



**L.A. Care**  
HEALTH PLAN®

*For All of L.A.*

# BOARD OF GOVERNORS MEETING

July 28, 2022 • 1:00 PM

L.A. Care Health Plan

1055 W. 7<sup>th</sup> Street, Los Angeles, CA 90017



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

## Statement

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

## Overview

Committed to the promotion of accessible, affordable and high quality health care, L.A. Care Health Plan (Local Initiative Health Authority of Los Angeles County) is an independent local public agency created by the State of California to provide health coverage to low-income Los Angeles County residents. Serving more than 2.4 million members in four product lines, L.A. Care is the nation's largest publicly operated health plan.

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

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

## Programs

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



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

<b>L.A. Care Membership by Product Line – As of July 2022</b>	
Medi-Cal	<b>2,520,389</b>
L.A. Care Covered	<b>116,544</b>
Cal MediConnect	<b>17,409</b>
PASC-SEIU	<b>50,140</b>
Total membership	<b>2,704,482</b>
<b>L.A. Care Providers – As of April 2022</b>	
Physicians	<b>5,709</b>
Specialists	<b>13,534</b>
Both	<b>364</b>
Hospitals, clinics and other health care professionals	<b>14,276</b>
<b>Financial Performance (FY 2021-2022 budget)</b>	
Revenue	<b>\$8.6B</b>
Fund Equity	<b>\$1,143,510</b>
Net Operating Surplus	<b>(\$90,772)</b>
Administrative cost ratio	<b>5.2%</b>
<b>Staffing highlights</b>	
Full-time employees (Actual as of September 2021)	<b>1,911</b>
Projected full-time employees (FY 2021-2022 budget)	<b>1,945</b>





**AGENDA**  
**BOARD OF GOVERNORS MEETING**  
**L.A. Care Health Plan**  
**Thursday, July 28, 2022, 1:00 PM**  
L.A. Care Health Plan, 1055 W. 7<sup>th</sup> Street, 10<sup>th</sup> Floor, Los Angeles, CA 90017

**DRAFT**

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

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

<https://lacare.webex.com/lacare/j.php?MTID=m1c376a2fa20bad5442b13529f63d7af3>

Audio Call (213) 306-3065

English Access Code	<b>2493 831 0424</b>	<b>Password: lacare</b>
Spanish Access Code	<b>2485 851 8891</b>	<b>Password: lacare</b>
Khmer Access Code	<b>2494 645 9337</b>	<b>Password: lacare</b>

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

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

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

If we receive your comment by 1:00 pm on July 28, 2022, it will be provided to the members of the Board of Governors at the beginning of the meeting.. **The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.** Public comments submitted will be read for up to 3 minutes during the meeting.

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

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

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



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

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

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

**Welcome**

Hector De La Torre, *Chair*

1. Approve today's Agenda *Chair*
2. Approval of findings under the Ralph M. Brown Act **(BOG 100)** P.18 *Chair*
3. Public Comment *(Please read instructions above.)* *Chair*
4. Approve Consent Agenda Items *Chair*
  - June 2, 2022 Board of Governors Meeting Minutes P.20
  - Infosys SAP QNXNXT Integration Contract Amendment **(BOG 101)** P.47
  - Community Health Investment Fund Grants
    - California Association of Food Banks **(EXE 100)** P.48
    - Public Health Foundation Enterprises DBA Heluna Health as fiscal agent for Los Angeles Network for Enhanced Services (LANES) **(EXE 101)** P.53
    - Liberty Hill Foundation **(EXE 102)** P.57
  - ImageNet, LLC Contract Amendment **(FIN 100)** P.61
  - OptumInsight, Inc. Contract Amendment **(FIN 101)** P.63
  - Cognizant Technology Solutions Contract Amendment **(FIN 102)** P.65
  - Cognizant Technology Solutions for Hosting Services for L.A. Care's core systems **(FIN 103)** P.66
  - Health Management Systems (A Gainwell Company) Contract Amendment **(FIN 104)** P.67
  - Toney Healthcare Consulting contract amendment **(FIN 105)** P.69
5. Chairperson's Report *Chair*
6. Chief Executive Officer Report P.71 John Baackes, *Chief Executive Officer*
  - L.A. Care Health Plan Board of Governors Resolution Supporting Abortion Rights **(BOG 102)** P.78
  - Transform LA (Practice Transformation) P.79 Cathy Mechsner, MBA, PMP  
*Manager, Practice Transformation Programs*
  - Vision 2024 Progress Report P.90
  - Monthly Grants & Sponsorship Report P.109
7. L.A. Care Health Plan consideration of accepting transfer of PASC SEIU line of business from L.A. Care Health Plan Joint Powers Authority **(BOG 103)** P.110 Augustavia J. Haydel  
*General Counsel*  
  
L.A. Care Health Plan Joint Powers Authority consideration of surrender of Knox-Keene License and transfer of the PASC SEIU line of business to L.A. Care Health Plan **(JPA 100)** P.111

**Advisory Committee Reports**

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

## Committee Reports

9. Executive Committee *Chair*
- Government Affairs Update P.129 *Cherie Compartore  
Senior Director, Government Affairs*
10. Finance & Budget Committee *Chair*
- Chief Financial Officer Report P.271 *Marie Montgomery  
Chief Financial Officer*
  - Financial Report May 2022 (**BOG 104**) P.285
  - Monthly Investment Transaction Reports P.296
  - Board Designated Funds P.283
11. Compliance & Quality Committee *Stephanie Booth, MD  
Committee Chair*
12. Public Comment on Closed Session Items (*Please read instructions above.*) *Chair*

## ADJOURN TO CLOSED SESSION (Estimated time: 60 minutes)

13. CONTRACT RATES *Chair*
- Pursuant to Welfare and Institutions Code Section 14087.38(m)
- Plan Partner Rates
  - Provider Rates
  - DHCS Rates
  - Plan Partner Services Agreement
14. 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: *July 2024*
15. 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)
16. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION
- Initiation of litigation pursuant to Section 54956.9(d)(4) of Ralph M. Brown Act (One Case)
17. CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION
- Pursuant to Section 54956.9(d)(1) of Ralph M. Brown Act
- Prime Healthcare Services. v. Local Initiative Health Authority for Los Angeles County – Case No. 21STC1751
- Prime Healthcare Services. v. Local Initiative Health Authority for Los Angeles County – JAMS No. No. 1220069752
- Prime Healthcare Services v. Local Initiative Health Authority for Los Angeles County – JAMS No. No. 5220000929
- Prime Healthcare Services. v. Local Initiative Health Authority for Los Angeles County – Case No. 22STCV16699
- Prime Healthcare Services. v. Local Initiative Health Authority for Los Angeles County – Case No. 22STCV16669

18. CONFERENCE WITH REAL PROPERTY NEGOTIATORS

Pursuant to Section 54956.8 of the Ralph M. Brown Act

Property: Suite 1950, 1201 K Street, Sacramento

Agency Negotiator: John Baackes, CEO

Negotiating Parties: John McKee, Property Manager, CDA Rotunda Partners, LLC

Under Negotiation: Price and Terms of Payment

19. CONFERENCE WITH REAL PROPERTY NEGOTIATORS

Pursuant to Section 54956.8 of the Ralph M. Brown Act

Property: 5710 Crenshaw Blvd., Los Angeles, CA. 90043

Agency Negotiator: John Baackes, CEO

Negotiating Parties: Alexandria Yates, Greenway Commercial Holdings Ltd. for ProveEm Investments, LLC

Under Negotiation: Price and Terms of Payment

20. CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION

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

Three Potential Cases

21. 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

22. PUBLIC EMPLOYEE PERFORMANCE EVALUATION

Pursuant to Section 54957 of the Ralph M. Brown Act

Title: Chief Executive Officer

**RECONVENE IN OPEN SESSION**

*Chair*

23. Consideration of MediCal Managed Care Operational Readiness

For 2024 Contract (**BOG 105**) P.348

Phinney Ahn

*Executive Director, Medi-Cal*

**Adjournment**

*Chair*

**There is no Board of Governors meeting in August 2022.**

**The next meeting is the annual all-day retreat, scheduled on Thursday, September 1, 2022 at 8:30 AM and may be conducted as a teleconference meeting.**

Public comments will be read for up to three minutes.

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

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

**THE PUBLIC MAY SUBMIT COMMENTS TO THE BOARD OF GOVERNORS BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO**

[BoardServices@lacare.org](mailto:BoardServices@lacare.org). Please follow additional instructions on the first page of this Agenda.

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

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

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at <http://www.lacare.org/about-us/public-meetings/board-meetings> and can be requested by email to [BoardServices@lacare.org](mailto: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 August 2022

Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3 <i>Audit Committee</i> 9 AM	4	5
8	9	10 <i>ECAC Meeting</i> 10 AM (for approx. 2 hours)	11	12
15	16	17	18 <i>Compliance &amp; Quality Committee</i> 2 pm (for approx. 2 hours)	19
22	23 <i>Finance &amp; Budget</i> 1 pm (for approx. 1 hour)  <i>Executive Committee</i> 2 pm (for approx. 2 hours)	24	25	26
29	30	31	30	

There is no Board of Governors Meeting in August 2022.

Due to COVID 19 pandemic, California Governor issued Executive Order N-25-20, N-29-20, which among other provisions amends the Ralph M. Brown Act and Executive Order N 33-20, ordering all residents to stay in their homes, except for specific essential functions.

L.A. Care has temporarily suspended some of its public meetings.



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

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

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
<b>SERVICE AGREEMENT COMMITTEE</b>	L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250  <b>MEETS AS NEEDED</b>		Layla Gonzalez, <i>Chairperson</i> George W. Greene Hilda Perez VACANT  <b><u>Staff Contact</u></b> Malou Balones <i>Board Specialist III, Board Services/ x 4183</i>
<b>AUDIT COMMITTEE</b>	L.A. Care Health Plan 1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017 (213) 694-1250  <b>MEETS AS NEEDED</b>	<b>August 3, 9am</b>	Alvaro Ballesteros, MBA, <i>Chairperson</i> Stephanie Booth, MD, Layla Gonzalez  <b><u>Staff Contact</u></b> Malou Balones <i>Board Specialist III, Board Services, x 4183</i>



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

## PUBLIC ADVISORY COMMITTEES

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

**REGIONAL COMMUNITY ADVISORY COMMITTEES**

***DUE TO COVID 19 PANDEMIC, CALIFORNIA GOVERNOR ISSUED EXECUTIVE ORDER N-25-20, N-29-20, WHICH AMONG OTHER PROVISIONS AMENDS THE RALPH M. BROWN ACT AND EXECUTIVE ORDER N 33-20 ORDERING ALL RESIDENTS TO STAY IN THEIR HOMES, EXCEPT FOR SPECIFIC ESSENTIAL FUNCTIONS. L.A. CARE HAS TEMPORARILY SUSPENDED SOME OF ITS PUBLIC MEETINGS.***

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

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

<b>REGION 8</b> <b>CARSON,</b> <b>TORRANCE, SAN</b> <b>PEDRO,</b> <b>WILMINGTON</b>	<b>3<sup>rd</sup> Friday of every other month</b> 10:30 AM <i>(for approximately 2-1/2 hours)</i> Providence Community Health Wellness and Activity Center 470 N. Hawaiian Ave. Wilmington, CA 90744 (424) 212-5699		<b>Ana Romo – <i>Chairperson</i></b>  <b><u>Staff Contact:</u></b> Jose Rivas <i>Community Outreach &amp; Education, x4090</i>
<b>REGION 9</b> <b>LONG BEACH</b>	<b>3<sup>rd</sup> Monday of every other month</b> 10:00 AM <i>(for approximately 2-1/2 hours)</i> Albert Jewish Community Center 9801 E. Willow Street Long Beach, CA 90815 (562) 426-7601		<b>Tonya Byrd, <i>Chairperson</i></b>  <b><u>Staff Contact:</u></b> Kristina Chung <i>Community Outreach &amp; Education, x5139</i>
<b>REGION 10</b> <b>EAST LOS ANGELES,</b> <b>WHITTIER AND</b> <b>HIGHLAND PARK</b>	<b>3<sup>rd</sup> Thursday of every other month</b> 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		<b>Damaris de Cordero, <i>Chairperson</i></b>  <b><u>Staff Contact:</u></b> Jose Rivas <i>Community Outreach &amp; Education, x4090</i>
<b>REGION 11</b> <b>POMONA AND EL MONTE</b>	<b>3<sup>rd</sup> Thursday of every other Month</b> 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		<b>Maria Angel Refugio, <i>Chairperson</i></b>  <b><u>Staff Contact:</u></b> Frank Meza <i>Community Outreach &amp; Education, x4239</i>



**Board of Governors**  
**MOTION SUMMARY**

**Date:** July 28, 2022

**Motion No.** BOG 100.0722

**Committee:**

**Chairperson:** Hector De La Torre

**Issue:** Remote Teleconference Meetings

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

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

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

**Findings:**

1. The Board of Governors has reconsidered the circumstances of the state of emergency initially declared by the Governor on March 4, 2020, pursuant to section 8625 of the California Emergency Services Act, relating to the COVID-19 public health crisis and finds that the declaration still remains in effect.
2. The Board of Governors finds that given that the vaccination status of meeting participants is not known and COVID-19 continues to be a threat to people’s health and safety, it is prudent to use caution in protecting the health of the public, L.A. Health Care’s employees and its members. Where, as here, meeting safely in person is impacted by COVID-19 and adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time, the teleconference/videoconference option should be exercised.
3. The Board of Governors finds that state and local officials continue to impose or recommend measures to promote social distancing. The Department of Industrial Relations’ issuance of COVID-19 Prevention regulations through Title 8 of the California Code of Regulations, section

## **Board of Governors**

### **MOTION SUMMARY**

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

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

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

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

**Motion:**

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

# Board of Governors

## Regular & Supplemental Special Meeting Minutes #308

### June 2, 2022

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



**L.A. Care**  
H E A L T H P L A N

#### Members

Hector De La Torre, *Chairperson*

Alvaro Ballesteros, MBA, *Vice Chairperson*

Ilan Shapiro, MD, *Treasurer* \*

Stephanie Booth, MD, *Secretary*

Christina R. Ghaly, MD

Layla Gonzalez

George W. Greene, Esq.

Honorable Holly J. Mitchell \*

Hilda Perez

John G. Raffoul

G. Michael Roybal, MD, MPH

Nina Vaccaro, MPH

#### Management

John Baackes, *Chief Executive Officer*

Terry Brown, *Chief of Human Resources*

Augustavia Haydel, *General Counsel*

Linda Greenfeld, *Chief Product Officer*

James Kyle, MD, *Chief of Equity & Quality Medical Director*

Tom MacDougall, *Chief Technology & Information Officer*

Thomas Mapp, *Chief Compliance Officer*

Marie Montgomery, *Chief Financial Officer*

Noah Paley, *Chief of Staff*

Acacia Reed, *Chief Operating Officer*

Richard Seidman, MD, MPH, *Chief Medical Officer*

*All via teleconference*

*\*Absent*

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

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>WELCOME</b>	<p>Hector De La Torre, <i>Chairperson</i>, called to order at 1:04 p.m. the regular and supplemental special meetings of L.A. Care Health Plan Board of Governors and regular meeting of L.A. Care Health Plan Joint Powers Authority Board of Directors. The three meetings were held simultaneously.</p> <p>He announced that, for those with access to the internet, the materials for today's meeting are available on the L.A. Care website. If you need information about how to locate the materials, please let us know.</p> <p>He welcomed members of the public and thanked those who have submitted public comment by voice mail, text or email. He informed participants that for those using the video software during the meeting, the "chat" function will be available to provide live and direct public comment to everyone participating in the virtual meeting. The Chat feature will be open throughout the meeting for public comment.</p>	

**DRAFT**



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Board Members have received in writing the voice messages and written comments that were sent before the meeting. All comments sent before and during the meeting will be read for up to three minutes. Public comments on any topic that are not listed on the Agenda will be heard at the Public Comment section of the Agenda, and comments on the items listed on the Agenda will be heard before the item is discussed by the Board. Submission of public comment must be sent before the public comment period for an item.</p> <p>Chairperson De La Torre noted that public comments should be related to the meeting topic on the Agenda. All are welcome to provide input. Public comments are read before the topic is discussed so that the Board can hear what the submitter has to say and can take that input into consideration as it takes action. He thanked participants for their public comment.</p>	
<b>APPROVAL OF MEETING AGENDA</b>	The agendas were approved as submitted.	<b>Unanimously approved by roll call. 8 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Perez, Roybal and Vaccaro)</b>
<b>APPROVAL OF FINDINGS UNDER THE RALPH M. BROWN ACT</b>	<p><b>Public Comment</b>  Received via email on 6/2/22 at 12:32pm, Andria McFerson  <i>Greetings to you Chairperson Del La Torre and the Board members,  I agree and honor all decisions to approve item 2 the Ralph M. Brown Act. but out of respect to the board I will say this, now the Ralph M. Brown Act (BOG 100) needs to be completely carried out during all meetings including our RCAC, ECAC and the meeting we have before us today the BOG. There are plenty of people I spoke to that feel they are being spoken at and not spoken to so with that being said I asked that LA Care's meetings are more accessible to the public perhaps in a setting to where we would be able to communicate better person to person or as I've said before with robo-calls to alert members about each meeting's time and the contact information especially to those public members who are assigned to participate and to those who may have physical limitations who just want to respond agenda items or make important comments.  I assume that LA Care may have had electronic phone calls for many other things so a simple call giving better instructions to people who want to speak publicly yet finds it inaccessible should have better options. That is, with all respect to seniors, the unhoused, disabled people, those with chronic and mental illnesses and many more</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>who want to express their own health care disparities but don't know how to communicate thoroughly with the virtual and audio communication that you have already. That is unless there is a simple robo-call walk through giving proper access this important meeting. So please give empathy and respect to people with memory problems, ADHD and many other mental health conditions who needs assistance that may feel they would have more of if they were better assisted. This is the portion of the Brown Act law I was referring to</i></p> <p><i>Due to time limits, My time may be up but here is the portion of the law I was referring to;</i></p> <p><i>"The Act has been interpreted to apply to email communication as well....."</i></p> <p><i>now referring to the board;</i></p> <p><i>"It is the intent of the law that their actions be taken openly and that their deliberations be conducted openly. The people of this State do not yield their sovereignty to the agencies which serve them. The people, in delegating authority, do not give their public servants the right to decide what is good for the people to know and what is not good for them to know. The people insist on remaining informed so that they may retain control over the instruments they have created. The Sacramento Bee said of the act: (three minutes expired for this public comment)</i></p> <p>Chairperson De La Torre expressed appreciation for the comments. Every indication is that public participation has increased with virtual meetings, not decreased. People can sit in their own home and participate in meetings. He has found this to be true on the other public boards on which he serves; during this time, he has seen significant increases in participation. In terms of accessibility and notification, he noted that the board meetings at the same time and on the same day every month. The calendar for meetings is made public a year ahead of time, so that there are no surprises. He noted that if the meeting day and time were different each month, it would be valid to question the accessibility. Certainly, having the meetings on the same day and time every month lets everyone know that the meeting will take place. The comments are well-received, but these are the processes used to implement the Brown Act for the Board meetings and L.A. Care will continue to use this process.</p> <p>Chairperson De La Torre stated that the Governor's emergency declaration about the pandemic is still in place, although recent changes have been made to the public health guidelines. Approval of the motion shows the Board's recognition that the virtual meeting structure is critical to protect everyone's health and safety, and a virtual meeting does not show preference for members of the public who might be able to attend a meeting in person over those members of the public who cannot travel to or attend the meeting in person. L.A. Care will</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>continue to follow those public health recommendations, and it affirms that this process complies with the Brown Act for this virtual meeting.</p> <p><b><u>Motion BOG 100.0622</u></b></p> <ol style="list-style-type: none"> <li>1. Authorize remote teleconferencing consistent with the Ralph M. Brown Act;</li> <li>2. Adopt findings as set forth in this Motion Summary and,</li> <li>3. For all L.A. Care Health Plan and L.A. Care Joint Powers Authority meetings subject to the Ralph M. Brown Act that are not held within 30 days, delegate authority to the Executive Committees to authorize findings to continue remote teleconferencing consistent with the Ralph M. Brown Act.</li> </ol>	<p>Unanimously approved by roll call. 8 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Perez, Roybal and Vaccaro)</p>
<p><b>PUBLIC COMMENTS</b></p>	<p>Received via text May 13 10:57am, sender not self-identified <i>General comment 6-2-2022 please describe article about your \$55 million fine in Spanish so your compliants you pay to attend meetings will know what article actually says.</i> <a href="https://www.kcrw.com/news/shows/kcrw-features/finds-ca-medi-cal">https://www.kcrw.com/news/shows/kcrw-features/finds-ca-medi-cal</a> <i>^ add LA Care deserves this fine and all they do is act defensive</i></p> <p>Received via text May 15 at 8:59am, sender not self-identified <i>LA Care is not immune to having their license pulled!</i></p> <p>Received via email on 6/2/2022 1:03 PM, Andria McFerson <i>Honor to Chairperson Del La Torre and all board members My Name is Andria McFerson and I want to speak to you today during public comment about a lot of topics relative to I myself and the overall community effected by today's trying times. We need to let the public know that the primary election is coming up on June 7, 2022 which is this Tues so please let everyone know to register before the 7th and get out and vote! Different rights like gun laws, abortions, health care and many other topics will be in question according to the people we vote in to represent us. So what can our RCAC MEMBERS DO TO FIGHT. How can we fight for safer gun laws and better access to public places like the grocery store, safer schools for our children and mental stability in knowing we will be safe leaving our front door going to the doctor's offices and hospitals, I believe the representatives that we vote for on June 7, would help fight for safer mental and physical stability throughout each City, County, State, Country and etc. I believe there should be more thorough gun law limitations and the democratic party will be more capable of coming up with better answers because I think right</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>now is it's a life or death situation out here in California and many other places around the United States.</i></p> <p><i>Also our communities need to address National abortion rights as it relates to many things like having better access to a woman's right to choose also addressing the right to choose for people who have mental/physical disabilities and people with mental illness who are on certain medications and many other circumstances like domestic violence victims and rape victims maybe underage children and many other issues that women have that are major and may need to have an the right to choose. But yet the time frame that this new law is stating is it not enough time to even find out let alone get the money or see if her body could even physically carry her own baby. They have already taken the decision away in other states and now they are trying to spread that law across the United States!</i></p> <p><i>So like I said before what is happening and what can we do to fight against it?</i></p> <p><i>Please let everyone know to PLEASE GET OUT AND GO VOTE!</i></p> <p><i>Btw if I don't have a chance to speak again before and during these holidays Happy Tres de Julio, Juneteenth and LGBTQ month.</i></p> <p><i>Andria McFerson, LA Care Member.</i></p> <p><i>(Fyi because even with my major illness epilepsy some people have Grand mal seizures that are not safe for the baby or the mom and so why can't people with major illnesses have that choice.)</i></p>	
<b>APPROVE CONSENT AGENDA ITEMS</b>	<ul style="list-style-type: none"> <li>May 5, 2022 Board of Governors Meeting Minutes</li> <li>Revised 2022 Board of Governors &amp; Committee Meeting Schedule <b><u>Motion EXE 100.0622</u></b> To approve the revised 2022 Board of Governors and Committees to reflect new start time of Board of Governors meetings to 1 pm, effective June 2, 2022.</li> <li>Imagenet, LLC Contract Amendment <b><u>Motion FIN 100.0622</u></b> To authorize staff to amend a contract with Imagenet, LLC, in the amount of \$650,000 (total contract amount not to exceed \$3,250,000), through June 30, 2023, for scanning solution services.</li> </ul>	<p>Unanimously approved by roll call. 8 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Perez, Roybal and Vaccaro)</p>
<b>CHAIRPERSON'S REPORT</b>	<p>There was no report from the Chairperson.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CHIEF EXECUTIVE OFFICER REPORT</b>	John Baackes, <i>Chief Executive Officer</i> , began his report with a presentation of a Resolution Supporting Gun Safety Legislation which includes advocacy for mental health services.	
<ul style="list-style-type: none"> <li>Resolution Supporting Gun Safety Legislation</li> </ul>	<p>Mr. Baackes stated that all have been moved by the unprecedented number of people who have been killed by gun violence in Buffalo, NY, Uvalde, TX, Orange County, CA, and yesterday in Tulsa, OK. He and Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, have both been advocates for gun violence to be treated as a public health issue. As the largest Medi-Cal health plan in California, he thinks it is incumbent on L.A. Care's Board of Governors to take a leading role in addressing this public health crisis. He read the Resolution:</p> <p style="text-align: center;"><b>Resolution Calling for Gun Safety Legislation</b></p> <p>Whereas, L.A. Care Health Plan, the nation's largest publicly operated health plan, is committed to advancing health equity, ensuring everyone has a fair and just opportunity to be as healthy as possible;</p> <p>Whereas, gun violence is a major public health crisis throughout the U.S. and must be addressed through a comprehensive public health approach;</p> <p style="padding-left: 40px;">Whereas, gun violence is the leading cause of premature death in the U.S.;</p> <p style="padding-left: 40px;">Whereas, this year, as of May 27, 2022, there have been 233 mass shootings in the U.S.;</p> <p>Whereas, L.A. Care is horrified at the wanton loss of life in Buffalo, NY, Laguna Woods, CA, Uvalde, TX, Tulsa, OK, and so many other cities;</p> <p>Whereas, L.A. Care recognizes a comprehensive public health approach to gun violence must include gun safety legislation and access to mental health services;</p> <p style="padding-left: 40px;">Whereas, L.A. Care is committed to promoting mental health as a critical part of overall wellness, and recognizes more equitable resources are needed;</p> <p>Whereas, L.A. Care supports the recruitment of new psychiatrists into the Los Angeles County safety net through its Elevating the Safety Net initiative;</p> <p>Be it Resolved, that L.A. Care will strongly advocate for more effective state and federal gun safety legislation, to protect the lives of Californians and all Americans by:</p> <ol style="list-style-type: none"> <li>1. Supporting a ban on the sale of military-style assault weapons and high capacity magazines;</li> <li>2. Supporting background checks on all gun buyers; and,</li> <li>3. Supporting additional funding and efforts to address mental health.</li> </ol> <p style="text-align: center;">We do hereby rededicate our efforts to create a more just and healthy America.</p> <p>Mr. Baackes noted that approving a resolution is relatively easy, but doing something about the issue is much harder. In the time elapsed since the Uvalde shooting, when the resolution was drafted, and today, Mr. Baackes met with James Kyle, MD, <i>Chief of Equity &amp; Quality Medical</i></p>	<p><b>Approved by consensus with no objection.</b></p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>Director</i>, and he invited Dr. Kyle to describe some initial thoughts about how we begin to put this resolution into action.</p> <p>Dr. Kyle stated that initial thoughts will revolve around collaboration, convening, advocacy, talking with friends in law enforcement and political office, with a statewide strategy that we will try to lead others into, to move legislation at least in this state, that will ban assault weapons in the hands of people who don't need them and who aren't mentally stable enough to even have any kind of weapon. It has to be a comprehensive approach that is both media-based and convening-based, with advocacy in Sacramento and locally. The strategy will be put together in the next few weeks; we believe that L.A. Care can move this needle and can lead in California. As the largest public health plan in the state and in the country, it is L.A. Care's obligation to do so. Dr. Kyle noted that Kaiser Permanente has already established a center for gun violence research and education. He thinks L.A. Care will find willing collaborators to help move this agenda forward. Mr. Baackes noted that this will be reviewed with the public advisory committee members to get their input, and will review the strategy with the Board at future meetings.</p> <p>Board Member Ghaly thanked Mr. Baackes for bringing this forward, and stated she is glad to see L.A. Care lead on this issue. She doesn't remember the exact language from the resolution, but she wondered if there is more that L.A. Care could do or advocate to be done within the specialty mental health system. Whether it is partnerships with mild to moderate and the crossover to serious mental illness in the specialty mental health system, or whether it is advocating for changes. First and foremost, in her view is the guns themselves, she doesn't want to pretend that the mental health services are the primary thing that should be tackled. She fully supports the initiative but feels that more mental health services are needed, and more could be done in this area. Mr. Baackes responded that her comments were heard, and he noted that L.A. Care has worked with Jonathan E. Sherin, M.D., Ph.D., Director, Los Angeles County Department of Mental Health, to come up with a more comprehensive approach.</p> <p>Board Member Gonzalez commented that it is critical to approach this with young kids, especially adolescents, when mental health is usually more apparent. First signs are shown in adolescence and it would be easier to be able to view it if there's some way that physicians can do some kind of assessment when patients come in for a well check at the time of adolescence and a referral could be made. An assessment could catch it in the early stages as opposed to waiting until it manifests into something as deadly as gun violence. She proposed that L.A. Care should be able to take that initiative and start this trend, maybe the rest of California will follow. Most people in California support the ban of guns, and of course, semi-automatic weapons. If L.A. Care can take the lead and be able to show that with youngsters, that would be most beneficial.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Dr. Seidman thanked Board Member Gonzalez for her comments. As L.A. Care moves forward with this effort, those comments will be under consideration. Obviously there is not enough being done nationally. The presence of widely-available guns, of types that are unimaginable to him that individuals need to have access to. There is quite a bit of screening that is done with children of all ages including adolescents, identifying whether there are guns in the home, and if so, advocating for gun safety. Routine screenings are also done for behavioral health conditions including depression, anxiety and more serious behavioral health conditions. The screening may well not be enough, and so it will be on the list of things to look at as well. The point that the resolution makes, reiterated by Mr. Baackes and Board Member Ghaly, is that it is not one or the other issue, as some on both sides of the debate would like us to believe, but it is both a gun safety and mental health issue. People should not have to live with this reality.</p> <p>Board Member Roybal supports Board Member Gonzalez' comments and he noted that once an issue is identified for children and teens, it is difficult to find the appropriate venue for treatment. There is a dramatic shortage of care of this type in California. He asked that emphasis be given to broadening the resources for kids to receive care in order to deal with the issues and stressors and be able to access appropriate care. Dr. Seidman agreed that there certainly is not adequate access to behavioral health services for all ages, and particularly for Medicaid beneficiaries and the uninsured. There is a real opportunity with the new California Behavioral Health Incentive Plan, including the School Behavioral Health Incentive Program, which has funding to implement it. Specifically, to broaden behavioral health access to care in schools, and to broaden the types of individuals that can help support our youth. It is a tremendous opportunity and the time is now to leverage that new program as much as possible.</p> <p>Board Member Perez stated that the events of the past week have made such an impact on her that she cannot recover yet. She believes that besides the laws against weapons and allowing teenagers to access the weapons, it is also a way to visit the role of parents and the way we communicate with children and teenagers. It is so devastating. This is more impactful because the victims were innocent children in a school, which is supposed to be a safe place you can leave your kids. She applauds all the efforts to by L.A. Care. She believes that L.A. Care is doing far and beyond what a health plan does, in so many different aspects. She is so very proud to be part of this Board.</p> <p><b>With no objections, the Resolution was unanimously approved.</b></p>	
CHIEF EXECUTIVE OFFICER REPORT (continued)	<p>Mr. Baackes reported (<i>the written report can be obtained by contacting Board Services</i>):</p> <ul style="list-style-type: none"> <li>L.A. Care is taking another leadership role in Los Angeles County. As a public health plan, L.A. Care was founded to support the safety net of health care providers in Los Angeles</li> </ul>	

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	<p>County, those who provide care for Medi-Cal beneficiaries and vulnerable populations. L.A. Care has become increasingly concerned that a series of events and decisions being made in Sacramento are putting added pressure on the amount of resources available to safety net providers. This needs a response. L.A. Care has taken the lead in organizing the Los Angeles Safety Net Coalition and has scheduled an initial meeting. This includes hospitals, Private Essential Access Community Hospitals, Community Clinic Association of Los Angeles County (CCALAC), Health Care LA, IPA, and the Los Angeles County Medical Association. Once it is established, others will be included. The idea is for a group including a health plan and providers, hospitals, clinics and doctors, advocating for Medi-Cal reimbursement reform. California is ranked 47<sup>th</sup> in the nation, meaning that 46 other states pay more to Medicaid providers. In California, the way that providers are distributed, the reimbursement has become an equity issue in many parts of the County, where there is not enough access to medical resources. This has created health disparities. The coalition would benefit its members as all can speak with one voice to identify the decisions that are being made which impact the future of Medi-Cal reimbursement and resources available, and to advance parity with Medicare in the reimbursement of Medi-Cal providers. Mr. Baackes will report further at future meetings. This is an important initiative to look far ahead and develop a strategic response to the decisions that appear not to bode well for the future of Medi-Cal provider reimbursement.</p> <p><i>(Board Member Raffoul joined the meeting.)</i></p>	
<ul style="list-style-type: none"> <li>Member Transportation</li> </ul>	<p>Mr. Baackes noted that last month he started a program to share information about L.A. Care's programs with the Board. Dr. Susan Stone provided an informative presentation about palliative care programs. Four years ago, L.A. Care changed the vendor providing transportation services for members. He introduced AJ Lopez, <i>Director, Provider Contracts and Relationship Management</i>, Victoria Truong, <i>Provider Network Account Manager III</i>, and Karla Lee Romero, <i>Senior Manager, Provider Contracts and Relationship Management, Provider Network Management</i> (a copy of the presentation can be obtained by contacting Board Services).</p> <p>Mr. Lopez summarized the transportation benefits available to L.A. Care members.</p> <ul style="list-style-type: none"> <li>• <u>Non-Medical Transportation (NMT)</u> is covered when services are for routine medical or other eligible non-medical appointments.</li> <li>• There are two types of NMT levels of service: <ul style="list-style-type: none"> <li>• Ambulatory Curb-to-Curb: Member can walk and does not need assistance.</li> <li>• Ambulatory Door-Through-Door: Member can walk with use of a walker, cane, or crutches, and does require assistance.</li> </ul> </li> <li>• Transportation Types: Taxi, Rideshare, Sedan, Ambulatory Curb to Curb, Ambulatory Door to Door</li> </ul>	



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	<ul style="list-style-type: none"> <li>• <u>Non-Emergency Medical Transportation (NEMT)</u> is covered when a member requires medically necessary Medicare and/or Medi-Cal services, life sustaining treatment, and when the member's medical/physical condition does not allow travel by public or private conveyance.</li> <li>• Transportation Types: Wheelchair van, gurney van, Basic Life Support (BLS), Advanced Life Support (ALS), Specialty Care Transport (SCT), Air Ambulance</li> </ul> <p>Mr. Lopez reviewed progress made for member transportation:</p> <ul style="list-style-type: none"> <li>• In 2017, the State made transportation services a requirement for all Managed Care Plans.</li> <li>• L.A. Care was already ahead of the curve since we had already been providing members with transportation services since 2014. <ul style="list-style-type: none"> <li>◦ Logisticare Solutions, LLC was contracted from March 1, 2014-March 2019.</li> </ul> </li> <li>• Contracting and Relationship Management (CRM)-Vendor Management, along with additional L.A. Care stakeholders, conducted a thorough request for proposal (RFP) in 2018.</li> <li>• 40 vendors responded to the RFP. There was a selection process that included site visits, reference checks for all finalists, evaluations of safety protocols and field demonstrations.</li> <li>• Call the Car (CTC) was selected.</li> <li>• CRM-Vendor Management managed a seamless transition to optimize the member and provider experience. Additionally, we worked closely with the Finance Department to develop a multi-level invoice review to reduce any potential fraud, waste, and abuse.</li> </ul> <p>Ms. Romero continued the review of how far L.A. Care has come in providing these services:</p> <ul style="list-style-type: none"> <li>• CTC offers advanced technology, 121 subcontractors, and thousands of vehicles to transport members to and from appointments or picking up prescriptions.</li> <li>• As part of CRM-Vendor Management's oversight and monitoring policy and procedure, we receive daily reporting from CTC, conduct weekly and monthly joint operations meetings, and work closely with the Customer Solutions Center, Appeals &amp; Grievances, and other stakeholders to resolve transportation issues and explore opportunities for improvement.</li> <li>• CTC's Transportation Experience Manager, Abraham Rivera, acts as a liaison between L.A. Care and CTC to address issues, identify solutions, and assist in the management of day to day transportation operations for an overall improved member experience.</li> <li>• The CTC Experience Manager has hybrid reporting to both L.A. Care and CTC.</li> <li>• This position was negotiated at no additional cost to L.A. Care as CTC pays for this position.</li> </ul> <p>Ms. Romero also described negotiated improvements in the Service Level Agreements (SLAs).</p>	

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	SLAs	Improvements Made To Contractual SLAs	
	On Time Pick-Up and Drop-Off of Routine/Scheduled Trips	Improved on-time performance by an additional % point or roughly 1,500 rides/month	
	Will Call/Unscheduled	Improved on-time performance by an additional % point and shaved 30 min off the member wait time	
	Discharges/Transfers	Shaved one hour off of the member wait time	
	Member Complaints & Grievances	Changed benchmark to be met monthly vs. quarterly	
	Average Speed to Answer on Incoming Calls	Shaved member wait time by 15 secs and brought SLA into alignment with regulatory requirements	
	Ms. Romero provided data on utilization. Utilization has increased from 119,000 trips and 12,000 unique utilizers per month in 2018, to 124,000 trips and 15,300 unique utilizers per month in 2021. This is an increase of 4% or 5,000 more trips per month compared to Logisticare. Logisticare averaged around the high 60s or low 70s percentile for on-time performance in 2018. CTC is running an A grade program where performance is in the mid-90 <sup>th</sup> percentile month over month, which is a ~25% improvement compared to the former vendor, Logisticare, and despite the difficulties of the ongoing public emergency due to the pandemic. Ms. Truong presented information about those challenges and the solutions offered by L.A. Care’s team.  (Member Greene joined the meeting.)		
	CTC Transportation Challenges	Solutions Provided by L.A. Care	
	1. Staffing Shortages	1. L.A. Care posted CTC’s Driver Job postings at the Community Resource Centers to help with recruitment.	

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	2. Inability to add new drivers	2. To expedite LA Dept of Transportation's review, Vendor Management presented the issue at the Board of Transportation Commissioners Meeting in September 2021. As a result, the Board expedited the review and was able to process the backlog.	
	3. Meeting COVID requirements for PPE and vehicles	3. To help with supply, L.A. Care worked with the Ancillary Network to obtain gloves and masks to support CTC with reducing the spread of COVID-19.	
	4. Skyrocketing gas prices	4. To help maintain network capacity, L.A. Care negotiated a feasible accommodation of a 4% rate increase effective 04/01/22.	
	<p>CTC operates 100 L.A. Care branded vehicles at no additional cost to L.A. Care. There are cameras inside the CTC branded vehicles with facial recognition. It will alert dispatch if the driver is distracted (i.e. viewing their phone) or sleepy. Cameras are intended to hold drivers accountable for the safety of the Members being driven.</p> <p>CTC has a mobile application for iOS and Android used by approximately 5,000 members. The mobile app provides Members with the ability to:</p> <ul style="list-style-type: none"> <li>• Track your ride (new feature!)</li> <li>• Schedule a ride</li> <li>• View trip history</li> <li>• View the name of their transportation vendor</li> <li>• Make a cancellation</li> <li>• Rate their ride</li> </ul> <p>Members can receive push notifications on the day before “Upcoming Trip” reminder and on the day after as a reminder to “Rate your Ride”.</p> <p>Mr. Lopez described future plans:</p> <ul style="list-style-type: none"> <li>• CTC's initial four-year term is coming up in December 2022, and CRM-Vendor Management is working closely with stakeholders to evaluate options for 2023.</li> <li>• In the next month or so, a request for information (RFI) will be released, to better understand evolutions in the transportation market and any best industry practices to continue to improve transportation operations.</li> </ul>		

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	<ul style="list-style-type: none"> <li>• It is important for L.A. Care continue to improve the program with the new and latest innovations and technology.</li> <li>• CTC and other prospective transportation providers will be invited to participate in the RFI.</li> </ul> <p>Mr. Baackes added that CTC is headquartered in Los Angeles and Logisticare is headquartered in Atlanta, GA.</p> <p>Board Member Perez thanked the presenters for the information. She asked about utilization statistics. She also complimented the team on the mobile app, and asked how long it has been available, how people learn about the app's availability, and what percentage of members use the app.</p> <p>Mr. Lopez responded that the utilization data is provided daily and includes the number of trips, vehicles, and calls answered. The mobile application is great technology developed by CTC. Approximately 5,000 members have downloaded and use the app daily to schedule trips. Staff has in the past and is currently available to speak at RCAC and ECAC meetings. He noted that it is important the Board has confidence that the team is doing its best to manage the transportation program. Members are invited to tell L.A. Care about their experience in using CTC. Board Member Perez suggested that a presentation be made to the ECAC meeting to provide information and to gather member feedback.</p> <p>Board Member Gonzalez noted a concern expressed by members who have a disability, and asked staff to address that particular concern at the ECAC meeting. She asked if the app has a space for people with disabilities to provide input on how they would like to be assisted to make their experience more comfortable. Mr. Lopez responded that upon intake with a new customer all the information is gathered to meet the needs of the member. If those needs change, further accommodation can be arranged.</p> <p>Board Member Booth asked about the number of rides provided in the branded vehicles. Mr. Lopez noted that he doesn't have the exact number; the branded vehicles are used every day. He will respond with that information. Board Member Booth asked about grievances. Mr. Lopez indicated that there are grievances associated with the transportation program. Those grievances are taken very seriously and addressed with CTC. Currently there is less than 1% grievances. Board Member Booth asked if there were any new or different types of grievances with CTC. Mr. Lopez responded that there are not any new types of grievances.</p> <p>Board Member Perez asked about the members that have not yet downloaded the app. Mr. Lopez described marketing campaigns that were conducted to encourage use of the app. Word of mouth seems to be the best way to reach potential users, and he suggested working with Health Promoters to help spread the word.</p>	

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	Mr. Baackes thanked them for the presentation.	
CHIEF EXECUTIVE OFFICER REPORT (continued)	<p>Mr. Baackes continued his report:</p> <ul style="list-style-type: none"> <li>About 800 new Medi-Cal members aged 50 and above enrolled in May. It is estimated that close to 30,000 will enroll in June.</li> <li>Medi-Cal eligibility redeterminations have been suspended since the public health emergency started. The emergency declaration was extended to July 15. Since CMS has not given the required 60-day notice that the redeterminations will restart, it is expected it will be extended again to October 15.</li> <li>L.A. Care will observe Juneteenth for the first time as an official holiday on June 20.</li> </ul> <p>Board Member Roybal asked what L.A. Care is doing to encourage continuity of care for newly eligible Medi-Cal enrollees who may be currently in the care of a primary care physician (PCP). Mr. Baackes responded that L.A. Care is working closely with Los Angeles County Department of Health Services (DHS) to make sure that those who have a PCP can continue with that provider. The assignment will be done manually according to a list of 23,000 patients and PCPs provided to L.A. Care under a new agreement with DHS. Hopefully, because of the efforts made by DHS to provide notice to these patients, during enrollment the patient will select their current PCP on the application. Historically, about 40% of enrollees do not put the PCP on the application, and the default algorithm assigns them. That default algorithm will be suspended during this enrollment period so the assignment can be entered manually for the patients.</p> <p>Board Member Ghaly commented that the spirit is across-the-board regardless of provider, not just DHS. Many providers are seeking the continuity of care from the PCP. The process will also respect the patient's ability to choose a different provider, if that is what the patient wishes. Mr. Baackes also noted that once enrolled, the member can change the PCP by calling L.A. Care.</p> <p>Board Member Gonzalez asked about the shortage of nurses at L.A. Care which Mr. Baackes reported at the last meeting. Mr. Baackes was pleased to report that 90 applications were received and the interview process is underway. At least 20 have been hired recently. A job fair was held recently with 134 people participating. Acacia Reed, <i>Chief Operating Officer</i>, will provide the number of recently-hired nurses. L.A. Care has had a fair number of hires in the past few weeks and it was really great to see the turnout of prospective applicants at the hiring event that Mr. Baackes mentioned, and Human Resources department staff is planning another one later this summer. Ms. Reed will provide more information to Board Member Gonzalez.</p>	
<ul style="list-style-type: none"> <li>LA Chamber sponsorship</li> </ul>	As part of the L.A. Care Diversity, Equity and Inclusion program, a focus has been on vendors. One issue is concern that small vendors in the county could participate, so procurement	

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supporting small business training	processes are being streamlined. A \$25,000 grant went to the Los Angeles Chamber of Commerce to support the OneLA Inclusive Procurement program, which was launched in 2019 to provide easier contract opportunities for local small and diverse businesses.	
<ul style="list-style-type: none"> <li>Grants and Sponsorship Report</li> </ul>	<i>Mr. Baackes referred Board Members to the written report included in the meeting materials.</i>	
<ul style="list-style-type: none"> <li>Community Health Investment Fund (CHIF) Annual Report</li> </ul>	<i>Mr. Baackes referred Board Members to the written report included in the meeting materials.</i>	
<b>CHIEF MEDICAL OFFICER REPORT</b>	<p>Dr. Seidman reported (<i>the written report can be obtained by contacting Board Services</i>):</p> <ul style="list-style-type: none"> <li>Cases of COVID 19 are increasing in Los Angeles County, with a steady increase in hospitalizations, which had been around 200 per day and are now over 500 per day. He reminded everyone that as much as the community wants to act as if the pandemic is in the past, it clearly is not. Community transmission levels for COVID 19 remain high, and recently moved up from the low to the medium community level, which measures the community transmission rate, which is now over 200 cases per 100,000 residents. Good news is that we remain below 10% of all hospital admissions and 10% of staffed beds.</li> <li>Both Pfizer and Moderna have submitted emergency use authorization requests for COVID 19 vaccinations for children under 5 years of age. Depending on the manufacturer, these are two or three shot series. There were many fewer children than adults that were tested in the earlier clinical trials, but the outcomes look promising. The U.S. Food and Drug Administration (FDA) will discuss the applications on June 15, and upon FDA approval it would be referred to the Centers for Disease Control and Prevention (CDC). The CDC Advisory Committee on Immunization Practice will review it and forward a recommendation to the CDC Director. All of this may happen as soon as early July.</li> <li>L.A. Care is collaborating with Los Angeles County Department of Public Health and other community partners to continue emphasizing the importance of immunization and boosters as soon as eligible. Wearing masks is strongly recommended in indoor public places, though not mandated, recognizing the high level of community transmission.</li> <li>L.A. Care is also promoting awareness of the COVID 19 outpatient therapeutic medications. Just as the development of the COVID 19 vaccine was done in record time, the relatively new availability of these outpatient therapeutics is truly a remarkable accomplishment. Pfizer's PAXLOVID™ is recommended for people at high risk of serious illness due to COVID 19, and has been shown in clinical trials to reduce the risk of hospitalization by 93%. Fewer than 500 of L.A. Care members have benefited from these outpatient therapeutics, which is a low participation rate that L.A. Care continues to address</li> </ul>	

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	<p>with a marketing campaign to educate providers and members about these medications and how to access them. The Los Angeles County Department of Public Health website and L.A. Care's website have information to help the community access the medication. L.A. Care will assist members with access to the medication, which is available in the community at places like CVS, Walgreens, Los Angeles County facilities and many community clinics.</p> <ul style="list-style-type: none"> <li>• Despite the many challenges during the last year for the clinical quality measurement, L.A. Care's results for the 2021 measurement year are trending higher than the prior year. Notably, L.A. Care is accountable to report and meet the minimum performance level on fifteen measures in the California Department of Health Care Services (DHCS) Managed Care Accountability Set (MCAS). L.A. Care is at risk of having to develop and manage corrective action plans and/or financial sanctions if it doesn't achieve the minimum performance levels, which are set at the 50<sup>th</sup> percentile of the Medicaid average nationally. California pays the third lowest Medicaid rates to its providers, in comparison to other states. L.A. Care has met the minimum for all but two of the fifteen measures. The measures include the childhood immunization status and well-child visits in the first 30 months of life. These two measures are very difficult to meet because they are time dependent, and if just one the scheduled requirements is not met, the goals of the measurement cannot ever be met.</li> <li>• At the upcoming Compliance &amp; Quality Committee meeting, the Quality Improvement staff will be reporting on the back to care campaign that aligns with the ongoing efforts to encourage people to come back to see the doctor and get preventive care.</li> <li>• Tomorrow Dr. Seidman will attend graduation ceremonies at UCLA for the first group of L.A. Care Scholars. He thanked the Board for supporting this component of the Elevating the Safety Net Initiative, which provided full tuition scholarships for eight medical school students each year for the last four years. Mr. Baackes will join Dr. Seidman on Monday June 6 at Drew University for graduation ceremonies of L.A. Care Scholars from that program. The program has made a huge difference in the lives of these medical school students.</li> </ul> <p>Board Member Gonzalez related an issue for a member who sought an appointment, and it seemed that the person scheduling the appointment thought the member was going to pay cash. When it was disclosed the member was a Medi-Cal enrollee, the demeanor changed and the member was not served in the same manner. Board Member Gonzalez asked if there could be a way to improve the member experience so members don't feel discriminated against. Dr. Seidman expressed his disappointment to hear this experience and noted it is not the first time he has heard this. Others may have heard about similar experiences in the past. Member experience is measured annually, and L.A. Care includes a larger sample in the surveys that it</p>	

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	<p>conducts. The higher survey participant count enables L.A. Care to gather results from individual physician practices, rather than just at the health plan or physician group levels. The information enables L.A. Care to help physicians who may not be performing as well as their peers, by offering customer experience training. L.A. Care encourages individual members to call and describe any negative experience, and the negative experience becomes a grievance. L.A. Care tracks the grievances provided by members, and it helps identify providers which could benefit from additional training or support to help improve their member services at the physician's office. Dr. Seidman also noted that the experience Member Gonzalez shared aligns with results from L.A. Care's recent focus group interviews, which L.A. Care conducted at the request of the DHCS. Members participating in those focus groups shared that they do experience discrimination simply for carrying a Medi-Cal card. This is taken very seriously by L.A. Care and is being addressed also by L.A. Care's Equity Council. These concerns are very important, and L.A. Care is addressing them on multiple fronts to identify patterns and follow up with providers.</p> <p>Board Member Raffoul commented that vaccinating children under 5 years of age will be a very heavy lift because the general public perception is that this age group was not prioritized because of the strong immune system, and it will take a lot of education to encourage parents to vaccinate those children. He hopes there are plans for a major education and information plan backed by strong data and statistics to convince parents. Dr. Seidman noted that this is also the case in the 5-11 year olds, where the response to vaccine eligibility was not robust, and he agreed this will be a challenge. Some people take the availability of vaccines for granted. Dr. Seidman stated that the simple truth is that vaccines save lives. Some people will regrettably pass on the opportunity for lifesaving tools such as immunizations, unless there is a mandate in place. L.A. Care will work very hard to partner with public health and others, including the provider network, to get as many pediatricians offering the vaccines in their offices for convenience.</p> <p>Board Member Vaccaro referenced a sentence in the CalAIM section of Dr. Seidman's CMO report, "L.A. Care staff are collaborating to add 35 new Clinics to those already using Health Information Exchange (HIE) data to increase the availability of clinical information at the point of care." She asked if these providers are small practice or less traditional providers that participate in the Community Supports System, and if this HIE is part of LANES. He offered to provide more detailed information to her after the meeting.</p> <p>Board Member Ballesteros asked, for members who feel discriminated against because they are enrolled in Medi-Cal, is L.A. Care collecting data about the type of entity where this experience occurred. Ms. Reed responded that the assigned care provider is known to L.A. Care, although it may not be known which specific physician was involved if it is a group of physicians at a</p>	



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	<p>clinic and L.A. Care may need more information from the member. Dr. Seidman noted that sometimes the experience involves office staff, and not a physician. Board Member Ballesteros noted that it would be very beneficial to reach out to leadership at the health centers to discuss the member experience so the health center can address the issues.</p> <p>Board Member Perez noted that besides having a poster with the member rights and responsibilities at the location, what can L.A. Care do to encourage members to report and document the experience. Most of the time, there's no report, so nothing can be done. Dr. Seidman responded that L.A. Care will work with various teams internally to develop additional communication to promote awareness of member rights and the grievance process.</p>	
<b>ADVISORY COMMITTEE REPORTS</b>		
<b>Executive Community Advisory Committee (ECAC)</b>	<p><b><u>Public comment</u></b></p> <p>Received via email on 6/2/2022 2:27 PM, Andria McFerson</p> <p><i>Honor to Chair Del La Torre and all Board seats,</i></p> <p><i>I want to thank LA Care for giving back to so many people who are hungry and need food I want to thank John Baackus and Dr. Seidman for working with so many orgs. in order to do so. I've seen so many people who are starving and barely able to walk, seniors, the disabled and just everyday people who loss their jobs who didn't know how they were going to eat the next day. I was able to communicate with them and hand them food as a health promoter just this week and I appreciate this opportunity to volunteer and give back. Some people even cried that's why it moved me so much this time because I've been doing this for a long time but, right now times are definitely worsening! So these positive decisions made to work with more orgs. giving food back to the community has been beneficial even more now than it was before.</i></p> <p><i>Also I hope we have more opportunities to also give health care information to the community as well simultaneously, during food events like the one at UCLA yesterday because the EBT office was there and they even told me they received support from LA Care to be there that day. Wow!!! We are really adhering to the necessities of those in need!</i></p> <p><i>In addition to that I think that the seniors who are able to receive healthcare coverage now, who are undocumented and even people who have Social Security that need medical subsidies should be able to have resources right there as well. They actually helped people to get signed up for EBT right there at that site so I think that it would be very helpful to try to bring the other side of the LA County Department of Public and Social Services which is Medi-cal office out there to the UCLA food events simultaneously and to other site and many other locations that we work with because it would be great to try to give more people opportunities to get more low-income health care coverage.</i></p> <p><i>I may sound very concerned with my comments representing many different people but, it's because I've been there and yes I do appreciate LA Care's help considering, those who do benefit public access to free food and all other opportunities mentioned above.</i></p>	

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	<p><i>Thanks, Andria McFerson, LA Care RCAC 6 Member, Health Promoter Volunteer</i></p> <p>Board Member Perez thanked Ms. McFerson for speaking about community events at the Community Resource Centers (CRC). The health promoters are invited to participate as volunteers and assist the CRC staff with these events. More and more people are coming to the events, the food distribution is over earlier each time. At the Metro CRC, we were not prepared for the number of people who showed up. In addition to food, diapers, detergent and dish soap were distributed. Many moms came to get these items. There is a lot of need. Member Perez invited all Board Members to participate in just one of these events, to understand why she thanks L.A. Care after these events. The community benefits from these events. This is why this report begins with warm thoughts to those who are affected by the pandemic or have friends or family affected by the pandemic. The community is struggling now in many different ways, and one of those is financial. L.A. Care collaborates with community organizations. L.A. Care funds a lot of these events, and pays for the food that is handed out. She asked if the Communications Department can collaborate with Regional Coordinators. As a Health Promoter, she has the pleasure and honor of registering people at the events. Registration is done on paper, and it delays the process. The lines are long, and with summer coming it will be hot and difficult for people to wait. She asked if there is some way of doing this electronically to speed up the registration. It could also help in collecting data.</p> <p>Board Member Perez also asked if there could be a way for RCAC members to participate. RCAC members have not been meeting in person. There have been check-in meetings for RCAC members. They also need a way to connect with the community and help as a bridge to connect the CRCs with members who may not be aware the CRCs are there.</p> <p>She thanked the members that are listening to the Board meeting today. She thanked Ms. McFerson for her suggestions earlier today about letting members know about these meetings. The Community Outreach &amp; Engagement staff does send messages and call members about the meetings. Member attendance is appreciated and comments, suggestions and questions are welcome. She urged everyone to continue to use their masks, get vaccinated, and get their booster shot if eligible.</p> <p>ECAC met on May 11.</p> <ul style="list-style-type: none"> <li>• Dr. Seidman gave a COVID-19 update and Mr. Baackes gave a CEO update. They both gave those reports earlier today.</li> <li>• Dr. Auleria Eakins, <i>Manager, CO&amp;E</i>, gave an update on the schedule of events at L.A. Care Community Resource Centers that are now open, and the status of the centers that are</li> </ul>	

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	<p>currently under construction. Staff conducted RCAC member check-ins during the months of March and April.</p> <ul style="list-style-type: none"> <li>- Mental Health Awareness Day event is on May 19, 2022 via Zoom from 10:00am - 12:00pm. Michael Brodsky, MD, L.A. Care <i>Senior Medical Director</i>, was the moderator for a panel discussion on mental health issues:</li> <li>- Elizabeth Cope, LCSW, Los Angeles County Department of Mental Health, spoke on mental health and homelessness.</li> <li>- Fritz Horstman, Compassion Prison Project, spoke about Adverse Childhood Experiences and made a great impact on those participating.</li> <li>- Briana Mezuk, MD, National Institutes of Health, spoke on the subject of mental health stigmas.</li> <li>- Marisa Lebron spoke about her work as a community advocate with National Alliance on Mental Illness and the importance of peer support and mental health advocacy.</li> </ul> <ul style="list-style-type: none"> <li>• ECAC approved a motion to create an ad-hoc committee to make recommendations to ECAC on events or education program that focus on suicide prevention for the community on World Suicide Prevention Day, September 10, 2022.</li> <li>• The committee also approved a motion to create an ad-hoc committee to make recommendations to ECAC on events or education programs for Latino Heritage Month which will occur September 15, 2022 to October 15, 2022.</li> </ul> <p>Board Member Perez commented that L.A. Care's social media platforms play a huge role in the communities and member participation in these events at the CRCs. When members are asked how they learned about the event, Facebook or Instagram are mentioned.</p> <p>Board Member Gonzalez noted that seniors have been isolated during the pandemic. Studies show that isolation can lead to an increase in cognitive impairment. She asked if L.A. Care is taking an initiative to encourage seniors to go out more to protect their mental health.</p> <p>Board Member Perez noted that at a past ECAC meeting she mentioned to Mr. Baackes that the ECAC agenda is crowded and ECAC has requested many ad hoc committees be formed to address important issues. This takes a lot of staff time, and she is aware that COE is short-staffed. She asked how the Board can help.</p>	
<b>Children's Health Consultant Advisory Committee (CHCAC)</b>	<p>Dr. Seidman reported The members of the Children's Health Consultant Advisory Committee met on May 17 (<i>minutes can be obtained by contacting Board Services</i>).</p> <ul style="list-style-type: none"> <li>• Dr. Seidman presented the May 2022 Chief Medical Officer report.</li> <li>• Dorothy Seleski, <i>Vice President, Health Net</i>, presented information about Hazel Health, a School-based Telehealth Solution. Hazel works with school districts to give families and</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>staff access to telehealth services, including behavioral health services, and is the only telehealth service designed specifically for children and schools. L.A. Care is looking at a contract with Hazel Health to make this platform available to members at community schools, which have been identified by the Los Angeles County Office of Education as having increased risk for morbidity and mortality, including behavioral health.</p> <ul style="list-style-type: none"> <li>Cherie Compartore, <i>Senior Director, Government Affairs</i>, updated committee members on the California State Budget, and her report to the Board will be later in today's meeting.</li> </ul> <p>The next meeting is scheduled for August 16.</p> <p>Board Member Perez suggested that Tara Ficek, Chairperson of CHCAC be invited to present a report to the Board of Governors at a future meeting.</p>	
<b>BOARD COMMITTEE REPORTS</b>		
<b>Executive Committee</b>	<p>Chairperson De La Torre reported that the Executive Committee met on May 24. The approved meeting minutes can be obtained by contacting Board Services and will be available on the website. The Committee reviewed and approved a motion that was approved earlier today on the Consent Agenda. The Committee reviewed and approved Human Resources Policy HR-706, Introductory Orientation and Mandatory Training, which does not require full Board approval.</p>	
<ul style="list-style-type: none"> <li><b>Government Affairs Update</b></li> </ul>	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported:</p> <ul style="list-style-type: none"> <li>AB 2724 is legislation that would allow Kaiser Permanente to have a direct contract for Medi-Cal managed care throughout California. There was a lack of transparency in the negotiation of this policy. Last Friday there was a chaotic floor vote, and the bill passed in the California Assembly by one vote. It will now be considered by the Senate, and it is hoped that amendments can be approved that will protect Medi-Cal enrollees and safety net providers.</li> <li>Yesterday, the legislature released its budget proposal, and there was no language for this Kaiser contract. The budget will be negotiated with the Governor.</li> <li>If the Kaiser direct contract is not included in the budget, AB 2724 will remain with the legislature as a policy bill, and will be considered by the Senate. Also, the budget trailer bills that will be released in the summer months also could contain the Kaiser proposal. It is simply unknown at this time.</li> <li>L.A. Care is continuing to work with legislative representatives on the amendments.</li> <li>The Legislative Budget Proposal and the Governor's May Revise: <ul style="list-style-type: none"> <li>Coverage for undocumented ages 26-49 years, aligns with Governors' start date of January 1, 2024</li> </ul> </li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>○ Governor’s proposal ending the Children’s Health Disability Program was rejected by the legislature</li> <li>○ The Governor proposal for a new program to provide incentive payments on equity and practice transformation programs was rejected by the legislature</li> <li>○ The legislature and the Governor agree on providing some funding for California Covered premium subsidies if federal funding is not made available – however, it is unlikely that the state would be able to fully fund the federal government’s full share they previously provided.</li> </ul> <p>Board Member Booth asked what can be done to object to AB 2724. Ms. Compartore noted that L.A. Care continues to object to the process used for AB 2724. Chairperson De La Torre advised that individuals can call the state Senators to tell them their concerns.</p>	
<b>Finance &amp; Budget Committee</b>	<p>Chairperson De La Torre reported that the Committee met on May 24 (<i>contact Board Services to obtain a copy of approved meeting minutes</i>). The Committee reviewed and approved a motion that was approved earlier today on the Consent Agenda. The Committee also reviewed and approved a contract amendment with O’Neill Digital Solutions which does not require full Board approval.</p>	
Chief Financial Officer Report	<p>Marie Montgomery, <i>Chief Financial Officer</i>, introduced Afzal Shah, <i>Deputy Chief Financial Officer</i>. Mr. Shah has extensive health care experience in Medicaid and Medicare, with expertise in the complexities of Medi-Cal rate setting, contracting strategies and health care analytics. Mr. Shah appreciates the opportunity and is excited to work with a mission-based entity like L.A. Care.</p> <p>Ms. Montgomery reported on highlights of the financial results for April 2022:</p> <p><u>Membership</u></p> <p>April 2022 membership was 2,572,794, 36,947 members favorable to the 3+9 forecast, and 74,541 favorable year-to-date (YTD). In addition to the increased enrollment for the California Advancing and Innovating Medi-Cal (CalAIM) mandatory managed care population, the forecast assumed that the public health emergency would end in March, leading to the resumption of the redetermination process. It was assumed the membership would begin to decrease for MCLA and Plan Partners, which is why there are higher variances in those segments. Beginning next month, the forecast assumes additional membership due to the expansion of coverage for undocumented adults over 50.</p> <p><u>Consolidated Financial Performance</u></p> <p>There was a \$13 million net deficit for April 2022, \$26 million unfavorable to the 3+9 forecast. Operating margin was unfavorable to the forecast by \$30 million, driven primarily by incurred claims, which were \$45 million unfavorable to the forecast. The higher skilled nursing facility,</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>inpatient and outpatient costs are mitigated somewhat by favorable revenue due to retroactive rate re-estimation and risk corridor revenue. CBAS costs are also unfavorable to the forecast as it assumes lower utilization when services to be transitioned back to CBAS centers which did not occur. Staff is reviewing those higher costs to determine the impact in the future.</p> <p>Administrative expense was \$3.7 million favorable to the forecast due to lower spending in salaries &amp; benefits and supplies and others. Non-operating expense is almost flat this month vs the forecast. An unrealized loss of \$4.9 million was reported this month due to an increase in interest rates, not a deterioration in the quality of L.A. Care's portfolio. Lower spending in Community Resource Centers (CRCs) and timing in grant spending offset the unrealized loss.</p> <p>YTD there is a \$23 million net surplus, \$33 million unfavorable to the forecast. The large variances in revenue and healthcare costs are due to the Proposition 56 reconciliation for SFY 2018-19 and the 18-month Bridge Period discussed in January 2022, which reduced revenue by \$280 million and decreased expenses by \$264 million for an overall unfavorable impact of \$16 million. The operating margin is unfavorable by \$9 million to the forecast, mainly driven by \$35 million in incurred claims and \$22.8 million in Community Based Adult Services. The unfavorability in YTD fee for service claims is driven by Skilled Nursing Facility costs, which also has favorable revenue impacts that mitigate that variance.</p> <p>Administrative expense is unfavorable \$22.1 million YTD due to the regulatory fines of \$55 million in February 2022 which offset by the \$22 million PCORI fees adjustment discussed in January 2022. Non-operating expense is \$1.9 million unfavorable YTD due to unrealized loss variance of \$21.6 million but offset by lower CRC spending and timing in grant spending. The unrealized loss is \$27 million for the fiscal YTD.</p> <p>Board Member Raffoul asked about the \$27 million in unrealized losses. Ms. Montgomery explained that the portfolio is mostly bonds with maturity of less than five years. When interest rates go up, the value of the portfolio decreases. This is an unrealized loss of \$27 million on total portfolio balance of \$1.7 billion. The portfolio is of high quality (no lower than A-) and the short term is somewhat insulating against loss.</p> <p><u>Operating Margin</u> The overall Medical Care Ratio (MCR) is 93.2% versus forecast of 93.3%. MCR's at the segment level are primarily due to Fee for Service (FFS) claims and other items.</p> <p><u>Reported vs. Paid Claims Trend</u> In the previous fiscal year, the monthly claims payments stabilized which influenced the level of reserves. The paid claims have increased in the past several months. Staff assumed higher forecasted fee for service claims related to the Omicron surge in January and February, however</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>claims are emerging higher than expected hence the unfavorable reserve development. Staff will be focusing attention on the recent trends. The membership continues to grow so the absolute dollars should increase.</p> <p><u>Key Financial Ratios</u></p> <ul style="list-style-type: none"> <li>• The administrative ratio was 5.8%, higher than the forecast of 5.2% due to the regulatory fines of \$55 million.</li> <li>• Working Capital and Tangible Net Equity are ahead of benchmarks.</li> <li>• Cash to claims is below the benchmark. As previously reported, the cash to claims ratio will not fully recover until the In Home Support Services (IHSS) balances with the Department of Health Care Services is settled.</li> </ul> <p><u>Tangible Net Equity and Days of Cash on Hand</u></p> <p>The April 2022 Fund Balance was \$1.1 billion which represents 521% of Tangible Net Equity. The target of 600% was based on the average of these 8 other Local Initiatives and County Organized Health Systems. For April 2022, there is enough cash to cover operating expenses for the next 40 days.</p> <p>Board Member Raffoul asked if there are plans to increase the cash on hand. Ms. Montgomery noted that the timing of payments affects the cash on hand. Health plans are paid in the middle of the month for the month of service. Chairperson De La Torre noted that he has highlighted this because there are critics who claim that health plans have a budget surplus, without understanding the scale of L.A. Care's budget and the importance of its role in supporting the safety net. Ms. Montgomery noted that L.A. Care maintains a reserve that is several times larger than the Tangible Net Equity requirement.</p> <p><u>Motion FIN 104.0622</u>  <b>To accept the Financial Reports for April 2022 as submitted.</b></p>	<p><b>Unanimously approved by roll call.  10 AYES (Ballesteros, Booth, De La Torre, Ghaly, Greene, Gonzalez, Perez, Raffoul, Roybal and Vaccaro)</b></p>
<ul style="list-style-type: none"> <li>• Monthly Investments Transactions Report</li> </ul>	<p>Ms. Montgomery referred to the investment transactions reports included in the meeting materials. <i>(A copy of the report can be obtained by contacting Board Services)</i>. This report is provided to comply with the California Government Code and is presented as an informational item. L.A. Care's total investment market value as of April 30, 2022 was \$1.7 billion.</p> <ul style="list-style-type: none"> <li>• \$1.4 billion managed by Payden &amp; Rygel and New England Asset Management (NEAM)</li> <li>• \$73 million in Local Agency Investment Fund</li> <li>• \$253 million in Los Angeles County Pooled Investment Fund</li> </ul>	
<ul style="list-style-type: none"> <li>• Board Designated Funds</li> </ul>	<p>Ms. Montgomery reported on the Board Designated Funds. This report was suggested by Supervisor Mitchell at a prior meeting, and highlights the good work that L.A. Care has done</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	over time. This is responsive to some of those critics mentioned by Chairperson De La Torre. L.A. Care has set aside over \$500 million, with \$378 million expended, with \$134 million held for future distribution as designated by the Board of Governors. The annual report for the Community Health Investment Fund is included in the meeting materials and provides more detail on L.A. Care’s support for community initiatives. Ms. Montgomery also reported on the Elevating the Safety Net Initiative and Community Resource Centers.	
Compliance & Quality Committee	<p>The Compliance &amp; Quality Committee met on May 19.</p> <ul style="list-style-type: none"><li>• Dr. Seidman presented the May 2022 Chief Medical Officer report (which he presented earlier today).</li><li>• Christine Chueh, <i>Senior Manager, Provider Quality</i>, presented information about L.A. Care’s Potential Quality Issues (PQI) for the last fiscal year (2020-21). The Provider Quality Review team processed 3,317 PQI referrals, 1,957 (59%) were reviewed for quality of care/services issues. After the 2021 regulatory audits, the corrective action plan process was enhanced, holding Providers and/or PPGs, including DHS, accountable to implement corrective action plans based on the PQI findings.</li><li>• The Committee also received a report on Population Health Management.</li><li>• Mr. Mapp and the Compliance Department staff presented the May 2022 Chief Compliance Officer report. As part of the report, the committee received a risk assessment update, health reassessment report, and a report on the Key Performance Indicators. Another very important part of the Compliance Report was how members register their concerns and dissatisfaction with their health care. The Committee was provided with information about how L.A. Care’s Appeals &amp; Grievances team processes these issues. It is through this process that members are able to share their experiences. This enables L.A. Care to learn about member perception of L.A. Care and find ways to improve services.</li></ul>	
PUBLIC COMMENT on Closed Session Items	<p>Received via email on 6/2/2022 3:38 PM</p> <p><i>Hello again all honors to Chair Del La Torre and the Board</i></p> <p><i>This is Andria McFerson RCAC 6 Chair</i></p> <p><i>I have been working hard filing motions and proposals for better outreach for Asian and Pacific Islanders Heritage month, Black Disparities, Black History month in Feb, Hispanic heritage month throughout Sept. and Oct., suicide Prevention Day Sept. 10, and Mental Health Month in May. Luckily they all were approved and followed up by many Staff members of the CO&amp;E and all other depts. I want to take this time to thank them I do appreciate all the work they have done. I think it would be very beneficial if we could hear feedback from all RCAC members and their suggestions on the orgs and/or relative companies that should receive support from LA Care.</i></p> <p><i>We need a universal simultaneous group effort from all stakeholders, members and representatives to figure out which places could be the most helpful in our communities to give the 25 mil dollars to with that motion</i></p>	



AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>that I believe was approved by the Board. I am not the only voice and I do respect all input from every single region and every single RCAC member.</i></p> <p><i>We could be a very helpful beneficial advisory committee and a strong voice for many different things if we all were able to work together as a group, like the family we are, along with all of you the Board who are the decision makers.</i></p> <p><i>With that being said we will continue to grow and benefit many more people in need Mentally and Physically contributing to Wellness and Overall, Healthier lifestyles.</i></p> <p><i>Thanks, Andria McFerson, LA Care RCAC 6 MEMBER</i></p>	
<b>ADJOURN TO CLOSED SESSION</b>	<p>The Joint Powers Authority Board of Directors meeting was adjourned at 3:40 pm.</p> <p>Augustavia J. Haydel, <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 3:41 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"> <li>• Plan Partner Rates</li> <li>• Provider Rates</li> <li>• DHCS Rates</li> </ul> <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>June 2024</i></p> <p><i>The following item is from the Special Supplemental Meeting Agenda:</i></p> <p>CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION Initiation of litigation pursuant to Section 54956.9(d)(4) of Ralph M. Brown Act One potential case</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three Potential Cases</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"> <li>• Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680</li> <li>• 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</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>RECONVENE IN OPEN SESSION</b>	The Board reconvened in open session at 4:40 p.m. There was no report from closed session.	
<b>ADJOURNMENT</b>	The meeting was adjourned at 4:40 p.m.	

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

APPROVED BY:

\_\_\_\_\_  
Stephanie Booth, MD, *Board Secretary*  
Date Signed \_\_\_\_\_

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

Received via email on 6/2/22 at 12:32pm, Andria McFerson *(continued from page 2 above)*

*A law to prohibit secret meetings of official bodies, save under the most exceptional circumstances, should not be necessary. Public officers above all other persons should be imbued with the truth that their business is the public's business and they should be the last to tolerate any attempt to keep the people from being fully informed as to what is going on in official agencies.*

- *No action or discussion shall be undertaken on any item not on the agenda*
- *Notice of meetings*
- *Open meetings*
- *Penalty to deprive the public of information*
- *Public comment*
- *Public criticism allowed*
- *Right to recording proceedings*
- *Reports of closed session actions*

*Thanks, Andria McFerson, LA Care member*



**Board of Governors**  
**MOTION SUMMARY**

**Date:** July 28, 2022

**Motion No.** BOG 101.0722

**Committee:**

**Chairperson:** Hector De La Torre

**Issue:** Amend a contract with Infosys Limited (Infosys) to provide ongoing technical support for the SAP QNXT Integration project.

☐ New Contract      ☒ Amendment      ☐ Sole Source      ☒ RFP/RFQ

**Background:** L.A. Care staff requests approval to amend an existing contract with Infosys adding \$132,000 for continued SAP QNXT integration activities relating to the SAP/ERP Program. The work centers primarily around the following:

- Developing SAP and QNXT integration interfaces
- Performing data migration from QNXT to SAP
- Developing QNXT reports

**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:** This cost was anticipated and included in the 2021-22 Fiscal Year Information Technology budget request.

**Motion:** To authorize staff to amend the existing contract with Infosys for an additional \$132,000 (total contract not to exceed \$1,130,360) for continued SAP QNXT integration activities through September 30, 2022.



**Board of Governors**  
**MOTION SUMMARY**

**Date:** July 28, 2022

**Motion No.** EXE 100.0722

**Committee:** Executive Committee

**Chairperson:** Hector De La Torre

**Issue:** This motion seeks approval to award up to \$1,300,000 to the California Association of Food Banks to support up to 10 grants to Los Angeles County nonprofits, and to provide technical assistance and training to enhance grantees' CalFresh application assistance for at least 5,600 low-income individuals and families.

**Background:** On November 4, 2021, as part of the general organizational and Community Health Investment Fund (CHIF) budgets, the L.A. Care Board of Governors (BOG) approved a CHIF allocation of \$10 million for fiscal year 2021-22. The BOG also delegated authority to the Chief Executive Officer (CEO) to implement the CHIF program and to approve grants of up to \$250,000 through September 30, 2022. (EXE 101.1120).

The proposed funds will support the California Association of Food Banks (CAFB) to administer the sixth Community Wellness Initiative (CWI). CAFB will award, support, and provide technical assistance to up to 10 nonprofits to perform CalFresh outreach and enrollment assistance to up to 5,600 eligible families, approximately 17,000 individuals, facing food insecurity in Los Angeles County.

The CWI began in fiscal year 2015-16 as a directly administered initiative. Four cycles of this initiative assisted 16,427 families to secure CalFresh benefits, equivalent to over 50,000 individuals being served. In 2020-21, the L.A. Care BOG awarded a grant to CAFB to manage the fifth CWI, overseeing the grant award process and providing support and technical assistance to selected grantees. Notably, the eight grantees awarded assisted 1,085 families and individuals to apply for CalFresh within three months of implementation, putting this cycle of CWI on track to reach a higher number of CalFresh eligibles than prior cycles. In addition, CAFB provided all grantees access to several essential trainings to heighten outreach strategies, increase application accuracy and improve enrollment.

These early indicators of success with CAFB's leadership on the CWI demonstrate that this approach provides a cost-effective solution to boost CalFresh enrollment, which ultimately decreases food insecurity and enhances household income, while leveraging federal Supplemental Nutrition Assistance Program (SNAP) funding to support local economies.

**Member Impact:** CalFresh eligible L.A. Care members can obtain assistance to enroll in this supplemental food program and learn how to access other food resources that contribute to their health and wellbeing. As a secondary benefit, CalFresh benefits will also infuse federal funds into local economies, contributing to the economic conditions in which L.A. Care members and other eligible individuals reside.

**Budget Impact:** On November 4, 2021, as part of the general organizational budget, the L.A. Care Board of Governors approved a CHIF funding allocation of \$10 million for FY 2021-22. This grant is within the CHIF funding allocation. It requires BOG approval because it exceeds the \$250,000 threshold delegated to the CEO.

**Motion:** To award up to \$1,300,000 to the California Association of Food Banks to support up to 10 grants to Los Angeles County nonprofits, provide training and technical assistance on CalFresh outreach, and enhance grantees' enrollment assistance to CalFresh eligible individuals and families, including L.A. Care members.



DATE: June 28, 2022

TO: Board of Governors, L.A. Care Health Plan

FROM: Wendy Schiffer, *Senior Director, Strategic Planning*  
Shavonda Webber-Christmas, *Director, Community Benefits Program*

**SUBJECT: Approval to award up to \$1,300,000 to the California Association of Food Banks to support up to 10 grants to Los Angeles County nonprofits, provide technical assistance and training to enhance grantees' CalFresh application assistance for at least 5,600 low-income individuals and families**

### **Introduction and Program Description**

L.A. Care's Community Benefits department seeks approval to award up to \$1,300,000 to the California Association of Food Banks (CAFB) to manage L.A. Care's sixth Community Wellness Initiative (CWI), which provides grants to up to 10 Los Angeles County nonprofits, as well as training support and technical assistance. The selected nonprofit organizations will provide CalFresh outreach and enrollment assistance to at least 5,600 eligible families, comparable to 17,000 individual benefactors, facing food insecurity in Los Angeles County.

Community Benefits staff initiated CWI in fiscal year (FY) 2015-16. The four completed CWI cycles assisted 16,427 families to secure CalFresh benefits, equivalent to over 50,000 individuals being served. In FY 2020-21, the L.A. Care BOG awarded a grant to CAFB to manage the fifth CWI process, including the grant award process, support and technical assistance to the selected grantees, and reporting the results of grantees' efforts. Notably, the eight grantees assisted 1,085 families and individuals to apply for CalFresh within three months of implementation. The current rate of application assistance by fifth cycle awardees (average 382 per month) puts this cycle on track to exceed the number of CalFresh applicants helped in prior cycles (average 228 per month). CAFB has provided grantees a direct link to Los Angeles County's CalFresh liaison and created a learning collaborative platform for participating grantees. In addition, during grantee orientation and onboarding session, CAFB provided grantees' access to 15 virtual trainings on essential topics, such as recent legislation impacting expected allocations through the Federal Emergency allotments for all CalAIM recipients during COVID-19. These early indications from the fifth cycle of the CWI demonstrate that this approach provides a cost-effective solution to boost CalFresh enrollment, which ultimately decreases food insecurity and enhances household income, while leveraging federal SNAP funding to support local economies.

The effectiveness of this application assistance model is recognized by the State of California and the USDA, as well. CAFB is in its eighteenth year of supporting CalFresh outreach and enrollment assistance through its State contract. They currently work with 50 organizations throughout California running outreach programs, including ten in Los Angeles County. In 2021, CAFB's statewide network informed 84,000 households about CalFresh and assisted 24,000 households with

the application process, in addition to assisting 7,000 households to retain CalFresh benefits. CAFB is well prepared to conduct another cycle of the CWI.

As the primary recipient of CWI grant, CAFB will manage the request for applications (RFA) process, leverage its partnerships with statewide CalFresh experts and L.A. Care Community Benefits in the selection process, provide technical assistance, offer training to awardees, monitor the selected grantees' reports, and submit progress reports according to Community Benefits' guidelines. This partnership significantly enhances the Community Wellness VI Initiative's investment and increases the likelihood that eligible low-income Angelenos will enroll and be retained in CalFresh. It also broadens individuals' awareness of and access to alternative food security options within CAFB's networks, as needed.

CAFB will also leverage its statewide network of CalFresh outreach providers and food banks to help awardees hone their outreach methods and enrollment strategies. Additionally, CAFB will extend invitations to awardees to meetings with the Los Angeles Department of Public Social Services (LAC DPSS) and other partners, update awardees of CalFresh policy changes or of new developments, like the current Disaster CalFresh program for natural disaster victims.

### **Issue Background**

Food insecurity is defined as a lack of consistent access to enough food for an active healthy life due to lack of money and other resources. The Los Angeles Regional Food Bank, a CAFB member, estimates that 1 in 4 people are food insecure in Los Angeles County, making it home to the largest population of food insecure people in the nation. A study by USC's Dornsife Public Exchange found that food insecurity increased during the COVID-19 pandemic, overwhelmingly impacting women, low-income families, the unemployed, and Latinos in Los Angeles County. Food insecurity has a detrimental impact on health outcomes, as those who are food insecure tend to eat cheaper, calorie-dense foods with little nutritional value, which can contribute to weight gain and to an increased susceptibility to one or more chronic illnesses, including Type 2 Diabetes.

The Supplemental Nutrition Assistance Program (SNAP), CalFresh in California, is the nation's nutrition safety net. The program issues monthly electronic benefits to be used for purchasing of food. While more than one million Los Angeles County residents participate in CalFresh monthly, which is only 66% of those who qualify, it is estimated that more than 500,000 additional residents are eligible for benefits but not enrolled. Barriers to enrollment include a lack of information about the benefits and eligibility requirements, stigma associated with public assistance, and concern that participation might undermine a relative's immigration status among other considerations. CalFresh outreach strategies are evidence-based practices that help people understand, apply for, and retain CalFresh benefits, while infusing much needed Federal funds in low-income communities, helping to grow the local economy.

### **Organizational Background**

The California Association of Food Banks (CAFB) was founded in 1995 with a mission to end hunger in California and a vision for a well-nourished and hunger-free state where all people have enough food to lead a healthy life. CAFB works alongside member food banks across the State to ensure that they have the tools and resources to feed California's communities. CAFB also works to change the systems that create hunger in the first place. They are committed to an equitable food system in California that: (1) provides food to those who need it through its network of member food banks, (2) amplifies access to CalFresh food stamp program, (3) builds bridges from fields to

food banks by supporting California's agricultural system, and (4) improves the social safety net by working for effective public policy.

### **Project Deliverables**

By the end of the eighteen-month grant period, CAFB will meet the following objectives:

1. Select and execute contracts with up to 10 qualified nonprofits to conduct outreach and provide CalFresh enrollment assistance.
2. Assist 5,600 individuals and families to enroll in CalFresh, 700 to maintain their CalFresh through Semi-Annual Report submissions, and 700 to reenroll in CalFresh before benefits expire.
3. Facilitate at least two training and/or shared learning sessions to inform grantees of policies and legislative changes, and/or troubleshoot enrollment complications.
4. Report to L.A. Care Community Benefits Program staff the results of CAFB and grant awardees' efforts

**Alignment with L.A. Care Strategic Goals**

This project aligns with L.A. Care's commitment to support and outreach to under-resourced populations and to improve health outcomes for racially diverse low-income populations in Los Angeles County, including its members. It also helps resolve food insecurity, a key social determinant of health, and drives the local economy, improving income stability for communities of color that were disproportionately impacted by the COVID-19 pandemic.

**Evaluation and Program Monitoring**

Community Benefits staff will request three progress reports through the end of the grant term.





## **Board of Governors**

### **MOTION SUMMARY**

**Date:** July 28, 2022

**Motion No.** EXE 101.0722

**Committee:** Executive

**Chairperson:** Hector De La Torre

**Issue:** This motion seeks approval to award up to \$500,000 to the Public Health Foundation Enterprises DBA Heluna Health to fund the Los Angeles Network for Enhanced Services (LANES) to modernize its health information exchange platform and interoperability infrastructure.

**Background:** On November 4, 2021, as part of the general organizational and Community Health Investment Fund (CHIF) budgets, the L.A. Care Board of Governors (BOG) approved an allocation of \$10 million for fiscal year 2021-22.

The proposed funds will enhance the capacity and modernize LANES' countywide health information exchange (HIE) platform and interoperability infrastructure. The project will support the California Advancing and Innovating Medi-Cal (CalAIM) program by connecting and facilitating care coordination across entities providing clinical, behavioral, and social service in real time. LANES' data repository contains clinical and behavioral data for an estimated nine million unique patients, including 1.2 million L.A. Care members.

**Member Impact:** The LANES HIE repository will house and enable the real time exchange of longitudinal healthcare utilization data for L.A. Care members and other safety net patients. It will also provide clinical insights in Fast Healthcare Interoperability Resources (FHIR) format, which L.A. Care has identified as a priority. The new platform facilitates collaborative decision making while reducing costly errors in medical decisions, adverse drug effects, and duplicate testing, leading to improved patient experience.

**Budget Impact:** Spending will be applied to undesignated balances in the Board Designated funds as part of the CHIF Grant Ad Hoc program.

**Motion:** To award up to \$500,000 to Public Health Foundation Enterprises DBA Heluna Health as fiscal agent for Los Angeles Network for Enhanced Services (LANES) to modernize LANES health information exchange platform and interoperability infrastructure.



June 28, 2022

TO: Board of Governors, L.A. Care Health Plan

FROM: Wendy Schiffer, *Senior Director, Strategic Planning*  
Shavonda Webber-Christmas, *Director, Community Benefits Program*

**SUBJECT: Approval to award up to \$500,000 to the Public Health Foundation Enterprises to fund the Los Angeles Network for Enhanced Services (LANES) to modernize its health information exchange platform and interoperability infrastructure.**

### **Introduction and Program Description**

L.A. Care's Community Benefits department seeks approval to award up to \$500,000 to Public Health Foundation Enterprises DBA Heluna Health as fiscal agent for the Los Angeles Network for Enhanced Services (LANES). The award will enhance the capacity and modernize this countywide health information exchange (HIE) platform and interoperability infrastructure. The project will also support the California Advancing and Innovating Medi-Cal (CalAIM) program by connecting and facilitating care coordination across entities providing clinical, behavioral, and social services in real time. LANES' data repository contains clinical and behavioral data for an estimated cumulative nine million unique patients from Los Angeles and surrounding counties, including more than 1.2 million L.A. Care Medi-Cal members.

Since 2011, L.A. Care has supported LANES with a Community Health Investment Fund (CHIF) award. This award helped to develop the original technology platform and architecture, develop the governance infrastructure, and fund the LANES Executive Director position. L.A. Care expanded its support between 2013 and 2016 for additional project staff and the implementation of the HIE system and to begin adding Los Angeles County Department of Health Services lives to the network and to build interface connections for non-Los Angeles County hospitals, community-based clinics, and health plans such as L.A. Care.

### **Issue Background**

Currently, the Los Angeles County healthcare system is disjointed, lacking effective means to deliver pertinent information to providers in a timely manner, contributing to unnecessary administrative burden, increased risks to patient safety during transitions in care, and dispensing unnecessary additional treatments. This fragmented system also causes the expenditure of billions of dollars in health care that does not improve patient outcomes, becoming largely ineffective. Current participants of LANES include 53 healthcare organizations; 33 FQHC and community clinics, 17 hospitals, and 3 health plans.

LANES has outgrown the capacity of its current technology platform and will need to deploy a large-scale platform to onboard the remaining providers serving the safety net population. In

addition, due to the rapidly changing interoperability landscape both at federal and state level, entities such as L.A. Care require LANES to prepare and to be in compliance with regulatory requirements including adoption of Health Level 7® (HL7), Fast Healthcare Interoperability Resources® (FHIR) standard, and support real-time data exchange via secure application programming interfaces (APIs).

The proposed project will support the migration of LANES clinical data to the Google Big Query cloud-based platform to provide a robust infrastructure to promote growth and innovation. This solution aims to harmonize a high volume of data from multiple sources — including medical records, claims, social determinant of health data — allowing clinicians to gain real-time holistic views of records at a glance. This architecture is segmented into three distinct parts, and these separations are designed to eliminate duplication of efforts and create a simple dataflow design that makes the operational nature of HIE operations clear and concise. The advantage of such a design allows for quick resolution of issues, and it is flexible enough to plug and play additional features in the future while having real time access.

There are several direct benefits of the platform's enhancement. It will make healthcare data more useful by enabling an interoperable longitudinal record of patient data and by providing clinical insights in FHIR format, which L.A. Care has identified as a priority. It will have the ability to execute reports for participating entities in minutes rather than weeks. It will facilitate collaborative decision making while reducing costly errors in medical decisions, adverse drug effects, and duplicate testing, leading to improved patient experience. Lastly, the new platform will accelerate access at the point of patient contact, including emergency care, and offers a LANES user interface for prescription data and to COVID-19 Vaccine Registry data.

### **Organizational Background**

LANES is the only Los Angeles county-based regional patient and provider focused HIE network that connects insured and uninsured patients. The system is designed to include and connect the Los Angeles County health departments and a constellation of key safety net providers such as community-based clinics, hospitals, and health plans such as L.A. Care. LANES is also designed to provide a single point connection with every provider in its network, avoiding a myriad of unnecessary interfaces when securing patient data from multiple providers.

### **Project Deliverables**

By the end of the 24-month grant period, LANES will meet the following objectives:

1. Migrate ADTs (Admit/Discharge/Transfers) & Lab Results (ORUs) for current LANES to the new Google Big Query Platform
2. Complete test of Fast Healthcare Interoperability Resources (FHIR) APIs to external partners.
3. Migrate Continuity of Care Documents (CCDs) for current LANES participants to the new Google Big Query Platform
4. Ingest RxFill Data by file type by Payor in Fast Healthcare Interoperability Resources (FHIR) Prod and display in LANES User Interface.
5. Ingest COVID Vaccination Registry Data by file Electronic Medical Record System (EMR) Type in FHIR Prod and display in LANES User Interface.

**Alignment with L.A. Care Strategic Goals**

Supporting a health information exchange network aligns with L.A. Care's strategic vision to achieve operational excellence by improving health plan functionality as a high performing plan, inclusive of building out information technology systems that support improved health plan functionality. This in turn also improves health outcomes, improved access and supports high quality, efficient, and coordinated care for low-income and under-resourced populations in underserved areas of Los Angeles County.

**Evaluation and Program Monitoring**

Community Benefits staff will require two progress reports during the grant term.



## **Board of Governors**

### **MOTION SUMMARY**

**Date:** July 28, 2022

**Motion No.** EXE 102.0722

**Committee:** Executive

**Chairperson:** Hector De La Torre

**Issue:** This motion seeks approval to award \$500,000 to the Liberty Hill Foundation to support infrastructure development and program sustainability of its Stay Housed LA Network to prevent evictions through education and advocacy services for up to 52,800 housing insecure tenants in LA County.

**Background:** On November 4, 2021, as part of the general organizational and Community Health Investment Fund (CHIF) budgets, the L.A. Care Board of Governors (BOG) approved a CHIF allocation of \$10 million for fiscal year 2021-22. The BOG also delegated authority to the Chief Executive Officer (CEO) to implement the CHIF program and to approve grants of up to \$250,000 through September 30, 2022. (EXE 101.1120).

The proposed funds will support the Liberty Hill Foundation's (Liberty Hill) Stay Housed LA Network (Network) consisting of thirteen community based organizations offering eviction prevention services. Stay Housed L.A., the largest eviction prevention and defense program in the country, serves tenants across Los Angeles County who are at risk of losing their housing, a critical social determinant of health. Through recent contracts with the County of Los Angeles and the City of LA, Stay Housed LA administers a countywide public awareness campaign, and eviction prevention services, including targeted housing outreach, education, tenant navigation, as well as a continuum of legal services. The community based organizations that make up its Network are subcontracted to reach a specific number of tenants, host a specific number of educational workshops, and to provide individual tenants' navigation services.

Stay Housed LA is a direct intervention to prevent homelessness before it starts. In its first two years, the Stay Housed L.A. Network has reached nearly one million (1M) tenants through outreach, education, and legal support. This well exceeds the outcomes of L.A. Care's prior investments in two cycles of its Housing Stability Initiative. By supporting the Stay Housed LA Network's advocacy and education efforts, L.A. Care will leverage the County and City of Los Angeles' investments and reposition our investment further upstream to resolve 52,800 evictions, most before they need litigation. Funds from L.A. Care will support the infrastructure and organizational capacity of the 13 community based organizations in Stay Housed L.A. The proposed funding will also ensure that every Service Planning Area (SPA) and Regional Community Advisory Committee (RCAC) is covered.

**Member Impact:** All L.A. Care members are eligible to receive eviction prevention services through Stay Housed LA as all LA County residents can benefit from outreach and education services. Eligible members may also be eligible for legal representation, if warranted L.A. Care members and other low-income Los Angeles County or City residents may also profit from the neighborhood stabilization, direct health benefits, and economic relief of remaining stably housed.

**Budget Impact:** On November 4, 2021, as part of the general organizational budget, the L.A. Care Board of Governors approved a CHIF funding allocation of \$10 million for FY 2021-22. This grant is within the CHIF funding allocation. It requires BOG approval because it exceeds the \$250,000 threshold delegated to the CEO.

**Motion:** To award up to \$500,000 to the Liberty Hill Foundation to support infrastructure development and program sustainability of its Stay Housed LA Network to prevent evictions through education and advocacy services for housing insecure tenants throughout LA County, including L.A. Care members.



Date: June 28, 2022

TO: Board of Governors, L.A. Care Health Plan

FROM: Wendy Schiffer, *Senior Director, Strategic Planning*  
Shavonda Webber-Christmas, *Director, Community Benefits Program*

**SUBJECT: Approval to award \$500,000 to the Liberty Hill Foundation to support infrastructure development of its Stay Housed LA Network to prevent evictions through education and advocacy services for up to 52,800 housing insecure tenants in Los Angeles County**

### **Introduction and Program Description**

Community Benefits staff seeks approval to award \$500,000 to support the Liberty Hill Foundation's (Liberty Hill) Stay Housed LA Network consisting of thirteen community based organizations offering eviction prevention services in lieu of a directly administered Housing Stability Initiative (HS) III. Stay Housed L.A., the largest eviction prevention and defense program in the country, serves tenants across Los Angeles County who are at risk of losing their housing, a critical social determinant of health.

Community Benefits funded two 18-month cycles of Housing Stability Initiatives in fiscal years (FY) 2018-19 and 19-20 to support evictions prevention services through non-profit legal entities providing pre-litigation and full litigation services. During those two grant cycles, grantees helped 1,093 families avoid eviction through either pre-litigation or litigation services. Seventy percent of these cases were resolved without litigation. In August 2020, the County of Los Angeles Department of Business and Consumer Affairs invested in Stay Housed LA, even further streamlining eviction prevention services, including targeted housing outreach, education, tenant navigation, as well as a continuum of legal services, by contracting with Liberty Hill. The City of Los Angeles did the same in May 2021.

The Stay Housed LA program directly intervenes to prevent homelessness before it starts. In its first two years, the Stay Housed L.A. Network has reached nearly one million (1M) tenants through outreach, education, and tenant support. Funds from L.A. Care will support the infrastructure and organizational capacity of the 13 community-based organizations in Stay Housed L.A. Specifically, funds will be allocated to program coordination and direct costs for software, technology, staffing support and administrative expenses, including an evaluation to help the Stay Housed L.A. Network operate more efficiently. By supporting Stay Housed LA Network's advocacy and education efforts, L.A. Care will leverage the County and City of Los Angeles' investments and convert our past investment further upstream to resolve eviction issues before they need litigation.

## **Issue Background**

In any given year, Los Angeles County accounts for approximately 30% of the 171,733 average number of evictions filed annually in California. The City of Los Angeles alone averages 40,000 eviction filings each year. Stay Housed LA administers a countywide public awareness campaign, targeted outreach, education, and tenant navigation services, with linkages to full scope legal service. Community based organizations are subcontracted to reach a specific number of tenants, host a specific number of educational workshops, and to provide individual tenants' navigation services. The CBOs that make up the network bring decades of collective experience working closely with tenants in their communities. Every Service Planning Area (SPA) and Regional Community Advisory Committee (RCAC) will be covered under through the Stay Housed LA Network of community based organizations.

Throughout the COVID-19 pandemic, Los Angeles County has been severely impacted by the high need for housing to keep residents safe and healthy. Shelter-in-Place policies and temporary business closures resulted in millions of people losing their jobs or resigning to manage personal obligations. Under resourced households were the hardest hit by COVID-19-related unemployment. As the pandemic persists, the economy has waned and the cost of living has increased, impacting the cost of basic necessities. Despite numerous municipalities' eviction moratoria, tenants across the County continue to be threatened with eviction or illegally evicted. At the same time access to court proceedings has been limited, if not eliminated, for over two years. This grant contributes to upstream funding of Countywide eviction prevention efforts, which has been linked to considerable cost savings. According to the Philadelphia Right to Counsel report, when combined with reductions to inpatient, emergency room, and mental health costs, they avoided \$42.9 million in eviction related costs. Liberty Hill's Stay Housed LA program impedes the influx of families into homelessness by increasing all Los Angeles County residents' access to housing rights information, and provides intervention services to under resourced household with a high likelihood of eviction and displacement.

## **Organizational Background**

Liberty Hill Foundation is a laboratory for social change philanthropy that leverages the power of community organizers, donor activists, and allies to advance social justice through strategic investment across its key priorities. Its long-standing commitment to "Change, Not Charity" supports disenfranchised communities who are closest to the pain of inequity to grow their collective voice and power to identify, shape, and win structural and systemic changes. Liberty Hill's programs are firmly grounded in the belief that those who are closest to injustice should play a leading role in shaping solutions.

Liberty Hill has been deeply engaged with housing justice work. Since 2019, Liberty Hill has focused on the importance of ensuring a roof over every head. They are advancing this goal by investing in tenants' rights and ensuring they stay in the homes and the communities in which they live.

## **Alignment with L.A. Care Strategic Goals**

This project aligns with L.A. Care's commitment to support and outreach to under-resourced populations and to improve health outcomes for racially diverse low-income populations in Los Angeles County, including its members.

### **Project Deliverables**

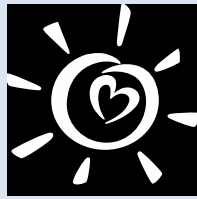
By the end of the 18-month grant period, Liberty Hill will meet the following objectives:

1. Conduct outreach and education services to reach 500,000 residents throughout Los Angeles County.
2. Resolve evictions and avoid homelessness for 52,800 tenants through "know your rights" workshops, tenant navigation, limited or full scope legal services to ensure tenants either remaining in their homes or obtain a soft landing, such as compensation or assistance for relocating.
3. Secure future funding for a codified "right to counsel" in the County and/or City of Los Angeles by June 30, 2023.
4. Produce an evaluation report of Stay Housed LA educational events by June 30, 2023.

### **Evaluation and Program Monitoring**

Community Benefits staff will request three progress reports through the end of the grant term.





**L.A. Care**  
HEALTH PLAN®

**Board of Governors**  
**MOTION SUMMARY**

**Date:** July 28, 2022

**Motion No.** FIN 100.0722

**Committee:** Finance & Budget

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

**Issue:** Amend contract (Purchase Order – 0000009765) with ImageNet, LLC. to provide claims processing, adjudication, and Provider Dispute Resolutions Services (PDR).

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

**Background:** L.A. Care staff requests approval for amendment #3 of SOW #1 (Claims Processing Services) to increase the contract amount from \$1,400,000 to \$4,101,233 (incremental increase of \$2,701,233) and extend the term through September 30, 2025.

The vendor provides us with Claims Processing Services to assist L.A. Care with complying with regulatory (CMS, DHCS, DMHC) Claims Timeliness standards.

LOB	Plan Claims Payment
MCLA	45 Working Days from receipt of a Claim Clean
CMC Medicare	30 Calendar Days from receipt of a Claim Clean
CMC Medi-Cal	30 Calendar Days from receipt of a Claim Clean
LACC	45 Working Days from receipt of a Claim Clean
PASC	45 Working Days from receipt of a Claim Clean

We have been contracted with this vendor since August 2020 and are pleased with their work as they have helped Claims Operations maintain ~18-20 days of inventory on-hand (~65,000 claims).

We conducted a competitive request for proposal process in March 2020. Four vendors responded to the request with ImageNet winning the bid. The initial contract term was one-year and allowed L.A. Care to evaluate Imagenet's performance. Based on their performance, we have decided to renew the contract as well as add the incremental PDR services.

Including the additional service (PDR processing), allows for ImageNet to assist in managing the inventory to mitigate compliance risks associated with the following timeliness requirements.

LOB	PDR Acknowledgement	PDR Decision
MCLA	2 Working Days - electronic 15 Working Days - paper	45 Working Days
CMC Medicare	15 Working Days	60 Calendar Days
CMC Medi-Cal	15 Working Days	60 Calendar Days
LACC	2 Working Days - electronic 15 Working Days - paper	45 Working Days
PASC	2 Working Days - electronic 15 Working Days - paper	45 Working Days

**Board of Governors****MOTION SUMMARY**

Based on the associated fees, we will spend \$2,701,233 throughout the new term of the contract.

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

**Budget Impact:** Vendor commissions related to the extension of this contract are included in the Fiscal Year 2021-22 budget. Funding for future fiscal years will be requested during the budget process in the years impacted.

**Motion:** To authorize staff to create amendment #3 of SOW #1 to increase the contract amount from \$1,400,000 to \$4,101,233 (incremental increase of \$2,701,233) and extend the term through September 30, 2025. This amendment will allow ImageNet, LLC continue to support L.A. Care Claims Processing Services as well as adding Provider Dispute Resolutions (PDR) Processing Services.



## **Board of Governors**

### **MOTION SUMMARY**

**Date:** July 28, 2022

**Motion No.** FIN 101.0722

**Committee:** Finance & Budget

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

**Issue:** Amend contract (Purchase Order – 0000009974) with OptumInsight, Inc. to perform post-adjudication/pre-payment Itemized Bill Review.

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

**Background:** L.A. Care staff requests approval for amendment #1 of SOW #25 (Itemized Bill Review) to increase the contract amount from \$1,380,000 to \$4,522,887 (incremental increase of \$3,142,887) and extend the term through December 31, 2025.

The vendor provides us with post-adjudication/pre-payment Itemized Bill Review. L.A. Care needs these services as we are required to take affirmative steps to detect, investigate, and prevent fraud, waste, and/or abuse. See, e.g., 42 U.S.C. § 1396a, 28 CCR § 1300.71. The Payment Integrity team has designed their activities to ensure that federal and state taxpayer dollars are spent appropriately on delivering quality, necessary care, and preventing fraud, waste, and abuse from taking place. To that end, we are implementing initiatives to ensure that:

- Eligibility decisions are made correctly;
- Prospective and enrolled providers meet federal and state participation requirements;
- Services provided to enrollees are medically necessary and appropriate; and
- Provider payments are made in the correct amount and for appropriate services.

We have been contracted with this vendor since April 2018 and are pleased with their work as we are currently generating ~\$3,250,000 of recoveries on an annual basis as a result of these agreements.

No request for proposal was conducted for this vendor as we have an existing contract and a sole-source justification would allow us to mitigate time, resources, and initiation fees to procure and implement a new vendor.

We are projecting ~\$15,000,000 in recoveries from June 2022 through December 2025 based on the current savings run rate and incremental opportunity projections. The incremental monthly savings derive from the continued growth of the Itemized Bill Review program. Based on the associated contingency fees, we will spend \$3,142,887 throughout the new term of the contract.

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

**Budget Impact:** Vendor commissions related to the extension of this contract are included in the Fiscal Year 2021-22 budget. Funding for future fiscal years will be requested during the budget process in the years impacted.

**Board of Governors**  
**MOTION SUMMARY**

Motion: To authorize staff to create amendment #1 of SOW #25 to increase the contract amount from \$1,380,000 to \$4,522,887 (incremental increase of \$3,142,887) and extend the term through December 31, 2025. This amendment will allow OptumInsight, Inc. continue to support L.A. Care Itemized Bill Review services.



**Board of Governors**  
**MOTION SUMMARY**

**Date:** July 28, 2022

**Motion No.** FIN 102.0722

**Committee:** Finance & Budget

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

**Issue:** To amend a contract with Cognizant Technology Solutions (Cognizant) to provide ongoing technical support for the Salesforce project.

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

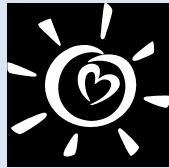
**Background:** L.A. Care staff requests approval to amend an existing contract with Cognizant adding \$1,065,000 for continued Salesforce implementation activities relating to the VOICE Program and Customer Solution Center (CSC) Intelligent Desktop (IDT) rollout, Sales & Marketing, Community Resource Centers (CRC/FRCs), Legal Department, etc., through December 31, 2022. The work will center around several major projects including:

- Enabling the tracking and capturing of all Provider interactions
- Allowing members to change their Primary Care Providers
- Handling of the Dual Eligible Special Needs Plans product
- Enabling multi-factor authentication to enhance access security of the Salesforce platform
- Support Goldmine and Salesforce Marketing Cloud applications

**Member Impact:** The Salesforce-based Intelligent Desktop (IDT) application is gradually replacing a number of separate applications used to track and answer inquiries in CSC and is used extensively in support of a variety of inquiries, outreach efforts, and escalation of issues for resolution. The integration of the Salesforce tool with the phone system in the CSC in particular, will enable our agents to greet callers by name when they call from a known phone number and have their record retrieved before the agent picks up the phone.

**Budget Impact:** The cost of the contract was anticipated and included in the budget for the Information Technology (IT) department for FY 2021-22 and remaining amounts will be included in the IT FY 2022-23 budget.

**Motion:** To amend the existing contract with Cognizant in the amount of \$1,065,000 (total contract not to exceed \$6,388,069) for continued Salesforce implementation activities through December 31, 2022.



**L.A. Care**  
HEALTH PLAN

**Board of Governors**  
**MOTION SUMMARY**

**Date:** July 28, 2022

**Motion No.** FIN 103.0722

**Committee:** Finance & Budget

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

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

**Issue:** To amend a contract with Cognizant Technology Solutions (Cognizant) for continued hosting services for the QNXT and CCA core systems

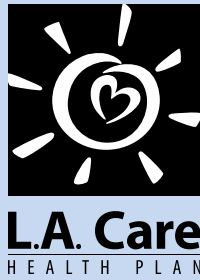
**Background:** In March 2012, the Board approved a motion summary (BOG 101.0312-CS) that authorized L.A. Care to enter into a contract with TriZetto Group, Inc. (TriZetto) for the purposes of implementing a new core information system. Since that time, TriZetto was acquired by Cognizant. The software 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 \$3,650,000 through December 31, 2022 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 2021-22 and remaining amounts will be included in the IT FY 2022-23 budget.

**Motion:**     **To amend the existing contract with Cognizant Technology Solutions in the amount of \$3,650,000 (total contract not to exceed \$99,884,459), for continued hosting services for L.A. Care's core systems through December 31, 2022.**



## **Board of Governors**

### **MOTION SUMMARY**

**Date:** July 28, 2022

**Motion No.** FIN 104.0722

**Committee:** Finance & Budget

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

**Issue:** Amend contracts (Purchase Order – 0000001958) with Health Management Systems (A Gainwell Company) to increase the contract amount from \$21,368,656 to \$42,822,666 (incremental increase of \$21,454,010) and extend the term through December 31, 2025.

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

**Background:** L.A. Care staff requests approval for Amendment #5 to Schedule A-3 to increase the contract amount by \$21,454,010 and extend the term through December 31, 2025.

The vendor provides Coordination of Benefit services which includes prospective Cost Avoidance (member eligibility updates) along with Direct Bill (carrier to carrier recovery) and Disallowance (provider recovery) retrospectively.

L.A. Care needs these services as we are required to take affirmative steps to detect, investigate, and prevent fraud, waste, and/or abuse. See, e.g., 42 U.S.C. § 1396a, 28 CCR § 1300.71. The Payment Integrity team has designed their activities to ensure that federal and state taxpayer dollars are spent appropriately on delivering quality, necessary care, and preventing fraud, waste, and abuse from taking place. To that end, we are implementing initiatives to ensure that:

- Eligibility decisions are made correctly;
- Prospective and enrolled providers meet federal and state participation requirements;
- Services provided to enrollees are medically necessary and appropriate; and
- Provider payments are made in the correct amount and for appropriate services.

We have been contracted with this vendor since February 2016 and are pleased with their work as we are currently generating approximately \$55,000,000 in savings and recoveries on an annual basis as a result of these agreements.

No request for proposal was conducted for this vendor as we have an existing contract and a sole-source justification would allow us to mitigate time, resources, and initiation fees to procure and implement a new vendor.

We are projecting approximately \$253,496,292 in savings and recoveries through December 31, 2025, based on the current savings run rate. Based on the associated fees, we will spend \$21,454,010 throughout the new term of the contract.

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

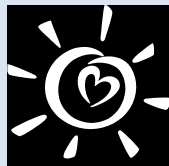
**Board of Governors**

**MOTION SUMMARY**

**Budget Impact:** Vendor commissions related to the extension of this contract are included in the Fiscal Year 2021-22 budget however, there may be a budget slight shortfall in FY2021-22 for this vendor and services. Funding for future fiscal years will be requested during the budget process in the years impacted.

**Motion:** To authorize staff to amend the contract in the amount of \$21,454,010 (not to exceed a total contract amount of \$42,822,666) with Health Management Systems (A Gainwell Company) to provide Cost Avoidance, Direct Bill and Disallowance services through December 31, 2025.





**L.A. Care**  
HEALTH PLAN

## **Board of Governors**

### **MOTION SUMMARY**

**Date:** July 28, 2022

**Motion No.** FIN 105.0722

**Committee:** Finance & Budget

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

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

**Issue:** Execute a new Statement of Work (SOW 12) and two amendments (SOWs 3 and 7) with Toney Health Care Consulting (THCC) to provide Case Management (CM) and Utilization Management (UM) Frontline Nursing and Leadership staffing augmentation through February 28, 2023, at a total cost of \$3,308,800.

**Background:** In July 2019, following a notice of non-compliance due to persistent poor performance and Centers for Medicare and Medicaid Services (CMS) audit findings for one of our delegates, L.A. Care de-delegated Care Management (CM) activities for that delegate. At that time, L.A. Care executed a staff augmentation agreement with THCC to add Frontline Nurses to enable L.A. Care to perform these activities internally. These staff performed well and were transitioned to UM activities in Q2 of 2021, after the UM department. Frontline Nurses and a Senior Clinical Advisor (Director level) from Toney were moved to UM to further sustain efforts to maintain compliance with timeliness and accuracy for UM review requests. These Toney staff have been extended to also address the UM portion of Provider Dispute Resolution cases (PDR) and to fill UM FTE vacancies due to attrition, leaves of absences, COVID surges, and significant challenges in recruitment and hiring of permanent staff.

Additionally, since the end of 2021, the L.A. Care Clinical Operations leadership has been planning for the termination on December 31, 2022 of the Outsourcing Agreement with Optum Health. Optum has been performing UM and CM activities for our Direct Network members since June of 2020. L.A. Care seeks to assure we have a sufficient number of trained staff ready to take the work over from Optum. In the filing to DMHC about the Optum insourcing, L.A. Care committed to having personnel in place using permanent and/or contracted resources.

To address the business needs described above, Clinical Operations requests the following:

1. Execute Amendment No. 6 to extend the current SOW 3 through February 28, 2023 for an additional \$1,408,000 for a total contract not to exceed \$11,928,571. The scope includes UM Nurses to support routine operations for prior authorization, concurrent review, PDR and the Direct Network insourcing.
2. Execute Amendment No. 6 to extend the current SOW 7 for the Senior Clinical Advisor through February 28, 2023 for an additional \$316,800 for a total contract not to exceed \$1,748,800.
3. Execute new SOW 12 for the CM Nurses to handle the Direct Network insourcing June 1, 2022 through February 28, 2023 for a total contract not to exceed \$1,584,000.

**Member Impact:** Executing these amendments allows the UM department to continue to meet and improve authorization timeliness and quality, maintain compliance, and to ensure members' care is not delayed. Executing the new SOW will allow the CM department to work with Optum for a smooth and efficient hand-off of the high-risk, high-touch cases and initiate care management

**Board of Governors**  
**MOTION SUMMARY**

activities without delay for newly referred Direct Network members.

**Budget Impact:** The UM and CM departments will run budget variances for the remainder of the FY 2021-22 budget. Each department has included the funds in their FY 2022-23 budgets which are currently being constructed through the annual process.

**Motion:** To authorize amendment extensions of the current contracts with Toney Health Care Consulting (SOWs 3 & 7) and execute new SOW 12 for UM and CM services through February 28, 2023, at an additional cost of \$3,308,800 for a total UM/CM contract not to exceed \$15,261,371.



July 18, 2022

TO: Board of Governors

FROM: John Baackes, *Chief Executive Officer*

**SUBJECT: CEO Report – July 2022**

Governor Newsom recently signed AB 184 into law, making Medi-Cal coverage available to all income-eligible California residents, regardless of immigration status. This legislation, which expanded Medi-Cal eligibility to otherwise eligible undocumented adults age 26 to 49, represents the final step to universal health care coverage in California. This latest expansion, which is estimated to make 700,000 people newly eligible for Medi-Cal when it goes into effect no later than January 2024, builds on previous expansions, the most recent of which went into effect earlier this year and expanded eligibility to undocumented adults age 50 and older.

After this most recent expansion to undocumented older adults, L.A. Care has seen a notable increase in membership. We are pleased to see so many California residents newly eligible for the vital services afforded through health care coverage and we welcome them to L.A. Care. Alternatively, while the public health emergency was extended again, we are still preparing for an anticipated loss in membership once it ends and Medi-Cal redeterminations begin again. Despite these changeable times, we remain steadfast in our commitment to provide high-quality care to our members and to support the Los Angeles community.

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

	Since last CEO report (5/24/22)	As of 7/18/22
<b>Provider Recruitment Program</b> Physicians hired under PRP <sup>1</sup>	-2	139
<b>Provider Loan Repayment Program</b> Active grants for medical school loan repayment <sup>2</sup>	40	123
<b>Medical School Scholarships</b> Grants for medical school scholarships <sup>3</sup>	8	40
<b>Elevating Community Health</b> Home care worker graduates from CCA's IHSS training program	461	4,889

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 June and July:

### **L.A. Care Commits Funding for Training Program Supporting Small, Minority-Owned Businesses**

L.A. Care has committed \$25,000 to the Los Angeles Area Chamber of Commerce OneLA Inclusive Procurement program, which launched in 2019 to provide easier contract opportunities for local, small, and diverse businesses. L.A. Care's sponsorship will pay tuition for up to 10 eligible small businesses to participate in the next session of the OneLA training program, which aims to build stronger small businesses, especially those owned by women and minorities, helping them develop the knowledge they need to compete for contracts.

### **L.A. Care Announces Health Care Internships**

L.A. Care, in partnership with Health Career Connection (HCC), announced the second group of 31 trainees in its Health Careers Internship Program, which aims to get more people of color into the health careers pipeline. Over a three-year period, L.A. Care is investing \$800,000 to support a total of 96 summer internship positions for college students and recent graduates who are pursuing a career in health, and who have a desire to work in underserved communities. This internship program is another part of L.A. Care's Elevating the Safety Net initiative and the investment will help expand and scale HCC's pipeline program to recruit and prepare students from underrepresented and low-income backgrounds for health careers.

### **L.A. Care Announces \$500,000 in Grants to Fund Efforts Supporting Underserved Communities**

L.A. Care announced three new grants totaling \$500,000 to support projects that benefit L.A. Care members and the safety net of health care providers that care for them. One grant will be awarded to Martin King, Jr. Community Healthcare to support its Diabetes Management Center of Excellence (DMCE), which is designed to address the disproportionately high rates of diabetes among residents of South Los Angeles. One grant will go to the Community Health Alliance of Pasadena (ChapCare) to support a Dental Assistance Apprenticeship program designed to address dental workforce shortages at ChapCare's three dental clinics in Pasadena and El Monte. The third grant will go to the Westside Infant-Family Network (WIN) to provide therapy, case management, and social supports for children in families with high Adverse Childhood Experiences (ACEs) scores.

### **Back-to-School Events Being Held at L.A. Care/Blue Shield Promise Community Resource Centers (CRCs)**

In partnership with Blue Shield of California Promise, L.A. Care announced that for the third year in a row, it will distribute up to 33,000 free backpacks filled with school supplies for Los Angeles County students from kindergarten through college in July and August. These back-to-school events are open to the public and will be held at multiple locations, including the health plans' jointly operated CRCs. Eleven events total will be held from July 9 to August 13 and six of the events will feature free tote bags filled with groceries. Eight of the 11 events will be held at locations that can accommodate both drive-through and walk-up formats and three of the events will be held at the Inglewood, Norwalk, and Metro L.A. (Koreatown) CRCs.

### **L.A. Care Commits Funding to Support Medical School Loan Repayment, Safety Net Physician Recruitment**

L.A. Care announced an investment of nearly \$8 million to provide student loan debt relief to 42 physicians working in the Los Angeles County safety net. This investment represents the fifth round of Provider Loan Repayment Program grants as part of L.A. Care's \$155 million Elevating the Safety Net initiative, which launched in 2018. L.A. Care also announced \$562,500 in funding to five clinics as part of the 12<sup>th</sup> round of its Provider Recruitment Program grants, also part of the Elevating the Safety Net initiative. The funding could bring up to five new physicians into the Los Angeles County safety net, including a psychiatrist and a pediatrician.

### **L.A. Care Launches Initiative to Improve African American Maternal and Infant Mortality Rates**

L.A. Care has launched the GAAINS (Generating African American Infant and Nurturers' Survival) initiative, the first round of which will provide \$1 million to eight community-based organizations, clinical providers, and local perinatal network coordinators. The recipient organizations will be working on a variety of projects to improve African American maternal and infant health outcomes, including increasing doula, midwife, and lactation consultant capacity, which will also strengthen communication with health care providers. Other projects include implementing strategies to advance health equity by implementing culturally sensitive and appropriate prenatal and birthing practices for clients of 17 community health centers and 40 hospitals.

### Attachments

CEO Statement on Two Devastating Supreme Court Decisions  
CEO Statement on California's Universal Health Care Coverage  
Grants & Sponsorships Report



# CEO Statement on Two Devastating Supreme Court Decisions

Friday, June 24, 2022

As the CEO of L.A. Care Health Plan, the largest publicly operated health plan in the country, I am deeply disappointed by two decisions this week by the Supreme Court of the United States (SCOTUS) – one that will deny an individual's right to choose whether to carry out a pregnancy and another that threatens the safety of every American.

This morning, by a majority vote, the high court overturned *Roe v. Wade*, the landmark decision in which Justices ruled that the Constitution of the United States generally protects an individual's freedom to have an abortion. After nearly 50 years, today SCOTUS has ruled that there is no longer that federal constitutional right. Going forward, abortion rights will be determined by the states. Twenty-two states have indicated they intend to ban or severely limit abortion...but everyone knows such limits won't put an end to abortions in those states.

In 2002, California passed a law that guaranteed a person's right to choose. L.A. Care suspects many will have to travel to California and other states that have protected access to abortion. LA. Care fears that those who are not able to travel to one of these states will risk their lives with a "back-alley" procedure. These are more likely to be low-income people of color, which will only exacerbate the already existing health disparities. It's unconscionable that SCOTUS has stripped millions of people of their fundamental constitutional right to make decisions (including medical ones) about their own bodies. How many people will be harmed because of this ruling?

Yesterday, SCOTUS also struck down a long-standing New York law that placed strict limits on carrying guns outside of one's home. In the six to three decision, the Justices ruled that the Second Amendment to the United States Constitution protects an individual's right to carry a handgun for self-defense outside the home. This ruling is particularly concerning in the wake of hundreds of mass shootings each year. L.A. Care's Board of Governors recently approved a resolution making it clear that gun violence is a public health crisis. Loosening gun safety laws is only going to worsen that crisis.

L.A. Care is committed to advancing health equity, and both decisions by the SCOTUS threaten that goal. L.A. Care urges Congress to act on national protections for the right to an abortion and on a national law to put strict limits on concealed weapons. L.A. Care will continue to engage in activities that support access to health care and health equity for our more than 2.5 million members.

### **About L.A. Care Health Plan**

L.A. Care Health Plan serves more than 2.5 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 Cal MediConnect Plan 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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# CEO Statement on California's Universal Health Care Coverage

Friday, July 1, 2022

As the CEO of the largest publicly operated health plan in the country, I am pleased that Governor Gavin Newsom has signed AB 184, expanding Medi-Cal coverage to all income-eligible residents regardless of their immigration status. It's estimated that about 700,000 people will become eligible for Medi-Cal due to this new legislation, starting in 2024. This builds on this year's expansion of Medi-Cal coverage to undocumented adults ages 50 and older and previous expansions to undocumented children and young adults to age 26. This effectively bridges the previous gaps to achieve universal health care coverage in California.

When we invest in health coverage for all residents, we invest in the health of our state. Undocumented Californians have long provided significant economic contributions to communities across the state. Their access to health care coverage is a monumental step toward advancing health equity for all Californians. I applaud Governor Newsom and the legislature for investing in California's future.

## About L.A. Care Health Plan

L.A. Care Health Plan serves more than 2.5 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 Cal MediConnect Plan](#) 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](#).



## Media Contact

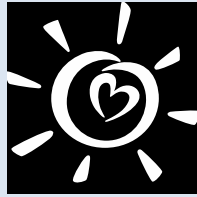
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**L.A. Care**  
HEALTH PLAN®

**Board of Governors**  
**MOTION SUMMARY**

**Date:** July 28, 2022

**Motion No.** BOG 102.0722

**Committee:**

**Chairperson:** Hector De La Torre

**Issue:**

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

**Member Impact:**

**Budget Impact:**

**Motion:**

**L.A. Care Health Plan Board of Governors Resolution**  
**Supporting Abortion Rights**

**Whereas**, Local Initiative Health Authority for Los Angeles County, operating and doing business as L.A. Care Health Plan (“L.A. Care”), the nation’s largest publicly operated health plan, is committed to advancing health equity, ensuring everyone has a fair and just opportunity to be as healthy as possible;

**Whereas**, all reproductive rights are human rights; and access to essential healthcare includes access to abortion services and contraception;

**Whereas**, globally, there are an estimated 25 million unsafe abortions each year, resulting in injury and/or death;

**Whereas**, L.A. Care is deeply disturbed by the recent Supreme Court decision overturning *Roe v. Wade*, which for nearly 50 years, guaranteed the right to an abortion in the United States;

**Whereas**, L.A. Care recognizes the ruling is expected to lead to restricted access or a ban on abortions in nearly half of all states; and

**Whereas**, L.A. Care recognizes that California will continue to protect the right to choose and will offer help to people from other states.

**Now, Therefore**, the Board of Governors of L.A. Care resolves as follows:

1. L.A. Care will strongly advocate through its representatives for the United States Congress to move swiftly to codify *Roe v. Wade*, protecting the right to contraception and abortion in the United States.
2. L.A. Care seeks to retain, uphold and expand California’s tradition of protecting statewide access to abortion services and contraception.

# Transform L.A.

Presentation to the Board of Governors  
July 28, 2022



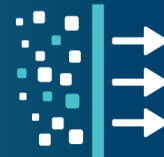
**L.A. Care**  
HEALTH PLAN®

**For All of L.A.**

**Cathy Mechsner, Manager,**  
*Quality Improvement Dept.*  
*Practice Transformation Team*



**L.A. Care.**



**Transform L.A.**  
*Better Care, Better Health*



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

# Quality Improvement Transform L.A. Team



Cathy Mechsner, Manager, Practice Transformation



Reggie Tuyay, Program Manager



Alison Patsy, Project Specialist/Practice Coach



Cheynese Douglas, Coach Consultant



Fariha Mansoor, Coach Consultant



L.A. Care's Direct Network Leadership Team, Quality Improvement Teams



Transform<sup>80</sup> L.A.  
Better Care, Better Health



# What is Transform L.A.?

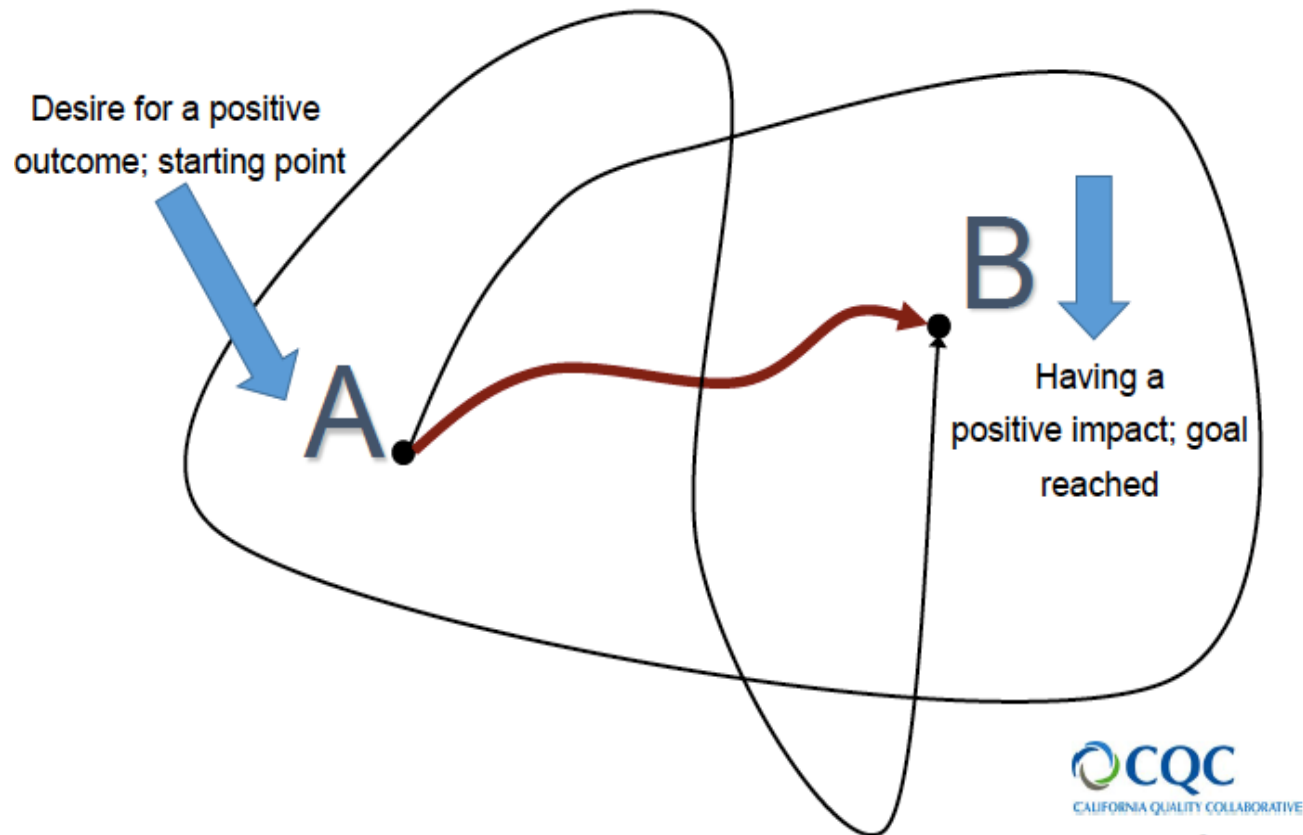
- Transform L.A. is a value added technical assistance program focusing on:
  - “Practice-Centered” to support Patient-Centered Care
  - Data-Driven Quality Improvement
  - Workflow Redesign
  - Uses a practice coach/facilitator model
- Modeled after the successful Transforming Clinical Practice Initiative (TCPI):
  - CMS grant funded innovative quality improvement program, concluded in 2019
- Available only to Direct Network practices:
  - 16 primary care practices enrolled
  - 97 providers
  - 10,645 DN members (31% of total DN members)



Transform **L.A.**  
*Better Care, Better Health*



# Role of the Practice Coach



# Transform L.A. - Key Areas of Focus

*Driving improvements in care delivery and health outcomes:  
“Better Care, Better Health”*

- Generate/sustain improvements in multiple clinical quality measures over baseline measurement:
  - **Required:** Controlling High Blood Pressure (CBP) & HbA1c >9% (Poor Control)
  - **Additional:** CAHPS, P4P, HEDIS, etc. focused metrics
- Optimize practice workflows/operations in 3 key areas:
  - Patient/Family Centered Care Design
  - Data Quality
  - Sustainable Business Operations
- Program transformation work integrated with:
  - QI Dept. Work Plan, Incentive Programs, QPM, and Direct Network Amin team

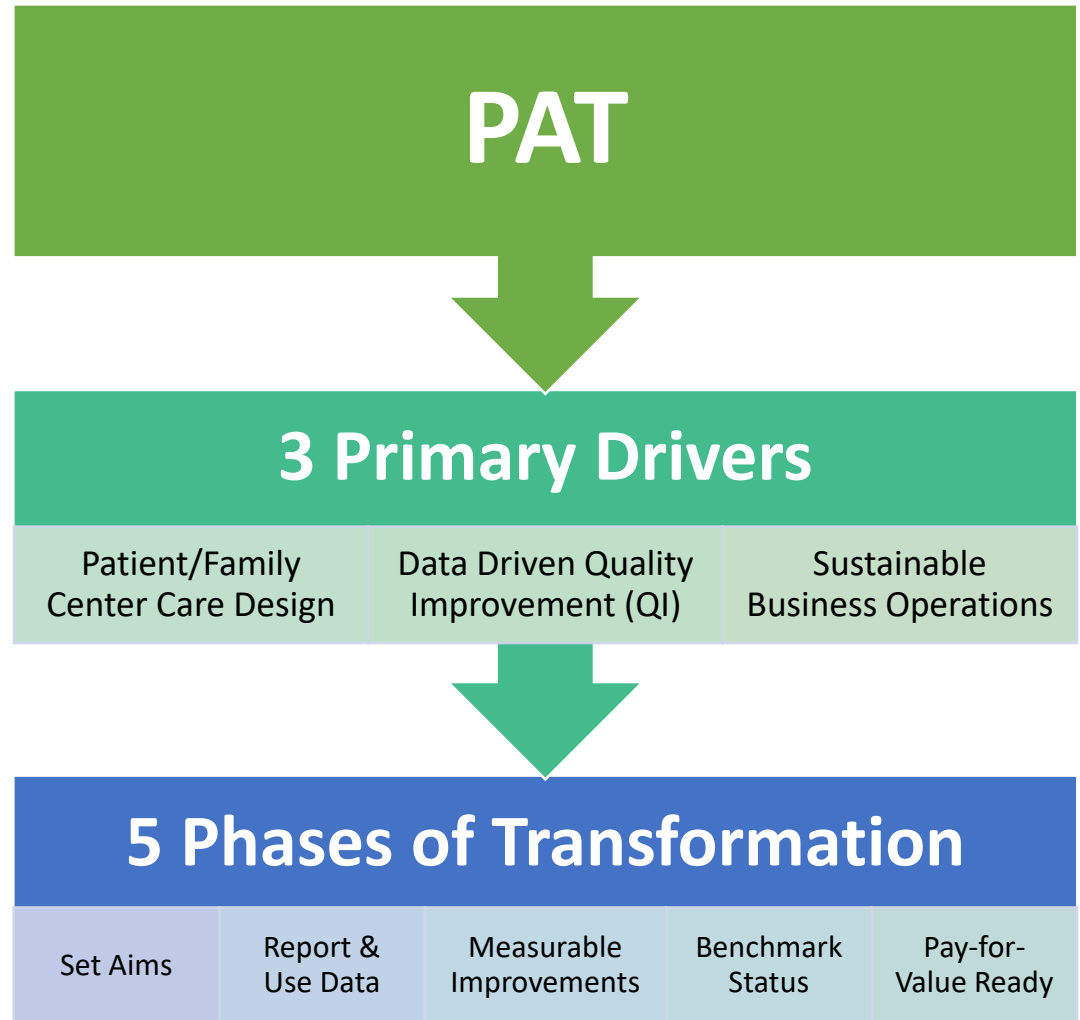


Transform **L.A.**  
*Better Care, Better Health*



# Practice Assessment Tool (PAT)

- Use to learn where a practice is on the transformation journey
- Re-assess every 6 months
- Helps to determine priorities for the work with the coach





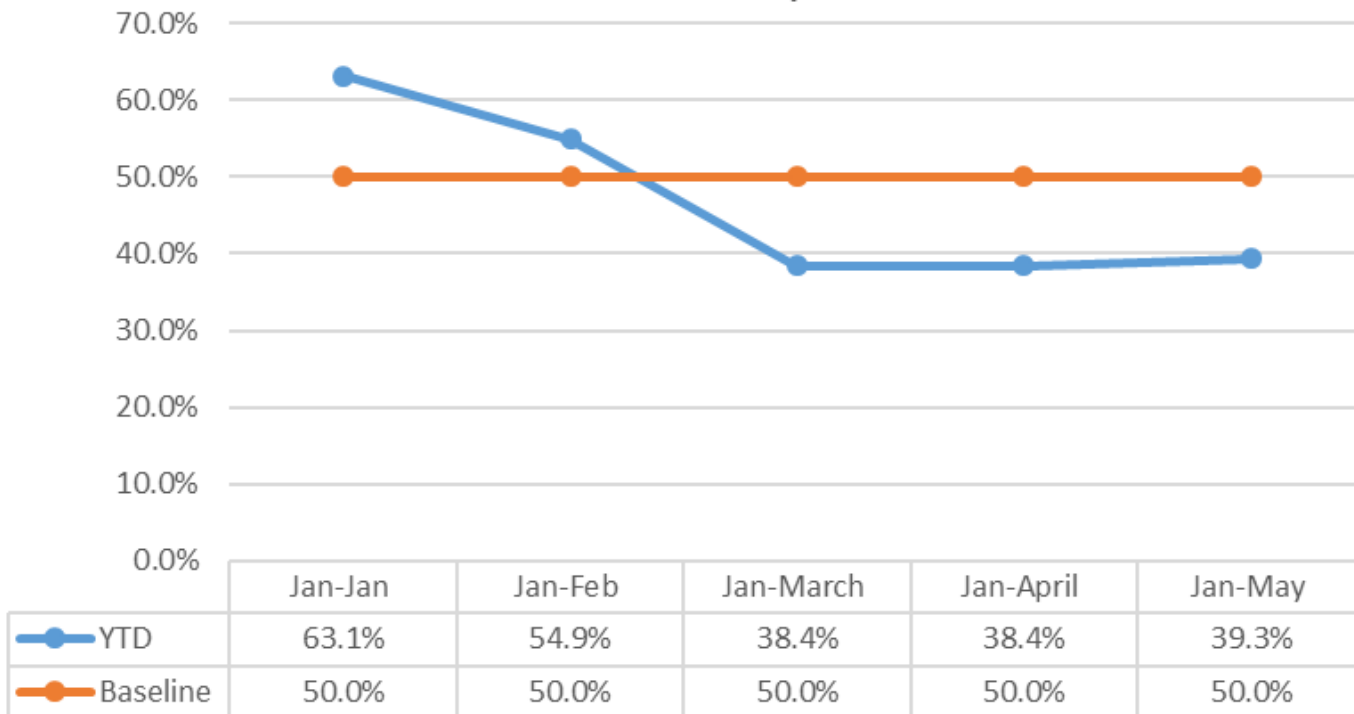
# QI-Transform L.A. - Challenges

- Range of QI understanding
  - Efficient use of EMR data for reporting quality of care information
  - Awareness of Quality Improvement tools: Plan, Do, Study, Act (PDSAs), monthly QI review meetings
- High staff turnover
  - Care team members, office managers, physicians, etc.
  - Sustaining practice QI knowledge
- Physician satisfaction
  - Resolving occasional operations or process challenges beyond the QI Dept.

# QI-Transform L.A. Results To Date

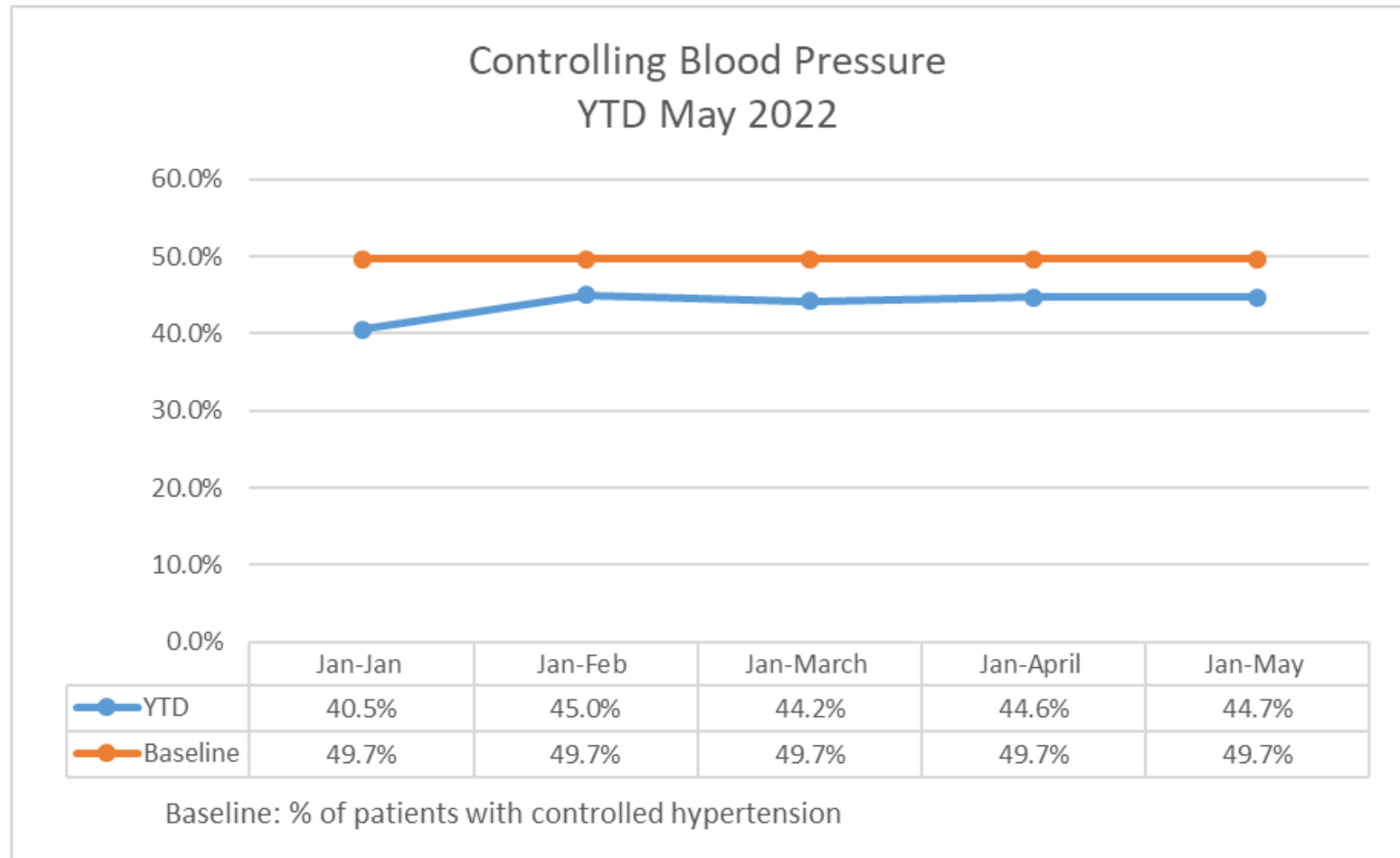
This is an inverse measure

HbA1c >9% (Poor Control)  
YTD May 2022



Baseline: % of patients with A1c value > 9% (Poor Control)

# QI-Transform L.A. Results To Date



# QI-Transform L.A. - Success stories

- **Dr. Max Ghannadi**

- Increased leadership buy-in/engagement
- Optimization of EMR use
- Developed EMR reporting for CQM

**"You guys are a really big help, can't thank you enough. LA Care has never had a program that is as interactive with the providers as you guys have been. They should be happy because you guys are indispensable"**

*- Dr. Max Ghannadi, MD*

- **JWCH (Wesley Health Centers)**

- Beginning to identify ways to improve metrics: CIS Combo 10, A1c Poor Control >9%, CBP

- **AME Medical Group**

- Established QI committee to identify areas of improvement
- Initially resistant, now manages their own PDSA cycles

**"You guys are doing a great job, thank you for your excellent work conducting a provider focus group & observation day."**

*- Dr. Paul Gregerson, MD*

**"The PDSAs are actually very helpful. Maria (lead MA) has taken off with doing PDSAs on her own. We are currently starting our own PDSA for Diabetes A1c."**

*- Sanjana Narkar, COO*



# QI-Transform L.A.





July 18, 2022

TO: Board of Governors

FROM : John Baackes, CEO

SUBJECT: 3<sup>rd</sup> Quarter FY 2021/22 Vision 2024 Progress Report

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

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

- Implementation of key CalAIM initiatives, such as Enhanced Care Management and Community Supports, continued, while development of out-year initiatives such as the Population Health Management strategy began to have an increased focus.
- Community Health Workers were redeployed to the field and face-to-face risk assessments for Cal MediConnect members were resumed.
- L.A. Care convened the Los Angeles County Safety Net Coalition, whose goal is to reform Medi-Cal reimbursement for a more rational distribution of resources.
- In person classes resumed at all 10 open Community Resource Centers.
- Expansion campaign to engage newly eligible undocumented older adults who are now eligible for Medi-Cal was launched.



## High Performing Plan

*Achieve operational excellence by improving health plan functionality.*

Build out information technology systems that support improved health plan functionality.	
Tactics	Update
Improve customer service through the Voice of the Customer (VOICE) initiative, our customer service information technology system.	In June, the VOICE program implemented the provider assignment change process to all Call Center agents. This is expected to shorten call handle times and enhance overall customer experience. Enhancements in our interdepartmental and current workflows are in development and will deploy by the end of Q1 FY 22-23; this will improve hand-offs of member requests to other departments. Planning and development has started on the Call Flow Project, which includes courtesy call back, post-call surveys, and other self-service tools to help improve the overall customer experience. Anticipated plan execution beginning Q1 FY 22-23.
Improve efficiency and effectiveness of financial management functions with the implementation of the additional phases of the SAP system, our Enterprise Resource Platform (ERP).	<p>The Accounts Payable Module is 100% completed and will go live during the first week of July. The configuration for the General Ledger, which includes Controlling, Fixed Assets, and Projects, is approximately 95% complete at the end of June and expected to go live in mid-July.</p> <p>This implementation replaces Solomon, our old accounting system. Interface connections are being configured between our Payroll system, Concur Travel and Expense, and SAP Billing and Disbursements, which will eliminate manual intervention between the systems.</p> <p>Revenue Automation went live at the end of June. This phase automated the files coming from the state to include Medi-Cal and Medicare and retroactive rates and enrollment adjustments. The 820 files and the Monthly Membership Report from CMS are now automated and manual processes have been either eliminated or significantly reduced.</p>
Complete the implementation of SyntraNet to support operational improvements across the enterprise, with a particular emphasis on appeals and grievances.	The ongoing enhancement requests and deployments for Utilization Management (UM) and CalAIM workflows and functionalities were continued. Initial phases of features for new requirements for letter translation were implemented and subsequent phases are in development with UpHealth. We configured and implemented new functionalities for CalAIM requirements going live July 1, 2022. Also, we gathered business requirements for grievance, appeals, and potential quality of care processes and functions.



Build out information technology systems that support improved health plan functionality.	
Tactics	Update
Modernize provider data management by defining and creating a roadmap for achieving our target state for our provider data ecosystem.	<p>The Provider Roadmap initiative is a multi-year program focused on improving L.A. Care's provider data quality and management, including enhancements to data intake, standardization, validation, storage, and reporting processes. As part of this initiative, L.A. Care evaluated multiple provider data solutions and has identified a provider data management platform that will:</p> <ul style="list-style-type: none"> <li>• establish a centralized provider data repository that will enable multiple disparate systems to be discontinued;</li> <li>• delineate all network affiliations, hierarchies, and subnetworks in order to facilitate the identification and management of all providers available to a member within a closed sub-network;</li> <li>• integrate contracting and credentialing workflows and task performance;</li> <li>• support the use of the standardized provider file (SPF) to receive provider data directly from our PPG partners;</li> <li>• leverage validated provider data available through a partnership with the Symphony Provider Directory Utility; and</li> <li>• employ the newly established data governance framework to ensure better data quality.</li> </ul> <p>As part of the evaluation and due diligence process prior to licensing and implementing the provider data management platform, L.A. Care has entered into a pre-implementation agreement that will produce a data conversion plan for integrating and converting L.A. Care's provider data.</p>
Refine and implement our three-year technology roadmap and ensure that the reference architecture serves as a blueprint that evolves with L.A. Care's needs.	The Technology Roadmap continues to evolve and is being refined as we move forward. Successful delivery of the second phase of CalAIM along with a clear set of requirements for automation and the utilization of QR codes will allow for timely propagation of accurate data across the enterprise. This further advances our goal for the exploitation of more modern technology services.
Develop real-time interoperability capabilities to share data with providers and members.	The first phase is complete with public facing provider directory Application Program Interfaces (APIs), which allow any system or software application to search and download L.A. Care's complete Provider Directory. This allows search engines such as Google and others to access our Provider Directory and present results to their users. The second phase to provide a data connection API for members to access all of their health information maintained by L.A. Care is





<b>Build out information technology systems that support improved health plan functionality.</b>	
<b>Tactics</b>	<b>Update</b>
	well underway. Expected to be ready by September 2022, the data connection API will enable third party applications (typically on smart phones) to access member data, but only with member consent.
<b>Support and sustain a diverse and skilled workforce and plan for future needs.</b>	
<b>Tactics</b>	<b>Update</b>
Conduct succession planning, particularly at the leadership level.	We continue to work to ensure L.A. Care can address changes in management as they occur. Over the past twelve months, we have had 23 management promotions from existing staff. We are continuing to work with leadership to identify or hire employees with succession as a key decision point. Potential successors are provided with leadership coaches to continue to develop their skills.
Maintain a diverse and inclusive workforce, validated by data analysis, to model L.A. Care's commitment to Diversity, Equity, and Inclusion.	We are providing a two-day Cultural Humility & Anti-Racism Education to all Directors and above that will be completed by fiscal year end. We continue to monitor our employee ethnicity, race, and gender to maintain a diverse employee base.
Support a culture of accountability that encourages transparency.	We have instituted ongoing coaching between Human Resources and individuals (including managers at all levels of the organization) to enable managers to better hold remote employees accountable with respect to performance.
Improve managed care and Management Services Organization (MSO) acumen among staff.	We provide an introduction to Managed Care during employee orientation and offer opportunities for employees to participate in educational sessions provided by Local Health Plans of California. We continue to seek additional opportunities to increase our employees' acumen.
Promote retention of staff in an evolving work environment.	L.A. Care continues to make progress with the initiatives from last quarter (actions plans developed from the previous Employee Engagement Survey, Employee Recognition Program, and Employee Resource Groups). The results of these initiatives will be evidenced upon the completion of the upcoming Employee Engagement Survey scheduled for October 2022. Additionally, our 12-month turnover rate is slightly over 18%, well below the current industry average of 37%.



Ensure long-term financial sustainability.	
Tactics	Update
Implement recommendations from the administrative expense benchmarking study and update the administrative expense target in the revised forecasts.	As part of the FY 22-23 budget process, L.A. Care will use benchmarking analysis, historical trends, and FY 22-23 membership expectations to fund appropriate resources.
Develop risk arrangements for Enhanced Care Management (ECM) and the Dual Eligible Special Needs Plan (D-SNP).	<p>In the April-June 2022 quarter, additional providers were vetted and certified. Enhanced Care Management (ECM) &amp; Community Supports (CS) providers with a July 2022 effective date include:</p> <ul style="list-style-type: none"> <li>• Seven additional providers for ECM</li> <li>• Eight additional providers for CS</li> </ul> <p>Department of Public Health will not be ready for a July start and will be pushed to the Fall.</p>
Mature L.A. Care's family of product lines, taking an "all products" approach whenever possible.	
Tactics	Update
Launch a D-SNP to serve the dually-eligible Medicare and Medi-Cal population and transition members from Cal MediConnect (CMC) to the D-SNP.	<p>The following items were accomplished this quarter to prepare for the Dual Eligible Special Needs Plan (D-SNP) launch:</p> <ul style="list-style-type: none"> <li>• received conditional approval for the Medicare Advantage Part C, D and SNP applications.</li> <li>• received a 3-year approval on the D-SNP Model of Care.</li> <li>• L.A. Care filed the Medicare Advantage Part C and D Bids.</li> <li>• Monthly Department of Health Care Services Cal MediConnect (CMC) to D-SNP Enrollment Transition Workgroups continue.</li> <li>• Operational processes to support Exclusively Aligned Enrollment continue to be developed by the state in partnership with stakeholders.</li> <li>• L.A. Care D-SNP implementation work streams continue, led by the Enterprise Portfolio Management Office.</li> </ul>



Mature L.A. Care's family of product lines, taking an "all products" approach whenever possible.	
Tactics	Update
Increase membership across all products by implementing member recruitment and retention strategies.	<p><b>Marketing</b></p> <ul style="list-style-type: none"> <li>• <u>L.A. Care Covered</u>: Our newly implemented "lights on effort" presence in the market transitioned into our Special Enrollment Period (SEP) campaign. Marketing is refreshing our market analysis in partnership Strategic Planning to aid in developing a tactical Go-To-Market plan.</li> <li>• <u>CMC</u>: Campaign is launching in the 2nd week of July, with a bold growth intent, straight until October 1st.</li> <li>• <u>D-SNP</u>: Go-To-Market has initiated with regulatory core and supplementary collateral messaging development and development of marketing and sales campaign messaging.</li> <li>• <u>Medi-Cal and Plan Partners</u>: Continued expansion campaign for Medi-Cal to reach newly eligible undocumented older adults. Working with Medi-Cal team to strategize on a refresh for FY 22-23 to include Kaiser as a new competitor.</li> </ul> <p><b>Sales</b></p> <ul style="list-style-type: none"> <li>• <u>L.A. Care Covered</u>: Sales planning and execution aligned to SEP retention outreach. October renewal outreach and Open Enrollment Period (OEP) growth in changing premium subsidy environment.</li> <li>• <u>D-SNP</u>: Sales Strategy launch underway with high priority broker channel contracting and agent certification expansion.</li> <li>• <u>Medi-Cal</u>: Sales redetermination (currently October 2022) outreach support planning underway.</li> </ul>
Engage in a provider network strategy that meets distinct business and competitive needs of all products and ensures that members receive high-value care.	We continue to focus on building, growing, and adding valued providers to our Direct Network through focused recruitment efforts and targeted strategic measures. Membership continues to grow within the Direct Network and has increased 6.8% to nearly 33,801 members from the previous quarter. This is an additional 1.5% trended growth from the previous reporting period. The team continues to monitor network utilization and trending through various tools, reporting, dashboards, and services to evaluate network opportunities. Additionally, we continue to work closely with our regulators to ensure we are meeting the time and distance standards across all lines of business for all our members to access high-value care within the appropriate distance or time.



Mature L.A. Care's family of product lines, taking an "all products" approach whenever possible.	
Tactics	Update
	Ongoing activities include evaluating opportunities to transition PPG shared risk business to dual risk and to full risk where it aligns with our hospital partners, as appropriate. Recently two groups successfully transitioned from shared to dual risk in May 2022.

## High Quality Network

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

Mature and grow our Direct Network.	
Tactics	Update
Insource delegation functions that are currently outsourced, as appropriate and cost effective.	OptumHealth (Optum) continues to perform select Utilization Management (UM) and Care Management (CM) services for the L.A. Care Direct Network members. To ensure a transition that is seamless for L.A. Care's members and providers, L.A. Care is continuing work on a comprehensive readiness plan to in-source these services, by taking a holistic approach to ensure that the plan will be able to meet or exceed all compliance and quality standards to serve the DN members, and partner with Direct Network providers. In addition to finalizing a comprehensive readiness plan, L.A. Care is in the process of seeking the requisite approval from California's Department of Managed Health Care (DMHC) to in-source from Optum the UM and CM services for Direct Network members.
Improve the operations of all L.A. Care functions necessary to support and scale up the Direct Network.	Continued efforts for operational improvements, with the support of the Direct Network Administration Steering Committee. User acceptance testing is underway with "Therefore," a provider load process tool, with a projected start date of July 31st. Ongoing reporting enhancements are underway within the Provider Portal to support Direct Network needs. The network team, in collaboration with the Learning and Development team, is projected to launch onboarding instructor-led and pre-recorded training opportunities through the Learning Management System in August 2022.
Strategically address gaps in the Direct Network to meet all member needs countywide.	L.A. Care continues to improve network adequacy by utilizing targeted provider recruitment data, analytics, and dashboards to make strategic network decisions. We work closely with our regulators to ensure we meet the needs of our growing network countywide.



Mature and grow our Direct Network.	
Tactics	Update
	Over the course of the past two years, we have increased our DMHC Core Specialties network adequacy by 14% from 80% in 2020 to 94% in 2022 (April 2022 data). Additionally, we have focused recruitment efforts and monitoring on an expanded listed of DHCS Core Specialties and have grown the network 13% from 87% in 2021, to 100% in 2022 (May 2022 data). As a result of the robust Specialty Network, our volume of out-of-network requests has decreased and continues to trend down even as membership has grown.
Increase access to virtual care by implementing L.A. Care's Virtual Specialty Care Program (V-SCP).	Since our last report, Children's Hospital Los Angeles (CHLA) has agreed to be our pediatric virtual specialty group. We are in the process of training a variety of CHLA pediatric specialists in our pilot V-SCP model. This allows our participating V-SCP Direct Network PCPs to submit an eConsult, request a telehealth or face-to-face visit all with CHLA. We now have five Direct Network Clinics/practices that are participating in the V-SCP pilot program.

Improve our quality across products and providers.	
Tactics	Update
Achieve quality scores for the Direct Network that are commensurate with the median IPA network scores.	Monthly Provider Opportunity Reports (PORs) are sent out which contain member-level Healthcare Effectiveness Data and Information Set (HEDIS) gaps in care, and also Utilization Management rates for Direct Network providers to address potential care coordination gaps. Clinician and Group Consumer Assessment of Healthcare Providers and Systems Survey (CG-CAHPS) reports, which are developed annually, were recently distributed to give providers insight into how their assigned members perceive the care they are receiving in the practice setting. Also, L.A. Care recently piloted Performance Improvement Scenarios reports to show some Direct Network providers potential incentive earnings based on increased P4P performance scores.
Exceed the DHCS Minimum Performance Level for all measures for Medi-Cal, achieve a four-star quality rating for L.A. Care Covered, and build the infrastructure to achieve a four-star quality rating for our D-SNP.	To address the multi-year plan to improve quality, L.A. Care continues and is launching initiatives that address member, provider, community, and L.A. Care staff needs: <ul style="list-style-type: none"> <li>• Of the 15 Measure Year (MY) 2021/ Reporting Year (RY) 2022 Managed Care Accountability Sets (MCAS) Minimum Performance Level (MPL) measures, 12 are above the 50th percentile MPL. This is a significant improvement over MY2020/Ry2021 where 11 out of 19 measures reached the MPL.</li> </ul>



Improve our quality across products and providers.	
Tactics	Update
	<ul style="list-style-type: none"> <li>• Eight patient experience trainings for providers/clinicians and clinic staff were held in May and June. There were a total of 840 registered people and 465 attendees. L.A. Care is partnering with several clinics and internal L.A. Care departments to provide patient experience trainings for their staff either in-person or via webinar.</li> <li>• Member health reminders including mailers, automated call campaigns, and social media campaigns continue. Topics include cancer screenings, wellness visits, immunization reminders, diabetes and blood pressure. Texting campaigns also launched providing information on cervical cancer, well child visits, blood pressure, and diabetes.</li> <li>• The Quality Improvement team continued a partnership with American Cancer Society. The organizations are collaborating on various social media campaigns, co-branded mailers, and a waiting room poster.</li> <li>• L.A. Care continues meeting with various medical groups to discuss and collaborate on quality improvement activities.</li> <li>• Multiple consulting efforts are leading to workplans for Stars improvement for the upcoming D-SNP and for LACC. Member Experience is the most heavily weighted domain and demands significant focus.</li> </ul>
Improve clinical data integration and data governance, starting with race, ethnicity, language, sexual orientation, and gender identity data, in order to achieve the NCQA Health Equity Distinction.	The programs to further define and integrate race and ethnicity data elements and provide governance were launched in February as planned. We continue to make progress on gathering requirements and have begun to execute the development of components to satisfy the NCQA Health Equity Distinction.
Improve clinical performance for children's care.	Interventions focusing on the message of "Back to Care" launched in June 2022. Automated call campaigns, postcards, and social media posts are meant to encourage parents/guardians to schedule well care visits for their children. The Well Care Visit texting campaign concluded in June 2022. The engagement so far has been encouraging; members have messaged back positive comments such as, "Thank you for caring about our health."



Invest in providers and practices serving our members and the L.A. County safety net.	
Tactics	Update
Assist our providers in adopting and using Health Information Technology (HIT) resources.	The 16 Transform L.A. practices are reporting 10 clinical quality measures from their electronic health record system. A new effort to ensure Primary Care Providers receive discharge notifications electronically is in progress.
Provide practice coaching to support patient-centered care.	<p>Transform L.A. has increased the number of Direct Network practices to 16 (34 sites) with 119 providers, 31% of Direct Network members, and 21% of L.A. Care's total members. Nine practices are reporting improvement in Controlling High Blood Pressure and three practices are reporting improvements in Diabetes A1c Poor Control.</p> <p>The Help Me Grow LA initiative has completed Year 1 of the program. Twenty early childhood development classes have been provided to the community and L.A. Care members. The first CME event was held on May 19th with 314 virtual attendees and was well received. The two practices enrolled in Cohort 1 have already increased their volume of patients aged 0-5 years old being screened for developmental delays. Enrollment for Cohort 2 (five practices) is underway.</p>
Implement innovative programs to train, recruit, and retain highly qualified providers through the Elevating the Safety Net initiative.	<ul style="list-style-type: none"> <li>• <b>Health Career Internship Program:</b> 31 new interns have been matched and placed across Los Angeles County to gain valuable experience in a variety of health care settings, including community health centers, community-based organizations, and L.A. Care. Over a 10-week period this summer, the interns will support various clinical and programmatic activities.</li> <li>• <b>Residency Support Program (RSP):</b> L.A. Care finalized grant agreements with the four institutions awarded under Cycle 3 funding – AltaMed, Charles R. Drew University of Medicine and Science (CDU), UCLA, and White Memorial. The approved funds will support salaries and benefits for 25 residents across the four institutions starting in academic year 2022-23 through 2024-25.</li> <li>• <b>Medical School Scholarships:</b> CDU and UCLA confirmed the fifth cohort of eight new L.A. Care Scholars in May 2022. Three of the eight students from the first cohort of L.A. Care Scholars in 2018 graduated in June 2022. L.A. Care has offered 40 full-tuition scholarships since 2018 and received approval from the Board of Governors to award 40 new scholarships over the next five years.</li> <li>• <b>Provider Loan Repayment Program (PLRP):</b> We have 125 active physician awards, including 35 new physicians awarded and seven physicians who received an award extension (two additional years) in June 2022.</li> </ul>





Invest in providers and practices serving our members and the L.A. County safety net.	
Tactics	Update
	<ul style="list-style-type: none"> <li>• <b>Provider Recruitment Program (PRP):</b> We continue to grow the PRP program, with 140 providers hired totaling more than \$19.4 million in investment. There are currently 22 vacancies.</li> <li>• <b>Elevating Community Health:</b> For the Community Health Worker (CHW) program, future investments will be based on emerging county-wide needs and alternative funding opportunities. In the Center for Caregiver Advancement's (CCA) IHSS training program, as of May 2022, the 15th trimester graduated 461 new caregivers, for an overall total of 4,889 trained providers who offer in-home services to our L.A. Care members.</li> <li>• <b>National Medical Fellowship (NMF):</b> L.A. Care committed to funding a fifth cohort of seven fellows starting in June 2022.</li> <li>• <b>Keck Graduate Institute (KGI) Master of Science in Community Medicine (MSCM):</b> KGI will offer 25 students full-tuition scholarships in 2022 as part of L.A. Care's \$5 million investment in the graduate program. Twenty of the 22 students who received a scholarship in 2021 are on track to complete their first year of graduate education in the MSCM program.</li> <li>• <b>CDU New Medical Education Program:</b> With L.A. Care's \$5 million investment, CDU is making progress towards establishing the New Medical Education Program in preparation for welcoming the first class of 60 medical students in 2023.</li> </ul>
Utilize the Community Health Investment Fund (CHIF) to leverage opportunities for providers to increase quality and access to care.	Community Benefits Department awarded several CHIF grants to support expanded access to quality care. Twelve community clinics were awarded Oral Health Initiative grants to expand access to dental care by hiring additional dental staff at community clinics. Ad Hoc grants were awarded to three entities in support of two health care workforce pipeline and retention programs, and a Diabetes Center for Excellence focused on South Los Angeles residents.





## Member Centric Care

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

Operate all components of California Advancing and Innovating Medi-Cal (CalAIM) as they are launched.	
Tactics	Update
Maximize care for L.A. Care members, within funding constraints, through successful implementation of Enhanced Care Management (ECM) and Community Supports (CS) for specified populations of focus.	<p><b>Enhanced Care Management (ECM):</b> L.A. Care has continued to focus on a successful transition to and implementation of ECM, including connection with members grandfathered from Health Homes and Whole Person Care. Contracted ECM Providers worked to complete the required reassessment of grandfathered members against ECM graduation criteria by June 30, 2022, in effort to determine the members' needs for ongoing services. L.A. Care also worked to expand our ECM provider network, with the anticipated addition of a small group of new providers effective July 1, 2022.</p> <p><b>Community Supports (CS):</b> L.A. Care finalized program development, provider certification, IT business requirements, and is working on contracting with prospective providers for the Community Supports services effective July 2022 – Housing Deposits, Personal Care and Homemaker Services, Sobering Centers, and Respite Services.</p> <p>Additionally, DHCS Model of Care deliverables Part 1 &amp; 2 were completed for the new Community Supports that L.A. Care is adding on January 2023 – Environmental Accessibility Adaptations (Home Modifications).</p>
Ensure CalAIM Population Health Management (PHM) requirements are met.	In April, DHCS released a draft of the PHM Strategy and Roadmap document. The Individual Risk Assessment will not be required. PHM team will continue to lead the member assessment workgroup to identify duplications and future state coordination. The PHM team continues to identify IT and non-IT requirements needed to meet all PHM program requirements. The biggest gap identified of the program requirements is addressing the transitions of care. A cross functional team was developed last quarter to identify current state and gaps in requirements. The final version of the PHM Strategy and Roadmap is due for release in July.
Monitor and establish infrastructure for longer-term CalAIM initiatives.	<p>This quarter, overall longer-term CalAIM monitoring and planning efforts were:</p> <ul style="list-style-type: none"> <li>• CalAIM Core Planning Team continues to provide updates to key stakeholders.</li> <li>• The implementation timeline for the Short Term Post-Hospitalization Housing Community Support was revised from 7/1/22 to TBD.</li> <li>• There were 25 members listed for Major Organ Transplant as of March 2022.</li> </ul>



Operate all components of California Advancing and Innovating Medi-Cal (CalAIM) as they are launched.	
Tactics	Update
	<ul style="list-style-type: none"> <li>Changes have been made to the Long Term Care (LTC) Carve-In with Skilled Nursing Facilities (SNF) being carved in 1/1/23 and other LTC services being carved in on 7/1/23. A draft All Plan Letter for LTC SNF carve-in has been released and is being reviewed.</li> </ul>

Establish and implement a strategy for a high-touch care management approach.	
Tactics	Update
Maximize use of care managers and community health workers within our care management model.	Care Management has continued to focus on expanding the team in order to maximize our ability to conduct field outreach. Efforts to grow Care Management's presence in the field have been underway to implement our strategy for a high-touch approach to care management, which has included re-deploying our team of community health workers (CHWs) to the community, deploying a Care Management Assessment Coordinator to complete field assessments, and slowly venturing into L.A. Care's Community Resource Centers.
Increase use of field-based care management in the community.	Care Management community health workers (CHWs) successfully redeployed to the field at the beginning of Q3 and have continued their efforts to re-establish Care Management's presence in the community. The team CHWs have already completed successful visits in member's homes, providing support during provider visits, and CHW interventions in other community locations. In collaboration with Customer Solutions Center, the Care Management team has facilitated the resumption of face-to-face Health Risk Assessments for CMC enrollees who prefer to have their initial or reassessment Health Risk Assessment completed in-person in the location of their choice.
Expand upon our progress with palliative care and add other end-of-life services.	<p>Palliative care provides an additional layer of support to members with serious illness. Our program is expanding and we have been able to enroll more members for these home-based supportive services. We are reaching out to community partners and increasing our reach to long-term care facilities, as well as working with local providers to enroll members during transitions of care.</p> <p>With the introduction of the CalAIM program, members who are eligible for ECM are also often eligible for palliative care services and work is being done to educate the providers for these programs.</p>



<b>Establish and implement a strategy for a high-touch care management approach.</b>	
<b>Tactics</b>	<b>Update</b>
	<p>We continue to work with our long term care partners by education and referrals to palliative care for those members in long term care settings. New palliative care providers have been credentialed that have expertise in this and the inpatient hospital setting allowing earlier outreach.</p> <p>Collaboration with the Community-Based Adult Service (CBAS) centers is ongoing since this is also another setting where eligible members go for services.</p> <p>As the COVID pandemic has created a new population of members with needs expanded criteria are being implemented.</p>
<b>Ensure that the services we provide to members promote equity and are free of implicit and explicit bias.</b>	
<b>Tactics</b>	<b>Update</b>
Leverage external partnerships, grantmaking, and sponsorships to implement programs that address the root causes of inequity, including racism and poverty.	<p>The Member Health Equity Council continues working on established goals and metrics for FY 21-22. Progress has been made for informing providers about social determinants of health, ICD-10 “Z-Codes.” We are currently working with partners on a provider training about social determinants of health.</p> <p>Nine Community Health Investment Fund (CHIF) grants were awarded to augment clinical strategies and address inequity:</p> <ul style="list-style-type: none"> <li>• One Ad Hoc award provides therapeutic and case management services to children scoring high on Adverse Childhood Experiences ACEs screenings and their families.</li> <li>• Eight grants were awarded through the Generating African American Infant and Nurturers Survival (GAAINS) Initiative, to support structural change across the perinatal ecosystem and to mitigate health disparity gaps in infant and maternal care and achieve birth equity for African Americans.</li> </ul>
Identify and reduce health disparities among our members by implementing targeted quality improvement programs.	<p>L.A. Care focused on disparities in diabetes, hypertension, and perinatal care:</p> <ul style="list-style-type: none"> <li>• The Diabetes Disparities Performance Improvement Project launched in November and partnered with Bartz-Altadonna Community Health Center. The intervention consists of two phone calls by the L.A. Care Health Education team along with a mailer</li> </ul>



Ensure that the services we provide to members promote equity and are free of implicit and explicit bias.	
Tactics	Update
	<p>on health information and local resources. The health educators reached 16 out of 68 eligible members.</p> <ul style="list-style-type: none"> <li>• The Diabetes Quality Improvement Project focuses on Black/African American Covered California members. This project will provide medically tailored meals to eligible members along with the option for nutrition counseling with a registered dietitian. This project is set to launch in Q4 FY 21-22.</li> <li>• The Quality Improvement intervention to improve blood pressure pilot delivered 200 blood pressure cuffs to three clinics with a large volume of members with high blood pressure. These clinics are primarily located in Service Planning Areas 4 and 6 – Metro and South Los Angeles.</li> <li>• Two texting campaigns focusing on perinatal measures are scheduled for launch in Q4 FY 21-22. The Postpartum campaign will go out to members eligible for the visit, linking them to resources, appointment scheduling assistance and offering incentive on successful completion of the postpartum visit. The Prenatal texting campaign messages will be tailored to address the disparities among Black /African American pregnant individuals seeking prenatal care, by providing education about the importance of timely prenatal care and a connection to L.A. Care for assistance with appointment scheduling.</li> <li>• On May 6, the Health Resources and Services Administration (HRSA) announced the launch of the Maternal Mental Health Hotline, "a new, confidential, toll-free hotline for expecting and new moms experiencing mental health challenges." The hotline can be accessed by phone or text in English and Spanish. The hotline has been added under Health Education Maternal resources page. The resource is also incorporated into the new resource guide developed on perinatal resources offered by L.A. Care and broader community partners/agencies focusing on services tailored to Black/African American pregnant individuals.</li> </ul>
Implement initiatives to promote diversity among providers, vendors, and purchased services.	The planning for the Small Business Training progressed. The criteria for selecting 10 small businesses have been developed and efforts are ongoing to identify the small businesses for the 10 sponsorship slots. We have already reached out to small businesses that are existing L.A. Care vendors, and are currently partnering with both the Los Angeles Area Chamber of Commerce and the Los Angeles County Department of Consumer and Business Affairs to reach out to their vendor pool to identify additional candidates.



Ensure that the services we provide to members promote equity and are free of implicit and explicit bias.	
Tactics	Update
Offer providers Diversity, Equity, and Inclusion resources to promote bias-free care.	<p>L.A. Care's Cultural and Linguistics team, in partnership with Health Net, will be offering two provider Implicit Bias trainings in August and September 2022. Session 1 will focus on foundational implicit bias concepts in the healthcare setting and will include examples and strategies to support marginalized communities in navigating healthcare system. Session 2 will focus on implicit bias and maternal health disparities, including how birth professionals can incorporate strategies to mitigate implicit bias and increase cultural humility.</p> <p>L.A. Care is also partnering with Health Leads to provide a panel style webinar on equity oriented primary care. This webinar will highlight clinics across the nation who are in a pilot program to restructure their organization to focus on equity.</p> <p>Additionally, we are currently planning a training on LGBTQ+ health disparities and Sexual Orientation and Gender Identity (SOGI) data collection for providers, allied staff, and internal staff. Training will cover topics including gender pronouns, creating gender inclusive messaging, and discussing importance of collecting SOGI data.</p>

## Health Leader

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

Drive improvements to the Affordable Care Act by serving as a model of a successful public option.	
Tactics	Update
Play a leading role in advocating for a public option at the state and national levels.	As the largest public plan in the country, L.A. Care continues to advocate for policies that would benefit Medi-Cal and the safety net. This quarter, L.A. Care convened the Los Angeles County Safety Net Coalition (LACSNC), with membership representing hospitals, clinics, and physician practices. LACSNC's goal is to reform Medi-Cal reimbursement to have parity in resources for the Medi-Cal population and a more rational distribution of resources.



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

Tactics	Update
Provide expertise and assistance to other public plans interested in participating in state exchanges.	L.A. Care continues to provide high level guidance to plans considering joining the state exchange.

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

Tactics	Update
Increase the number of Community Resource Centers to 14, in partnership with Blue Shield of California Promise Health Plan, and increase number of annual visits to 50,000 across all centers by Q4 2022 and 60,000 by Q4 2023.	In-person classes resumed at all 10 open Community Resource Centers (CRCs), including physical fitness/exercise classes and child supervision services. Construction continues at the Long Beach Center. A lease was signed for the new Lincoln Heights CRC.
Partner with community-based organizations to offer a range of services onsite.	With resumption of in-person programming, recruitment of Community Based Organization partnerships has begun. Partnership with Access Books to provide mini children's libraries for seven centers was launched.

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

Tactics	Update
Identify and prioritize actions, interventions, and programs to promote equity and social justice.	L.A. Care wrote and received approval from the Board of Governors on a resolution calling for gun safety legislation. L.A. Care wrote a statement on the Supreme Court decision for gun laws and Roe vs. Wade. We are also working on a convening about gun violence.
Support regional Health Information Exchanges (HIE).	L.A. Care is committed to strengthening the regional Health Information Exchanges (HIE) by directly engaging with them on strategic and regulatory requirements. This is accomplished by



Drive change to advance health and social services for our members and the community.	
Tactics	Update
	<p>delivering network priority lists specific to each HIE that would help them achieve the maximum market penetration and improve community access to member data. The regional HIE networks are making steady progress in onboarding new clinical partners. L.A Care's Leadership and the HIE Steering Committee are closely collaborating with the HIEs to address participant onboarding and are taking additional measures such as:</p> <ol style="list-style-type: none"> <li>1. Incorporate HIE Participation Requirements in the Hospital Contracts.</li> <li>2. Introduce a Value Initiative for IPA Performance (VIIP) HIE meaningful use measure for the IPAs, and provide incentives for participation.</li> <li>3. Launched Semi-Annual HIEc Communication to the Provider Groups and Clinics for all lines of business (excluding Medi-Cal Plan Partners). The objective of the communication is to provide Health Information Ecosystem (HIEc) updates to the providers and strongly encourage their participation in the networks.</li> </ol> <p>In addition, L.A Care has revised the HIEc Strategy to build a sustainable HIE Infrastructure and laid out recommendations to further improve the regional HIE networks. L.A. Care is in the process of establishing a digital exchange with the HIEs using the latest Fast Healthcare Interoperability Resources (FHIR) format, in compliance with federal and state regulatory requirements L.A. Care maintains close communication with the exchanges through bi-weekly operations meetings and we use this regular cadence to:</p> <ul style="list-style-type: none"> <li>• optimize the workflows to support clinical pharmacy initiatives, case management, utilization management, HEDIS measures, and behavioral health; and</li> <li>• develop and coordinate community based care workflows with clinical partners such as Federally Qualified Health Centers, Independent Practice Associations, and Managed Services Organizations, to benefit at-risk populations and improve patient outcomes.</li> </ul>
Create a deliberate and tailored strategy to address homelessness among our members.	<p>L.A. Care continues to focus on improving Community Supports and more specifically Homeless and Housing Support Services (HHSS) program operations by working with internal stakeholders like IT and UpHealth teams to develop reporting specifications and a cadence for oversight and monitoring, including DHCS regulatory reporting due on a quarterly basis.</p> <p>As part of our provider engagement strategy, L.A. Care hosted webinars with contracted HHSS providers on topics like Claims, and Housing Assessment and Individualized Housing Support</p>



# Vision 2024

## Quarterly Progress Report FISCAL YEAR QUARTER 3: April – June 2022

Drive change to advance health and social services for our members and the community.	
Tactics	Update
	Plans (IHSP). The goal was to share and review best practices for conducting, developing, and submitting these items to ensure program compliance.



**May 2022**  
**Grants & Sponsorships Report**  
**July 2022 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	California Community Colleges Chancellor's Office	LGBTQ Summit	5/3/2022	Sponsorship	\$ -	\$ 1,000	\$ 1,000
2	Children's Center of the Antelope Valley	Food Truck Nights + Child Abuse Awareness Ceremony	5/17/2022	Sponsorship	\$ -	\$ 5,000	\$ 5,000
3	Community Partners	Transit, Affordable Housing, Climate and Clean Air 2022 Annual Sponsorship	5/19/2022	Sponsorship	\$ -	\$ 15,000	\$ 15,000
4	Imagine Etiquette Youth Foundation	Juneteenth Mental Health and Wellness Workshop for Women of Color - CRC Sponsorship	5/19/2022	Sponsorship	\$ -	\$ 6,000	\$ 6,000
5	Imagine LA	Back to School Event	5/19/2022	Sponsorship	\$ -	\$ 3,500	\$ 3,500
6	KJLH	Women's Health Expo - CRC Joint Sponsorship	5/17/2022	Sponsorship	\$ -	\$ 15,000	\$ 15,000
7	Los Angeles Chamber of Commerce Foundation	OneLA Inclusive Program	5/12/2022	Sponsorship	\$ -	\$ 25,000	\$ 30,000
8	Los Angeles Education Partnership (LAEP)	East L.A. Community Health Fair	5/4/2022	Sponsorship	\$ -	\$ 5,000	\$ 5,000
9	Partners in Care Foundation	22nd Annual Tribute Dinner	5/10/2022	Sponsorship	\$ -	\$ 5,000	\$ 5,000
10	Rose Bowl Legacy Foundation	Cinco de Mayo at the Rose Bowl	5/4/2022	Sponsorship	\$ -	\$ 10,000	\$ 10,000
11	SALVA	SALVA Resource Fair	5/4/2022	Sponsorship	\$ -	\$ 5,000	\$ 5,000
12	Southern Christian Leadership Conference	6th Annual Dr. Martin Luther King, Jr. Day of Sacrifice Luncheon	5/3/2022	Sponsorship	\$ -	\$ 2,500	\$ 2,500
13	The Achievable Foundation	Fundraising gala	5/4/2022	Sponsorship	\$ -	\$ 3,000	\$ 3,000
14	United Friends of the Children	Annual graduation celebration	5/12/2022	Sponsorship	\$ -	\$ 10,000	\$ 15,000
15	Urban Voices	Inagural Festival	5/18/2022	Sponsorship	\$ -	\$ 25,000	\$ 25,000
<b>Total of grants and sponsorships approved in May 2022</b>					<b>\$ -</b>	<b>\$ 136,000</b>	

\* There were no grants approved in May.



**Board of Governors**  
**MOTION SUMMARY**

**Date:** July 28, 2022

**Motion No.** BOG 103.0722

**Committee:**

**Chairperson:** Hector De La Torre

**Issue:** To delegate authority to staff of L.A. Care Health Plan (L.A. Care) to take the steps necessary to accept responsibility for the PASC-SEIU line of business after L.A. Care Joint Powers Authority (L.A. Care JPA) transfers the PASC-SEIU line of business to L.A. Care.

☐ **New Contract**      ☐ **Amendment**      ☐ **Sole Source**    ☒ **RFP/Rfq**

**Background:** L.A. Care JPA was licensed as a full service Knox-Keene health plan by the California Department of Managed Health Care (DMHC) in 2012. One of the original purposes for obtaining a separate Knox-Keene license for L.A. Care JPA was to separate L.A. Care's Medi-Cal enrollment from other lines of business to minimize tax liability under the Managed Care Organization tax (MCO tax). The MCO tax imposed a tax on Medi-Cal managed care organizations based upon enrollment. Separating the PASC-SEIU member enrollment from L.A. Care's Medi-Cal enrollment by transferring the enrollment to L.A. Care JPA allowed L.A. Care to avoid paying the MCO tax on its PASC-SEIU enrollment.

Originally, the DMHC did not treat the MCO tax plans (also known as Qualified Improvement Tax or QIF plans) as separate licensees for purposes of DMHC filings and audits in order to reduce the administrative burden on plans and the Department. The California legislature revised the MCO tax in 2019 to comply with federal requirements, which required the tax to apply to all managed care organizations, rather than just those with Medi-Cal lines of business. After the modification of the MCO tax, DMHC encouraged plans with separate QIF licensed affiliates to consolidate their enrollment into one Knox-Keene licensed plan and surrender the QIF license (and most did), since there was no longer a MCO tax reason for maintaining the separate licenses. Staff considered the unique opportunity to maintain the JPA with the county and made an assessment at the time that the administrative burden of maintaining the L.A. Care JPA Knox-Keene license would not be significant. Since that time, the Department has imposed additional requirements for L.A. Care JPA that have increased the administrative burden and compliance risk of maintaining the separate Knox-Keene license.

For the reasons described, it is recommended that L.A. Care JPA transition the PASC-SEIU membership back to L.A. Care and surrender its Knox-Keene license.

**Member Impact:**

**Budget Impact:** Transitioning the PASC-SEIU membership from L.A. Care JPA to L.A. Care will decrease administrative costs for L.A. Care Health Plan through efficiencies from consolidating the membership of all lines of business in one Knox-Keene licensed plan.

**Motion:**      **To delegate authority to staff of L.A. Care to take the steps necessary to accept responsibility for the PASC-SEIU line of business after L.A. Care JPA transfers the PASC-SEIU line of business to L.A. Care.**



**L.A. Care**  
HEALTH PLAN

**JOINT POWERS AUTHORITY**  
**Board of Directors**  
**MOTION SUMMARY**

**Date:** July 28, 2022

**Motion No.** JPA 100.0722

**Committee:**

**Chairperson:** Hector De La Torre

**Issue:** To delegate authority to staff of L.A. Care Health Plan Joint Powers Authority (L.A. Care JPA) to take all necessary actions to transfer the PASC-SEIU line of business from L.A. Care JPA to L.A. Care Health Plan (L.A. Care), including revising any necessary agreements and submitting an application for license surrender to the California Department of Managed Health Care.

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

**Background:** L.A. Care JPA was licensed as a full service Knox-Keene health plan by the California Department of Managed Health Care (DMHC) in 2012. One of the original purposes for obtaining a separate Knox-Keene license for L.A. Care JPA was to separate L.A. Care's Medi-Cal enrollment from other lines of business to minimize tax liability under the Managed Care Organization tax (MCO tax). The MCO tax imposed a tax on Medi-Cal managed care organizations based upon enrollment. Separating the PASC-SEIU member enrollment from L.A. Care's Medi-Cal enrollment by transferring the enrollment to L.A. Care JPA allowed L.A. Care to avoid paying the MCO tax on its PASC-SEIU enrollment.

Originally, the DMHC did not treat the MCO tax plans (also known as Qualified Improvement Tax or QIF plans) as separate licensees for purposes of DMHC filings and audits in order to reduce the administrative burden on plans and the Department. The California legislature revised the MCO tax in 2019 to comply with federal requirements, which required the tax to apply to all managed care organizations, rather than just those with Medi-Cal lines of business. After the modification of the MCO tax, DMHC encouraged plans with separate QIF licensed affiliates to consolidate their enrollment into one Knox-Keene licensed plan and surrender the QIF license (and most did), since there was no longer a MCO tax reason for maintaining the separate licenses. Staff considered the unique opportunity to maintain the JPA with the county and made an assessment at the time that the administrative burden of maintaining the L.A. Care JPA Knox-Keene license would not be significant. Since that time, the Department has imposed additional requirements for L.A. Care JPA that have increased the administrative burden and compliance risk of maintaining the separate Knox-Keene license.

For the reasons described, it is recommended that L.A. Care JPA transition the PASC-SEIU membership back to L.A. Care and surrender its Knox-Keene license.

**Member Impact:** None

**Budget Impact:** Transitioning the PASC-SEIU membership from L.A. Care JPA to L.A. Care will decrease administrative costs and compliance risk for L.A. Care Health Plan through efficiencies from consolidating the membership of all lines of business in one Knox-Keene licensed plan.

**Motion:**

1. To delegate authority to staff of L.A. Care Joint Powers Authority (JPA) to take all necessary actions to transfer the PASC-SEIU line of business from L.A. Care JPA to L.A. Care including revising any necessary agreements and submitting an application for license surrender to the California Department of Managed Health Care.
2. To effectuate the surrender of the Knox-Keene license of L.A. Care JPA by directing staff of L.A. Care JPA to submit an application for license surrender to the California Department of Managed Health Care in accordance with California Health and Safety Code § 1399 and California Code of Regulations title 28 § 1300.99.

# Board of Governors

## Executive Community Advisory Committee

### Meeting Minutes – May 11, 2022

1055 W. 7<sup>th</sup> 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, <i>RCAC 1 Chair</i> ***  Estela Lara, <i>RCAC 2 Chair</i>  Cynthia Contreas-Wood, <i>RCAC 3 Chair, ECAC Vice-Chair</i>  Silvia Poz, <i>RCAC 4 Chair</i>  Maria Sanchez, <i>RCAC 5 Chair</i>  Andria McFerson, <i>RCAC 6 Chair</i>  Fátima Vázquez, <i>RCAC 7 Chair, ECAC Chair</i>  Ana Romo, <i>RCAC 8 Chair</i>  Tonya Byrd, <i>RCAC 9 Chair</i>  Damares O Hernández de Cordero, <i>RCAC 10 Chair</i>  Maria Angel Refugio, <i>RCAC 11 Chair</i>  Deaka McClain, <i>At Large Member</i>  Lluvia Salazar, <i>At-Large Member</i></p> <p>* <i>Excused Absent</i>    ** <i>Absent</i>  ***<i>Present with technical issues</i></p>	<p>Phillipe Camy, <i>Interpreter</i> ***  Rebekah Coster, <i>Closed Captioner</i> ***  Isaac Ibarlucea, <i>Interpreter</i> ***  Eduardo Kogan, <i>Interpreter</i> ***  Alex Mendez, <i>Interpreter</i> ***  Ruth Nuno, <i>Interpreter</i> ***  Liliana Sanchez, <i>Interpreter</i> ***</p> <p>Gisele Brigido, <i>Public</i>  Carrie Broadus, <i>Public</i>  Yolanda Gomez, <i>Public</i>  Rachel Rose Lucky, <i>RCAC 4, Public</i>  Silvia Quezada, <i>RCAC 4, Public</i>  Gladys Alvarez, <i>RCAC 11, Public</i>  Johnny Chua, <i>RCAC 11, Public</i></p>	<p>Hilda Pérez, <i>Member, Board of Governors</i> ***  Layla Gonzalez, <i>Advocate, Board of Governors</i> ***  John Baackes, <i>Chief Executive Office, L.A. Care</i> ***  Richard Seidman, <i>M.D, Chief Medical Officer, L.A. Care</i> ***  Miriam Admasu, <i>Department Assistant, CO&amp;E</i> ***  Malou Balones, <i>Board Specialist, Board Services</i> ***  Kristina Chung, <i>Community Outreach Field Specialist, CO&amp;E</i>  Demetra Crandall, <i>Director Appeals &amp; Grievances, Customer Solution Center</i> ***  Idalia De La Torre, <i>Field Specialist Supervisor, CO&amp;E</i> ***  Auleria Eakins, <i>Manager, CO&amp;E</i> ***  Hilda Herrera, <i>Community Outreach Field Specialist, CO&amp;E</i> ***  Linda Merckens, <i>Senior Manager, Board Services</i> ***  Frank Meza, <i>Community Outreach Field Specialist, CO&amp;E</i> ***  Nicole Moussa, <i>Manager, Technical Information, Pharmacy &amp; Formulary</i> ***  Cindy Pozos, <i>Community Outreach Field Specialist, CO&amp;E</i> ***  Jose Ricardo Rivas, <i>Community Outreach Field Specialist, CO&amp;E</i> ***  Victor Rodriguez, <i>Board Specialist, Board Services</i> ***  Prity Thanki, <i>Local Government Advisor, Government Affairs</i> ***  Martin Vicente, <i>Community Outreach Field Specialist, CO&amp;E</i> ***</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	<p>Chairperson Vazquez called the meeting to order at 10:12 a.m. She read the ECAC Meeting Guidelines.</p> <p>She advised the public to please recheck these directions for updates prior to the start of the meeting.</p>	

	<p>She said: “This meeting will be conducted in accordance with the provisions of the Ralph M. Brown Act, allowing members of the Executive Community Advisory Committee, members of the public and staff to participate via teleconference, because State and Local officials are recommending measures to promote social distancing. Accordingly, members of the public should join this meeting via teleconference as follows:  <a href="https://us06web.zoom.us/j/86170224532">https://us06web.zoom.us/j/86170224532</a></p> <p>Teleconference Call –In information/Site  Call-in number: 1-415-655-0002 Participants Access Code: 2488 661 8972 (English)  Call-in number: 1-415-655-0002 Participants Access Code: 2482 888 3974 (Spanish)</p> <p>Members of the Executive Community Advisory Committee or staff may also participate in this meeting via teleconference. The public is encouraged to submit public comments or comments on Agenda items in writing by email to COEpubliccomments@lacare.org or by sending a text or voicemail to (213) 503-6199.</p> <p>Attendees who log on using the URL above will be able to use “chat” during the meeting for public comment. Attendees must be logged into Zoom to use the “chat” feature. The log in information is at the top of the meeting Agenda. This is a new function during the meeting so public comments can be made live and direct.</p> <ol style="list-style-type: none"> <li>1. The “chat” will be available during the public comment periods before each item.</li> <li>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.</li> <li>3. Click on the chat icon. It will open a window.</li> <li>4. Select “Everyone” in the To: window.</li> <li>5. Type the public comment in the box.</li> <li>6. After hitting the enter key, the message is sent and everyone can see it.</li> <li>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.</li> <li>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.</li> </ol> <p>Your comments can also be sent by text, voicemail, or email. If we receive your comments by 10:00 a.m. on May 11, 2022, 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.</p>	
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	<p>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.</p> <p>These are extraordinary circumstances, and the process for public comment is evolving and may change at future meetings. We thank you for your patience.</p> <p>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.</p> <p>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.</p> <p>All votes in a teleconferenced meeting shall be conducted by roll call.</p> <p>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 &amp; Engagement staff prior to the meeting for assistance by text (213) 503-6199 or by email to <a href="mailto:COEpubliccomments@lacare.org">COEpubliccomments@lacare.org</a>.”</p>	
<b>APPROVE MEETING AGENDA</b>	<p>Chairperson Vazquez advised the committee the Government Affairs Update will be tabled until June.</p> <p>Idalia De La Torre, <i>Field Specialist Supervisor, CO&amp;E</i>, stated that Russel Mahler, <i>RCAC 2 Chair</i>, is having technical difficulties and will be walking over to the Family Resource Center to connect and rejoin the meeting from there.</p> <p><b>The Agenda for today’s meeting was approved with the changes noted above.</b></p>	<p><b>Approved by roll call. 12 AYES (Byrd, Contreas-Wood, Hernandez de Cordero, Lara, McClain, McFerson, Poz, Romo, Salazar, Sanchez, Refugio, Vazquez)</b> <i>(Member Mahler was not able to vote due to technical difficulties.)</i></p>

<p><b>APPROVE MEETING MINUTES</b></p>	<p>The April 13, 2022 meeting minutes were approved as submitted.</p>	<p>Approved by roll call. 12 AYES (Byrd, Contreas-Wood, Hernandez de Cordero, Lara, McClain, McFerson, Poz, Romo, Salazar, Sanchez, Refugio, Vazquez) <i>(Member Mahler was not able to vote due to technical difficulties.)</i></p>
<p><b>STANDING ITEMS</b></p>		
<p><b>UPDATE FROM CHIEF MEDICAL OFFICER</b></p>	<p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, reported:</p> <p>Good news globally, COVID-19 cases and deaths have been declining for more than a month since the end of March. There are regional variations as always. In Africa and the Americas, cases are going up, but hospitalizations and deaths are staying at low levels. California and Los Angeles County cases are remaining at relatively low levels and may be coming down. There are approximately 2,500 cases per day, up from less than 1,000 cases per day a month ago. Worldwide there have been 500 million cases and 6 million deaths. He noted that the Delta variant and Omicron Variant have led the recent surge, and the BA.2 variant is a new sub variant which is much more contagious than the original omicron variant. He recommended that everyone continue to take the same precautions. He spoke about medications that can be taken by mouth for mild to moderate infections. He said that these medications can significantly reduce serious disease that can cause hospitalization. There is a preferred outpatient medication for people with severe disease. These medications are much more widely available. L.A. Care is trying to promote awareness among members and providers. If people have high risk conditions and test positive for COVID-19 they should speak to their provider. People with compromised immune systems that are not able to take medications by mouth can get medications via injection. Masking is still a recommended and mandated in public transportation settings.</p> <p>He presented information about L.A. Care's COVID-19 Data and Demographics <i>(A copy of the presentation can be obtained from CO&amp;E.)</i>.</p> <p>L.A. Care Cumulative Cases, Hospitalizations, and Deaths (as of April 19, 2022)</p> <ul style="list-style-type: none"> <li>• Cases – 214, 681</li> <li>• Hospitalizations – 30,489</li> </ul>	



- Deaths – 5,472

#### L.A. Care Cases by Gender and Age

- Females – 59%
- Males – 41%
- 0-18 years – 23%
- 19–34 years – 27%
- 35-64 years – 37%
- 65+ -- 13%

#### L.A. Care Cases by Race and Ethnicity

Race/Ethnicity	Percentage of Cases	Rank by Case Rate/100,00 members
Hispanic/LatinX	50%	1
Caucasian	24%	6
Black/African American	10%	4
Asian	6%	8
Native Hawaain/Other Pac. Islander	< 0.1%	2
American Indian/Alaska Native	<0.1%	5
Other	6%	3
Not Reported	4%	7

#### L.A. Care Case Rates by SPA Region

Region	Percent of Total Cases	Rate per 100,000
San Fernando Valley – SPA 2	23%	9,116
South Los Angeles – SPA 6	18%	8,649
San Gabriel Valley – SPA 7	14%	7,064
East Los Angeles – SPA 3	13%	8,640
Metro Los Angeles – SPA 4	11%	7,981
South Bay – SPA 8	11%	7,737
Antelope Valley – SPA 1	6%	8,458
West Los Angeles – SPA 5	2%	6,643
Other	2%	

Member Estela Lara, *RCAC 2 Chair*, stated that she is concerned that the graph displays with a rate of 9,116 cases in the San Fernando Valley. She said it is unbelievable that among the majority of the Latino community this would come out. She thinks most of it is misinformation, because the community is hesitant. Sometimes in places of origin, they have had difficulty with governments programs. She thinks there needs to be more solid information and target the community and it needs to be provided at all angles. She noted that Ilan Shapiro, *MD, MBA, FAAP, FACHE*, Board of Governors Member shares information in Spanish. She said that L.A. Care needs to address this with the local media and share accurate information about COVID-19. Dr. Seidman thanked Member Lara for her comments and noted there is concern regarding these rates in the LatinX community and all of her suggestions are terrific. L.A. Care continues to do work to target these specific populations and geographic barriers. This is information that L.A. Care has had for some time. L.A. Care works closely with the Los Angeles County Department of Public Health, community clinics, and providers so they can have one-on-one conversations with their patients. He would be happy to circle back and provide talking points so that ECAC members can speak to their communities.

Layla Gonzalez, *Member Advocate, Board of Governors*, said that sometimes the statistics don't show the entire situation. She knows it sounds scary. She asked if it can reflect the fact that there are many community workers and essential workers in these communities and they may be exposed and getting infected with COVID-19. She thinks it can be due to exposure and not only because they haven't gotten vaccinated or booster shots. Dr. Seidman

	<p>responded that it can be due a combination of everything. He noted that Latinos and African Americans case rates are higher and so are hospitalizations and deaths. They are commonly essential workers and use public transportation. They also have lower vaccination rates. People that are vaccinated can also get infected, but the illness is less severe.</p> <p>Member Tonya Byrd, <i>RCAC 9 Chair</i>, asked if cases have gone down in the African American community and requested more data for the Long Beach area. Dr. Seidman responded that that he can look for some specific information and will send to the staff to distribute to ECAC members. He noted that the slide for the information was for the Black/ African American members and account for 10% of the cases among the members, which ranks 4th by race and ethnicity on the rate basis per hundred thousand members. It does not say that cases are down.</p> <p>Member Deaka McClain, <i>Member At-Large</i>, noted that there is much confusion being caused by the media. Going out into the community trying to get this information out to them is difficult and asked Dr. Seidman what he suggests members can do to greet members of their communities and get this information out. Dr. Seidman responded that everyone has a personal choice of where they get their news from. He noted that social media can't always be trusted and encouraged members to seek information from sources of truth. He said that L.A. Care has a COVID-19 resource page for members. There are a number of different things that L.A. Care is trying. He said L.A. Care can provide talking points that members can add to their methods of communication. He noted that some people think that vaccines don't work because people that get vaccinated can still get infected with COVID-19. He said that is untrue. He encouraged everyone to get vaccinated, as not doing so can cause severe disease or symptoms if infected.</p> <p>Member Lluvia Salazar, <i>Member At-Large</i>, stated that RCAC members are not being notified or informed about events at community resource centers. This is something that she has brought up before. This is a problem, because RCAC members should be informed of what was previously mentioned. L.A. Care is not communicating this to members, who are not able to do their part without being provided with the information. She said if this isn't communicated properly it is a waste. Dr. Seidman thanked her for her comments and replied that L.A. Care will take this point down and keep RCAC members informed about events and resources available at the community resource centers. He thanked her for her comments and for getting the word out.</p>	
<b>UPDATE FROM CHIEF EXECUTIVE OFFICER</b>	<p>John C. Baackes, <i>Chief Executive Officer</i>, gave the following update:</p> <p>He thanked the committee for the invitation to speak at ECAC. He noted that the public health emergency which has been going on since February of 2020 has suspended Medi-Cal</p>	

redeterminations. At the April ECAC meeting he brought the opportunity for the ECAC chairs to become ambassadors in a program organized by the Department of Health Care Services so they can provide information to recipients. Member should have received a registration from the state so they can become and ambassadors and receive information and a tool kit. Right now the public health emergency is scheduled to end on July 15. The state will begin mailing packets for eligibility redeterminations beginning in August, and the effective date is October. He noted that there will be an option for redetermination to be done online or by telephone, as opposed to filling out the form and mailing it back, although that remains an option as well. He said that if the emergency ends on the July 15, the Department of Social Services will give a 60-day notice. If there is no notice, that means the public health emergency would be extended again probably into October. All of which is a bigger backlog of eligibility redeterminations that will have to be done.

As of May 1, undocumented adults age 50 and over are eligible for Medi-Cal. Many of them were enrolled in emergency services and will automatically be enrolled in full-scope Medi-Cal. Anyone else that is eligible should take advantage of opportunity to get health coverage. The Governor is proposing in the budget for July 2023 or January 2024 to provide for the gap, mainly for people ages 27 to 49, regardless of immigration status. Now, children up to age 26 are eligible for Medi-Cal. L.A. Care will have a tremendous opportunity here to advance the idea of universal access to care for people whether they are citizens or undocumented.

He reminded the committee about the changes in the Medi-Cal prescription drug program. Prescription drugs were carved out of the benefits administered by health plans. The state began administering pharmacy benefits. In the begin beginning of January, there was some confusion. People were having a problem with all of the customer service centers because L.A. Care no longer handles the pharmacy benefits calls. There were hours-long waits for assistance. One of the issues in the beginning, was that any pharmacy authorizations that were in place before January 1 were to be continued and honored for six months. That didn't happen as smoothly as the state wanted, and there were many people who wanted authorizations that were being denied, so that created another backlog. The state is now indicating that will extend the period that those prior authorizations covered because of problems that the administrator of the program is having. He said L.A. Care would like member feedback from the transition.

Member McClain asked Mr. Baackes if he has a report on the enforcement action against L.A. Care. She noted that she was supposed to be contacted by someone in regard to her issues with Call the Car. Mr. Baackes responded that he will personally ask someone to reach out to her in regard to her concerns. L.A. Care has not contested the enforcement action because it was self-reported. L.A. Care has only contested the amount of the fine. It

	<p>is an unprecedented amount, about five times larger than the largest fine. L.A. Care is currently going through a dispute resolution process. In the meantime, L.A. Care has remediated all of the issues issued in the enforcement action. As of March 31, L.A. Care is current on appeals and grievances and is also in range to resolve the timeliness for authorizations. The third issue involved the Los Angeles County Department of Health Services. That is the 24 public clinics and 4 hospitals in their network. The state's concern was the wait times for specialist services, because they were too long. L.A. Care was cited because it was supposed to be overseeing them.</p> <p>Member Lara said that her experience with the prescriptions has been seamless because the actual medical center provides medications for refills in the same place as the pharmacy. It hasn't been an outside measure. This happened about two weeks ago. She requested an online portal and followed up with a nurse and the medication was available to pick up within a few days. Her experience is no different than it was before. She is concerned with the Medi-Cal redeterminations and the confusion surrounding it. She left a message on the general line, because she has not been approved yet and she asked for an extension. Mr. Baackes responded that he would like to get Member Lara involved in the ambassador's program. The goal is ensuring that everyone that is eligible remains in Medi-Cal. He noted that not everyone will continue with benefits, because they may have moved and did not notify anyone since they did not need to. He said that anyone that no longer qualifies can apply for L.A. Care Covered.</p>	
<b>UPDATE FROM GOVERNMENT AFFAIRS</b>	This agenda item was not discussed.	
<b>BOARD MEMBER REPORT</b>	<p>Hilda Perez, <i>Member Representative, Board of Governors</i>, and Ms. Gonzalez, reported <i>(a copy of the report can be obtained from CO&amp;E)</i>:</p> <p>Ms. Gonzalez reported that the Board of Governors met on May 5. Meeting materials are available on L.A. Care's website, and the motions list is available from CO&amp;E staff.</p> <ul style="list-style-type: none"> <li>• She thanked all of the RCAC members that joined the Board meeting and all the past ECAC and BOG meetings.</li> <li>• In the event that anyone needs assistance with virtual meetings, please reach out to CO&amp;E staff.</li> <li>• She urged everyone to continue wearing masks and washing their hands as the public health emergency is still active.</li> <li>• She sent her heartfelt best wishes to anyone that has been affected by the pandemic.</li> <li>• She thanked Mr. Baackes and Dr. Seidman for their reports today.</li> </ul>	

	<ul style="list-style-type: none"> <li>• The Board approved a motion to authorize L.A. Care to continue some of the best elements of the Elevating the Safety Net program to attract and retain physicians that will provide care in L.A. County's safety net. The program is now funded through 2027, with four programs – Provider Loan Repayment Program, Provider Recruitment Program, Medical School Scholarship Program and In-Home Support Services Training Program.</li> <li>• The list of motions approved at the board and committee meetings is available from CO&amp;E or Board Services.</li> </ul> <p>The next Board meeting is scheduled on June 2.</p> <p>Ms. Gonzalez said she hoped everyone had a wonderful Mother's Day weekend and noted that this is Mental Health Awareness Month. She hopes that people can discuss mental health without stigma. When people go to the doctor and they have high blood pressure, hyper tension or diabetes, people don't shy away. They ask. They inquire. They find out what their needs are. Some people go to the doctor and get a prescription. When people have a mental health condition, people stay away. People shy away and avoid those patients. She hopes that people are aware of their actions and behaviors because we can't have total health without mental health. Mental health effects physical health. She noted that this is something people go through in different times in their lives.</p> <p>Ms. Perez sent the following message via chat:          "Hello everyone. This is Hilda Perez. I will need to disconnect from the meeting due to an emergency. I would like to continue advocating to create a connection among the CO&amp;E Department, the Communications Department, and all the CRC's and FRC's to unite forces and collaborate with one another in many community outreach projects. More than inviting our RCAC members and members in general to visit the CRC's and FRC's or only inviting them to search the different resources they offer either in the LA Care Social Media Platforms or in the LA Care's Website, but creating ways in which the CRC's and FRC's integrate the help and support of our RCAC members in their efforts to serve our communities."</p> <p><i>(Ms. Perez left the meeting.)</i></p>	
<b>COMMUNICATION AND COMMUNITY RELATIONS DEPARTMENT UPDATE</b>	<p>Auleria Eakins, Ed.D, <i>Manager, CO&amp;E</i>, gave the Communications and Community Relations update <i>(a copy of the report can be obtained from CO&amp;E)</i>.</p> <p>L.A. Care Community Resource Centers offer a wide range of health education courses to include parenting classes, nutrition, exercise assistance with benefits and more. Dr. Eakin highlighted a few and encouraged members to go on line or call their nearest CRC for more information on monthly offerings.</p>	

	<p>All centers will be closed for Monday, May 30 in observance of Memorial Day.</p> <p>Food Security continues to be our focus!</p> <p><b>Inglewood CRC</b>  L.A. Care and Blue Shield Promise Community Resource Center in Inglewood has partnered with Allies for Every Child to host a walk up food distribution next Friday, May 20th. We welcome the community to walk up and pick up a bag of assorted groceries at no cost.</p> <p><b>Lynwood CRC</b>  On-site Food Pantry on Friday, May 27.</p> <p><b>East LA CRC</b>  Food Pantry on Friday, May 27. There will be free assorted groceries, COVID-19 vaccines &amp; boosters.</p> <p><b>Wilmington CRC</b>  Community Resource Fair on Thursday, May 26 from 9:00AM to 1:00PM.</p> <p><b>Pomona CRC</b>  COVID-19 Vaccine Clinic on Friday, May 20 from 1:00PM – 4:00PM.</p> <p>Norwalk CRC is now staffed and open. Grand opening event will be held with date TBD.</p> <p>El Monte CRC location is also now staffed and open. Grand opening event tentatively planned for early May.</p> <p>Long Beach CRC is still under construction and on track to be completed by late June/early July.</p> <p>Westside CRC location is also under construction and expected to be completed by October.</p> <p><b>RCAC Spring Reconvening</b>  Staff conducted RCAC Check –Ins during the months of March and April.  (Charts displaying the outcomes can be found in the full report.)</p> <p>In summary because of the continued public health emergency the BOG voted on Thursday, May 5, 2022 that RCACs can resume bi-monthly meetings using a virtual format. In person meetings will resume at such time that the Governors orders and our BOG determine it is safe for us to resume in person meetings.</p> <p><b>Removal Process</b></p>	
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	<p>There were questions about the removal process of members from Member Poz. Dr. Eakins stated that staff was able to conclude that the most current information on this process available to chairs regarding the removal process can be found in RCAC operating rules. If you would like a copy of the operating rules, please reach out to your Field Specialist so that they can email it to you.</p> <p>“The removal process shall consist of a petition from L.A. Care staff or a motion recommending removal “for cause” by a majority of CAC members, which will be reviewed by the Legal Services Department and forwarded to the Governance Committee of the Board of Governors for a disposition”.</p> <p>Mental Health Awareness Month</p> <p>Mental Health Awareness Day will take place May 19, 2022 via Zoom from 10:00am - 12:00pm. Our very own Michael Brodsky, MD, Senior Medical Director, will be our moderator. During this time, we will have a panel discussion on issues of Elizabeth Cope, LCSW, Los Angeles County Department of Mental Health, will speak on mental health and homelessness.</p> <p>Fritzi Horstman, Compassion Prison Project, will speak on the issue of Adverse Childhood Experiences.</p> <p>Briana Mezuk, MD, National Institute of Health, will speak on the subject of mental health stigmas</p> <p>Marisa Lebron will speak about her work as a community advocate with NAMI and the importance of peer support and mental health advocacy.</p> <p>Member Tonya Byrd, RCAC 9 Chair, said that she feels down and discouraged about the participation of Cambodian members. She’s thinking of a possible solution. She is feeling that the Cambodian community has not been able to effectively communicate through the zoom process. She has also spoken to her Field Specialist and shared her thoughts about this. She is unsure how L.A. Care can get them involved in meetings, whether it’s WebEx or another way, but she would like some reassurance. She noted that some don’t know how to access a computer. She hopes that her concerns are understood. Dr. Eakins responded that there currently is no solid solution.. Dr. Eakins suggests that staff schedule, a dedicated time for the chairs and vice chairs to come together to discuss participation numbers and other identified issues to discuss and figure out the next steps. More time than what is allocated in the ECAC meeting is needed to figure this out. Dr. Eakins requested that the issue be placed on the calendar for a future discussion or session. She stated that while staff can make no promises, we will work within our span of control to address issues brought forth.</p>	
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	<p>Member Cynthia Contreas-Wood, RCAC 3 Chair, she thanked Dr. Eakins for the information. She noted that they must look forward, many people have hung on and that's a good thing. She also noticed that some participants were able to call in but not participate visually. Dr. Eakins responded staff does not exactly know the names of people, but they can tell by the numbers who actually call in and each bridge line there is created for English. She said she would like to understand how things work in order for committee members to fully participate and discussions so that they can participate as ECAC does in the zoom link.</p> <p>Member McClain stated that Human IT (HIT) can reach out to people who don't have that capability. Dr. Eakins responded that CO&amp;E is looking to partner with Human IT. Staff will be meeting with HIT and also encouraged members to reach out to them to see which resources are available.</p> <p>Member Silvia Poz, RCAC 4 Member, asked if there is a way to get ideas from the chairs. She noted that staff is going out of their way to get members involved, but it is also on the members to also think of way to be involved. She said if staff can't find a way then members should also be responsible for finding a way to join the meeting. Dr. Eakins thanked Member Poz for her concerns.</p> <p>Member Andria McFerson, RCAC 6 Chair, stated that ECAC Chairs need to get together and go over the options. As far as free equipment for the people and Wi-Fi for that matter and also how the CRCs and FRCs may have information about the equipment. That would be awesome to be sure you're actually engaging in conversation having to do with the RCACs to be sure they see why they may not be able to participate. Whether it is health reasons or everything having to do with not being able to financially provide a sort of apparatus in order for them to participate. People have reluctantly engaged in a sort of virtual conversation and things like that. That needs to be addressed. There are disabled members and things like that and they have to know approximate whether any sort of machine they use or computer or phone is able to participate. Dr. Eakins thanked Member McFerson for her comments. She noted that there are 25 members that have limited access to technology. Other reasons identified in the survey some members have taken on jobs during the pandemic or have taken on other things and can no longer participate.</p>	
<b>MEMBER ISSUES</b>	<p>Member McFerson stated that she and other people have been having issues with health care. Providers need to have some sort of empathy towards them. A lot of people are not properly diagnosed, undiagnosed, under diagnosed, mis-diagnosed. When it comes to mis-diagnosis, then that is wrong medication that affected them in a bad way. Then there are people that lack preventive care from providers and made it so they have no idea how to not receive high blood pressure, what they need to eat, eating healthier, all kinds of things that effects their body, the holistic approach and how they can prevent diseases like</p>	

	<p>colorectal cancer screening. It can be found early if they have the proper physician. A lot of people don't have these things. People can go to the doctor, but don't even diagnose you when you give the symptoms that you have like tumors in the uterus or in the breast. They feel they are not getting proper care from their provider. People are switching providers not even going anymore because they didn't like the way they were treated. Ms. Gonzalez requested that there be follow up on Member Poz' concerns about someone feeling discriminated against once they found out she had Medi-Cal. She was treated differently opposed to someone who pays cash. It is horrible that people will treat somebody less because of the medical plan they have. It should not make a difference. She doesn't see why the receptionist or whoever did that would make a snide remark or treat somebody different because of the lack of ability to pay cash for their medical appointment. She asked if there are any follow up ideas such as education for providers or hospitals. Dr. Eakins responded that yesterday they conducted an in-service session for staff on member engagement. It was particularly around the triple aim in terms of the member experience.</p> <p>Her concerns would fall in line with that. She suggested that Ms. Gonzalez share this at the Board level. Dr. Seidman led the staff conversation. The Quality Improvement Department was looking at why people feel a certain way when presenting their Medi-Cal cards.</p>	
<b>NEW BUSINESS</b>		
<b>PRESENT A MOTION TO ECAC</b>	<p>Andria McFerson, <i>RCAC 6 Chair</i>, presented a motion to the committee.</p> <p>Member McFerson said that they definitely need to address the suicide issue with the public. The age of those who are more likely to commit suicide, mental conditions, the income, you know of when they have a job, a low income job or don't have income at all, or receive public assistance. You can deal with a lot of different populations having to do with who the most is committing suicide. Suicide prevention, giving information about how we can publicize programs, organizations something like that in the resource guide L.A. Care has on the website. She wants to add an ad hoc having to do with having a presentation. It depends on what members want.</p> <p>Dr. Eakins said that there are quite a few things that they need to implement. She asked the committee to consider those things and come together to prioritize the subject matters important for the fiscal years. She would like to hear from other committee members. They begin with an ad hoc every month and it is difficult to keep up because there are so many.</p> <p>Member McClain said that she is all for Member McFerson's idea, she does have to say what Dr. Eakins was saying. They already have the mental health ad hoc and the disability awareness month ad hoc. She's bringing that up because the attendance stopped last year.</p>	

	<p>She noted that they have to depend on staff to organize the ad hocs. She asked if they can focus on that next year. Member McFerson responded that she understands her empathy towards staff. She spoke about the process she would go through to get to the L.A. Care office in downtown Los Angeles before the pandemic. She said there are many different employees that may be able to address different RCACs in that way. She said that they can ask someone to speak on this topic and noted that someone will be speaking to them about Police disparities. She does not want staff to be overworked. She said that having an ad hoc on suicide prevention for three hours with three members is not too bad.</p> <p>Dr. Eakins mentioned that they have to plan for Latin Heritage month. It will take quite a bit of time to put together the work around equity through the Latino community for Latinx heritage month.</p> <p><b><i>Motion: To create an ad-hoc committee to make recommendations to ECAC on an event(s) or education program that focus on suicide prevention for the community on September 10, 2022.</i></b></p> <p>Ad hoc committee volunteers          Silvia Poz          Ana Romo          Maria Angel Refugio          Andria McFerson</p>	<p><b>Approved by roll call.</b>  <b>8 AYES (Byrd, Hernandez de Cordero, Mahler, McFerson, Romo, Salazar, Sanchez, Refugio)</b></p> <p><b>1 NAY</b>          Lara</p> <p><b>4 Abstentions (Conteas-Wood, McClain, Poz, Vazquez)</b></p>
<b>PRESENT A MOTION TO ECAC</b>	<p>Andria McFerson, <i>RCAC 6 Chair</i>, presented a motion to the committee.</p> <p>Member McFerson stated that this motion is to create a committee to make recommendations for an education program for Latino heritage month scheduled September the 15 to October the 15. Dr. Eakins already said they are already working on these things now so this is already happening as they speak so that is great to the motion.</p> <p>Member Conteas-Wood stated that she is concerned about the way they are using ad hoc committees. She noted that L.A. Care is already working on this, she asked Member McFerson why doesn't the committee look at what staff is doing. She feels they are creating ad hoc when they are not necessary. She is worried about the overuse of ad hocs. Member McFerson said she get certain impact about how much she gives too much back to the community. Any population that needs information. She said that Latinos and African Americans have the highest mortality rate and homelessness rate.</p> <p><b><i>Motion: To create an ad-hoc committee to make recommendations to ECAC on an event(s) or education program (s) for Latino Heritage Month scheduled for September 15, 2022 to October 15, 2022.</i></b></p>	<p><b>Approved by roll call.</b>  <b>9 AYES (Byrd,</b></p>

	<p>Ad hoc member volunteers:          Maria Angel Refugio          Andria McFerson          Rachael Rose Luckey</p> <p><i>(Member Poz left the meeting. The committee voted and approved to allow Rachel Rose Luckey, RCAC 4 Vice Chair, to take her place in the meeting.)</i></p> <p>Ms. Luckey voted in favor of the motion, as the alternate for her RCAC in the absence of Member Poz.</p>	<p><b>Hernandez de Cordero, Luckey, Mahler, McFerson, Romo, Salazar, Sanchez, Refugio)</b></p> <p><b>4 Abstentions (Conteas-Wood, Lara, McClain, Vazquez)</b>  <i>(Member Poz left the meeting and did not cast a vote.)</i></p>
<b>FUTURE AGENDA ITEMS</b>		
	<p>Member McClain stated that she would like a presentation or update about Call the Car. Idalia De La Torre, Field Specialist Supervisor, CO&amp;E, responded that she will request a presentation at ECAC in the future.</p> <p>Member Maria Angel Refugio, <i>RCAC 11 Chair</i>, asked for a presentation in regard to identifying mental health issues such as depression, so that they are able to identify it in their children or family members at home. She would like this as soon as possible so they are more alert.</p>	
<b>PUBLIC COMMENTS</b>		
<b>PUBLIC COMMENT</b>	<i>There were no public comments submitted.</i>	
<b>ADJOURNMENT</b>	The meeting was adjourned at 1:14 p.m.	

**RESPECTFULLY SUBMITTED BY:**

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

**APPROVED BY**

Fatima Vasquez (due to public health orders the document will be signed when it is possible)  
 Fatima Vasquez, *ECAC Chair* \_\_\_\_\_  
 Date 6/8/22



# Legislative Matrix

Last Updated: July 19, 2022

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## Summer Recess Legislative Matrix

The following is a list of the legislation currently tracked by Government Affairs that has been introduced during the 2021-2022 Legislative Session and is of interest to L.A. Care. This matrix includes the priority bills, that could have a direct impact on L.A. Care's operations and also bills of interest, which could have an indirect impact or are of significance to L.A. Care's strategic interests. Additionally, the list of gun safety legislation at the state and federal level is included at the end of the matrix.

If there are any questions, please contact Joanne Campbell of Government Affairs at [jcampbell@lacare.org](mailto:jcampbell@lacare.org).

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## Bills by Issue

### 2022 Legislation (122)

**Title**

Medi-Cal: eligibility.

**Description**

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

**Primary Sponsors**

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

**Organizational Notes**

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

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

**Title**

Civil damages: medical malpractice.

**Description**

AB 35, Reyes. Civil damages: medical malpractice. Existing law, referred to as the Medical Injury Compensation Reform Act of 1975 (MICRA), prohibits an attorney from contracting for or collecting a contingency fee for representing any person seeking damages in connection with an action for injury or damage against a health care provider based upon alleged professional negligence in excess of specified limits. This bill would recast those provisions and base the amount of contingency fee that may be contracted for upon whether recovery is pursuant to settlement agreement and release of all claims executed before a civil complaint or demand for arbitration is filed, or pursuant to settlement, arbitration, or judgment after a civil complaint or demand for arbitration is filed, as specified. The bill would add and revise definitions for these purposes. Existing law provides that in any action against a health care provider based upon professional negligence, the injured plaintiff is entitled to recover noneconomic losses to compensate for pain, suffering, inconvenience, physical impairment, disfigurement, and other nonpecuniary damage. Existing law limits the amount of damages for noneconomic losses in an action for injury against a health care provider based on professional negligence to \$250,000. This bill would remove the \$250,000 limit on noneconomic damages and expand the recast provisions to include an action for injury against a health care institution, as defined. The bill would increase the applicable limitation based upon whether the action for injury involved wrongful death. The bill would specify that these limitations would increase by \$40,000 each January 1st for 10 years and beginning on January 1, 2034, the applicable limitations on noneconomic damages for personal injury and for wrongful death would be adjusted for inflation on January 1st of each year by 2%. Existing law specifies that in any action for injury or damages against a provider of health care services, a superior court shall, at the request of either party, enter a judgment ordering that money damages or its equivalent for future damages of the judgment creditor be paid in whole or in part by periodic payments rather than by a lump-sum payment if the award equals or exceeds \$50,000. This bill would increase the minimum amount of the judgment required to request periodic payments to \$250,000. Existing law makes statements, writings, or benevolent gestures expressing sympathy or a general sense of benevolence relating to the pain, suffering, or death of a person involved in an accident and made to that person, or to the family of that person, inadmissible as evidence of an admission of liability in a civil action. This bill would specify that sta... (click bill link to see more).

**Primary Sponsors**

Eloise Reyes, Tom Umberg, Marc Berman, Bob Hertzberg, John Laird, Mark Stone

**Title**

Health care coverage: insulin affordability.

**Description**

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

**Primary Sponsors**

Adrin Nazarian

**Organizational Notes**

Last edited by Cherie Compartore at Apr 15, 2022, 5:06 PM  
Oppose: CA. Assoc. of Health Plans



**Title**

Medi-Cal benefits: rapid Whole Genome Sequencing.

**Description**

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

**Primary Sponsors**

Brian Maienschein

**Title**

Budget Act of 2022.

**Description**

AB 154, as amended, Ting. Budget Act of 2022. This bill would make appropriations for the support of state government for the 2022–23 fiscal year. This bill would declare that it is to take effect immediately as a Budget Bill.

**Primary Sponsors**

Phil Ting

**Title**

Health.

**Description**

AB 184, as amended, Committee on Budget. Health. (1) Existing federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various health care market reforms. 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, until January 1, 2023, requires the Exchange to administer a program of health care coverage financial assistance to help low-income and middle-income Californians. Existing law exempted the program design of financial assistance and a related regulation, standard, criterion, procedure, determination, rule, notice, guideline, or any other guidance established or issued by the Exchange or Franchise Tax Board from the Administrative Procedure Act until January 1, 2022. This bill would indefinitely extend the above-described financial assistance program and Administrative Procedure Act exemptions. (2) Existing law generally requires the State Department of Public Health to license, inspect, and regulate health facilities, including hospitals. Existing law requires health facilities to meet specified cost and disclosure requirements, including maintaining an understandable written policy regarding discount payments and charity. Existing law establishes the Department of Health Care Access and Information (HCAI) to oversee various aspects of the health care market, including oversight of hospital facilities and community benefit plans. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, 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 each department to develop and adopt regulations to ensure that enrollees and insureds have access to needed health care services in a timely manner. Existing law requires that health care service plans and health insurers submit rates to their regulating entity for review. This bill would establish, within HCAI, the Office of Health Care Affordability to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers and purchasers, set and enforce cost targets, and create a state strategy for controlling the cost of health care and ensuring affordability for consumers and purchasers. The bill would also establish the Health Care Affordability Board, composed of 8 members, appointed as prescribed, and the Health Care Affordability Advisory C... (click bill link to see more).

**Primary Sponsors**

Assembly Committee on Budget

**Title**

Local health department workforce assessment.

**Description**

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

**Primary Sponsors**

Freddie Rodriguez

**Title**

Behavioral health: older adults.

**Description**

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

**Primary Sponsors**

Rudy Salas

**Title**

Medi-Cal: eligibility.

**Description**

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

**Primary Sponsors**

Wendy Carrillo

**Organizational Notes**

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

**Title**

Medi-Cal: county organized health system: Orange County Health Authority.

**Description**

AB 498, as amended, Quirk-Silva. Medi-Cal: county organized health system: Orange County Health Authority. Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services, under which health care services are provided to qualified, low-income persons. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law authorizes a county board of supervisors, by ordinance, to establish a commission to negotiate an exclusive contract with the department and to arrange for the provision of health care services under the Medi-Cal program. This system of services provided by or through a county under these provisions is known as a county organized health system. Pursuant to this authority, the County of Orange, by ordinance, established a commission, known as the Orange County Health Authority, or CalOptima, to provide health care services under the Medi-Cal program. Existing law codifies the establishment of the Orange County Health Authority and vests governance of the authority in a 10-member governing body. Existing law prescribes the membership of the governing board, which includes, among others, 2 members of the Board of Supervisors of the County of Orange, one member who is a current or former hospital administrator, and one member who is a representative of a community clinic. Existing law requires a member of the governing body to serve a 4-year term, except for a member who is a member of the Board of Supervisors of the County of Orange, who is required to serve a one-year term. Existing law prohibits a member of the governing body, except for a member of the Board of Supervisors of the County of Orange, from serving more than 2 consecutive terms. This bill would prohibit an individual who served a one-year term on the governing body as a member of the board of supervisors from being appointed to serve a 4-year term under any of the other categories within 12 months of the expiration of their one-year term. Under existing law, the voting members are nominated by the Orange County Health Care Agency and are appointed by a majority vote of the board of supervisors. This bill would require the board of supervisors to consult with stakeholders in the County of Orange, as specified, for purposes of identifying qualified individuals to be considered as members of the governing body. Existing law requires members of the governing body to, among other things, strive to improve health care quality, promote prevention and wellness, ensure the provision of cost-effective health and mental health care services, and reduce health disparities. This bill would require the members of the governing body to ensure the provision of cost-effective behavior... (click bill link to see more).

**Primary Sponsors**

Sharon Quirk-Silva

**Title**

Program of All-Inclusive Care for the Elderly.

**Description**

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

**Primary Sponsors**

Cottie Petrie-Norris

**Title**

Integrated School-Based Behavioral Health Partnership Program.

**Description**

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

**Primary Sponsors**

Sharon Quirk-Silva



**Title**

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

**Description**

AB 586, as amended, O'Donnell. Pupil health: health and mental health services: School Health Demonstration Project. Existing law requires a school of a school district or county office of education and a charter school to notify pupils and parents or guardians of pupils no less than twice during the school year on how to initiate access to available pupil mental health services on campus or in the community, as provided. Existing law authorizes a county to use funds from the Mental Health Services Act, enacted by the voters at the November 2, 2004, statewide general election as Proposition 63, to provide a grant to a school district or county office of education, or to a charter school, within the county, for purposes of funding specified activities relating to pupil mental health. This bill would establish, within the State Department of Education, the School Health Demonstration Project, a pilot project, to be administered by the department, in consultation with the State Department of Health Care Services, to expand comprehensive health and mental health services to public school pupils by providing training and support services to selected local educational agencies to secure ongoing Medi-Cal funding for those health and mental health services, as provided. The bill would, subject to an appropriation, require a local educational agency selected to serve as a pilot project participant to receive \$500,000 each year of the 2-year pilot project, to be used for contracting with one of 3 technical assistance teams selected by the Superintendent of Public Instruction. The bill would authorize the funds to also be used by the local educational agency for staffing, professional development, outreach, and data analysis and reporting, related to the project. The bill would require the State Department of Education, in consultation with the State Department of Health Care Services, participating local educational agencies, and the technical assistance teams, to prepare and submit a report to the Legislature that includes specified information related to the results of the pilot project.

**Primary Sponsors**

Patrick O'Donnell, Rudy Salas, Jim Wood

**Title**

Health care practitioners: electronic prescriptions.

**Description**

AB 852, as amended, Wood. Health care practitioners: electronic prescriptions. Existing law requires health care practitioners authorized to issue prescriptions to have the capability to issue electronic data transmission prescriptions and requires a pharmacy, pharmacist, or other practitioner authorized to dispense or furnish a prescription to have the capability to receive electronic data transmission prescriptions. Existing law requires those health care practitioners to issue a prescription as an electronic data transmission prescription except under certain circumstances, including that the electronic prescription is unavailable due to a temporary technological or electrical failure. Existing law requires a pharmacy that receives an electronic prescription from a prescribing health care practitioner who has issued a prescription but has not dispensed the medication to, at the request of the patient, immediately transfer or forward the electronic prescription to an alternative pharmacy designated by the requester. This bill would prohibit a pharmacy, pharmacist, or other practitioner authorized to dispense or furnish a prescription from refusing to dispense or furnish an electronic prescription solely because the prescription was not submitted via, or is not compatible with, their proprietary software. The bill would authorize a pharmacy, pharmacist, or other authorized practitioner to decline to dispense or furnish an electronic prescription submitted via software that fails to meet any one of specified criteria, including compliance with the federal Health Insurance Portability and Accountability Act of 1996. The bill would establish additional exceptions to the requirement that health care practitioners issue a prescription as an electronic data transmission prescription, including for a prescriber who registers with the California State Board of Pharmacy and states that they satisfy one or more criteria, including that they issue 100 or fewer prescriptions per calendar year. The bill would make specified exceptions to the requirement for a pharmacy to immediately transfer an electronic prescription to an alternative pharmacy upon request of the patient, including if the action would result in a violation of any state or federal law. This bill would declare that it is to take effect immediately as an urgency statute.

**Primary Sponsors**

Jim Wood

**Title**

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

**Description**

AB 882, as amended, Gray. Proposition 56 Medi-Cal Physicians and Dentists Loan Repayment Act Program. Existing law provides for the Medi-Cal program, which is administered by the State

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

#### **Primary Sponsors**

Adam Gray, Rudy Salas, Melissa Hurtado

#### **Organizational Notes**

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

**Title**

Emergency ground medical transportation.

**Description**

AB 1107, as introduced, Boerner Horvath. Emergency ground medical transportation. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires that health care service plan contracts and health insurance policies provide coverage for certain services and treatments, including emergency medical transportation services. This bill would require a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2022, that offers coverage for emergency ground medical transportation services to include those services as in-network services and would require the plan or insurer to pay those services at the contracted rate pursuant to the plan contract or policy. Because a willful violation of the bill's requirements relative to a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Tasha Boerner Horvath

**Title**

California Health Care Quality and Affordability Act.

**Description**

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

**Primary Sponsors**

Jim Wood

**Organizational Notes**

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

Support: Western Center on Law and Poverty

**Title**

Medi-Cal.

**Description**

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

**Primary Sponsors**

Jim Wood

**Title**

Health care coverage: claims payments.

**Description**

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

**Primary Sponsors**

Carlos Villapudua

**Organizational Notes**

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

Oppose: California Association of Health Plans

**Title**

Medi-Cal: serious mental illness: drugs.

**Description**

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

**Primary Sponsors**

Jacqui Irwin

**Title**

Medi-Cal: Independent Medical Review System.

**Description**

AB 1355, as amended, Levine. Medi-Cal: Independent Medical Review System. (1) Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services and under which health care services are provided to qualified low-income persons pursuant to a schedule of benefits, which includes pharmacy benefits, through various health care delivery systems, including fee-for-service and managed care. The Medi-Cal program is, in part, governed and funded by federal Medicaid program



provisions. Existing law authorizes the department to enter into various types of contracts for the provision of services to beneficiaries, including contracts with a managed care plan. Existing law generally requires Medi-Cal managed care plan contractors to be licensed pursuant to the Knox-Keene Health Care Service Plan Act of 1975. The act provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. The act requires the Department of Managed Health Care to establish the Independent Medical Review System, which generally serves to address grievances involving disputed health care services based on whether the service is medically necessary. Existing law establishes the California Program of All-Inclusive Care for the Elderly (PACE program) to provide community-based, long-term care services for older individuals under the Medi-Cal State Plan. Under existing law, certain entities that exclusively serve PACE participants are exempt from licensure by the State Department of Public Health and are subject to oversight and regulation as PACE organizations by the State Department of Health Care Services. This bill would require the State Department of Health Care Services to establish the Independent Medical Review System (IMRS) for the Medi-Cal program, commencing on January 1, 2023, which generally models the above-described requirements of the Knox-Keene Health Care Service Plan Act. The bill would provide that any Medi-Cal beneficiary appeal involving a disputed health care service is eligible for review under the IMRS if certain requirements are met, and would define “disputed health care service” as any service covered under the Medi-Cal program that has been denied, modified, or delayed by a decision of the department, or by one of its contractors that makes a final decision, in whole or in part, due to a finding that the service is not medically necessary. The bill would require information on the IMRS to be displayed in or on specified material, including the “myMedi-Cal: How to Get the Health Care You Need” publication and the department’s internet website. The bill would specify that Medi-Cal managed care plans licensed pursuant to the Knox-Keene Health Care S... (click bill link to see more).

#### **Primary Sponsors**

Marc Levine

#### **Organizational Notes**

Last edited by Joanne Campbell at Apr 14, 2022, 3:45 PM

Support: Western Center on Law and Poverty (Sponsor)

**Title**

Mental Health Services Oversight and Accountability Commission.

**Description**

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

**Primary Sponsors**

Jim Patterson

**Title**

Mental health services.

**Description**

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

**Primary Sponsors**

Marc Levine

**Organizational Notes**

Last edited by Cherie Compartore at Apr 15, 2022, 5:10 PM

Oppose: CA. Assoc. of Health Plans

**Title**

California Health Benefit Exchange: affordability assistance.

**Description**

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

**Primary Sponsors**

Jim Wood

**Organizational Notes**

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

Support if Amended: CA. Assoc. of Health Plans

**Title**

Prior authorization and step therapy.

**Description**

AB 1880, as amended, Arambula. Prior authorization and step therapy. Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes a health care service plan or health insurer to require step therapy if there is more than one drug that is appropriate for the treatment of a medical condition, as specified. Existing law requires a health care service plan or health insurer to expeditiously grant a step therapy exception request if the health care provider submits justification and supporting clinical documentation, as specified. Under existing law, if a health care service plan or other related entity fails to notify a prescribing provider of its coverage determination within a prescribed time period after receiving a prior authorization or step therapy exception request, the prior authorization or step therapy exception request is deemed approved for the duration of the prescription. Existing law excepts contracts entered into under specified medical assistance programs from these time limit requirements. Existing law permits a health care provider or prescribing provider to appeal a denial of a step therapy exception request for coverage of a nonformulary drug, a prior authorization request, or a step therapy exception request, consistent with the current utilization management processes of the health care service plan or health insurer. Existing law also permits an enrollee or insured, or the enrollee's or insured's designee or guardian, to appeal a denial of a step therapy exception request for coverage of a nonformulary drug, prior authorization request, or step therapy exception request by filing a grievance under a specified provision. This bill would require health care service plan's or health insurer's utilization management process to ensure that an appeal of a denial of an exception request is reviewed by a clinical peer of the health care provider or prescribing provider, as specified. The bill would define the term "clinical peer" for these purposes. The bill would require health care service plans and health insurers that require step therapy or prior authorization to maintain specified information for at least 10 years, including, but not limited to, the number of exception requests for coverage of a nonformulary drug, step therapy exception requests, and prior authorization requests received by the plan or insurer, and, upon request, to provide the information in a deidentified format to the Department of Manage... (click bill link to see more).

**Primary Sponsors**

Joaquin Arambula

**Organizational Notes**

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

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

**Title**

Medi-Cal: orthotic and prosthetic appliances.

**Description**

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

**Primary Sponsors**

Heath Flora

**Title**

Medi-Cal: income level for maintenance.

**Description**

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

ordinarily be paid to a family of 2 persons, without any income or resources, under specified cash assistance provisions, multiplied by the federal financial participation rate, adjusted as specified. To the extent that any necessary federal authorization is obtained, and effective no sooner than January 1, 2024, this bill would increase the above-described income level for maintenance per month to be equal to the income limit for Medi-Cal without a share of cost for individuals who are 65 years of age or older or are disabled, generally totaling 138% of the federal poverty level. The bill would require the department to seek any necessary federal authorization for maintaining that income level for maintenance and would make conforming changes to related provisions. The bill would authorize the department to implement those provisions by various means, including all-county letters, and would require the department to implement those changes by regulatory action within 2 years of the operation of the above-described increase.

**Primary Sponsors**

Joaquin Arambula, Jim Wood

**Organizational Notes**

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

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

**Title**

Personal information: contact tracing.

**Description**

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

**Primary Sponsors**

Marc Levine



**Title**

Medi-Cal benefits: violence prevention services.

**Description**

AB 1929, as amended, Gabriel. Medi-Cal benefits: violence prevention services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program, including various mental health services. Existing federal law authorizes, at the option of the state, preventive services, as defined, that are recommended by a physician or other licensed practitioner of the healing arts. This bill would add violence prevention services, as defined, as a covered benefit under Medi-Cal, subject to medical necessity and utilization controls. The bill would authorize the department to implement, interpret, or make specific that provision by means of all-county letters, plan letters, or plan or provider bulletins, or similar instructions until regulations are adopted. The bill would limit its implementation only to the extent that any necessary federal approvals are obtained and federal financial participation is not otherwise jeopardized. The bill would require the department to post on its internet website the date upon which violence prevention services may be provided and billed.

**Primary Sponsors**

Jesse Gabriel, Mike Gipson

**Title**

Medi-Cal: comprehensive perinatal services.

**Description**

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

**Primary Sponsors**

Joaquin Arambula

**Organizational Notes**

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

Support: Western Center on Law and Poverty

**Title**

Local government: open and public meetings.

**Description**

AB 1944, as amended, Lee. Local government: open and public meetings. Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act contains specified provisions regarding the timelines for posting an agenda and providing for the ability of the public to observe and provide comment. The act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. Existing law, until January 1, 2024, authorizes a local agency to use teleconferencing without complying with those specified teleconferencing requirements in specified circumstances when a declared state of emergency is in effect, or in other situations related to public health. This bill would require the agenda to identify any member of the legislative body that will participate in the meeting remotely. The bill would also require an updated agenda reflecting all of the members participating in the meeting remotely to be posted, if a member of the legislative body elects to participate in the meeting remotely after the agenda is posted. This bill would authorize, upon a determination by a majority vote of the legislative body, a member to be exempt from identifying the address of the member's teleconference location in the notice and agenda or having the location be accessible to the public, if the member elects to teleconference from a location that is not a public place, including, beginning January 1, 2024, that at least a quorum of members of the legislative body participates from a single physical location that is clearly identified on the agenda, open to the public, and situated within the boundaries of the territory over which the local agency has jurisdiction. This bill would require all open and public meetings of a legislative body that elects to use teleconferencing to provide a video stream accessible to members of the public and an option for members of the public to address the body remotely during the public comment period through an audio-v... (click bill link to see more).

**Primary Sponsors**

Alex Lee, Cristina Garcia

**Title**

Telehealth: dental care.

**Description**

AB 1982, as amended, Santiago. Telehealth: dental care. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires contract between a health care service plan or health insurer and a health care provider to require the plan or insurer to reimburse the provider for the diagnosis, consultation, or treatment of an enrollee, subscriber, insured, or policyholder appropriately delivered through telehealth services on the same basis and to the same extent as the same service through in-person diagnosis, consultation, or treatment. Existing law requires a health care service plan or health insurer that offers a service via telehealth to meet specified conditions, including, that the health care service plan or health insurer disclose to the enrollee or insured the availability of receiving the service on an in-person basis or via telehealth. This bill would require a health care service plan or health insurer covering dental services that offers a service via telehealth through a third-party corporate telehealth provider to disclose to the enrollee or insured the impact of third-party telehealth visits on the patient's benefit limitations, including frequency limitations and the patient's annual maximum. The bill would also require those plans and insurers to submit specified information for each product type. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Miguel Santiago

**Title**

Medi-Cal: premiums, contributions, and copayments.

**Description**

AB 1995, as amended, Arambula. Medi-Cal: premiums, contributions, and copayments. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires that Medi-Cal benefits be provided to optional targeted low-income children, as defined, based on a certain income eligibility threshold. Existing law also establishes the

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

#### **Primary Sponsors**

Joaquin Arambula

#### **Organizational Notes**

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

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

**Title**

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

**Description**

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

**Primary Sponsors**

Joaquin Arambula

**Title**

Health care language assistance services.

**Description**

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

**Primary Sponsors**

Suzette Valladares

**Title**

Health care coverage: diagnostic imaging.

**Description**

AB 2024, as amended, Friedman. Health care coverage: diagnostic imaging. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract issued, amended, delivered, or renewed on or after January 1, 2000, or an individual or group policy of disability insurance or self-insured employee welfare benefit plan to provide coverage for mammography for screening or diagnostic purposes upon referral by specified professionals. This bill would require a health care service plan contract, health insurance policy, or self-insured employee welfare benefit plan issued, amended, or renewed on or after January 1, 2023, to provide coverage for screening mammography, medically necessary diagnostic or supplemental breast examinations, or testing for screening or diagnostic purposes upon referral by specified professionals. The bill would prohibit a health care service plan contract, health insurance policy, or self-insured employee welfare benefit plan issued, amended, or renewed on or after January 1, 2023, from imposing cost sharing for screening mammography, medically necessary or supplemental breast examinations, or testing, unless the contract or policy is a high deductible health plan and the deductible has not been satisfied for the year. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Laura Friedman

**Organizational Notes**

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

Oppose: CA. Assoc. of Health Plans

**Title**

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

**Description**

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

**Primary Sponsors**

Lisa Calderon

**Organizational Notes**

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

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



**Title**

Health Care Consolidation and Contracting Fairness Act of 2022.

**Description**

AB 2080, as amended, Wood. Health Care Consolidation and Contracting Fairness Act of 2022. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law regulates contracts between health care service plans or health insurers and health care providers or health facilities, including requirements for reimbursement and the cost-sharing amount collected from an enrollee or insured. This bill, the Health Care Consolidation and Contracting Fairness Act of 2022, would prohibit a contract issued, amended, or renewed on or after January 1, 2023, between a health care service plan or health insurer and a health care provider or health facility from containing terms that, among other things, restrict the plan or insurer from steering an enrollee or insured to another provider or facility or require the plan or insurer to contract with other affiliated providers or facilities. The bill would authorize the appropriate regulating department to refer a plan's or insurer's contract to the Attorney General, and would authorize the Attorney General or state entity charged with reviewing health care market competition to review a health care practitioner's 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 health care service plan that intends to merge with, consolidate with, or enter into an agreement resulting in its purchase, acquisition, or control by, an entity to give notice to, and secure prior approval from, the Director of the Department of Managed Health Care. Existing law authorizes the director to disapprove the transaction or agreement if the director finds it would substantially lessen competition in health care service plan products or create a monopoly in this state. This bill would additionally require a health care service plan that intends to acquire or obtain control of an entity, as specified, to give notice to, and secure prior approval from, the director. Because a willful violation of this provision would be a crime, the bill would impose a state-mandated local program. The bill would also authorize the director to disapprove a transaction or agreement if it would substantially lessen competition in the health system or among a particular category of health care providers, and would require the director to provide information related to competition t... (click bill link to see more).

**Primary Sponsors**

Jim Wood

**Organizational Notes**

Last edited by Joanne Campbell at Jun 24, 2022, 8:02 PM  
California Assoc. of Health Plans - Oppose

**Title**

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

**Description**

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

**Primary Sponsors**

Mia Bonta

**Title**

Acute hospital care at home.

**Description**

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

**Primary Sponsors**

Akilah Weber

**Title**

Mobile stroke units.

**Description**

AB 2117, as amended, Gipson. Mobile stroke units. Existing law provides for the licensure and regulation of health facilities by the State Department of Public Health, and defines various types of health facilities for those purposes. This bill would define “mobile stroke unit” to mean a multijurisdictional mobile facility that serves as an emergency response critical care ambulance under the direction and approval of a local emergency medical services (EMS) agency, and as a diagnostic, evaluation, and treatment unit, providing radiographic imaging, laboratory testing, and medical treatment under the supervision of a physician in person or by telehealth, for patients with symptoms of a stroke, to the extent consistent with any federal definition of a mobile stroke unit, as specified.

**Primary Sponsors**

Mike Gipson

**Organizational Notes**

Last edited by Joanne Campbell at Apr 22, 2022, 2:34 PM  
Oppose: (removed) California Association of Health Plans

**Title**

Health care coverage: dependent adults.

**Description**

AB 2127, Santiago. Health care coverage: dependent adults.

Existing law establishes the Health Insurance Counseling and Advocacy Program (HICAP) in the California Department of Aging to provide Medicare beneficiaries and those imminently eligible for Medicare with counseling and advocacy regarding health care coverage options. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires an individual health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2023, that provides dependent coverage to make dependent coverage available to a qualified dependent parent or stepparent. Existing law requires a plan, an insurer, or the California Health Benefit Exchange to provide an applicant seeking to add a dependent parent or stepparent with written notice about HICAP at the time of solicitation and on the application. This bill would clarify that a health care service plan, a health insurer, or a solicitor is required to provide an individual with the name, address, and telephone number of the local HICAP program and the statewide HICAP telephone number at the time of solicitation and, for a plan or insurer, on the application. Because a violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The bill would state the intent of the Legislature to ensure an individual is informed of and understands their specific rights and health care options before enrolling a Medicare-eligible or enrolled dependent parent or stepparent in individual health care coverage. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Miguel Santiago

**Title**

California Medical School Tuition for Medical Service Pilot Program.

**Description**

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

**Primary Sponsors**

Carlos Villapudua

**Title**

Reproductive health care.

**Description**

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

**Primary Sponsors**

Akilah Weber, Cristina Garcia, Anna Caballero

**Title**

Mental health: information sharing.

**Description**

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

**Primary Sponsors**

James Ramos



**Title**

Birthing Justice for California Families Pilot Project.

**Description**

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

**Primary Sponsors**

Buffy Wicks

**Title**

California Health Benefit Exchange: abortion services coverage reporting.

**Description**

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

**Primary Sponsors**

Wendy Carrillo

**Title**

CalWORKs and CalFresh: work requirements.

**Description**

AB 2300, as amended, Kalra. CalWORKs and CalFresh: work requirements. (1) Existing law provides for the California Work Opportunity and Responsibility to Kids (CalWORKs) program, under which each county provides cash assistance and other benefits to qualified low-income families and individuals. Existing law generally requires a recipient of CalWORKs benefits who is 16 years of age or older to participate in welfare-to-work activities as a condition of eligibility for aid. Existing law exempts certain persons from the welfare-to-work activities, including a child attending an elementary, secondary, vocational, or technical school on a full-time basis. Existing law, however, prohibits a person who is 16 or 17 years of age, or a custodial parent who is under 20 years of age, who loses this exemption from requalifying for the exemption by attending school as a required activity. This bill would remove that prohibition, thereby allowing that person to requalify for benefits by attending school on a full-time basis. Existing law prohibits sanctions from being applied for a failure or refusal to comply with program requirements if, among other reasons, the employment, offer of employment, activity, or other training for employment discriminates on specified bases or involves conditions that are in violation of applicable health and safety standards, or the employment or offer of employment exceeds the daily or weekly hours of work customary to the occupation. This bill would additionally prohibit sanctions from being applied for a failure or refusal to comply with program requirements if the recipient provides documentation that the anticipated hours would be so unpredictable for that specific recipient that they would not allow the recipient to anticipate compliance with program requirements related to the job, or if the recipient provides documentation that the scheduled hours exhibit a pattern of unpredictability for that specific recipient so that the recipient cannot anticipate compliance with program requirements related to the job. The bill would also prohibit sanctions from being applied if the recipient states that the employment or offer of employment fails to comply with the Healthy Workplaces, Healthy Families Act of 2014, that the recipient experienced sexual harassment or other abusive conduct at the workplace, or that the recipient's rights under specified laws were violated. The bill would require the county human services agency, when an applicant or recipient reports refusing any offer of employment, reducing hours, voluntarily quitting any employment, or being discharged from any employment, to provide the applicant or recipient with information regarding workplace rights generally, as specified, and would ... (click bill link to see more).

**Primary Sponsors**

Ash Kalra

**Organizational Notes**

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

**Title**

Children's psychiatric residential treatment facilities.

**Description**

AB 2317, as amended, Ramos. Children's psychiatric residential treatment facilities. Existing law, the California Community Care Facilities Act, provides for the licensing and regulation of community care facilities, including a children's crisis residential program, by the State Department of Social Services, and defines a children's crisis residential program to mean a facility licensed as a short-term residential therapeutic program and approved by the State Department of Health Care Services, or a county mental health plan, to operate a children's crisis residential mental health program to serve children experiencing mental health crises as an alternative to psychiatric hospitalization. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including specified mental health and substance use disorder services. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions. Existing federal Medicaid regulations provide for inpatient psychiatric services for individuals under 21 years of age in psychiatric facilities, as prescribed. This bill would require the State Department of Health Care Services to license and establish regulations for psychiatric residential treatment facilities, which the bill would define as a licensed residential facility operated by a public agency or private nonprofit organization that provides psychiatric services, as prescribed under the Medicaid regulations, to individuals under 21 years of age, in an inpatient setting. The bill would require the department to establish regulations for the facilities that include, among other things, the implementation of a plan for transitioning each admitted child from the program to their home and community.

**Primary Sponsors**

James Ramos

**Title**

Reproductive health care pilot program.

**Description**

AB 2320, as amended, Cristina Garcia. Reproductive health care pilot program. Existing law establishes the California Health and Human Services Agency, which includes the State Department of Public Health, among other state departments, and is charged with the administration of health, social, and other human services. This bill, until January 1, 2028, would require the agency, or an entity designated by the agency, to establish and administer a pilot program to direct funds to primary care clinics that provide reproductive health care services in 5 counties. The bill would require a participating primary care clinic to implement at least one of a number of specified activities to improve health care delivery for marginalized patients, and to annually report to the agency over 2 years regarding its efforts and progress with those activities. The bill would require the agency to report to the Legislature on the program on or before June 1, 2026.

**Primary Sponsors**

Cristina Garcia, Mike Gipson

**Title**

Lead poisoning prevention: laboratory reporting.

**Description**

AB 2326, as amended, Reyes. Lead poisoning prevention: laboratory reporting. Existing law, the Childhood Lead Poisoning Prevention Act of 1991, requires the State Department of Public Health to adopt regulations establishing a standard of care at least as stringent as the most recent federal Centers for Disease Control and Prevention (CDC) screening guidelines, whereby all children are evaluated for risk of lead poisoning by health care providers during each child's periodic health assessment. Existing law requires a laboratory that performs a blood lead analysis on a specimen of human blood drawn in California to report specified information to the State Department of Public Health for each analysis on every person tested and requires other specified information to be reported when the laboratory has that information. Existing law authorizes the department to fine a laboratory that knowingly fails to meet the reporting requirements. This bill would, beginning on July 1, 2023, require the laboratory to report additional information, including the National Provider Identifier (NPI) of the health care provider that ordered the analysis, the Clinical Laboratory Improvement Amendments (CLIA) number and the NPI of the laboratory, and the person's race, ethnicity, and pregnancy status. The bill would require a laboratory to request all of the required information from the health care provider who obtained the blood sample or ordered the test, but would waive the laboratory's reporting requirement when the health care provider cannot, or will not, provide the requested information. Existing law requires the laboratory to report within 3 working days if the result of the blood lead analysis is a blood lead level equal to or greater than 10 micrograms of lead per deciliter of blood and within 30 working days if the blood lead level is lower than that threshold. This bill would make the threshold for reporting within 3 working days the most recent CDC reference level for an elevated blood lead level. Existing law requires that all information reported be confidential, except that the department is authorized to share the information for the purpose of surveillance, case management, investigation, environmental assessment, environmental remediation, or abatement with the local health department, environmental health agency, or building department, and with the State Department of Health Care Services for the purpose of determining whether children enrolled in Medi-Cal are being screened for lead poisoning and receiving appropriate related services. This bill would authorize the department to share the information for purposes of care coordination as well. The bill would authorize the department to share the information with specified health ... (click bill link to see more).

**Primary Sponsors**

Eloise Reyes

**Organizational Notes**

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

Support: Western Center on Law and Poverty

**Title**

Prescription drug coverage.

**Description**

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

**Primary Sponsors**

Adrin Nazarian

**Organizational Notes**

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

**Title**

Medi-Cal: continuous eligibility.

**Description**

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

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

#### **Primary Sponsors**

Blanca Rubio

#### **Organizational Notes**

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

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



**Title**

Martin Luther King, Jr. Community Hospital.

**Description**

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

**Primary Sponsors**

Mike Gipson

**Organizational Notes**

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

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

**Title**

Open meetings: local agencies: teleconferences.

**Description**

AB 2449, as amended, Blanca Rubio. Open meetings: local agencies: teleconferences. Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body of a local agency, as those terms are defined, be open and public and that all persons be permitted to attend and participate. The act contains specified provisions regarding the timelines for posting an agenda and providing for the ability of the public to observe and provide comment. The act allows for meetings to occur via teleconferencing subject to certain requirements, particularly that the legislative body notice each teleconference location of each member that will be participating in the public meeting, that each teleconference location be accessible to the public, that members of the public be allowed to address the legislative body at each teleconference location, that the legislative body post an agenda at each teleconference location, and that at least a quorum of the legislative body participate from locations within the boundaries of the local agency's jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. Existing law, until January 1, 2024, authorizes a local agency to use teleconferencing without complying with those specified teleconferencing requirements in specified circumstances when a declared state of emergency is in effect, or in other situations related to public health. This bill would revise and recast those teleconferencing provisions and, until January 1, 2026, would authorize a local agency to use teleconferencing without complying with the teleconferencing requirements that each teleconference location be identified in the notice and agenda and that each teleconference location be accessible to the public if at least a quorum of the members of the legislative body participates in person from a singular physical location clearly identified on the agenda that is open to the public and situated within the local agency's jurisdiction. Under this exception, the bill would authorize a member to participate remotely under specified circumstances, including participating remotely for just cause or due to emergency circumstances. The emergency circumstances basis for remote participation would be contingent on a request to, and action by, the legislative body. The bill would define terms for purposes of these teleconferencing provisions. This bill would impose prescribed requirements for this exception relating to notice, agendas, the means and manner of access, and procedures for disruptions. The bill would require the legislative body to implement a procedure for receiving and swiftly resolving requests for reasonable accommodation for individ... (click bill link to see more).

**Primary Sponsors**

Blanca Rubio

**Title**

California Children's Services: reimbursement rates.

**Description**

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

**Primary Sponsors**

Akilah Weber

**Title**

Health care coverage: human papillomavirus.

**Description**

AB 2516, as amended, Aguiar-Curry. Health care coverage: human papillomavirus. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2002, to provide coverage for an annual cervical cancer screening test, including a human papillomavirus (HPV) screening test that is approved by the federal Food and Drug Administration (FDA). Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which health care services are provided to low-income individuals pursuant to a schedule of benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law also establishes the Family Planning, Access, Care, and Treatment (Family PACT) Program, administered by the Office of Family Planning within the department, under which comprehensive clinical family planning services are provided to a person who has a family income at or below 200% of the federal poverty level, and who is eligible to receive these services. This bill would expand the coverage requirement for an annual cervical cancer screening test to disability insurance policies that provide coverage for hospital, medical, or surgical benefits and would require a health care service plan contract or disability insurance policy that provides coverage for hospital, medical, or surgical benefits issued, amended, or renewed on or after January 1, 2023, to provide coverage without cost sharing for the HPV vaccine for persons for whom the vaccine is FDA approved. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The bill would also expand comprehensive clinical family planning services under the Family PACT Program to include the HPV vaccine for persons for whom it is FDA approved. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Cecilia Aguiar-Curry

**Organizational Notes**

Last edited by Joanne Campbell at Apr 22, 2022, 2:29 PM

Oppose: California Association of Health Plans

**Title**

California Health Benefit Exchange: financial assistance.

**Description**

AB 2530, as amended, Wood. California Health Benefit Exchange: financial assistance. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Existing state law creates the California Health Benefit Exchange (Exchange), also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Under existing regulations, an individual may enroll in a plan through the Exchange in a special enrollment period that is triggered if the individual loses other coverage due to termination of employment or reduction in the number of hours of employment. Existing law requires the Exchange, until January 1, 2023, to administer a program to provide health care coverage financial assistance to California residents with household incomes at or below 600% of the federal poverty level. This bill, upon appropriation by the Legislature, would require the Exchange to administer a program of financial assistance beginning July 1, 2023, to help Californians obtain and maintain health benefits through the Exchange if they lose employer-provided health care coverage as a result of a labor dispute. Under the bill, an individual who has lost minimum essential coverage from an employer or joint labor management trust fund as a result of a strike, lockout, or other labor dispute would receive the same premium assistance and cost-sharing reductions as an individual with a household income of 133% of the federal poverty level, and, beginning January 1, 2024, would also not pay a deductible for any covered benefit if the standard benefit design for a household income of 133% of the federal poverty level has zero deductibles.

**Primary Sponsors**

Jim Wood, Ash Kalra

**Organizational Notes**

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

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

**Title**

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

**Description**

AB 2564, as introduced, Bigelow. Individual Shared Responsibility Penalty: waiver: health care service plans. Existing law establishes the Minimum Essential Coverage Individual Mandate to require an individual who is a California resident to ensure that the individual, and any spouse or dependent of the individual, is enrolled in and maintains minimum essential medical coverage for each month, except as specified. Existing law imposes the Individual Shared Responsibility Penalty for the failure to maintain minimum essential coverage, as determined and collected by the Franchise Tax Board, in collaboration with the California Health Benefit Exchange, as specified. This bill would require the Franchise Tax Board to waive the Individual Shared Responsibility Penalty for an individual who either was enrolled in minimum essential coverage for at least 6 consecutive months during the taxable year, or had at least one verified meeting with a specified employee to discuss the individual's health care insurance purchasing options. The bill would require verification of a meeting with a specified employee under penalty of perjury, and would thereby impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Frank Bigelow

**Title**

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

**Description**

AB 2581, as amended, Salas. Health care coverage: mental health and substance use disorders: provider credentials. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law also provides for the regulation of disability insurers by the Department of Insurance. Existing law requires a health care service plan contract or disability insurance policy issued, amended, or renewed on or after January 1, 2021, that provides hospital, medical, or surgical coverage to provide coverage for medically necessary treatment of mental health and substance use disorders, under the same terms and conditions applied to other medical conditions, as specified. For provider contracts issued, amended, or renewed on and after January 1, 2023, this bill would require a health care service plan or disability insurer that provides coverage for mental health and substance use disorders and credentials health care providers of those services for the health care service plan's or disability insurer's networks, to assess and verify the qualifications of a health care provider within 60 days after receiving a completed provider credentialing application. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Rudy Salas

**Title**

Nonpharmacological pain management treatment.

**Description**

AB 2585, as amended, McCarty. Nonpharmacological pain management treatment. Existing law sets forth the Pain Patient's Bill of Rights, which grants a patient who suffers from severe chronic intractable pain the option to request or reject the use of any or all modalities to relieve their pain. This bill would make related findings and declarations, including that the health care system should encourage the use of evidence-based nonpharmacological therapies for pain management.

**Primary Sponsors**

Kevin McCarty

**Title**

Air ambulance services.

**Description**

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

**Primary Sponsors**

Lori Wilson, Tim Grayson



**Title**

Medi-Cal managed care: midwifery services.

**Description**

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

**Primary Sponsors**

Jim Patterson

**Title**

Information Practices Act of 1977.

**Description**

AB 2677, as amended, Gabriel. Information Practices Act of 1977. Existing law, the Information Practices Act of 1977, prescribes a set of requirements, prohibitions, and remedies applicable to agencies, as defined, with regard to their collection, storage, and disclosure of personal information, as defined. Existing law exempts from the provisions of the act counties, cities, any city and county, school districts, municipal corporations, districts, political subdivisions, and other local public agencies, as specified. This bill would recast those provisions to include, among other things, genetic information, IP address, online browsing history, and location information within the definition of "personal information" for the act's purposes. The bill would make other technical, nonsubstantive, and conforming changes. Existing law requires an agency to establish rules of conduct for persons involved in the design, development, operation, disclosure, or maintenance of records containing personal information and instruct those persons with respect to specified rules relevant to the act. This bill would require that those rules established by the agency be consistent with applicable provisions of the State Administrative Manual and the State Information Management Manual. The bill would prohibit an agency from using records containing personal information for any purpose or purposes other than the purpose or purposes for which that personal information was collected, except as required by state or federal law. Existing law prohibits an agency from disclosing any personal information in a manner that would link the information disclosed to the individual to whom it pertains, except under specified circumstances. This bill would revise the circumstances that may allow the disclosure of personal information in a manner that could link the information disclosed to the individual to whom it pertains, and would make conforming changes. Existing law makes an intentional violation of any provision of the act, or of any rules or regulations adopted under the act, by an officer or employee of any agency a cause for discipline, including termination of employment. This bill would also make a negligent violation of the act a cause for discipline, and would specify that the relevant discipline may be up to and including termination. Existing law provides that the intentional disclosure of medical, psychiatric, or psychological information in violation of the disclosure provisions of the act, that is not otherwise permitted by law, is punishable as a misdemeanor if the wrongful disclosure results in economic loss or personal injury to the individual to whom the information pertains. This bill would remove the requirement that the wrongful ... (click bill link to see more).

**Primary Sponsors**

Jesse Gabriel

**Title**

Medi-Cal: Community Health Navigator Program.

**Description**

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

**Primary Sponsors**

Joaquin Arambula

**Title**

Medi-Cal: community health workers and promotores.

**Description**

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

**Primary Sponsors**

Cecilia Aguiar-Curry

**Organizational Notes**

Last edited by Joanne Campbell at Apr 14, 2022, 3:51 PM

Support: Western Center on Law and Poverty

**Title**

Medi-Cal: alternate health care service plan.

**Description**

AB 2724, Arambula. Medi-Cal: alternate health care service plan. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various delivery systems, including managed care pursuant to Medi-Cal managed care plan contracts. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would authorize the department to enter into one or more comprehensive risk contracts with an alternate health care service plan (AHCSP), as defined, to serve as a primary Medi-Cal managed care plan for certain eligible beneficiaries in geographic regions designated by the department, as specified. The bill would authorize the department to contract with an AHCSP as a Medi-Cal managed care plan in any geographic region of the state for which federal approval is available, for which the AHCSP maintains appropriate licensure or an approved exemption from the Department of Managed Health Care, and in which the AHCSP already provides commercial coverage in the individual, small group, or large group market. The bill would, among other things, prohibit the AHCSP from denying enrollment to any of those eligible beneficiaries, unless the department or the Department of Managed Health Care has ordered the AHCSP to cease enrollment in an applicable service area. The bill would require the contract with the AHCSP to include the same standards and requirements, except with respect to enrollment, as for other Medi-Cal managed care plans, as specified. The bill would require the Health Care Options Program, which is an entity overseen by the department for Medi-Cal managed care education and enrollment, to disenroll any member of an AHCSP if the member meets any one of the reasons for disenrollment enumerated in certain regulations, except as specified. The bill would require the AHCSP to enter into a memorandum of understanding (MOU) with the department, which would include specified standards or requirements and the AHCSP's commitment to increase enrollment of new Medi-Cal members and any requirements related to the AHCSP's collaboration with and support of applicable safety net providers. The bill would require the department to post the MOU and a specified implementation report on its internet website. The bill would require the AHCSP, as part of the MOU, to work with federally qualified health centers (FQHCs) in AHCSP service areas selected by the AHCSP and the department, at the request of the FQHC, to provide assistance with population health management and clinical transformation. The bill would require the department and the AHCSP to identify the highest need... (click bill link to see more).

**Primary Sponsors**

Joaquin Arambula

**Organizational Notes**

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

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

State

CA

Bill Number

AB 2727

Position

Support

**Title**

Medi-Cal: eligibility.

**Description**

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

**Primary Sponsors**

Jim Wood

**Organizational Notes**

Last edited by Joanne Campbell at Apr 14, 2022, 3:52 PM

Support: L.A. Care, Western Center on Law and Poverty

**Title**

Mental health and substance use disorders: database of facilities.

**Description**

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

**Primary Sponsors**

Marie Waldron

**Title**

Long-Term Services and Supports Benefit Program.

**Description**

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

**Primary Sponsors**

Miguel Santiago



**Title**

The Community Assistance, Recovery, and Empowerment (CARE) Court Program.

**Description**

AB 2830, as amended, Bloom. The Community Assistance, Recovery, and Empowerment (CARE) Court Program. (1) Existing law, the Assisted Outpatient Treatment Demonstration Project Act of 2002, known as Laura's Law, requires each county to offer specified mental health programs, unless a county or group of counties opts out by a resolution passed by the governing body, as specified. Existing law, the Lanterman-Petris-Short Act, provides for short-term and longer-term involuntary treatment and conservatorships for people who are determined to be gravely disabled. This bill would enact the Community Assistance, Recovery, and Empowerment (CARE) Act, which would authorize specified people to petition a civil court to create a CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, stabilization medication, and housing support to adults who are suffering from schizophrenia spectrum and psychotic disorders and who lack medical decisionmaking capacity. The bill would specify the process by which the petition is filed and reviewed, including requiring the petition to be signed under penalty of perjury, and to contain specified information, including the acts that support the petitioner's belief that the respondent meets the CARE criterion. The bill would also specify the schedule of review hearings required if the respondent is ordered to comply with a one-year CARE plan by the court. The bill would authorize the CARE plan to be extended for up to one year and prescribes the requirement for the graduation plan that is required upon leaving the CARE program. By expanding the crime of perjury and imposing additional duties on the county behavioral health agencies, this bill would impose a state-mandated local program. This bill would include in the CARE program the respondent's right to have a supporter and counsel at all proceedings. The bill would require the California Health and Human Services Agency, subject to appropriation, to administer the CARE Supporter program, which would make available a trained supporter to each respondent. This bill would authorize the court, at any time during the proceedings if it finds the county not complying with court orders, to fine the county up to \$1,000 per day and, if the court finds persistent noncompliance, to appoint a receiver to secure court-ordered care for the respondent at the county's cost. (2) 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 requires health care service plans to provide coverage for medically necessary treatment of mental health and substance use disorders.... (click bill link to see more).

**Primary Sponsors**

Richard Bloom

**Title**

COVID-19 testing capacity.

**Description**

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

**Primary Sponsors**

Jacqui Irwin

**Title**

Taxes to fund health care coverage and cost control.

**Description**

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

**Primary Sponsors**

Ash Kalra, Alex Lee

**Title**

Office of Racial Equity.

**Description**

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

**Primary Sponsors**

Richard Pan, Joaquin Arambula, David Chiu

**Organizational Notes**

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

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

**Title**

Health care workforce development: California Medicine Scholars Program.

**Description**

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

**Primary Sponsors**

Melissa Hurtado

**Title**

Medi-Cal: eligibility.

**Description**

SB 56, as amended, Durazo. Medi-Cal: eligibility. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services (department), under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. The federal Medicaid program provisions prohibit payment to a state for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Existing law requires individuals under 19 years of age enrolled in restricted-scope Medi-Cal at the time the Director of Health Care Services makes a determination that systems have been programmed for implementation of these provisions to be enrolled in the full scope of Medi-Cal benefits, if otherwise eligible, and extends eligibility for full-scope Medi-Cal benefits to individuals under 25 years of age, and who are otherwise eligible for those benefits but for their immigration status. Existing law makes the effective date of enrollment for those individuals the same day that systems are operational to begin processing new applications pursuant to the director's determination, and requires the department to maximize federal financial participation for purposes of implementing the requirements. To the extent that federal financial participation is unavailable, existing law requires the department to implement those provisions using state funds appropriated for that purpose. Existing law provides that Medi-Cal benefits for individuals who are 65 years of age or older, and who do not have satisfactory immigration statuses or are unable to establish satisfactory immigration statuses, will be prioritized in the Budget Act for the upcoming fiscal year if the Department of Finance projects a positive ending balance in the Special Fund for Economic Uncertainties for the upcoming fiscal year and each of the ensuing 3 fiscal years that exceeds the cost of providing those individuals with full-scope Medi-Cal benefits. This bill would, subject to an appropriation by the Legislature, and effective July 1, 2022, extend eligibility for full-scope Medi-Cal benefits to individuals who are 60 years of age or older, and who are otherwise eligible for those benefits but for their immigration status. The bill would delete provisions delaying implementation until the director makes the determination described above. The bill would require the department to seek federal approvals to obtain federal financial participation to implement these requirements, and would require that state-only funds be used for those benefits if federal financial participation is una... (click bill link to see more).

**Primary Sponsors**

Maria Durazo, Joaquin Arambula

**Organizational Notes**

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

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

State

CA

Bill Number

SB 154

Position

Monitor

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**Title**

Budget Act of 2022.

**Description**

SB 154, Skinner. Budget Act of 2022. This bill would make appropriations for the support of state government for the 2022–23 fiscal year. This bill would declare that it is to take effect immediately as a Budget Bill.

**Primary Sponsors**

Nancy Skinner

**Title**

Health.

**Description**

SB 184, Committee on Budget and Fiscal Review. Health. (1) Existing federal law, the Patient Protection and Affordable Care Act (PPACA), enacts various health care market reforms. 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, until January 1, 2023, requires the Exchange to administer a program of health care coverage financial assistance to help low-income and middle-income Californians. Existing law exempted the program design of financial assistance and a related regulation, standard, criterion, procedure, determination, rule, notice, guideline, or any other guidance established or issued by the Exchange or Franchise Tax Board from the Administrative Procedure Act until January 1, 2022. This bill would indefinitely extend the above-described financial assistance program and Administrative Procedure Act exemptions. (2) Existing law generally requires the State Department of Public Health to license, inspect, and regulate health facilities, including hospitals. Existing law requires health facilities to meet specified cost and disclosure requirements, including maintaining an understandable written policy regarding discount payments and charity. Existing law establishes the Department of Health Care Access and Information (HCAI) to oversee various aspects of the health care market, including oversight of hospital facilities and community benefit plans. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, 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 each department to develop and adopt regulations to ensure that enrollees and insureds have access to needed health care services in a timely manner. Existing law requires that health care service plans and health insurers submit rates to their regulating entity for review. This bill would establish, within HCAI, the Office of Health Care Affordability to analyze the health care market for cost trends and drivers of spending, develop data-informed policies for lowering health care costs for consumers and purchasers, set and enforce cost targets, and create a state strategy for controlling the cost of health care and ensuring affordability for consumers and purchasers. The bill would also establish the Health Care Affordability Board, composed of 8 members, appointed as prescribed, and the Health Care Affordability Advisory Com... (click bill link to see more).

**Primary Sponsors**

Senate Committee on Budget and Fiscal Review



**Title**

Health care coverage: timely access to care.

**Description**

SB 225, as amended, Wiener. Health care coverage: timely access to care. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer that provides or arranges for the provision of hospital or physician services to comply with specified timely access to care requirements, including ensuring that its network has adequate capacity and availability of licensed health care providers to offer enrollees and insureds appointments that meet specified timeframes. Existing law authorizes the department director to take enforcement action against health care plans that fail to comply with these provisions, including assessing administrative penalties. This bill would require a health care service plan or health insurer to incorporate timely access to care standards into its quality assurance systems and incorporate specified processes. The bill would authorize the Department of Managed Health Care to develop methodologies to demonstrate appointment wait time compliance and averages. The bill would authorize the Department of Managed Health Care and the Department of Insurance to take compliance or disciplinary action, review and adopt standards concerning the availability of health care to ensure enrollees and insureds have timely access to care, and make recommendations to the Legislature if the Department of Managed Health Care or the Department of Insurance finds that health care service plans or health insurers and providers have difficulty meeting the standards the departments develop. The bill would require the director to consider, as an aggravating factor when assessing administrative penalties, if harm to an enrollee has occurred as a result of plan noncompliance. The bill would clarify that the timely access to care provisions do not alter requirements or standards for Medi-Cal managed care plans, except as specified. The bill would also make technical and conforming changes. By imposing new requirements on health care service plans, the willful violation of which 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

**Title**

Health care coverage: abortion services: cost sharing.

**Description**

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

**Primary Sponsors**

Lena Gonzalez, Sydney Kamlager, Connie Leyva

**Organizational Notes**

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

Oppose: CA. Assoc. of Health Plans

**Title**

Health care coverage.

**Description**

SB 250, as amended, Pan. Health care coverage. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law 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. This bill would specify that the health care providers involved with developing the above-described criteria or guidelines include a representative sample of physicians and surgeons that compose a plan's or insurer's prior authorization requests. The bill would grant a physician and surgeon the right to have an appeal of a prior authorization decision conducted by a physician and surgeon of the same or similar specialty, and would prohibit a plan or insurer from requiring an appeal of an adverse prior authorization request result to be filed before filing an independent medical review. On or after January 1, 2024, 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 health care services if the plan or insurer approved or would have approved not less than 80% 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 and appeal. The bill would authorize a plan or insurer to evaluate the continuation of an exemption not more than once every 2 years, and would prohibit a plan or insurer from rescinding an exemption outside of the end of the 2-year period. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would... (click bill link to see more).

**Primary Sponsors**

Richard Pan

**Organizational Notes**

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

Oppose: CA. Assoc. of Health Plans

**Title**

California Advancing and Innovating Medi-Cal.

**Description**

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

**Primary Sponsors**

Richard Pan

**Title**

Medi-Cal: California Community Transitions program.

**Description**

SB 281, as amended, Dodd. Medi-Cal: California Community Transitions program. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing federal law establishes the Money Follows the Person Rebalancing Demonstration, which is designed to achieve various objectives with respect to institutional and home- and community-based long-term care services provided under state Medicaid programs. Under the Money Follows the Person Rebalancing Demonstration, an eligible individual is required to meet prescribed qualifications, including that they have resided in an inpatient facility for at least 60 consecutive days. Existing law requires the department to provide services consistent with the Money Follows the Person Rebalancing Demonstration for transitioning eligible individuals out of an inpatient facility who have resided in that setting for fewer than 60 days. Existing law requires the department to cease to enroll beneficiaries under these provisions commencing January 1, 2023, and to cease providing these services commencing January 1, 2024. Existing law repeals these provisions on January 1, 2025. This bill would instead require the department to cease to enroll beneficiaries commencing January 1, 2026, and to cease providing those services commencing January 1, 2027. The bill would extend the repeal date of those provisions to January 1, 2028. This bill would require the department to implement and administer the California Community Transitions program to help an eligible Medi-Cal beneficiary move to a qualified residence after the beneficiary has resided in an institutional health facility for a period of 60 days or longer. The bill would require a lead organization to provide services under the program. The bill would require program services to include prescribed services, such as transition coordination services. The bill would authorize a Medi-Cal beneficiary to participate in this program if the Medi-Cal beneficiary meets certain requirements, and would require eligible Medi-Cal beneficiaries to continue to receive program services once they have transitioned into a qualified residence for up to 365 days after the transition date. The bill would require the department to use federal funds made available through the Money Follows the Person Rebalancing Demonstration, to implement this program, and to administer the program in a manner that attempts to maximize federal financial participation if the demonstration is not reauthorized or if sufficient funds are not appropriated through... (click bill link to see more).

**Primary Sponsors**

Bill Dodd

**Title**

Medi-Cal specialty mental health services.

**Description**

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

**Primary Sponsors**

Monique Limon, Adam Gray, Anthony Portantino

**Title**

Health information technology.

**Description**

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

**Primary Sponsors**

Anna Caballero

**Organizational Notes**

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

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

**Title**

California Health Benefit Exchange.

**Description**

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

**Primary Sponsors**

Connie Leyva



**Title**

Health care coverage: insulin cost sharing.

**Description**

SB 473, as amended, Bates. Health care coverage: insulin cost sharing. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy issued, amended, delivered, or renewed on or after January 1, 2000, to include coverage for equipment, supplies, and, if the contract or policy covers prescription benefits, prescriptive medications for the management and treatment of insulin-using diabetes, non-insulin-using diabetes, and gestational diabetes, as medically necessary. This bill would require a health care service plan contract or a health insurance policy that is issued, amended, delivered, or renewed on or after January 1, 2023, to cover all available dosage forms and concentrations of at least one insulin product of each insulin type for a copayment not to exceed \$35 for a monthly supply, or a multiple of \$35 for a multimonth supply, and would prohibit a policy or contract from imposing other cost-sharing requirements. The bill would also prohibit a health care service plan contract or health insurance policy that is issued, amended, delivered, or renewed on or after January 1, 2023, from imposing a deductible requirement on benefits related to managing and treating diabetes, as specified. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Pat Bates

**Organizational Notes**

Last edited by Cherie Compartore at Apr 15, 2022, 5:28 PM

Oppose: CA. Assoc. of Health Plans

**Title**

Drug manufacturers: value-based arrangement.

**Description**

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

**Primary Sponsors**

Steve Bradford

**Title**

Health care coverage: contraceptives.

**Description**

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

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

**Primary Sponsors**

Connie Leyva

**Organizational Notes**

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

Oppose: CA. Assoc. of Health Plans

**Title**

Deductibles: chronic disease management.

**Description**

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

**Primary Sponsors**

Richard Pan

**Organizational Notes**

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

Oppose: CA. Assoc. of Health Plans

**Title**

Medi-Cal managed care: behavioral health services.

**Description**

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

**Primary Sponsors**

Richard Roth

**Title**

Health care: prescription drugs.

**Description**

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

**Primary Sponsors**

Richard Pan

**Title**

Prescription drug coverage.

**Description**

SB 853, as amended, Wiener. Prescription drug coverage. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers, including health insurers, by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law prohibits a health care service plan contract that covers prescription drug benefits or a specified health insurance policy from limiting or excluding coverage for a drug on the basis that the drug is prescribed for a use that is different from the use for which it was approved by the federal Food and Drug Administration if specified conditions are met. Existing law also prohibits a health care service plan that covers prescription drug benefits from limiting or excluding coverage for a drug that was previously approved for coverage if an enrollee continues to be prescribed that drug, as specified. This bill would expand the above-described prohibitions to prohibit limiting or excluding coverage of a drug, dose, or dosage form, and would apply the prohibition to blanket disability insurance policies and certificates. The bill would prohibit a health care service plan or disability insurer that provides coverage for prescription drugs from limiting or declining to cover a drug or dose of a drug as prescribed, or imposing additional cost sharing for covering a drug as prescribed, if specified criteria apply. The bill would provide that a reduction or termination of an ongoing and approved course of treatment before the end of the treatment or the end or amendment of the policy is an adverse benefit determination, and would require a health care service plan or disability insurer to notify an enrollee or insured, or their representative, and the enrollee's or insured's provider in writing of the adverse benefit determination no fewer than 7 calendar days before the effective date. The bill would require a plan or insurer that has approved an ongoing course of treatment to provide continuing coverage pending appeal or review. 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 fo... (click bill link to see more).

**Primary Sponsors**

Scott Wiener

**Organizational Notes**

Last edited by Cherie Compartore at Apr 11, 2022, 6:20 PM  
Oppose: CA. Assoc. of Health Plans

Last edited by Joanne Campbell at Jan 20, 2022, 3:03 PM  
Sponsored by Crohn's & Colitis Foundation

**Title**

Health care service plans: discipline: civil penalties.

**Description**

SB 858, as amended, Wiener. Health care service plans: discipline: civil penalties. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law authorizes the Director of the Department of Managed Health Care to take disciplinary measures, including the imposition of civil penalties, against a licensee when the director determines that the licensee has committed an act or omission constituting grounds for disciplinary action, as specified. Under existing law, a person who violates the act, or a rule or order adopted or issued under the act, is generally liable for a civil penalty not to exceed \$2,500 per violation. Existing law also includes various provisions that assess specific civil and administrative penalties for certain violations. Fines and penalties under the act are deposited into the Managed Care Administrative Fines and Penalties Fund, and used, upon appropriation by the Legislature, for designated purposes. This bill would increase the base amount of the civil penalty from \$2,500 per violation to not more than \$25,000 per violation, and would authorize a lower, proportionate penalty for specialized dental and vision health care service plans. Under the bill, the civil penalty base amount would be adjusted annually commencing January 1, 2024, as specified. The bill would multiply the amounts of other specified civil and administrative penalties by 4, commencing January 1, 2023, and would also annually adjust those penalties, commencing January 1, 2024. The bill would authorize the director to impose a corrective action plan to require future compliance with the act, under certain circumstances. If a health care service plan fails to comply with the corrective action plan in a timely manner, the bill would require the department to monitor the health care service plan through medical surveys, financial examinations, or other means necessary to ensure timely compliance, and would specify that failure to timely comply with a corrective action plan is grounds for disciplinary action. The bill would require the director, when assessing administrative and civil penalties against a health care service plan, to determine the appropriate amount of the penalty for each violation, based upon consideration of specified factors, such as the nature, scope, and gravity of the violation, whether the violation is an isolated incident, and the amount of the penalty necessary to deter similar violations in the future.

**Primary Sponsors**

Scott Wiener

**Organizational Notes**

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

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



**Title**

Minors: vaccine consent.

**Description**

SB 866, as amended, Wiener. Minors: vaccine consent. Existing law prescribes various circumstances under which a minor may consent to their medical care and treatment without the consent of a parent or guardian. These circumstances include, among others, authorizing a minor 12 years of age or older who may have come into contact with an infectious, contagious, or communicable disease to consent to medical care related to the diagnosis or treatment of the disease, if the disease or condition is one that is required by law or regulation to be reported to the local health officer, or is a related sexually transmitted disease, as may be determined by the State Public Health Officer. This bill would additionally authorize a minor 15 years of age or older to consent to vaccines that meet specified federal agency criteria. The bill would authorize a vaccine provider, as defined, to administer a vaccine pursuant to the bill, but would not authorize the vaccine provider to provide any service that is otherwise outside the vaccine provider's scope of practice.

**Primary Sponsors**

Scott Wiener, Richard Pan, Buffy Wicks

**Title**

Public health: immunizations.

**Description**

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

**Primary Sponsors**

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

**Title**

Biomarker testing.

**Description**

SB 912, as 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, 2023, to provide coverage for biomarker testing, including whole genome sequencing, for the purposes of diagnosis, treatment, appropriate management, or ongoing monitoring of an enrollee's or insured's disease or condition if the test is supported by medical and scientific evidence, as prescribed. 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 bill would expand the Medi-Cal schedule of benefits to includ... (click bill link to see more).

**Primary Sponsors**

Monique Limon

**Organizational Notes**

Last edited by Joanne Campbell at Jun 24, 2022, 8:30 PM

Oppose Unless Amended: CA. Assoc. of Health Plans

**Title**

Gender-affirming care.

**Description**

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

**Primary Sponsors**

Scott Wiener, Cristina Garcia

**Organizational Notes**

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

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

**Title**

Prescription drug pricing.

**Description**

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

**Primary Sponsors**

Richard Pan

**Organizational Notes**

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

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

**Title**

California Health Benefit Exchange: affordability assistance.

**Description**

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

**Primary Sponsors**

Richard Pan

**Organizational Notes**

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

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

**Title**

Medication and Patient Safety Act of 2022.

**Description**

SB 958, as amended, Limón. Medication and Patient Safety Act of 2022. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy that provides coverage for outpatient prescription drugs to cover medically necessary prescription drugs. This bill would prohibit a health care service plan or health insurer, or its designee, from requiring a vendor to dispense an infused or injected medication directly to a patient with the intent that the patient will transport the medication to a health care provider for administration. The bill would authorize a plan or insurer, or its designee, to arrange for an infused or injected medication to be administered in an enrollee's or insured's home when the treating health care provider and patient determine home administration is in the best interest of the patient. The bill would prohibit a plan or insurer, or its designee, from requiring an infused or injected medication to be supplied by a vendor specified by the plan or insurer, or its designee, as a condition of coverage, unless specified criteria are met. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Monique Limon, Anthony Portantino

**Organizational Notes**

Last edited by Joanne Campbell at May 11, 2022, 8:03 PM

Oppose: CA. Assoc. of Health Plans, Local Health Plans of California (Unless Amended)

**Title**

Behavioral health.

**Description**

SB 964, as amended, Wiener. Behavioral health. (1) Existing law establishes various health professions education programs within the Department of Health Care Access and Information, through which scholarships, loan repayment grants, recruitment or training services, or other benefits are provided to certain health professionals, including mental health service providers, physicians, registered nurses, and vocational nurses, if they meet specified criteria. Existing law authorizes the department to award competitive grants to expand the supply of certain behavioral health professionals serving children and youth, as specified. Existing law also establishes the Licensed Mental Health Service Provider Education Program within the department, to provide grants to specified licensed behavioral health service providers, as defined, who provide direct care in a publicly funded behavioral health facility or a mental health professional shortage area, for reimbursement of educational loans related to a career as a licensed behavioral health service provider. This bill would establish the Future of California's Workforce and Surge in Behavioral Health (FOCWS-BH), which would be administered by the department, in collaboration with other departments, as applicable. The bill would set forth specified priorities for the purpose of growing the behavioral health workforce by 1/3 under the FOCWS-BH, including, but not limited to, growing the public behavioral health workforce, targeting regions with longstanding provider shortages as high-need areas, and ensuring that the behavioral health workforce will be better prepared to serve high-acuity clients and provide community-based services. The bill would require the FOCWS-BH, subject to an appropriation by the Legislature, to include specified initiatives, including, but not limited to, behavioral health diversity workforce initiatives designed to increase culturally congruent care. The bill would revise the name of the Licensed Mental Health Service Provider Education Program to the Licensed Behavioral Health Service Provider Education Program, and would additionally authorize the department to provide grants to support paid field internships for prelicensees related to a career as a licensed behavioral health service provider. The bill would establish the Nonlicensed Behavioral Health Service Provider Education Program, authorizing the department to provide similar grants to specified nonlicensed behavioral health service workers, as defined, for costs, including, but not limited to, tuition assistance, certification fees, and educational loans related to a career as a nonlicensed behavioral health provider. The bill would establish the Behavioral Health Education Partnership Program... (click bill link to see more).

**Primary Sponsors**

Scott Wiener, Anna Caballero, Henry Stern



**Title**

Federally qualified health centers and rural health clinics: visits.

**Description**

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

**Primary Sponsors**

Monique Limon, Rudy Salas

**Organizational Notes**

Last edited by Joanne Campbell at Apr 22, 2022, 5:47 PM

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

**Title**

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

**Description**

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

**Primary Sponsors**

Bob Hertzberg, Joaquin Arambula

**Title**

Health care coverage: diagnostic imaging.

**Description**

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

**Primary Sponsors**

Anthony Portantino, Cristina Garcia

**Organizational Notes**

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

Oppose: CA. Assoc. of Health Plans

**Title**

California Cancer Care Equity Act.

**Description**

SB 987, as amended, Portantino. California Cancer Care Equity Act. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various health care delivery systems, including managed care pursuant to Medi-Cal managed care plan contracts. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would require a Medi-Cal managed care plan to make a good-faith effort to include in its contracted provider network at least one National Cancer Institute (NCI)-designated comprehensive cancer center, site affiliated with the NCI Community Oncology Research Program (NCORP), or qualifying academic cancer center, as defined, located within the beneficiary's county of residence or as otherwise specified, and ensure that any beneficiary diagnosed with a complex cancer diagnosis, as defined, is eligible to request a referral to any of those centers within 15 business days of the diagnosis, unless the beneficiary selects a different cancer treatment provider. This bill, to the extent necessary federal approvals are obtained and federal financial participation is available, would, among other things, also require a Medi-Cal managed care plan to comply with additional requirements relating to contracting and eligible enrollees' ability to request a referral to access services, including, allowing any eligible enrollee diagnosed with a complex cancer diagnosis to request a referral to receive services through any of those centers. The bill would require a Medi-Cal managed care plan to provide notice to an enrollee of their right to request a referral to access care through any of those centers, as specified, and would require the department, in consultation with others, to develop a standard process for notifying enrollees of their right to request a referral to access cancer treatment care through any of those centers. The bill would, beginning January 1, 2023, require each applicable Medi-Cal managed care plan to reimburse a provider of any of those centers furnishing services to a Medi-Cal beneficiary with a complex cancer diagnosis enrolled in that plan, and require each center to accept the payment amount for those services, with the amount being set by the department upon consultation with the plans and centers if the plan and center do not otherwise have an agreed-upon contracted rate. The bill would authorize the department to implement, interpret, or make specific the provisions by means of all-county letters or similar guidance, until any necessary regulations are adopted. The bill would require the department to develop a process for ... (click bill link to see more).

**Primary Sponsors**

Anthony Portantino

**Organizational Notes**

Last edited by Joanne Campbell at Jun 27, 2022, 7:36 PM

Oppose: CA. Assoc. of Health Plans(REMOVED), Local Health Plans of California Support: Western Center on Law and Poverty

**Title**

Health coverage: mental health and substance use disorders.

**Description**

SB 999, as amended, Cortese. Health coverage: mental health and substance use disorders. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Existing law also requires the Department of Insurance to regulate health insurers. Existing law requires a health care service plan or disability insurer, as specified, to base medical necessity determinations and the utilization review criteria the plan or insurer, and any entity acting on the plan's or insurer's behalf, applies to determine the medical necessity of health care services and benefits for the diagnosis, prevention, and treatment of mental health and substance use disorders, on current generally accepted standards of mental health and substance use disorder care. This bill would require a health care service plan and a disability insurer, and an entity acting on a plan's or insurer's behalf, to ensure compliance with specific requirements for utilization review, including that a health care service plan and a disability insurer, or an entity acting on the plan's or insurer's behalf, maintain telephone access during California business hours for a health care provider to request authorization for mental health and substance use disorder care and conduct peer-to-peer discussions regarding specific issues related to treatment. Because a willful violation of the requirements governing 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**

Dave Cortese

**Organizational Notes**

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

Oppose: CA. Assoc. of Health Plans

**Title**

Enhanced Clinically Integrated Program for Federally Qualified Health Centers.

**Description**

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

**Primary Sponsors**

Bob Hertzberg, Wendy Carrillo, Ash Kalra

**Title**

Medi-Cal managed care plans: mental health benefits.

**Description**

SB 1019, as amended, Gonzalez. Medi-Cal managed care plans: mental health benefits. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services through various delivery systems, including fee-for-service and managed care. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires a Medi-Cal managed care plan to provide mental health benefits covered in the state plan, excluding those benefits provided by county mental health plans under the Specialty Mental Health Services Waiver. Under existing law, nonspecialty mental health services covered by a Medi-Cal managed care plan include, among other things, individual and group mental health evaluation and treatment, psychological testing, and psychiatric consultation, as specified. This bill would require a Medi-Cal managed care plan to conduct annual outreach and education for its enrollees, based on an annual plan that the Medi-Cal managed care plan develops and submits to the department, regarding the mental health benefits that are covered by the Medi-Cal managed care plan, and to also develop an annual outreach and education plan to inform primary care providers regarding those mental health benefits. The bill would require that the outreach and education plan for the enrollees be informed by stakeholder engagement, the Medi-Cal managed care plan's Population Needs Assessment, and a utilization assessment, as specified, and that the plan meet cultural and linguistic appropriateness standards and incorporate best practices in stigma reduction. The bill would require the department to review the annual outreach and education plan and to approve or modify it within 180 calendar days since submission to ensure specified conditions are met, and to consult with stakeholders to develop the standards for the review and approval. The bill would condition implementation of the outreach and education plan on the department's approval. The bill would require the department to publicly post approved plans and the utilization assessments, as specified. The bill would require the department, once every 3 years, to assess enrollee experience with mental health benefits covered by Medi-Cal managed care plans, as specified. The bill would require the department, by January 1, 2024, to develop survey tools and methodologies relating to the assessment of consumer experience, including best practice methods for data collection and reporting, as specified. The bill would require a Medi-Cal managed care plan to share certain information with the department for inclusion in the department's assessment... (click bill link to see more).

**Primary Sponsors**

Lena Gonzalez

**Organizational Notes**

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

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

**Title**

Health care coverage.

**Description**

SB 1033, as amended, Pan. Health care coverage. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance, which is under the control of the Insurance Commissioner. Existing law requires the Department of Managed Health Care and the commissioner to develop and adopt regulations establishing standards and requirements to provide enrollees and insureds with appropriate access to language assistance in obtaining health care services and covered benefits. Existing law requires the Department of Managed Health Care and commissioner, in developing the regulations, to require health care service plans and health insurers to assess the linguistic needs of the enrollee and insured population, and to provide for translation and interpretation for medical services, as indicated. Existing law requires the regulations to include, among other things, requirements for conducting assessments of the enrollees and insured groups. This bill would require the Department of Managed Health Care and the commissioner to revise these regulations, and develop and adopt regulations establishing demographic data collection standards, no later than July 1, 2024. The bill would require health care service plans and health insurers to assess the individual cultural, linguistic, and health-related social needs of enrollees and insureds for the purpose of identifying and addressing health disparities, improving health care quality and outcomes, and addressing population health. The bill would also require the department and commissioner to require plans and insurers to obtain accreditation, as described, establish standardized categories for the collection and reporting of self-reported demographic and health-related social needs, as outlined, and establish a program to provide technical assistance and other support to plans and providers. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Richard Pan

**Organizational Notes**

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

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



**Title**

CalWORKs: pregnancy and homeless assistance.

**Description**

SB 1083, as amended, Skinner. CalWORKs: pregnancy and homeless assistance. Existing law provides for the California Work Opportunity and Responsibility to Kids (CalWORKs) program, under which each county provides cash assistance and other benefits to qualified low-income families and individuals. Existing law requires \$47 per month to be paid to a pregnant person qualified for CalWORKs aid to meet special needs resulting from pregnancy, and requires county human services agencies to refer all these recipients of aid to a local provider of the California Special Supplemental Nutrition Program for Women, Infants, and Children. This bill would, among other things, also require county human services agencies to refer those recipients to perinatal home visiting services administered by county public health agencies, county human services agencies, or applicable county home visiting providers. Existing law provides for homeless assistance to a homeless family seeking shelter when the family is eligible for CalWORKs aid, and provides that a family is considered homeless for these purposes when, among other things, the family has received a notice to pay rent or quit. Existing law limits eligibility for temporary shelter assistance and permanent housing assistance to 16 cumulative calendar days of temporary assistance and one payment of permanent assistance every 12 months, except as specified. This bill would also make the homeless assistance available to a family that is in danger of becoming homeless, and would additionally provide that a family is considered homeless if they receive any notice that may lead to an eviction. The bill would require temporary homeless assistance to be granted on the date of application. The bill would require permanent homeless assistance eligibility to be determined immediately upon notification to the county human services agency by an assistance unit that they are homeless. This bill would increase the maximum days of benefits in a 12-month period to 40 cumulative calendar days, and would exclude from the those limits an eligible family that includes a pregnant person. This bill would also authorize a county human services agency to provide additional days of temporary homeless assistance, for an indeterminate period, if the pregnant person or family would be without any shelter if the assistance were ended, and would require a family receiving temporary or permanent homeless assistance to remain eligible for that assistance following termination of their participation in the CalWORKs program due to reporting income that makes the family ineligible for aid, as specified. By imposing duties on counties that administer CalWORKs, the bill would impose a state-mandated local program. Existing ... (click bill link to see more).

**Primary Sponsors**

Nancy Skinner

**Organizational Notes**

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

**Title**

Medi-Cal: eyeglasses: Prison Industry Authority.

**Description**

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

**Primary Sponsors**

Scott Wilk

**Title**

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

**Description**

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

**Primary Sponsors**

Richard Pan

**Title**

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

**Description**

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

**Primary Sponsors**

Dave Cortese

**Title**

Medi-Cal: pharmacogenomic testing.

**Description**

SB 1191, as amended, Bates. Medi-Cal: pharmacogenomic testing. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth a schedule of covered benefits under the Medi-Cal program. This bill, to be known as the Utilizing Pharmacogenomics to Greatly Reduce Adverse Drug Events (UPGRADE) Act, would add pharmacogenomic testing as a covered benefit under Medi-Cal. The bill would define pharmacogenomic testing as laboratory genetic testing, by a laboratory with specified licensing, accreditation, and certification, to identify how a person's genetics may impact the efficacy, toxicity, and safety of medications. The bill would cover the benefit under Medi-Cal if a medication is being considered for use, or is already being administered, and is approved for use, in treating a Medi-Cal beneficiary's condition and is known to have a gene-drug or drug-drug-gene interaction that has been demonstrated to be clinically actionable, as specified, if the test is ordered by an enrolled Medi-Cal clinician or pharmacist. The bill would authorize the department to implement the above-described provisions through all-county or plan letters, or similar instructions, until the department promulgates regulations.

**Primary Sponsors**

Pat Bates

**Title**

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

**Description**

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

**Primary Sponsors**

Anthony Portantino

**Organizational Notes**

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

Oppose: CA. Assoc. of Health Plans

**Title**

Los Angeles County Abortion Access Safe Haven Pilot Program.

**Description**

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

**Primary Sponsors**

Sydney Kamlager

**Title**

Behavioral Health Continuum Infrastructure Program.

**Description**

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

**Primary Sponsors**

Rosilicie Ochoa Bogh



**Title**

Nursing: nurse practitioners and nurse-midwives: abortion and practice standards.

**Description**

SB 1375, as amended, Atkins. Nursing: nurse practitioners and nurse-midwives: abortion and practice standards. (1) Existing law, the Nursing Practice Act, provides for the licensure and regulation of registered nurses, including nurse practitioners and certified nurse-midwives, by the Board of Registered Nursing. Existing law makes a violation of this act a crime. In order to perform an abortion by aspiration techniques under the act, a person with a license or certificate to practice as a nurse practitioner or a certified nurse-midwife is required to complete board-recognized training. This bill would revise that provision to specify that it applies to a person with a license or certificate to practice as a nurse practitioner practicing pursuant to a standardized procedure, or to a qualified nurse practitioner functioning pursuant to certain advanced practice provisions. The bill would require those persons to achieve clinical competency by successfully completing requisite training, as specified, in performing these procedures, as provided by certain board-approved programs, courses, and trainings. Existing law requires a person with a license or certificate to practice as a nurse practitioner or a certified nurse midwife, in order to perform an abortion by aspiration techniques, to adhere to standardized procedures that specify, among other conditions, the extent of supervision by a physician and surgeon with relevant training and expertise. This bill would revise the above-described requirements and instead would require a certified nurse-midwife to achieve clinical competency by successfully completing requisite training, as specified, in performing these procedures, as provided by specified board-approved programs, courses, and trainings. The bill would authorize a nurse practitioner who has completed training required by these provisions and who is functioning pursuant to certain advanced practice provisions to perform an abortion by aspiration techniques without supervision by a physician and surgeon. By expanding the application of a crime, the bill would impose a state-mandated local program. Existing law provides that it is unprofessional conduct for a nurse practitioner or certified nurse-midwife to perform an abortion by aspiration techniques without prior completion of training and validation of clinical competency. This bill would instead make a violation of the above-described provisions by a nurse practitioner or certified midwife unprofessional conduct. This bill would also prohibit certain persons authorized to perform abortion by aspiration techniques from being punished, held liable for damages in a civil action, or denied any right or privilege for any action relating to the evaluation of clinica... (click bill link to see more).

**Primary Sponsors**

Toni Atkins, Jim Wood

**Title**

Health information.

**Description**

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

**Primary Sponsors**

Josh Becker

**Title**

Health care coverage.

**Description**

SB 1473, as amended, Pan. Health care coverage. (1) Existing federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Existing state law creates the California Health Benefit Exchange (Exchange), also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer to provide a special enrollment period for individual health benefit plans offered through the Exchange from December 16 of the preceding calendar year to January 31 of the benefit year, inclusive, for policy years beginning on or after January 1, 2020. Under existing law, February 1 of the benefit year is the effective coverage date for individual health benefit plans offered outside and through the Exchange that are selected from December 16 to January 31, inclusive. This bill would eliminate the above-described special enrollment period for individual health benefit plans offered through the Exchange for policy years on or after January 1, 2023, and would instead create an annual enrollment period from November 1 of the preceding calendar year to January 31 of the benefit year, inclusive. The bill would specify that the effective date of coverage for individual health benefit plans offered outside and through the Exchange would be no later than January 1 of the benefit year for plan selection made from November 1 to December 31 of the preceding calendar year, inclusive, and would be no later than February 1 of the benefit year for plan selection made from January 1 to January 31 of the benefit year, inclusive. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. (2) Existing law requires a health care service plan contract or a disability insurance policy that provides coverage for hospital, medical, or surgical benefits, excluding a specialized health care service plan contract or health insurance policy, to cover the costs of testing and immunization for COVID-19, or a future disease when declared a public health emergency by the Governor, and prohibits the contract or policy from impos... (click bill link to see more).

**Primary Sponsors**

Richard Pan

**Organizational Notes**

Last edited by Joanne Campbell at Jun 24, 2022, 8:26 PM  
California Association of Health Plans: Oppose

**Title**

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

**Description**

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

**Primary Sponsors**

Richard Pan

**Title**

Firearms: unserialized firearms.

**Description**

AB 1621, Gipson. Firearms: unserialized firearms. (1) Existing law defines a firearm precursor part as a component of a firearm that is necessary to build or assemble a firearm and is either an unfinished handgun frame or a specified unfinished receiver, receiver tube, or receiver flat. Under existing law, commencing July 1, 2022, a firearm precursor part is required to be sold through a licensed firearm precursor part vendor, as specified. This bill would redefine a firearm precursor part as any forging, casting, printing, extrusion, machined body or similar article that has reached a stage in manufacture where it may readily be completed, assembled or converted to be used as the frame or receiver of a functional firearm, or that is marketed or sold to the public to become or be used as the frame or receiver of a functional firearm once completed, assembled or converted. This bill would extend the definition of a firearm to include a firearm precursor part for the purposes of most criminal and regulatory provisions related to the possession, sale, and transfer of a firearm, including provisions which do not apply to a frame or receiver under existing law. The bill would repeal provisions relating to the sale of firearm precursor parts through a licensed precursor part vendor, and would prohibit the sale, transfer, or possession of an unserialized firearm precursor part, except as specified. The bill would create a process by which a person may apply to the department for a determination that a particular item or kit is or is not a firearm precursor part. (2) Existing law requires a person that is manufacturing a firearm or assembling a firearm from unserialized components, to apply to the Department of Justice for a unique mark of identification and to affix that mark to the firearm, as specified. This bill would require any person in possession of an unserialized firearm to apply to the department for a unique mark of identification and to affix that mark to the firearm before January 1, 2024. The bill would, commencing on January 1, 2024, explicitly prohibit the possession or transfer of a firearm without a serial number or mark of identification. The bill would authorize a new resident of the state to, within 60 days after arrival in the state, request a unique mark or identification for any unserialized firearm that is otherwise valid to possess in the state. The bill would also prohibit the possession, sale, transfer, or use of specified firearms manufacturing equipment, with exceptions for specified entities, including the Armed Forces of the United States, the National Guard, and law enforcement, as specified. The bill would declare its provisions to be severable. (3) Existing law prohibits a person from purc... (click bill link to see more).

**Primary Sponsors**

Mike Gipson, Al Muratsuchi, Phil Ting

**Title**

Firearms: prohibited places.

**Description**

AB 1769, Bennett. Firearms: prohibited places. Existing law generally regulates the sale and transfer of firearms, including, among other things, requiring transactions of firearms to be completed through a licensed firearms dealer. Existing law generally makes a violation of the requirements relating to the sale, lease, or transfer of a firearm a misdemeanor. Existing law, except as specifically exempted, prohibits an officer, employee, operator, lessee, or licensee of the 32nd District Agricultural Association, as defined, from contracting for, authorizing, or allowing the sale of any firearm, firearm precursor part, or ammunition on the property or in the buildings that comprise the OC Fair and Event Center, as specified. This bill would enact similar provisions applicable to the 31st District Agricultural Association, as defined, on the property or in the buildings that comprise the Ventura County Fair and Event Center, as specified. Because a violation of this prohibition 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**

Steve Bennett, Monique Limon, Dave Min

**Title**

Medi-Cal benefits: violence prevention services.

**Description**

AB 1929, as amended, Gabriel. Medi-Cal benefits: violence prevention services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program, including various mental health services. Existing federal law authorizes, at the option of the state, preventive services, as defined, that are recommended by a physician or other licensed practitioner of the healing arts. This bill would add violence prevention services, as defined, as a covered benefit under Medi-Cal, subject to medical necessity and utilization controls. The bill would authorize the department to implement, interpret, or make specific that provision by means of all-county letters, plan letters, or plan or provider bulletins, or similar instructions until regulations are adopted. The bill would limit its implementation only to the extent that any necessary federal approvals are obtained and federal financial participation is not otherwise jeopardized. The bill would require the department to post on its internet website the date upon which violence prevention services may be provided and billed.

**Primary Sponsors**

Jesse Gabriel, Mike Gipson

**Title**

Firearms: manufacturers.

**Description**

AB 2156, Wicks. Firearms: manufacturers. Existing federal law requires a manufacturer of firearms to be licensed by the federal government. Existing state law requires any federally licensed firearms manufacturer that produces 50 or more firearms in the state in a calendar year to also be licensed as a manufacturer by the state. A violation of this requirement is punishable as a misdemeanor. This bill would expand this prohibition to prohibit any person, regardless of federal licensure, from manufacturing firearms in the state without being licensed by the state. The bill would also decrease the manufacturing threshold requiring state licensure from 50 or more firearms in a calendar year to 4 or more firearms in a calendar year. The bill would also prohibit any person, unless licensed as a firearm manufacturer, from manufacturing any firearm or precursor part by means of a 3D printer, as defined. By expanding the application of an existing 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**

Buffy Wicks



**Title**

Firearms: prohibited persons.

**Description**

AB 2239, Maienschein. Firearms: prohibited persons. Existing law prohibits a person convicted of a felony from possessing a firearm. Existing law prohibits a person convicted of certain specified misdemeanors from possessing a firearm for a period of 10 years after that conviction. This bill would include in this prohibition a misdemeanor conviction for child abuse or elder abuse, as specified, that occurs on or after January 1, 2023. The bill would also remove an erroneous cross-reference. By expanding the application of an existing crime, this bill would impose a state-mandated local program. This bill would incorporate additional changes to Section 29805 of the Penal Code proposed by AB 1621 to be operative only if this bill and AB 1621 are enacted and this bill is enacted last. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Brian Maienschein

**Title**

Firearms: gun shows and events.

**Description**

AB 2552, as amended, McCarty. Firearms: gun shows and events. Existing law generally regulates gun shows and events and requires a person producing, sponsoring, operating, or otherwise organizing a gun show or event to possess a valid certificate of eligibility from the Department of Justice. Existing law requires the producer of a gun show or event to post specified notices at each public entrance to the event, and a specified notice in the parking lot. A violation of this requirement or other requirements is punishable as a misdemeanor and makes a person ineligible for a certificate of eligibility for a period of one year. This bill would require additional notices relating to the storage, handling, purchase, and theft of firearms to be posted at each public entrance to the event. This bill would also double the maximum fines for a violation of this and other requirements and make the person ineligible for a certificate of eligibility for a period of 2 years. By expanding an existing crime, this bill would impose a state-mandated local program. Existing law requires a vendor at a gun show or event to make certain certifications, in writing, to the producer, including that they will not display, possess, or offer for sale any firearms, ammunition, knives, or weapons for which possession or sale is prohibited and that they will process any firearm transactions through a licensed dealer. This bill would additionally require a vendor to certify that they will not display, possess, or offer for sale any unserialized frame or receiver, including an unfinished frame or receiver or any handgun conversion kits, as specified. Under existing law, a violation of this and other requirements is punishable as an infraction or misdemeanor, as specified. This bill would add a fine and a suspension from participating as a vendor for a period of one year to the punishment for these violations. By expanding the application of existing crimes, this bill would impose a state-mandated local program. Existing law, commencing July 1, 2022, authorizes the Department of Justice to inspect any firearms dealers, ammunition vendors, or manufacturers participating in a gun show or event to ensure that firearms and ammunition transfers or sales are conducted in accordance with applicable state and federal laws. This bill would authorize the Department of Justice to also inspect any firearm precursor part vendors participating in a gun show or event. The bill would, commencing July 1, 2023, require the department to conduct enforcement and inspections at a minimum of one-half of all gun shows or events in the state to ensure compliance with gun show and event laws. The bill would also require the department to post certain violations discovered on thei... (click bill link to see more).

**Primary Sponsors**

Kevin McCarty

**Title**

Firearms: advertising to minors.

**Description**

AB 2571, Bauer-Kahan. Firearms: advertising to minors. Existing law generally regulates manufacturers and dealers of firearms. Under existing law, commercial speech or advertising is generally protected under the First Amendment to the Constitution of the United States. Existing laws and regulations, however, restrict the content and placement of advertising and promotional marketing of alcohol, cannabis, and tobacco to protect minors. This bill would prohibit a firearm industry member, as defined, from advertising or marketing any firearm-related product, as defined, in a manner that is designed, intended, or reasonably appears to be attractive to minors. The bill would also prohibit a firearm industry member from using, disclosing, or compiling a minor's personal information if it is intended to market or advertise a firearm to that minor, as specified. The bill would impose a civil penalty of up to \$25,000 for each violation of these provisions, and would authorize a person harmed by a violation to bring suit to recover any damages suffered, as specified. The bill would make each copy or republication of marketing or advertising prohibited by these provisions a separate violation. The bill would declare that its provisions are severable, as specified. This bill would declare that it is to take effect immediately as an urgency statute.

**Primary Sponsors**

Rebecca Bauer-Kahan, Mike Gipson

**Title**

Civil law: firearms liability and insurance.

**Description**

SB 505, as amended, Skinner. Civil law: firearms liability and insurance. Existing law prescribes various civil causes of action and the measure of damages for those actions. Existing law requires any person who purchases or receives a firearm, as specified, to possess a firearm safety certificate. Existing law requires the Department of Justice to develop a written test required for the issuance of a firearm safety certificate. Existing law makes the violation of specified requirements with regard to firearms a misdemeanor or a felony, as specified. This bill would, commencing on January 1, 2024, make a person who owns a firearm strictly civilly liable for each incidence of property damage, bodily injury, or death resulting from the use of their firearm. This bill would provide that strict liability does not apply if the owner of the firearm has reported their firearm to local law enforcement as lost or stolen prior to the damage, injury, or death. The bill would additionally require a person who owns a firearm to obtain and continuously maintain in full force and effect a homeowner's, renter's, or gun liability insurance policy specifically covering losses or damages resulting from any negligent or accidental use of that firearm, including, but not limited to, death, injury, or property damage. This bill would require a person to keep written evidence of coverage in the place where a firearm is stored. By creating new requirements for firearm owners, violations of which would be punishable as misdemeanors, this bill would impose a state-mandated local program. The bill would also require the Insurance Commissioner to develop a standardized form of evidence of liability coverage. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

**Primary Sponsors**

Nancy Skinner, Phil Ting

**Title**

School safety: homicide threats.

**Description**

SB 906, Portantino. School safety: homicide threats. Existing law requires school districts and county offices of education to be responsible for the overall development of a comprehensive school safety plan for each of their schools operating a kindergarten or any of grades 1 to 12, inclusive. Existing law requires a comprehensive school safety plan to include, among other things, the development of procedures for conducting tactical responses to criminal incidents, including procedures related to individuals with guns on school campuses. Existing law prohibits school employees from conducting a body cavity search or visual inspection under the clothing of a pupil, as provided. Under existing law, pupil and pupil property searches at a schoolsite by school officials are generally justified at their inception if reasonable grounds suggest a search will lead to relevant evidence. This bill would require, on or before July 1, 2023, the State Department of Education, in consultation with relevant local educational agencies, civil rights groups, and the Department of Justice, to develop model content that includes, at a minimum, content that informs parents or guardians of California's child access prevention laws and laws relating to the safe storage of firearms. The bill would require, commencing with the 2023–24 school year, local educational agencies maintaining kindergarten or any of grades 1 to 12, inclusive, to, informed by the model content, include information related to the safe storage of firearms in an annual notification provided to the parents or guardians of pupils. The bill would require a school official whose duties involve regular contact with pupils in any of grades 6 to 12, inclusive, as part of a middle school or high school, and who is alerted to or observes any threat or perceived threat to immediately report the threat or perceived threat to law enforcement, as provided. The bill would require, with the support of the local educational agency, the local law enforcement agency or schoolsite police, as applicable, to immediately conduct an investigation and threat assessment, as specified. The bill would require the investigation and threat assessment to include a review of the firearm registry of the Department of Justice and, if justified by a reasonable suspicion that it would produce evidence related to the threat or perceived threat, a schoolsite search. By imposing additional duties on local educational agencies, the bill would impose a state-mandated local program. Under the bill, a local educational agency serving pupils in kindergarten or any of grades 1 to 12, inclusive, and a school of a local educational agency, is immune from civil liability for any damages allegedly caused by, ... (click bill link to see more).

**Primary Sponsors**

Anthony Portantino, Mike Gipson, Jacqui Irwin

**Title**

Firearms: private rights of action.

**Description**

SB 1327, Hertzberg. Firearms: private rights of action. Existing law provides that, with certain exceptions, any person who, within this state, manufactures or causes to be manufactured, distributes, transports, or imports into the state, keeps for sale, or offers or exposes for sale, or who gives or lends any assault weapon or any .50 BMG rifle, as defined, is guilty of a felony. Existing law also provides that, subject to certain exceptions, a person, corporation, or dealer who sells, supplies, delivers, or gives possession of a firearm precursor part, as defined, is guilty of a crime. This bill would create a private right of action for any person against any person who, within this state, (1) manufactures or causes to be manufactured, distributes, transports, or imports into the state, or causes to be distributed or transported or imported into the state, keeps for sale or offers or exposes for sale, or gives or lends any firearm lacking a serial number required by law, assault weapon, or .50 BMG rifle; (2) purchases, sells, offers to sell, or transfers ownership of any firearm precursor part that is not a federally regulated firearm precursor part; or (3) is a licensed firearms dealer and sells, supplies, delivers, or gives possession or control of a firearm to any person under 21 years of age, all subject to certain exceptions, as specified. The bill would make these provisions inoperative upon invalidation of a specified law in Texas, and would repeal its provisions on January 1 of the following year. This bill would also state that all statutes regulating or prohibiting firearms shall not be construed to repeal any other statute regulating or prohibiting firearms, in whole or in part, unless the statute specifically states that it is repealing another statute. The bill would state that every statute that regulates or prohibits firearms is severable in each application to any particular person or circumstance and that any statute found to be unconstitutional by a court shall remain enforceable as to any application that would not be unconstitutional.

**Primary Sponsors**

Bob Hertzberg, Anthony Portantino, Mike Gipson, Phil Ting

State

CA

Bill Number

SB 1384

Position

Support

**Title**

Firearms: dealer requirements.

**Description**

SB 1384, as amended, Min. Firearms: dealer requirements. Existing law prohibits any person from selling, leasing, or transferring any firearm unless the person is licensed as a firearms dealer, as specified. Existing law prescribes certain requirements and prohibitions for licensed firearms dealers. A violation of any of these requirements or prohibitions is grounds for forfeiture of a firearms dealer's license. This bill would require a licensed firearm dealer to have a digital video surveillance system on their business premises, as specified, and would require that dealer to carry a policy of general liability insurance, as specified.

**Primary Sponsors**

Dave Min

State

US

Bill Number

HR 8

Position

Monitor

**Title**

Bipartisan Background Checks Act of 2021

**Description**

Bipartisan Background Checks Act of 2021 This bill establishes new background check requirements for firearm transfers between private parties (i.e., unlicensed individuals). Specifically, it prohibits a firearm transfer between private parties unless a licensed gun dealer, manufacturer, or importer first takes possession of the firearm to conduct a background check. The prohibition does not apply to certain firearm transfers or exchanges, such as a gift between spouses in good faith.

**Primary Sponsors**

Mike Thompson

**Title**

Enhanced Background Checks Act of 2021

**Description**

Enhanced Background Checks Act of 2021 (Sec. 2) This bill revises background check requirements applicable to proposed firearm transfers from a federal firearms licensee (e.g., a licensed gun dealer) to an unlicensed person. Specifically, it increases the amount of time, from 3 business days to a minimum of 10 business days, that a federal firearms licensee must wait to receive a completed background check prior to transferring a firearm to an unlicensed person. (This type of transaction is often referred to as a default proceed transaction.) If a submitted background check remains incomplete after 10 business days, then the prospective purchaser may submit a petition for a final firearms eligibility determination. If an additional 10 days elapse without a final determination, then the federal firearms licensee may transfer the firearm to the prospective purchaser. (Sec. 3) The Government Accountability Office must report on the extent to which the changes have prevented firearms transfers to prohibited persons. (Sec. 4) The Federal Bureau of Investigation must report on the number of petitions it receives for final federal firearms determinations. (Sec. 5) The Department of Justice, in consultation with the National Resource Center on Domestic Violence and Firearms, must report on further amendments to the background check process that would likely reduce the risk of death or great bodily harm to victims of domestic violence, domestic abuse, dating partner violence, sexual assault, and stalking.

**Primary Sponsors**

Jim Clyburn



**Title**

Federal Extreme Risk Protection Order Act of 2021

**Description**

Federal Extreme Risk Protection Order Act of 2022 This bill authorizes and establishes procedures for federal courts to issue federal extreme risk protection orders. Additionally, the bill establishes grants to support the implementation of extreme risk protection order laws at the state and local levels, extends federal firearms restrictions to individuals who are subject to extreme risk protection orders, and expands related data collection. Extreme risk protection order laws, or red flag laws, generally allow certain individuals (e.g., law enforcement officers or family members) to petition a court for a temporary order that prohibits an at-risk individual from purchasing and possessing firearms. Among its provisions, the bill \* authorizes a family or household member, or a law enforcement officer, to petition for a federal extreme risk protection order with respect to an individual who poses a risk to themselves or others; \* directs the Department of Justice to establish a grant program to help states, local governments, Indian tribes, and other entities implement extreme risk protection order laws; \* extends federal restrictions on the receipt, possession, shipment, and transportation of firearms and ammunition to individuals who are subject to extreme risk protection orders; and \* requires the Federal Bureau of Investigation to compile records from federal, tribal, and state courts and other agencies that identify individuals who are subject to extreme risk protection orders.

**Primary Sponsors**

Lucy McBath

State

US

Bill Number

HR 5428

Position

Monitor

**Title**

School Shooting Safety and Preparedness Act

**Description**

School Shooting Safety and Preparedness Act This bill requires the Department of Education (ED) to publish an annual report on indicators of school crime and safety. The report must collect specified information, including \* the number of school shootings that have taken place nationwide and the number of those that were mass shootings; \* the number of people killed or injured in each school shooting; \* the age, gender, race, ethnicity, and nationality of each victim; \* the motivation of the shooter; \* how the shooting was stopped; \* the number and type of firearms and ammunition used in each shooting; and \* the response time of law enforcement. ED must direct the National Center for Education Statistics to collect and publish specified data on school shootings. The center must collect information on the existence or absence of specified measures at the time of the shooting, including physical and other types of security measures, a communication plan with local law enforcement, a response plan that includes coordination with local agencies, an active shooter response plan, and a trauma response plan.

**Primary Sponsors**

Debbie Wasserman Schultz

State

US

Bill Number

HR 6856

Position

Monitor

**Title**

Securing Air Travel Act

**Primary Sponsors**

Bonnie Watson Coleman

**Title**

Protecting Our Kids Act

**Description**

Protecting Our Kids Act This bill makes various changes to federal firearms laws, including to establish new criminal offenses and to expand the types of weapons and devices that are subject to regulation. Among the changes, the bill \* generally prohibits the sale or transfer of certain semiautomatic firearms to individuals who are under 21 years of age; \* establishes new federal criminal offenses for gun trafficking and related conduct; \* establishes a federal statutory framework to regulate ghost guns (i.e., guns without serial numbers); \* establishes a framework to regulate the storage of firearms on residential premises at the federal, state, and tribal levels; \* subjects bump stocks to regulation under federal firearms laws; \* generally prohibits the import, sale, manufacture, transfer, and possession of large capacity ammunition feeding devices; and \* requires the Department of Justice to report on the demographic data of persons who are determined to be ineligible to purchase a firearm based on a background check performed by the national instant criminal background check system.

**Primary Sponsors**

Jerry Nadler

**Title**

Background Check Expansion Act

**Description**

Background Check Expansion Act This bill establishes new background check requirements for firearm transfers between private parties (i.e., unlicensed individuals). Specifically, it prohibits a firearm transfer between private parties unless a licensed gun dealer, manufacturer, or importer first takes possession of the firearm to conduct a background check. The prohibition does not apply to certain firearm transfers, such as a gift between spouses in good faith.

**Primary Sponsors**

Chris Murphy

**Title**

School Shooting Safety and Preparedness Act

**Description**

School Shooting Safety and Preparedness Act This bill requires the Department of Education (ED) to publish an annual report on indicators of school crime and safety. The report must collect specified information, including \* the number of school shootings that have taken place nationwide and the number of those that were mass shootings; \* the number of people killed or injured in each school shooting; \* the age, gender, race, ethnicity, and nationality of each victim; \* the motivation of the shooter; \* how the shooting was stopped; \* the number and type of firearms and ammunition used in each shooting; and \* the response time of law enforcement. ED must direct the National Center for Education Statistics to collect and publish specified data on school shootings. The center must collect information on the existence or absence of specified measures at the time of the shooting, including physical and other types of security measures, a communication plan with local law enforcement, a response plan that includes coordination with local agencies, and an active shooter response plan.

**Primary Sponsors**

Michael Bennet

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**FiscalNote**

# BOARD OF GOVERNORS

## Executive Committee

### Meeting Minutes – May 24, 2022

1055 West 7<sup>th</sup> Street, Los Angeles, CA 90017



**L.A. Care**  
HEALTH PLAN

#### Members

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

#### Management/Staff

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

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

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	<p>Hector De La Torre, <i>Chairperson</i>, called to order the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee meetings at 2:02 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings.</p> <ul style="list-style-type: none"> <li>For those who provided public comment for this meeting by voice message or in writing, we are really glad that you provided input today. The Committee will hear your comments and we also have to finish the business on our Agenda today.</li> <li>If you have access to the internet, the materials for today's meeting are available at the lacare.org website. If you need information about how to locate the meeting materials, please let us know.</li> <li>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.</li> </ul>	

**APPROVED**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>The Chairperson will invite public comment before the Committee starts to discuss an item. If the comment is not on a specific agenda item, it will be read at the general Public Comment item 2 on today's agenda.</li> </ul> <p>He provided information on how to comment live and directly using the "chat" feature.</p>	
<b>APPROVE MEETING AGENDA</b>	The Agenda for today's meeting was approved.	<b>Approved unanimously by roll call. 5 AYES</b> (Ballesteros, Booth, De La Torre, Perez, and Shapiro)
<b>PUBLIC COMMENT</b>	There were no public comments.	
<b>APPROVE MEETING MINUTES</b>	The minutes of the April 26, 2022 meeting were approved as submitted.	<b>Approved unanimously by roll call. 5 AYES</b>
<b>CHAIRPERSON'S REPORT</b>	<p>Chairperson De La Torre acknowledged that L.A. Care staff has been working very hard on implementing the California Advancing and Innovating Medi-Cal (CalAIM). He thanked staff for pivoting, on very short notice, from other important programs to this new initiative. He suggested that an update on the progress of L.A. Care on CalAIM could be presented at a future meeting.</p> <p>Chairperson De La Torre noted that it had been previously reported that Kaiser Permanente is in negotiations on an unprecedented contract for Medi-Cal managed care in California. He mentioned previously that Kaiser has been involved in a legal process with the United States Department of Justice for over \$1 billion in fraudulent Medicare billings. Last week we also learned that the Department of Managed Health Care (DMHC) has opened a non-routine investigation into Kaiser's mental health practices.</p> <p>Member Booth asked if there was a whistle blower. Chairperson De La Torre does not have that information.</p>	
<b>CHIEF EXECUTIVE OFFICER REPORT</b>	<p>John Baackes, <i>Chief Executive Officer</i>, reported:</p> <ul style="list-style-type: none"> <li>The Health Plan and the Board should be conscious that an era of unprecedented pressure on rate development has begun. California's Department of Health Care Services (DHCS) will move to a regional rating in January 2024, with 100% county wide averaging. L.A. Care has pressed DMHC to address the inequities of county</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>wide averaging. It has caused a huge loss of revenue for L.A. Care, which was transferred to Health Net, a for-profit entity owned by Centene Corporation based in Pennsylvania. L.A. Care will likely file a Notice of Dispute over the 2023 rates, and may need to consider seeking legislative relief. Rate development for 2023 is in a critical period. The Board has already given authority for a Notice of Dispute, which may need to be filed in June.</p> <ul style="list-style-type: none"> <li>• L.A. Care was established to provide access for vulnerable people to quality health care services in Los Angeles County. L.A. Care also supports the safety net of health care providers. The safety net funding is at a crisis point with California ranking 47<sup>th</sup> in Medicaid funding among all states in the U.S.</li> <li>• Mr. Baackes noted that he has just learned that there was an active shooter in an elementary school in Uvalde, TX earlier today, and it is reported that 14 students are dead. Gun violence in the United States is a public health crisis. The United States has 4% of the world's population and 40% of the guns in the world are in private hands in this country. Mr. Baackes will draft a resolution on gun safety and support for mental illness for the Board's consideration at the June 2 meeting. L.A. Care will lead in calling for rational gun safety laws.</li> </ul>	
<b>Government Affairs Update</b>	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported on the Governor's May Budget Revise:</p> <ul style="list-style-type: none"> <li>• California's General Fund Revenue is projected to be \$55 billion higher than what was estimated in January. About \$4 billion will go into the rainy day fund.</li> <li>• The Governor is proposing about \$18 billion in relief funding for Californians. <ul style="list-style-type: none"> <li>○ \$400 payment distributed to every registered vehicle (up to two vehicles per resident)</li> <li>○ \$3 billion in emergency rental assistance and past due utility bills</li> <li>○ \$1,500 retention payment for each hospital and skilled nursing facility worker</li> <li>○ 3 months of free public transportation</li> <li>○ Premium payment subsidies for Covered California enrollees</li> <li>○ Extension of child care fee waivers for low income families</li> </ul> </li> <li>• The federal public health emergency was extended through July 15, 2022. The federal government has promised to provide at least 60 days' advance notice for declaring the end of the pandemic. The Governor's Budget assumes the emergency will end on July 15, 2022.</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• This means that counties will begin Medicaid eligibility redeterminations the month following the end of the public health emergency. It is projected that the first redeterminations will be in October, with possible dis-enrollment in November.</li> <li>• There is \$700 million in the budget for equity and practice transformation, a \$300 million increase in the amount proposed in January 2022. This will be a way to get additional funds to providers that are engaged in addressing gaps in preventive care, maternity care and behavioral health. The details of this program have not been provided. Similar programs in the past have had providers apply for the program and get the payments through the health plans.</li> <li>• The proposed budget continues to use the January 2024 start date for coverage expansion to those who are eligible between 26 and 49 years of age, regardless of immigration status.</li> <li>• The proposed budget includes funding to develop additional community health workers.</li> <li>• The Doula benefit will be implemented in January 2023, and payments were increased for this benefit.</li> <li>• Budget committees of the legislature are meeting, and the budget must be passed by June 15.</li> <li>• There are trailer bills which contain details about the programs in the budget which will be considered throughout the summer.</li> </ul> <p>Chairperson De La Torre noted that the budget includes the funding for broad categories, and the components of those categories will be available in trailer bills which could be approved as late as August.</p> <p>Board Member Booth noted that AB 35 was signed into law by the Governor yesterday. It may increase the amount of insurance payments that will be needed for medical malpractice. This ultimately will affect the physicians caring for L.A. Care members. The more that L.A. Care can do for these safety net providers, the better it will be for L.A. Care members.</p>	
<b>Revised 2022 Board of Governors &amp; Committee Meeting Schedule</b>	<p>Board Member Booth asked if the earlier start time will apply when the Board returns to in-person meetings. Linda Merkens, <i>Senior Manager, Board Services</i>, responded that the earlier start time was proposed for virtual meetings. Chairperson De La Torre stated that the Board can revisit the meeting start time when it returns to in-person meetings.</p>	<p><b>Approved unanimously by roll call. 5 AYES</b></p> <p><b>By consensus, the Committee voted to include</b></p>



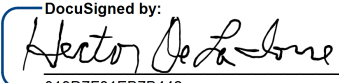
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><b><u>Motion EXE 100.0622</u></b>  <b>To approve the revised 2022 Board of Governors and Committees to reflect new start time of Board of Governors meetings to 1 pm, effective June 2, 2022 meeting.</b></p>	<p>this motion to the Consent Agenda for June 2, 2022 Board of Governors meeting.</p>
<p><b>Human Resources Policy HR-706 (Introductory Orientation and Mandatory Training)</b></p>	<p>Terry Brown, <i>Chief Human Resources Officer</i>, summarized the motion to approve HR 706 (Introduction Orientation and Mandatory Training).</p> <p>L.A. Care Policy HR-501 requires that the Executive Committee review substantial changes to the Human Resource policies. HR-706 was revised to include Diversity, Equity and Inclusion (DEI) as required education for new employees. DEI education is being added to support National Commission on Quality Assurance (NCQA) Accreditation under the 2022 Standards and Guidelines for the Accreditation of Health Plans, effective July 1, 2022.</p> <p>Board Member Booth asked about inserting “and other required training programs”. Mr. Brown agreed to the revision.</p> <p><b><u>Motion EXE A.0522</u></b>  <b>To approve the Human Resources Policy &amp; Procedure HR-706 (Introduction Orientation and Mandatory Training), as amended.</b></p>	<p>Approved unanimously by roll call as amended.  <b>5 AYES</b></p>
<p>Approve Consent Agenda</p>	<p>Approve the list of items that will be considered on a Consent Agenda for June 2, 2022 Board of Governors Meeting.</p> <ul style="list-style-type: none"> <li>• May 5, 2022 Board of Governors Meeting Minutes</li> <li>• Revised 2022 Board of Governors &amp; Committee Meeting Schedule</li> <li>• Imagenet, LLC Contract Amendment</li> </ul>	<p>Approved unanimously by roll call. <b>5 AYES</b></p>
<p><b>PUBLIC COMMENTS</b></p>	<p>There were no public comments.</p>	
<p><b>ADJOURN TO CLOSED SESSION</b></p>	<p>The Joint Powers Authority Executive Committee meeting was adjourned at 2:32 p.m.</p> <p>Ms. Haydel announced the items to be discussed in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 2:32 p.m.</p> <p>CONTRACT RATES  Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> <li>• Plan Partner Rates</li> <li>• Provider Rates</li> </ul>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>DHCS Rates</li> </ul> <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 2024</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Three Potential Cases <i>(Chairperson De La Torre left the meeting.)</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"> <li>Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680</li> <li>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</li> </ul>	
<b>RECONVENE IN OPEN SESSION</b>	<p>Vice Chairperson Ballesteros presided in the absence of the Chairperson.</p> <p>The meeting reconvened in open session at 3:33 p.m. No reportable actions were taken during the closed session.</p>	
<b>ADJOURNMENT</b>	The meeting adjourned at 3:34 p.m.	

Respectfully submitted by:

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

APPROVED BY:

DocuSigned by:  
  
91PD7F81EB7B442  
Hector De La Torre, *Chair*  
Date: 7/5/2022 | 9:10 PM PDT



**L.A. Care**  
HEALTH PLAN®

# Financial Update

## Board of Governors Meeting

### July 28, 2022

# Agenda

## Financial Performance – May 2022 YTD

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

## Financial Informational Updates

- Investment Transactions

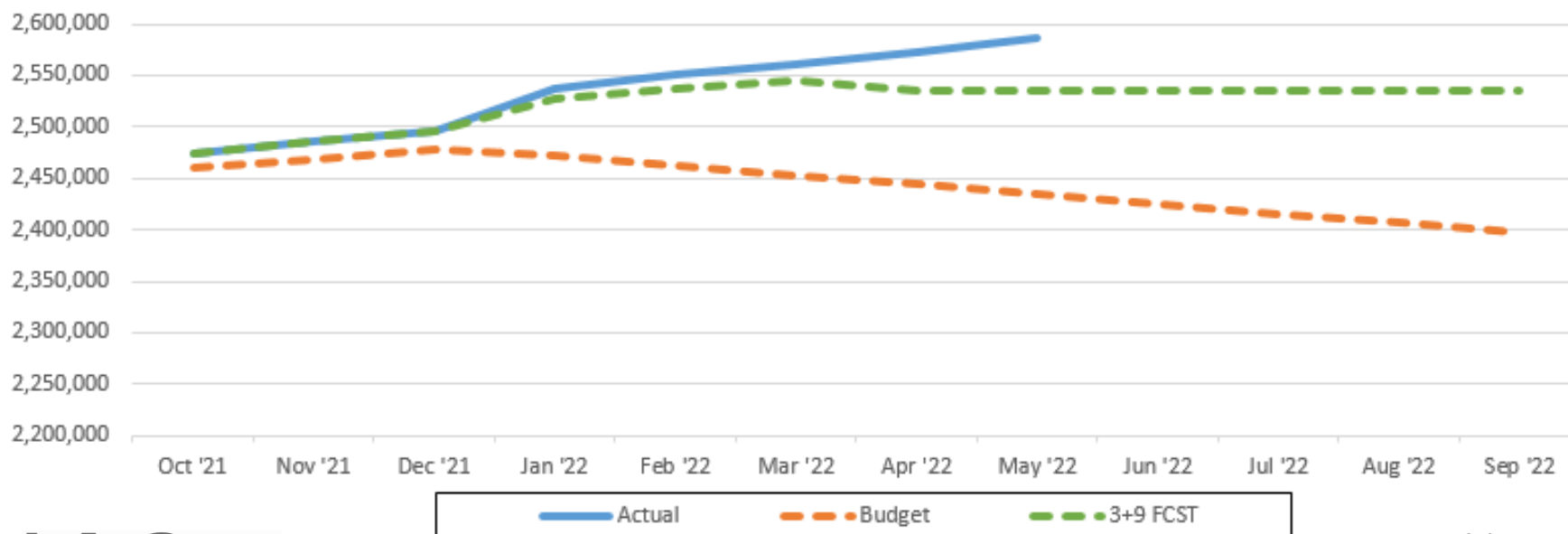
## Supplemental Information

- Board Designated Funds
- Community Resource Centers

# Membership

for the 8 months ended May 2022

Sub-Segment	May 2022			Year-to-Date		
	Actual	3+9 FCST	Variance	Actual	3+9 FCST	Variance
Plan Partners	1,094,963	1,072,642	22,321	8,630,035	8,572,532	57,503
SPD/CCI	240,489	242,411	(1,922)	1,900,589	1,924,580	(23,991)
TANF/MCE	1,067,545	1,042,780	24,765	8,304,667	8,236,980	67,687
CMC	17,488	17,830	(342)	145,483	145,436	47
Commercial	165,692	160,014	5,678	1,282,403	1,258,607	23,796
<b>Consolidated</b>	<b>2,586,177</b>	<b>2,535,677</b>	<b>50,500</b>	<b>20,263,177</b>	<b>20,138,136</b>	<b>125,041</b>



# Consolidated Financial Performance

for the month of May 2022

(\$ in Thousands)	Actual	3+9 FCST	Variance
Member Months	2,586,177	2,535,677	50,500
Total Revenues	\$777,861	\$756,284	\$21,577
Total Healthcare Expenses	\$698,595	\$701,091	\$2,495
Operating Margin	\$79,265	\$55,193	\$24,072
Total Admin Expenses	\$39,992	\$40,198	\$207
Income/(Loss) from Operations	\$39,273	\$14,995	\$24,279
Non-Operating Income (Expense)	(\$6,614)	(\$4,690)	(\$1,924)
Net Surplus (Deficit)	\$32,660	\$10,305	\$22,355

# Consolidated Financial Performance

for the 8 months ended May 2022

(\$ in Thousands)	Actual	3+9 FCST	Variance
Member Months	20,263,177	20,138,136	125,041
Total Revenues	\$6,043,264	\$6,224,754	(\$181,490)
Total Healthcare Expenses	\$5,605,967	\$5,802,643	\$196,676
Operating Margin	\$437,297	\$422,111	\$15,186
Total Admin Expenses	\$346,756	\$324,899	(\$21,856)
Income/(Loss) from Operations	\$90,541	\$97,211	(\$6,670)
Non-Operating Income (Expense)	(\$34,908)	(\$31,111)	(\$3,798)
Net Surplus (Deficit)	\$55,633	\$66,100	(\$10,468)

# Operating Margin by Segment

for the 8 months ended May 2022

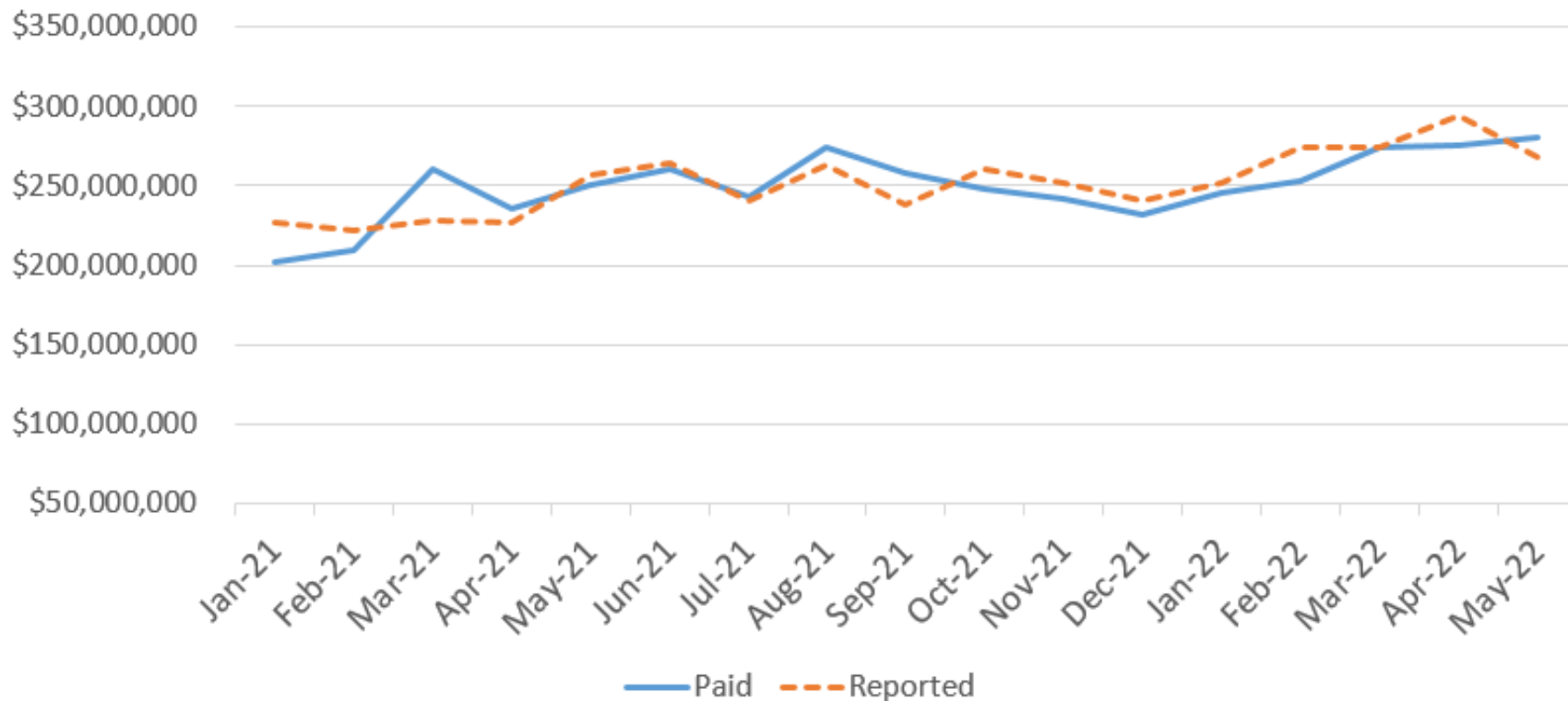
(\$ in Thousands)

	Medi-Cal Plan Partners	Medi-Cal SPD/CCI	Medi-Cal TANF/MCE	CMC	Commercial	Total
Revenue	\$1,984,971	\$1,539,835	\$1,897,897	\$223,541	\$397,020	\$6,043,264
Healthcare Exp.	\$1,888,366	\$1,458,368	\$1,721,233	\$200,443	\$337,561	\$5,605,967
Operating Margin	\$96,604	\$81,467	\$176,664	\$23,098	\$59,459	\$437,297
MCR %	95.1%	94.7%	90.7%	89.7%	85.0%	92.8%
Forecast MCR%	95.6%	91.0%	93.3%	92.3%	88.4%	93.2%



# Reported vs Paid Claims Trend

Paid Claims through May 2022



# Key Financial Ratios

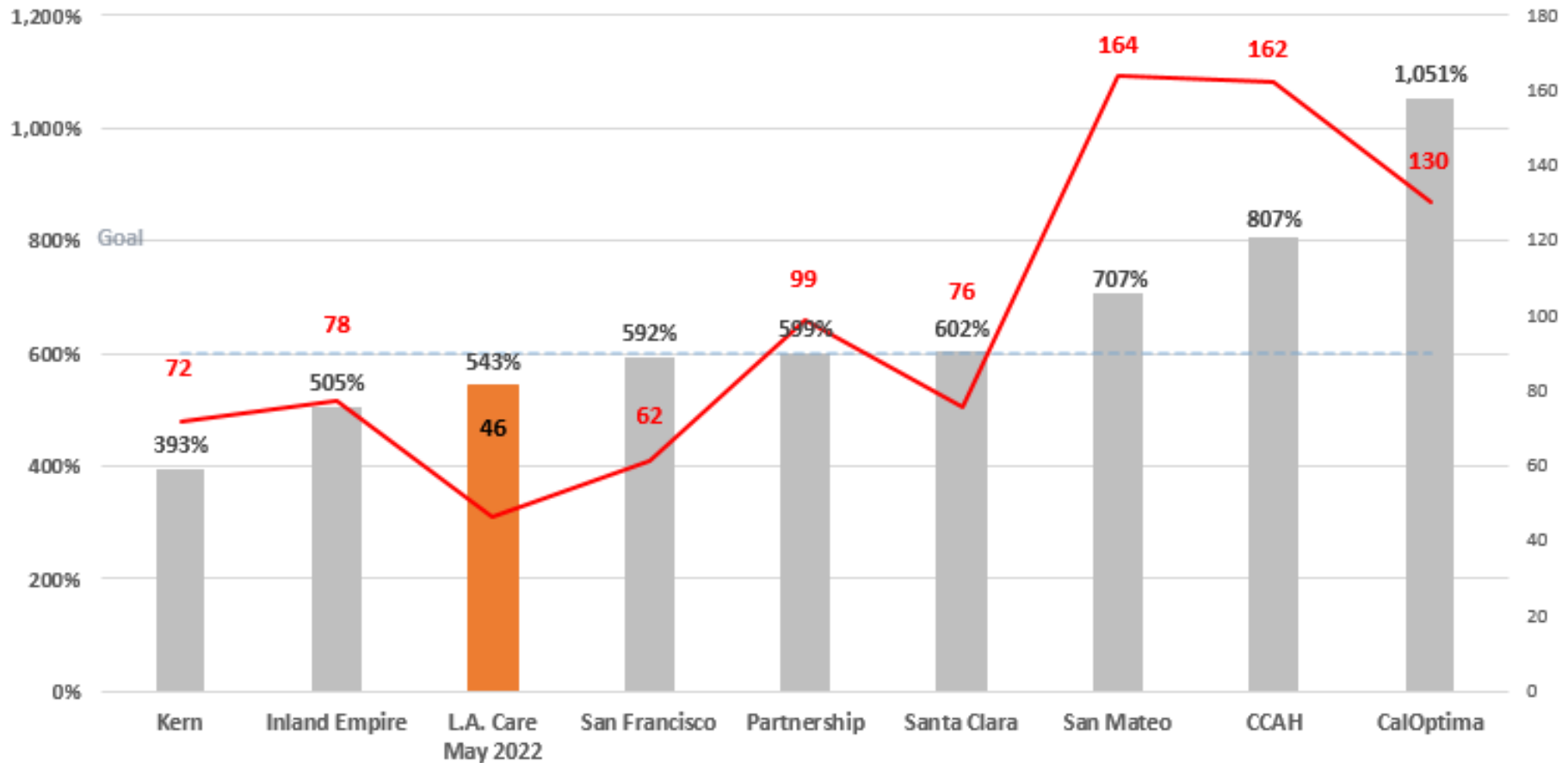
for the 8 months ended May 2022

	Actual	3+9 FCST	
MCR	92.8%	vs. 93.2%	✓
Admin Ratio	5.7%	vs. 5.2%	✗

	Actual	Benchmark	
Working Capital	1.26	vs. 1.00+	✓
Cash to Claims	0.53	vs. 0.75+	✗
Tangible Net Equity	5.43	vs. 1.30+	✓

# Tangible Net Equity & Days of Cash On-Hand

## for the 8 months ended May 2022



• As of March 2022 Quarterly filings, unless noted otherwise.

# Questions & Consideration

## Motion FIN 101

- To accept the Financial Reports for the eight months ended May 31, 2022, as submitted.

# Informational Items

## Investment Transactions

- As of May 31, 2022, L.A. Care's total investment market value was \$1.8B
  - \$1.4B managed by Payden & Rygel and New England Asset Management (NEAM)
  - \$73M in Local Agency Investment Fund
  - \$254M in Los Angeles County Pooled Investment Fund

# Supplemental Information

# Board Designated Funds

As of May 2022

<i>(\$ in thousands)</i>	<b>Contribution</b>	<b>Expenditure</b>	<b>Balance at 05/31/22</b>
<b>Prior to 2014</b>	225,624	(225,624)	(0)
<b>2014 - Present</b>			
<b>I. Community Health Investment</b>			
CHIF Ad Hoc	6,105	(4,399)	1,706
Oral Health Initiative	1,675	(1,675)	-
Tranquada	5,150	(4,200)	950
Safety Net	16,600	(13,590)	3,010
Access to Service	10,300	(4,020)	6,280
Social/Health determinants	13,100	(12,629)	471
LACDHC Flex housing subsidy	20,000	(20,000)	-
<b>Total</b>	<b>72,930</b>	<b>(60,513)</b>	<b>12,417</b>
<b>II. Workforce Development Initiative</b>			
Medical School Scholarship	18,511	(18,511)	-
Medical School Loan Repayment	18,000	(18,000)	-
Primary Care Leadership Program	8,260	(8,260)	-
Residency Support Program	12,232	(12,232)	-
Health Careers Intern and Fellowship Program	800	(800)	-
Provider Recruitment Programs	22,415	(22,415)	-
Undesignated	74,782	-	74,782
<b>Total</b>	<b>155,000</b>	<b>(80,218)</b>	<b>74,782</b>
<b>III. CRC Maintenance and Expansion</b>	<b>48,300</b>	<b>(22,255)</b>	<b>26,045</b>
<b>Grand Total</b>	<b>\$ 501,854</b>	<b>\$ (388,610)</b>	<b>\$ 113,244</b>

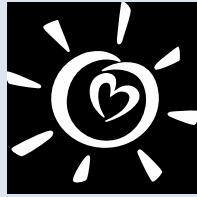
# Community Resource Centers

As of May 2022

(\$ in thousands)	Year	Inception to Date		Total
	CRC Opened	Operations Expenses	Capital Expenses *	
CRC - Lynwood	2007	\$ 10,434	\$ 2,615	\$ 13,049
CRC - Inglewood	2009	\$ 6,303	\$ 3,079	\$ 9,382
CRC - East LA	2010	\$ 1,653	\$ 2,546	\$ 4,199
CRC - Boyle Heights	2014	\$ 2,099	\$ 13	\$ 2,112
CRC - Pacoima	2014	\$ 3,838	\$ 798	\$ 4,636
CRC - HQ Administration	2016	\$ 4,752	\$ 71	\$ 4,823
CRC - Palmdale	2017	\$ 2,181	\$ 2,100	\$ 4,282
CRC - Metro LA	2018	\$ 1,259	\$ 2,900	\$ 4,159
CRC - Pomona	2019	\$ 1,913	\$ 2,969	\$ 4,882
CRC - El Monte	2021	\$ 702	\$ 2,631	\$ 3,333
CRC - Norwalk	2021	\$ 382	\$ 2,987	\$ 3,369
CRC - Wilmington	2021	\$ 865	\$ 3,022	\$ 3,887
CRC - Long Beach	2022	\$ 1	\$ 1,024	\$ 1,025
CRC - Westside	2022	\$ 0	\$ 123	\$ 123
CRC - South L.A.	2023	\$ -	\$ 121	\$ 121
Total:		\$ 36,383	\$ 26,998	\$ 63,381

\* Partially funded by Blue Shield Grant. (\$9.3M)





**L.A. Care**  
HEALTH PLAN®

**Board of Governors**  
**MOTION SUMMARY**

**Date:** July 28, 2022

**Motion No.** BOG 104.0722

**Committee:** Finance & Budget

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

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

**Issue:** Acceptance of the Financial Reports for May 2022.

**Background:** N/A

**Member Impact:** N/A

**Budget Impact:** N/A

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



**L.A. Care**  
HEALTH PLAN®

Financial Performance  
May 2022  
(Unaudited)

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**Overall**

The combined member months are 20.3 million year-to-date, which is 125,041 member months favorable to the 3+9 forecast. The performance is a surplus of \$55.6 million or 0.9% of revenue and is \$10.5 million unfavorable to the 3+9 forecast. The unfavorability is driven by higher skilled nursing facility costs and outpatient claims but partially offset by lower inpatient claims. Total operating expenses is unfavorable as a result of regulatory fines totaling \$55 million but offset in part by an adjustment to a governmental fee incurred related to LACC and PASC-SEIU members for prior periods. Other favorable items contribute to the surplus are higher pharmacy rebates, CMC Medicare quality withhold earnings for calendar year 2020, timing of the provider incentives expenses accrual; but offset in part by a final shared risk true-up for calendar year 2021. The unfavorable variance in revenues and favorable variance in capitation expenses are driven by the reconciliation of the Prop 56 risk corridor for SFY 18-19 and the Bridge Period, which reduces \$280 million in revenues and \$264 million in capitation expenses. The previously accrued liability due to providers for Prop 56 is now a payable due to DHCS under the risk corridor provision.

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**MediCal Plan Partners**

The member months are 8.6 million, which is 57,503 member months favorable to the 3+9 forecast. The performance is a surplus of \$32.2 million and is \$12.9 million unfavorable to the forecast. The unfavorability is due to higher operating expenses as a result of the regulatory fines. Partially offsetting the unfavorability is the timing in provider incentives expense accrual. The reconciliation for Prop 56 risk corridor related to SFY 18-19 and the Bridge Period reduces revenues by \$188 million with a corresponding decrease in capitation expenses.

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**MediCal SPD-CCI**

The member months are 1.9 million which is 23,991 member months unfavorable to the 3+9 forecast. The performance is a deficit of \$38.4 million and is \$69.5 million unfavorable to the forecast. The unfavorability is due to higher skilled nursing facility costs and outpatient claims; but partially offset by higher pharmacy rebates. Higher operating expenses as a result of the regulatory fines also contribute to the unfavorable variance in surplus. The reconciliation for Prop 56 risk corridor related to SFY 18-19 and the Bridge Period reduces revenues by \$11 million and capitation expenses by \$9 million.

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**MediCal TANF-MCE**

The member months are 8.3 million, which is 67,687 member months favorable to the 3+9 forecast. The performance is a surplus of \$46.1 million and is \$23.2 million favorable to the forecast. The favorability is driven by better than forecasted operating margin driven by lower inpatient claims but partially offset by higher outpatient claims and skilled nursing facility costs. Higher operating expenses as a result of the regulatory fines reduce the surplus. The unfavorable variance in revenues and favorable variance in capitation expenses are driven by the reconciliation of the Prop 56 risk corridor for SFY 18-19 and the Bridge Period, which reduces revenues by \$81 million and capitation expenses by \$67 million.

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**Cal MediConnect (CMC)**

The member months are 145,483, which is 47 member months favorable to the 3+9 forecast. The performance is a surplus of \$7.6 million and is \$6.1 million favorable to the forecast. The favorability is driven by lower inpatient claims and the quality withhold earnings for calendar year 2020 for Medicare. Partially offsetting these favorable variances are the shared risk final true-up for calendar year 2021 and higher skilled nursing facility costs.

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**Commercial**

L.A. Care Commercial consists of LACC and PASC-SEIU. The member months are 1.3 million, which is 23,796 member months favorable to the 3+9 forecast. The performance is a surplus of \$35.0 million and is \$30.6 million favorable to the forecast due to lower operating expenses driven by the adjustment to a governmental fee incurred related to LACC and PASC-SEIU members for prior periods and higher membership than forecasted. The shared risk final true-up for calendar year 2021 also contributes to the surplus.

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## Consolidated Operations Income Statement (\$ in thousands)

May 2022

Current Actual		Current Forecast		Fav(Unfav) Forecast		YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
Membership											
Member Months											
2,586,177		2,535,677		50,500		20,263,177		20,138,136		125,041	
Revenue											
Capitation											
\$ 777,861	\$ 300.78	\$ 756,284	\$ 298.26	\$ 21,577	\$ 2.52	\$ 6,043,264	\$ 298.24	\$ 6,224,754	\$ 309.10	\$ (181,490)	\$ (10.86)
<b>\$ 777,861</b>	<b>\$ 300.78</b>	<b>\$ 756,284</b>	<b>\$ 298.26</b>	<b>\$ 21,577</b>	<b>\$ 2.52</b>	<b>\$ 6,043,264</b>	<b>\$ 298.24</b>	<b>\$ 6,224,754</b>	<b>\$ 309.10</b>	<b>\$ (181,490)</b>	<b>\$ (10.86)</b>
Total Revenues											
Healthcare Expenses											
Capitation											
\$ 434,061	\$ 167.84	\$ 418,044	\$ 164.86	\$ (16,017)	\$ (2.97)	\$ 3,173,664	\$ 156.62	\$ 3,383,318	\$ 168.01	\$ 209,653	\$ 11.38
\$ 58,714	\$ 22.70	\$ 107,832	\$ 42.53	\$ 49,118	\$ 19.82	\$ 775,823	\$ 38.29	\$ 863,084	\$ 42.86	\$ 87,261	\$ 4.57
\$ 90,438	\$ 34.97	\$ 83,959	\$ 33.11	\$ (6,479)	\$ (1.86)	\$ 684,225	\$ 33.77	\$ 644,509	\$ 32.00	\$ (39,715)	\$ (1.76)
\$ 82,300	\$ 31.82	\$ 66,795	\$ 26.34	\$ (15,505)	\$ (5.48)	\$ 637,848	\$ 31.48	\$ 569,128	\$ 28.26	\$ (68,720)	\$ (3.22)
\$ 12,737	\$ 4.93	\$ 9,589	\$ 3.78	\$ (3,148)	\$ (1.14)	\$ 225,674	\$ 11.14	\$ 230,744	\$ 11.46	\$ 5,070	\$ 0.32
\$ 14,070	\$ 5.44	\$ 7,534	\$ 2.97	\$ (6,536)	\$ (2.47)	\$ 55,779	\$ 2.75	\$ 55,197	\$ 2.74	\$ (582)	\$ (0.01)
\$ 6,276	\$ 2.43	\$ 7,338	\$ 2.89	\$ 1,063	\$ 0.47	\$ 52,954	\$ 2.61	\$ 56,664	\$ 2.81	\$ 3,709	\$ 0.20
<b>\$ 698,595</b>	<b>\$ 270.13</b>	<b>\$ 701,091</b>	<b>\$ 276.49</b>	<b>\$ 2,495</b>	<b>\$ 6.36</b>	<b>\$ 5,605,967</b>	<b>\$ 276.66</b>	<b>\$ 5,802,643</b>	<b>\$ 288.14</b>	<b>\$ 196,676</b>	<b>\$ 11.48</b>
89.8%		92.7%		2.9%		92.8%		93.2%		0.5%	
<b>\$ 79,265</b>	<b>\$ 30.65</b>	<b>\$ 55,193</b>	<b>\$ 21.77</b>	<b>\$ 24,072</b>	<b>\$ 8.88</b>	<b>\$ 437,297</b>	<b>\$ 21.58</b>	<b>\$ 422,111</b>	<b>\$ 20.96</b>	<b>\$ 15,186</b>	<b>\$ 0.62</b>
Operating Margin											
\$ 39,992	\$ 15.46	\$ 40,198	\$ 15.85	\$ 207	\$ 0.39	\$ 346,756	\$ 17.11	\$ 324,899	\$ 16.13	\$ (21,856)	\$ (0.98)
5.1%		5.3%		0.2%		5.7%		5.2%		-0.5%	
<b>\$ 39,273</b>	<b>\$ 15.19</b>	<b>\$ 14,995</b>	<b>\$ 5.91</b>	<b>\$ 24,279</b>	<b>\$ 9.27</b>	<b>\$ 90,541</b>	<b>\$ 4.47</b>	<b>\$ 97,211</b>	<b>\$ 4.83</b>	<b>\$ (6,670)</b>	<b>\$ (0.36)</b>
Income (Loss) from Operations											
Other Income/(Expense), net											
\$ (10,124)	\$ (3.91)	\$ (5,356)	\$ (2.11)	\$ (4,768)	\$ (1.80)	\$ (17,574)	\$ (0.87)	\$ (31,481)	\$ (1.56)	\$ 13,907	\$ 0.70
\$ 1,270	\$ 0.49	\$ 666	\$ 0.26	\$ 604	\$ 0.23	\$ 7,460	\$ 0.37	\$ 5,806	\$ 0.29	\$ 1,654	\$ 0.08
\$ (12)	\$ (0.00)	\$ -	\$ -	\$ (12)	\$ (0.00)	\$ (26)	\$ (0.00)	\$ 26	\$ 0.00	\$ (52)	\$ (0.00)
\$ 2,252	\$ 0.87	\$ -	\$ -	\$ 2,252	\$ 0.87	\$ (24,769)	\$ (1.22)	\$ (5,462)	\$ (0.27)	\$ (19,307)	\$ (0.95)
<b>\$ (6,613)</b>	<b>\$ (2.56)</b>	<b>\$ (4,690)</b>	<b>\$ (1.85)</b>	<b>\$ (1,923)</b>	<b>\$ (0.71)</b>	<b>\$ (34,908)</b>	<b>\$ (1.72)</b>	<b>\$ (31,111)</b>	<b>\$ (1.54)</b>	<b>\$ (3,798)</b>	<b>\$ (0.18)</b>
Total Non-Operating Income (Expense)											
Net Surplus (Deficit)											
\$ 32,660	\$ 12.63	\$ 10,305	\$ 4.06	\$ 22,355	\$ 8.56	\$ 55,633	\$ 2.75	\$ 66,100	\$ 3.28	\$ (10,468)	\$ (0.54)
4.2%		1.4%		2.8%		0.9%		1.1%		-0.1%	
Margin(%)											



## MediCal Plan Partners Income Statement (\$ in thousands)

May 2022

Current Actual		Current Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM
1,094,963		1,072,642		22,321	
\$ 265,158	\$ 242.16	\$ 258,383	\$ 240.88	\$ 6,775	\$ 1.28
<b>\$ 265,158</b>	<b>\$ 242.16</b>	<b>\$ 258,383</b>	<b>\$ 240.88</b>	<b>\$ 6,775</b>	<b>\$ 1.28</b>
\$ 251,526	\$ 229.71	\$ 243,041	\$ 226.58	\$ (8,485)	\$ (3.13)
\$ 1	\$ 0.00	\$ -	\$ -	\$ (1)	\$ (0.00)
\$ (1)	\$ (0.00)	\$ -	\$ -	\$ 1	\$ 0.00
\$ 5,297	\$ 4.84	\$ 3,013	\$ 2.81	\$ (2,284)	\$ (2.03)
\$ 1,019	\$ 0.93	\$ 1,282	\$ 1.20	\$ 263	\$ 0.26
<b>\$ 257,842</b>	<b>\$ 235.48</b>	<b>\$ 247,336</b>	<b>\$ 230.59</b>	<b>\$ (10,506)</b>	<b>\$ (4.89)</b>
97.2%		95.7%		-1.5%	
\$ 7,316	\$ 6.68	\$ 11,046	\$ 10.30	\$ (3,730)	\$ (3.62)
\$ 6,583	\$ 6.01	\$ 6,617	\$ 6.17	\$ 35	\$ 0.16
2.5%		2.6%		0.1%	
\$ 733	\$ 0.67	\$ 4,429	\$ 4.13	\$ (3,696)	\$ (3.46)
\$ 2,063	\$ 1.88	\$ 689	\$ 0.64	\$ 1,374	\$ 1.24
\$ 2,797	\$ 2.55	\$ 5,118	\$ 4.77	\$ (2,321)	\$ (2.22)
1.1%		2.0%		-0.9%	

	YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
	\$	PMPM	\$	PMPM	\$	PMPM
<b>Membership</b>						
Member Months	8,630,035		8,572,532		57,503	
<b>Revenue</b>						
Capitation	\$ 1,984,971	\$ 230.01	\$ 2,141,146	\$ 249.77	\$ (156,175)	\$ (19.76)
<b>Total Revenues</b>	<b>\$ 1,984,971</b>	<b>\$ 230.01</b>	<b>\$ 2,141,146</b>	<b>\$ 249.77</b>	<b>\$ (156,175)</b>	<b>\$ (19.76)</b>
<b>Healthcare Expenses</b>						
Capitation	\$ 1,866,800	\$ 216.31	\$ 2,018,084	\$ 235.41	\$ 151,285	\$ 19.10
Inpatient Claims	\$ (0)	\$ (0.00)	\$ 0	\$ 0.00	\$ 1	\$ 0.00
Outpatient Claims	\$ (1)	\$ (0.00)	\$ (0)	\$ (0.00)	\$ 1	\$ 0.00
Provider Incentives and Shared Risk	\$ 12,381	\$ 1.43	\$ 19,371	\$ 2.26	\$ 6,990	\$ 0.83
Medical Administrative Expenses	\$ 9,188	\$ 1.06	\$ 9,754	\$ 1.14	\$ 567	\$ 0.07
<b>Total Healthcare Expenses</b>	<b>\$ 1,888,366</b>	<b>\$ 218.81</b>	<b>\$ 2,047,210</b>	<b>\$ 238.81</b>	<b>\$ 158,844</b>	<b>\$ 20.00</b>
MCR(%)	95.1%		95.6%		0.5%	
<b>Operating Margin</b>	<b>\$ 96,604</b>	<b>\$ 11.19</b>	<b>\$ 93,936</b>	<b>\$ 10.96</b>	<b>\$ 2,669</b>	<b>\$ 0.24</b>
<b>Total Operating Expenses</b>	<b>\$ 60,890</b>	<b>\$ 7.06</b>	<b>\$ 51,817</b>	<b>\$ 6.04</b>	<b>\$ (9,073)</b>	<b>\$ (1.01)</b>
Admin Ratio(%)	3.1%		2.4%		-0.6%	
<b>Income (Loss) from Operations</b>	<b>\$ 35,714</b>	<b>\$ 4.14</b>	<b>\$ 42,119</b>	<b>\$ 4.91</b>	<b>\$ (6,404)</b>	<b>\$ (0.77)</b>
<b>Total Non-Operating Income (Expense)</b>	<b>\$ (3,465)</b>	<b>\$ (0.40)</b>	<b>\$ 3,032</b>	<b>\$ 0.35</b>	<b>\$ (6,497)</b>	<b>\$ (0.76)</b>
<b>Net Surplus (Deficit)</b>	<b>\$ 32,249</b>	<b>\$ 3.74</b>	<b>\$ 45,150</b>	<b>\$ 5.27</b>	<b>\$ (12,901)</b>	<b>\$ (1.53)</b>
Margin(%)	1.6%		2.1%		-0.5%	



# SPD-CCI Income Statement (\$ in thousands)

May 2022

Current Actual		Current Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM
240,489		242,411		(1,922)	
\$ 188,533	\$ 783.96	\$ 182,668	\$ 753.55	\$ 5,866	\$ 30.41
<b>\$ 188,533</b>	<b>\$ 783.96</b>	<b>\$ 182,668</b>	<b>\$ 753.55</b>	<b>\$ 5,866</b>	<b>\$ 30.41</b>
\$ 24,639	\$ 102.45	\$ 23,502	\$ 96.95	\$ (1,137)	\$ (5.50)
\$ 28,185	\$ 117.20	\$ 37,842	\$ 156.11	\$ 9,657	\$ 38.91
\$ 47,782	\$ 198.69	\$ 44,211	\$ 182.38	\$ (3,570)	\$ (16.30)
\$ 67,231	\$ 279.56	\$ 56,260	\$ 232.09	\$ (10,971)	\$ (47.47)
\$ (48)	\$ (0.20)	\$ -	\$ -	\$ 48	\$ 0.20
\$ 2,124	\$ 8.83	\$ 220	\$ 0.91	\$ (1,904)	\$ (7.93)
\$ 2,171	\$ 9.03	\$ 2,386	\$ 9.84	\$ 215	\$ 0.81
<b>\$ 172,085</b>	<b>\$ 715.56</b>	<b>\$ 164,422</b>	<b>\$ 678.28</b>	<b>\$ (7,663)</b>	<b>\$ (37.28)</b>
91.3%		90.0%		-1.3%	
\$ 16,448	\$ 68.40	\$ 18,246	\$ 75.27	\$ (1,797)	\$ (6.87)
\$ 12,491	\$ 51.94	\$ 13,477	\$ 55.60	\$ 987	\$ 3.66
6.6%		7.4%		0.8%	
\$ 3,958	\$ 16.46	\$ 4,769	\$ 19.67	\$ (811)	\$ (3.21)
\$ 1,178	\$ 4.90	\$ 266	\$ 1.10	\$ 913	\$ 3.80
\$ 5,136	\$ 21.36	\$ 5,035	\$ 20.77	\$ 102	\$ 0.59
2.7%		2.8%		0.0%	

YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM
1,900,589		1,924,580		(23,991)	
<b>Membership</b>					
Member Months					
<b>Revenue</b>					
Capitation	\$ 1,539,835	\$ 810.19	\$ 1,527,660	\$ 793.76	\$ 12,175
<b>Total Revenues</b>	<b>\$ 1,539,835</b>	<b>\$ 810.19</b>	<b>\$ 1,527,660</b>	<b>\$ 793.76</b>	<b>\$ 12,175</b>
<b>Healthcare Expenses</b>					
Capitation	\$ 174,984	\$ 92.07	\$ 180,709	\$ 93.90	\$ 5,725
Inpatient Claims	\$ 316,667	\$ 166.61	\$ 316,673	\$ 164.54	\$ 7
Outpatient Claims	\$ 354,140	\$ 186.33	\$ 336,090	\$ 174.63	\$ (18,050)
Skilled Nursing Facility	\$ 538,483	\$ 283.32	\$ 484,504	\$ 251.75	\$ (53,979)
Pharmacy	\$ 46,880	\$ 24.67	\$ 49,526	\$ 25.73	\$ 2,646
Provider Incentives and Shared Risk	\$ 9,913	\$ 5.22	\$ 4,853	\$ 2.52	\$ (5,060)
Medical Administrative Expenses	\$ 17,301	\$ 9.10	\$ 18,245	\$ 9.48	\$ 943
<b>Total Healthcare Expenses</b>	<b>\$ 1,458,368</b>	<b>\$ 767.32</b>	<b>\$ 1,390,600</b>	<b>\$ 722.55</b>	<b>\$ (67,768)</b>
MCR(%)	94.7%		91.0%		-3.7%
<b>Operating Margin</b>	<b>\$ 81,467</b>	<b>\$ 42.86</b>	<b>\$ 137,060</b>	<b>\$ 71.22</b>	<b>\$ (55,593)</b>
<b>Total Operating Expenses</b>	<b>\$ 116,346</b>	<b>\$ 61.22</b>	<b>\$ 106,856</b>	<b>\$ 55.52</b>	<b>\$ (9,491)</b>
Admin Ratio(%)	7.6%		7.0%		-0.6%
<b>Income (Loss) from Operations</b>	<b>\$ (34,879)</b>	<b>\$ (18.35)</b>	<b>\$ 30,204</b>	<b>\$ 15.69</b>	<b>\$ (65,084)</b>
<b>Total Non-Operating Income (Expense)</b>	<b>\$ (3,526)</b>	<b>\$ (1.86)</b>	<b>\$ 849</b>	<b>\$ 0.44</b>	<b>\$ (4,375)</b>
<b>Net Surplus (Deficit)</b>	<b>\$ (38,405)</b>	<b>\$ (20.21)</b>	<b>\$ 31,054</b>	<b>\$ 16.14</b>	<b>\$ (69,459)</b>
Margin(%)	-2.5%		2.0%		-4.5%



## TANF-MCE Income Statement (\$ in thousands)

May 2022

Current Actual		Current Forecast		Fav(Unfav) Forecast		YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
1,067,545		1,042,780		24,765							
						<b>Membership</b>					
						Member Months		8,304,667		8,236,980	
								67,687			
						<b>Revenue</b>					
						Capitation		\$ 1,897,897 \$ 228.53		\$ 1,963,610 \$ 238.39	
						<b>Total Revenues</b>		<b>\$ 1,897,897 \$ 228.53</b>		<b>\$ 1,963,610 \$ 238.39</b>	
								<b>\$ (65,713) \$ (9.86)</b>		<b>\$ (65,713) \$ (9.86)</b>	
						<b>Healthcare Expenses</b>					
						Capitation		\$ 877,541 \$ 105.67		\$ 939,327 \$ 114.04	
						Inpatient Claims		\$ 349,636 \$ 42.10		\$ 417,530 \$ 50.69	
						Outpatient Claims		\$ 261,659 \$ 31.51		\$ 249,730 \$ 30.32	
						Skilled Nursing Facility		\$ 81,536 \$ 9.82		\$ 71,767 \$ 8.71	
						Pharmacy		\$ 103,954 \$ 12.52		\$ 107,442 \$ 13.04	
						Provider Incentives and Shared Risk		\$ 22,856 \$ 2.75		\$ 21,374 \$ 2.59	
						Medical Administrative Expenses		\$ 24,050 \$ 2.90		\$ 25,795 \$ 3.13	
						<b>Total Healthcare Expenses</b>		<b>\$ 1,721,233 \$ 207.26</b>		<b>\$ 1,832,966 \$ 222.53</b>	
						<b>MCR(%)</b>		<b>90.7%</b>		<b>93.3%</b>	
								<b>2.7%</b>			
						<b>Operating Margin</b>		<b>\$ 176,664 \$ 21.27</b>		<b>\$ 130,645 \$ 15.86</b>	
								<b>\$ 46,019 \$ 5.41</b>			
						<b>Total Operating Expenses</b>		<b>\$ 128,936 \$ 15.53</b>		<b>\$ 110,504 \$ 13.42</b>	
						<b>Admin Ratio(%)</b>		<b>6.8%</b>		<b>5.6%</b>	
								<b>-1.2%</b>			
						<b>Income (Loss) from Operations</b>		<b>\$ 47,728 \$ 5.75</b>		<b>\$ 20,140 \$ 2.45</b>	
								<b>\$ 27,587 \$ 3.30</b>			
						<b>Total Non-Operating Income (Expense)</b>		<b>\$ (1,622) \$ (0.20)</b>		<b>\$ 2,740 \$ 0.33</b>	
								<b>\$ (4,362) \$ (0.53)</b>			
						<b>Net Surplus (Deficit)</b>		<b>\$ 46,106 \$ 5.55</b>		<b>\$ 22,881 \$ 2.78</b>	
						<b>Margin(%)</b>		<b>2.4%</b>		<b>1.2%</b>	
								<b>1.3%</b>			



## CMC Income Statement (\$ in thousands)

May 2022

Current Actual		Current Forecast		Fav(Unfav) Forecast		YTD Actual		YTD Forecast		Fav(Unfav) Forecast	
\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM	\$	PMPM
17,488		17,830		(342)		145,483		145,436		47	
Membership						Membership					
Member Months						Member Months					
Revenue						Revenue					
Capitation						Capitation					
Total Revenues						Total Revenues					
\$ 26,783	\$ 1,531.48	\$ 25,616	\$ 1,436.71	\$ 1,167	\$ 94.78	\$ 223,541	\$ 1,536.54	\$ 206,341	\$ 1,418.77	\$ 17,199	\$ 117.77
\$ 26,783	\$ 1,531.48	\$ 25,616	\$ 1,436.71	\$ 1,167	\$ 94.78	\$ 223,541	\$ 1,536.54	\$ 206,341	\$ 1,418.77	\$ 17,199	\$ 117.77
Healthcare Expenses						Healthcare Expenses					
Capitation						Capitation					
Inpatient Claims						Inpatient Claims					
Outpatient Claims						Outpatient Claims					
Skilled Nursing Facility						Skilled Nursing Facility					
Pharmacy						Pharmacy					
Provider Incentives and Shared Risk						Provider Incentives and Shared Risk					
Medical Administrative Expenses						Medical Administrative Expenses					
Total Healthcare Expenses						Total Healthcare Expenses					
MCR(%)						MCR(%)					
Operating Margin						Operating Margin					
Total Operating Expenses						Total Operating Expenses					
Admin Ratio(%)						Admin Ratio(%)					
Income (Loss) from Operations						Income (Loss) from Operations					
Total Non-Operating Income (Expense)						Total Non-Operating Income (Expense)					
Net Surplus (Deficit)						Net Surplus (Deficit)					
Margin(%)						Margin(%)					





## Commercial Income Statement (\$ in thousands)

May 2022

Current Actual			Current Forecast			Fav(Unfav) Forecast			YTD Actual			YTD Forecast			Fav(Unfav) Forecast		
\$			\$			\$			\$			\$			\$		
PMPM			PMPM			PMPM			PMPM			PMPM			PMPM		
165,692			160,014			5,678											
\$	53,764	\$ 324.48	\$	51,157	\$ 319.70	\$	2,607	\$ 4.78									
\$	<b>53,764</b>	<b>\$ 324.48</b>	\$	<b>51,157</b>	<b>\$ 319.70</b>	\$	<b>2,607</b>	<b>\$ 4.78</b>									
\$	23,599	\$ 142.42	\$	20,466	\$ 127.90	\$	(3,132)	\$ (14.52)									
\$	4,537	\$ 27.38	\$	8,676	\$ 54.22	\$	4,139	\$ 26.84									
\$	7,346	\$ 44.33	\$	4,425	\$ 27.65	\$	(2,921)	\$ (16.68)									
\$	88	\$ 0.53	\$	-	\$ -	\$	(88)	\$ (0.53)									
\$	11,137	\$ 67.21	\$	8,349	\$ 52.18	\$	(2,788)	\$ (15.04)									
\$	1,361	\$ 8.21	\$	662	\$ 4.14	\$	(699)	\$ (4.08)									
\$	111	\$ 0.67	\$	124	\$ 0.78	\$	13	\$ 0.11									
\$	<b>48,178</b>	<b>\$ 290.77</b>	\$	<b>42,702</b>	<b>\$ 266.86</b>	\$	<b>(5,476)</b>	<b>\$ (23.91)</b>									
89.6%			83.5%			-6.1%											
\$	5,586	\$ 33.71	\$	8,455	\$ 52.84	\$	(2,869)	\$ (19.13)									
\$	5,971	\$ 36.03	\$	5,115	\$ 31.97	\$	(855)	\$ (4.07)									
11.1%			10.0%			-1.1%											
\$	(385)	\$ (2.32)	\$	3,339	\$ 20.87	\$	(3,724)	\$ (23.19)									
\$	(95)	\$ (0.57)	\$	(95)	\$ (0.59)	\$	(0)	\$ 0.02									
\$	(480)	\$ (2.89)	\$	3,245	\$ 20.28	\$	(3,725)	\$ (23.17)									
-0.9%			6.3%			-7.2%											

### 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(%)



## Comparative Balance Sheet

(Dollars in thousands)	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22
<b>ASSETS</b>												
<b>CURRENT ASSETS</b>												
Total Current Assets	\$4,417,086	\$4,476,248	\$4,406,866	\$4,782,439	\$4,483,572	\$4,781,058	\$4,475,327	\$5,037,258	\$4,719,524	\$5,474,251	\$4,849,447	\$4,871,908
Capitalized Assets - net	\$108,480	\$108,396	\$106,100	\$105,915	\$105,290	\$105,477	\$105,456	\$105,465	\$105,437	\$106,054	\$106,171	\$105,872
<b>NONCURRENT ASSETS</b>	\$3,451	\$3,525	\$3,637	\$3,523	\$3,466	\$3,393	\$3,251	\$3,170	\$3,023	\$2,878	\$2,739	\$2,635
<b>TOTAL ASSETS</b>	<b>\$4,529,017</b>	<b>\$4,588,169</b>	<b>\$4,516,602</b>	<b>\$4,891,876</b>	<b>\$4,592,328</b>	<b>\$4,889,928</b>	<b>\$4,584,034</b>	<b>\$5,145,893</b>	<b>\$4,827,984</b>	<b>\$5,583,182</b>	<b>\$4,958,357</b>	<b>\$4,980,415</b>
<b>LIABILITIES AND FUND EQUITY</b>												
<b>CURRENT LIABILITIES</b>												
Total Current Liability	\$3,506,888	\$3,550,234	\$3,486,394	\$3,838,981	\$3,516,064	\$3,810,650	\$3,498,864	\$4,025,400	\$3,756,304	\$4,494,782	\$3,883,690	\$3,872,966
Long Term Liability	\$2,520	\$2,429	\$2,994	\$3,441	\$3,328	\$3,417	\$2,174	\$2,231	\$2,194	\$3,058	\$2,240	\$2,362
<b>Total Liabilities</b>	<b>\$3,509,407</b>	<b>\$3,552,663</b>	<b>\$3,489,388</b>	<b>\$3,842,421</b>	<b>\$3,519,391</b>	<b>\$3,814,067</b>	<b>\$3,501,038</b>	<b>\$4,027,631</b>	<b>\$3,758,498</b>	<b>\$4,497,840</b>	<b>\$3,885,929</b>	<b>\$3,875,327</b>
<b>FUND EQUITY</b>												
Invested in Capital Assets, net of related debt	\$108,480	\$108,396	\$106,100	\$105,915	\$105,290	\$105,477	\$105,456	\$105,465	\$105,437	\$106,054	\$106,171	\$105,872
Restricted Equity	\$450	\$450	\$450	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600	\$600
Minimum Tangible Net Equity	\$202,695	\$202,973	\$204,075	\$200,751	\$201,278	\$202,065	\$203,167	\$203,167	\$205,043	\$204,666	\$205,980	\$203,622
Board Designated Funds	\$101,558	\$97,416	\$93,180	\$91,741	\$103,141	\$100,133	\$89,697	\$88,702	\$86,298	\$125,441	\$124,260	\$113,244
Unrestricted Net Assets	\$606,426	\$626,271	\$623,409	\$650,449	\$662,628	\$667,585	\$684,076	\$720,328	\$672,107	\$648,581	\$635,417	\$681,750
<b>Total Fund Equity</b>	<b>\$1,019,609</b>	<b>\$1,035,506</b>	<b>\$1,027,214</b>	<b>\$1,049,455</b>	<b>\$1,072,937</b>	<b>\$1,075,861</b>	<b>\$1,082,996</b>	<b>\$1,118,262</b>	<b>\$1,069,486</b>	<b>\$1,085,342</b>	<b>\$1,072,427</b>	<b>\$1,105,088</b>
<b>TOTAL LIABILITIES AND FUND EQUITY</b>	<b>\$4,529,017</b>	<b>\$4,588,169</b>	<b>\$4,516,602</b>	<b>\$4,891,876</b>	<b>\$4,592,328</b>	<b>\$4,889,928</b>	<b>\$4,584,034</b>	<b>\$5,145,893</b>	<b>\$4,827,984</b>	<b>\$5,583,182</b>	<b>\$4,958,357</b>	<b>\$4,980,415</b>
<b>Solvency Ratios</b>												
Working Capital Ratio	1.26	1.26	1.26	1.25	1.28	1.25	1.28	1.25	1.26	1.22	1.25	1.26
Cash to Claims Ratio	0.57	0.57	0.55	0.72	0.59	0.66	0.59	0.66	0.54	0.76	0.53	0.53
Tangible Net Equity Ratio	5.03	5.10	5.03	5.23	5.33	5.32	5.33	5.50	5.22	5.30	5.21	5.43



## Cash Flows Statement (\$ in thousands)

May 2022

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	YTD
<b>Cash Flows from Operating Activities:</b>									
Capitation Revenue	\$ 763,872	\$ 743,782	\$ 830,492	\$ 703,097	\$ 725,391	\$ 761,918	\$ 849,122	\$ 677,365	\$ 6,055,039
Other Income (Expense), net	\$ 10,099	\$ (2,297)	\$ (8,057)	\$ (1,229)	\$ (1,606)	\$ (861)	\$ (4,833)	\$ (8,800)	\$ (17,584)
Healthcare Expenses	\$ (769,260)	\$ (685,351)	\$ (854,089)	\$ (606,627)	\$ (673,516)	\$ (767,350)	\$ (709,826)	\$ (677,802)	\$ (5,743,821)
Operating Expenses	\$ (31,084)	\$ (30,643)	\$ (54,724)	\$ (33,016)	\$ (39,706)	\$ (36,746)	\$ (40,221)	\$ (36,080)	\$ (302,220)
<b>Net Cash Provided By Operating Activities</b>	<b>\$ (26,373)</b>	<b>\$ 25,491</b>	<b>\$ (86,378)</b>	<b>\$ 62,225</b>	<b>\$ 10,563</b>	<b>\$ (43,039)</b>	<b>\$ 94,242</b>	<b>\$ (45,317)</b>	<b>\$ (8,586)</b>
<b>Cash Flows from Investing Activities</b>									
Purchase of investments - Net	\$ 70,245	\$ 85,685	\$ (82,191)	\$ 22,709	\$ 511	\$ 32,993	\$ (75,560)	\$ 63,440	\$ 117,832
Purchase of Capital Assets	\$ (1,333)	\$ (2,179)	\$ (1,833)	\$ (1,847)	\$ (1,827)	\$ (2,552)	\$ (1,987)	\$ (1,841)	\$ (15,399)
<b>Net Cash Provided By Investing Activities</b>	<b>\$ 68,912</b>	<b>\$ 83,506</b>	<b>\$ (84,024)</b>	<b>\$ 20,862</b>	<b>\$ (1,316)</b>	<b>\$ 30,441</b>	<b>\$ (77,547)</b>	<b>\$ 61,599</b>	<b>\$ 102,433</b>
<b>Cash Flows from Financing Activities:</b>									
Gross Premium Tax (MCO Sales Tax) - Net	\$ (26,829)	\$ 14,276	\$ 14,596	\$ (26,338)	\$ 14,591	\$ 14,999	\$ (27,892)	\$ 14,981	\$ (7,616)
Pass through transactions (AB 85, IGT, etc.)	\$ (297,777)	\$ 160,499	\$ (137,249)	\$ 360,537	\$ (395,556)	\$ 762,594	\$ (762,563)	\$ 79	\$ (309,436)
<b>Net Cash Provided By Financing Activities</b>	<b>\$ (324,606)</b>	<b>\$ 174,775</b>	<b>\$ (122,653)</b>	<b>\$ 334,199</b>	<b>\$ (380,965)</b>	<b>\$ 777,593</b>	<b>\$ (790,455)</b>	<b>\$ 15,060</b>	<b>\$ (317,052)</b>
<b>Net Increase in Cash and Cash Equivalents</b>	<b>\$ (282,067)</b>	<b>\$ 283,772</b>	<b>\$ (293,055)</b>	<b>\$ 417,286</b>	<b>\$ (371,718)</b>	<b>\$ 764,995</b>	<b>\$ (773,760)</b>	<b>\$ 31,342</b>	<b>\$ (223,205)</b>
Cash and Cash Equivalents, Beginning	\$ 990,897	\$ 708,830	\$ 992,602	\$ 699,547	\$ 1,116,833	\$ 745,115	\$ 1,510,110	\$ 736,350	\$ 990,897
<b>Cash and Cash Equivalents, Ending</b>	<b>\$ 708,830</b>	<b>\$ 992,602</b>	<b>\$ 699,547</b>	<b>\$ 1,116,833</b>	<b>\$ 745,115</b>	<b>\$ 1,510,110</b>	<b>\$ 736,350</b>	<b>\$ 767,692</b>	<b>\$ 767,692</b>
<b>Reconciliation of Income from Operations to Net Cash Provided By (Used In) Operating Activities:</b>									
<b>Excess of Revenues over Expenses</b>	<b>\$ 23,481</b>	<b>\$ 2,924</b>	<b>\$ 7,135</b>	<b>\$ 35,266</b>	<b>\$ (48,776)</b>	<b>\$ 15,857</b>	<b>\$ (12,915)</b>	<b>\$ 32,660</b>	<b>\$ 55,632</b>
<b>Adjustments to Excess of Revenues Over Expenses:</b>									
Depreciation	\$ 1,957	\$ 1,991	\$ 1,855	\$ 1,838	\$ 1,856	\$ 1,935	\$ 1,870	\$ 2,139	\$ 15,441
Realized and Unrealized (Gain)/Loss on Investments	\$ 2,947	\$ 1,228	\$ 1,261	\$ 5,239	\$ 3,431	\$ 8,064	\$ 4,865	\$ (2,240)	\$ 24,795
Deferred Rent	\$ (113)	\$ 90	\$ (1,244)	\$ 57	\$ (37)	\$ 864	\$ (818)	\$ 122	\$ (1,079)
Gross Premium Tax provision	\$ (280)	\$ (516)	\$ (837)	\$ (2,011)	\$ (1,000)	\$ (1,072)	\$ (1,145)	\$ (1,228)	\$ (8,089)
Loss on Disposal of Capital Assets	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Adjustments to Excess of Revenues over Expenses</b>	<b>\$ 4,511</b>	<b>\$ 2,793</b>	<b>\$ 1,035</b>	<b>\$ 5,123</b>	<b>\$ 4,250</b>	<b>\$ 9,791</b>	<b>\$ 4,772</b>	<b>\$ (1,207)</b>	<b>\$ 31,068</b>
<b>Changes in Operating Assets and Liabilities:</b>									
Capitation Receivable	\$ (47,907)	\$ (64,579)	\$ 25,121	\$ 216,121	\$ (45,704)	\$ (35,458)	\$ (16,558)	\$ (76,816)	\$ (45,780)
Interest and Non-Operating Receivables	\$ 164	\$ (19)	\$ (209)	\$ 176	\$ (8)	\$ 160	\$ (3,566)	\$ (177)	\$ (3,479)
Prepaid and Other Current Assets	\$ 1,810	\$ (964)	\$ (971)	\$ 3,108	\$ (4,076)	\$ (3,123)	\$ 3,114	\$ (12,423)	\$ (13,525)
Accounts Payable and Accrued Liabilities	\$ 68	\$ 6,440	\$ (10,195)	\$ (19,850)	\$ 56,020	\$ 2,273	\$ (4,736)	\$ 4,043	\$ 34,063
Subcapitation Payable	\$ 36,845	\$ 75,826	\$ (105,110)	\$ (147,776)	\$ 29,226	\$ (43,177)	\$ 22,211	\$ 47,892	\$ (84,063)
MediCal Adult Expansion Payable	\$ 37,928	\$ (40)	\$ (171)	\$ (114)	\$ (54)	\$ 467	\$ 1,149	\$ (1,796)	\$ 37,369
Deferred Capitation Revenue	\$ (898)	\$ (567)	\$ 1,353	\$ 4,098	\$ 1,887	\$ 1,339	\$ 74,023	\$ (23,679)	\$ 57,556
Accrued Medical Expenses	\$ (2,474)	\$ 2,920	\$ 625	\$ (44,258)	\$ 6,593	\$ 9,589	\$ (706)	\$ (15,643)	\$ (43,354)
Reserve for Claims	\$ 12,037	\$ 9,596	\$ 9,601	\$ 11,579	\$ 17,754	\$ 138	\$ 25,330	\$ (11,345)	\$ 74,690
Reserve for Provider Incentives	\$ (92,318)	\$ (9,394)	\$ (16,679)	\$ (483)	\$ (7,007)	\$ (1,061)	\$ 2,371	\$ 11,716	\$ (112,855)
Grants Payable	\$ 380	\$ 555	\$ 2,087	\$ (765)	\$ 458	\$ 166	\$ (247)	\$ 1,458	\$ 4,092
<b>Net Changes in Operating Assets and Liabilities</b>	<b>\$ (54,365)</b>	<b>\$ 19,774</b>	<b>\$ (94,548)</b>	<b>\$ 21,836</b>	<b>\$ 55,089</b>	<b>\$ (68,687)</b>	<b>\$ 102,385</b>	<b>\$ (76,770)</b>	<b>\$ (95,286)</b>
<b>Net Cash Provided By Operating Activities</b>	<b>\$ (26,373)</b>	<b>\$ 25,491</b>	<b>\$ (86,378)</b>	<b>\$ 62,225</b>	<b>\$ 10,563</b>	<b>\$ (43,039)</b>	<b>\$ 94,242</b>	<b>\$ (45,317)</b>	<b>\$ (8,586)</b>



DATE: July 28, 2022  
TO: Board of Governors  
FROM: Marie Montgomery, *Chief Financial Officer*

**SUBJECT: Monthly Investment Portfolio Securities Transaction Report for May, 2022**

To keep the Committee apprised of L.A. Care's investment portfolios and to comply with California Government Code Section 53607, attached are the monthly investment transaction details from May 1 to May 31, 2022.

L.A. Care's investment market value as of May 31, 2022, was \$1.8 billion. This includes our funds invested with the government pooled funds. L.A. Care has approximately \$73 million invested with the statewide Local Agency Investment Fund (LAIF), and approximately \$254 million invested with the Los Angeles County Pooled Investment Fund (LACPIF).

The remainder as of May 31, 2022, of \$1.4 billion is managed by two independent asset managers, 1) Payden & Rygel and 2) New England Asset Management (NEAM) and is divided into three portfolios based on investment style,

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

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

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

## TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

05/01/2022  
through 05/31/2022

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/05/22	05/10/22	Buy	30,000,000.000	U.S. TREASURY BILL MAT 06/07/22 Cpn 912796V89	(29,988,893.33)		0.00	0.00	(29,988,893.33)
05/03/22	05/11/22	Buy	4,600,000.000	GMALT 2022-2 A1 LEASE MAT 05/22/23 Cpn 1.53 36266FAA7	(4,600,000.00)		0.00	0.00	(4,600,000.00)
05/10/22	05/11/22	Buy	7,500,000.000	NORDEA BANK ABP NY YCD MAT 09/12/22 Cpn 1.46 65558USV5	(7,500,000.00)		0.00	0.00	(7,500,000.00)
05/10/22	05/11/22	Buy	7,500,000.000	SKANDINAV ENSKILDA BK YCD MAT 09/12/22 Cpn 1.61 83050PB65	(7,500,000.00)		0.00	0.00	(7,500,000.00)
05/11/22	05/12/22	Buy	7,500,000.000	BAYERISCHE LANDESBANK YCD MAT 08/12/22 Cpn 1.42 0727MCVM	(7,500,000.00)		0.00	0.00	(7,500,000.00)
05/12/22	05/13/22	Buy	20,000,000.000	U.S. TREASURY BILL MAT 05/17/22 Cpn 912796U98	(19,998,418.89)		0.00	0.00	(19,998,418.89)
05/12/22	05/13/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/17/22 Cpn 912796U98	(49,996,047.22)		0.00	0.00	(49,996,047.22)
05/12/22	05/13/22	Buy	10,000,000.000	U.S. TREASURY BILL MAT 05/19/22 Cpn 912796H44	(9,998,916.67)		0.00	0.00	(9,998,916.67)
05/13/22	05/13/22	Buy	40,000,000.000	U.S. TREASURY BILL MAT 06/21/22 Cpn 912796W21	(39,972,851.67)		0.00	0.00	(39,972,851.67)
05/13/22	05/13/22	Buy	30,000,000.000	U.S. TREASURY BILL MAT 06/28/22 Cpn 912796W39	(29,973,339.17)		0.00	0.00	(29,973,339.17)
05/13/22	05/13/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 06/28/22 Cpn 912796W39	(49,955,565.28)		0.00	0.00	(49,955,565.28)
05/13/22	05/13/22	Buy	25,000,000.000	U.S. TREASURY BILL MAT 07/05/22 Cpn 912796W88	(24,972,855.90)		0.00	0.00	(24,972,855.90)
05/13/22	05/13/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 07/05/22 Cpn 912796W88	(49,945,711.81)		0.00	0.00	(49,945,711.81)

## TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

05/01/2022  
through 05/31/2022

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/12/22	05/13/22	Buy	5,000,000.000	U.S. TREASURY BILL MAT 06/14/22 Cpn 912796V97	(4,997,511.11)		0.00	0.00	(4,997,511.11)
05/12/22	05/13/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 06/14/22 Cpn 912796V97	(49,975,111.11)		0.00	0.00	(49,975,111.11)
05/13/22	05/13/22	Buy	15,000,000.000	U.S. TREASURY BILL MAT 06/14/22 Cpn 912796V97	(14,991,733.33)		0.00	0.00	(14,991,733.33)
05/13/22	05/13/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 06/16/22 Cpn 912796J42	(49,972,601.67)		0.00	0.00	(49,972,601.67)
05/13/22	05/13/22	Buy	10,000,000.000	U.S. TREASURY BILL MAT 06/23/22 Cpn 912796R43	(9,992,448.03)		0.00	0.00	(9,992,448.03)
05/13/22	05/13/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 06/23/22 Cpn 912796R43	(49,962,240.14)		0.00	0.00	(49,962,240.14)
05/12/22	05/13/22	Buy	7,500,000.000	GOLDMAN SACHS CD FRN SOFRR MAT 07/26/22 Cpn 0.61 40054PFX8	(7,498,627.50)	(2,156.84)	0.00	0.00	(7,500,784.34)
05/17/22	05/17/22	Buy	20,000,000.000	U.S. TREASURY BILL MAT 07/07/22 Cpn 912796R68	(19,978,041.67)		0.00	0.00	(19,978,041.67)
05/10/22	05/18/22	Buy	6,550,000.000	ALLYA 2022-1 A1 CAR MAT 05/15/23 Cpn 1.36 02008JAA4	(6,550,000.00)		0.00	0.00	(6,550,000.00)
05/10/22	05/18/22	Buy	6,500,000.000	BMWOT 2022-A A1 CAR MAT 05/25/23 Cpn 1.35 05602RAA9	(6,500,000.00)		0.00	0.00	(6,500,000.00)
05/17/22	05/18/22	Buy	7,500,000.000	CREDIT AGRICOLE NY YCD MAT 11/18/22 Cpn 2.09 22536APW8	(7,500,000.00)		0.00	0.00	(7,500,000.00)
05/23/22	05/24/22	Buy	7,800,000.000	CATERPILLAR FIN CP MAT 07/20/22 Cpn 14912EGL5	(7,787,032.50)		0.00	0.00	(7,787,032.50)
05/19/22	05/25/22	Buy	4,550,000.000	CRVNA 2022-P2 A1 CAR MAT 06/12/23 Cpn 1.51 14686JAA8	(4,550,000.00)		0.00	0.00	(4,550,000.00)

## TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

05/01/2022  
through 05/31/2022

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/17/22	05/25/22	Buy	4,250,000.000	HPEFS 2022-2A A1 EQP 144A MAT 05/22/23 Cpn 1.91 40441TAA7	(4,250,000.00)		0.00	0.00	(4,250,000.00)
05/13/22	05/26/22	Buy	5,000,000.000	CA SAN FRANCISCO USD GO/ULT MAT 06/15/22 Cpn 1.38 79771TQR1	(5,000,000.00)		0.00	0.00	(5,000,000.00)
05/27/22	05/31/22	Buy	50,000,000.000	U.S. TREASURY BILL MAT 07/12/22 Cpn 912796W96	(49,954,791.67)		0.00	0.00	(49,954,791.67)
05/24/22	06/01/22	Buy	4,400,000.000	WOART 2022-B A2A CAR MAT 10/15/25 Cpn 2.77 98163QAB5	(4,399,602.24)		0.00	0.00	(4,399,602.24)
			636,150,000.000		(635,762,340.91)	(2,156.84)	0.00	0.00	(635,764,497.75)
05/01/22	05/01/22	Coupon		CA LOS ANGELES MUNI IMPT COR MAT 11/01/22 Cpn 0.32 5445872Q0		1,993.75	0.00	0.00	1,993.75
05/01/22	05/01/22	Coupon		CA REDONDO BEACH FIN AUTH LE MAT 05/01/23 Cpn 0.42 757696AP4		2,396.63	0.00	0.00	2,396.63
05/01/22	05/01/22	Coupon		WI STATE GO/ULT TXB MAT 05/01/22 Cpn 0.39 97705MRS6		1,189.50	0.00	0.00	1,189.50
05/02/22	05/02/22	Coupon		SVENSKA HANDELSBANKEN YCD F MAT 09/01/22 Cpn 0.98 86959RXQ8		3,125.00	0.00	0.00	3,125.00
05/02/22	05/02/22	Coupon		SUMITOMO MITSUI BANK FRN YCD MAT 08/02/22 Cpn 0.96 86565C4F3		938.17	0.00	0.00	938.17
05/09/22	05/09/22	Coupon		CREDIT AGRICOLE YCD FRN SOFR MAT 05/09/22 Cpn 22532XQP6		629.44	0.00	0.00	629.44
05/10/22	05/10/22	Coupon		BANK OF MONTREAL YCD MAT 05/10/22 Cpn 0.23 06367CGJ0		17,489.58	0.00	0.00	17,489.58
05/10/22	05/10/22	Coupon		CRVNA 2021-P2 A2 CAR MAT 07/10/24 Cpn 0.30 14687TAB3		784.92	0.00	0.00	784.92

## TRANSACTIONS BY TYPE

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05/01/2022  
through 05/31/2022

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/10/22	05/10/22	Coupon		CRVNA 2021-P4 A2 CAR MAT 04/10/25 Cpn 0.82 14687KAB2		5,125.00	0.00	0.00	5,125.00
05/10/22	05/10/22	Coupon		SKANDINAV ENSKILDA BK YCD MAT 05/10/22 Cpn 0.23 83050PUW7		17,489.58	0.00	0.00	17,489.58
05/11/22	05/11/22	Coupon		NORDEA BANK ABP NY YCD MAT 05/11/22 Cpn 0.21 65558UBA9		12,938.10	0.00	0.00	12,938.10
05/12/22	05/12/22	Coupon		BAYERISCHE LANDESBANK YCD MAT 05/12/22 Cpn 0.21 0727MCNR		6,346.67	0.00	0.00	6,346.67
05/13/22	05/13/22	Coupon		MMAF 2022-A A1 EQP 144A MAT 05/03/23 Cpn 1.48 55317RAA0		9,264.25	0.00	0.00	9,264.25
05/15/22	05/15/22	Coupon		CARMAX 2019-1 A3 CAR MAT 03/15/24 Cpn 3.05 14315NAC4		1,097.44	0.00	0.00	1,097.44
05/15/22	05/15/22	Coupon		CARMX 2019-2 A3 CAR MAT 03/15/24 Cpn 2.68 14316LAC7		1,960.58	0.00	0.00	1,960.58
05/15/22	05/15/22	Coupon		CARMAX 2019-3 A3 CAR MAT 08/15/24 Cpn 2.18 14315PAD7		6,131.11	0.00	0.00	6,131.11
05/15/22	05/15/22	Coupon		CARMX 2021-4 A2A CAR MAT 11/15/24 Cpn 0.24 14317JAB3		662.65	0.00	0.00	662.65
05/15/22	05/15/22	Coupon		CNH 2021-C A2 EQP MAT 01/15/25 Cpn 0.33 12598LAB2		2,062.50	0.00	0.00	2,062.50
05/15/22	05/15/22	Coupon		HALST 2020-B A3 CAR LEASE 144A MAT 09/15/23 Cpn 0.51 44891PAC8		2,485.04	0.00	0.00	2,485.04
05/15/22	05/15/22	Coupon		HALST 2021-C A2 CAR LEASE 144A MAT 01/16/24 Cpn 0.24 44933MAB7		868.13	0.00	0.00	868.13
05/15/22	05/15/22	Coupon		HALST 2021-C A2 CAR LEASE 144A MAT 01/16/24 Cpn 0.24 44933MAB7		209.73	0.00	0.00	209.73



## TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

05/01/2022  
through 05/31/2022

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/15/22	05/15/22	Coupon		HONDA 2021-2 A2 CAR MAT 11/15/23 Cpn 0.17 43811JAB3		459.30	0.00	0.00	459.30
05/15/22	05/15/22	Coupon		HAROT 2022-1 A2 CAR MAT 10/15/24 Cpn 1.44 43815BAB6		6,000.00	0.00	0.00	6,000.00
05/15/22	05/15/22	Coupon		HYUNDAI 2021-A A2 CAR MAT 02/15/24 Cpn 0.23 44933LAB9		199.85	0.00	0.00	199.85
05/15/22	05/15/22	Coupon		KUBOTA 2020-1A A3 EQP 144A MAT 03/15/24 Cpn 1.96 50117WAC8		5,365.40	0.00	0.00	5,365.40
05/15/22	05/15/22	Coupon		KUBOTA 2020-1A A3 EQP 144A MAT 03/15/24 Cpn 1.96 50117WAC8		1,287.22	0.00	0.00	1,287.22
05/15/22	05/15/22	Coupon		MERCEDES 2021-B A2 LEASE MAT 01/16/24 Cpn 0.22 58769KAC8		942.26	0.00	0.00	942.26
05/15/22	05/15/22	Coupon		MBMOT 2019-BA A 144A MAT 05/15/24 Cpn 2.61 58768UAM5		12,349.65	0.00	0.00	12,349.65
05/15/22	05/15/22	Coupon		TOYOTA 2019-A A3 CAR MAT 07/17/23 Cpn 2.91 89239AAD5		2,533.80	0.00	0.00	2,533.80
05/15/22	05/15/22	Coupon		TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2		1,807.46	0.00	0.00	1,807.46
05/15/22	05/15/22	Coupon		TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2		181.24	0.00	0.00	181.24
05/15/22	05/15/22	Coupon		TOYOTA 2021-A A2 CAR MAT 07/17/23 Cpn 0.16 89240BAB4		128.13	0.00	0.00	128.13
05/15/22	05/15/22	Coupon		WORLD OMNI 2021-B A2 CAR MAT 07/15/24 Cpn 0.20 98163LAB6		412.54	0.00	0.00	412.54
05/15/22	05/15/22	Coupon		WOLS 2022-A A2 LEASE MAT 10/15/24 Cpn 2.63 98163NAB2		3,974.22	0.00	0.00	3,974.22

## TRANSACTIONS BY TYPE

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05/01/2022  
through 05/31/2022

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/16/22	05/16/22	Coupon		ARIFL 2022-A A1 FLEET 144A MAT 04/17/23 Cpn 1.49 00217QAA9		5,138.68	0.00	0.00	5,138.68
05/16/22	05/16/22	Coupon		BANK OF NOVA SCOTIA FRN YCD MAT 09/14/22 Cpn 0.95 06417MVT9		1,350.69	0.00	0.00	1,350.69
05/16/22	05/16/22	Coupon		CREDIT INDUST ET COMM YCD FR MAT 05/16/22 Cpn 22536UY61		2,251.39	0.00	0.00	2,251.39
05/16/22	05/16/22	Coupon		GMCAR 2021-A A2 CAR MAT 06/17/24 Cpn 0.27 380149AB0		470.11	0.00	0.00	470.11
05/16/22	05/16/22	Coupon		GMCAR 2022-2 A1 CAR MAT 04/17/23 Cpn 1.21 362585AA9		6,095.38	0.00	0.00	6,095.38
05/16/22	05/16/22	Coupon		WOLS 2022-A A1 LEASE MAT 04/17/23 Cpn 0.98 98163NAA4		2,647.81	0.00	0.00	2,647.81
05/17/22	05/17/22	Coupon		LLOYDS BANK YCD FRN MAT 08/17/22 Cpn 1.43 53947BCH1		12,979.22	0.00	0.00	12,979.22
05/18/22	05/18/22	Coupon		CREDIT AGRICOLE YCD FRN SOFR MAT 05/18/22 Cpn 22532XQR2		2,220.83	0.00	0.00	2,220.83
05/18/22	05/18/22	Coupon		HONDA 2019-1 A3 CAR MAT 03/20/23 Cpn 2.83 43814WAC9		741.30	0.00	0.00	741.30
05/18/22	05/18/22	Coupon		HONDA 2021-3 A2 CAR MAT 02/20/24 Cpn 0.20 43815EAB0		415.25	0.00	0.00	415.25
05/18/22	05/18/22	Coupon		MIZUHO BANK YCD MAT 05/18/22 Cpn 0.25 60710REF8		6,293.75	0.00	0.00	6,293.75
05/18/22	05/18/22	Coupon		MIZUHO BANK YCD MAT 05/18/22 Cpn 0.25 60710REF8		3,285.42	0.00	0.00	3,285.42
05/20/22	05/20/22	Coupon		EFF 2022-1 A1 FLEET 144A MAT 04/20/23 Cpn 1.49 29375JAA2		2,500.83	0.00	0.00	2,500.83

## TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

05/01/2022  
through 05/31/2022

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/20/22	05/20/22	Coupon		GMALT 2021-2 A2 LEASE MAT 07/20/23 Cpn 0.22 380144AB1		373.91	0.00	0.00	373.91
05/20/22	05/20/22	Coupon		SRT 2021-C A2 LEASE 144A MAT 04/22/24 Cpn 0.29 80286CAB6		692.04	0.00	0.00	692.04
05/20/22	05/20/22	Coupon		TESLA 2021-B A2 LEASE 144A MAT 09/22/25 Cpn 0.36 88161KAB1		881.12	0.00	0.00	881.12
05/20/22	05/20/22	Coupon		VALET 2021-1 A2 CAR MAT 10/21/24 Cpn 0.49 92868KAB9		2,944.23	0.00	0.00	2,944.23
05/20/22	05/20/22	Coupon		VERIZON 2019-B 1A1 PHONE MAT 12/20/23 Cpn 2.33 92349GAA9		1,041.48	0.00	0.00	1,041.48
05/20/22	05/20/22	Coupon		VERIZON 2019-B 1A1 PHONE MAT 12/20/23 Cpn 2.33 92349GAA9		261.43	0.00	0.00	261.43
05/20/22	05/20/22	Coupon		VERIZON 2019-B 1A1 PHONE MAT 12/20/23 Cpn 2.33 92349GAA9		2,641.54	0.00	0.00	2,641.54
05/20/22	05/20/22	Coupon		VERIZON 2019-C A1A PHONE MAT 04/22/24 Cpn 1.94 92348AAA3		3,762.74	0.00	0.00	3,762.74
05/20/22	05/20/22	Coupon		VERIZON 2019-C A1A PHONE MAT 04/22/24 Cpn 1.94 92348AAA3		1,843.74	0.00	0.00	1,843.74
05/23/22	05/23/22	Coupon		DEFT 2021-2 A1 EQP 144A MAT 09/22/22 Cpn 0.18 24702VAA0		57.67	0.00	0.00	57.67
05/24/22	05/24/22	Coupon		BARCLAYS YCD MAT 05/24/22 Cpn 0.19 06742TA55		6,386.11	0.00	0.00	6,386.11
05/24/22	05/24/22	Coupon		MUFG BANK LTD YCD FRN SOFRR MAT 08/24/22 Cpn 0.97 55380TM64		9,122.92	0.00	0.00	9,122.92
05/24/22	05/24/22	Coupon		NATIXIS NY YCD MAT 05/24/22 Cpn 0.27 63873QRJ5		10,113.38	0.00	0.00	10,113.38

## TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

05/01/2022  
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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
05/25/22	05/25/22	Coupon		BMW 2021-2 A2 LEASE MAT 11/27/23 Cpn 0.19 09690AAB9		653.37	0.00	0.00	653.37
05/25/22	05/25/22	Coupon		BMW 2019-A A3 CAR MAT 01/25/24 Cpn 1.92 05588CAC6		851.05	0.00	0.00	851.05
05/25/22	05/25/22	Coupon		FHMS KF36 A MAT 08/25/24 Cpn 1.14 3137FBAR7		1,107.22	0.00	0.00	1,107.22
05/25/22	05/25/22	Coupon		FHMS KF38 A MAT 09/25/24 Cpn 1.13 3137FBUC8		347.42	0.00	0.00	347.42
05/25/22	05/25/22	Coupon		FHMS KI04 A 1MOFRN CMBS MAT 07/25/24 Cpn 1.16 3137FNAV2		533.80	0.00	0.00	533.80
05/25/22	05/25/22	Coupon		FHMS KI05 A MAT 07/25/24 Cpn 1.14 3137FOXG3		329.06	0.00	0.00	329.06
05/25/22	05/25/22	Coupon		FHMS KI06 A 1MOFRN CMBS MAT 03/25/25 Cpn 1.02 3137FVNA6		1,072.84	0.00	0.00	1,072.84
05/25/22	05/25/22	Coupon		FHMS KI07 A SOFRFRN MAT 09/25/26 Cpn 0.46 3137H3KA9		1,907.43	0.00	0.00	1,907.43
05/25/22	05/25/22	Coupon		FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 0.49 3137H4RC6		1,122.94	0.00	0.00	1,122.94
05/01/22	05/25/22	Coupon		FHMS KS01 A2 CMBS MAT 01/25/23 Cpn 2.52 3137B1U75		5,466.15	0.00	0.00	5,466.15
05/25/22	05/25/22	Coupon		FHMS Q015 A 1MOFRN CMBS MAT 08/25/24 Cpn 0.80 3137FYUR5		674.70	0.00	0.00	674.70

## 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
Fixed Income - cont.									
05/25/22	05/25/22	Coupon		BANCO SANTANDER FRN YCD SOF MAT 07/25/22 Cpn 0.94 05966DE32		1,253.34	0.00	0.00	1,253.34
						232,661.13	0.00	0.00	232,661.13
05/01/22	05/01/22	Income	(4,949.900)	ADJ NET INT MAT Cpn USD		(4,949.90)	0.00	0.00	(4,949.90)
05/12/22	05/12/22	Contributn	150,000,000.000	NM MAT Cpn USD	150,000,000.00		0.00	0.00	150,000,000.00
05/13/22	05/13/22	Contributn	320,000,000.000	NM MAT Cpn USD	320,000,000.00		0.00	0.00	320,000,000.00
			470,000,000.000		470,000,000.00		0.00	0.00	470,000,000.00
05/06/22	05/09/22	Sell Long	10,000,000.000	U.S. TREASURY BILL MAT 05/12/22 Cpn 912796Q28	9,995,718.89	4,048.61	(11.67)	0.00	9,999,767.50
05/06/22	05/09/22	Sell Long	6,000,000.000	U.S. TREASURY BILL MAT 05/12/22 Cpn 912796Q28	5,997,431.33	2,429.17	(7.00)	0.00	5,999,860.50
05/06/22	05/09/22	Sell Long	30,000,000.000	U.S. TREASURY BILL MAT 05/10/22 Cpn 912796U80	29,986,645.83	13,062.50	(54.17)	0.00	29,999,708.33
05/10/22	05/10/22	Sell Long	15,000,000.000	U.S. TREASURY BILL MAT 05/12/22 Cpn 912796Q28	14,993,406.67	6,183.33	(189.17)	0.00	14,999,590.00
05/11/22	05/12/22	Sell Long	20,000,000.000	U.S. TREASURY BILL MAT 05/17/22 Cpn 912796U98	19,989,216.66	9,255.56	(701.39)	0.00	19,998,472.22
05/11/22	05/12/22	Sell Long	10,000,000.000	U.S. TREASURY BILL MAT 05/17/22 Cpn 912796U98	9,994,608.33	4,627.78	(350.70)	0.00	9,999,236.11

## 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
05/11/22	05/12/22	Sell Long	40,000,000.000	U.S. TREASURY BILL MAT 05/17/22 Cpn	912796U98	39,987,477.79	9,466.66	(1,083.33)	0.00	39,996,944.45
05/13/22	05/16/22	Sell Long	10,000,000.000	U.S. TREASURY BILL MAT 05/17/22 Cpn	912796U98	9,997,050.00	2,761.11	(90.28)	0.00	9,999,811.11
05/13/22	05/16/22	Sell Long	20,000,000.000	U.S. TREASURY BILL MAT 05/17/22 Cpn	912796U98	19,998,436.39	1,185.83	17.50	0.00	19,999,622.22
05/13/22	05/16/22	Sell Long	30,000,000.000	U.S. TREASURY BILL MAT 05/17/22 Cpn	912796U98	29,997,654.59	1,778.75	26.26	0.00	29,999,433.34
05/16/22	05/16/22	Sell Long	14,000,000.000	U.S. TREASURY BILL MAT 05/17/22 Cpn	912796U98	13,998,900.42	830.08	7.19	0.00	13,999,730.50
05/20/22	05/23/22	Sell Long	10,000,000.000	U.S. TREASURY BILL MAT 05/24/22 Cpn	912796V22	9,996,569.45	3,305.55	(30.55)	0.00	9,999,875.00
05/20/22	05/23/22	Sell Long	50,000,000.000	U.S. TREASURY BILL MAT 05/24/22 Cpn	912796V22	49,982,847.23	16,527.77	(152.77)	0.00	49,999,375.00
05/25/22	05/26/22	Sell Long	10,000,000.000	U.S. TREASURY BILL MAT 05/31/22 Cpn	912796V30	9,995,690.27	3,545.84	6.94	0.00	9,999,236.11
05/31/22	06/01/22	Sell Long	15,000,000.000	U.S. TREASURY BILL MAT 06/02/22 Cpn	912796Q44	14,992,735.63	7,067.50	(36.24)	0.00	14,999,803.13
05/31/22	06/01/22	Sell Long	5,000,000.000	U.S. TREASURY BILL MAT 06/02/22 Cpn	912796Q44	4,997,578.89	2,355.83	(11.74)	0.00	4,999,934.72
			295,000,000.000			294,901,968.36	88,431.88	(2,661.11)	0.00	294,990,400.24
05/10/22	05/10/22	Pay Princpl	605,787.743	CRVNA 2021-P2 A2 CAR MAT 07/10/24 Cpn 0.30	14687TAB3	605,787.74		63.51	0.00	605,787.74
05/10/22	05/10/22	Pay Princpl	570,393.261	CRVNA 2021-P4 A2 CAR MAT 04/10/25 Cpn 0.82	14687KAB2	570,393.26		43.94	0.00	570,393.26

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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
05/13/22	05/13/22	Pay Princpl	1,364,650.838	MMAF 2022-A A1 EQP 144A MAT 05/03/23 Cpn 1.48 55317RAA0	1,364,650.84		0.00	0.00	1,364,650.84
05/15/22	05/15/22	Pay Princpl	102,053.215	CARMAX 2019-1 A3 CAR MAT 03/15/24 Cpn 3.05 14315NAC4	102,053.22		0.00	(515.24)	102,053.22
05/15/22	05/15/22	Pay Princpl	135,041.231	CARMX 2019-2 A3 CAR MAT 03/15/24 Cpn 2.68 14316LAC7	135,041.23		0.00	(983.49)	135,041.23
05/15/22	05/15/22	Pay Princpl	331,472.582	CARMAX 2019-3 A3 CAR MAT 08/15/24 Cpn 2.18 14315PAD7	331,472.58		(2,714.54)	0.00	331,472.58
05/15/22	05/15/22	Pay Princpl	335,800.553	CARMX 2021-4 A2A CAR MAT 11/15/24 Cpn 0.24 14317JAB3	335,800.55		2.28	0.00	335,800.55
05/15/22	05/15/22	Pay Princpl	755,644.303	HALST 2020-B A3 CAR LEASE 144A MAT 09/15/23 Cpn 0.51 44891PAC8	755,644.30		(41.73)	0.00	755,644.30
05/15/22	05/15/22	Pay Princpl	296,266.990	HALST 2021-C A2 CAR LEASE 144A MAT 01/16/24 Cpn 0.24 44933MAB7	296,266.99		6.21	0.00	296,266.99
05/15/22	05/15/22	Pay Princpl	71,573.411	HALST 2021-C A2 CAR LEASE 144A MAT 01/16/24 Cpn 0.24 44933MAB7	71,573.41		639.21	0.00	71,573.41
05/15/22	05/15/22	Pay Princpl	498,806.001	HONDA 2021-2 A2 CAR MAT 11/15/23 Cpn 0.17 43811JAB3	498,806.00		2.03	0.00	498,806.00
05/15/22	05/15/22	Pay Princpl	164,851.722	HYUNDAI 2021-A A2 CAR MAT 02/15/24 Cpn 0.23 44933LAB9	164,851.72		0.00	6.87	164,851.72
05/15/22	05/15/22	Pay Princpl	281,068.518	KUBOTA 2020-1A A3 EQP 144A MAT 03/15/24 Cpn 1.96 50117WAC8	281,068.52		(3,543.58)	0.00	281,068.52
05/15/22	05/15/22	Pay Princpl	67,431.236	KUBOTA 2020-1A A3 EQP 144A MAT 03/15/24 Cpn 1.96 50117WAC8	67,431.24		(786.65)	0.00	67,431.24
05/15/22	05/15/22	Pay Princpl	561,857.528	MERCEDES 2021-B A2 LEASE MAT 01/16/24 Cpn 0.22 58769KAC8	561,857.53		24.08	0.00	561,857.53

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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
05/15/22	05/15/22	Pay Princpl	5,678,000.000	MBMOT 2019-BA A 144A MAT 05/15/24 Cpn 2.61 58768UAM5	5,678,000.00		(347.23)	0.00	5,678,000.00
05/15/22	05/15/22	Pay Princpl	245,842.532	TOYOTA 2019-A A3 CAR MAT 07/17/23 Cpn 2.91 89239AAD5	245,842.53		0.00	(1,039.71)	245,842.53
05/15/22	05/15/22	Pay Princpl	202,700.850	TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2	202,700.85		0.00	0.00	202,700.85
05/15/22	05/15/22	Pay Princpl	20,325.518	TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2	20,325.52		0.00	0.00	20,325.52
05/15/22	05/15/22	Pay Princpl	408,048.058	TOYOTA 2021-A A2 CAR MAT 07/17/23 Cpn 0.16 89240BAB4	408,048.06		(8.12)	0.00	408,048.06
05/15/22	05/15/22	Pay Princpl	332,661.131	WORLD OMNI 2021-B A2 CAR MAT 07/15/24 Cpn 0.20 98163LAB6	332,661.13		5.38	0.00	332,661.13
05/16/22	05/16/22	Pay Princpl	871,641.323	ARIFL 2022-A A1 FLEET 144A MAT 04/17/23 Cpn 1.49 00217QAA9	871,641.32		(0.00)	0.00	871,641.32
05/16/22	05/16/22	Pay Princpl	336,896.529	GMCAR 2021-A A2 CAR MAT 06/17/24 Cpn 0.27 380149AB0	336,896.53		0.00	8.27	336,896.53
05/16/22	05/16/22	Pay Princpl	1,856,927.681	GMCAR 2022-2 A1 CAR MAT 04/17/23 Cpn 1.21 362585AA9	1,856,927.68		(0.00)	0.00	1,856,927.68
05/16/22	05/16/22	Pay Princpl	971,649.983	WOLS 2022-A A1 LEASE MAT 04/17/23 Cpn 0.98 98163NAA4	971,649.98		(0.00)	0.00	971,649.98
05/18/22	05/18/22	Pay Princpl	165,686.597	HONDA 2019-1 A3 CAR MAT 03/20/23 Cpn 2.83 43814WAC9	165,686.60		0.00	(326.41)	165,686.60
05/18/22	05/18/22	Pay Princpl	261,191.003	HONDA 2021-3 A2 CAR MAT 02/20/24 Cpn 0.20 43815EAB0	261,191.00		15.56	0.00	261,191.00
05/20/22	05/20/22	Pay Princpl	244,872.907	EFF 2022-1 A1 FLEET 144A MAT 04/20/23 Cpn 1.49 29375JAA2	244,872.91		0.00	0.00	244,872.91



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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
05/20/22	05/20/22	Pay Princpl	392,123.050	GMALT 2021-2 A2 LEASE MAT 07/20/23 Cpn 0.22 380144AB1	392,123.05		3.32	0.00	392,123.05
05/20/22	05/20/22	Pay Princpl	299,075.475	SRT 2021-C A2 LEASE 144A MAT 04/22/24 Cpn 0.29 80286CAB6	299,075.48		9.63	0.00	299,075.48
05/20/22	05/20/22	Pay Princpl	116,377.831	TESLA 2021-B A2 LEASE 144A MAT 09/22/25 Cpn 0.36 88161KAB1	116,377.83		8.32	0.00	116,377.83
05/20/22	05/20/22	Pay Princpl	612,365.897	VALET 2021-1 A2 CAR MAT 10/21/24 Cpn 0.49 92868KAB9	612,365.90		37.76	0.00	612,365.90
05/20/22	05/20/22	Pay Princpl	118,385.873	VERIZON 2019-B 1A1 PHONE MAT 12/20/23 Cpn 2.33 92349GAA9	118,385.87		0.00	(482.24)	118,385.87
05/20/22	05/20/22	Pay Princpl	29,717.270	VERIZON 2019-B 1A1 PHONE MAT 12/20/23 Cpn 2.33 92349GAA9	29,717.27		0.00	(115.66)	29,717.27
05/20/22	05/20/22	Pay Princpl	300,265.231	VERIZON 2019-B 1A1 PHONE MAT 12/20/23 Cpn 2.33 92349GAA9	300,265.23		(1,087.43)	0.00	300,265.23
05/20/22	05/20/22	Pay Princpl	323,943.232	VERIZON 2019-C A1A PHONE MAT 04/22/24 Cpn 1.94 92348AAA3	323,943.23		0.00	(1,721.93)	323,943.23
05/20/22	05/20/22	Pay Princpl	158,732.183	VERIZON 2019-C A1A PHONE MAT 04/22/24 Cpn 1.94 92348AAA3	158,732.18		(815.81)	0.00	158,732.18
05/23/22	05/23/22	Pay Princpl	367,304.665	DEFT 2021-2 A1 EQP 144A MAT 09/22/22 Cpn 0.18 24702VAA0	367,304.66		(0.00)	0.00	367,304.66
05/25/22	05/25/22	Pay Princpl	549,531.534	BMW 2021-2 A2 LEASE MAT 11/27/23 Cpn 0.19 09690AAB9	549,531.53		19.68	0.00	549,531.53
05/25/22	05/25/22	Pay Princpl	91,775.242	BMW 2019-A A3 CAR MAT 01/25/24 Cpn 1.92 05588CAC6	91,775.24		0.00	(432.28)	91,775.24
05/25/22	05/25/22	Pay Princpl	1,284.446	FHMS KF36 A MAT 08/25/24 Cpn 1.14 3137FBAR7	1,284.45		0.00	0.51	1,284.45

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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
05/25/22	05/25/22	Pay Princpl	672.061	FHMS KF38 A MAT 09/25/24 Cpn 1.13 3137FBUC8	672.06		0.00	0.43	672.06
05/25/22	05/25/22	Pay Princpl	224,342.906	FHMS KI04 A 1MOFRN CMBS MAT 07/25/24 Cpn 1.16 3137FNAV2	224,342.91		0.00	0.00	224,342.91
05/25/22	05/25/22	Pay Princpl	119,335.345	FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 0.49 3137H4RC6	119,335.35		0.00	0.00	119,335.35
05/01/22	05/25/22	Pay Princpl	12,386.130	FHMS KS01 A2 CMBS MAT 01/25/23 Cpn 2.52 3137B1U75	12,386.13		0.00	(124.26)	12,386.13
			21,456,761.615		21,456,761.61		(8,464.18)	(5,725.14)	21,456,761.61
05/01/22	05/01/22	Mature Long	610,000.000	WI STATE GO/ULT TXB MAT 05/01/22 Cpn 0.39 97705MRS6	610,000.00		0.00	0.00	610,000.00
05/09/22	05/09/22	Mature Long	2,000,000.000	CREDIT AGRICOLE YCD FRN SOFR MAT 05/09/22 Cpn 22532XQP6	2,000,000.00		0.00	0.00	2,000,000.00
05/10/22	05/10/22	Mature Long	7,500,000.000	BANK OF MONTREAL YCD MAT 05/10/22 Cpn 0.23 06367CGJ0	7,500,000.00		0.00	0.00	7,500,000.00
05/10/22	05/10/22	Mature Long	7,500,000.000	SKANDINAV ENSKILDA BK YCD MAT 05/10/22 Cpn 0.23 83050PUW7	7,500,000.00		0.00	0.00	7,500,000.00
05/11/22	05/11/22	Mature Long	6,060,000.000	NORDEA BANK ABP NY YCD MAT 05/11/22 Cpn 0.21 65558UBA9	6,060,000.00		0.00	0.00	6,060,000.00
05/12/22	05/12/22	Mature Long	29,000,000.000	U.S. TREASURY BILL MAT 05/12/22 Cpn 912796Q28	28,987,618.61	12,381.39	(0.00)	0.00	29,000,000.00
05/12/22	05/12/22	Mature Long	4,000,000.000	BAYERISCHE LANDESBANK YCD MAT 05/12/22 Cpn 0.21 0727MCNR	4,000,000.00		0.00	0.00	4,000,000.00
05/16/22	05/16/22	Mature Long	5,000,000.000	CREDIT INDUST ET COMM YCD FR MAT 05/16/22 Cpn 22536UY61	5,000,000.00		0.00	0.00	5,000,000.00

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05/17/22	05/17/22	Mature Long	6,000,000.000	U.S. TREASURY BILL MAT 05/17/22 Cpn 912796U98	5,999,525.67	474.33	0.00	0.00	6,000,000.00
05/18/22	05/18/22	Mature Long	6,500,000.000	CREDIT AGRICOLE YCD FRN SOFR MAT 05/18/22 Cpn 22532XQR2	6,500,000.00		0.00	0.00	6,500,000.00
05/18/22	05/18/22	Mature Long	4,770,000.000	MIZUHO BANK YCD MAT 05/18/22 Cpn 0.25 60710REF8	4,770,000.00		0.00	0.00	4,770,000.00
05/18/22	05/18/22	Mature Long	2,490,000.000	MIZUHO BANK YCD MAT 05/18/22 Cpn 0.25 60710REF8	2,490,000.00		0.00	0.00	2,490,000.00
05/19/22	05/19/22	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 05/19/22 Cpn 912796H44	49,987,578.47	12,421.53	0.00	0.00	50,000,000.00
05/19/22	05/19/22	Mature Long	10,000,000.000	U.S. TREASURY BILL MAT 05/19/22 Cpn 912796H44	9,998,916.67	1,083.33	0.00	0.00	10,000,000.00
05/24/22	05/24/22	Mature Long	5,000,000.000	BARCLAYS YCD MAT 05/24/22 Cpn 0.19 06742TA55	5,000,000.00		0.00	0.00	5,000,000.00
05/24/22	05/24/22	Mature Long	7,450,000.000	NATIXIS NY YCD MAT 05/24/22 Cpn 0.27 63873QRJ5	7,450,000.00		0.00	0.00	7,450,000.00
05/26/22	05/26/22	Mature Long	40,000,000.000	U.S. TREASURY BILL MAT 05/26/22 Cpn 912796Q36	39,986,784.44	13,215.56	0.00	0.00	40,000,000.00
05/31/22	05/31/22	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 05/31/22 Cpn 912796V30	49,978,416.67	21,583.33	0.00	0.00	50,000,000.00
			243,880,000.000		243,818,840.53	61,159.47	0.00	0.00	243,880,000.00

## TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

05/01/2022  
through 05/31/2022

Tr Date	St Date	Transaction Type	Units	Description			Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/01/22	05/01/22	Withdrawal	(4,763.380)	CUSTODY FEE MAT	Cpn	USD	(4,763.38)		(4,763.38)	0.00	(4,763.38)
05/02/22	05/02/22	Withdrawal	(60,000,000.000)	WD MAT	Cpn	USD	(60,000,000.00)		(60,000,000.00)	0.00	(60,000,000.00)
05/09/22	05/09/22	Withdrawal	(50,000,000.000)	WD MAT	Cpn	USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
05/12/22	05/12/22	Withdrawal	(50,000,000.000)	WD MAT	Cpn	USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
05/16/22	05/16/22	Withdrawal	(50,000,000.000)	WD MAT	Cpn	USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
05/18/22	05/18/22	Withdrawal	(70,000,000.000)	WD MAT	Cpn	USD	(70,000,000.00)		(70,000,000.00)	0.00	(70,000,000.00)
05/19/22	05/19/22	Withdrawal	(60,000,000.000)	WD MAT	Cpn	USD	(60,000,000.00)		(60,000,000.00)	0.00	(60,000,000.00)
05/23/22	05/23/22	Withdrawal	(60,000,000.000)	WD MAT	Cpn	USD	(60,000,000.00)		(60,000,000.00)	0.00	(60,000,000.00)
05/26/22	05/26/22	Withdrawal	(40,000,000.000)	WD MAT	Cpn	USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
05/31/22	05/31/22	Withdrawal	(25,000,000.000)	WD MAT	Cpn	USD	(25,000,000.00)		(25,000,000.00)	0.00	(25,000,000.00)
			(465,004,763.380)				(465,004,763.38)		(465,004,763.38)	0.00	(465,004,763.38)

## TRANSACTIONS BY TYPE

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

05/01/2022  
through 05/31/2022

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/17/22	05/18/22	Buy	900,000.000	U.S. TREASURY NOTE MAT 04/30/27 Cpn 2.75 91282CEN7	(891,140.63)	(1,210.60)	0.00	0.00	(892,351.23)
05/31/22	06/01/22	Buy	344,000.000	U.S. TREASURY NOTE MAT 05/31/27 Cpn 2.63 91282CET4	(340,775.00)	(24.67)	0.00	0.00	(340,799.67)
05/31/22	06/01/22	Buy	386,000.000	U.S. TREASURY NOTE MAT 05/31/27 Cpn 2.63 91282CET4	(382,411.40)	(27.68)	0.00	0.00	(382,439.08)
05/26/22	06/22/22	Buy	640,000.000	CT STATE GO/ULT TXB MAT 06/15/26 Cpn 3.53 20772KQJ1	(640,000.00)		0.00	0.00	(640,000.00)
			2,270,000.000		(2,254,327.03)	(1,262.95)	0.00	0.00	(2,255,589.98)
05/01/22	05/01/22	Coupon		CA STATE UNIVERSITY SYSTEM WI MAT 11/01/22 Cpn 3.05 13077DFD9		5,344.50	0.00	0.00	5,344.50
05/01/22	05/01/22	Coupon		CA LOS ANGELES MUNI IMPT COR MAT 11/01/24 Cpn 0.89 544587Y44		2,225.00	0.00	0.00	2,225.00
05/01/22	05/01/22	Coupon		CA LOS ANGELES MUNI IMPT COR MAT 11/01/25 Cpn 0.95 5445872T4		1,704.60	0.00	0.00	1,704.60
05/07/22	05/07/22	Coupon		FNMA MAT 11/07/25 Cpn 0.50 3135G06G3		1,025.00	0.00	0.00	1,025.00
05/15/22	05/15/22	Coupon		CARMX 2020-1 A3 CAR MAT 12/16/24 Cpn 1.89 14315XAC2		552.16	0.00	0.00	552.16
05/15/22	05/15/22	Coupon		CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8		411.67	0.00	0.00	411.67
05/15/22	05/15/22	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		435.42	0.00	0.00	435.42
05/15/22	05/15/22	Coupon		CAPITAL ONE 2020-1 A3 CAR MAT 11/15/24 Cpn 1.60 14043MAC5		390.55	0.00	0.00	390.55

## TRANSACTIONS BY TYPE

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

05/01/2022  
through 05/31/2022

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/15/22	05/15/22	Coupon		FIFTH THIRD 2019-1 A3 CAR MAT 12/15/23 Cpn 2.64 31680YAD9		82.80	0.00	0.00	82.80
05/15/22	05/15/22	Coupon		FORDL 2021-B A3 LEASE MAT 10/15/24 Cpn 0.37 345329AC0		277.50	0.00	0.00	277.50
05/15/22	05/15/22	Coupon		HONDA 2019-3 A3 CAR MAT 08/15/23 Cpn 1.78 43815NAC8		186.65	0.00	0.00	186.65
05/15/22	05/15/22	Coupon		INTER-AMERICAN DEVELOPMENT MAT 11/15/23 Cpn 0.25 4581X0DP0		700.00	0.00	0.00	700.00
05/15/22	05/15/22	Coupon		JOHN DEERE 2020-A A3 EQP MAT 08/15/24 Cpn 1.10 47789KAC7		409.97	0.00	0.00	409.97
05/15/22	05/15/22	Coupon		JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6		165.00	0.00	0.00	165.00
05/15/22	05/15/22	Coupon		KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2		443.33	0.00	0.00	443.33
05/15/22	05/15/22	Coupon		CA LOS ANGELES DEPT AIRPORTS MAT 05/15/23 Cpn 2.79 544445BC2		5,518.15	0.00	0.00	5,518.15
05/15/22	05/15/22	Coupon		CA LOS ANGELES DEPT AIRPORTS MAT 05/15/23 Cpn 2.79 544445BC2		6,565.90	0.00	0.00	6,565.90
05/15/22	05/15/22	Coupon		CA LOS ANGELES DEPT AIRPORTS MAT 05/15/22 Cpn 2.62 544445VX4		1,377.60	0.00	0.00	1,377.60
05/15/22	05/15/22	Coupon		MERCEDES 2021-B A3 LEASE MAT 11/15/24 Cpn 0.40 58769KAD6		200.00	0.00	0.00	200.00
05/15/22	05/15/22	Coupon		TOYOTA 2019-A A3 CAR MAT 07/17/23 Cpn 2.91 89239AAD5		189.19	0.00	0.00	189.19
05/15/22	05/15/22	Coupon		TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2		173.00	0.00	0.00	173.00

## TRANSACTIONS BY TYPE

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

05/01/2022  
through 05/31/2022

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/15/22	05/15/22	Coupon		CA UNIVERSITY OF CALIFORNIA T MAT 05/15/25 Cpn 0.93 91412HFM0		3,498.75	0.00	0.00	3,498.75
05/15/22	05/15/22	Coupon		CA UNIV OF CALIFORNIA REV TXB MAT 05/15/22 Cpn 3.28 91412HDJ9		6,566.00	0.00	0.00	6,566.00
05/15/22	05/15/22	Coupon		WORLD OMNI 2021-A A3 LEASE MAT 08/15/24 Cpn 0.42 98163JAC9		245.00	0.00	0.00	245.00
05/16/22	05/16/22	Coupon		GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8		93.50	0.00	0.00	93.50
05/20/22	05/20/22	Coupon		GMALT 2021-2 A LEASE MAT 05/20/25 Cpn 0.41 380144AD7		256.25	0.00	0.00	256.25
05/20/22	05/20/22	Coupon		SRT 2021-C A3 LEASE 144A MAT 03/20/25 Cpn 0.50 80286CAC4		208.33	0.00	0.00	208.33
05/20/22	05/20/22	Coupon		TESLA 2021-B A2 LEASE 144A MAT 09/22/25 Cpn 0.36 88161KAB1		115.56	0.00	0.00	115.56
05/20/22	05/20/22	Coupon		VERIZON 2020-B A PHONE MAT 02/20/25 Cpn 0.47 92290BAA9		372.08	0.00	0.00	372.08
05/24/22	05/24/22	Coupon		INTER-AMERICAN DEVELOPMENT MAT 05/24/23 Cpn 0.50 4581X0DM7		750.00	0.00	0.00	750.00
05/24/22	05/24/22	Coupon		INTL BANK RECON & DEVELOP MAT 11/24/23 Cpn 0.25 459058JM6		725.00	0.00	0.00	725.00
05/25/22	05/25/22	Coupon		BMW 2021-1 A4 LEASE MAT 07/25/24 Cpn 0.37 05591RAD6		92.50	0.00	0.00	92.50
05/25/22	05/25/22	Coupon		BMW 2019-A A3 CAR MAT 01/25/24 Cpn 1.92 05588CAC6		202.63	0.00	0.00	202.63
05/25/22	05/25/22	Coupon		FHLMC C 11/25/22 Q MAT 11/25/24 Cpn 0.45 3134GXZD4		1,147.50	0.00	0.00	1,147.50

## TRANSACTIONS BY TYPE

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

05/01/2022  
through 05/31/2022

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/01/22	05/25/22	Coupon		FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2		638.65	0.00	0.00	638.65
05/01/22	05/25/22	Coupon		FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2		1,011.20	0.00	0.00	1,011.20
05/01/22	05/25/22	Coupon		FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2		478.99	0.00	0.00	478.99
05/01/22	05/25/22	Coupon		FHMS K031 A2 MAT 04/25/23 Cpn 3.30 3137B3NX2		2,200.00	0.00	0.00	2,200.00
05/01/22	05/25/22	Coupon		FHMS K033 A2 MAT 07/25/23 Cpn 3.06 3137B4WB8		2,091.00	0.00	0.00	2,091.00
05/01/22	05/25/22	Coupon		FHMS K034 A2 MAT 07/25/23 Cpn 3.53 3137B5JM6		1,412.40	0.00	0.00	1,412.40
05/01/22	05/25/22	Coupon		FHMS K725 AM CMBS MAT 02/25/24 Cpn 3.10 3137BWWE		2,095.20	0.00	0.00	2,095.20
05/01/22	05/25/22	Coupon		FHMS K726 AM CMBS MAT 04/25/24 Cpn 2.99 3137BYPR5		1,417.88	0.00	0.00	1,417.88
05/25/22	05/25/22	Coupon		FHMS KI05 A MAT 07/25/24 Cpn 1.14 3137FQXG3		22.31	0.00	0.00	22.31
05/01/22	05/25/22	Coupon		FHMS KJ28 A1 MAT 02/25/25 Cpn 1.77 3137FREB3		349.11	0.00	0.00	349.11
05/01/22	05/25/22	Coupon		FHMS KJ30 A1 CMBS MAT 01/25/25 Cpn 0.53 3137FUZN7		105.66	0.00	0.00	105.66
05/01/22	05/25/22	Coupon		FHMS KS01 A2 CMBS MAT 01/25/23 Cpn 2.52 3137B1U75		276.95	0.00	0.00	276.95
05/01/22	05/25/22	Coupon		FHMS KSMC A2 CMBS MAT 01/25/23 Cpn 2.62 3137B04Y7		1,939.46	0.00	0.00	1,939.46



## TRANSACTIONS BY TYPE

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

05/01/2022  
through 05/31/2022

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/31/22	05/31/22	Coupon		U.S. TREASURY NOTE MAT 05/31/25 Cpn 0.25 91282ZT0		456.25	0.00	0.00	456.25
05/31/22	05/31/22	Coupon		U.S. TREASURY NOTE MAT 05/31/26 Cpn 0.75 91282CCF6		1,762.50	0.00	0.00	1,762.50
05/31/22	05/31/22	Coupon		U.S. TREASURY NOTE MAT 11/30/25 Cpn 0.38 91282CAZ4		1,143.75	0.00	0.00	1,143.75
05/31/22	05/31/22	Coupon		U.S. TREASURY NOTE MAT 11/30/25 Cpn 0.38 91282CAZ4		7,040.63	0.00	0.00	7,040.63
05/31/22	05/31/22	Coupon		U.S. TREASURY NOTE MAT 11/30/24 Cpn 1.50 912828YV6		2,287.50	0.00	0.00	2,287.50
05/31/22	05/31/22	Coupon		U.S. TREASURY NOTE MAT 05/31/24 Cpn 2.00 912828XT2		31,100.00	0.00	0.00	31,100.00
05/31/22	05/31/22	Coupon		U.S. TREASURY NOTE MAT 05/31/24 Cpn 2.00 912828XT2		9,000.00	0.00	0.00	9,000.00
						<u>109,480.53</u>	<u>0.00</u>	<u>0.00</u>	<u>109,480.53</u>
05/15/22	05/15/22	Pay Princpl	25,475.333	CARMX 2020-1 A3 CAR MAT 12/16/24 Cpn 1.89 14315XAC2	25,475.33		0.00	(328.83)	25,475.33
05/15/22	05/15/22	Pay Princpl	24,646.647	CAPITAL ONE 2020-1 A3 CAR MAT 11/15/24 Cpn 1.60 14043MAC5	24,646.65		0.00	2.11	24,646.65
05/15/22	05/15/22	Pay Princpl	12,310.869	FIFTH THIRD 2019-1 A3 CAR MAT 12/15/23 Cpn 2.64 31680YAD9	12,310.87		0.00	0.33	12,310.87
05/15/22	05/15/22	Pay Princpl	21,461.400	HONDA 2019-3 A3 CAR MAT 08/15/23 Cpn 1.78 43815NAC8	21,461.40		0.00	0.02	21,461.40
05/15/22	05/15/22	Pay Princpl	52,410.746	JOHN DEERE 2020-A A3 EQP MAT 08/15/24 Cpn 1.10 47789KAC7	52,410.75		0.00	1.31	52,410.75

## TRANSACTIONS BY TYPE

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

05/01/2022  
through 05/31/2022

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
05/15/22	05/15/22	Pay Princpl	18,356.242	TOYOTA 2019-A A3 CAR MAT 07/17/23 Cpn 2.91 89239AAD5	18,356.24		0.00	0.31	18,356.24
05/15/22	05/15/22	Pay Princpl	19,401.631	TOYOTA 2019-C A3 CAR MAT 09/15/23 Cpn 1.91 89238UAD2	19,401.63		0.00	(0.00)	19,401.63
05/20/22	05/20/22	Pay Princpl	15,262.666	TESLA 2021-B A2 LEASE 144A MAT 09/22/25 Cpn 0.36 88161KAB1	15,262.67		1.10	0.00	15,262.67
05/25/22	05/25/22	Pay Princpl	21,851.248	BMW 2019-A A3 CAR MAT 01/25/24 Cpn 1.92 05588CAC6	21,851.25		0.00	0.51	21,851.25
05/01/22	05/25/22	Pay Princpl	609.666	FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2	609.67		0.00	(6.64)	609.67
05/01/22	05/25/22	Pay Princpl	965.305	FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2	965.30		0.00	(10.50)	965.30
05/01/22	05/25/22	Pay Princpl	457.250	FHMS K029 A2 CMBS MAT 02/25/23 Cpn 3.32 3137B36J2	457.25		0.00	(4.33)	457.25
05/01/22	05/25/22	Pay Princpl	48,229.652	FHMS KJ28 A1 MAT 02/25/25 Cpn 1.77 3137FREB3	48,229.65		0.00	0.11	48,229.65
05/01/22	05/25/22	Pay Princpl	1,012.540	FHMS KJ30 A1 CMBS MAT 01/25/25 Cpn 0.53 3137FUZN7	1,012.54		0.00	0.01	1,012.54
05/01/22	05/25/22	Pay Princpl	627.564	FHMS KS01 A2 CMBS MAT 01/25/23 Cpn 2.52 3137B1U75	627.56		0.00	(1.75)	627.56
			263,078.758		263,078.76		1.10	(347.34)	263,078.76
05/15/22	05/15/22	Mature Long	105,000.000	CA LOS ANGELES DEPT AIRPORTS MAT 05/15/22 Cpn 2.62 544445VX4	105,000.00		0.00	0.00	105,000.00

## TRANSACTIONS BY TYPE

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

05/01/2022  
through 05/31/2022

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>	<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L &lt; 1 Yr Amort Cost</i>	<i>G/L &gt; 1 Yr Amort Cost</i>	<i>Total Amount</i>
Fixed Income - cont.									
05/15/22	05/15/22	Mature Long	400,000.000	CA UNIV OF CALIFORNIA REV TXB MAT 05/15/22 Cpn 3.28 91412HDJ9	400,000.00		0.00	0.00	400,000.00
			<u>505,000.000</u>		<u>505,000.00</u>		<u>0.00</u>	<u>0.00</u>	<u>505,000.00</u>

**LA CARE**  
**Cash Activity by Transaction Type GAAP Basis**  
Accounting Period From 05/01/2022 To 05/31/2022

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
BUY										
05/05/22	05/03/22	05/05/22	BKAMER19	437076CN0	HOME DEPOT INC	2,000,000.00	(5,909.72)	(1,941,060.00)	0.00	(1,946,969.72)
05/17/22	05/17/22	05/17/22	BKAMER19	09248U718	BLACKROCK TREASURY TRUST	606,153.83	0.00	(606,153.83)	0.00	(606,153.83)
05/31/22	05/16/22	05/31/22	BKAMER19	927804GH1	VIRGINIA ELEC & POWER CO	3,100,000.00	0.00	(3,090,328.00)	0.00	(3,090,328.00)
TOTAL BUY						5,706,153.83	(5,909.72)	(5,637,541.83)	0.00	(5,643,451.55)
DIVIDEND										
05/01/22	05/01/22	05/01/22	BKAMER19	09248U718	BLACKROCK TREASURY TRUST	208,200.94	306.95	0.00	0.00	306.95
TOTAL DIVIDEND						208,200.94	306.95	0.00	0.00	306.95
INTEREST										
04/30/22	04/30/22	04/30/22	BKAMER19	95000U2N2	WELLS FARGO & COMPANY	0.00	109,400.00	0.00	0.00	109,400.00
05/01/22	05/01/22	05/01/22	BKAMER19	68609TN61	OREGON ST	0.00	2,170.00	0.00	0.00	2,170.00
05/04/22	05/04/22	05/04/22	BKAMER19	025816CM9	AMERICAN EXPRESS CO	0.00	41,250.00	0.00	0.00	41,250.00
05/05/22	05/05/22	05/05/22	BKAMER19	904764AX5	UNILEVER CAPITAL CORP	0.00	16,250.00	0.00	0.00	16,250.00
05/06/22	05/06/22	05/06/22	BKAMER19	66989HAG3	NOVARTIS CAPITAL CORP	0.00	85,000.00	0.00	0.00	85,000.00
05/13/22	05/13/22	05/13/22	BKAMER19	46625HJX9	JPMORGAN CHASE & CO	0.00	18,125.00	0.00	0.00	18,125.00
05/15/22	05/15/22	05/15/22	BKAMER19	05348EAU3	AVALONBAY COMMUNITIES	0.00	87,500.00	0.00	0.00	87,500.00
05/15/22	05/15/22	05/15/22	BKAMER19	06406HCV9	BANK OF NEW YORK MELLON	0.00	63,750.00	0.00	0.00	63,750.00
05/15/22	05/15/22	05/15/22	BKAMER19	377372AL1	GLAXOSMITHKLINE CAPITAL	0.00	54,843.75	0.00	0.00	54,843.75
05/15/22	05/15/22	05/15/22	BKAMER19	459200JY8	IBM CORP	0.00	45,000.00	0.00	0.00	45,000.00
05/15/22	05/15/22	05/15/22	BKAMER19	459200JZ5	IBM CORP	0.00	20,625.00	0.00	0.00	20,625.00
05/17/22	05/17/22	05/17/22	BKAMER19	14913Q2V0	CATERPILLAR FINL SERVICE	0.00	35,625.00	0.00	0.00	35,625.00
05/20/22	05/20/22	05/20/22	BKAMER19	747525AT0	QUALCOMM INC	0.00	72,500.00	0.00	0.00	72,500.00
TOTAL INTEREST						0.00	652,038.75	0.00	0.00	652,038.75
SELL										
05/05/22	05/04/22	05/05/22	BKAMER19	74153WCN7	PRICOA GLOBAL FUNDING 1	750,000.00	2,245.83	750,825.00	0.00	753,070.83
05/05/22	05/04/22	05/05/22	BKAMER19	747525AE3	QUALCOMM INC	1,000,000.00	13,750.00	1,000,790.00	0.00	1,014,540.00
05/17/22	05/17/22	05/17/22	BKAMER19	09248U718	BLACKROCK TREASURY TRUST	208,200.94	0.00	208,200.94	0.00	208,200.94
05/19/22	05/17/22	05/19/22	BKAMER19	74153WCN7	PRICOA GLOBAL FUNDING 1	3,000,000.00	11,841.67	3,004,170.00	0.00	3,016,011.67
TOTAL SELL						4,958,200.94	27,837.50	4,963,985.94	0.00	4,991,823.44

6/3/2022  
2:08:49AM  
INCPRIIN2

**LA CARE**  
**Cash Activity by Transaction Type GAAP Basis**  
Accounting Period From 05/01/2022 To 05/31/2022

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
WITHDRAW										
05/09/22	05/09/22	05/09/22	BKAMER19	CASHCASH6	C-04 BANK FEE	0.00	0.00	0.00	(717.59)	(717.59)
TOTAL WITHDRAW						0.00	0.00	0.00	(717.59)	(717.59)
GRAND TOTAL						10,872,555.71	674,273.48	(673,555.89)	(717.59)	0.00
Avg Date 17										

# BOARD OF GOVERNORS

## Finance & Budget Committee

### Meeting Minutes – May 24, 2022

1055 W. 7<sup>th</sup> Street, Los Angeles, CA 90017

#### Members

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

Stephanie Booth, MD

Hector De La Torre

Hilda Perez

G. Michael Roybal, MD \*

\*Absent \*\* Via Teleconference

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



**L.A. Care**  
H E A L T H P L A N

#### Management/Staff

John Baackes, *Chief Executive Officer*

Terry Brown, *Chief of Human Resources*

Augustavia Haydel, *General Counsel*

James Kyle, MD, *Chief of Equity & Quality Medical Director*

Tom MacDougall, *Chief Technology & Information Officer*

Marie Montgomery, *Chief Financial Officer*

Noah Paley, *Chief of Staff*

Acacia Reed, *Chief Operating Officer*

Richard Seidman, MD, MPH, *Chief Medical Officer*

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

**APPROVED**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Submitters of public comment must identify the Agenda item which the comment is addressing. If the submitter does not identify an agenda item for the comment to be read, the submitter's comment will be read for three minutes at the "Public Comment" item. At the appropriate item on the Agenda, staff will read for three minutes the public comment from each submitter. Depending on how many comments are submitted, the three-minute time could be adjusted to allow for more submitters to have their comments read. The Board will continue reviewing and improving how public comments are received and distributed to Board members.</p>	
<b>APPROVE MEETING AGENDA</b>	The Agenda for today's meeting was approved.	<b>Approved unanimously by roll call. 3 AYES (Booth, Perez, and Shapiro)</b>
<b>PUBLIC COMMENTS</b>	There were no public comments.	
<b>APPROVE CONSENT AGENDA</b>	<p>Board Member Booth asked for information about FIN 100.0622, ImageNet, LLC Contract Amendment. She noted that there was a contract amendment for \$500,000 in May 2021, and she asked if there will be changes in cost.</p> <p>Acacia Reed, <i>Chief Operating Officer</i>, responded that ImageNet is claims scanning vendor. The request for \$500,000 in May 2021 was to cover expenses estimated at an average of \$41,000 per month from July 2021 to June 2022, and this motion is to continue the work through 2023. John Baackes, <i>Chief Executive Officer</i>, added that L.A. Care's enrollment is growing due to the California Advancing and Innovating Medi-Cal (CalAIM) mandatory program, and is expected to continue growing with the recently implemented health coverage for adults aged 50+ regardless of immigration status. With the increase in membership, claims scanning work is expected to increase for providers who are submitting claims on paper.</p> <p>Board Member Booth stated she will reach out to staff offline if she has further questions.</p> <ul style="list-style-type: none"> <li>• April 26, 2022 meeting minutes</li> <li>• ImageNet, LLC Contract Amendment <b><u>Motion FIN 100.0622</u></b> <b>To authorize staff to amend a contract with ImageNet, LLC, in the amount of \$650,000 (total contract amount not to exceed \$3,250,000), through June 30, 2023, for scanning solution services.</b></li> </ul>	<p><b>Approved unanimously by roll call. 3 AYES</b></p> <p><b>The Committee approved including FIN 100 to the Consent Agenda for the June 2, 2022 Board of Governors' meeting.</b></p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>O'Neil Digital Solutions, LLC Contract Amendment <b><u>Motion FIN A.0522</u></b> To authorize staff to amend a contract with O'Neil Digital Solutions, LLC in the amount of \$450,000 (total amount not to exceed \$2,000,000), through June 30, 2023 for electronic and/or printing and mailing services.</li> </ul>	FIN A does not require full Board approval.
<b>CHAIRPERSON'S REPORT</b>	Chairperson Shapiro expressed that in this challenging time, we are going to work with L.A. Care's leadership to continue the commitment to provide quality health care to members. He is very proud to be part of such an amazing team at L.A. Care and with his colleagues on this Board.	
<b>CHIEF EXECUTIVE OFFICER'S REPORT</b>	<p>Mr. Baackes reported that the health plan and Board Members should be aware that an era of unprecedented pressure on rate development has begun. California's Department of Health Care Services (DHCS) will move to a regional rating system in January 2024, which will include 100% county wide averaging. L.A. Care has pressed DMHC to address the inequities of county wide averaging, which has caused a huge loss of revenue for L.A. Care, and transferred that funding to Health Net, a for-profit entity owned by Centene Corporation and based in Pennsylvania. L.A. Care may file a Notice of Dispute over the 2023 rates, and may need to consider seeking legislative relief. Rate development for 2023 is in a critical period. The Board has already given authority for a Notice of Dispute, which may need to be filed in June.</p> <p>Marie Montgomery, <i>Chief Financial Officer</i>, will provide additional details in her report.</p>	
<b>COMMITTEE ITEMS</b>		
<b>Chief Financial Officer's Report</b>	<p>Ms. Montgomery reported:</p> <p><u>Membership</u> April 2022 membership was 2,572,794, 36,947 members favorable to the 3+9 forecast, and 74,541 favorable year-to-date (YTD). In addition to the increased enrollment for the California Advancing and Innovating Medi-Cal (CalAIM) mandatory managed care population, the forecast assumed that the public health emergency would end in March, leading to the resumption of the redetermination process. It was assumed the membership would begin to decrease which is why the favorable variances in those segments. Beginning next month, the forecast will include additional membership due to the expansion of</p>	




AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>coverage for undocumented adults over 50. Membership for LACC continues to hold steady at around 115,000 members.</p> <p><i>Chairperson De La Torre joined the meeting.</i></p> <p><u>Consolidated Financial Performance</u></p> <p>There was a \$13 million net deficit for April 2022, \$26 million unfavorable to the 3+9 forecast. Operating margin was unfavorable to the forecast by \$30 million, driven primarily by the level of incurred claims, which were \$45 million unfavorable to the forecast. The unfavorable variance in incurred claims included the higher skilled nursing facility costs which were mitigated somewhat by favorable revenue.</p> <p>On the revenue side, favorable items include re-estimation of the Long Term Care/Institutional (LTC/INST) rate assumption retroactively back to January 1, 2022, and the revenue mix risk corridor. Community Based Adult Services (CBAS) was \$6.5 million unfavorable in April. Lower utilization was assumed in the forecast for these services due to an expected move back to CBAS centers.</p> <p>Administrative expense was \$3.7 million favorable to the forecast due to lower spending in salaries &amp; benefits and supplies and others. Non-operating expense is almost flat this month vs the forecast. An unrealized loss of \$4.9 million was reported this month due to an increase in interest rates, not the deterioration in the quality of L.A. Care's portfolio. Lower spending in Community Resource Centers (CRCs) and timing in grant spending offset the unrealized loss.</p> <p>YTD there is a \$23 million net surplus, \$33 million unfavorable to the forecast. The large variances in revenue and healthcare costs is due to the Proposition 56 reconciliation for SFY 2018-19 and the 18-month Bridge Period discussed in January 2022. This reduced revenue by \$280 million and decreased expenses by \$264 million for an overall unfavorable impact of \$16 million. The YTD operating margin is unfavorable by \$9 million to the forecast, mainly driven by \$35 million in incurred claims and \$22.8 million in CBAS which is mitigated somewhat by higher SNF revenue.</p> <p>Other favorable items that mitigate the higher claims include \$15.5 million in provider incentives due to timing, \$9.3 million in Pharmacy, and \$4.8 million from the Cal MediConnect (CMC) Quality Withhold earnings.</p> <p>Administrative expense is unfavorable \$22.1 million YTD due to the regulatory fines of \$55 million in February which are offset by the \$22 million PCORI fees adjustment discussed in</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>January 2022. Non-operating expense is \$1.9 million unfavorable YTD due to unrealized loss variance of \$21.6 million but offset by lower CRC spending and timing in grant spending. The unrealized loss is \$27 million for the fiscal YTD.</p> <p><u>Operating Margin</u> The overall Medical Care Ratio (MCR) is 93.2% versus forecast of 93.3%. MCR's at the segment level are primarily due to Fee for Service (FFS) claims and other items.</p> <p><u>Reported vs. Paid Claims Trend</u> In the previous fiscal year, the monthly claims payments stabilized which influenced the level of reserves. The paid claims have increased in the past several months. Staff assumed higher forecasted fee for service claims related to the Omicron surge in January and February, however claims are emerging higher than expected hence the unfavorable reserve development. Staff will be focusing attention on the recent trends. The membership continues to grow so the absolute dollars should increase.</p> <p><u>Key Financial Ratios</u></p> <ul style="list-style-type: none"> <li>• The administrative ratio was 5.8%, higher than the forecast of 5.2% due to the regulatory fines of \$55 million.</li> <li>• Working Capital and Tangible Net Equity are ahead of benchmarks.</li> <li>• Cash to claims is below the benchmark. As previously reported, the cash to claims ratio will not fully recover until the in Home Support Services (IHSS) balances with the Department of Health Care Services is settled.</li> </ul> <p><u>Tangible Net Equity and Days of Cash on Hand</u> The April 2022 Fund Balance was \$1.1 billion which represents 521% of Tangible Net Equity. The target of 600% was based on the average of these 8 other Local Initiatives and County Organized Health Systems. For April 2022, there are enough cash to cover operating expenses for the next 40 days.</p> <p><u>Motion FIN 101.0622</u> <b>To accept the Financial Report as submitted for April 2022.</b></p>	<p><b>Approved unanimously by roll call. 4 AYES (Booth, De La Torre, Perez, and Shapiro)</b></p>
<ul style="list-style-type: none"> <li>• Monthly Investment Transactions Report</li> </ul>	<p>Ms. Montgomery referred to the investment transactions reports included in the meeting materials (<i>a copy of the report can be obtained by contacting Board Services</i>). This report is provided to the Committee to comply with the California Government Code and is presented as an informational item. L.A. Care's total investment market value as of April 30, 2022 was \$1.7 billion.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>\$1.4 billion managed by Payden &amp; Rygel and New England Asset Management (NEAM)</li> <li>\$73 million in Local Agency Investment Fund</li> <li>\$253 million in Los Angeles County Pooled Investment Fund</li> </ul>	
Public Comments on the Closed Session agenda items.	There were no public comments.	
<b>ADJOURN TO CLOSED SESSION</b>	<p>The Joint Powers Authority Finance &amp; Budget Committee meeting adjourned at 1:36 p.m.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the items that the Committee will discuss in closed session. There was no public comment on the Closed Session items, and the meeting adjourned to closed session at 1:37 pm.</p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> <li>Plan Partner Rates</li> <li>Provider Rates</li> <li>DHCS Rates</li> </ul> <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>May 2024</i></p>	
<b>RECONVENE IN OPEN SESSION</b>	<p>The meeting reconvened in open session at 1:55 pm.</p> <p>Ms. Haydel advised the public that no reportable actions were taken during the closed session.</p>	
<b>ADJOURNMENT</b>	The meeting adjourned at 1:56 pm	

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

APPROVED BY:  
DocuSigned by:  
  
9F19DEE18EF84D2...  
Ilan Shapiro MD, MBA, FAAP, FACHE, *Chairperson*  
Date Signed 6/28/2022 | 8:46 AM PDT

# BOARD OF GOVERNORS

## Compliance & Quality Committee Meeting

### Meeting Minutes – May 19, 2022

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



**L.A. Care**  
HEALTH PLAN

#### Members

Stephanie Booth, MD, *Chairperson*

Al Ballesteros, MBA

Hilda Perez

John Raffoul\*

G. Michael Roybal, MD

Nina Vaccaro

\* *Absent*

#### Senior Management

Augustavia J. Haydel, *General Counsel*

Thomas Mapp, *Chief Compliance Officer*

Richard Seidman, MD, MPH, *Chief Medical Officer*

Katrina Miller Parrish, MD, FAAFP, *Chief Quality and Information Executive*

Elyse Tarabola, *Senior Director, Regulatory Compliance, Compliance*

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

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	Chairperson Stephanie Booth, MD, called the L.A. Care Compliance & Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance & Quality Committee meetings to order at 2:03 p.m.  She announced that members of the public may address the Committee on each matter listed on the agenda before the Committee's consideration of the item by submitting their comments via text, voicemail, or email.	
<b>APPROVAL OF MEETING AGENDA</b>	The Meeting Agenda was approved as submitted.	<b>Approved unanimously by roll call. 5 AYES (Ballesteros, Booth, Perez, Roybal and Vaccaro)</b>

**APPROVED**

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>PUBLIC COMMENT</b>	There was no public comment.	
<b>APPROVAL OF MEETING MINUTES</b>	<p>Chairperson Booth stated that recommendations by the committee were correctly captured in the meeting minutes.</p> <p>The April 19, 2022 meeting minutes were approved as submitted.</p>	<p><b>Approved unanimously by roll call. 5 AYES</b></p>
<b>CHAIRPERSON REPORT</b>	<p>Chairperson Booth stated that the committee is working on finishing the crosswalk. The earliest they will be able to do more work will be at the June meeting; it may be longer than that. She asked the committee if they have any questions.</p> <p>Thomas Mapp, <i>Chief Compliance Officer</i>, stated that the work on the Charter revolves around identifying items that may be out of date due to the charter not being reviewed for some time. He and Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, have been working on identifying a report that reflects and has an impact on the committee's responsibilities as delineated in the charter. This will be a significant amount of work. His understanding is that the committee's concern was understanding how it can better perform its function with more focused reports.</p> <p>Dr. Seidman said that as Mr. Mapp alluded, they are working on creating a crosswalk, designed to be responsive to the issues and concerns that the Board Members expressed during the last committee meeting. Staff may have information ready for the committee by the June meeting.</p>	
<b>REVIEW CHARTER PROVISIONS</b>	This agenda item will be discussed at a future a meeting.	
<b>CHIEF MEDICAL OFFICER REPORT</b>	<p>Dr. Seidman presented the May 2022 Chief Medical Officer Report (<i>a copy of the report can be obtained from Board Services</i>).</p> <p>COVID-19 Update</p> <p>Cases are increasing nationally and locally. Hospitalizations are also increasing, but remain at relatively low levels. He noted that mask mandates have been lifted in most places except in transportation settings and private businesses that still require masking. Importantly because we are back in high level of transmission masking is still recommended in indoor public places. Masking, social distancing, vaccine, and boosting when eligible are still recommended. Outpatient COVID-19 therapeutics approved for emergency use in December 2021 are now available. They are still not as widely known to both the provider community and members. There are two primary classes of these medications. One being an oral antiviral. It can reduce the severity of infection. President Joe Biden mentioned these new forms of treatment during his State of the Union address. They can reduce of hospitalizations by 93%. Out of L.A. Care's membership that</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>fewer than ten have been prescribed these medications. He is making an effort to spread awareness that they exist at contracted pharmacies. The second medication is an injection for people with mild to moderate compromised immune systems.</p> <p>CalAIM</p> <p>Implementation and operations continue to evolve as L.A. Care works to support the more than 15,000 members now served by our contracted Enhanced Care Management (ECM) providers and nearly 9,000 members receiving Community Supports (Homeless and Housing Support Services, Recuperative Care, and Medically Tailored Meals). Staff are also working on the implementation of new Community Supports including Housing Deposits, Personal Care and Respite, and Sobering Centers, effective 7/1/22. L.A. Care staff are collaborating to add 35 new Clinics to those already using HIE data to increase the availability of clinical information at the point of care. L.A. Care, in partnership with the other Los Angeles area Medi-Cal Managed Care Plans offered a 3<sup>rd</sup> round of ECM Boot Camp, a comprehensive training for new hires with ECM Provider agencies and is developing an on demand training to make this key training even more accessible. L.A. Care's ECM team continues to host provider-facing webinars every other Friday, and training offerings are a mix of clinical skills, best practices, ECM operations and technical assistance.</p> <p>The 2022 Quality of Care/Population Health Management (PHM) Index in the Enterprise Goals is being tracked monthly using the Enterprise-Wide Dashboard. To date 11 out of 14 goals are trending toward meeting or exceed the goal <i>(A copy of the presentation can be obtained from Board Services.)</i>.</p> <p>Pharmacy Update</p> <p>Medi-Cal Rx Update:</p> <p>As of April 2022, Medi-Cal pharmacy continues to resolve outpatient pharmacy benefit issues. The most current update is as follows:</p> <ul style="list-style-type: none"> <li>• The backlog of prior authorization requests (PAs) has been resolved and all PAs submitted by the prescriber or the pharmacy are now being adjudicated within 24 hours.</li> <li>• In order to resolve the PA backlog, Medi-Cal Rx had to temporarily lift PA criteria for some frequently prescribed drugs. Those criteria were scheduled to be re-introduced in May. However, that decision has been changed due to fear that it will create another backlog. Instead, Medi-Cal Rx has decided to undertake a prescriber education campaign and begin re-introducing the PAs gradually over time. Of note is that the date to end the transition period, which is June 30, and begin using Medi-Cal Rx's formulary (they call it Covered Drug List or CDL) has not been changed.</li> <li>• Continuous Glucose Monitor (CGM) coverage clarified: CGMs are covered under Medi-Cal Rx only for type 1 DM. The coverage of the CGMs for any other indication is the responsibility of the</li> </ul>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>managed care plan's medical benefit. L.A. Care covers the CGMs for type 2 diabetes with UM criteria on the medical benefit.</p> <p>Baby Formula Shortage President Biden has enacted the Defense Production Act to get fresh supplies of baby formula to pick up production domestically and abroad. The formula shortage is not impacting members significantly, because California's contract is with Mead Johnson Nutrition. The formula shortage is hitting the specialty formula market opposed to the regular formula market. The call center has not reported any calls in regards to this issue.</p> <p>Chairperson Booth asked about Kaiser's service platform. She would like to know if it is the same platform as California's PHM platform that all plans can use. Dr. Seidman responded that PHM at the State level are several different moving parts that should be kept separate. The Department of Health Care Services (DHCS) has announced its intention to utilize its own PHM platform at the State level for all Medi-Cal beneficiaries. Those in managed care and also Medi-Cal fee for service. They will make that data and analysis available at the plan level so it can be incorporated in their own data systems. DHCS has also partnered with Kaiser and the Statewide California Primary Care Association to leverage Kaisers expertise in PHM as well as their resources to work with a subset of community health centers statewide to improve their PHM readiness and performance.</p> <p>Board Member Nina Vaccaro stated <del>that</del> she is concerned that the State and clinics will have different vendors and will create multiple systems for a statewide data exchange. John Baackes, <i>Chief Executive Officer</i>, responded that there are concerns that health plans are not included in the planning. He is concerned that all providers will be equally well-resourced.</p> <p>Board Member Al Ballesteros asked how the selection was made.</p> <p>Board Member Vacarro responded that she believes it was done by Kaiser in developing the initiative to determine some metrics, and state regulators may not have been involved. She believes they wanted a cohort representative of small, medium and large clinics that provide various services. It was also based on bandwidth.</p> <p>Mr. Baackes stated that implementation overload is a cause for concern across the ecosystem. Certain providers are better positioned than others and the health plans will be held to standards or uniform implementation and uniform timeliness. Dr. Seidman stated that the health plans will also be held accountable for uniform performance standards.</p>	

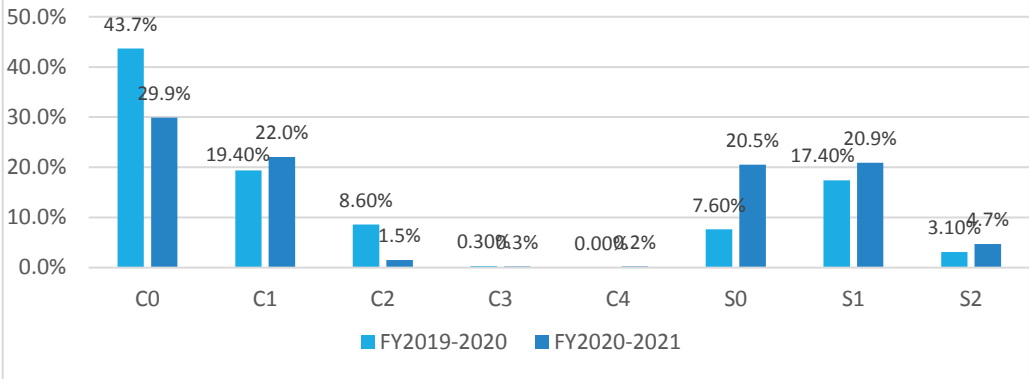
AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN															
	<p>Chairperson Booth stated that this seems slightly unfair. She wondered if this needs to be approached with something legislatively. She asked if Community Health Investment Funds (CHIF) Grants might be used.</p> <p>Mr. Baackes responded that at the beginning of Health Homes program, L.A. Care had a similar issue. L.A. Care was able to provide \$2.1 million in CHIF grants to vendors, but L.A. Care cannot continue to do this. The State mandates programs and should provide resources. There is some incentive funding which will be available soon. There are at least three different sources in the California May Budget Revises that will fund interoperability. He is not aware of a legislative solution.</p> <p>Chairperson Booth asked about the future. Mr. Baackes responded that there is concern about future planning for the CalAIM program. The overload not only applies to the clinics, plans, and providers, it is also an overload for the department.</p>																
<b>POTENTIAL QUALITY ISSUES (PQI) FY20-21 REVIEW</b>	<p>Christine Chueh, RN, <i>Senior Manager, Provider Quality, Quality Improvement</i>, gave a presentation about Potential Quality Issues for Fiscal Year 2020-2021 (<i>a copy of the presentation can be obtained from Board Services</i>).</p> <p>Background</p> <ul style="list-style-type: none"> <li>The Provider Quality Review (PQR) team manages the Potential Quality of Care Issue (PQI) process, which is a regulatory requirement to evaluate clinical issues/concerns deviating from accepted standard of clinical care and ensure high quality patient care is delivered to L.A. Care.</li> <li>The PQR team monitors Critical Incident (CI) Reporting for abuse, exploitation, neglect, disappearance/missing member, a serious life threatening event, restraints or seclusion, suicide attempt or unexpected death for the health, safety and welfare of L.A. Care's members.</li> </ul> <p>PQI Analysis – Quarter (Q) 4 2020 – Q3 2021</p> <p>The Provider Quality Review team processed 3,317 PQI referrals:</p> <ul style="list-style-type: none"> <li>- 1,360 (41%) referral were triaged 0 for not meeting referral criteria.</li> <li>- 1,957 (59%) referral were reviewed for quality of care/service issues.</li> </ul> <table border="1" data-bbox="445 1209 1215 1489"> <thead> <tr> <th>Referral Sources</th><th>Count</th><th>Percentage</th></tr> </thead> <tbody> <tr> <td>Grievance</td><td>1,808</td><td>92.4%</td></tr> <tr> <td>Customer Solution Center</td><td>52</td><td>2.7 %</td></tr> <tr> <td>Appeal</td><td>29</td><td>1.5%</td></tr> <tr> <td>Case Management</td><td>20</td><td>1.0%</td></tr> </tbody> </table>	Referral Sources	Count	Percentage	Grievance	1,808	92.4%	Customer Solution Center	52	2.7 %	Appeal	29	1.5%	Case Management	20	1.0%	
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	Behavioral Health	18	0.9%																		
	Utilization Management	13	0.7%																		
	Critical Incident	7	0.4%																		
	Special Investigation Unit	3	0.2%																		
	Potential Quality Review	3	0.2%																		
	Facility Site Review	1	0.1%																		
	Managed Long Term Service	1	0.1%																		
	Pharmacy	1	0.1%																		
	Safety Net Initiative	1	0.1%																		
	Total	1,957																			
	<ul style="list-style-type: none"><li>PQIs can be identified by any department, yet 96.9% came from Customer Solution Center and Appeal &amp; Grievance team.</li><li>PQI referrals continue to expand to more departments within the Plan every year.</li></ul> <p>A PQI could be identified from any department, yet 96.9% came from CSC/A&amp;G. Throughout the year, PQI annual training from L.A. Care University online self-paced learning module, increased member-facing and provider-facing staff were educated and trained to be vigilant in identifying PQI using the criteria provided.</p> <p>The sources of PQI referrals continued to expand to more departments within the Plan every year, including Special Investigation Unit (SIU) and Credentialing Department, Facility Site Review (FSR), Case Management (CM), Utilization Management (UM) as well as QI/PQI process with Critical Incident Reporting.</p> <p>Analysis – Q4 2020 – Q3 2021(continued)</p> <p>PQI numbers by Line of Business</p> <table><tr><th rowspan="2">LINE OF BUSINESS</th><th colspan="3">FY 2020-2021</th></tr><tr><th>Numbers</th><th>%</th><th>PTMPM</th></tr><tr><td>CMC</td><td>772</td><td>39.40%</td><td>41.4*</td></tr><tr><td>LACC</td><td>206</td><td>10.50%</td><td>2.2*</td></tr><tr><td>Medi-Cal</td><td>924</td><td>47.20%</td><td>0.8*</td></tr></table>				LINE OF BUSINESS	FY 2020-2021			Numbers	%	PTMPM	CMC	772	39.40%	41.4*	LACC	206	10.50%	2.2*	Medi-Cal	924
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	PASC-SEIU	55	2.80%	1.1	
	Grand Total	1,957	100%	1.4	
	<ul style="list-style-type: none"><li>Medi-Cal had the most cases, however, the ratio of cases per thousand members per month (PTMPM) is higher (41.4) for the CMC product line.</li></ul>				
	Analysis – Q4 2020 – Q3 2021(continued)				
	PQI numbers by Issue Type				
	Issue Code	Issue Description	PQIs	%	
	PQ1	DME/ Supplies	89	4.5 %	
	PQ2	Benefits	45	2.3%	
	PQ3	Delay in Service	338	17.3%	
	PQ4	Denial of Services	47	2.4%	
	PQ5	Refusal of Care/ Prescription by Provider	148	7.6%	
	PQ6	Refusal of Referral	33	1.7%	
	PQ7	Treatment/Diagnosis/Inappropriate Care	537	27.4%	
	PQ8	Delay in Authorization	93	4.8%	
	PQ9	Access to Care	179	9.1%	
	PQ10	Continuity and Coordination of Care	107	5.5%	
	PQ11	Communication/Conduct	259	13.2%	
	PQ12	Physical Environment	13	0.7%	
	PQ13	Medical Records/Documentation	19	1.0%	
	PQ14	Non-Emergency care services rendered by non-credentialed provider	0	0%	
	PQ15	System Issue	50	2.6%	
	Total (ALOB)		1,957		

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN																																							
	<p>The top issues reviewed:</p> <ul style="list-style-type: none"><li>• Treatment/Diagnosis/Inappropriate Care (27.4%)</li><li>• Delay in Service (17.3%)</li><li>• Communication/Conduct issues (13.2%) was the third highest issue followed by access to care (9.1%).</li></ul> <p>These are fairly consistent with the previous except the order of the communication and access to care were reversed.</p> <p>Quality of Care &amp; Quality of Service</p> <table><tr><th></th><th></th><th>PQI Severity Level Assigned</th><th>FY2019-2020</th><th>FY2020-2021</th></tr><tr><td rowspan="5">Quality of Care (QOC)</td><td>C0</td><td>No Quality of Care concern</td><td>43.7%</td><td>29.9%</td></tr><tr><td>C1</td><td>Appropriate Quality of Care</td><td>19.40%</td><td>22.0%</td></tr><tr><td>C2</td><td>Borderline Quality of Care concern</td><td>8.60%</td><td>1.5%</td></tr><tr><td>C3</td><td>Moderate Quality of Care concern</td><td>0.30%</td><td>0.3%</td></tr><tr><td>C4</td><td>Serious Quality of Care concern</td><td>0.00%</td><td>0.2%</td></tr><tr><td rowspan="3">Quality of Service (QOS)</td><td>S0</td><td>No Quality of Service concern</td><td>7.60%</td><td>20.5%</td></tr><tr><td>S1</td><td>Quality of Service identified</td><td>17.40%</td><td>20.9%</td></tr><tr><td>S2</td><td>Quality of Service identified, member change provider or dis-enrolled</td><td>3.10%</td><td>4.7%</td></tr></table> <ul style="list-style-type: none"><li>• 72.4% found no care/service issue.</li><li>• 25.6% of reviews were service issues resulting in inconvenience to a member.</li><li>• Significant decline of PQIs (8.9% to 1.8%) were borderline or moderate quality of care concerns (leveled C2 or C3) from the previous year.</li></ul>			PQI Severity Level Assigned	FY2019-2020	FY2020-2021	Quality of Care (QOC)	C0	No Quality of Care concern	43.7%	29.9%	C1	Appropriate Quality of Care	19.40%	22.0%	C2	Borderline Quality of Care concern	8.60%	1.5%	C3	Moderate Quality of Care concern	0.30%	0.3%	C4	Serious Quality of Care concern	0.00%	0.2%	Quality of Service (QOS)	S0	No Quality of Service concern	7.60%	20.5%	S1	Quality of Service identified	17.40%	20.9%	S2	Quality of Service identified, member change provider or dis-enrolled	3.10%	4.7%	
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	Facility / Vendor	Main Issue(s)	CAP	
	Wesley Health Center Clinic	Access to Care Communication	x	
	Western Drug Medical	Delay in Authorization		
	United Medical Imaging	Miscommunication	x	
	Call the Car	Ride verification Ride cancellation Missed rides	x	
	L. A. Care Health Plan	Communication System issues Delay in service		
	Facility / Vendors met the threshold of 5 track and trend (T&T) points or more			
Wesley Health Center Between October to December 2020, there were 11 PQI cases reviewed involving Wesley Health Center, with six cases identified mainly for quality of service issues related to access to care, communication and system delays. These issues involved challenges with the call center and scheduling of appointments, getting hold of an agent, or obtaining lab results. Although there is no clinical evidence with an adverse impact of care, these experiences had impacted member’s satisfaction. A corrective action plan (CAP) from Wesley Health Center Clinic was requested and completed. The clinic validated the issues and submitted detailed CAP with evidence that appropriate actions were implemented by September 30, 2021.				
Western Drug Medical Five PQI cases had delay in processing DME authorization issues resulting in member dis-satisfaction, no care impact was noted. The coordination of DME supplies involved provider, provider group and the supplier and therefore all parties involved should be reminded to coordinate care. The QI PQR team plans to engage with Utilization Management, DME vendor and QI program manager to plan a webinar on				
United Medical Imaging Five service issues related to miscommunication between the staff and the members regarding COVID-19 testing requirement prior to the appointment, biopsy availability at different UMI locations and appointment availability due to an unexpected download of the company wide information system. No				

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	<p>trend was noted in the 3-year data. A corrective action plan will be requested of United Medical Imaging addressing the trended miscommunication issues.</p> <p>Call the Car (CTC)</p> <p>Thirty-Nine PQI cases had service issues resulting in member dis-satisfaction without care impact. The majority of reviews found members were not being dropped off at the correct location, delay in transporting members resulting in missed scheduled medical appointments and drivers could not find members and therefore noted the trip as no show.</p> <p>A corrective action plan will be requested from CTC to:</p> <ul style="list-style-type: none"> <li>• Improve member communication</li> <li>• Verification with the members on specific trip details and policies</li> <li>• Improve delay in transporting and reduce number of no show.</li> </ul> <p>Quality Assurance Review</p> <p>Internal &amp; External Quality Assurance Validation and Monitoring</p> <ul style="list-style-type: none"> <li>• PQI Oversight Process <ul style="list-style-type: none"> <li>- Delegation Oversight of Plan Partner and Beacon (Annually and Quarterly)</li> <li>- Oversight of L.A. Care Customer Solution Center (CSC) and Appeal &amp; Grievance (A&amp;G) cases not referred to PQI and ongoing discussion with Grievance dept. <ul style="list-style-type: none"> <li>• A significant improvement of A&amp;G referrals from 40%+ of referrals not meeting PQI referral criteria, now down to &lt;10%!</li> </ul> </li> </ul> </li> <li>• Inter-Rater Reliability (IRR) Monitoring Process <ul style="list-style-type: none"> <li>- IRR to improve the consistency and accuracy in applying review criteria, in the leveling and final reporting of PQIs.</li> </ul> </li> <li>• Mortality Encounter Data to identify PQI <ul style="list-style-type: none"> <li>- Encounter data from deceased members stratified by age groups to assess for any unusual patterns of encounters to identify death related to any potential quality of care.</li> </ul> </li> </ul> <p>Critical Incidents Reporting and Tracking</p> <p>Critical Incidents are reviewed for patient safety</p> <table border="1" data-bbox="445 1287 1640 1430"> <thead> <tr> <th data-bbox="445 1287 905 1344">Compliance with CI Reporting</th><th data-bbox="905 1287 1394 1344">Compliance Goal</th><th data-bbox="1394 1287 1640 1344">Compliance %</th></tr> </thead> <tbody> <tr> <td data-bbox="445 1344 905 1430">Maintain 100% of delegates (PPGs and Vendors) of CMC will submit quarterly critical incident report</td><td data-bbox="905 1344 1394 1430"></td><td data-bbox="1394 1344 1640 1430">100.0%</td></tr> </tbody> </table> <ul style="list-style-type: none"> <li>• All CMC delegates submitted critical incident quarterly reports by Q3 2021.</li> </ul>	Compliance with CI Reporting	Compliance Goal	Compliance %	Maintain 100% of delegates (PPGs and Vendors) of CMC will submit quarterly critical incident report		100.0%	
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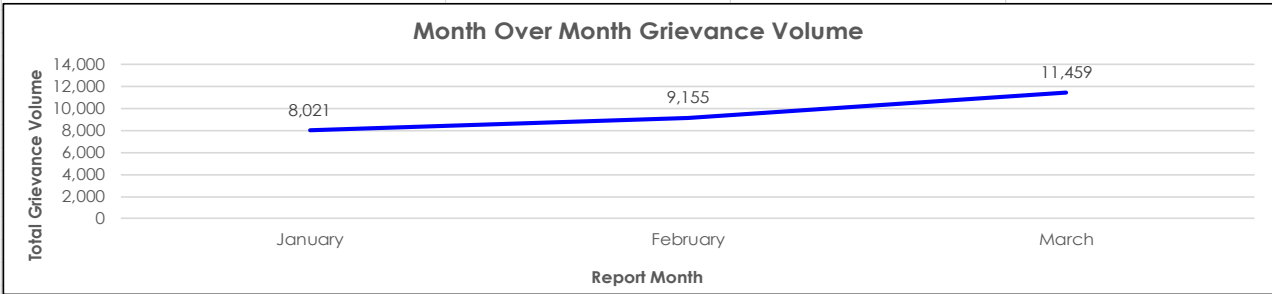
AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> <li>• The PQR nurse reviewers assessed potential quality of care concerns from all CIs reported.</li> <li>• All quarterly reports were submitted timely to L.A. Care Health Services Reporting and Support Services/Enterprise Data Strategy team for Medicare Operations and Compliance review for final reporting to CMS.</li> </ul> <p>Critical Incident reporting is a CMS requirement to ensure we monitor patient safety</p> <p>Quality Improvement Activities in Progress</p> <p>Ongoing Improvement Activities In Progress</p> <ul style="list-style-type: none"> <li>• Ongoing training to improve identification of PQI &amp; reporting of CI <ul style="list-style-type: none"> <li>- Getting to Know Potential Quality of Care Issues (PQI)</li> <li>- Getting to Know Critical Incident (CI)</li> </ul> </li> <li>• Improving medical record collection <ul style="list-style-type: none"> <li>- Enhance use of electronic medical record platform, such as LANES.</li> <li>- Work with internal department and PPGs to improve record collection workflow.</li> <li>- Change P&amp;P QI-001 to level the PQI severity based on the member allegation when the provider failed to address the concern and escalate the case for Medical Director review.</li> </ul> </li> <li>• Working closely with Enterprise Performance Optimization (EPO), Compliance and Contract Management Relations (CRM) Provider Network Management (PNM) account managers to address noncompliant providers and/or PPGs.</li> </ul> <p>Chairperson Booth asked about “Leveling PQI severity based on member allegations.” Ms. Chueh responded that when members complain when they receive treatment that results in side effects or communication issues they experience, it is important providers provide a response as part of the investigation. Sometimes providers will not submit a response. After three attempts to retrieve records to complete a case review, the severity level is based on the member allegations.</p>	
<b>CHIEF COMPLIANCE OFFICER REPORT</b>	<p>Thomas Mapp and the Compliance Department staff presented the Chief Compliance Officer Report (<i>a copy of the report can be obtained from Board Services</i>).</p> <p>Compliance Officer Review</p> <p>The Compliance Officer Overview for May includes the following:</p> <ol style="list-style-type: none"> <li>1. Appeals &amp; Grievances Trends Update</li> <li>2. Risk Assessment Update (Exhibit OS1)</li> <li>3. Noncompliance Inventory (Exhibit OS2)</li> <li>4. Enterprise Performance Optimization Update and Delegates Audit Schedule</li> <li>5. Health Risk Reassessment (Exhibit OS3)</li> </ol>	



AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> <li>• <b>Appeals &amp; Grievance Trends Update</b></li> </ul>	<p>Other Items to Review</p> <p>DHCS Medical Audit Update – DHCS issued the final report on February 3, 2022. The report includes 27 total findings with 15 unique deficiencies. Corrective action plans were developed and submitted to DHCS on March 16, 2022. DHCS has continued to follow-up for evidence of corrective action implementation.</p> <p>Compliance Reports</p> <p>The following report is included and is reported monthly to the Internal Compliance Committee.</p> <ul style="list-style-type: none"> <li>– Exhibit OS4 Key Performance Indicators (KPIs)</li> </ul> <p>Demetria Crandall, <i>Director, Customer Solution Center Appeals and Grievances, CSC Appeals &amp; Grievances</i>, reported (<i>copy of the presentation can be obtained from Board Services</i>):</p> <p>L.A. Care Appeals &amp; Grievances (A&amp;G) Team</p> <ul style="list-style-type: none"> <li>• A&amp;G is a team of dedicated people that have over 200 combined years working in a managed healthcare space.</li> <li>• The team is comprised of intake coordinators, case specialist, nurses, trainer, audit readiness team, data analyst, quality auditors and leaders.</li> <li>• The team is responsible for conducting thorough research of member appeals/grievances, aiding in determining the appropriate resolution, and providing a resolution to the member. All cases are processed according to regulatory guidelines.</li> <li>• The core of what the A&amp;G team does is for the members. It is their duty to do everything within our power to ensure that the member concerns are fully addressed and within compliance.</li> <li>• A&amp;G protects member rights and follows the L.A. Care values: <i>“We are committed to the promotion of accessible, high quality health care!”</i></li> </ul> <p>A&amp;G</p> <p>L.A. Care Members have the right to file an Appeal and/or Grievance when dissatisfied with services, care and/or coverage.</p> <ul style="list-style-type: none"> <li>• Appeals and Grievances are important because: <ul style="list-style-type: none"> <li>- Members have the opportunity to share their experience</li> <li>- They enable us to learn about Member perceptions of L.A. Care</li> <li>- We find opportunities for improving our services</li> </ul> </li> <li>• A grievance/complaint is any expression of dissatisfaction with any aspect of the operations, activities, behavior of the health plan or its providers. <ul style="list-style-type: none"> <li>- A member, treating provider or their authorized representative may initiate the complaint or dispute, either verbally or in writing, to L.A. Care, a provider, or facility.</li> </ul> </li> </ul>	



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	<div>All LOB Appeals Trends</div> <div><table><tr><th colspan="4">Monthly Appeals Report: Detailed Appeals Data</th></tr><tr><td>Reporting Period: 1/1/2022-3/31/2022</td><td></td><td></td><td></td></tr><tr><td colspan="4">Note: Cells highlighted green indicate top 3 highest volume Appeal categories/subcategories for the report month.</td></tr></table></div> <div><div>Month Over Month Appeal Volume</div><table><thead><tr><th>Report Month</th><th>Total Appeal Volume</th></tr></thead><tbody><tr><td>January</td><td>9</td></tr><tr><td>February</td><td>9</td></tr><tr><td>March</td><td>19</td></tr></tbody></table></div> <div><table><tr><th colspan="4">Month Over Month Appeal Volume Detail</th></tr><tr><th rowspan="2">Appeal Category</th><th colspan="3">Report Month</th></tr><tr><th>January</th><th>February</th><th>March</th></tr><tr><td>Access to Care</td><td>9</td><td>9</td><td>15</td></tr><tr><td>Other - Billing or Finance</td><td>0</td><td>0</td><td>3</td></tr><tr><td>Benefit Package</td><td>0</td><td>0</td><td>1</td></tr><tr><td>Quality of Care</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Total</td><td>9</td><td>9</td><td>19</td></tr></table></div>	Monthly Appeals Report: Detailed Appeals Data				Reporting Period: 1/1/2022-3/31/2022				Note: Cells highlighted green indicate top 3 highest volume Appeal categories/subcategories for the report month.				Report Month	Total Appeal Volume	January	9	February	9	March	19	Month Over Month Appeal Volume Detail				Appeal Category	Report Month			January	February	March	Access to Care	9	9	15	Other - Billing or Finance	0	0	3	Benefit Package	0	0	1	Quality of Care	0	0	0	Total	9	9	19	
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	<p>All LOB Grievance Trends</p> <div><div>Monthly Grievances Report: Detailed Grievances Data Reporting Period: 1/1/2022-3/31/2022</div><div>Note: Cells highlighted green indicate top 3 highest volume grievance categories/subcategories for the report month.</div><div><div>Month Over Month Grievance Volume</div><table><thead><tr><th>Report Month</th><th>January</th><th>February</th><th>March</th></tr></thead><tbody><tr><td>Total Grievance Volume</td><td>8,021</td><td>9,155</td><td>11,459</td></tr></tbody></table></div><div><div>Month Over Month Grievance Volume Detail</div><table><thead><tr><th rowspan="2">Grievance Category</th><th colspan="3">Report Month</th></tr><tr><th>January</th><th>February</th><th>March</th></tr></thead><tbody><tr><td>Other - Quality of Service</td><td>1,407</td><td>1,521</td><td>2,096</td></tr><tr><td>Other - Billing or Finance</td><td>1,738</td><td>1,848</td><td>2,374</td></tr><tr><td>Access to Care</td><td>3,462</td><td>4,024</td><td>4,970</td></tr><tr><td>Quality of Care</td><td>267</td><td>388</td><td>555</td></tr><tr><td>Customer Service</td><td>246</td><td>292</td><td>143</td></tr><tr><td>Benefit Package</td><td>510</td><td>648</td><td>813</td></tr><tr><td>Enrollment or Disenrollment</td><td>148</td><td>216</td><td>235</td></tr><tr><td>Marketing</td><td>242</td><td>207</td><td>262</td></tr><tr><td>CMS-DHCS Issues</td><td>0</td><td>0</td><td>2</td></tr><tr><td>Organizational Determination &amp; Reconsideration Process</td><td>1</td><td>11</td><td>9</td></tr><tr><td>Provider Specific</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Total</td><td>8,021</td><td>9,155</td><td>11,459</td></tr></tbody></table></div></div> <p>Out of Compliance Appeals and Grievances</p> <ul style="list-style-type: none"><li>• L.A. Care discovered a volume of Appeals and Grievances cases in which Resolution Letters were not mailed to the member.<ul style="list-style-type: none"><li>– In May 2021, L.A. Care self-disclosed this issue to the Regulatory entities.</li></ul></li><li>• On March 31, 2022, L.A. Care completed the resolution of the self-disclosed volume of Appeal and Grievance cases in which Resolution Letters were not sent to the member.</li></ul> <p>L.A. Care hired temporary staff, weekly executive progress reports, created monitoring tools including reporting, enhanced our ag system, added automation, conducted outreach [calls and/or letters] to some of the members affected</p>	Report Month	January	February	March	Total Grievance Volume	8,021	9,155	11,459	Grievance Category	Report Month			January	February	March	Other - Quality of Service	1,407	1,521	2,096	Other - Billing or Finance	1,738	1,848	2,374	Access to Care	3,462	4,024	4,970	Quality of Care	267	388	555	Customer Service	246	292	143	Benefit Package	510	648	813	Enrollment or Disenrollment	148	216	235	Marketing	242	207	262	CMS-DHCS Issues	0	0	2	Organizational Determination & Reconsideration Process	1	11	9	Provider Specific	0	0	0	Total	8,021	9,155	11,459	
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<ul style="list-style-type: none"> <li><b>Risk Assessment Update</b></li> <li><b>Health Risk Reassessment</b></li> </ul>	<p>The Future of Appeals &amp; Grievances</p> <ul style="list-style-type: none"> <li>It has been approved for Appeals &amp; Grievances (A&amp;G) to employ and train more staff in all department areas.</li> <li>The team now has an additional tool to help them focus on the daily monitoring of appeal and grievance procedures to guarantee compliance in all areas.</li> <li>A comprehensive quality assurance and ongoing monitoring process has been developed.</li> <li>A detailed evaluation of the A&amp;G processes is now being conducted. This involves systems, desk level procedures and department policy &amp; procedures.</li> <li>A&amp;G performance is reported Executive Leadership and Compliance on an ongoing basis.</li> </ul> <p>Board Member Roybal noted that often when there is a grievance or appeal, other departments are needed to resolve the issue and it adds time to resolving it. He asked if bottlenecks are taken into account in the report. Ms. Crandall responded that it is part of the process. A&amp;G staff are looking into communicating with partners internally and externally and trying to have the denial letter fed into the system so they don't have to log into a new system to get that denial packet. When working with external partners they are hoping to get those denials into the A&amp;G system to eliminate that system.</p> <p>Todd Gower, <i>Consultant, Compliance Internal Audit, Compliance</i>, gave a Risk Assessment Update (<i>A copy of the report can be obtained from Board Services</i>).</p> <p>Current risk issues are being tracked by L.A. Care. All updates are under review and in process of remediation. They do have plans under internal audits program to look at their project status and will have an update next month. With the risks that have been accumulating along with issues they have been updating the risks assessments register. It is more proactive in the sense looking at what issues come in that may create risks.</p> <p>Steven Chang, <i>Senior Director, Care Management, Care Management</i>, gave the following report:</p> <ul style="list-style-type: none"> <li>DHCS requires health plans conduct annual Health Risk Assessment (HRA) for Medi-Cal only Seniors and People with Disabilities (SPD) members. This is in addition to the initial HRA.</li> <li>L.A. Care was not compliant with this reassessment requirement. L.A. Care was conducting only the initial HRA with Medi-Cal only SPD members.</li> <li>The annual number of Medi-Cal only SPD members requiring an HRA reassessment: ~72,000. This was also the backlog of members overdue for an HRA reassessment.</li> <li>Remediation for the backlog initiated in October 2021.</li> <li>The entire backlog is scheduled to be remediated in 12 months and will complete by October 2022.</li> </ul>	

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	<ul style="list-style-type: none"><li>Going forward, the remediated process will ensure annual outreach attempts are completed for all Medi-Cal only SPD members.</li><li>When HRAs are completed, member risks are identified. SPD members stratified to be at higher risk are referred to LAC’s internal Care Management team. More HRAs completed will result in additional high risk members in Care Management.</li></ul> <p>Backlog and Remediation Update</p> <ul style="list-style-type: none"><li>Status: On Track for completion of backlog by October 31, 2022<ul style="list-style-type: none"><li>SPD reassessment total = 72,287      Average monthly outreach = ~6000</li><li>Completed thru March 2022 = 36,143      Outstanding = 36,144</li><li>Backlog remediation = 50% complete</li></ul></li><li>Challenges:<ul style="list-style-type: none"><li>Erratic post office delays in receiving member mailed HRAs (example below)<ul style="list-style-type: none"><li>➤ January 1, 2022 through January 30, 2022: 37 HRAs received</li><li>➤ January 31, 2022 through February 8, 2022: 1908 HRAs received</li></ul></li><li>Current HRA operational reports contain errors and are difficult to use<ul style="list-style-type: none"><li>➤ Tickets submitted to improve accuracy and oversight functionality</li></ul></li><li>Increase in Medi-Cal only SPD members stratified as High Risk or Complex Risk<ul style="list-style-type: none"><li>➤ CM resources are stretched to complete required outreach and care planning</li></ul></li></ul></li></ul> <p>Backlog and Remediation Monthly Update</p> <p>SPD Reassessment HRAs Completed</p> <table><tr><th>Month</th><th>Total</th><th>Completed</th><th>Refused</th><th>UTC</th></tr><tr><td>October 2021</td><td>5788</td><td>533</td><td>31</td><td>5224</td></tr><tr><td>November 2021</td><td>6204</td><td>214</td><td>31</td><td>5638</td></tr><tr><td>December 2021</td><td>6021</td><td>143</td><td>10</td><td>5868</td></tr><tr><td>January 2022</td><td>6051</td><td>150</td><td>19</td><td>5882</td></tr><tr><td>February 2022</td><td>5962</td><td>194*</td><td>45</td><td>5723</td></tr><tr><td>March 2022</td><td>6117</td><td>526</td><td>10</td><td>5581</td></tr></table> <p>Board Member Roybal asked if L.A. Care offers incentives to complete HRAs. Mr. Chang responded that L.A. Care does not offer incentives for completion of the HRA. Member Roybal asked if L.A. Care is compliant as long as it makes the attempt and outreach to get the members HRA completed. Mr. Chang responded that he is correct. As long as it follows the outreach guidelines L.A. Care is compliant.</p>	Month	Total	Completed	Refused	UTC	October 2021	5788	533	31	5224	November 2021	6204	214	31	5638	December 2021	6021	143	10	5868	January 2022	6051	150	19	5882	February 2022	5962	194*	45	5723	March 2022	6117	526	10	5581	
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<ul style="list-style-type: none"> <li><b>Key Performance Indicators</b></li> </ul>	<p>Board Member Hilda Perez asked if L.A. Care reaches out by phone call or robo call. Mr. Chang responded that L.A. Care uses a combination of both. L.A. Care uses an auto dialer, but as soon elects to do the HRA they are transferred to a live person who assists with the completion of the HRA.</p> <p>Chelsea Hertler, <i>Manager, Regulatory Affairs, Compliance</i>, gave a report about Key Performance Indicators (<i>A copy of the full report can be obtained from Board Services.</i>).</p>	
<b>ADJOURN TO CLOSED SESSION</b>	<p>The Joint Powers Authority Board of Directors meeting was adjourned at 3:41 pm.</p> <p>Ms. Haydel announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 3:42 pm.</p> <p>PEER REVIEW Welfare &amp; Institutions Code Section 14087.38(o)</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"> <li>Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680</li> <li>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</li> </ul> <p>CONFERENCE WITH LEGAL COUNSEL – ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d) (2) of the Ralph M. Brown Act Four Potential Cases</p>	
<b>RECONVENE IN OPEN SESSION</b>	<p>The Committee reconvened in open session at 4:59: p.m.</p> <p>There was no report from closed session.</p>	
<b>ADJOURNMENT</b>	<p>The meeting was adjourned at 5:01 p.m.</p>	


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:

DocuSigned by:  
  
084B48A20E5F499  
 Stephanie Booth, MD, *Chairperson*      6/29/2022 | 9:33 PM PDT  
 Date Signed: \_\_\_\_\_



**Board of Governors**  
**MOTION SUMMARY**

**Date:** July 28, 2022

**Motion No.** BOG 105.0722

**Committee:**

**Chairperson:** Hector De La Torre

**Issue:** Request to delegate authority to negotiate and execute the Contract for Operational Readiness activities for the 2024 Primary Operations Contract from the Department of Health Care Services (DHCS) related to the Medi-Cal Contract (contract number 04-36069). The term of the Operational Readiness contract is from August 1, 2022 through December 31, 2023.

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

**Background:** L.A. Care received the Contract for Operational Readiness activities for the 2024 Primary Operations Contract from the Department of Health Care Services (DHCS) related to the Medi-Cal Contract (contract number 04-36069). The Plan is requested to execute the Operational Readiness Contract; however, due to concerns shared by L.A. Care and other local initiative health plans, L.A. Care is seeking delegated authority from the Board to negotiate and execute the Contract. A copy of the contract (613 pages) can be obtained by contacting Board Services.

**Member Impact:** Staff is in the process of reviewing the Operational Readiness requirements to determine member impact.

**Budget Impact:** Staff will review budget impact through the Operational Readiness review process.

**Motion:**     **To delegate authority to L.A. Care Chief Executive Officer, John Baackes, to negotiate and execute the Contract for Operational Readiness related to the 2024 Primary Operations Contract for the Medi-Cal Contract (04-36069).**