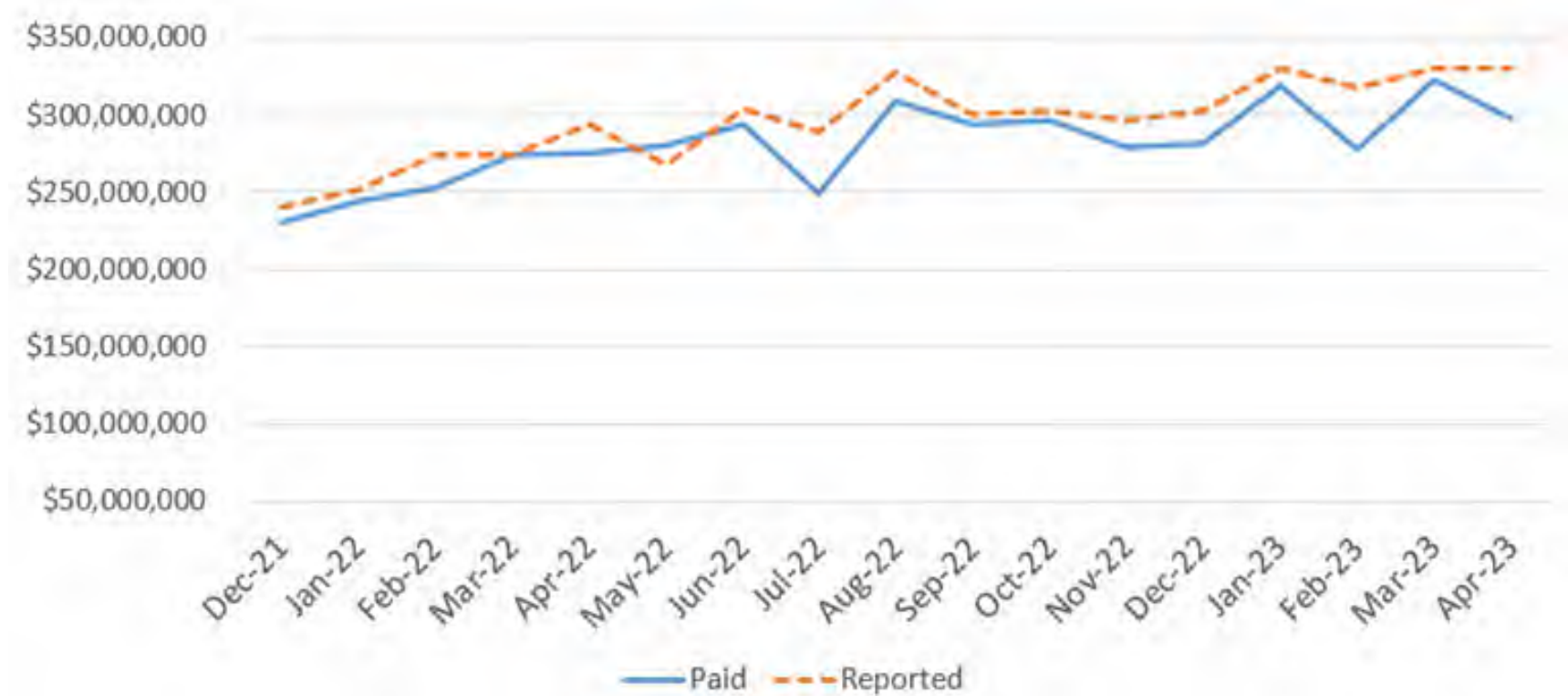
for the 7 months ended April 2023

(\$ in Thousands)

	Medi-Cal	CMC	D-SNP	Commercial	HHIP/IPP	Total	Total (excl HHIP/IPP)
Revenue	\$5,779,005	\$74,544	\$106,256	\$355,205	\$32,947	\$6,347,957	\$6,315,010
Healthcare Exp.	\$5,321,566	\$85,196	\$83,355	\$319,581	\$3,365	\$5,813,579	\$5,810,214
Operating Margin	\$457,439	(\$10,652)	\$22,901	\$35,624	\$29,583	\$534,378	\$504,796
MCR %	92.1%	114.3%	78.4%	90.0%	N/A	91.6%	92.0%
Forecast MCR%	93.9%	100.4%	90.3%	89.1%	N/A	93.4%	93.6%

Reported vs Paid Claims Trend

Paid Claims through April 2023



Key Financial Ratios

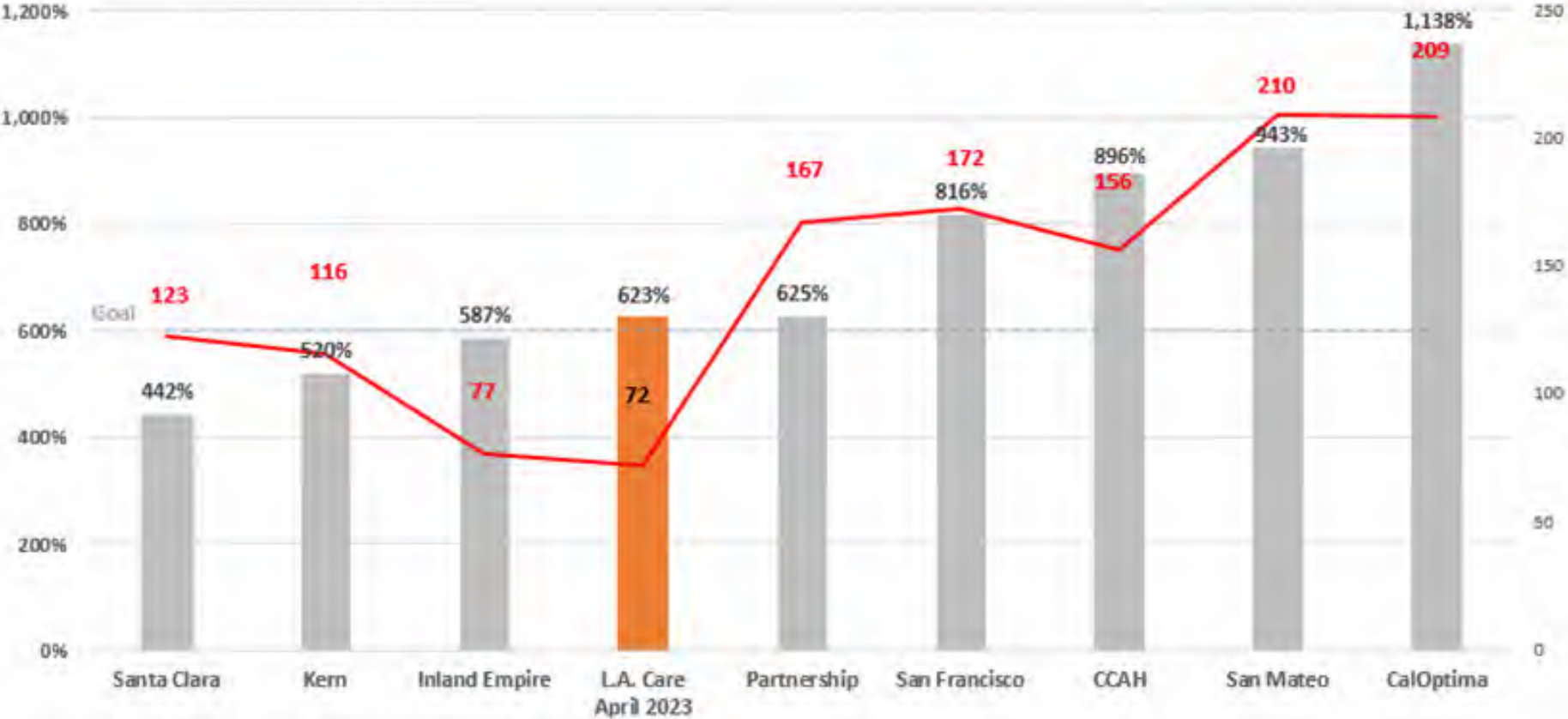
for the 7 months ended April 2023

(Excl. HHIP/IPP)	Actual	3+9 FCST	
MCR	92.0%	vs. 93.6%	✓
Admin Ratio	4.6%	vs. 4.9%	✓

	Actual	Benchmark	
Working Capital	1.27	vs. 1.00+	✓
Cash to Claims	0.64	vs. 0.75+	✗
Tangible Net Equity	6.23	vs. 1.30+	✓

Tangible Net Equity & Days of Cash On-Hand

for the 7 months ended April 2023



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

Questions & Consideration

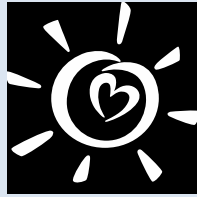
Motion FIN 107

- To accept the Financial Reports for the seven months ended April 30, 2023, as submitted.

Informational Items

Investment Transactions

- As of April 30, 2023, L.A. Care's total investment market value was \$2.6B
 - \$2.5B managed by Payden & Rygel and New England Asset Management (NEAM)
 - \$34M in Local Agency Investment Fund
 - \$77.7M in Los Angeles County Pooled Investment Fund



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: June 1, 2023

Motion No. FIN 107.0623

Committee: Finance & Budget

Chairperson: Stephanie Booth, MD

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

Issue: Acceptance of the Financial Reports for April 2023.

Background: N/A

Member Impact: N/A

Budget Impact: N/A

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



L.A. Care
HEALTH PLAN®

Financial Performance
April 2023
(Unaudited)



Financial Performance Results Highlights - Year-to-Date

April 2023

Overall

The combined member months are 19.7 million year-to-date, which is (15,705) unfavorable to the 3+9 forecast. The performance is a surplus of \$280.4 million or 4.4% of revenue and is \$151.3 million favorable to the forecast. The favorability is driven by prior period program reconciliation adjustments, lower outpatient claims, skilled nursing facility costs, pharmacy costs, and provider incentives expenses due to timing. Operating expenses are favorable to the forecast due to added funding to the forecast and timing in vendor spending. Higher interest income, higher unrealized investment gains and timing in grant spending also contributed to higher surplus.

Medi-Cal

Medi-Cal consists of members through our contracted providers and our contracted health plans ("Plan Partners"). The member months are 18.5 million, which is (22,148) unfavorable to the forecast. The performance is a surplus of \$279.4 million and is \$137.4 million favorable to the forecast. The favorability in net surplus is driven by prior period program reconciliation adjustments, lower inpatient claims, outpatient claims and skilled nursing facility costs. Also contributed to the favorable variance in surplus are lower operating and non-operating expenses as discussed in the Overall section above.

Cal MediConnect (CMC)

The member months are 51,309, which is 228 favorable to the forecast. The performance is a deficit of \$13.6 million which is unfavorable to the forecast by \$8.8 million driver by a provider shared risk adjustment. Effective January 1, 2023, members enrolled in CMC have been transitioned to our D-SNP plan. The net deficit of \$13.6 million is primarily driven by the shared risk adjustment and operating expenses incurred through YTD December 2022 prior to the transition.

D-SNP

January 2023 is the first month of the D-SNP plan as the CMC members were transitioned into this product. For YTD April 2023, the member months are 71,037, which is 226 favorable to the forecast. The performance is a surplus of \$17.7 million which is \$16.6 million favorable to the forecast driven by higher revenue due to RAF and risk share adjustments, better than forecasted capitation expenses and timing in provider incentives and shared risk. Lower operating expenses also contributed to the favorable variance in net surplus.

Commercial

L.A. Care Commercial consists of LACC and PASC-SEIU. The member months are 1.2 million, which is 6,215 favorable to the forecast. The performance is a deficit of \$12.4 million and is \$7.8 million unfavorable to the forecast driven by higher inpatient claims but partially offset by lower provider incentives and shared risk due to timing. Higher operating expenses also contributed to the unfavorable variance in net deficit.

Incentive Programs

L.A. Care Incentive Programs consist of CalAIM Incentive Payment Program (IPP) and Housing and Homelessness Incentive Program (HHIP). The YTD surplus of \$29.2 million, which is \$10.6 million favorable to the forecast, is driven by the recognition of revenue for the submission of our investment plan to DHCS. The current favorable variance is driven by the timing in provider incentive spending for HHIP and the expenditures related to this program will be expensed when incur in future periods.



Consolidated Operations Income Statement (\$ in thousands)

April 2023

Current Actual		Current Forecast		Fav(Unfav) Forecast		YTD Actual		YTD Forecast		Fav(Unfav) Forecast		
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	
2,906,139		2,926,005		(19,866)								
						Membership						
						Member Months	19,708,645	19,724,350	(15,705)			
						Revenue						
\$ 962,376	\$ 331.15	\$ 970,080	\$ 331.54	\$ (7,704)	\$ (0.38)	Capitation	\$ 6,347,957	\$ 322.09	\$ 6,355,234	\$ 322.20	\$ (7,276)	\$ (0.11)
\$ 962,376	\$ 331.15	\$ 970,080	\$ 331.54	\$ (7,704)	\$ (0.38)	Total Revenues	\$ 6,347,957	\$ 322.09	\$ 6,355,234	\$ 322.20	\$ (7,276)	\$ (0.11)
						Healthcare Expenses						
\$ 507,141	\$ 174.51	\$ 509,988	\$ 174.29	\$ 2,847	\$ (0.21)	Capitation	\$ 3,436,697	\$ 174.38	\$ 3,442,293	\$ 174.52	\$ 5,595	\$ 0.14
\$ 134,305	\$ 46.21	\$ 127,094	\$ 43.44	\$ (7,212)	\$ (2.78)	Inpatient Claims	\$ 862,589	\$ 43.77	\$ 857,826	\$ 43.49	\$ (4,762)	\$ (0.28)
\$ 73,455	\$ 25.28	\$ 120,335	\$ 41.13	\$ 46,880	\$ 15.85	Outpatient Claims	\$ 688,381	\$ 34.93	\$ 761,920	\$ 38.63	\$ 73,539	\$ 3.70
\$ 99,795	\$ 34.34	\$ 103,167	\$ 35.26	\$ 3,371	\$ 0.92	Skilled Nursing Facility	\$ 647,541	\$ 32.86	\$ 667,612	\$ 33.85	\$ 20,071	\$ 0.99
\$ 13,846	\$ 4.76	\$ 11,853	\$ 4.05	\$ (1,993)	\$ (0.71)	Pharmacy	\$ 77,746	\$ 3.94	\$ 78,899	\$ 4.00	\$ 1,153	\$ 0.06
\$ 17,420	\$ 5.99	\$ 12,007	\$ 4.10	\$ (5,413)	\$ (1.89)	Provider Incentives and Shared Risk	\$ 46,316	\$ 2.35	\$ 63,432	\$ 3.22	\$ 17,116	\$ 0.87
\$ 4,738	\$ 1.63	\$ 8,564	\$ 2.93	\$ 3,826	\$ 1.30	Medical Administrative Expenses	\$ 54,311	\$ 2.76	\$ 61,362	\$ 3.11	\$ 7,052	\$ 0.36
\$ 850,701	\$ 292.73	\$ 893,007	\$ 305.20	\$ 42,307	\$ 12.47	Total Healthcare Expenses	\$ 5,813,579	\$ 294.98	\$ 5,933,343	\$ 300.81	\$ 119,764	\$ 5.84
88.4%		92.1%		3.7%		MCR(%)	91.6%		93.4%		1.8%	
\$ 111,675	\$ 38.43	\$ 77,073	\$ 26.34	\$ 34,602	\$ 12.09	Operating Margin	\$ 534,378	\$ 27.11	\$ 421,890	\$ 21.39	\$ 112,488	\$ 5.72
\$ 38,213	\$ 13.15	\$ 43,572	\$ 14.89	\$ 5,359	\$ 1.74	Total Operating Expenses	\$ 293,958	\$ 14.92	\$ 309,376	\$ 15.68	\$ 15,418	\$ 0.77
4.0%		4.5%		0.5%		Admin Ratio(%)	4.6%		4.9%		0.2%	
\$ 73,463	\$ 25.28	\$ 33,501	\$ 11.45	\$ 39,961	\$ 13.83	Income (Loss) from Operations	\$ 240,420	\$ 12.20	\$ 112,514	\$ 5.70	\$ 127,906	\$ 6.49
\$ (3,771)	\$ (1.30)	\$ (3,599)	\$ (1.23)	\$ (172)	\$ (0.07)	Other Income/(Expense), net	\$ (16,973)	\$ (0.86)	\$ (21,562)	\$ (1.09)	\$ 4,589	\$ 0.23
\$ 9,200	\$ 3.17	\$ 5,092	\$ 1.74	\$ 4,108	\$ 1.43	Interest Income, net	\$ 45,589	\$ 2.31	\$ 33,941	\$ 1.72	\$ 11,648	\$ 0.59
\$ (163)	\$ (0.06)	\$ -	\$ -	\$ (163)	\$ (0.06)	Realized Gain / Loss	\$ (1,187)	\$ (0.06)	\$ (842)	\$ (0.04)	\$ (345)	\$ (0.02)
\$ 1,656	\$ 0.57	\$ -	\$ -	\$ 1,656	\$ 0.57	Unrealized Gain / Loss	\$ 12,516	\$ 0.64	\$ 5,050	\$ 0.26	\$ 7,466	\$ 0.38
\$ 6,923	\$ 2.38	\$ 1,493	\$ 0.51	\$ 5,429	\$ 1.87	Total Non-Operating Income (Expense)	\$ 39,945	\$ 2.03	\$ 16,587	\$ 0.84	\$ 23,358	\$ 1.19
\$ 80,385	\$ 27.66	\$ 34,994	\$ 11.96	\$ 45,391	\$ 15.70	Net Surplus (Deficit)	\$ 280,365	\$ 14.23	\$ 129,101	\$ 6.55	\$ 151,264	\$ 7.68
8.4%		3.6%		4.7%		Margin(%)	4.4%		2.0%		2.4%	



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

April 2023

Current Actual			Current Forecast			Fav(Unfav) Forecast			YTD Actual			YTD Forecast			Fav(Unfav) Forecast		
\$	PMPM		\$	PMPM		\$	PMPM		\$	PMPM		\$	PMPM		\$	PMPM	
2,729,785			2,751,598			(21,813)											
									Membership								
									Member Months	18,471,522		18,493,670			(22,148)		
									Revenue								
\$ 878,917	\$ 321.97		\$ 889,564	\$ 323.29		\$ (10,647)	\$ (1.32)		Capitation	\$ 5,779,005	\$ 312.86	\$ 5,778,917	\$ 312.48	\$ 88	\$ 0.38		
\$ 878,917	\$ 321.97		\$ 889,564	\$ 323.29		\$ (10,647)	\$ (1.32)		Total Revenues	\$ 5,779,005	\$ 312.86	\$ 5,778,917	\$ 312.48	\$ 88	\$ 0.38		
									Healthcare Expenses								
\$ 479,668	\$ 175.72		\$ 479,463	\$ 174.25		\$ (205)	\$ (1.47)		Capitation	\$ 3,238,756	\$ 175.34	\$ 3,239,206	\$ 175.15	\$ 450	\$ (0.19)		
\$ 118,465	\$ 43.40		\$ 111,975	\$ 40.69		\$ (6,490)	\$ (2.70)		Inpatient Claims	\$ 744,386	\$ 40.30	\$ 750,527	\$ 40.58	\$ 6,142	\$ 0.28		
\$ 64,682	\$ 23.69		\$ 110,274	\$ 40.08		\$ 45,592	\$ 16.38		Outpatient Claims	\$ 618,199	\$ 33.47	\$ 688,873	\$ 37.25	\$ 70,674	\$ 3.78		
\$ 98,946	\$ 36.25		\$ 103,167	\$ 37.49		\$ 4,220	\$ 1.25		Skilled Nursing Facility	\$ 637,828	\$ 34.53	\$ 660,063	\$ 35.69	\$ 22,236	\$ 1.16		
\$ 0	\$ 0.00		\$ -	\$ -		\$ (0)	\$ (0.00)		Pharmacy	\$ 406	\$ 0.02	\$ (162)	\$ (0.01)	\$ (568)	\$ (0.03)		
\$ 14,330	\$ 5.25		\$ 5,329	\$ 1.94		\$ (9,001)	\$ (3.31)		Provider Incentives and Shared Risk	\$ 30,633	\$ 1.66	\$ 29,544	\$ 1.60	\$ (1,090)	\$ (0.06)		
\$ 4,380	\$ 1.60		\$ 7,544	\$ 2.74		\$ 3,164	\$ 1.14		Medical Administrative Expenses	\$ 51,361	\$ 2.78	\$ 56,838	\$ 3.07	\$ 5,478	\$ 0.29		
\$ 780,471	\$ 285.91		\$ 817,751	\$ 297.19		\$ 37,280	\$ 11.28		Total Healthcare Expenses	\$ 5,321,568	\$ 288.10	\$ 5,424,889	\$ 293.34	\$ 103,321	\$ 5.24		
88.8%			91.9%			3.1%			MCR(%)	92.1%		93.9%		1.8%			
\$ 98,446	\$ 36.06		\$ 71,813	\$ 26.10		\$ 26,633	\$ 9.97		Operating Margin	\$ 457,437	\$ 24.76	\$ 354,027	\$ 19.14	\$ 103,410	\$ 5.62		
\$ 30,184	\$ 11.06		\$ 35,003	\$ 12.72		\$ 4,819	\$ 1.66		Total Operating Expenses	\$ 235,392	\$ 12.74	\$ 249,126	\$ 13.47	\$ 13,734	\$ 0.73		
3.4%			3.9%			0.5%			Admin Ratio(%)	4.1%		4.3%		0.2%			
\$ 68,262	\$ 25.01		\$ 36,810	\$ 13.38		\$ 31,452	\$ 11.63		Income (Loss) from Operations	\$ 222,045	\$ 12.02	\$ 104,902	\$ 5.67	\$ 117,143	\$ 6.35		
\$ 10,293	\$ 3.77		\$ 4,614	\$ 1.68		\$ 5,679	\$ 2.09		Total Non-Operating Income (Expense)	\$ 57,382	\$ 3.11	\$ 37,095	\$ 2.01	\$ 20,287	\$ 1.10		
\$ 78,555	\$ 28.78		\$ 41,423	\$ 15.05		\$ 37,132	\$ 13.72		Net Surplus (Deficit)	\$ 279,427	\$ 15.13	\$ 141,997	\$ 7.68	\$ 137,430	\$ 7.45		
8.9%			4.7%			4.3%			Margin(%)	4.8%		2.5%		2.4%			



CMC Income Statement (\$ in thousands)

April 2023

Current Actual		Current Forecast		Fav(Unfav) Forecast		YTD Actual		YTD Forecast		Fav(Unfav) Forecast		
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	
(13)				(13)								
\$ 1,394	N/A	\$ -	-	\$ 1,394	N/A							
<u>\$ 1,394</u>	<u>\$ -</u>	<u>\$ -</u>	<u>-</u>	<u>\$ 1,394</u>	<u>\$ -</u>							
25.0%		0.0%		-25.0%								
\$ 1,045	\$ -	\$ -	\$ -	\$ 1,045	\$ -							
<u>\$ (1,307)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,307</u>	<u>\$ -</u>							
-93.8%		0.0%		93.8%								
\$ 2,352	\$ -	\$ -	\$ -	\$ 2,352	\$ -							
<u>\$ 389</u>	<u>N/A</u>	<u>\$ -</u>	<u>-</u>	<u>\$ 389</u>	<u>N/A</u>							
196.7%		0.0%		196.7%								
						Membership						
						Member Months	51,309		51,081		228	
						Revenue						
						Capitation	\$ 74,544	\$ 1,452.85	\$ 75,769	\$ 1,483.31	\$ (1,225)	\$ (30.46)
						Total Revenues	<u>\$ 74,544</u>	<u>\$ 1,452.85</u>	<u>\$ 75,769</u>	<u>\$ 1,483.31</u>	<u>\$ (1,225)</u>	<u>\$ (30.46)</u>
						Healthcare Expenses						
						Capitation	\$ 31,012	\$ 604.41	\$ 30,024	\$ 587.77	\$ (988)	\$ (16.64)
						Inpatient Claims	\$ 25,993	\$ 506.60	\$ 24,578	\$ 481.16	\$ (1,415)	\$ (25.44)
						Outpatient Claims	\$ 9,457	\$ 184.31	\$ 11,230	\$ 219.85	\$ 1,773	\$ 35.54
						Skilled Nursing Facility	\$ 7,248	\$ 141.26	\$ 7,194	\$ 140.84	\$ (53)	\$ (0.42)
						Pharmacy	\$ (1,282)	\$ (24.99)	\$ 1,193	\$ 23.35	\$ 2,475	\$ 48.34
						Provider Incentives and Shared Risk	\$ 11,169	\$ 217.68	\$ 1,046	\$ 20.48	\$ (10,123)	\$ (197.20)
						Medical Administrative Expenses	\$ 1,601	\$ 31.20	\$ 842	\$ 16.48	\$ (759)	\$ (14.71)
						Total Healthcare Expenses	<u>\$ 85,196</u>	<u>\$ 1,660.45</u>	<u>\$ 76,107</u>	<u>\$ 1,489.93</u>	<u>\$ (9,089)</u>	<u>\$ (170.52)</u>
						<i>MCR(%)</i>	114.3%		100.4%		-13.8%	
						Operating Margin	\$ (10,652)	\$ (207.60)	\$ (338)	\$ (6.62)	\$ (10,314)	\$ (200.98)
						Total Operating Expenses	\$ 5,057	\$ 98.56	\$ 5,189	\$ 101.58	\$ 132	\$ 3.02
						<i>Admin Ratio(%)</i>	6.8%		6.8%		0.1%	
						Income (Loss) from Operations	<u>\$ (15,709)</u>	<u>\$ (306.16)</u>	<u>\$ (5,527)</u>	<u>\$ (108.20)</u>	<u>\$ (10,182)</u>	<u>\$ (197.96)</u>
						Total Non-Operating Income (Expense)	<u>\$ 2,091</u>	<u>\$ 40.76</u>	<u>\$ 670</u>	<u>\$ 13.11</u>	<u>\$ 1,421</u>	<u>\$ 27.64</u>
						Net Surplus (Deficit)	<u>\$ (13,618)</u>	<u>\$ (265.40)</u>	<u>\$ (4,857)</u>	<u>\$ (95.09)</u>	<u>\$ (8,761)</u>	<u>\$ (170.32)</u>
						<i>Margin(%)</i>	-18.3%		-6.4%		-11.9%	



D-SNP Income Statement (\$ in thousands)

April 2023

Current Actual			Current Forecast			Fav(Unfav) Forecast			YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
\$	PMPM		\$	PMPM		\$	PMPM		\$	PMPM	\$	PMPM	\$	PMPM
17,860			17,719			141			71,037		70,811		226	
\$ 27,159	\$ 1,520.68		\$ 24,565	\$ 1,386.34		\$ 2,594	\$ 134.34		\$ 106,256	\$ 1,495.78	\$ 98,168	\$ 1,386.34	\$ 8,088	\$ 109.45
\$ 27,159	\$ 1,520.68		\$ 24,565	\$ 1,386.34		\$ 2,594	\$ 134.34		\$ 106,256	\$ 1,495.78	\$ 98,168	\$ 1,386.34	\$ 8,088	\$ 109.45
\$ 9,611	\$ 538.15		\$ 10,719	\$ 604.94		\$ 1,108	\$ 66.80		\$ 38,487	\$ 541.79	\$ 42,837	\$ 604.94	\$ 4,350	\$ 63.15
\$ 5,734	\$ 321.07		\$ 6,215	\$ 350.72		\$ 480	\$ 29.65		\$ 24,793	\$ 349.01	\$ 24,835	\$ 350.72	\$ 42	\$ 1.71
\$ 2,737	\$ 153.26		\$ 2,676	\$ 151.04		\$ (61)	\$ (2.22)		\$ 10,768	\$ 151.58	\$ 10,666	\$ 150.63	\$ (101)	\$ (0.95)
\$ 822	\$ 46.05		\$ -	\$ -		\$ (822)	\$ (46.05)		\$ 1,727	\$ 24.31	\$ -	\$ -	\$ (1,727)	\$ (24.31)
\$ 1,520	\$ 85.08		\$ 1,245	\$ 70.27		\$ (274)	\$ (14.81)		\$ 6,139	\$ 86.41	\$ 4,976	\$ 70.27	\$ (1,162)	\$ (16.14)
\$ 517	\$ 28.94		\$ 911	\$ 51.43		\$ 394	\$ 22.49		\$ 1,081	\$ 15.22	\$ 3,642	\$ 51.43	\$ 2,561	\$ 36.22
\$ 144	\$ 8.07		\$ 498	\$ 28.13		\$ 354	\$ 20.05		\$ 361	\$ 5.08	\$ 1,691	\$ 23.89	\$ 1,331	\$ 18.81
\$ 21,086	\$ 1,180.62		\$ 22,265	\$ 1,256.53		\$ 1,179	\$ 75.91		\$ 83,355	\$ 1,173.40	\$ 88,647	\$ 1,251.89	\$ 5,292	\$ 78.49
77.6%			90.6%			13.0%			78.4%		90.3%		11.9%	
\$ 6,073	\$ 340.06		\$ 2,300	\$ 129.80		\$ 3,773	\$ 210.26		\$ 22,901	\$ 322.38	\$ 9,520	\$ 134.45	\$ 13,381	\$ 187.93
\$ 2,157	\$ 120.78		\$ 1,425	\$ 80.42		\$ (732)	\$ (40.36)		\$ 5,195	\$ 73.13	\$ 9,021	\$ 127.40	\$ 3,826	\$ 54.27
7.9%			5.8%			-2.1%			4.9%		9.2%		4.3%	
\$ 3,916	\$ 219.28		\$ 875	\$ 49.38		\$ 3,041	\$ 169.90		\$ 17,706	\$ 249.25	\$ 499	\$ 7.04	\$ 17,207	\$ 242.20
\$ -	\$ -		\$ 162	\$ 9.17		\$ (162)	\$ (9.17)		\$ -	\$ -	\$ 647	\$ 9.14	\$ (647)	\$ (9.14)
\$ 3,916	\$ 219.28		\$ 1,038	\$ 58.55		\$ 2,879	\$ 160.73		\$ 17,706	\$ 249.25	\$ 1,146	\$ 16.18	\$ 16,560	\$ 233.07
14.4%			4.2%			10.2%			16.7%		1.2%		15.5%	
Membership									Member Months					
Revenue									Capitation					
Total Revenues														
Healthcare Expenses									Capitation					
									Inpatient Claims					
									Outpatient Claims					
									Skilled Nursing Facility					
									Pharmacy					
									Provider Incentives and Shared Risk					
									Medical Administrative Expenses					
Total Healthcare Expenses														
MCR(%)														
Operating Margin														
Total Operating Expenses														
Admin Ratio(%)														
Income (Loss) from Operations														
Total Non-Operating Income (Expense)														
Net Surplus (Deficit)														
Margin(%)														



Commercial Income Statement (\$ in thousands)

April 2023

Current Actual		Current Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM
176,367		174,408		1,959	
\$ 53,203	\$ 301.66	\$ 53,785	\$ 308.39	\$ (581)	\$ (6.72)
\$ 53,203	\$ 301.66	\$ 53,785	\$ 308.39	\$ (581)	\$ (6.72)
\$ 17,842	\$ 101.16	\$ 18,944	\$ 108.62	\$ 1,103	\$ 7.46
\$ 10,577	\$ 59.97	\$ 8,904	\$ 51.05	\$ (1,672)	\$ (8.91)
\$ 6,401	\$ 36.30	\$ 7,385	\$ 42.34	\$ 983	\$ 6.05
\$ 27	\$ 0.15	\$ -	\$ -	\$ (27)	\$ (0.15)
\$ 10,780	\$ 61.12	\$ 10,608	\$ 60.82	\$ (173)	\$ (0.30)
\$ 830	\$ 4.71	\$ 1,205	\$ 6.91	\$ 375	\$ 2.20
\$ 117	\$ 0.67	\$ 462	\$ 2.65	\$ 345	\$ 1.98
\$ 46,574	\$ 264.08	\$ 47,508	\$ 272.40	\$ 934	\$ 8.32
87.5%		88.3%		0.8%	
\$ 6,629	\$ 37.59	\$ 6,277	\$ 35.99	\$ 353	\$ 1.60
\$ 6,839	\$ 38.78	\$ 6,737	\$ 38.63	\$ (102)	\$ (0.15)
12.9%		12.5%		-0.3%	
\$ (210)	\$ (1.19)	\$ (461)	\$ (2.64)	\$ 250	\$ 1.45
\$ 0	\$ 0.00	\$ 316	\$ 1.81	\$ (316)	\$ (1.81)
\$ (210)	\$ (1.19)	\$ (144)	\$ (0.83)	\$ (66)	\$ (0.36)
-0.4%		-0.3%		-0.1%	

	YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
	\$	PMPM	\$	PMPM	\$	PMPM
Membership						
Member Months	1,185,814		1,179,599		6,215	
Revenue						
Capitation	\$ 355,205	\$ 299.55	\$ 356,292	\$ 302.04	\$ (1,087)	\$ (2.50)
Total Revenues	\$ 355,205	\$ 299.55	\$ 356,292	\$ 302.04	\$ (1,087)	\$ (2.50)
Healthcare Expenses						
Capitation	\$ 128,443	\$ 108.32	\$ 126,828	\$ 107.52	\$ (1,615)	\$ (0.80)
Inpatient Claims	\$ 66,942	\$ 56.45	\$ 57,886	\$ 49.07	\$ (9,056)	\$ (7.38)
Outpatient Claims	\$ 49,958	\$ 42.13	\$ 51,151	\$ 43.36	\$ 1,193	\$ 1.23
Skilled Nursing Facility	\$ 738	\$ 0.62	\$ 354	\$ 0.30	\$ (384)	\$ (0.32)
Pharmacy	\$ 72,480	\$ 61.12	\$ 72,888	\$ 61.79	\$ 408	\$ 0.67
Provider Incentives and Shared Risk	\$ 112	\$ 0.09	\$ 6,589	\$ 5.59	\$ 6,477	\$ 5.49
Medical Administrative Expenses	\$ 908	\$ 0.77	\$ 1,657	\$ 1.40	\$ 749	\$ 0.64
Total Healthcare Expenses	\$ 319,581	\$ 269.50	\$ 317,353	\$ 269.03	\$ (2,228)	\$ (0.47)
<i>MCR(%)</i>	90.0%		89.1%		-0.9%	
Operating Margin	\$ 35,624	\$ 30.04	\$ 38,939	\$ 33.01	\$ (3,315)	\$ (2.97)
Total Operating Expenses	\$ 49,450	\$ 41.70	\$ 45,607	\$ 38.66	\$ (3,843)	\$ (3.04)
<i>Admin Ratio(%)</i>	13.9%		12.8%		-1.1%	
Income (Loss) from Operations	\$ (13,826)	\$ (11.66)	\$ (6,668)	\$ (5.65)	\$ (7,158)	\$ (6.01)
Total Non-Operating Income (Expense)	\$ 1,434	\$ 1.21	\$ 2,085	\$ 1.77	\$ (652)	\$ (0.56)
Net Surplus (Deficit)	\$ (12,392)	\$ (10.45)	\$ (4,583)	\$ (3.89)	\$ (7,810)	\$ (6.57)
<i>Margin(%)</i>	-3.5%		-1.3%		-2.2%	



Incentive Programs (IPP & HHIP) Income Statement (\$ in thousands)

April 2023

Current Actual		Current Forecast		Fav(Unfav) Forecast		YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
				-						-	
\$ 1,702	\$ -	\$ 2,166	\$ -	\$ (464)	\$ -	\$ 32,947	\$ -	\$ 46,089	\$ -	\$ (13,141)	\$ -
\$ 1,702	\$ -	\$ 2,166	\$ -	\$ (464)	\$ -	\$ 32,947	\$ -	\$ 46,089	\$ -	\$ (13,141)	\$ -
\$ -	\$ -	\$ 861	\$ -	\$ 861	\$ -	\$ -	\$ -	\$ 3,399	\$ -	\$ 3,399	\$ -
\$ 1,702	\$ -	\$ 4,562	\$ -	\$ 2,860	\$ -	\$ 3,321	\$ -	\$ 22,611	\$ -	\$ 19,290	\$ -
\$ 44	\$ -	\$ 59	\$ -	\$ 16	\$ -	\$ 44	\$ -	\$ 297	\$ -	\$ 253	\$ -
\$ 1,746	\$ -	\$ 5,483	\$ -	\$ 3,736	\$ -	\$ 3,365	\$ -	\$ 26,306	\$ -	\$ 22,942	\$ -
102.6%		253.1%		150.5%		10.2%		57.1%		46.9%	
\$ (44)	\$ -	\$ (3,316)	\$ -	\$ 3,272	\$ -	\$ 29,583	\$ -	\$ 19,782	\$ -	\$ 9,801	\$ -
\$ 209	\$ -	\$ 160	\$ -	\$ (49)	\$ -	\$ 410	\$ -	\$ 1,161	\$ -	\$ 751	\$ -
12.3%		7.4%		-4.9%		1.2%		2.5%		1.3%	
\$ (253)	\$ -	\$ (3,476)	\$ -	\$ 3,223	\$ -	\$ 29,173	\$ -	\$ 18,621	\$ -	\$ 10,551	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ (253)	\$ -	\$ (3,476)	\$ -	\$ 3,223	\$ -	\$ 29,173	\$ -	\$ 18,621	\$ -	\$ 10,551	\$ -
-14.9%		-160.5%		145.6%		88.5%		40.4%		48.1%	



Comparative Balance Sheet

(Dollars in thousands)	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
ASSETS												
CURRENT ASSETS												
Total Current Assets	\$4,871,908	\$4,873,636	\$4,936,270	\$4,820,099	\$5,663,469	\$5,084,708	\$5,172,416	\$5,211,120	\$5,469,816	\$5,452,064	\$7,027,117	\$5,699,958
Capitalized Assets - net	\$105,872	\$105,275	\$102,369	\$104,591	\$98,723	\$98,849	\$98,849	\$92,230	\$95,333	\$96,465	\$99,515	\$100,173
NONCURRENT ASSETS	\$2,635	\$2,496	\$2,363	\$2,230	\$2,129	\$2,006	\$1,946	\$1,946	\$1,531	\$1,033	\$1,556	\$1,401
TOTAL ASSETS	\$4,980,415	\$4,981,408	\$5,046,815	\$4,926,919	\$5,833,900	\$5,255,144	\$5,342,529	\$5,377,377	\$5,635,100	\$5,616,811	\$7,193,822	\$5,865,711
LIABILITIES AND FUND EQUITY												
CURRENT LIABILITIES												
Total Current Liability	\$3,872,966	\$3,886,281	\$3,964,303	\$3,857,575	\$4,746,546	\$4,148,776	\$4,249,831	\$4,253,401	\$4,493,204	\$4,388,975	\$5,909,168	\$4,500,566
Long Term Liability	\$2,362	\$2,326	\$2,429	\$2,476	\$0	(\$9)	\$38	(\$2,775)	(\$2,781)	(\$2,731)	(\$2,681)	(\$2,575)
Total Liabilities	\$3,875,327	\$3,888,607	\$3,966,733	\$3,860,051	\$4,746,546	\$4,148,767	\$4,249,869	\$4,250,626	\$4,490,424	\$4,386,245	\$5,906,488	\$4,497,992
FUND EQUITY												
Invested in Capital Assets, net of related debt	\$105,872	\$105,275	\$102,369	\$104,591	\$98,723	\$98,849	\$98,849	\$92,230	\$95,333	\$96,465	\$99,515	\$100,173
Restricted Equity	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600
Minimum Tangible Net Equity	\$203,622	\$203,266	\$204,167	\$204,247	\$207,029	\$206,981	\$206,981	\$208,364	\$212,637	\$214,911	\$218,383	\$219,432
Board Designated Funds	\$113,244	\$110,644	\$108,737	\$106,837	\$104,822	\$113,719	\$107,669	\$106,809	\$103,706	\$100,888	\$98,646	\$94,807
Unrestricted Net Assets	\$681,750	\$673,016	\$664,209	\$650,594	\$676,180	\$686,228	\$678,561	\$718,747	\$732,399	\$817,702	\$870,190	\$952,707
Total Fund Equity	\$1,105,088	\$1,092,801	\$1,080,082	\$1,066,868	\$1,087,354	\$1,106,377	\$1,092,660	\$1,126,751	\$1,144,676	\$1,230,566	\$1,287,334	\$1,367,719
TOTAL LIABILITIES AND FUND EQUITY	\$4,980,415	\$4,981,408	\$5,046,815	\$4,926,919	\$5,833,900	\$5,255,144	\$5,342,529	\$5,377,377	\$5,635,100	\$5,616,811	\$7,193,822	\$5,865,711
Solvency Ratios												
Working Capital Ratio	1.26	1.25	1.25	1.25	1.19	1.23	1.22	1.23	1.22	1.24	1.19	1.27
Cash to Claims Ratio	0.53	0.52	0.52	0.49	0.63	0.46	0.48	0.48	0.54	0.51	0.88	0.64
Tangible Net Equity Ratio	5.43	5.38	5.29	5.22	5.25	5.35	5.28	5.41	5.38	5.73	5.89	6.23



Cash Flows Statement (\$ in thousands)

April 2023

	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	YTD
Cash Flows from Operating Activities:								
Capitation Revenue	\$ 763,710	\$ 817,194	\$ 840,632	\$ 1,017,855	\$ 803,604	\$ 1,185,273	\$ 969,307	\$ 6,397,575
Other Income (Expense), net	\$ 6,284	\$ (1,516)	\$ 6,286	\$ 788	\$ 3,433	\$ 2,910	\$ 10,472	\$ 28,657
Healthcare Expenses	\$ (737,336)	\$ (716,891)	\$ (781,483)	\$ (839,834)	\$ (651,002)	\$ (878,499)	\$ (672,951)	\$ (5,277,996)
Operating Expenses	\$ (29,792)	\$ (36,802)	\$ (54,221)	\$ (29,955)	\$ (37,060)	\$ (48,926)	\$ (31,299)	\$ (268,055)
Net Cash Provided By Operating Activities	\$ 2,866	\$ 61,985	\$ 11,214	\$ 148,854	\$ 118,975	\$ 260,758	\$ 275,529	\$ 880,181
Cash Flows from Investing Activities								
Purchase of investments - Net	\$ (65,406)	\$ (114,037)	\$ (94,704)	\$ (57,274)	\$ (57,555)	\$ 152,854	\$ (9,712)	\$ (245,834)
Purchase of Capital Assets	\$ (2,036)	\$ (1,650)	\$ (1,538)	\$ (2,652)	\$ (3,361)	\$ (4,585)	\$ (2,356)	\$ (18,178)
Net Cash Provided By Investing Activities	\$ (67,442)	\$ (115,687)	\$ (96,242)	\$ (59,926)	\$ (60,916)	\$ 148,269	\$ (12,068)	\$ (264,012)
Cash Flows from Financing Activities:								
Lease Payment - Capital & ROU	\$ -	\$ -	\$ -	\$ (2,833)	\$ (1,171)	\$ (1,713)	\$ (1,454)	\$ (7,171)
Gross Premium Tax (MCO Sales Tax) - Net	\$ (39,300)	\$ 25,277	\$ 16,069	\$ (34,639)	\$ 21,457	\$ (109)	\$ 15,639	\$ 4,394
Pass through transactions (AB 85, IGT, etc.)	\$ (575,356)	\$ 12	\$ (15,957)	\$ 135,967	\$ (131,768)	\$ 1,194,616	\$ (1,187,876)	\$ (580,362)
Net Cash Provided By Financing Activities	\$ (614,656)	\$ 25,289	\$ 112	\$ 98,495	\$ (111,482)	\$ 1,192,794	\$ (1,173,691)	\$ (583,139)
Net Increase in Cash and Cash Equivalents	\$ (679,232)	\$ (28,413)	\$ (84,916)	\$ 187,423	\$ (53,423)	\$ 1,601,821	\$ (910,230)	\$ 33,030
Cash and Cash Equivalents, Beginning	\$ 1,239,407	\$ 560,175	\$ 531,762	\$ 446,846	\$ 634,269	\$ 580,846	\$ 2,182,667	\$ 1,239,407
Cash and Cash Equivalents, Ending	\$ 560,175	\$ 531,762	\$ 446,846	\$ 634,269	\$ 580,846	\$ 2,182,667	\$ 1,272,437	\$ 1,272,437
Reconciliation of Income from Operations to Net Cash Provided By (Used In) Operating Activities:								
Excess of Revenues over Expenses	\$ 19,023	\$ (13,716)	\$ 34,090	\$ 17,925	\$ 85,890	\$ 56,768	\$ 80,385	\$ 280,365
Adjustments to Excess of Revenues Over Expenses:								
Depreciation	\$ 1,910	\$ 1,912	\$ 5,393	\$ 3,211	\$ 3,400	\$ 3,151	\$ 3,153	\$ 22,130
Realized and Unrealized (Gain)/Loss on Investments	\$ 2,065	\$ (5,545)	\$ (728)	\$ (4,096)	\$ 4,937	\$ (6,469)	\$ (1,493)	\$ (11,329)
Deferred Rent	\$ (9)	\$ 47	\$ (2,813)	\$ (6)	\$ 50	\$ 50	\$ 107	\$ (2,574)
Gross Premium Tax provision	\$ (708)	\$ (778)	\$ (862)	\$ (2,376)	\$ 580	\$ 148	\$ (465)	\$ (4,461)
Loss on Disposal of Capital Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (3)	\$ 3	\$ -
Total Adjustments to Excess of Revenues over Expenses	\$ 3,258	\$ (4,364)	\$ 990	\$ (3,267)	\$ 8,967	\$ (3,123)	\$ 1,305	\$ 3,766
Changes in Operating Assets and Liabilities:								
Capitation Receivable	\$ (32,935)	\$ (3,386)	\$ (19,040)	\$ 32,496	\$ (95,242)	\$ (132,584)	\$ 329,870	\$ 79,179
Interest and Non-Operating Receivables	\$ 277	\$ (941)	\$ 3,653	\$ (1,790)	\$ (652)	\$ (3,553)	\$ 3,543	\$ 537
Prepaid and Other Current Assets	\$ 5,448	\$ (1,775)	\$ (11,846)	\$ 7,691	\$ 2,710	\$ (2,922)	\$ 79,700	\$ 79,006
Accounts Payable and Accrued Liabilities	\$ 2,713	\$ 2,806	\$ (6,256)	\$ 4,546	\$ (2,255)	\$ (3,903)	\$ 4,517	\$ 2,168
Subcapitation Payable	\$ 28,522	\$ 57,608	\$ 11,307	\$ 43,530	\$ 151,132	\$ (2,762)	\$ 62,977	\$ 352,314
MediCal Adult Expansion Payable	\$ 3	\$ (649)	\$ 1	\$ -	\$ 1	\$ -	\$ (31,083)	\$ (31,727)
Deferred Capitation Revenue	\$ (25,814)	\$ (1,348)	\$ 492	\$ 55,505	\$ (75,730)	\$ 340,273	\$ (322,939)	\$ (29,561)
Accrued Medical Expenses	\$ (6,449)	\$ 4,176	\$ (2,080)	\$ 4,932	\$ 3,129	\$ 10,758	\$ 19,986	\$ 34,452
Reserve for Claims	\$ 7,512	\$ 16,195	\$ 22,490	\$ 12,240	\$ 40,128	\$ 5,392	\$ 31,621	\$ 135,578
Reserve for Provider Incentives	\$ 421	\$ 5,561	\$ (22,425)	\$ (25,270)	\$ (403)	\$ (1,808)	\$ 13,478	\$ (30,446)
Grants Payable	\$ 887	\$ 1,818	\$ (162)	\$ 316	\$ 1,300	\$ (1,778)	\$ 2,169	\$ 4,550
Net Changes in Operating Assets and Liabilities	\$ (19,415)	\$ 80,065	\$ (23,866)	\$ 134,196	\$ 24,118	\$ 207,113	\$ 193,839	\$ 596,050
Net Cash Provided By Operating Activities	\$ 2,866	\$ 61,985	\$ 11,214	\$ 148,854	\$ 118,975	\$ 260,758	\$ 275,529	\$ 880,181



DATE: May 24, 2023
TO: Finance & Budget Committee
FROM: Afzal Shah, *Chief Financial Officer*

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

To keep the Committee apprised of L.A. Care's investment portfolios and to comply with California Government Code Section 53607, attached are the monthly investment transaction details from April 1 to April 30, 2023.

L.A. Care's investment market value as of April 30, 2023, was \$2.6 billion. This includes our funds invested with the government pooled funds. L.A. Care has approximately \$34 million invested with the statewide Local Agency Investment Fund (LAIF), and approximately \$77.7 million invested with the Los Angeles County Pooled Investment Fund (LACPIF).

The remainder as of April 30, 2023, of \$2.5 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

**04/01/2023
through 04/30/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
04/05/23	04/05/23	Buy	25,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	(24,996,770.83)		0.00	0.00	(24,996,770.83)
04/05/23	04/05/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	(49,993,541.67)		0.00	0.00	(49,993,541.67)
04/05/23	04/05/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	(49,993,541.67)		0.00	0.00	(49,993,541.67)
04/05/23	04/05/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	(49,993,541.67)		0.00	0.00	(49,993,541.67)
04/05/23	04/05/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	(49,993,541.67)		0.00	0.00	(49,993,541.67)
04/05/23	04/05/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	(49,993,541.67)		0.00	0.00	(49,993,541.67)
04/05/23	04/05/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	(49,993,888.89)		0.00	0.00	(49,993,888.89)
04/05/23	04/05/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	(49,993,888.89)		0.00	0.00	(49,993,888.89)
04/05/23	04/05/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	(49,993,888.89)		0.00	0.00	(49,993,888.89)
04/05/23	04/05/23	Buy	31,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	(30,995,952.78)		0.00	0.00	(30,995,952.78)
04/05/23	04/05/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	(49,993,472.22)		0.00	0.00	(49,993,472.22)
04/05/23	04/05/23	Buy	44,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	(43,994,622.22)		0.00	0.00	(43,994,622.22)
04/05/23	04/05/23	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 04/06/23 Cpn 313588DZ5	(49,993,888.89)		0.00	0.00	(49,993,888.89)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**04/01/2023
through 04/30/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
04/05/23	04/05/23	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 04/06/23 Cpn 313588DZ5	(49,993,888.89)		0.00	0.00	(49,993,888.89)
04/05/23	04/05/23	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 04/06/23 Cpn 313588DZ5	(49,993,888.89)		0.00	0.00	(49,993,888.89)
04/05/23	04/05/23	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 04/06/23 Cpn 313588DZ5	(49,993,888.89)		0.00	0.00	(49,993,888.89)
04/05/23	04/05/23	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 04/06/23 Cpn 313588DZ5	(49,993,888.89)		0.00	0.00	(49,993,888.89)
04/05/23	04/05/23	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 04/06/23 Cpn 313588DZ5	(49,993,888.89)		0.00	0.00	(49,993,888.89)
04/05/23	04/05/23	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 04/06/23 Cpn 313588DZ5	(49,993,888.89)		0.00	0.00	(49,993,888.89)
04/05/23	04/05/23	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 04/06/23 Cpn 313588DZ5	(49,993,888.89)		0.00	0.00	(49,993,888.89)
04/05/23	04/06/23	Buy	10,000,000.000	U.S. TREASURY BILL MAT 05/30/23 Cpn 912797FG7	(9,931,060.00)		0.00	0.00	(9,931,060.00)
04/05/23	04/06/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/30/23 Cpn 912797FG7	(49,655,300.00)		0.00	0.00	(49,655,300.00)
04/05/23	04/06/23	Buy	1,000,000.000	CASH MGMT BILL MAT 04/17/23 Cpn 912797LM7	(998,687.64)		0.00	0.00	(998,687.64)
04/05/23	04/06/23	Buy	50,000,000.000	CASH MGMT BILL MAT 04/17/23 Cpn 912797LM7	(49,934,381.94)		0.00	0.00	(49,934,381.94)
04/05/23	04/06/23	Buy	50,000,000.000	CASH MGMT BILL MAT 04/17/23 Cpn 912797LM7	(49,934,381.94)		0.00	0.00	(49,934,381.94)
04/05/23	04/06/23	Buy	50,000,000.000	CASH MGMT BILL MAT 04/17/23 Cpn 912797LM7	(49,934,381.94)		0.00	0.00	(49,934,381.94)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**04/01/2023
through 04/30/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
04/05/23	04/06/23	Buy	8,500,000.000	ESSILOR CP 144A MAT 06/07/23 Cpn 29728YT70	(8,428,562.22)		0.00	0.00	(8,428,562.22)
04/05/23	04/06/23	Buy	29,000,000.000	FHLB DISCOUNT NOTE MAT 05/26/23 Cpn 313384GB9	(28,811,500.00)		0.00	0.00	(28,811,500.00)
04/04/23	04/06/23	Buy	6,615,000.000	KCOT 2023-1A A1 EQP 144A MAT 03/15/24 Cpn 5.29 50117KAA8	(6,615,258.40)	(5,834.43)	0.00	0.00	(6,621,092.83)
04/06/23	04/10/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/05/23 Cpn 912796YJ2	(48,859,069.44)		0.00	0.00	(48,859,069.44)
04/06/23	04/10/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/05/23 Cpn 912796YJ2	(48,850,416.67)		0.00	0.00	(48,850,416.67)
04/06/23	04/10/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/05/23 Cpn 912796YJ2	(48,850,293.06)		0.00	0.00	(48,850,293.06)
04/11/23	04/11/23	Buy	3,600,000.000	CENTURY HOUSING CORP CP TXB MAT 05/09/23 Cpn 5.50 15654WAK2	(3,600,000.00)		0.00	0.00	(3,600,000.00)
04/10/23	04/11/23	Buy	17,000,000.000	FHLB DISCOUNT NOTE MAT 05/15/23 Cpn 313384FQ7	(16,925,341.67)		0.00	0.00	(16,925,341.67)
04/10/23	04/11/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 05/15/23 Cpn 313384FQ7	(49,780,416.67)		0.00	0.00	(49,780,416.67)
04/04/23	04/12/23	Buy	8,400,000.000	GMCAR 2023-2 A1 CAR MAT 04/16/24 Cpn 5.19 362583AA4	(8,400,000.00)		0.00	0.00	(8,400,000.00)
04/04/23	04/12/23	Buy	5,350,000.000	HART 2023-A A1 CAR MAT 04/15/24 Cpn 5.17 448979AA2	(5,350,000.00)		0.00	0.00	(5,350,000.00)
04/11/23	04/12/23	Buy	7,500,000.000	HYDRO-QUEBEC CP 144A MAT 05/09/23 Cpn 44881MS95	(7,472,943.75)		0.00	0.00	(7,472,943.75)
04/06/23	04/13/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/12/23 Cpn 912797FA0	(48,825,847.22)		0.00	0.00	(48,825,847.22)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

04/01/2023
through 04/30/2023

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
04/12/23	04/13/23	Buy	40,000,000.000	U.S. TREASURY BILL MAT 10/12/23 Cpn 912797FA0		(39,037,179.56)		0.00	0.00	(39,037,179.56)
04/12/23	04/13/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/12/23 Cpn 912797FA0		(48,796,474.44)		0.00	0.00	(48,796,474.44)
04/12/23	04/13/23	Buy	38,000,000.000	CASH MGMT BILL MAT 04/17/23 Cpn 912797LM7		(37,980,978.89)		0.00	0.00	(37,980,978.89)
04/12/23	04/13/23	Buy	30,000,000.000	CASH MGMT BILL MAT 04/17/23 Cpn 912797LM7		(29,984,833.33)		0.00	0.00	(29,984,833.33)
04/13/23	04/13/23	Buy	8,500,000.000	ID HSG AGY CP TXB MAT 06/15/23 Cpn 5.13 45130HFG0		(8,500,000.00)		0.00	0.00	(8,500,000.00)
04/14/23	04/14/23	Buy	30,000,000.000	BMW US CAPITAL CP 144A MAT 04/17/23 Cpn 0556C3RH6		(29,988,175.00)		0.00	0.00	(29,988,175.00)
04/14/23	04/14/23	Buy	35,000,000.000	CATERPILLAR FIN CP MAT 04/27/23 Cpn 14912ERT6		(34,939,333.33)		0.00	0.00	(34,939,333.33)
04/14/23	04/14/23	Buy	35,600,000.000	FED CAISSE DESJARDINS CP 144A MAT 04/19/23 Cpn 31428GRK1		(35,576,513.89)		0.00	0.00	(35,576,513.89)
04/13/23	04/14/23	Buy	40,000,000.000	CASH MGMT BILL MAT 04/17/23 Cpn 912797LM7		(39,985,141.67)		0.00	0.00	(39,985,141.67)
04/13/23	04/14/23	Buy	50,000,000.000	CASH MGMT BILL MAT 04/17/23 Cpn 912797LM7		(49,981,427.08)		0.00	0.00	(49,981,427.08)
04/13/23	04/14/23	Buy	50,000,000.000	CASH MGMT BILL MAT 04/17/23 Cpn 912797LM7		(49,981,427.08)		0.00	0.00	(49,981,427.08)
04/14/23	04/14/23	Buy	16,500,000.000	CANADIAN NATL RAILWAY CP 144A MAT 04/19/23 Cpn 13639DRK1		(16,489,022.92)		0.00	0.00	(16,489,022.92)
04/13/23	04/14/23	Buy	3,400,000.000	FHLB DISCOUNT NOTE MAT 04/20/23 Cpn 313384EP0		(3,397,461.33)		0.00	0.00	(3,397,461.33)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**04/01/2023
through 04/30/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
04/13/23	04/14/23	Buy	13,300,000.000	FHLB DISCOUNT NOTE MAT 04/24/23 Cpn 313384ET2	(13,283,485.83)		0.00	0.00	(13,283,485.83)
04/13/23	04/14/23	Buy	6,600,000.000	FHLB DISCOUNT NOTE MAT 04/27/23 Cpn 313384EW5	(6,589,275.00)		0.00	0.00	(6,589,275.00)
04/13/23	04/14/23	Buy	14,000,000.000	FHLB DISCOUNT NOTE MAT 04/28/23 Cpn 313384EX3	(13,975,500.00)		0.00	0.00	(13,975,500.00)
04/13/23	04/14/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/28/23 Cpn 313384EX3	(49,912,888.89)		0.00	0.00	(49,912,888.89)
04/13/23	04/14/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/28/23 Cpn 313384EX3	(49,912,888.89)		0.00	0.00	(49,912,888.89)
04/13/23	04/14/23	Buy	45,000,000.000	FHLB DISCOUNT NOTE MAT 05/01/23 Cpn 313384FA2	(44,904,800.00)		0.00	0.00	(44,904,800.00)
04/13/23	04/14/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 05/01/23 Cpn 313384FA2	(49,894,222.22)		0.00	0.00	(49,894,222.22)
04/14/23	04/14/23	Buy	14,000,000.000	FHLB DISCOUNT NOTE MAT 05/04/23 Cpn 313384FD6	(13,964,922.22)		0.00	0.00	(13,964,922.22)
04/14/23	04/14/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 05/04/23 Cpn 313384FD6	(49,874,722.22)		0.00	0.00	(49,874,722.22)
04/14/23	04/14/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 05/04/23 Cpn 313384FD6	(49,874,722.22)		0.00	0.00	(49,874,722.22)
04/14/23	04/14/23	Buy	30,000,000.000	KIMBERLY-CLARK CP 144A MAT 04/20/23 Cpn 49436URL0	(29,976,500.00)		0.00	0.00	(29,976,500.00)
04/14/23	04/14/23	Buy	35,000,000.000	PACIFIC LIFE INSURANCE CP 144A MAT 04/21/23 Cpn 69447MRM1	(34,967,333.33)		0.00	0.00	(34,967,333.33)
04/14/23	04/14/23	Buy	30,000,000.000	ROCHE HOLDINGS CP 144A MAT 04/17/23 Cpn 77119MRH2	(29,988,250.00)		0.00	0.00	(29,988,250.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

04/01/2023
through 04/30/2023

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
04/17/23	04/17/23	Buy	35,000,000.000	BMW US CAPITAL CP 144A MAT 04/18/23 Cpn 0556C3RJ2	(34,995,391.67)		0.00	0.00	(34,995,391.67)
04/17/23	04/17/23	Buy	35,000,000.000	BAYERISCHE LANDESBANK CP MAT 04/18/23 Cpn 07274MRJ6	(34,995,362.50)		0.00	0.00	(34,995,362.50)
04/17/23	04/17/23	Buy	25,000,000.000	CREDIT AGRICOLE CP MAT 04/18/23 Cpn 22533URJ4	(24,996,694.44)		0.00	0.00	(24,996,694.44)
04/14/23	04/17/23	Buy	5,000,000.000	FHLB DISCOUNT NOTE MAT 04/26/23 Cpn 313384EV7	(4,994,312.50)		0.00	0.00	(4,994,312.50)
04/14/23	04/17/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/27/23 Cpn 313384EW5	(49,938,194.44)		0.00	0.00	(49,938,194.44)
04/17/23	04/17/23	Buy	32,000,000.000	FHLMC DISCOUNT NOTE MAT 04/24/23 Cpn 313396ET6	(31,973,555.56)		0.00	0.00	(31,973,555.56)
04/17/23	04/17/23	Buy	20,000,000.000	FHLMC DISCOUNT NOTE MAT 04/27/23 Cpn 313396EW9	(19,976,388.89)		0.00	0.00	(19,976,388.89)
04/17/23	04/17/23	Buy	50,000,000.000	FHLMC DISCOUNT NOTE MAT 04/27/23 Cpn 313396EW9	(49,940,972.22)		0.00	0.00	(49,940,972.22)
04/17/23	04/17/23	Buy	50,000,000.000	FHLMC DISCOUNT NOTE MAT 04/27/23 Cpn 313396EW9	(49,940,972.22)		0.00	0.00	(49,940,972.22)
04/17/23	04/17/23	Buy	50,000,000.000	FHLMC DISCOUNT NOTE MAT 04/27/23 Cpn 313396EW9	(49,940,972.22)		0.00	0.00	(49,940,972.22)
04/17/23	04/17/23	Buy	35,000,000.000	NESTLE CAPITAL CP 144A MAT 04/18/23 Cpn 64105HRJ3	(34,995,391.67)		0.00	0.00	(34,995,391.67)
04/17/23	04/17/23	Buy	35,000,000.000	COOPERATIEVE RABOBANK CP MAT 04/18/23 Cpn 21687BRJ2	(34,995,343.06)		0.00	0.00	(34,995,343.06)
04/17/23	04/17/23	Buy	35,000,000.000	UNILEVER CAPITAL CP 144A MAT 04/18/23 Cpn 90477ERJ5	(34,995,401.39)		0.00	0.00	(34,995,401.39)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**04/01/2023
through 04/30/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
04/17/23	04/17/23	Buy	35,000,000.000	WAL-MART STORES CP 144A MAT 04/18/23 Cpn 93114FRJ5	(34,995,381.94)		0.00	0.00	(34,995,381.94)
04/18/23	04/18/23	Buy	35,000,000.000	BMW US CAPITAL CP 144A MAT 04/19/23 Cpn 0556C3RK9	(34,995,352.78)		0.00	0.00	(34,995,352.78)
04/18/23	04/18/23	Buy	35,000,000.000	BAYERISCHE LANDESBANK CP MAT 04/19/23 Cpn 07274MRK3	(34,995,362.50)		0.00	0.00	(34,995,362.50)
04/18/23	04/18/23	Buy	35,000,000.000	CREDIT AGRICOLE CP MAT 04/19/23 Cpn 22533URK1	(34,995,372.22)		0.00	0.00	(34,995,372.22)
04/17/23	04/18/23	Buy	40,000,000.000	FFCB DISCOUNT NOTE MAT 05/11/23 Cpn 313312FL9	(39,883,977.78)		0.00	0.00	(39,883,977.78)
04/18/23	04/18/23	Buy	25,000,000.000	FHLB DISCOUNT NOTE MAT 04/19/23 Cpn 313384EN5	(24,996,972.22)		0.00	0.00	(24,996,972.22)
04/18/23	04/18/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/19/23 Cpn 313384EN5	(49,993,944.44)		0.00	0.00	(49,993,944.44)
04/18/23	04/18/23	Buy	35,000,000.000	NOVARTIS FINANCE CP 144A MAT 04/19/23 Cpn 6698M5RK7	(34,995,381.94)		0.00	0.00	(34,995,381.94)
04/18/23	04/18/23	Buy	4,200,000.000	CA SAN JOSE FIN AUTH LEASE CP MAT 06/22/23 Cpn 5.15 79815WDL9	(4,200,000.00)		0.00	0.00	(4,200,000.00)
04/18/23	04/18/23	Buy	13,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 04/19/23 Cpn 84243MRK0	(12,998,284.72)		0.00	0.00	(12,998,284.72)
04/19/23	04/19/23	Buy	35,000,000.000	BAYERISCHE LANDESBANK CP MAT 04/20/23 Cpn 07274MRL1	(34,995,362.50)		0.00	0.00	(34,995,362.50)
04/19/23	04/19/23	Buy	35,000,000.000	CREDIT AGRICOLE CP MAT 04/20/23 Cpn 22533URL9	(34,995,372.22)		0.00	0.00	(34,995,372.22)
04/18/23	04/19/23	Buy	8,500,000.000	CUMMINS INC CP 144A MAT 05/24/23 Cpn 23102VSQ4	(8,459,506.94)		0.00	0.00	(8,459,506.94)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**04/01/2023
through 04/30/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
04/19/23	04/19/23	Buy	20,000,000.000	FHLB DISCOUNT NOTE MAT 04/20/23 Cpn 313384EP0	(19,997,583.33)		0.00	0.00	(19,997,583.33)
04/19/23	04/19/23	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/20/23 Cpn 313384EP0	(49,993,958.33)		0.00	0.00	(49,993,958.33)
04/19/23	04/19/23	Buy	15,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 04/20/23 Cpn 4523EMRL9	(14,998,045.83)		0.00	0.00	(14,998,045.83)
04/19/23	04/19/23	Buy	35,000,000.000	COOPERATIEVE RABOBANK CP MAT 04/20/23 Cpn 21687BRL7	(34,995,343.06)		0.00	0.00	(34,995,343.06)
04/19/23	04/19/23	Buy	7,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 04/20/23 Cpn 84243MRL8	(6,999,076.39)		0.00	0.00	(6,999,076.39)
04/19/23	04/19/23	Buy	30,000,000.000	UNILEVER CAPITAL CP 144A MAT 04/20/23 Cpn 90477ERL0	(29,996,075.00)		0.00	0.00	(29,996,075.00)
04/11/23	04/19/23	Buy	12,300,000.000	WOART 2023-B A1 CAR MAT 04/15/24 Cpn 5.32 98164QAA6	(12,300,000.00)		0.00	0.00	(12,300,000.00)
04/20/23	04/20/23	Buy	13,000,000.000	ROCHE HOLDINGS CP 144A MAT 04/21/23 Cpn 77119MRM1	(12,998,302.78)		0.00	0.00	(12,998,302.78)
04/21/23	04/21/23	Buy	18,000,000.000	CREDIT AGRICOLE CP MAT 04/24/23 Cpn 22533URQ8	(17,992,860.00)		0.00	0.00	(17,992,860.00)
04/18/23	04/21/23	Buy	12,800,000.000	FHLB C 7/21/23 Q MAT 05/17/24 Cpn 5.30 3130AVR46	(12,800,000.00)		0.00	0.00	(12,800,000.00)
04/20/23	04/21/23	Buy	20,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 04/24/23 Cpn 4523EMRQ	(19,992,183.33)		0.00	0.00	(19,992,183.33)
04/20/23	04/21/23	Buy	8,000,000.000	PACIFIC LIFE INSURANCE CP 144A MAT 04/27/23 Cpn 69447MRT6	(7,993,586.67)		0.00	0.00	(7,993,586.67)
04/24/23	04/24/23	Buy	34,000,000.000	COOPERATIEVE RABOBANK CP MAT 04/25/23 Cpn 21687BRR4	(33,995,476.11)		0.00	0.00	(33,995,476.11)

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<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
04/18/23	04/25/23	Buy	5,900,000.000	CNH 2023-A A1 EQP MAT 05/15/24 Cpn 5.43 12664QAA2	(5,900,000.00)		0.00	0.00	(5,900,000.00)
04/24/23	04/25/23	Buy	5,743,000.000	FHLB DISCOUNT NOTE MAT 05/24/23 Cpn 313384FZ7	(5,721,256.36)		0.00	0.00	(5,721,256.36)
04/24/23	04/25/23	Buy	10,000,000.000	FNMA DISCOUNT NOTE MAT 05/15/23 Cpn 313588FQ3	(9,975,277.78)		0.00	0.00	(9,975,277.78)
04/24/23	04/25/23	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 05/15/23 Cpn 313588FQ3	(49,876,388.89)		0.00	0.00	(49,876,388.89)
04/24/23	04/25/23	Buy	10,000,000.000	FNMA DISCOUNT NOTE MAT 05/26/23 Cpn 313588GB5	(9,960,819.44)		0.00	0.00	(9,960,819.44)
04/24/23	04/25/23	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 05/26/23 Cpn 313588GB5	(49,804,097.22)		0.00	0.00	(49,804,097.22)
04/25/23	04/25/23	Buy	25,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 04/26/23 Cpn 4523EMRS4	(24,996,743.06)		0.00	0.00	(24,996,743.06)
04/25/23	04/25/23	Buy	18,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 04/26/23 Cpn 84243MRS3	(17,997,625.00)		0.00	0.00	(17,997,625.00)
04/26/23	04/26/23	Buy	35,000,000.000	CREDIT AGRICOLE CP MAT 04/27/23 Cpn 22533URT2	(34,995,372.22)		0.00	0.00	(34,995,372.22)
04/24/23	04/26/23	Buy	6,999,143.750	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	(6,703,867.38)	(1,176.24)	0.00	0.00	(6,705,043.62)
04/19/23	04/26/23	Buy	7,800,000.000	CARMX 2023-2 A1 CAR MAT 05/15/24 Cpn 5.51 142921AA3	(7,800,000.00)		0.00	0.00	(7,800,000.00)
04/26/23	04/26/23	Buy	25,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 04/27/23 Cpn 4523EMRT2	(24,996,743.06)		0.00	0.00	(24,996,743.06)
04/18/23	04/26/23	Buy	7,600,000.000	NAROT 2023-A A1 CAR MAT 05/15/24 Cpn 5.42 65480WAA9	(7,600,000.00)		0.00	0.00	(7,600,000.00)

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<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
04/27/23	04/27/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/18/24 Cpn 912796CX5	(47,767,262.50)		0.00	0.00	(47,767,262.50)
04/27/23	04/27/23	Buy	50,000,000.000	U.S. TREASURY BILL MAT 10/26/23 Cpn 912797FC6	(48,778,956.94)		0.00	0.00	(48,778,956.94)
04/26/23	04/27/23	Buy	8,500,000.000	BPCE CP 144A MAT 05/18/23 Cpn 05571CSJ1	(8,475,704.17)		0.00	0.00	(8,475,704.17)
04/27/23	04/27/23	Buy	40,000,000.000	FFCB DISCOUNT NOTE MAT 05/31/23 Cpn 313312GG9	(39,820,177.78)		0.00	0.00	(39,820,177.78)
04/27/23	04/27/23	Buy	25,000,000.000	FHLB DISCOUNT NOTE MAT 05/02/23 Cpn 313384FB0	(24,984,375.00)		0.00	0.00	(24,984,375.00)
04/27/23	04/27/23	Buy	13,000,000.000	FHLB DISCOUNT NOTE MAT 05/16/23 Cpn 313384FR5	(12,968,095.83)		0.00	0.00	(12,968,095.83)
04/27/23	04/27/23	Buy	43,000,000.000	FHLB DISCOUNT NOTE MAT 05/18/23 Cpn 313384FT1	(42,883,362.50)		0.00	0.00	(42,883,362.50)
04/27/23	04/27/23	Buy	1,000,000.000	CA SAN FRANCISCO CITY & CNTY MAT 06/30/23 Cpn 5.30 79769EAN4	(1,000,000.00)		0.00	0.00	(1,000,000.00)
04/26/23	04/27/23	Buy	8,500,000.000	TOTAL CAPITAL CANADA CP 144A MAT 05/18/23 Cpn 89153QSJ0	(8,475,505.83)		0.00	0.00	(8,475,505.83)
04/26/23	04/27/23	Buy	17,000,000.000	TRAVELERS COMPANIES CP 144A MAT 05/01/23 Cpn 8941P3S12	(16,991,008.89)		0.00	0.00	(16,991,008.89)
04/26/23	04/28/23	Buy	5,000,000.000	FFCB DISCOUNT NOTE MAT 05/31/23 Cpn 313312GG9	(4,978,091.67)		0.00	0.00	(4,978,091.67)
04/26/23	04/28/23	Buy	50,000,000.000	FFCB DISCOUNT NOTE MAT 05/31/23 Cpn 313312GG9	(49,780,916.67)		0.00	0.00	(49,780,916.67)
04/26/23	04/28/23	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 05/18/23 Cpn 313588FT7	(49,876,388.89)		0.00	0.00	(49,876,388.89)

TRANSACTIONS BY TYPE

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<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
04/26/23	04/28/23	Buy	20,000,000.000	FNMA DISCOUNT NOTE MAT 05/26/23 Cpn 313588GB5	(19,929,222.22)		0.00	0.00	(19,929,222.22)
04/26/23	04/28/23	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 05/26/23 Cpn 313588GB5	(49,823,055.56)		0.00	0.00	(49,823,055.56)
04/26/23	04/28/23	Buy	8,000,000.000	NATL SEC CLEARING CP 144A MAT 05/10/23 Cpn 63763QSA6	(7,987,066.67)		0.00	0.00	(7,987,066.67)
			4,175,707,143.750		(4,160,875,723.43)	(7,010.67)	0.00	0.00	(4,160,882,734.10)
04/25/23	04/25/23	Increase Prin L	0.000	FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 4.83 3137H4RC6			0.00	0.00	
04/03/23	04/03/23	Coupon		INTL FINANCE CORP FRN SOFRRA MAT 04/03/24 Cpn 4.92 45950VQM1		82,897.50	0.00	0.00	82,897.50
04/10/23	04/10/23	Coupon		CRVNA 2021-P4 A2 CAR MAT 04/10/25 Cpn 0.82 14687KAB2		1,184.02	0.00	0.00	1,184.02
04/10/23	04/10/23	Coupon		CRVNA 2023-P1 A1 CAR 144A MAT 03/11/24 Cpn 5.28 14688EAA7		21,900.28	0.00	0.00	21,900.28
04/10/23	04/10/23	Coupon		MMAF 2022-B A1 EQP 144A MAT 12/01/23 Cpn 4.92 606940AA2		11,094.41	0.00	0.00	11,094.41
04/11/23	04/11/23	Coupon		CENTURY HOUSING CORP CP TXB MAT 04/11/23 Cpn 5.19 15654WAH9		10,091.67	0.00	0.00	10,091.67
04/12/23	04/12/23	Coupon		SKANDINAV ENSKILDA BK YCD FR MAT 04/12/23 Cpn 83050PP60		31,625.00	0.00	0.00	31,625.00
04/13/23	04/13/23	Coupon		ID HSG AGY CP TXB MAT 04/13/23 Cpn 4.75 45130HFC9		83,938.36	0.00	0.00	83,938.36
04/15/23	04/15/23	Coupon		ALLYA 2022-2 A2 CAR MAT 10/15/25 Cpn 4.62 02008MAB5		14,245.00	0.00	0.00	14,245.00

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<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
04/15/23	04/15/23	Coupon		CARMAX 2019-3 A3 CAR MAT 08/15/24 Cpn 2.18 14315PAD7		747.02	0.00	0.00	747.02
04/15/23	04/15/23	Coupon		CARMX 2021-4 A2A CAR MAT 11/15/24 Cpn 0.24 14317JAB3		81.26	0.00	0.00	81.26
04/15/23	04/15/23	Coupon		CNH 2021-C A2 EQP MAT 01/15/25 Cpn 0.33 12598LAB2		517.76	0.00	0.00	517.76
04/15/23	04/15/23	Coupon		HALST 2021-A A3 LEASE 144A MAT 01/16/24 Cpn 0.33 44891TAC0		86.26	0.00	0.00	86.26
04/15/23	04/15/23	Coupon		HALST 2021-A A3 LEASE 144A MAT 01/16/24 Cpn 0.33 44891TAC0		76.48	0.00	0.00	76.48
04/15/23	04/15/23	Coupon		HALST 2021-C A2 CAR LEASE 144A MAT 01/16/24 Cpn 0.24 44933MAB7		36.22	0.00	0.00	36.22
04/15/23	04/15/23	Coupon		HALST 2021-C A2 CAR LEASE 144A MAT 01/16/24 Cpn 0.24 44933MAB7		8.75	0.00	0.00	8.75
04/15/23	04/15/23	Coupon		HAROT 2022-1 A2 CAR MAT 10/15/24 Cpn 1.44 43815BAB6		3,565.92	0.00	0.00	3,565.92
04/15/23	04/15/23	Coupon		HART 2019-B A4 CAR MAT 04/15/25 Cpn 2.00 44891JAD0		5,433.66	0.00	0.00	5,433.66
04/15/23	04/15/23	Coupon		JOHN DEERE 2020-B A3 EQP MAT 11/15/24 Cpn 0.51 47787NAC3		848.91	0.00	0.00	848.91
04/15/23	04/15/23	Coupon		KUBOTA 2020-1A A3 EQP 144A MAT 03/15/24 Cpn 1.96 50117WAC8		795.89	0.00	0.00	795.89
04/15/23	04/15/23	Coupon		KUBOTA 2020-1A A3 EQP 144A MAT 03/15/24 Cpn 1.96 50117WAC8		190.94	0.00	0.00	190.94
04/15/23	04/15/23	Coupon		SYNCT 2018-2 A CDT MAT 05/15/26 Cpn 3.47 87165LCC3		20,097.08	0.00	0.00	20,097.08

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04/15/23	04/15/23	Coupon		TAOT 2022-C A2A CAR MAT 08/15/25 Cpn 4.19 89231CAB3		17,920.69	0.00	0.00	17,920.69
04/15/23	04/15/23	Coupon		WOART 2022-B A2A CAR MAT 10/15/25 Cpn 2.77 98163QAB5		7,910.49	0.00	0.00	7,910.49
04/15/23	04/15/23	Coupon		WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0		23,741.67	0.00	0.00	23,741.67
04/15/23	04/15/23	Coupon		WOLS 2022-A A2 LEASE MAT 10/15/24 Cpn 2.63 98163NAB2		2,260.09	0.00	0.00	2,260.09
04/17/23	04/17/23	Coupon		CARMX 2023-1 A1 CAR MAT 02/15/24 Cpn 4.96 14318DAA7		12,891.22	0.00	0.00	12,891.22
04/17/23	04/17/23	Coupon		FORDL 2023-A A1 LEASE MAT 02/15/24 Cpn 4.96 345287AA4		5,558.51	0.00	0.00	5,558.51
04/17/23	04/17/23	Coupon		GALC 2022-1 A1 EQP 144A MAT 10/16/23 Cpn 4.34 39154TBU1		8,964.81	0.00	0.00	8,964.81
04/17/23	04/17/23	Coupon		GMCAR 2022-4 A1 CAR MAT 10/16/23 Cpn 3.62 36265QAA4		3,647.90	0.00	0.00	3,647.90
04/17/23	04/17/23	Coupon		GMCAR 2023-1 A1 CAR MAT 01/16/24 Cpn 4.89 38013JAA1		19,197.67	0.00	0.00	19,197.67
04/17/23	04/17/23	Coupon		KCOT 2023-1A A1 EQP 144A MAT 03/15/24 Cpn 5.29 50117KAA8		16,530.89	0.00	0.00	16,530.89
04/17/23	04/17/23	Coupon		NALT 2023-A A1 LEASE MAT 02/15/24 Cpn 4.97 65480VAA1		14,130.69	0.00	0.00	14,130.69
04/17/23	04/17/23	Coupon		NAROT 2022-B A1 CAR MAT 10/16/23 Cpn 3.69 65480JAA8		5,583.82	0.00	0.00	5,583.82
04/17/23	04/17/23	Coupon		TAOT 2023-A A1 CAR MAT 01/15/24 Cpn 4.84 891940AA6		9,342.20	0.00	0.00	9,342.20

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04/18/23	04/18/23	Coupon		HONDA 2021-3 A2 CAR MAT 02/20/24 Cpn 0.20 43815EAB0		9.76	0.00	0.00	9.76
04/18/23	04/18/23	Coupon		CA SAN JOSE FIN AUTH LEASE RE MAT 04/18/23 Cpn 5.15 79815WDJ4		19,076.31	0.00	0.00	19,076.31
04/19/23	04/19/23	Coupon		CA STATE GO/ULT CP TXB MAT 04/19/23 Cpn 4.85 13068PEV4		89,691.78	0.00	0.00	89,691.78
04/19/23	04/19/23	Coupon		LLOYDS BANK YCD FRN SOFRFRAT MAT 04/19/23 Cpn 53947BJ43		32,033.33	0.00	0.00	32,033.33
04/20/23	04/20/23	Coupon		DLLAD 2023-1A A1 EQP 144A MAT 02/20/24 Cpn 5.01 233258AA0		5,974.83	0.00	0.00	5,974.83
04/20/23	04/20/23	Coupon		EFF 2022-3 A1 FLEET 144A MAT 08/20/23 Cpn 3.61 29374FAA1		5,833.91	0.00	0.00	5,833.91
04/20/23	04/20/23	Coupon		EFF 2022-4 A1 FLEET 144A MAT 11/20/23 Cpn 5.15 29374GAA9		15,007.32	0.00	0.00	15,007.32
04/20/23	04/20/23	Coupon		GMALT 2021-1 A3 LEASE MAT 02/20/24 Cpn 0.26 36261RAC2		209.29	0.00	0.00	209.29
04/20/23	04/20/23	Coupon		GMALT 2021-1 A3 LEASE MAT 02/20/24 Cpn 0.26 36261RAC2		7.09	0.00	0.00	7.09
04/20/23	04/20/23	Coupon		GMALT 2021-2 A LEASE MAT 05/20/25 Cpn 0.41 380144AD7		717.50	0.00	0.00	717.50
04/20/23	04/20/23	Coupon		GMALT 2023-1 A2A LEASE MAT 06/20/25 Cpn 5.27 362541AB0		11,857.50	0.00	0.00	11,857.50
04/20/23	04/20/23	Coupon		HPEFS 2022-3A A1 EQP 144A MAT 10/20/23 Cpn 4.33 403951AA4		2,078.62	0.00	0.00	2,078.62
04/20/23	04/20/23	Coupon		NORDEA BANK NY YCD FRN MAT 04/20/23 Cpn 65558UXX5		32,250.00	0.00	0.00	32,250.00

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04/20/23	04/20/23	Coupon		SRT 2021-A A3 LEASE 144A MAT 07/22/24 Cpn 0.51 80286TAC7		1,247.88	0.00	0.00	1,247.88
04/20/23	04/20/23	Coupon		TESLA 2021-B A2 LEASE 144A MAT 09/22/25 Cpn 0.36 88161KAB1		412.30	0.00	0.00	412.30
04/20/23	04/20/23	Coupon		TLOT 2021-B A3 LEASE 144A MAT 10/21/24 Cpn 0.42 89239CAC3		847.72	0.00	0.00	847.72
04/20/23	04/20/23	Coupon		TLOT 2021-B A3 LEASE 144A MAT 10/21/24 Cpn 0.42 89239CAC3		1,241.06	0.00	0.00	1,241.06
04/20/23	04/20/23	Coupon		VALET 2021-1 A2 CAR MAT 10/21/24 Cpn 0.49 92868KAB9		559.47	0.00	0.00	559.47
04/21/23	04/21/23	Coupon		SVENSKA HANDELSBANKEN NY Y MAT 04/21/23 Cpn 86959RM31		33,325.00	0.00	0.00	33,325.00
04/25/23	04/25/23	Coupon		BMW 2021-1 A4 LEASE MAT 07/25/24 Cpn 0.37 05591RAD6		693.75	0.00	0.00	693.75
04/25/23	04/25/23	Coupon		CITIBANK CD FRN SOFRRATE MAT 05/25/23 Cpn 5.25 17330QAG2		31,800.00	0.00	0.00	31,800.00
04/25/23	04/25/23	Coupon		FHMS KF36 A MAT 08/25/24 Cpn 5.20 3137FBAR7		34.43	0.00	0.00	34.43
04/25/23	04/25/23	Coupon		FHMS KF38 A MAT 09/25/24 Cpn 5.19 3137FBUC8		1,188.62	0.00	0.00	1,188.62
04/25/23	04/25/23	Coupon		FHMS KI04 A 1MOFRN CMBS MAT 07/25/24 Cpn 5.22 3137FNAV2		370.55	0.00	0.00	370.55
04/25/23	04/25/23	Coupon		FHMS KI06 A 1MOFRN CMBS MAT 03/25/25 Cpn 5.08 3137FVNA6		2,294.01	0.00	0.00	2,294.01
04/25/23	04/25/23	Coupon		FHMS KI07 A SOFRFRN MAT 09/25/26 Cpn 4.80 3137H3KA9		28,101.92	0.00	0.00	28,101.92

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04/25/23	04/25/23	Coupon		FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 4.83 3137H4RC6		13,556.19	0.00	0.00	13,556.19
04/25/23	04/25/23	Coupon		FHMS Q015 A 1MOFRN CMBS MAT 08/25/24 Cpn 4.83 3137FYUR5		3,526.11	0.00	0.00	3,526.11
04/27/23	04/27/23	Coupon		FHLB C 4/27/23 M MAT 03/27/24 Cpn 5.62 3130AVGN6		39,808.33	0.00	0.00	39,808.33
						810,897.62	0.00	0.00	810,897.62
04/01/23	04/01/23	Income	1,642.970	ADJ NET INT MAT Cpn USD		1,642.97	0.00	0.00	1,642.97
04/01/23	04/01/23	Income	328,254.370	STIF INT MAT Cpn USD		328,254.37	0.00	0.00	328,254.37
			329,897.340			329,897.34	0.00	0.00	329,897.34
04/13/23	04/13/23	Contributn	380,000,000.000	NM MAT Cpn USD	380,000,000.00		0.00	0.00	380,000,000.00
04/14/23	04/14/23	Contributn	500,000,000.000	NM MAT Cpn USD	500,000,000.00		0.00	0.00	500,000,000.00
			880,000,000.000		880,000,000.00		0.00	0.00	880,000,000.00
04/06/23	04/10/23	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 06/08/23 Cpn 912796ZP7	48,858,044.45	769,108.33	(901.38)	0.00	49,627,152.78
04/06/23	04/10/23	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 05/11/23 Cpn 912796ZE2	49,430,113.19	380,550.00	10,613.19	0.00	49,810,663.19

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<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
04/06/23	04/10/23	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 08/03/23 Cpn 912796Y37	48,808,222.23	435,732.63	(8,145.84)	0.00	49,243,954.86
04/11/23	04/12/23	Sell Long	12,000,000.000	U.S. TREASURY BILL MAT 04/13/23 Cpn 912796YU7	11,861,764.77	136,800.00	84.77	0.00	11,998,564.77
04/06/23	04/13/23	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 08/10/23 Cpn 912796XY0	48,802,976.39	407,822.22	(6,445.83)	0.00	49,210,798.61
04/24/23	04/25/23	Sell Long	31,000,000.000	U.S. TREASURY BILL MAT 05/25/23 Cpn 912796ZF9	30,685,482.61	225,728.22	32,136.67	0.00	30,911,210.83
04/24/23	04/25/23	Sell Long	10,000,000.000	U.S. TREASURY BILL MAT 05/30/23 Cpn 912797FG7	9,940,510.00	24,256.67	9,450.00	0.00	9,964,766.67
04/24/23	04/25/23	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 05/30/23 Cpn 912797FG7	49,702,550.00	121,283.33	47,250.00	0.00	49,823,833.33
04/24/23	04/25/23	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 05/18/23 Cpn 912796W47	48,925,379.17	964,444.44	28,462.50	0.00	49,889,823.61
04/26/23	04/26/23	Sell Long	3,000,000.000	FHLB DISCOUNT NOTE MAT 04/28/23 Cpn 313384EX3	2,988,440.16	10,826.67	40.16	0.00	2,999,266.83
04/26/23	04/26/23	Sell Long	35,000,000.000	FHLB DISCOUNT NOTE MAT 05/01/23 Cpn 313384FA2	34,925,566.66	52,266.67	(388.89)	0.00	34,977,833.33
			391,000,000.000		384,929,049.63	3,528,819.18	112,155.35	0.00	388,457,868.81
04/10/23	04/10/23	Pay Princpl	449,251.183	CRVNA 2021-P4 A2 CAR MAT 04/10/25 Cpn 0.82 14687KAB2	449,251.18		0.00	15.60	449,251.18
04/10/23	04/10/23	Pay Princpl	1,940,263.890	CRVNA 2023-P1 A1 CAR 144A MAT 03/11/24 Cpn 5.28 14688EAA7	1,940,263.89		0.00	0.00	1,940,263.89
04/10/23	04/10/23	Pay Princpl	696,417.775	MMAF 2022-B A1 EQP 144A MAT 12/01/23 Cpn 4.92 606940AA2	696,417.77		(0.00)	0.00	696,417.77

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04/15/23	04/15/23	Pay Princpl	118,598.090	ALLYA 2022-2 A2 CAR MAT 10/15/25 Cpn 4.62 02008MAB5	118,598.09		6.71	0.00	118,598.09
04/15/23	04/15/23	Pay Princpl	242,754.443	CARMAX 2019-3 A3 CAR MAT 08/15/24 Cpn 2.18 14315PAD7	242,754.44		0.00	(306.24)	242,754.44
04/15/23	04/15/23	Pay Princpl	225,387.025	CARMX 2021-4 A2A CAR MAT 11/15/24 Cpn 0.24 14317JAB3	225,387.03		0.00	0.55	225,387.03
04/15/23	04/15/23	Pay Princpl	395,692.827	CNH 2021-C A2 EQP MAT 01/15/25 Cpn 0.33 12598LAB2	395,692.83		0.00	7.48	395,692.83
04/15/23	04/15/23	Pay Princpl	313,665.157	HALST 2021-A A3 LEASE 144A MAT 01/16/24 Cpn 0.33 44891TAC0	313,665.16		675.02	0.00	313,665.16
04/15/23	04/15/23	Pay Princpl	278,116.437	HALST 2021-A A3 LEASE 144A MAT 01/16/24 Cpn 0.33 44891TAC0	278,116.44		859.43	0.00	278,116.44
04/15/23	04/15/23	Pay Princpl	181,081.945	HALST 2021-C A2 CAR LEASE 144A MAT 01/16/24 Cpn 0.24 44933MAB7	181,081.94		0.00	0.81	181,081.94
04/15/23	04/15/23	Pay Princpl	43,746.523	HALST 2021-C A2 CAR LEASE 144A MAT 01/16/24 Cpn 0.24 44933MAB7	43,746.52		0.00	83.45	43,746.52
04/15/23	04/15/23	Pay Princpl	399,481.560	HAROT 2022-1 A2 CAR MAT 10/15/24 Cpn 1.44 43815BAB6	399,481.56		0.00	13.30	399,481.56
04/15/23	04/15/23	Pay Princpl	711,165.704	HART 2019-B A4 CAR MAT 04/15/25 Cpn 2.00 44891JAD0	711,165.70		(0.00)	0.00	711,165.70
04/15/23	04/15/23	Pay Princpl	412,530.066	JOHN DEERE 2020-B A3 EQP MAT 11/15/24 Cpn 0.51 47787NAC3	412,530.07		4,715.75	0.00	412,530.07
04/15/23	04/15/23	Pay Princpl	247,844.739	KUBOTA 2020-1A A3 EQP 144A MAT 03/15/24 Cpn 1.96 50117WAC8	247,844.74		0.00	(1,218.01)	247,844.74
04/15/23	04/15/23	Pay Princpl	59,460.509	KUBOTA 2020-1A A3 EQP 144A MAT 03/15/24 Cpn 1.96 50117WAC8	59,460.51		0.00	(270.39)	59,460.51

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04/15/23	04/15/23	Pay Princpl	390,291.440	TAOT 2022-C A2A CAR MAT 08/15/25 Cpn 4.19 89231CAB3	390,291.44		24.09	0.00	390,291.44
04/15/23	04/15/23	Pay Princpl	337,259.573	WOART 2022-B A2A CAR MAT 10/15/25 Cpn 2.77 98163QAB5	337,259.57		17.98	0.00	337,259.57
04/15/23	04/15/23	Pay Princpl	108,364.315	WOLS 2022-A A2 LEASE MAT 10/15/24 Cpn 2.63 98163NAB2	108,364.32		0.00	1.42	108,364.32
04/17/23	04/17/23	Pay Princpl	698,116.792	CARMX 2023-1 A1 CAR MAT 02/15/24 Cpn 4.96 14318DAA7	698,116.79		(0.00)	0.00	698,116.79
04/17/23	04/17/23	Pay Princpl	335,445.698	FORDL 2023-A A1 LEASE MAT 02/15/24 Cpn 4.96 345287AA4	335,445.70		0.00	0.00	335,445.70
04/17/23	04/17/23	Pay Princpl	570,602.600	GALC 2022-1 A1 EQP 144A MAT 10/16/23 Cpn 4.34 39154TBU1	570,602.60		(0.00)	0.00	570,602.60
04/17/23	04/17/23	Pay Princpl	1,004,076.234	GMCAR 2022-4 A1 CAR MAT 10/16/23 Cpn 3.62 36265QAA4	1,004,076.23		(0.00)	0.00	1,004,076.23
04/17/23	04/17/23	Pay Princpl	1,093,408.075	GMCAR 2023-1 A1 CAR MAT 01/16/24 Cpn 4.89 38013JAA1	1,093,408.07		(0.00)	0.00	1,093,408.07
04/17/23	04/17/23	Pay Princpl	1,448,469.700	KCOT 2023-1A A1 EQP 144A MAT 03/15/24 Cpn 5.29 50117KAA8	1,448,469.70		(54.77)	0.00	1,448,469.70
04/17/23	04/17/23	Pay Princpl	612,651.587	NALT 2023-A A1 LEASE MAT 02/15/24 Cpn 4.97 65480VAA1	612,651.59		0.00	0.00	612,651.59
04/17/23	04/17/23	Pay Princpl	1,085,183.058	NAROT 2022-B A1 CAR MAT 10/16/23 Cpn 3.69 65480JAA8	1,085,183.06		0.00	0.00	1,085,183.06
04/17/23	04/17/23	Pay Princpl	506,231.503	TAOT 2023-A A1 CAR MAT 01/15/24 Cpn 4.84 891940AA6	506,231.50		(0.00)	0.00	506,231.50
04/18/23	04/18/23	Pay Princpl	58,588.719	HONDA 2021-3 A2 CAR MAT 02/20/24 Cpn 0.20 43815EAB0	58,588.72		0.00	0.54	58,588.72

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04/20/23	04/20/23	Pay Princpl	213,821.517	DLLAD 2023-1A A1 EQP 144A MAT 02/20/24 Cpn 5.01 233258AA0	213,821.52		0.00	0.00	213,821.52
04/20/23	04/20/23	Pay Princpl	761,831.090	EFF 2022-3 A1 FLEET 144A MAT 08/20/23 Cpn 3.61 29374FAA1	761,831.09		0.00	0.00	761,831.09
04/20/23	04/20/23	Pay Princpl	629,245.761	EFF 2022-4 A1 FLEET 144A MAT 11/20/23 Cpn 5.15 29374GAA9	629,245.76		(0.00)	0.00	629,245.76
04/20/23	04/20/23	Pay Princpl	965,932.713	GMALT 2021-1 A3 LEASE MAT 02/20/24 Cpn 0.26 36261RAC2	965,932.71		2,629.98	0.00	965,932.71
04/20/23	04/20/23	Pay Princpl	32,743.479	GMALT 2021-1 A3 LEASE MAT 02/20/24 Cpn 0.26 36261RAC2	32,743.48		89.15	0.00	32,743.48
04/20/23	04/20/23	Pay Princpl	256,537.154	HPEFS 2022-3A A1 EQP 144A MAT 10/20/23 Cpn 4.33 403951AA4	256,537.15		(0.00)	0.00	256,537.15
04/20/23	04/20/23	Pay Princpl	361,320.185	SRT 2021-A A3 LEASE 144A MAT 07/22/24 Cpn 0.51 80286TAC7	361,320.19		6,666.56	0.00	361,320.19
04/20/23	04/20/23	Pay Princpl	221,588.809	TESLA 2021-B A2 LEASE 144A MAT 09/22/25 Cpn 0.36 88161KAB1	221,588.81		0.00	7.57	221,588.81
04/20/23	04/20/23	Pay Princpl	282,180.771	TLOT 2021-B A3 LEASE 144A MAT 10/21/24 Cpn 0.42 89239CAC3	282,180.77		7,982.83	0.00	282,180.77
04/20/23	04/20/23	Pay Princpl	413,112.649	TLOT 2021-B A3 LEASE 144A MAT 10/21/24 Cpn 0.42 89239CAC3	413,112.65		9,060.26	0.00	413,112.65
04/20/23	04/20/23	Pay Princpl	499,428.811	VALET 2021-1 A2 CAR MAT 10/21/24 Cpn 0.49 92868KAB9	499,428.81		0.00	7.97	499,428.81
04/25/23	04/25/23	Pay Princpl	51,033.247	FHMS KF38 A MAT 09/25/24 Cpn 5.19 3137FBUC8	51,033.25		0.00	19.95	51,033.25
04/25/23	04/25/23	Pay Princpl	85,560.074	FHMS KI04 A 1MOFRN CMBS MAT 07/25/24 Cpn 5.22 3137FNAV2	85,560.07		0.00	(0.00)	85,560.07

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04/25/23	04/25/23	Pay Princpl	20,986.744	FHMS Q015 A 1MOFRN CMBS MAT 08/25/24 Cpn 4.83 3137FYUR5	20,986.74		0.00	(0.00)	20,986.74
04/27/23	04/27/23	Pay Princpl	5,368,873.165	FHLB C 4/27/23 M MAT 03/27/24 Cpn 5.62 3130AVGN6	5,368,873.16		(0.00)	0.00	5,368,873.16
			25,128,343.334		25,128,343.32		32,672.97	(1,636.02)	25,128,343.32
04/04/23	04/04/23	Mature Long	30,000,000.000	U.S. TREASURY BILL MAT 04/04/23 Cpn 912796Z93	29,905,208.33	94,791.67	0.00	0.00	30,000,000.00
04/04/23	04/04/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/04/23 Cpn 912796Z93	49,844,536.46	155,463.54	0.00	0.00	50,000,000.00
04/04/23	04/04/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/04/23 Cpn 912796Z93	49,844,536.46	155,463.54	0.00	0.00	50,000,000.00
04/04/23	04/04/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/04/23 Cpn 912796Z93	49,844,536.46	155,463.54	0.00	0.00	50,000,000.00
04/04/23	04/04/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/04/23 Cpn 912796Z93	49,844,536.46	155,463.54	0.00	0.00	50,000,000.00
04/04/23	04/04/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/04/23 Cpn 912796Z93	49,844,536.46	155,463.54	0.00	0.00	50,000,000.00
04/04/23	04/04/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/04/23 Cpn 912796Z93	49,844,536.46	155,463.54	0.00	0.00	50,000,000.00
04/04/23	04/04/23	Mature Long	10,000,000.000	U.S. TREASURY BILL MAT 04/04/23 Cpn 912796Z93	9,972,373.50	27,626.50	0.00	0.00	10,000,000.00
04/04/23	04/04/23	Mature Long	40,000,000.000	U.S. TREASURY BILL MAT 04/04/23 Cpn 912796Z93	39,950,000.00	50,000.00	0.00	0.00	40,000,000.00
04/04/23	04/04/23	Mature Long	10,000,000.000	U.S. TREASURY BILL MAT 04/04/23 Cpn 912796Z93	9,988,694.44	11,305.56	0.00	0.00	10,000,000.00

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04/04/23	04/04/23	Mature Long	110,000,000.000	FHLMC DISCOUNT NOTE MAT 04/04/23 Cpn 313396DX8	109,920,250.00	79,750.00	0.00	0.00	110,000,000.00
04/05/23	04/05/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/05/23 Cpn 313384DY2	49,833,527.78	166,472.22	0.00	0.00	50,000,000.00
04/05/23	04/05/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/05/23 Cpn 313384DY2	49,833,527.78	166,472.22	0.00	0.00	50,000,000.00
04/05/23	04/05/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/05/23 Cpn 313384DY2	49,833,527.78	166,472.22	0.00	0.00	50,000,000.00
04/05/23	04/05/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/05/23 Cpn 313384DY2	49,833,527.78	166,472.22	0.00	0.00	50,000,000.00
04/05/23	04/05/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/05/23 Cpn 313384DY2	49,833,527.78	166,472.22	0.00	0.00	50,000,000.00
04/05/23	04/05/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/05/23 Cpn 313384DY2	49,852,736.11	147,263.89	0.00	0.00	50,000,000.00
04/05/23	04/05/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/05/23 Cpn 313384DY2	49,852,736.11	147,263.89	0.00	0.00	50,000,000.00
04/05/23	04/05/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/05/23 Cpn 313384DY2	49,852,736.11	147,263.89	0.00	0.00	50,000,000.00
04/05/23	04/05/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/05/23 Cpn 313384DY2	49,852,736.11	147,263.89	0.00	0.00	50,000,000.00
04/05/23	04/05/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/05/23 Cpn 313384DY2	49,852,736.11	147,263.89	0.00	0.00	50,000,000.00
04/05/23	04/05/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/05/23 Cpn 313384DY2	49,852,736.11	147,263.89	0.00	0.00	50,000,000.00
04/05/23	04/05/23	Mature Long	300,000,000.000	FHLMC DISCOUNT NOTE MAT 04/05/23 Cpn 313396DY6	299,746,249.98	253,750.02	(0.02)	0.00	300,000,000.00
04/06/23	04/06/23	Mature Long	5,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	4,984,983.33	15,016.67	0.00	0.00	5,000,000.00

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<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
04/06/23	04/06/23	Mature Long	23,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	22,935,197.50	64,802.50	0.00	0.00	23,000,000.00
04/06/23	04/06/23	Mature Long	11,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	10,974,378.25	25,621.75	0.00	0.00	11,000,000.00
04/06/23	04/06/23	Mature Long	10,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	9,981,628.19	18,371.81	0.00	0.00	10,000,000.00
04/06/23	04/06/23	Mature Long	5,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	4,993,044.79	6,955.21	0.00	0.00	5,000,000.00
04/06/23	04/06/23	Mature Long	25,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	24,996,770.83	3,229.17	0.00	0.00	25,000,000.00
04/06/23	04/06/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	49,993,541.67	6,458.33	0.00	0.00	50,000,000.00
04/06/23	04/06/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	49,993,541.67	6,458.33	0.00	0.00	50,000,000.00
04/06/23	04/06/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	49,993,541.67	6,458.33	0.00	0.00	50,000,000.00
04/06/23	04/06/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	49,993,541.67	6,458.33	0.00	0.00	50,000,000.00
04/06/23	04/06/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	49,993,541.67	6,458.33	0.00	0.00	50,000,000.00
04/06/23	04/06/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	49,993,888.89	6,111.11	0.00	0.00	50,000,000.00
04/06/23	04/06/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	49,993,888.89	6,111.11	0.00	0.00	50,000,000.00
04/06/23	04/06/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	49,993,888.89	6,111.11	0.00	0.00	50,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**04/01/2023
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<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
04/06/23	04/06/23	Mature Long	31,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	30,995,952.78	4,047.22	0.00	0.00	31,000,000.00
04/06/23	04/06/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	49,993,472.22	6,527.78	0.00	0.00	50,000,000.00
04/06/23	04/06/23	Mature Long	44,000,000.000	U.S. TREASURY BILL MAT 04/06/23 Cpn 912796YN3	43,994,622.22	5,377.78	0.00	0.00	44,000,000.00
04/06/23	04/06/23	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 04/06/23 Cpn 313588DZ5	49,993,888.89	6,111.11	0.00	0.00	50,000,000.00
04/06/23	04/06/23	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 04/06/23 Cpn 313588DZ5	49,993,888.89	6,111.11	0.00	0.00	50,000,000.00
04/06/23	04/06/23	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 04/06/23 Cpn 313588DZ5	49,993,888.89	6,111.11	0.00	0.00	50,000,000.00
04/06/23	04/06/23	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 04/06/23 Cpn 313588DZ5	49,993,888.89	6,111.11	0.00	0.00	50,000,000.00
04/06/23	04/06/23	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 04/06/23 Cpn 313588DZ5	49,993,888.89	6,111.11	0.00	0.00	50,000,000.00
04/06/23	04/06/23	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 04/06/23 Cpn 313588DZ5	49,993,888.89	6,111.11	0.00	0.00	50,000,000.00
04/06/23	04/06/23	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 04/06/23 Cpn 313588DZ5	49,993,888.89	6,111.11	0.00	0.00	50,000,000.00
04/06/23	04/06/23	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 04/06/23 Cpn 313588DZ5	49,993,888.89	6,111.11	0.00	0.00	50,000,000.00
04/10/23	04/10/23	Mature Long	15,000,000.000	FNMA DISCOUNT NOTE MAT 04/10/23 Cpn 313588ED3	14,968,833.33	31,166.67	0.00	0.00	15,000,000.00
04/10/23	04/10/23	Mature Long	50,000,000.000	FHLMC DISCOUNT NOTE MAT 04/10/23 Cpn 313396ED1	49,927,333.33	72,666.67	0.00	0.00	50,000,000.00

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<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
04/11/23	04/11/23	Mature Long	2,500,000.000	CENTURY HOUSING CORP CP TXB MAT 04/11/23 Cpn 5.19 15654WAH9	2,500,000.00		0.00	0.00	2,500,000.00
04/12/23	04/12/23	Mature Long	7,500,000.000	SKANDINAV ENSKILDA BK YCD FR MAT 04/12/23 Cpn 83050PP60	7,500,000.00		0.00	0.00	7,500,000.00
04/13/23	04/13/23	Mature Long	13,000,000.000	U.S. TREASURY BILL MAT 04/13/23 Cpn 912796YU7	12,850,153.33	149,846.67	(0.00)	0.00	13,000,000.00
04/13/23	04/13/23	Mature Long	25,000,000.000	U.S. TREASURY BILL MAT 04/13/23 Cpn 912796YU7	24,720,000.00	280,000.00	0.00	0.00	25,000,000.00
04/13/23	04/13/23	Mature Long	30,000,000.000	FHLMC DISCOUNT NOTE MAT 04/13/23 Cpn 313396EG4	29,945,500.00	54,500.00	0.00	0.00	30,000,000.00
04/13/23	04/13/23	Mature Long	50,000,000.000	FHLMC DISCOUNT NOTE MAT 04/13/23 Cpn 313396EG4	49,909,166.67	90,833.33	0.00	0.00	50,000,000.00
04/13/23	04/13/23	Mature Long	7,500,000.000	ID HSG AGY CP TXB MAT 04/13/23 Cpn 4.75 45130HFC9	7,500,000.00		0.00	0.00	7,500,000.00
04/17/23	04/17/23	Mature Long	30,000,000.000	BMW US CAPITAL CP 144A MAT 04/17/23 Cpn 0556C3RH6	29,988,175.00	11,825.00	0.00	0.00	30,000,000.00
04/17/23	04/17/23	Mature Long	1,000,000.000	CASH MGMT BILL MAT 04/17/23 Cpn 912797LM7	997,831.56	2,168.44	0.00	0.00	1,000,000.00
04/17/23	04/17/23	Mature Long	50,000,000.000	CASH MGMT BILL MAT 04/17/23 Cpn 912797LM7	49,891,577.78	108,422.22	0.00	0.00	50,000,000.00
04/17/23	04/17/23	Mature Long	1,000,000.000	CASH MGMT BILL MAT 04/17/23 Cpn 912797LM7	998,687.64	1,312.36	0.00	0.00	1,000,000.00
04/17/23	04/17/23	Mature Long	50,000,000.000	CASH MGMT BILL MAT 04/17/23 Cpn 912797LM7	49,934,381.94	65,618.06	0.00	0.00	50,000,000.00
04/17/23	04/17/23	Mature Long	50,000,000.000	CASH MGMT BILL MAT 04/17/23 Cpn 912797LM7	49,934,381.94	65,618.06	0.00	0.00	50,000,000.00

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
04/17/23	04/17/23	Mature Long	50,000,000.000	CASH MGMT BILL MAT 04/17/23 Cpn 912797LM7	49,934,381.94	65,618.06	0.00	0.00	50,000,000.00
04/17/23	04/17/23	Mature Long	38,000,000.000	CASH MGMT BILL MAT 04/17/23 Cpn 912797LM7	37,980,978.89	19,021.11	0.00	0.00	38,000,000.00
04/17/23	04/17/23	Mature Long	30,000,000.000	CASH MGMT BILL MAT 04/17/23 Cpn 912797LM7	29,984,833.33	15,166.67	0.00	0.00	30,000,000.00
04/17/23	04/17/23	Mature Long	40,000,000.000	CASH MGMT BILL MAT 04/17/23 Cpn 912797LM7	39,985,141.67	14,858.33	0.00	0.00	40,000,000.00
04/17/23	04/17/23	Mature Long	50,000,000.000	CASH MGMT BILL MAT 04/17/23 Cpn 912797LM7	49,981,427.08	18,572.92	0.00	0.00	50,000,000.00
04/17/23	04/17/23	Mature Long	50,000,000.000	CASH MGMT BILL MAT 04/17/23 Cpn 912797LM7	49,981,427.08	18,572.92	0.00	0.00	50,000,000.00
04/17/23	04/17/23	Mature Long	30,000,000.000	ROCHE HOLDINGS CP 144A MAT 04/17/23 Cpn 77119MRH2	29,988,250.00	11,750.00	0.00	0.00	30,000,000.00
04/18/23	04/18/23	Mature Long	35,000,000.000	BMW US CAPITAL CP 144A MAT 04/18/23 Cpn 0556C3RJ2	34,995,391.67	4,608.33	0.00	0.00	35,000,000.00
04/18/23	04/18/23	Mature Long	35,000,000.000	BAYERISCHE LANDESBANK CP MAT 04/18/23 Cpn 07274MRJ6	34,995,362.50	4,637.50	0.00	0.00	35,000,000.00
04/18/23	04/18/23	Mature Long	25,000,000.000	CREDIT AGRICOLE CP MAT 04/18/23 Cpn 22533URJ4	24,996,694.44	3,305.56	0.00	0.00	25,000,000.00
04/18/23	04/18/23	Mature Long	35,000,000.000	NESTLE CAPITAL CP 144A MAT 04/18/23 Cpn 64105HRJ3	34,995,391.67	4,608.33	0.00	0.00	35,000,000.00
04/18/23	04/18/23	Mature Long	35,000,000.000	COOPERATIEVE RABOBANK CP MAT 04/18/23 Cpn 21687BRJ2	34,995,343.06	4,656.94	0.00	0.00	35,000,000.00
04/18/23	04/18/23	Mature Long	4,097,000.000	CA SAN JOSE FIN AUTH LEASE RE MAT 04/18/23 Cpn 5.15 79815WDJ4	4,097,000.00		0.00	0.00	4,097,000.00

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<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
04/18/23	04/18/23	Mature Long	35,000,000.000	UNILEVER CAPITAL CP 144A MAT 04/18/23 Cpn 90477ERJ5	34,995,401.39	4,598.61	0.00	0.00	35,000,000.00
04/18/23	04/18/23	Mature Long	35,000,000.000	WAL-MART STORES CP 144A MAT 04/18/23 Cpn 93114FRJ5	34,995,381.94	4,618.06	0.00	0.00	35,000,000.00
04/19/23	04/19/23	Mature Long	35,000,000.000	BMW US CAPITAL CP 144A MAT 04/19/23 Cpn 0556C3RK9	34,995,352.78	4,647.22	0.00	0.00	35,000,000.00
04/19/23	04/19/23	Mature Long	35,000,000.000	BAYERISCHE LANDESBANK CP MAT 04/19/23 Cpn 07274MRK3	34,995,362.50	4,637.50	0.00	0.00	35,000,000.00
04/19/23	04/19/23	Mature Long	35,000,000.000	CREDIT AGRICOLE CP MAT 04/19/23 Cpn 22533URK1	34,995,372.22	4,627.78	0.00	0.00	35,000,000.00
04/19/23	04/19/23	Mature Long	7,500,000.000	CA STATE GO/ULT CP TXB MAT 04/19/23 Cpn 4.85 13068PEV4	7,500,000.00		0.00	0.00	7,500,000.00
04/19/23	04/19/23	Mature Long	35,600,000.000	FED CAISSE DESJARDINS CP 144A MAT 04/19/23 Cpn 31428GRK1	35,576,513.89	23,486.11	0.00	0.00	35,600,000.00
04/19/23	04/19/23	Mature Long	16,500,000.000	CANADIAN NATL RAILWAY CP 144A MAT 04/19/23 Cpn 13639DRK1	16,489,022.92	10,977.08	0.00	0.00	16,500,000.00
04/19/23	04/19/23	Mature Long	25,000,000.000	FHLB DISCOUNT NOTE MAT 04/19/23 Cpn 313384EN5	24,996,972.22	3,027.78	0.00	0.00	25,000,000.00
04/19/23	04/19/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/19/23 Cpn 313384EN5	49,993,944.44	6,055.56	0.00	0.00	50,000,000.00
04/19/23	04/19/23	Mature Long	7,500,000.000	LLOYDS BANK YCD FRN SOFRFRAT MAT 04/19/23 Cpn 53947BJ43	7,500,000.00		0.00	0.00	7,500,000.00
04/19/23	04/19/23	Mature Long	35,000,000.000	NOVARTIS FINANCE CP 144A MAT 04/19/23 Cpn 6698M5RK7	34,995,381.94	4,618.06	0.00	0.00	35,000,000.00
04/19/23	04/19/23	Mature Long	13,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 04/19/23 Cpn 84243MRK0	12,998,284.72	1,715.28	0.00	0.00	13,000,000.00

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<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
04/20/23	04/20/23	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 04/20/23 Cpn 912796V48	48,930,720.83	1,069,279.17	0.00	0.00	50,000,000.00
04/20/23	04/20/23	Mature Long	35,000,000.000	BAYERISCHE LANDESBANK CP MAT 04/20/23 Cpn 07274MRL1	34,995,362.50	4,637.50	0.00	0.00	35,000,000.00
04/20/23	04/20/23	Mature Long	35,000,000.000	CREDIT AGRICOLE CP MAT 04/20/23 Cpn 22533URL9	34,995,372.22	4,627.78	0.00	0.00	35,000,000.00
04/20/23	04/20/23	Mature Long	3,400,000.000	FHLB DISCOUNT NOTE MAT 04/20/23 Cpn 313384EP0	3,397,461.33	2,538.67	0.00	0.00	3,400,000.00
04/20/23	04/20/23	Mature Long	20,000,000.000	FHLB DISCOUNT NOTE MAT 04/20/23 Cpn 313384EP0	19,997,583.33	2,416.67	0.00	0.00	20,000,000.00
04/20/23	04/20/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/20/23 Cpn 313384EP0	49,993,958.33	6,041.67	0.00	0.00	50,000,000.00
04/20/23	04/20/23	Mature Long	15,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 04/20/23 Cpn 4523EMRL9	14,998,045.83	1,954.17	0.00	0.00	15,000,000.00
04/20/23	04/20/23	Mature Long	30,000,000.000	KIMBERLY-CLARK CP 144A MAT 04/20/23 Cpn 49436URL0	29,976,500.00	23,500.00	0.00	0.00	30,000,000.00
04/20/23	04/20/23	Mature Long	7,500,000.000	NORDEA BANK NY YCD FRN MAT 04/20/23 Cpn 65558UXX5	7,500,000.00		0.00	0.00	7,500,000.00
04/20/23	04/20/23	Mature Long	35,000,000.000	COOPERATIEVE RABOBANK CP MAT 04/20/23 Cpn 21687BRL7	34,995,343.06	4,656.94	0.00	0.00	35,000,000.00
04/20/23	04/20/23	Mature Long	7,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 04/20/23 Cpn 84243MRL8	6,999,076.39	923.61	0.00	0.00	7,000,000.00
04/20/23	04/20/23	Mature Long	30,000,000.000	UNILEVER CAPITAL CP 144A MAT 04/20/23 Cpn 90477ERL0	29,996,075.00	3,925.00	0.00	0.00	30,000,000.00
04/21/23	04/21/23	Mature Long	35,000,000.000	PACIFIC LIFE INSURANCE CP 144A MAT 04/21/23 Cpn 69447MRM1	34,967,333.33	32,666.67	0.00	0.00	35,000,000.00

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04/21/23	04/21/23	Mature Long	13,000,000.000	ROCHE HOLDINGS CP 144A MAT 04/21/23 Cpn 77119MRM1	12,998,302.78	1,697.22	0.00	0.00	13,000,000.00
04/21/23	04/21/23	Mature Long	7,500,000.000	SVENSKA HANDELSBANKEN NY Y MAT 04/21/23 Cpn 86959RM31	7,500,000.00		0.00	0.00	7,500,000.00
04/24/23	04/24/23	Mature Long	18,000,000.000	CREDIT AGRICOLE CP MAT 04/24/23 Cpn 22533URQ8	17,992,860.00	7,140.00	0.00	0.00	18,000,000.00
04/24/23	04/24/23	Mature Long	13,300,000.000	FHLB DISCOUNT NOTE MAT 04/24/23 Cpn 313384ET2	13,283,485.83	16,514.17	0.00	0.00	13,300,000.00
04/24/23	04/24/23	Mature Long	32,000,000.000	FHLMC DISCOUNT NOTE MAT 04/24/23 Cpn 313396ET6	31,973,555.56	26,444.44	0.00	0.00	32,000,000.00
04/24/23	04/24/23	Mature Long	20,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 04/24/23 Cpn 4523EMRQ	19,992,183.33	7,816.67	0.00	0.00	20,000,000.00
04/25/23	04/25/23	Mature Long	34,000,000.000	COOPERATIEVE RABOBANK CP MAT 04/25/23 Cpn 21687BRR4	33,995,476.11	4,523.89	0.00	0.00	34,000,000.00
04/26/23	04/26/23	Mature Long	5,000,000.000	FHLB DISCOUNT NOTE MAT 04/26/23 Cpn 313384EV7	4,994,312.50	5,687.50	0.00	0.00	5,000,000.00
04/26/23	04/26/23	Mature Long	25,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 04/26/23 Cpn 4523EMRS4	24,996,743.06	3,256.94	0.00	0.00	25,000,000.00
04/26/23	04/26/23	Mature Long	18,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 04/26/23 Cpn 84243MRS3	17,997,625.00	2,375.00	0.00	0.00	18,000,000.00
04/27/23	04/27/23	Mature Long	35,000,000.000	CREDIT AGRICOLE CP MAT 04/27/23 Cpn 22533URT2	34,995,372.22	4,627.78	0.00	0.00	35,000,000.00
04/27/23	04/27/23	Mature Long	35,000,000.000	CATERPILLAR FIN CP MAT 04/27/23 Cpn 14912ERT6	34,939,333.33	60,666.67	0.00	0.00	35,000,000.00
04/27/23	04/27/23	Mature Long	6,600,000.000	FHLB DISCOUNT NOTE MAT 04/27/23 Cpn 313384EW5	6,589,275.00	10,725.00	0.00	0.00	6,600,000.00

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**04/01/2023
through 04/30/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
04/27/23	04/27/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/27/23 Cpn 313384EW5	49,938,194.44	61,805.56	0.00	0.00	50,000,000.00
04/27/23	04/27/23	Mature Long	20,000,000.000	FHLMC DISCOUNT NOTE MAT 04/27/23 Cpn 313396EW9	19,976,388.89	23,611.11	0.00	0.00	20,000,000.00
04/27/23	04/27/23	Mature Long	50,000,000.000	FHLMC DISCOUNT NOTE MAT 04/27/23 Cpn 313396EW9	49,940,972.22	59,027.78	0.00	0.00	50,000,000.00
04/27/23	04/27/23	Mature Long	50,000,000.000	FHLMC DISCOUNT NOTE MAT 04/27/23 Cpn 313396EW9	49,940,972.22	59,027.78	0.00	0.00	50,000,000.00
04/27/23	04/27/23	Mature Long	50,000,000.000	FHLMC DISCOUNT NOTE MAT 04/27/23 Cpn 313396EW9	49,940,972.22	59,027.78	0.00	0.00	50,000,000.00
04/27/23	04/27/23	Mature Long	25,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 04/27/23 Cpn 4523EMRT2	24,996,743.06	3,256.94	0.00	0.00	25,000,000.00
04/27/23	04/27/23	Mature Long	8,000,000.000	PACIFIC LIFE INSURANCE CP 144A MAT 04/27/23 Cpn 69447MRT6	7,993,586.67	6,413.33	0.00	0.00	8,000,000.00
04/28/23	04/28/23	Mature Long	17,000,000.000	FHLB DISCOUNT NOTE MAT 04/28/23 Cpn 313384EX3	16,934,266.67	65,733.33	0.00	0.00	17,000,000.00
04/28/23	04/28/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/28/23 Cpn 313384EX3	49,806,666.67	193,333.33	0.00	0.00	50,000,000.00
04/28/23	04/28/23	Mature Long	14,000,000.000	FHLB DISCOUNT NOTE MAT 04/28/23 Cpn 313384EX3	13,975,500.00	24,500.00	0.00	0.00	14,000,000.00
04/28/23	04/28/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/28/23 Cpn 313384EX3	49,912,888.89	87,111.11	0.00	0.00	50,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

**04/01/2023
through 04/30/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>		<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
Fixed Income - cont.										
04/28/23	04/28/23	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 04/28/23 Cpn 313384EX3		49,912,888.89	87,111.11	0.00	0.00	50,000,000.00
			4,557,997,000.000			4,551,497,885.23	6,499,114.78	(0.02)	0.00	4,557,997,000.00
04/05/23	04/05/23	Withdrawal	(120,000,000.000)	WD MAT Cpn USD		(120,000,000.00)		(120,000,000.00)	0.00	(120,000,000.00)
04/06/23	04/06/23	Withdrawal	(950,000,000.000)	WD MAT Cpn USD		(950,000,000.00)		(950,000,000.00)	0.00	(950,000,000.00)
04/17/23	04/17/23	Withdrawal	(50,000,000.000)	WD MAT Cpn USD		(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
04/18/23	04/18/23	Withdrawal	(150,000,000.000)	WD MAT Cpn USD		(150,000,000.00)		(150,000,000.00)	0.00	(150,000,000.00)
04/20/23	04/20/23	Withdrawal	(325,000,000.000)	WD MAT Cpn USD		(325,000,000.00)		(325,000,000.00)	0.00	(325,000,000.00)
04/24/23	04/24/23	Withdrawal	(30,000,000.000)	WD MAT Cpn USD		(30,000,000.00)		(30,000,000.00)	0.00	(30,000,000.00)
			(1,625,000,000.000)			(1,625,000,000.00)	(1,625,000,000.00)	0.00	0.00	(1,625,000,000.00)

TRANSACTIONS BY TYPE

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

**04/01/2023
through 04/30/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
04/14/23	04/17/23	Buy	3,550,000.000	U.S. TREASURY NOTE MAT 03/31/28 Cpn 3.63 91282CGT2	(3,552,634.77)	(5,977.29)	0.00	0.00	(3,558,612.06)
04/11/23	04/18/23	Buy	500,000.000	TLOT 2023A A3 LEASE 144A MAT 04/20/26 Cpn 4.93 89239MAC1	(499,912.80)		0.00	0.00	(499,912.80)
04/21/23	04/25/23	Buy	1,590,000.000	U.S. TREASURY NOTE MAT 03/31/28 Cpn 3.63 91282CGT2	(1,588,260.94)	(3,936.99)	0.00	0.00	(1,592,197.93)
04/25/23	04/26/23	Buy	2,045,000.000	U.S. TREASURY NOTE MAT 03/31/28 Cpn 3.63 91282CGT2	(2,061,296.09)	(5,266.15)	0.00	0.00	(2,066,562.24)
04/27/23	04/28/23	Buy	3,920,000.000	U.S. TREASURY NOTE MAT 03/31/28 Cpn 3.63 91282CGT2	(3,923,215.63)	(10,871.04)	0.00	0.00	(3,934,086.67)
04/27/23	04/28/23	Buy	640,000.000	U.S. TREASURY NOTE MAT 04/15/26 Cpn 3.75 91282CGV7	(638,675.00)	(852.46)	0.00	0.00	(639,527.46)
			12,245,000.000		(12,263,995.23)	(26,903.93)	0.00	0.00	(12,290,899.16)
04/01/23	04/01/23	Coupon		CA BAY AREA TOLL AUTH TOLL BR MAT 04/01/24 Cpn 2.25 072024WP3		13,749.40	0.00	0.00	13,749.40
04/01/23	04/01/23	Coupon		CA LOS ALTOS SCH DIST GO BANS MAT 10/01/24 Cpn 1.00 544290JH3		4,000.00	0.00	0.00	4,000.00
04/01/23	04/01/23	Coupon		CA MANTECA REDEV AGY TAB TX MAT 10/01/23 Cpn 1.74 56453RAX2		4,345.00	0.00	0.00	4,345.00
04/01/23	04/01/23	Coupon		CA STOCKTON PFA WTR REV-GRE MAT 10/01/24 Cpn 2.37 861398CH6		3,561.00	0.00	0.00	3,561.00
04/03/23	04/03/23	Coupon		FHLB MAT 10/03/24 Cpn 4.50 3130ATT31		17,825.00	0.00	0.00	17,825.00
04/03/23	04/03/23	Coupon		FHLB MAT 10/03/24 Cpn 4.50 3130ATT31		3,681.25	0.00	0.00	3,681.25

TRANSACTIONS BY TYPE

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

**04/01/2023
through 04/30/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
04/03/23	04/03/23	Coupon		FHLB MAT 10/03/24 Cpn 4.50 3130ATT31		3,100.00	0.00	0.00	3,100.00
04/03/23	04/03/23	Coupon		FHLB MAT 10/03/24 Cpn 4.50 3130ATT31		968.75	0.00	0.00	968.75
04/03/23	04/03/23	Coupon		INTL FINANCE CORP FRN SOFRRA MAT 04/03/24 Cpn 4.92 45950VQM1		10,279.29	0.00	0.00	10,279.29
04/15/23	04/15/23	Coupon		CARMX 2020-1 A3 CAR MAT 12/16/24 Cpn 1.89 14315XAC2		174.55	0.00	0.00	174.55
04/15/23	04/15/23	Coupon		CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8		333.41	0.00	0.00	333.41
04/15/23	04/15/23	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		429.82	0.00	0.00	429.82
04/15/23	04/15/23	Coupon		CAPITAL ONE 2020-1 A3 CAR MAT 11/15/24 Cpn 1.60 14043MAC5		96.42	0.00	0.00	96.42
04/15/23	04/15/23	Coupon		FORDL 2021-B A3 LEASE MAT 10/15/24 Cpn 0.37 345329AC0		248.14	0.00	0.00	248.14
04/15/23	04/15/23	Coupon		JOHN DEERE 2020-A A3 EQP MAT 08/15/24 Cpn 1.10 47789KAC7		67.58	0.00	0.00	67.58
04/15/23	04/15/23	Coupon		JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6		116.64	0.00	0.00	116.64
04/15/23	04/15/23	Coupon		KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2		443.33	0.00	0.00	443.33
04/15/23	04/15/23	Coupon		MERCEDES 2021-B A3 LEASE MAT 11/15/24 Cpn 0.40 58769KAD6		182.52	0.00	0.00	182.52
04/15/23	04/15/23	Coupon		WORLD OMNI 2021-A A3 LEASE MAT 08/15/24 Cpn 0.42 98163JAC9		221.01	0.00	0.00	221.01

TRANSACTIONS BY TYPE

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

**04/01/2023
through 04/30/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
04/16/23	04/16/23	Coupon		GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8		75.92	0.00	0.00	75.92
04/20/23	04/20/23	Coupon		GMALT 2021-2 A LEASE MAT 05/20/25 Cpn 0.41 380144AD7		256.25	0.00	0.00	256.25
04/20/23	04/20/23	Coupon		INTL BANK RECON & DEVELOP MAT 04/20/23 Cpn 0.13 459058JV6		212.50	0.00	0.00	212.50
04/20/23	04/20/23	Coupon		SRT 2021-C A3 LEASE 144A MAT 03/20/25 Cpn 0.50 80286CAC4		169.71	0.00	0.00	169.71
04/20/23	04/20/23	Coupon		TESLA 2021-B A2 LEASE 144A MAT 09/22/25 Cpn 0.36 88161KAB1		54.07	0.00	0.00	54.07
04/20/23	04/20/23	Coupon		VERIZON 2020-B A PHONE MAT 02/20/25 Cpn 0.47 92290BAA9		122.39	0.00	0.00	122.39
04/22/23	04/22/23	Coupon		FNMA MAT 04/22/25 Cpn 0.63 3135G03U5		3,000.00	0.00	0.00	3,000.00
04/25/23	04/25/23	Coupon		BMW 2021-1 A4 LEASE MAT 07/25/24 Cpn 0.37 05591RAD6		92.50	0.00	0.00	92.50
04/01/23	04/25/23	Coupon		FHMS K031 A2 MAT 04/25/23 Cpn 3.30 3137B3NX2		1,115.67	0.00	0.00	1,115.67
04/01/23	04/25/23	Coupon		FHMS K033 A2 MAT 07/25/23 Cpn 3.06 3137B4WB8		1,874.85	0.00	0.00	1,874.85
04/01/23	04/25/23	Coupon		FHMS K034 A2 MAT 07/25/23 Cpn 3.53 3137B5JM6		1,271.54	0.00	0.00	1,271.54
04/01/23	04/25/23	Coupon		FHMS K725 AM CMBS MAT 02/25/24 Cpn 3.10 3137BWWE		2,095.20	0.00	0.00	2,095.20
04/01/23	04/25/23	Coupon		FHMS K726 AM CMBS MAT 04/25/24 Cpn 2.99 3137BYPR5		1,417.88	0.00	0.00	1,417.88

TRANSACTIONS BY TYPE

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

**04/01/2023
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<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
04/01/23	04/25/23	Coupon		FHMS KJ28 A1 MAT 02/25/25 Cpn 1.77 3137FREB3		7.52	0.00	0.00	7.52
04/01/23	04/25/23	Coupon		FHMS KJ30 A1 CMBS MAT 01/25/25 Cpn 0.53 3137FUZN7		14.75	0.00	0.00	14.75
04/30/23	04/30/23	Coupon		U.S. TREASURY NOTE MAT 04/30/25 Cpn 0.38 912828ZL7		1,753.13	0.00	0.00	1,753.13
04/30/23	04/30/23	Coupon		U.S. TREASURY NOTE MAT 04/30/26 Cpn 0.75 91282CBW0		2,456.25	0.00	0.00	2,456.25
04/30/23	04/30/23	Coupon		U.S. TREASURY NOTE MAT 04/30/26 Cpn 0.75 91282CBW0		3,525.00	0.00	0.00	3,525.00
04/30/23	04/30/23	Coupon		U.S. TREASURY NOTE MAT 10/31/24 Cpn 1.50 912828YM6		300.00	0.00	0.00	300.00
04/30/23	04/30/23	Coupon		U.S. TREASURY NOTE MAT 04/30/27 Cpn 2.75 91282CEN7		12,375.00	0.00	0.00	12,375.00
04/30/23	04/30/23	Coupon		U.S. TREASURY NOTE MAT 10/31/27 Cpn 4.13 91282CFU0		412.50	0.00	0.00	412.50
04/30/23	04/30/23	Coupon		U.S. TREASURY NOTE MAT 10/31/27 Cpn 4.13 91282CFU0		2,268.75	0.00	0.00	2,268.75
						98,694.49	0.00	0.00	98,694.49
04/01/23	04/01/23	Income	(64.100)	ADJ NET INT MAT Cpn USD		(64.10)	0.00	0.00	(64.10)

TRANSACTIONS BY TYPE

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

**04/01/2023
through 04/30/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>		<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
Cash - cont.										
04/01/23	04/01/23	Income	1,609.660	STIF INT MAT	Cpn USD		1,609.66	0.00	0.00	1,609.66
			1,545.560				1,545.56	0.00	0.00	1,545.56
04/11/23	04/12/23	Sell Long	256,000.000	U.S. TREASURY NOTE MAT 02/15/26	Cpn 4.00 91282CGL9	257,170.00	1,584.09	2,156.86	0.00	258,754.09
04/11/23	04/12/23	Sell Long	148,000.000	U.S. TREASURY NOTE MAT 02/15/26	Cpn 4.00 91282CGL9	148,676.41	915.80	1,422.49	0.00	149,592.21
04/11/23	04/12/23	Sell Long	136,000.000	U.S. TREASURY NOTE MAT 02/15/26	Cpn 4.00 91282CGL9	136,621.56	841.55	1,307.14	0.00	137,463.11
04/11/23	04/12/23	Sell Long	160,000.000	U.S. TREASURY NOTE MAT 05/31/24	Cpn 2.00 912828XT2	155,543.75	1,169.23	0.00	(4,610.50)	156,712.98
04/14/23	04/17/23	Sell Long	1,200,000.000	FHLB MAT 07/08/24	Cpn 3.00 3130ASME6	1,176,636.00	9,900.00	(21,937.26)	0.00	1,186,536.00
04/14/23	04/17/23	Sell Long	920,000.000	FHLB MAT 10/03/24	Cpn 4.50 3130ATT31	919,659.60	1,610.00	419.51	0.00	921,269.60
04/14/23	04/17/23	Sell Long	190,000.000	FHLB MAT 10/03/24	Cpn 4.50 3130ATT31	189,929.70	332.50	86.64	0.00	190,262.20
04/14/23	04/17/23	Sell Long	160,000.000	FHLB MAT 10/03/24	Cpn 4.50 3130ATT31	159,940.80	280.00	72.96	0.00	160,220.80
04/14/23	04/17/23	Sell Long	50,000.000	FHLB MAT 10/03/24	Cpn 4.50 3130ATT31	49,981.50	87.50	22.80	0.00	50,069.00
04/14/23	04/17/23	Sell Long	210,000.000	U.S. TREASURY NOTE MAT 01/15/24	Cpn 0.13 91282CBEO	202,846.88	66.71	0.00	(7,075.17)	202,913.59

Payden & Rygel

TRANSACTIONS BY TYPE

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

**04/01/2023
through 04/30/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
04/14/23	04/17/23	Sell Long	495,000.000	U.S. TREASURY NOTE MAT 02/29/24 Cpn 1.50 91282CEA5	481,194.14	968.48	0.00	(13,576.24)	482,162.62
04/21/23	04/25/23	Sell Long	930,000.000	INTL FINANCE CORP FRN SOFRRA MAT 04/03/24 Cpn 4.92 45950VQM1	929,692.76	2,794.21	0.00	(307.24)	932,486.97
04/25/23	04/26/23	Sell Long	145,000.000	U.S. TREASURY NOTE MAT 03/15/24 Cpn 0.25 91282CBR1	139,488.87	41.37	0.00	(5,400.21)	139,530.24
04/25/23	04/26/23	Sell Long	665,000.000	U.S. TREASURY NOTE MAT 03/15/24 Cpn 0.25 91282CBR1	639,724.80	189.74	0.00	(24,950.00)	639,914.54
04/25/23	04/26/23	Sell Long	860,000.000	U.S. TREASURY NOTE MAT 06/30/24 Cpn 1.75 9128286Z8	833,460.94	4,822.65	0.00	(25,751.72)	838,283.59
04/25/23	04/27/23	Sell Long	440,000.000	CA ST EARTHQUAKE AUTH TXB MAT 07/01/23 Cpn 5.39 13017HAM8	439,357.60	7,646.08	(642.40)	0.00	447,003.68
04/25/23	04/27/23	Sell Long	790,000.000	CA HESPERIA REDEV AGY SUCCE MAT 09/01/23 Cpn 3.13 42806KAS2	783,190.20	3,840.28	0.00	(6,001.01)	787,030.48
04/25/23	04/27/23	Sell Long	450,000.000	CA SANTA ANA CMNTY REDEV AG MAT 09/01/23 Cpn 3.57 801096AR9	447,246.00	2,496.90	0.00	(2,754.00)	449,742.90
04/25/23	04/27/23	Sell Long	500,000.000	CA SAN FRANCISCO REDEV AGY T MAT 08/01/23 Cpn 2.50 79770GGQ3	496,185.00	2,986.11	0.00	(3,653.76)	499,171.11
04/25/23	04/27/23	Sell Long	230,000.000	WI STATE GEN FUND APPROP REV MAT 05/01/26 Cpn 4.36 977100HT6	230,089.70	1,979.11	89.70	0.00	232,068.81
04/27/23	04/28/23	Sell Long	1,825,000.000	U.S. TREASURY NOTE MAT 05/31/24 Cpn 2.00 912828XT2	1,772,816.41	14,940.93	0.00	(53,875.21)	1,787,757.34
			10,760,000.000		10,589,452.62	59,493.24	(17,001.56)	(147,955.07)	10,648,945.86

TRANSACTIONS BY TYPE

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

**04/01/2023
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<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
04/15/23	04/15/23	Pay Princpl	20,026.988	CARMX 2020-1 A3 CAR MAT 12/16/24 Cpn 1.89 14315XAC2	20,026.99		0.00	(108.93)	20,026.99
04/15/23	04/15/23	Pay Princpl	50,190.412	CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8	50,190.41		0.00	5.08	50,190.41
04/15/23	04/15/23	Pay Princpl	51,226.067	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	51,226.07		0.00	4.71	51,226.07
04/15/23	04/15/23	Pay Princpl	18,022.152	CAPITAL ONE 2020-1 A3 CAR MAT 11/15/24 Cpn 1.60 14043MAC5	18,022.15		0.00	0.60	18,022.15
04/15/23	04/15/23	Pay Princpl	123,186.333	FORDL 2021-B A3 LEASE MAT 10/15/24 Cpn 0.37 345329AC0	123,186.33		0.00	7.05	123,186.33
04/15/23	04/15/23	Pay Princpl	20,190.544	JOHN DEERE 2020-A A3 EQP MAT 08/15/24 Cpn 1.10 47789KAC7	20,190.54		0.00	0.19	20,190.54
04/15/23	04/15/23	Pay Princpl	24,584.806	JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6	24,584.81		0.00	2.16	24,584.81
04/15/23	04/15/23	Pay Princpl	45,268.919	MERCEDES 2021-B A3 LEASE MAT 11/15/24 Cpn 0.40 58769KAD6	45,268.92		0.00	1.23	45,268.92
04/15/23	04/15/23	Pay Princpl	57,440.743	WORLD OMNI 2021-A A3 LEASE MAT 08/15/24 Cpn 0.42 98163JAC9	57,440.74		0.00	2.22	57,440.74
04/16/23	04/16/23	Pay Princpl	11,409.710	GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8	11,409.71		0.00	0.47	11,409.71
04/20/23	04/20/23	Pay Princpl	48,527.719	SRT 2021-C A3 LEASE 144A MAT 03/20/25 Cpn 0.50 80286CAC4	48,527.72		0.00	0.90	48,527.72
04/20/23	04/20/23	Pay Princpl	29,060.827	TESLA 2021-B A2 LEASE 144A MAT 09/22/25 Cpn 0.36 88161KAB1	29,060.83		0.00	1.00	29,060.83
04/20/23	04/20/23	Pay Princpl	69,026.704	VERIZON 2020-B A PHONE MAT 02/20/25 Cpn 0.47 92290BAA9	69,026.70		0.00	(29.52)	69,026.70

TRANSACTIONS BY TYPE

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

**04/01/2023
through 04/30/2023**

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
04/01/23	04/25/23	Pay Princpl	199,676.060	FHMS K033 A2 MAT 07/25/23 Cpn 3.06 3137B4WB8	199,676.06		0.00	(917.98)	199,676.06
04/01/23	04/25/23	Pay Princpl	84,741.901	FHMS K034 A2 MAT 07/25/23 Cpn 3.53 3137B5JM6	84,741.90		0.00	(593.75)	84,741.90
04/01/23	04/25/23	Pay Princpl	5,113.205	FHMS KJ28 A1 MAT 02/25/25 Cpn 1.77 3137FREB3	5,113.21		0.00	0.01	5,113.21
04/01/23	04/25/23	Pay Princpl	845.950	FHMS KJ30 A1 CMBS MAT 01/25/25 Cpn 0.53 3137FUZN7	845.95		0.00	0.01	845.95
			858,539.041		858,539.04		0.00	(1,624.57)	858,539.04
04/20/23	04/20/23	Mature Long	340,000.000	INTL BANK RECON & DEVELOP MAT 04/20/23 Cpn 0.13 459058JV6	340,000.00		0.00	0.00	340,000.00
04/01/23	04/25/23	Mature Long	405,699.810	FHMS K031 A2 MAT 04/25/23 Cpn 3.30 3137B3NX2	405,699.81		0.00	0.00	405,699.81
			745,699.810		745,699.81		0.00	0.00	745,699.81

LA CARE
Cash Activity by Transaction Type GAAP Basis
Accounting Period From 04/01/2023 To 04/30/2023

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
BUY										
04/10/23	04/05/23	04/10/23	TNT77	210518DS2	CONSUMERS ENERGY CO	3,000,000.00	(34,875.00)	(3,063,840.00)	0.00	(3,098,715.00)
04/13/23	04/13/23	04/13/23	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	1,696,371.19	0.00	(1,696,371.19)	0.00	(1,696,371.19)
04/27/23	04/25/23	04/27/23	TNT77	49177JAE2	KENVUE INC	1,000,000.00	(4,909.73)	(1,039,070.00)	0.00	(1,043,979.73)
04/28/23	04/26/23	04/28/23	TNT77	49177JAE2	KENVUE INC	1,000,000.00	(5,050.00)	(1,038,120.00)	0.00	(1,043,170.00)
TOTAL BUY						6,696,371.19	(44,834.73)	(6,837,401.19)	0.00	(6,882,235.92)
DIVIDEND										
04/01/23	04/01/23	04/01/23	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	871,184.26	2,571.24	0.00	0.00	2,571.24
TOTAL DIVIDEND						871,184.26	2,571.24	0.00	0.00	2,571.24
INTEREST										
04/01/23	04/01/23	04/01/23	TNT77	13063D3A4	CALIFORNIA ST	1,000,000.00	21,216.67	0.00	0.00	21,216.67
04/01/23	04/01/23	04/01/23	TNT77	20030NDK4	COMCAST CORP	2,500,000.00	41,250.00	0.00	0.00	41,250.00
04/01/23	04/01/23	04/01/23	TNT77	341081FZ5	FLORIDA POWER & LIGHT CO	7,500,000.00	106,875.00	0.00	0.00	106,875.00
04/01/23	04/01/23	04/01/23	TNT77	369550BK3	GENERAL DYNAMICS CORP	5,000,000.00	81,250.00	0.00	0.00	81,250.00
04/01/23	04/01/23	04/01/23	TNT77	375558AW3	GILEAD SCIENCES INC	6,000,000.00	111,000.00	0.00	0.00	111,000.00
04/01/23	04/01/23	04/01/23	TNT77	46625HRV4	JPMORGAN CHASE & CO	3,500,000.00	51,625.00	0.00	0.00	51,625.00
04/01/23	04/01/23	04/01/23	TNT77	68233JBZ6	ONCOR ELECTRIC DELIVERY	3,000,000.00	8,250.00	0.00	0.00	8,250.00
04/01/23	04/01/23	04/01/23	TNT77	743756AB4	PROV ST JOSEPH HLTH OBL	1,500,000.00	20,595.00	0.00	0.00	20,595.00
04/01/23	04/01/23	04/01/23	TNT77	828807CS4	SIMON PROPERTY GROUP LP	2,500,000.00	42,187.50	0.00	0.00	42,187.50
04/01/23	04/01/23	04/01/23	TNT77	911312BX3	UNITED PARCEL SERVICE	5,000,000.00	97,500.00	0.00	0.00	97,500.00
04/14/23	04/14/23	04/14/23	TNT77	10373QAZ3	BP CAP MARKETS AMERICA	5,000,000.00	89,700.00	0.00	0.00	89,700.00
04/15/23	04/15/23	04/15/23	TNT77	437076CN0	HOME DEPOT INC	4,750,000.00	68,281.25	0.00	0.00	68,281.25
04/15/23	04/15/23	04/15/23	TNT77	90320WAF0	UPMC	1,000,000.00	9,015.00	0.00	0.00	9,015.00
04/15/23	04/15/23	04/15/23	TNT77	907818EP9	UNION PACIFIC CORP	1,000,000.00	15,000.00	0.00	0.00	15,000.00
04/18/23	04/18/23	04/18/23	TNT77	05565EBH7	BMW US CAPITAL LLC	6,000,000.00	94,500.00	0.00	0.00	94,500.00
04/22/23	04/22/23	04/22/23	TNT77	46647PCB0	JPMORGAN CHASE & CO	2,500,000.00	19,725.00	0.00	0.00	19,725.00
04/23/23	04/23/23	04/23/23	TNT77	61761JVL0	MORGAN STANLEY	3,000,000.00	55,500.00	0.00	0.00	55,500.00
04/27/23	04/27/23	04/27/23	TNT77	91159HHR4	US BANCORP	7,000,000.00	110,250.00	0.00	0.00	110,250.00
TOTAL INTEREST						67,750,000.00	1,043,720.42	0.00	0.00	1,043,720.42
SELL										

5/3/2023
3:54:25AM
INCPRI2

LA CARE
Cash Activity by Transaction Type GAAP Basis
Accounting Period From 04/01/2023 To 04/30/2023

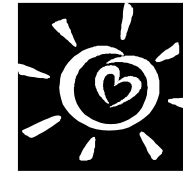
Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
04/10/23	04/06/23	04/10/23	TNT77	747525AT0	QUALCOMM INC	3,000,000.00	33,833.33	2,944,890.00	0.00	2,978,723.33
04/11/23	04/06/23	04/11/23	TNT77	747525AT0	QUALCOMM INC	2,000,000.00	22,716.67	1,963,340.00	0.00	1,986,056.67
04/13/23	04/13/23	04/13/23	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	871,164.26	0.00	871,164.26	0.00	871,164.26
TOTAL SELL						5,871,164.26	56,550.00	5,779,394.26	0.00	5,835,944.26
GRAND TOTAL						81,188,719.71	1,058,006.93	(1,058,006.93)	0.00	0.00
Avg Date 13										

BOARD OF GOVERNORS

Finance & Budget Committee

Meeting Minutes – April 26, 2023

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



L.A. Care
HEALTH PLAN

Members

Stephanie Booth, MD, *Chairperson*
Al Ballesteros
Hilda Perez **
G. Michael Roybal, MD *
Nina Vaccaro **

Management/Staff

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

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

*Absent ** Via Teleconference

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	<p>Stephanie Booth, MD, <i>Committee Chairperson</i>, called the L.A. Care and JPA Finance & Budget Committee meetings to order at 1:03 p.m. The meetings were held simultaneously. She welcomed everyone and summarized the process for public comment during this meeting.</p> <ul style="list-style-type: none"> • For those who provided public comment for this meeting by voice message or in writing, L.A. Care is glad that they provided input today. The Committee will hear their comments and they also have to finish the business on the Agenda today. • For people who have access to the internet, the meeting materials are available at the lacare.org website. If anyone needs information about how to locate the meeting materials, they can reach out to L.A. Care staff. • Information for public comment is on the Agenda available on the web site. Staff will read the comment from each person for up to three minutes. • Public comment will be made before the Committee starts to discuss an item. If the comment is not for a specific agenda item, it will be read at the general Public Comment. • Chairperson Booth provided information on how to submit a comment in-person, or live and directly using the “chat” feature. 	
APPROVE MEETING AGENDA	The Agenda for today’s meeting was approved.	Approved unanimously by roll call. 3 AYES (Booth, Perez, and Vaccaro)

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
PUBLIC COMMENTS	There were no public comments.	
APPROVE CONSENT AGENDA	<p><i>(Board Chairperson Ballesteros joined the meeting.)</i></p> <ul style="list-style-type: none"> • March 22, 2023 meeting minutes • Quarterly Investment Report <u>Motion FIN 100.0523</u> To accept the Quarterly Investment Report for the quarter ending March 31, 2023, as submitted. • Health Dialog Contract Amendment <u>Motion FIN 101.0523</u> To extend contract term with Health Dialog to provide Nurse Advice Line for three additional years (September 2023 to August 2026) and Health & Wellness Platform services for additional four months (September 2023 to December 2023) in the amount of \$8,720,000 for a new aggregate contract total of \$17,720,000. • Integrated Healthcare Association Contract Amendment <u>Motion FIN 102.0523</u> To authorize staff to amend SOW 1 with the Integrated Healthcare Association to extend the term for 3 years through May 31, 2026, and increase the total compensation by \$1,207,658, from \$1,000,000 to \$2,207,658. • O'Neil Digital Solutions, LLC Contract Amendment (FIN 103) <u>Motion FIN 103.0523</u> To authorize staff to amend a contract with O'Neil Digital Solutions, LLC in the amount of \$1,000,000 (total amount not to exceed \$3,000,000), through June 30, 2024 for electronic and/or printing and mailing services. 	<p>Approved unanimously by roll call. 4 AYES (Ballesteros, Booth, Perez, and Vaccaro)</p> <p>The Committee approved to include FIN 100, FIN 101, FIN 102, and FIN 103 on the Consent Agenda for the May 4, 2023 Board of Governors Meeting</p>
CHAIRPERSON'S REPORT	There was no Chairperson report.	
CHIEF EXECUTIVE OFFICER'S REPORT	John Baackes, <i>Chief Executive Officer</i> , reported that L.A. Care was the subject in two publications released in late April which highlighted L.A. Care as a public option in Los Angeles County. The article from the Commonwealth Fund cited data and proposed a statewide public option for all of California. The importance is that the two publications underscore the position that L.A. Care is the only functioning public option health plan in	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>the United States. Both publications are under the direction of the School of Public Health of the University of California, Berkeley.</p> <p>The Journal of the American Medical Association (JAMA) Health Forum released an Original Investigation, which concluded that L.A. Care’s presence in the Covered California marketplace has resulted in an overall 4.8% decline in premium growth in the Los Angeles market. The savings for 2019-2022 was \$345 million, which accrued to the federal government through lower premium subsidies for eligible enrollees.</p> <p>Two leading professors, one an Emeritus and one a Dean and still in faculty, proposed that based on the performance of L.A. Care, there should be a public option across the State.</p> <p>These very important foundational publications will become more valuable as time goes by, and will be significant documents in future debates and conversations about the public option being more widely adopted. This also supports the narrative that L.A. Care is the only public option in the United States because of the nature of this organization as a public entity and its successful participation in the individual marketplace in competition against commercial health plans. The original version of the Affordable Care Act (ACA), passed by the House in 2010 and sent over to the Senate, contained the public option should compete with every commercial plans in the public marketplace in every state. When that bill was being considered by the Senate, Senator Lieberman said he would filibuster the bill if the public option remained in it. Most of the major insurance companies in the United States have headquarters in Senator Lieberman’s home state of Connecticut. To secure his vote and pass the bill, the public option was removed. Since then, L.A. Care began to say that L.A. Care is the public option, and these two publications support that position.</p> <p>Committee Chairperson Booth asked if L.A. Care is going to report the commercial lines with the PASC/SEIU separated from L.A. Care Covered to show how L.A. Care is doing. Mr. Baackes responded that each product line is reported separately in the financial statements.</p>	
COMMITTEE ITEMS		
Chief Financial Officer’s Report	<p>Afzal Shah, <i>Chief Financial Officer</i>, reported on the February and March 2023 Financial Performance (<i>a copy of the report can be obtained by contacting Board Services.</i>) Mr. Shah also introduced L.A. Care’s new Deputy Chief Financial Officer, Jeffrey Ingram.</p> <p><u>Membership</u></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>March 2023 membership is under 2.9 million members and 16.8 million member months year-to-date (YTD). The variance for Medi-Cal was primarily driven by lower enrollment of mandatory managed care members than were included in the forecast. The forecast assumed approximately 13,000 members in the month of March and only about 1,600 members have enrolled. There was also a swing of approximately 33,000 members moving from MCLA to Plan Partners. This was due to the Department of Health Care Services (DHCS) implemented the Exclusively Aligned Enrollment (EAE) Dual Eligible Special Needs Plan (D-SNP)/Non-Exclusively Aligned D-SNP/MCP program. This essentially realigned DSNP members with their Plan Partner they receive their assumptions. This intends to help meet the statewide goals of improved care integration and person-centered care, under both California Advancing and Innovating Medi-Cal MediConnect benefits through. This activity was retro back (CalAIM) and the California Master Plan for Aging. As a result, about 33,000 members moved from CCI to Plan Partners enrollment in March, and capitation will be adjusted retroactively to January 2023.</p> <p><u>Consolidated Financial Performance</u></p> <p>March 2023 net surplus was \$57 million; \$20 million favorable to the forecast, when Housing and Homelessness Incentive Program (HHIP)/Incentive Payment Program (IPP) are excluded.</p> <p>Operating margin is \$11 million favorable to the forecast driven primarily by Long-Term Care (LTC) retroactivities favorability due to additional accruals for dates of service prior to January 1, 2023. Community Based Adult Services (CBAS) was also favorable due to return in center.</p> <p>On the unfavorable side, results of \$7 million for incurred claims were \$7 million unfavorable. Pharmacy was unfavorable \$2 million for Pharmacy and \$3 million for Shared Risk was unfavorable \$3 million.</p> <p>Administrative expense was unfavorable to the forecast by \$5 million for the month but and was favorable YTD. Staff will identify gaps in administrative expense for select departments and expects that administrative cost will trend higher through the end of the year.</p> <p>Non-operating expense was \$13.8 million favorable vs the forecast, driven by \$7 million in unrealized gains and \$6 million in interest income.</p> <p>YTD, the net surplus was \$170 million; \$99 million favorable to the forecast when HHIP and IPP funding is excluded. Operating margin is favorable by \$71 million driven primarily by</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>incurred claims, CBAS, and LTC favorability due to additional accruals for dates of service prior to January 1, 2023).</p> <p>Administrative expense was favorable YTD by \$9 million primarily driven by lower spending in consulting fees, printing and software licenses, all due to timing. Non-Operating expense was \$18 million favorable YTD primarily due to higher interest income and unrealized gains.</p> <p><u>Operating Margin by Segment</u></p> <ul style="list-style-type: none"> • Overall Medical Cost Ratio (MCR) was 92.2% vs forecast of 93.6%; excluding HHIP/IPP it was 92.7% vs 94.0%. The \$29 million operating margin for HHIP/IPP will eventually be spent. • DSNP MCR is better than forecast due primarily to a higher 2023 Risk Adjustment Factor (RAF) score. • Commercial MCR is slightly higher than the forecast due to lower RAF score that has been discussed in previous meetings. Staff has worked very hard in an effort to improve the L.A. Care Covered (LACC) RAF score. Staff is expecting an improvement of about 1 – 1.5% due to these efforts. <p><u>Reported vs Paid Claims Trend</u></p> <p>After a dip in February, L.A. Care experienced higher paid and reported claims in March 2023. The 2023 claims reserve level is an estimate since there is about a 3-month lag in reported and paid claims. The year-end reserve position is holding up with six months of actual numbers. Staff will continue to monitor incurred but not reported (IBNR) claims estimates.</p> <p><u>Key Financial Ratio</u></p> <p>The administrative ratio was 4.8%, lower than the forecast of 5.0% (excluding HHIP/IPP). Working Capital and Tangible Net Equity are ahead of benchmarks. Cash to claims was above the benchmark because L.A. Care received \$1.2 billion in cash for hospital pass-through payments in March that were paid in April. Excluding the pass through payments, the cash to claims ratio would have been 0.58. As previously mentioned, the cash to claims ratio will not fully recover until the In-Home Support Services (IHSS) balances are settled with the DHCS.</p> <p><u>Tangible Net Equity (TNE) and Days of Cash on-Hand</u></p> <p>March 2023 Fund Balance was \$1.29 billion, which represents 589% of Tangible Net Equity. The TNE target of 600% was based on the average of eight other Local Initiatives and</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>County Organized Health Systems. For March 2023, L.A. Care has enough cash to cover operating expenses for the next 101 days, however this number was inflated by the \$1.2 billion in cash received for the hospital pass-through payments. Excluding the pass thru payments, the days of cash on hand would be 61 days.</p> <p><u>Motion FIN 104.0523</u> To accept the Financial Reports for February and March 2023, as submitted.</p>	<p>Approved unanimously by roll call. 4 AYES</p>
<ul style="list-style-type: none"> Monthly Investment Transactions Reports 	<p>Mr. Shah 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 March 31, 2023 was \$3.4 billion.</p> <ul style="list-style-type: none"> \$3.2 billion managed by Payden & Rygel and New England Asset Management (NEAM) \$74 million in Local Agency Investment Fund \$158 million in Los Angeles County Pooled Investment Fund 	
<ul style="list-style-type: none"> Quarterly Internal Policy Reports 	<p>Mr. Shah referred to the 2nd Quarter Expenditure Reports required by L.A. Care Internal Policies for FY 2022-23 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) 	
<p>Public Comments on the Closed Session agenda items.</p>	<p>There were no public comments.</p>	
<p>ADJOURN TO CLOSED SESSION</p>	<p>The Joint Powers Authority Finance & Budget Committee meeting adjourned at 1:31 p.m.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<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 1:32 p.m.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Technology, Business Plan Estimated date of public disclosure: <i>April 2025</i></p>	
RECONVENE IN OPEN SESSION	<p>The meeting reconvened in open session at 1:42 pm.</p> <p>Ms. Haydel advised the public that no reportable action from the closed session.</p>	
ADJOURNMENT	<p>The meeting adjourned at 1:43 p.m.</p>	

Respectfully submitted by:

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

APPROVED BY:

Stephanie Booth, MD, *Chairperson*
Date Signed _____