



L.A. Care
HEALTH PLAN[®]

For All of L.A.

BOARD OF GOVERNORS MEETING

June 6, 2024 • 1:00 PM

L.A. Care Health Plan

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



Statement

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

Overview

Committed to the promotion of accessible, affordable and high quality health care, L.A. Care Health Plan (Local Initiative Health Authority of Los Angeles County) is an independent local public agency created by the State of California to provide health coverage to low-income Los Angeles County residents. Serving more than 2.6 million members in four product lines, L.A. Care is the nation's largest publicly operated health plan.

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

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

Programs

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



- **L.A. Care Medicare Plus** – L.A. Care Medicare Plus provides complete care that coordinates Medicare and Medi-Cal benefits for Los Angeles County seniors and people with disabilities, helps with access to resources like housing and food, and offers benefits and services like care managers and 24/7 customer service at no cost.
- **PASC-SEIU Homecare Workers Health Care Plan** – L.A. Care provides health coverage to Los Angeles County’s In-Home Supportive Services (IHSS) workers, who enable our most vulnerable community members to remain safely in their homes by providing services such as meal preparation and personal care services.

L.A. Care Membership by Product Line – As of May 2024	
Medi-Cal	2,331,957
L.A. Care Covered	184,488
D-SNP	19,600
PASC-SEIU	48,949
Total membership	2,584,994
L.A. Care Providers – As of April 2022	
Physicians	5,709
Specialists	13,534
Both	364
Hospitals, clinics and other health care professionals	14,276
Financial Performance (FY 2023-2024 budget)	
Revenue	\$11B
Fund Equity	\$1,779,445
Net Operating Surplus	\$103.9M
Administrative cost ratio	5.1%
Staffing highlights	
Full-time employees (Actual as of September 2023)	2,269
Projected full-time employees (FY 2023-2024 budget)	2,407





AGENDA
BOARD OF GOVERNORS MEETING
L.A. Care Health Plan
Thursday, June 6, 2024, 1:00 P.M.
 L.A. Care Health Plan, 1055 W. 7th Street, Conference Room 100, 1st Floor
 Los Angeles, CA 90017

DRAFT

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

To listen to the meeting via videoconference please register by using the link below:
<https://lacare.webex.com/lacare/j.php?MTID=m5641e2a5e135d1d102da03e9e6770bbb>

To listen to the meeting via teleconference please dial: +1-213-306-3065
 English Meeting Access Number **2499 692 6618** Password: **lacare**
 Spanish Meeting Access Number: **2480 493 7061** Password: **lacare**

Hector De La Torre
 1600 Campus Road
 Los Angeles, CA 90041

George Greene, Esq.
 602 Indiana Place
 South Pasadena, CA 91030

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

For those not attending the meeting in person, public comments on Agenda items can be submitted prior to the start of the meeting in writing by e-mail to BoardServices@lacare.org, or by sending a text or voicemail to (213) 628-6420. Due to time constraints, we are not able to transcribe and read public comment received by voice mail during the meeting. Public comment submitted by voice messages after the start of the meeting will be included in writing at the end of the meeting minutes.

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

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

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

Welcome

Alvaro Ballesteros, MBA, *Chair*

- 1. Approve today's agenda *Chair*
- 2. Public Comment (*Please read instructions above.*) *Chair*

ADJOURN TO CLOSED SESSION (Estimated time: 60 minutes) *Chair*

- 3. REPORT INVOLVING TRADE SECRET
 Pursuant to Welfare and Institutions Code Section 14087.38(n)
 Discussion Concerning new Service, Program, Marketing Strategy, Business Plan or Technology
 Estimated date of public disclosure: *June 2026*

4. **CONTRACT RATES**
Pursuant to Welfare and Institutions Code Section 14087.38(m)
 - Plan Partner Rates
 - Provider Rates
 - DHCS Rates

5. **THREAT TO PUBLIC SERVICES OR FACILITIES**
Government Code Section 54957
Consultation with: Tom MacDougall, *Chief Information & Technology Officer* and Gene Magerr, *Chief Information Security Officer*

6. **CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION**
Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act:
Four Potential Cases

7. **CONFERENCE WITH LEGAL COUNSEL – EXISTING LITIGATION**
Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act
Jones v. L.A. Care Health Plan, L.A. Superior Court Case No. 23STCV04081

8. **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)

9. **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: 23-725, 21-855

10. **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

11. **PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR**
Sections 54957 and 54957.6 of the Ralph M. Brown Act
Title: CEO
Agency Designated Representative: Alvaro Ballesteros, MBA
Unrepresented Employee: John Baackes

RECONVENE IN OPEN SESSION

Chair

12. Public Comment (*Please read instructions above.*)

Chair

13. Approve Consent Agenda Items *Chair*
(A consent agenda is a way the Board of Governors can approve many motions at the same time to improve efficiency at the meeting. Most motions on a consent agenda have already been discussed at a previous Board Committee meeting. According to the Brown Act [California Government Code Section 54954.3(a)], the agenda need not provide an opportunity for public comment on any item that has already been considered by a committee. Sometimes routine motions are placed on the consent agenda by staff, and those have motion numbers that start with "BOG".)
- May 2, 2024 meeting minutes p.19
 - Delegate authority to L.A. Care Chief Executive Officer, John Baackes, to negotiate and p.55
execute Amendment A02 to the 2024 Medi-Cal Contract 23-30232 between L.A. Care Health Plan and the California Department of Health Care Services **(BOG 102)** *(Due to the volume of the contract, a copy of the contract may be requested by contacting Board Services.)*
 - Quarterly Investment Report **(FIN 100)** p.64
 - Take from the table Motions **TTECA 100 and TTECA 101** to continue consideration of these motions to the July 25, 2024 Board Meeting.
14. Chairperson's Report *Chair*
15. Chief Executive Officer Report p.105 John Baackes
Chief Executive Officer
- Department of Managed Health Care Enforcement Matter
 - Monthly Grants & Sponsorship Reports p.110
 - Government Affairs Update p.111 Cherie Compartore
Senior Director, Government Affairs
 - 2024-25 State Budget Update p.251
16. Chief Medical Officer Report Sameer Amin, MD
Chief Medical Officer
- L.A. Care's Support for Members Experiencing Homelessness p.256
17. Performance Monitoring May 2024 p.270 Sameer Amin, MD
Acacia Reed
Chief Operating Officer
18. Motions for Consideration
- Approval of delegation of authority to destroy certain records associated with L.A. Care's move to 1200 W. 7th Street, Building **(BOG 103)** p.295 Augustavia J. Haydel, Esq.
General Counsel
 - Delegate authority to the Executive Committee of the Board of Governors to approve the revisions to the Operating Rules of the Consumer Advisory Committees (CAC) and Executive Community Advisory Committee (ECAC), the transition from 11 RCAC areas of representation to 8 and an enhanced CAC member volunteer stipend structure as approved by the Temporary Transitional Executive Community Advisory Committee (TTECAC) at its meeting of May 14, 2024 **(BOG 104)** p.296 John Baackes

Public Advisory Committee Reports

19. Temporary Transitional Executive Community Advisory Committee Fatima Vazquez / Layla Gonzalez
Consumer member and Advocate member

Board Committee Reports

20. Executive Committee *Chair*

21. Finance & Budget Committee Stephanie Booth, MD
Committee Chair
- Chief Financial Officer Report p.340
 - Financial Report – March 2024 **(FIN 101)** p.350 Afzal Shah
Chief Financial Officer
 - Monthly Investment Transactions Reports – March 2024 p.360 Jeffrey Ingram
Deputy Chief Financial Officer
 - Quarterly Reports Required by Internal Policies p.410
22. Compliance & Quality Committee Stephanie Booth, MD
Committee Chair
23. Provider Relations Advisory Committee George Greene, Esq.
Committee Chair

ADJOURN TO CLOSED SESSION (if needed) *Chair*

Please see items 3. through 11. on pages 1 and 2 of this Agenda

RECONVENE IN OPEN SESSION *Chair*

Adjournment *Chair*

The next meeting is scheduled on July 25, 2024 at 1 PM, it may be conducted as a teleconference meeting.
The order of items appearing on the agenda may change during the meeting.

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

Please follow additional instructions on the first page of this Agenda.

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Govt Code Section 54954.2 (a)(3) and Section 54954.3. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION 72 HOURS BEFORE THE MEETING:

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

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

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

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

SCHEDULE OF MEETINGS



Schedule of Meetings
June 2024

Monday	Tuesday	Wednesday	Thursday	Friday
3	4	5	6 <i>Board of Governors Meeting</i> 1 pm <i>(for approx. 6 hours)</i>	7
10	11	12 <i>TTECAC Meeting</i> <i>10 AM</i> <i>(for approx. 3 hours)</i>	13	14
17	18	19	20 <i>Compliance & Quality Committee Meeting</i> 2 PM <i>(for approx. 2 hours)</i>	21
24	25	26 <i>Finance & Budget Committee Meeting</i> <i>1 PM</i> <i>(for approx. 1 hour)</i> <i>Executive Committee Meeting</i> <i>2 PM</i> <i>(for approx. 2 hours)</i>	27	28



1055 W. 7th Street, 1st Floor, Los Angeles, CA 90017
Tel. (213) 694-1250 / Fax (213) 438-5728

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
BOARD OF GOVERNORS	<p>1st Thursday 1:00 PM <i>(for approximately 3 hours)</i> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p> <p><i>* Meeting 4th Thursday due to summer holiday schedule</i> <i>** All Day Retreat.</i> <i>Location TBD</i> <i>*** Placeholder meeting</i></p>	<p>June 6 July 25 * <i>No meeting in August</i> September 5 ** October 3 *** November 7 December 5</p>	<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Jackie Contreras, PhD Hector De La Torre Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. G. Michael Roybal, MD, MPH Supervisor Hilda L. Solis Nina Vaccaro, MPH Fatima Vazquez</p> <p>Staff Contact: John Baackes <i>Chief Executive Officer, x4102</i> Linda Merkens <i>Senior Manager, Board Services, x4050</i></p>
BOARD COMMITTEES			
EXECUTIVE COMMITTEE	<p>4th Wednesday of the month 2:00 PM <i>(for approximately 2 hours)</i> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p> <p><i>*3rd Wednesday due to Thanksgiving holiday</i></p>	<p>June 26 <i>No meeting in July</i> August 28 September 25 October 23 November 20 * <i>No meeting in December</i></p>	<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> <i>Governance Committee Chair</i> <i>Compliance & Quality Committee Chair</i></p> <p>Staff Contact: Linda Merkens <i>Senior Manager, Board Services, x4050</i> Malou Balones <i>Board Specialist III, Board Services x4183</i></p>

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

**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES
AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2024 MEETING SCHEDULE / MEMBER LISTING**

	MEETING DAY, TIME & LOCATION	MEETING DATES	BOARD MEMBERS / STAFF CONTACT
COMPLIANCE & QUALITY COMMITTEE	<p>3rd Thursday of the month 2:00 PM <i>(for approximately 2 hours)</i> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>	<p>June 20 <i>No meeting in July</i> August 15 September 19 October 17 November 21 <i>No meeting in December</i></p>	<p>Stephanie Booth, MD, <i>Chairperson</i> Alvaro Ballesteros, MBA G. Michael Roybal, MD, MPH Fatima Vazquez</p> <p>Staff Contact: Victor Rodriguez <i>Board Specialist II, Board Services x 5214</i></p>
FINANCE & BUDGET COMMITTEE	<p>4th Wednesday of the month 1:00 PM <i>(for approximately 1 hour)</i> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p> <p><i>*3rd Wednesday due to Thanksgiving holiday</i></p>	<p>June 26 <i>No meeting in July</i> August 28 September 25 October 23 November 20 * <i>No meeting in December</i></p>	<p>Stephanie Booth, MD, <i>Treasurer</i> Al Ballesteros, MBA G. Michael Roybal, MD, MPH Nina Vaccaro</p> <p>Staff Contact: Malou Balones <i>Board Specialist III, Board Services x4183</i></p>
PROVIDER RELATIONS ADVISORY COMMITTEE	<p>Meets Quarterly 3rd Wednesday of meeting month 9:30 AM <i>(for approximately 2 hours)</i> L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>	<p>August 21 November 20</p>	<p>George Greene, Esq., <i>Chairperson</i></p> <p>Staff Contact: Linda Merkens <i>Senior Manager, Board Services, x4050</i></p>
AUDIT COMMITTEE	<p>L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p> <p>MEETS AS NEEDED</p>		<p>Hector De La Torre, <i>Chairperson</i> Layla Gonzalez George Greene</p> <p>Staff Contact Malou Balones <i>Board Specialist III, Board Services, x 4183</i></p>

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

**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES
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2024 MEETING SCHEDULE / MEMBER LISTING**

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

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2024 MEETING SCHEDULE / MEMBER LISTING**

<p align="center">L.A. CARE COMMUNITY HEALTH PLAN</p>	<p>Meets Annually or as needed L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>		<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Jackie Contreras, PhD Hector De La Torre Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. G. Michael Roybal, MD, MPH Supervisor Hilda Solis Nina Vaccaro, MPH Fatima Vazquez</p> <p>Staff Contact: John Baackes, <i>Chief Executive Officer, x4102</i> Linda Merkens, <i>Senior Manager, Board Services, x4050</i></p>
<p align="center">L.A. CARE JOINT POWERS AUTHORITY</p>	<p>L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p> <p><i>* Meeting 4th Thursday due to summer holiday schedule</i> <i>**All Day Retreat.</i> <i>Location TBD</i> <i>***Placeholder meeting</i></p>	<p align="center">June 6 July 25 * <i>No meeting in August</i> September 5 ** October 3 *** November 7 December 5</p>	<p>Alvaro Ballesteros, MBA, <i>Chairperson</i> Ilan Shapiro, MD, <i>Vice Chairperson</i> Stephanie Booth, MD, <i>Treasurer</i> John G. Raffoul, <i>Secretary</i> Jackie Contreras, PhD Hector De La Torre Christina R. Ghaly, MD Layla Gonzalez, George W. Greene, Esq. G. Michael Roybal, MD, MPH Supervisor Hilda Solis Nina Vaccaro, MPH Fatima Vazquez</p> <p>Staff Contact: John Baackes, <i>Chief Executive Officer, x4102</i> Linda Merkens, <i>Senior Manager, Board Services, x4050</i></p>

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2024 MEETING SCHEDULE / MEMBER LISTING**

PUBLIC ADVISORY COMMITTEES			
<p align="center">CHILDREN'S HEALTH CONSULTANT ADVISORY COMMITTEE GENERAL MEETING</p>	<p align="center">3rd Tuesday of every other month 8:30 AM <i>(for approximately 2 hours)</i></p> <p align="center">L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>	<p align="center">August 20 October 15</p>	<p>Tara Ficek, MPH, Chairperson</p> <p>Staff Contact: Victor Rodriguez <i>Board Specialist II, Board Services/x 5214</i></p>
<p align="center">EXECUTIVE COMMUNITY ADVISORY COMMITTEE</p>	<p align="center">2nd Wednesday of the month 10:00 AM <i>(for approximately 3 hours)</i></p> <p align="center">L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>	<p align="center">June 12 July 10 <i>No meeting in August</i> September 11 October 9 November 13 December 11</p>	<p>Ana Rodriguez, Chairperson</p> <p>Staff Contact: Idalia Chitica, <i>Community Outreach & Education, Ext. 4420</i></p>
<p align="center">TECHNICAL ADVISORY COMMITTEE</p>	<p align="center">Meets Quarterly 2nd Thursday of meeting month 2:00 PM <i>(for approximately 2 hours)</i></p> <p align="center">L.A. Care Health Plan 1055 W. 7th Street Los Angeles, CA 90017 (213) 694-1250</p>	<p align="center">August 8 October 10</p>	<p>Alex Li, MD, Chairperson</p> <p>Staff Contact: Victor Rodriguez <i>Board Specialist II, Board Services/x 5214</i></p>

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

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2024 MEETING SCHEDULE / MEMBER LISTING**

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

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

**BOARD OF GOVERNORS, BOARD COMMITTEES, PUBLIC ADVISORY COMMITTEES
AND REGIONAL COMMUNITY ADVISORY COMMITTEES
2024 MEETING SCHEDULE / MEMBER LISTING**

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

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CONSENT AGENDA

Board of Governors
Regular Meeting Minutes #327
May 2, 2024

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



L.A. Care
 HEALTH PLAN

Members

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

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

Management

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

*Absent

** Via teleconference

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>WELCOME</p>	<p>Alvaro Ballesteros, <i>Board Chairperson</i>, called to order at 1:06 pm the regular and special meetings of L.A. Care Health Plan Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors. The meetings were held simultaneously.</p> <p>Chairperson Ballesteros invited Board Member Vaccaro to address the Board. Board Member Vaccaro informed Board Members she was not able to attend the meeting in person due to an unexpected health issue, and requested approval to participate remotely. She stated that there are no individuals in the room with her.</p> <p>Board Chairperson Ballesteros welcomed everyone and outlined the information for public comment included on the meeting Agenda.</p>	
<p>APPROVAL OF MEETING AGENDA</p>	<p><i>Andria McFerson commented that she asked for a mic to be sent to the disabled table, due to the fact that she spent time in the ICU last month and was very sick. It was during a meeting, a public meeting with stakeholders. She felt enthrottled in so much stress due to the fact that it was staff that was impeding on her public speaking rights. And the medication that she was on, it did catapult her epilepsy. And so she had an epileptic seizure. She thought it would be best if she sat down and had the mic when she made comments and just different things like that just to make it so that it's easier for her. She has had four seizures during this meeting, so she's not making things up. Yeah, right here at L.A. Care. Agenda item number one, can only be closed off, the closed meeting could only be closed off with items like attorney client privilege, involve trade secrets privilege from a disclosure involved information received or held by state bar or if the Chair feels that there's a threat</i></p>	

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AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>regarding open matters of an internal management. I wanted to know if the agenda item for number one, should it be approved, just due to the fact that because they are disabled, some people are, going through disparities or low income, just all kinds of just different things like that. It's hard to basically have closed item first, wait two hours and then come back and then deal with that. She has absolutely no idea why it has changed in any type of way, but due to that, the closed session is first, they wait up in a room, it may not even be ten by ten. And all of the members of the public sit in that room for an hour or two. Last time, it was longer than an hour the last time I was up there, but there was NO emergency exit fire exit, and there were many people in that room from the beginning to the end. And there was a wheelchair in front of the actual one exit that they did have. And that's, I'm just trying to be safe. That's it. She's not asking for too much. And, she's not trying to be combative in any type of way. She's just trying to acknowledge the fact that there are people who do have disabilities. So with that, if there's any way that the Board can have closed session after, and then just recognize the fact that, these people are low income, some people caught a train caught a bus here, drove or had a ride here. But yet, every single thing that they do is a challenge when it comes to transportation and committing to certain things like this. And we are all here for a reason. They are here for better healthcare and actually making plausible decisions on what they go through on a regular basis. So you do kind of need us, and we need you too. So it would be great if you maybe accommodated us by having closed session after and not before, okay. That's all I can really say because right now I need to sit down.</i></p> <p><i>Demetria Saffore wished to give her time to Ms. McFerson.</i></p> <p>Chairperson Ballesteros stated that we're not able to do that.</p> <p><i>Ms. McFerson stated that was why she hurried up and gave the mic to her (Ms. Saffore). Ms. McFerson stated that she wanted to make it known that they used to give public comments after the agenda item was explained, and they don't do that anymore.</i></p> <p><i>Russell Mahler commented that first off, he'd like to say he's kind of disappointed in L.A. Care as a whole. They do not know the value other members as well as everybody thinks they are. And he wanted to say that he hopes to God today they understand, everybody in this room understands, how much everybody around here is important, and not just the committee itself. And on that note, he would like to also add that they vote and change it back around to where it used to be when you guys were going to closed session at the end of the meeting.</i></p> <p>The meeting Agendas were approved as submitted.</p>	<p>Unanimously approved by roll call. 11 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Raffoul, Roybal, Shapiro, Solis, Vaccaro and Vazquez)</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
Public Comment	<p><i>Roger Rabaja. RCAC 1, asked, can we get more specialists for the AV? And how is that going to work?</i></p> <p>Chairperson Ballesteros offered to have staff talk with him to address his concerns are around the specialists in the AV.</p> <p><i>Mr. Rabaja invited Dr. Shapiro to attend a RCAC 1 meeting, he spoke with Dr. Shaprio about it already and he has his information.</i></p> <p>Board Member Shapiro stated it would be a pleasure.</p> <p><i>Demetria Saffore did not want to speak</i></p> <p><i>Andria McFerson wanted to ask if all closed items were legally supposed to be closed items, because she has a question on item number 10, the public employee performance evaluation, public employment and conference with labor negotiator. If they are a public employee, should they have any information having to do with that matter so that they can comment on anything necessary, in order to make the proper decisions and give advice or input and things like that, would determine that it was an effort towards all of the BOG chairs to receive all information from the committee on what that public employee or department has done, in order to make the proper decisions according to this agenda item. She wants to know if that is an actual closed session item.</i></p> <p>Chairperson Ballesteros asked Augustavia Haydel, <i>General Counsel</i>, to respond. Ms. Haydel thanked Ms. McFerson for the question. She stated it is her opinion that this is an appropriate closed item. Safe Harbor language as identified in the Brown Act has allowable bases for the Board to be in closed session to discuss these items as listed on the agenda.</p> <p><i>Ms. McFerson stated if Chair feels that it's regarding a closed matter than she can't do anything but honor that.</i></p> <p><i>Estela Lara wants to talk to the Board regarding what Russell just mentioned about the members. She believes that the members sometimes are disrespected, undervalued, and taken for granted. Members are an important part; they actually were part of the founding members of LA Care Health Plan. They decided to include them in the advisory capacity. They are not just here because of their pretty little faces. They actually have input because they are subject matter experts. They can tell the Board what goes on in the different regions and now that the regions will be consolidated into eight regions to coincide or align with the SPAs. Service planning areas, this is a new word for them. She wants to tell the Board that they are actually subject matter experts because they know what happens in their neighborhoods and in their regions right now. That's not changeable. They are still and are going to be part of either RCACs or the round tables. So that's something that they actually already are looking forward to and they want to look forward to actually having their own meetings again routinely. She just wants to tell the Board they actually know more than the Board realizes, and the Board is underutilizing their expertise. She would like Mr. Baackes to give them t-shirts that say, subject matter expert, to emphasize the fact that what she's telling the Board. Because if it weren't for them, there would be no L.A. Care. They can tell the Board very succinctly what is wrong with their areas, regions. They can tell the Board that there's food scarcity. That there's good quality food available, not available. They can tell the Board all sorts of stuff, one needs to just ask them, which she hasn't seen in a very long time. Occasionally they'll</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>come in and say yes, fill out the survey. Surveys once in a while don't work. They need this on an ongoing basis. And address them with respect because that's who they are. They are members who are very important. They are actually represented by Layla Gonzalez and by Fatima Vazquez. They have two seats on the Board, unlike single Board Members, who only have one seat. What does that mean? Members have more weight than one member Board does. Nothing personal, but that's the way it is. So they are actually people who want to be asked, so the Board can find out and members and the Board can find solutions together as to what ails them.</i></p> <p><i>Public comment submitted by Elizabeth Cooper earlier today by voicemail. Good afternoon to the board of governors. Her name is Elizabeth Cooper, RCAC 2 member. She would like to speak about the Agenda today. She did not get the Agenda nor the Board book in a timely manner. She would please ask the chairs to indulge and to please listen to her public comment. She would first like to wish Happy Mother's Day for all mothers, those who have accepted the role of mothers, and also national Seniors Day. She would like the Board to acknowledge Mother's Day today. She would like to request that the Chair let her comment on any item because She did not did not have access to the board book nor the agenda. As of today, she did not have access to these things. Please call items so she can comment if she chooses to. Please take notice board members and have staff send the board book to those that requested materials in a timely manner.</i></p> <p><i>(Board Member Contreras joined the meeting.)</i></p>	
<p>ADJOURN TO CLOSED SESSION</p>	<p>The Joint Powers Authority Board of Directors meeting temporarily adjourned at 1:35 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 1:35 pm. No report was anticipated from the closed session.</p> <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>May 2026</i></p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Tom MacDougall, <i>Chief Information & Technology Officer</i> and Gene Magerr, <i>Chief Information Security Officer</i></p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four Potential Cases</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable)</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> Local Initiative Health Authority for Los Angeles County (L.A. Care Health Plan) v. U.S., Case No. 1:22-CV-01515 CNL (U.S. Court of Federal Claims) Local Initiative Health Authority for Los Angeles County (L.A. Care Health Plan) v. U.S., Case No. 20-1393, (U.S. Court of Appeals for the Federal Circuit) <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR Sections 54957 and 54957.6 of the Ralph M. Brown Act Title: CEO Agency Designated Representative: Alvaro Ballesteros, MBA Unrepresented Employee: John Baackes</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act CommonSpirit Health Dignity Community Care dba California Hospital Medical Center, Glendale Memorial Hospital and Health Center, Northridge Hospital Medical Center, St. Mary Medical Center v. L.A. Care Health Plan, JAMS 5220002620 (filed Feb. 23, 2023)</p>	
RECONVENE IN OPEN SESSION	The L.A. Care Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors reconvened in open session at 2:52 pm. There was no report from closed session. Chairperson Ballesteros welcomed members of the public to the meeting. He provided information about submitting public comment.	
PUBLIC COMMENTS	There was no public comment for this item.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>APPROVE CONSENT AGENDA ITEMS</p>	<ul style="list-style-type: none"> • April 4, 2024 meeting minutes • To authorize a Letter of Credit from a financial institution for tenant improvements according the existing lease for 1200 W. 7th Street, Los Angeles <u>Motion EXE 100.0524</u> To approve L.A. Care (a) obtaining a letter of credit from a financial institution (such as Wells Fargo Bank, N.A.) to be delivered to the landlord of the Garland building for tenant improvements, as required per L.A. Care’s lease contract and (b) cash collateralizing the letter of credit by pledging \$22,727,390 in unrestricted cash to said financial institution in exchange for the letter of credit and depositing said cash with said financial institution. <p>The Board of Governors have determined that pursuant to California Welfare & Institutions Code § 14087.9605 (b)(2)(d) and (c), L.A. Care is permitted to “contract for services required to meet its obligations” and to “acquire, possess, and dispose of real or personal property” and obtaining and securing the letter of credit in order to facilitate the Tenant Improvements will allow L.A. Care to meet its obligations. Additionally the Board of Governors have determined that it may “dispose” of its personal property by cash collateralizing the letter of credit. Further, pursuant to California Welfare & Institutions Code § 14087.9665 (a) L.A. Care may borrow or receive funds from any person or entity as necessary to cover development costs and other actual or projected obligations of the local initiative and the Board of Governors have determined that obtaining and securing the letter of credit in order to facilitate the Tenant Improvements is necessary to cover actual or projected obligations of L.A. Care. The Board of Governors have identified \$22,727,390 in unrestricted cash which may be used to cash collateralize the letter of credit by depositing said cash to a public funds interest bearing account with said financial institution providing such letter of credit.</p> <p>The Chief Financial Officer, the Deputy Chief Financial Officer, or person duly appointed in writing to act in the stead of such officer (collectively, the “Responsible Officers”), is hereby authorized and directed for and in the name of and on behalf of L.A. Care to further negotiate the terms of the letter of credit and fees and security relating thereto and execute and deliver documents and instruments relating to the letter of credit and cash collateralizing and pledging funds to secure the letter of credit with such changes therein, deletions therefrom and additions thereto as may be approved (i) by any Responsible Officer, in such person’s discretion, as being in the best interests of L.A. Care, and (ii) by L.A. Care’s General Counsel, such approval to be conclusively evidenced by the</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>execution and delivery thereof by the person executing the same on behalf of L.A. Care (the “LC Documents”).</p> <p>Further Actions. The Responsible Officers are, and each of them acting alone is, hereby authorized and directed to take such actions and to execute such documents and certificates as may be necessary to effectuate the purposes of this resolution, including the execution and delivery of the LC Documents, and execution and delivery of any and all memorandums of agreement or understanding, assignments, certificates, requisitions, agreements, notices, consents, instruments of conveyance, warrants and other documents, which they, or any of them, deem necessary or advisable in order to consummate the transactions and requirements as described herein.</p> <p>All actions heretofore taken by any officer of L.A. Care with respect to the execution and delivery of LC Documents, and the cash collateralizing and pledging funds to secure the letter of credit described therein are hereby approved, confirmed and ratified.</p> <ul style="list-style-type: none"> Contract with the Department of Health Services Housing for Health in partnership with Brilliant Corners to provide support on accessibility improvements in Interim Housing facilities throughout Los Angeles County <i>(Board Members Ghaly and Roybal may have potential conflicts of interest for motion EXE 101 and their vote to approve the Consent Agenda items excludes a vote on item EXE 101.)</i> <u>Motion EXE 101.0524</u> To authorize staff to execute an Housing and Homelessness Incentive Program (HHIP) investment agreement in the amount of up to \$3,500,000 with the Los Angeles County Department of Health Services in partnership with Brilliant Corners, to provide accessibility improvements in Interim Housing facilities throughout Los Angeles County to ensure residents with disabilities are able to be safely housed in the facilities from September 1, 2024 to September 30, 2027. Technical Advisory Committee Revised Charter (TAC 100) <u>Motion TAC 100.0524</u> To approve the revised Technical Advisory Committee (TAC) charter, as presented. 	<p>Unanimously approved by roll call. 12 AYES (Ballesteros, Booth, Contreras, De La Torre, Ghaly, Gonzalez, Raffoul, Roybal, Shapiro, Solis, Vaccaro and Vazquez) <i>Drs. Ghaly and Roybal may have potential conflicts of interest for motion EXE 101 and their vote to approve the Consent Agenda items excludes a vote on item EXE 101.</i></p>
CHAIRPERSON’S REPORT	Chairperson Ballesteros acknowledged that May is Asian Pacific Islander (API) and Pacific Islander (PI) Heritage Month. He acknowledged those communities and hopes this month we all learn more about the API and PI members of Los Angeles County.	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>He attended L.A. Care’s Provider Recognition Awards last week. From his perspective, it was a wonderful event. He acknowledged Mr. Baackes and the L.A. Care staff. It was held in this building and it was apparent that the community members and the organizations honored felt a lot of pride and were very happy to receive the recognition. The Urban Voices choir performed at the event. It is a group of individuals formed primarily from the unhoused community. The connection between L.A. Care and the community is evidenced by these types of events. Bringing in groups like the Urban Voices shows L.A. Care's commitment to being community-based and in touch with the community. He thanked all the staff members that worked to bring the event together.</p>	
<p>CHIEF EXECUTIVE OFFICER REPORT</p>	<p>PUBLIC COMMENT</p> <p><i>Sylvia Socio commented she has been a member with L.A. Care for a long time, and she’s very pleased with the service she receives. She has certain points to complain about, but they are not Important and if she brings them to your attention it’s because she is sure that a solution may be found. But when she calls Call the Car, she always requests service door-to-door because she is handicapped. She lives on a very busy street and they stop around the corner. Sometimes she can walk and sometimes she cannot do it. She would like to talk to somebody and see if there is a possibility to modify that. Just to give you an example, Access stops in the doorway, but of course she prefers the service that she gets with L.A. Care than with Access. She also wants to thank the group because she was nicely welcomed. They were very open-minded and she thanks them because it’s her first time here.</i></p> <p>Mr. Baackes asked staff to talk with her about her experience.</p> <p><i>Andria McFerson, RCAC 5, wanted to speak about item number 15. She wants to know if the monthly grant sponsorship report had anything to do with the RCACs. Unfortunately, RCACs have not been able to meet monthly or every other month, for a number of years now. She wants to know for the monthly grant received for each RCAC, can they have a budget report on that and make it so that they understand that either that budget money will be rolled over. For the most part, the state is stating that if money is not spent within the fiscal year, which ends 1 July, then that money rolls back into the government, If we have not spent that money. They haven’t had access to a public forum where they can talk about things and vote on that actual budget having to do with the RCACs, then where is that money? Why weren’t they given access to making decisions in order to adhere to the public outreach and engagement due to the pandemic and other things. They have missed a lot of people, of course, but there are were some people able to participate virtually or hybrid, and speak on different issues having to do with the community and how we can outreach to those people knowing that they have resources going through the pandemic and just different things like that. So it would have been great to spend that money on outreach and</i></p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><i>engagement. So with that, will that money still be in their budget? And if so, the monthly grants and just different sponsorship reports and all those type of things, can we get that reported to our RCAC meetings and can we have a normal RCAC meeting so that we can actually have a general consensus and vote on particular budgets preparation to actually have an open event for our community, giving necessary information in order to give back, letting the community service area know that they have options. They have better options and they have resources that are free, they have organizations, they have L.A. Care. She knows the Board wants to give back, but that peer on peer, eye to eye contact is better than anything else. Because if one is actually going through it, then one has a story to tell and people are more receptive to people who are going through what they are going through. So with that, the budget, can they have a report and can they still use the three fiscal year budget that they had towards their RCACs, towards community outreach and outreach alone.</i></p> <p>Mr. Baackes responded that any budgeted funds about which the RCACs could make recommendations would be available. Nothing goes back to the state out of that budget allocation. L.A. Care returns funds to the state only if L.A. Care has not met the medical loss ratio amount.</p> <p>Mr. Baackes reported: Medi-Cal eligibility redetermination results show that even though the number of people that were with L.A. Care when the redetermination process started, with new enrollment the net loss was about 4 or 5%. Between June last year and April of this year, L.A. Care welcomed 622,000 new Medi-Cal members. In reviewing the new enrollment, thanks to Phinney Ahn, <i>Executive Director of Medi-Cal</i>, and staff, it was found that 42%, or almost 260,000 of the new members had been enrolled with L.A. Care in the last twelve months. The people who had not returned the redetermination packet started a new application for Medi-Cal.</p> <p>The 58% (362,000) of new enrollees, 155,000 are in the expansion population of undocumented residents between age 26 and 49. This is a very interesting finding and demonstrates that people found a pathway to re-enroll in Medi-Cal. It was not reflected in the phone calls to L.A. Care’s customer service center, and there were not many calls from people did not have coverage. They had figured it out on their own and through the dissemination of public information.</p>	

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	<p style="text-align: center;">New Member Analysis – Medi-Cal <i>Snapshot of New Medi-Cal Member Prior Enrollment with L.A. Care (Nov 23 - Dec 23)</i></p> <p>← Of the new members with prior enrollment, 51% had a gap in coverage of 1 month and 83% had a gap in coverage of 12 months or less.</p> <p>Of the new members with prior enrollment, 77% had a gap in coverage of 4 months or less.</p>	

Ms. Ahn explained that L.A. Care wanted to understand the background of new Medi-Cal members who had been enrolled previously with L.A. Care. New enrollment data from November to December 2023 was used to calculate the gap in coverage. In November and December 2023, L.A. Care had about 70,000 total new members. That is the blue and green pie chart on the left in the display. Among the 70,000, about half, or 36,000+, were previously enrolled with L.A. Care, and that is the green side of the circle. The bars on the right show a breakout, with the length of months of a gap in coverage for those who were previously enrolled. Among those 36,000 new members who were previously enrolled, about half experienced a gap in coverage of only one month, shown by the tall blue bar, and 14% had a gap of two months and 9% had a gap of three months. It tapers down after that. When doing this analysis, members who were on hold in the 90-day care period and were later reinstated were not included. The members released from hold had no gap in coverage. A conclusion of the analysis is that these members likely did not respond to their renewal packet, and later became aware that

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	<p>they had lost coverage, reapplied through a new Medi-Cal application and experienced a gap of coverage of one, two or three months. The opportunity is to minimize breaks in coverage, because it is extremely disruptive in health care delivery. L.A. Care is working to help members who are placed on hold through eligibility redetermination, to ensure they understand that action needs to be taken in order to maintain continuous coverage.</p> <p>Board Member Roybal asked about the number of Medi-Cal members in the 90-day cure period. Ms. Ahn offered to send him the data. Typically, between 30,000 and 50,000 members go on hold month over month during this continuous coverage unwinding process. Board Member Roybal noted it would be interesting to see how long members were in the “on hold”, or cure status. Ms. Ahn stated that L.A. Care is tracking all members with on hold status.</p> <p>L.A. Care has data for the eleven months of Medi-Cal enrollment since eligibility redetermination restarted in June 2023. The data for May 2024 will be available in a few days, and will be shared at a future board meeting. Because of the 90-day cure period, a final report on the outcome of redetermination will be available in September 2024. It is encouraging that members have continued coverage even after a brief gap.</p> <p>Mr. Baackes continued his report. He noted that Acacia Reed, <i>Chief Operations Officer</i>, had discussed previously the challenges of the Change Healthcare cyber-attack. As a result, many providers had temporary difficulty transmitting claims and developed cash flow issues because of the disruption. The California Department of Healthcare Services (DHCS) encouraged health plans to work with the providers and L.A. Care provided a number of cash advances. L.A. Care made it clear to all providers that it was open to receiving requests for cash advances and L.A. Care approved 89 advances totaling over \$30 million. Most of those were to community-based organizations, skilled nursing facilities and Community Based Adult Services facilities. Four Hospitals asked for advances out of that \$30 million. The advances are made against future claims and as claims are adjudicated, L.A. Care will make adjustments for the advances paid. L.A. Care is reviewing if other health plans provided advancements to providers and will report on that to the Board at a future meeting.</p> <p>Among the reasons only four hospitals asked for advance, one is that many hospitals are paid on a capitation basis, such as the public hospitals at Department of Health Services (DHS), so there were no claims for reimbursement. Many hospitals asked for advances on the directed payments known as Hospital Quality Assurance Fee (HQAF) or Private Hospital Directed Payment (PHDP) programs. The amounts under those programs is substantial.</p> <p>Jeff Ingram, <i>Deputy Chief Financial Officer</i>, stated that there are two distinct programs. L.A. Care advanced \$50 million to four hospitals for HQAF and \$10.8 million to three hospitals for PHDP. A challenge with the HQAF was a delay from DHCS in distributing the funds. L.A.</p>	

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	<p>Care received the funds from DHCS on April 30, 2024, and will pay the full \$377,000,000 to hospitals in advance of reconciliation later in May. L.A. Care is dependent on California Hospital Association (CHA) to provide a schedule for payment. L.A. Care will step up and push the funds to hospitals before having full visibility and will reconcile it in the future.</p> <p>Mr. Baackes stated he expects to receive another round of calls from hospitals regarding advances on the next payment, which is due in October. It speaks to the problem that L.A. Care’s hospital partners are having in keeping up with inflation, the increased cost of nursing, and for those that are heavily dependent on Medi Cal, the constant chase for reimbursement to cover their expenses. For two or three years, requests for advances has increased on the directed payments. For most hospitals, the reimbursement from the Medi-Cal plans is about half of the Medi-Cal reimbursement and the balance comes through the directed payment methodologies. Directed payments will become more and more important and it puts the plans in an awkward position of providing financial assistance. L.A. Care is happy to pass those funds through to hospitals, and does not charge interest or an administrative fee for various reasons.</p> <p>Last month, the CHA sued Anthem Blue Cross, claiming that the insurer was not providing timely approval of transfers of acute care patients who were ready for sub-acute care. Mr. Baackes is particularly concerned about this because of the way it is characterized by the hospital trade associations. In 2023, the Hospital Association of Southern California (HASC) raised the same issue about L.A. Care. In fact, hospitals are responsible for discharge planning. L.A. Care’s contract calls for the health plan to assist with a difficult placement. Rather than file lawsuits, L.A. Care approached the issue in a more constructive way. Three brainstorming sessions were held with representatives of 30 hospitals and 80 skilled nursing facilities (SNF). L.A. Care learned the following from those meetings:</p> <ul style="list-style-type: none"> • SNF representatives could not rely on the hospitals’ statements about status of the patients, because SNF’s experience was that patients were sicker and had more acute issues than SNFs were told. Reimbursement was an issue. In response, L.A. Care beefed up health services functions so that there would be more staff available when a hospital had a patient occupying an acute care bed that needed this kind of transfer. This relates to patients who do not need the acute care services, but cannot be safely discharged to home. L.A. Care recognized that bottleneck and put more resources into a resolution. • L.A. Care renegotiated contracts with all 300 of SNFs, offering higher compensation. A pilot program began with one facility where the plan has access to 200 beds that can be filled at the plan’s discretion and the SNF cannot deny the admission of those patients. That provides a safety valve that did not previously exist. 	

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	<p>Mr. Baackes distributed an op-ed written for Cal Matters, commenting on the idea that the health plans and providers suing each other is not helpful to solving health care problems (<i>a copy can be obtained by contacting Board Services</i>). L.A. Care is known for collaboration with provider partners when there are issues.</p> <p>Board Member Ghaly asked when the 200-bed facility would be available. Noah Paley, <i>Chief of Staff</i>, responded that the contract has been signed for the pilot.</p> <p>Sameer Amin, <i>Chief Medical Officer</i>, stated that the pilot agreement is specifically for long-term care, for members previously being turned away because it was thought the cost would be too dramatic for the facility to bear. It includes higher rates specifically targeted towards conditions that would cost more money for the SNF care. L.A. Care is reviewing a difficult to place list to see which members could be moved to that facility. L.A. Care has reciprocity in four more facilities so that we are not geographically tied to a single location.</p> <p>Mr. Baackes showed video from the Provider Award Recognition Award Dinner held last week. Fifteen awards were presented: five were for Health Equity Excellence, awarded by Alex Li, MD, <i>Chief Health Equity Officer</i>, and his staff, and ten awards went to IPAs and providers who had had significant improvement in their quality performance (<i>a virtual link to the video is here: https://youtu.be/K1uiIyb5910</i>).</p> <p>Mr. Baackes thanked Board Member Booth and Chairperson Ballesteros for attending the recognition event. There were recognition recipients at the dinner who had been hired because of physician recruitment funding available in L.A. Care’s grant program and benefited from the medical school debt reduction program.</p> <p>Mr. Baackes reported that L.A. Care and its Community Resource Centers (CRCs) partner, Blue Shield Promise Health Plan, held a celebration of the opening of the 11th Community Resource Center (CRC) in West LA. The 12th CRC will officially open in three weeks. Mr. Baackes thanked Board Members Gonzalez and Booth for attending the opening in West LA. This CRC has a smaller footprint and does not have the same type of parking arrangement, yet the opening in the lobby of the facility was very festive. He introduced a video of the event. (<i>Here is a link to the video https://youtu.be/9WrK-0U7VWM</i>.)</p> <p>Supervisor and Board Member Hilda Solis thanked Mr. Baackes and asked about information available regarding race, ethnicity and language spoken for members reenrolled in the Medi-Cal re-determination process. Mr. Baackes responded that L.A. Care will provide that information, and when the process is complete, the information will be provided at a granular level.</p> <p>Supervisor Solis noted that her office has been getting many inquiries and there is a lot of information in the press regarding a lack of Latino enrollment. She is concerned and would appreciate better information about L.A. Care’s activities. Mr. Baackes responded that the last</p>	

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	<p>time he looked at that data, approximately 50 % of the enrollment in L.A. Care is Latino.</p> <p>Board Member Shapiro commented in recognition of the two videos shown (<i>see links above</i>). He noted that the Board Members meet to solve problems and the Board also should celebrate these moments in the community. He hopes to see the videos in social media and covered by media such as Univision, Fox, and other places. Those are the real events that are innovative and L.A. Care Board should celebrate that.</p>	
<ul style="list-style-type: none"> Vision 2024 Progress Report 	<p>Mr. Baackes referred Board Members to the written reports included in the meeting materials.</p> <p>Board Member Booth noted that the Vision report mentions that there are high volume of SB260 auto-assigned members because of the Medi-Cal redetermination process, and approximately 22 % members complete the enrollment process for L.A. Care Covered (LACC). She asked if that means 22 % of the people that are offered enrollment select LACC as their health plan. Mr. Baackes responded that people who are no longer eligible for Medi-Cal, because their income exceeded the income ceiling, are automatically enrolled in the lowest cost Silver plan in Los Angeles County, which is L.A. Care. Those automatically enrolled have 60 days to effectuate the enrollment, and 22% did so.</p> <p>Board Member Booth asked why L.A. Care is not capturing more of those people. Mr. Baackes responded that L.A. Care does not have current contact information. Linda Greenfeld, <i>Chief Product Officer</i>, commented that there is a challenge for folks coming from Medi-Cal, in that the Covered California plans on the exchange have cost sharing. Even though Covered California has slimmed down the number of plans and deductibles on the Silver plan were eliminated, there are costs the enrollee must pay. It is difficult for people to transition from a Medi-Cal plan to the commercial exchange.</p> <p>Board Member Booth noted that she had thought that many people do not have a cost share. Mr. Baackes responded that they do not pay a monthly premium, but there is cost share. Ms. Greenfeld explained that a very large majority of members qualify for zero cost and zero premium, but there is a benefit cost share in the plan design.</p> <p>Board Member Booth commented, as she has done in the past that there are statistics in the report that do not include enough information to make them valuable. She asked that staff do a better job in providing full information, instead of things that look good. She invited staff to talk to her if there are questions.</p>	
<ul style="list-style-type: none"> Monthly Grants and Sponsorships Reports 	<p>Mr. Baackes referred Board Members to the written reports included in the meeting materials.</p>	

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<ul style="list-style-type: none"> Government Affairs Update 	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported L.A. Care sends the types of videos that Mr. Baackes presented, to district congressional and state elected official offices in the Los Angeles delegations. The videos have traction and calls were received from various offices.</p> <p>A legislative matrix was included in the meeting materials. The deadline for suspense files has not passed, and some of those bills will drop off because of high costs in this deficit budget year.</p> <p>SB 1253 (Gonzalez) is a gun safety bill that will require individuals who possess a firearm, and those who move to California with firearms, to maintain a valid and unexpired Firearm Safety Certificate. Senator Gonzalez's Office contacted L.A. Care requesting support for this bill. Senator Gonzalez learned about L.A. Care's digital billboard campaign through an email that L.A. Care sent to elected officials offices. L.A. Care collaborated in the digital billboard campaign with Los Angeles County Medical Association and the County Department of Public Health, promoting gun safety and use of gun locks. The Senator felt it was a natural fit for L.A. Care to engage on her bill. In 2022, the Board directed L.A. Care to advocate for state and federal gun safety policy. This bill aligns with the Board approved legislative platform.</p> <p>AB4 (Arambula) would allow undocumented Californians to purchase health care coverage through Covered California, and removes barriers for the undocumented in yet another medium, thereby getting California closer to universal health care coverage. The bill assumes that federal subsidies would not apply, and assumes that the legislature will make a determination on potentially using state subsidies to help offset premium cost. Realistically, the bill has a significantly high price tag. There are 660,000 potentially eligible residents, so it is unclear if this bill will actually move forward. L.A. Care is very engaged on the AB4.</p> <p>The Governor's May Budget Revise will be released on May 10. The Governor is expected to propose cuts.</p> <p>The Biden administration finalized a federal rule that updated a 50-year old law barring discrimination against people with disabilities. A few months back, L.A. Care submitted a public comment letter related to the proposed rule, pointing out the importance of updating this law. It is appreciated that the rule was finalized with the protections originally proposed by the federal government. This will require, in certain circumstances, providers to have to purchase wheelchair accessible equipment and training. L.A. Care has supporting wheelchair examination tables in clinics throughout Los Angeles County.</p>	

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	<p>Board Member Roybal asked if the Legislative Analyst estimated the cost of the expansion of Covered California. Ms. Compartore responded that she would research it and send information to Board member Roybal.</p>	
<p>CHIEF MEDICAL OFFICER</p>	<p>PUBLIC COMMENT</p> <p><i>Andria McFerson wished everyone a Happy Asian American Pacific Islander Heritage Month. She is interested in knowing their health disparities and a great outreach event this month would have been very beneficial in knowing specifically how that particular audience deals with health disparities and real substantial data. Just because there is a specific number of people in LA County doesn't mean that the data is going to be accurate if they do not see the medical health professionals. The only data that you have is people who actually go to the doctor and see medical professionals, but the people who choose not to go to the doctor and all medical professionals and things like that, people who are unable to even express themselves, people who may have mental disparities, physical disparities or in any sort of circumstance where they are constricted, they may not see the medical professional either. An outreach event dealing with that particular audience would have been great to receive beneficial information about what they go through and where they're going health wise. Social determinants of health, whether it be, their heritage, their family, their chronic illness, whatever the case may be, it would have been that peer on peer, eye to eye, direct contact with someone and people are more apt to speak to someone directly eye to eye. She is not quite sure whether the chief medical officer is willing to address that. She just wants to make sure that she says it because it's relevant. She has friends that are going through health disparities right now, but they would rather speak to people just like her in order to get the resources in their community. That would have been great for the RCACs to do that together with L.A. Care.</i></p> <p>Sameer Amin, MD, <i>Chief Medical Officer</i>, reported: <i>(a copy of his presentation can be obtained by contacting Board Services):</i></p> <p>Prior authorization is a topic previously raised with regard to bolstering the safety net in Los Angeles County. No matter how much money L.A. Care sends to providers and facilities, we are going to need to address the administrative burden on providers and facilities. L.A. Care has taken this very seriously and a lot of work is underway around prior authorization to reduce the burden for the provider network.</p> <p>Prior authorization is a common utilization management tactic for a payer to determine if a service, treatment, procedure or medication is necessary and whether it is eligible for coverage. L.A. Care does this through the utilization management department. Board members and others have some familiarity with this when a provider needs to get permission from the health plan to deliver a service. It is done to ensure clinical quality. L.A. Care also wants to make sure in reviewing requests that it makes sense based on clinical guidelines, that its</p>	

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	<p>evidence based, and safe for the patient. L.A. Care also wants to prevent fraud and allocate resources properly. L.A. Care works to empower members to understand what is appropriate and what is not appropriate, because there are times when providers or facilities ask for things that do not make sense for the member’s care. It is also a way to manage costs within the healthcare ecosystem. L.A. Care makes sure to verify resources are used efficiently and appropriately. These are reasons to use prior authorization. If there are too many barriers, prior authorization does not foster improved care; it could actually impede care.</p> <p>L.A. Care is aware of a number of challenges in using prior authorizations. One is that it requires multiple steps. Providers and facilities have to gather patient information for presentation to the health insurance company. Each step introduces potential delays and the possibility for error. It may involve multiple providers and payers, because each provider generally has to speak to multiple payers. Each payer and delegated provider have a set of rules, criteria and workflows, and it can become very complicated for the facility or for the provider. There is a lack of standardization. Each insurance company could be using different guidelines, and there are different rules and policies that are constantly updated as new information emerges. For the health plan, it is a very work intensive process. Often, it requires manual reviews; there are nurses and doctors employed to look through the information. When used appropriately, it makes perfect sense and facilitates care. When used too much, it can slow down care.</p> <p>L.A. Care is developing a multi-phased strategy to reduce provider burden. L.A. Care started a large bore project over the course of last year to improve prior authorization. The governance process is structured to appropriately manage and ensure that prior authorization is aligned with L.A. Care priorities, industry standards and regulatory requirements. Regular prior authorization meeting are held, and new staff is associated with reviewing the prior authorization list, updating it, and removing items that do not belong. That process is complete and a committee regularly reviews it.</p> <p>It is critically important to sync prior authorization with the claims process. One can imagine it would be problematic if claims were not aligned with prior authorizations, especially in those circumstances when a prior authorization is not needed. The claim may be denied because a prior authorization does not exist. It is critical that those two systems are in alignment. L.A. Care has gone through an exhaustive process to create a single source of truth for the prior authorization list and synchronize it regularly.</p> <p>This results in a 24 % reduction in all codes that require prior authorization, effective by the end of July. L.A. Care will eliminate prior authorization requirements for high volume requests that pose low risk for fraud, waste, abuse or patient harm. This includes surgical procedures, medications and durable medical equipment. Procedure codes that have an over</p>	

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	<p>95% approval rate like mastectomy, foot reconstruction, anesthesia, skin surgery, musculoskeletal issues, respiratory surgery, digestive surgery, reproductive surgery. For complex radiology, 73% of the prior authorization burden is eliminated. Providers and facilities will not need to ask for prior authorization for those codes. There is a 43 % reduction in codes for durable medical equipment that previously required prior authorization. This is important because the durable medical equipment is often requested by the inpatient facility at the hospital as the patient is being discharged. By reducing the number of codes that require prior authorization, it will reduce the inpatient length of stay and will free up hospital bed capacity. Facilitating hospital discharges can lead to smoother transitions of care. L.A. Care is working with delegates to make sure that they are mirroring these activities. L.A. Care does not do all utilization management in house. Even if L.A. Care reduces prior authorization requirements, it does not mean that a delegate will do the same thing. L.A. Care will begin vetting the prior authorization list in meetings with delegates, talking about their approval/denial rates, have guidelines and level setting discussions on requirements, particularly for low cost referrals, so that the delegates are also reducing the burden on providers. A process for delegation oversight in partnership with the compliance and provider network management departments will soon be initiated. All three departments are aligning and make this a priority for the rest of 2024.</p> <p>Dr. Amin noted that filling a prescription at a pharmacy can be a pain, because of the prior authorization requirement. The pharmacy enters the prescription and one can get a rejection, because prior authorization is required. The prescriber submits the prior authorization, it is reviewed, the member is notified that the medication is approved, and the patient has to go back to the pharmacy and pick it up. There can be confusion and the member may never pick up the medicine, so the condition goes untreated. L.A. Care has a new process for prescriptions that L.A. Care oversees - for DSNP, L.A. Care Covered, PASC/SEIU workers. L.A. Care developed a new process with the pharmacy benefit provider, whereby if the medication requires prior authorization, the pharmacy will run the prescription and a program will pull in the medical information and pharmacy data so the claim can be auto adjudicated immediately, and the member can receive the medication immediately at the pharmacy. This streamlined approach should improve patient compliance with medications, reduce provider abrasion and it will improve adherence.</p> <p>Dr. Amin expressed that L.A. Care is taking very seriously the call to arms to reduce provider abrasion, facility abrasion, and is trying to move people along the healthcare system in a more facile fashion.</p> <p>Dr. Amin referred Board Members to the written CMO report included in the meeting materials.</p>	

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	<p>Mr. Baackes commented that he noticed that a high percentage of prior authorizations were approved, and he wondered why the prior authorization is required. Dr. Amin has taken this to heart. As a member of the Board of Directors of America's Health Insurance plans, the trade association for all health plans, Mr. Baackes noted that the March meeting, the Chairman reported on a meeting with Senator Wyden (OR), chairperson of the Senate Finance Committee. The Senate Finance Committee has jurisdiction over Medicare and Medicaid, and Senator Wyden had several issues. One of the issues was prior authorization. He told health insurers that something must be done about prior authorizations, or the legislators will do something. Upon his return, Mr. Baackes told Dr. Amin it would be great if L.A. Care reduced the burden of prior authorizations for patients and providers, Mr. Baackes is grateful that Dr. Amin stepped up.</p> <p>Board Member Roybal commended Dr. Amin, and noted that he described processes for maintaining and keeping up with it. He asked about the plan to make sure that when codes change, diagnoses, medications and durable medical equipment changes, to make sure it stays current, functional and useful. Dr. Amin responded that he opened a prior authorization department. L.A. Care was committed to staff the utilization management department appropriately, with the result that turnaround times improved and L.A. Care came into compliance. A prior authorization department was created to review the process. One major issue was that the prior authorization list need to be synced between utilization management and claims configuration. The two lists must align. If the claims system shows that a service requires prior authorization, even if the prior authorization list says it does not, the claim might be kicked back. That erodes trust with providers who were told that service did not require prior authorization. Some providers reacted by using prior authorization for everything. Getting prior authorization and claims aligned properly is key. There is now a single list kept up to date. That sounds simple, but is a significant amount of work. Dr. Amin continued, explaining there is a committee of medical directors, nurses, and some compliance staff to continually to review the list.</p> <p>Board Member Roybal asked the number of full time equivalent (FTE) employees needed. Dr. Amin responded that a number of people are involved, a medical director and a nurse for prior authorization, and a compliance person on the UM side. David Kagan, <i>Senior Medical Director for Medical Management Department</i>, Tara Nelson, <i>Senior Director in Utilization Management</i>, are working very closely with the Information Technology (IT) configuration for claims and there is a number of people in claims that are also working on this. It is a host of people.</p> <p>Board Member Gonzalez noted that an L.A. Care member is asking about durable medical equipment (DME). The member was denied previously. Could her doctor resubmit a request for the DME now that we see that some of these are automatically approved? Dr. Amin</p>	

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	<p>responded that the prior authorization requirement should not result in an inappropriate denial of a wheelchair. When a provider submits a claim for a patient who needs DME, the insurance company may deny the claim. The insurance company, such as L.A. Care, uses an established method to decide whether the DME is medically necessary. L.A. Care reviews clinical information from the provider charts and other information. There are nationally published criteria for what is appropriate for a particular health condition. It would be denied only based on medical necessity. That decision has an appeals process if somebody disagrees with the decision. Removing it from the prior authorization list puts the ball in the provider's court to determine medical necessity, and the provider decision should not be any different from the health plan decision. L.A. Care removed the prior authorization requirement for things that, in almost all cases would have been approved. There is no fraud, waste, abuse, nor patient harm associated with that. It is low risk for the insurer to allow the provider to approve. To the member, Dr. Amin recommends that anytime a member feels there is an issue with a denial, the member should certainly submit an appeal, and the health plan will review it. L.A. Care removing the prior authorization requirement would not change the decision. The provider can certainly put it through again; L.A. Care would review it if it requires prior authorization. He is not suggesting that removing requirements for prior authorization were for claims denied inappropriately.</p> <p>Board Member Booth noted that this is one of those times when one can say win-win because it will save time for L.A. Care, save physicians' time in their office, and it will save patients and make them more likely to be compliant with their medication. Board Member Booth asked, when you talk about the plan partners having the same list, do you have teeth in that? Dr. Amin responded that for plan partners and delegates, it's not industry practice for a health plan to downstream the prior authorization list, because the plan delegates financial responsibility for the member care to a delegate. A plan cannot then tell them what the PA list will include. L.A. Care can provide guardrails. A plan can ask delegated entities that are approving a service 99% of the time, to stop asking for a prior authorization on those particular items or on specific topics that are low cost, oftentimes highly approved with a low risk of fraud, waste and abuse. These types of services cannot be too burdensome for the provider to order. The plan can also put guardrails around holding a prior authorization meeting every six months, with plan representatives in attendance with some ability to influence it. L.A. Care will be doing these things in a much more rigorous fashion with the delegates moving forward. He was specifically referring to this on the slide.</p> <p>Board Member Booth noted the delegates probably would want to do it because it will also save them work. Dr. Amin stated that delegates have not reviewed prior authorization frequently, and some do not have the resources to look through the prior authorization list continually. L.A. Care can help and give advice. A second reason is the delegate is trying to</p>	

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	<p>track care, to make sure the members are getting what they need. Making sure that the providers tell them every time they are requesting something is not an efficient way of tracking things. L.A. Care can also help them find other ways to track member care and make sure those members are getting what they need and prior authorizations are appropriately approved. L.A. Care can help with many other things. L.A. Care has utilization management requirements to prevent fraud, waste, abuse and patient harm. L.A. Care has a very large network. There are some bad actors. L.A. Care conducts post claims reviews to determine if claims are submitted for inappropriate services.</p> <p>Board Member Booth asked about plans to introduce a prior authorization differential between providers that think about it and are doing a good job. Dr. Amin noted that is called “gold carding”, which some insurance plans have used. It is used often with a clinically integrated network, which means that the provider and the payer are under the same ownership and under the same group. There are a certain number of providers that they know will practice in a value-based fashion because they are the employed and they can force the point. Those are gold carded and do not have any prior authorization requirements. L.A. Care will give this consideration. It adds complexity, and it is preferable to try to reduce the prior authorization requirement across the entire spectrum in a more responsible way. L.A. Care can pick the services that are less likely to have a value in prior authorization, instead of picking a particular provider to be a good actor, and let him or her prescribe anything they want.</p> <p>Board Member Contreras commented that as a board member and a County employee, but mostly as a consumer, streamlining these types of functions is critical, and she appreciates it.</p> <p><i>(Supervisor Solis left the meeting.)</i></p>	
<p>Keck Graduate Institute Grant (BOG 100)</p>	<p>Mr. Baackes summarized a motion to provide grant funding to Keck Graduate Institute (KGI). Under the <i>Elevating the Safety Net</i> program, a \$5 million grant was provided to Charles Drew University to help start a medical school, and L.A. Care was approached by the Graduate Institute of Claremont College to help start a community medicine program. KGI has recently asked for additional resources. Wendy Schiffer, <i>Senior Director, Strategic Planning</i>, conducted a thorough review. Staff recommends funding this grant and has made clear to KGI that this will be the last grant to them.</p> <p>Board Member Booth suggested adding language in the motion about this being the last grant until further information is obtained. Ms. Schiffer noted that the \$5 million was for scholarships, curriculum development and staffing. This motion proposes a grant of \$2 million over two years. Year one would be for scholarships, mentorship and things that go along with the scholarships, and year two would be scholarships only, so there is far less for scholarships</p>	

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	<p>than with the initial investment. L.A. Care has asked KGI to find more diversified funding. Board Member Booth stated that KGI has not achieved the participation in the original grant, which proposed that 200 people participate in the program each year. There were about 25 people in the program and although this was during the pandemic, the program is online. She noted that it is a little frustrating for her to believe that L.A. Care is investing in a good program, and she added that most of the participants are not from California and the great majority are not from Los Angeles County. Participants are from outside the country. Ms. Schiffer noted that there is a distinct attempt to recruit from the Cal State Universities to attract people from California as well as first generation college students. L.A. Care could include that in the grant agreement.</p> <p>Board Member Shapiro suggested requiring a periodic report to the Board on the recruitment of participants. The grants are important and KGI has a group of postgraduate students that go on to do a lot of healthcare work, and that information would be helpful.</p> <p>Board Member Ghaly commented that she is a little concerned about the proposal, and she would prefer not to vote on this today. It seems that this organization has not accomplished what was proposed and the numbers are much lower. She asked about funding programs upstream rather than investing in individuals that are closer to medical school and residency that would have a greater impact on safety net staffing.</p> <p>There was a motion and a second to that motion to table this to the next Board Meeting.</p> <p>Board Member Roybal stated he would like more background information for this proposal.</p> <p>Board Member Booth reviewed her previous notes and offered to provide them. She noted that it is all information provided to the Board.</p> <p>Chairperson Ballesteros clarified that the motion is to consider this at the next Board meeting to allow staff time to provide more information and answer these questions.</p> <p>Ms. Schiffer noted that a reason this was brought to the Board at this meeting is the timing of admitting students to the program.</p> <p><u>Motion EXE 101.0524</u> To approve delegated authority to Chief Executive Officer, John Baackes, to issue up to a \$1,000,000 award to Keck Graduate Institute to support scholarships and administration for their Master of Science in Community Medicine and Master of Community Health Administration programs.</p>	<p>Motion EXE 101 was tabled for consideration at the future meeting.</p>

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ADVISORY COMMITTEE REPORT		
Transitional Temporary Executive Community Advisory Committee (TTECAC)	<p><i>Chairperson Ballesteros adjusted the time for public comment to 2 minutes to accommodate the number of people who submitted a request to comment on this item.</i></p> <p>PUBLIC COMMENT</p> <p><i>Andria McFerson regarding the new RCAC plans, they did not have the same information in each RCAC meeting. Half of the meetings were held in March and then the other half were held in April, and they did not receive cohesive info. It did change. That means that they did not have a unanimous vote to change the RCACs. So by law, are they able to vote on different things having to do with the new changes with the stakeholder committees? If they are, then they need to be able to have a unanimous vote with all of the RCACs. The only reason she says that is because they did change things, like grandfathering we can do now, and all kinds of different things. But those are provisions that everybody needs to hear and agree upon and have Roberts Rules of Order so they can actually vote on those things and make it so that everyone has a voice. A lot of people have restrictions so that RCAC is a wonderful thing to do, to give people who may have restrictions, like the ones I'm showing today, to have that opportunity to actually speak in their community and represent the people of the community, the public members who want to come and speak about different things having to do with their health disparities. They are talking about having the BOG closed session before or after on that comment that you see on the agenda. They wanted the closed session after. For clarification, after not before.</i></p> <p>Chairperson Ballesteros responded that he understands. Those motions are on the agenda and the restructure is not here for a vote at all yet.</p> <p><i>Ms. McFerson noted it is going to be presented to the ECAC and it is not substantial if the RCACs did not vote unanimously on it.</i></p> <p>Board Member De La Torre stated there is never a requirement in government for unanimous votes. Ever. It is a majority vote, unless there is a provision in the governing documents or in law. It is never unanimous. Majority vote rules always.</p> <p><i>Demetria Saffore commented that she agrees with everything Andria said, and she's interested in moving forward with RCAC meetings.</i></p> <p><i>Estela Lara commented that she wants to have the meeting begin at 1:00 to 04:00. She has things to do after 5:00, and it takes her one hour to get home. For her personal convenience, please change the BOG to 1:00 like it used to be. The second thing is Roger with RCAC 1 invited Dr. Ilan Shapiro to attend their RCAC meeting. She wants to extend an open invitation to anybody here on the Board to attend her RCAC meeting this month. She can let</i></p>	

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	<p><i>Board members know when their meeting takes place. We do not provide transportation to you, but we do have goodies to eat. She offered to bring ice cream to sweeten up the deal. She thinks that alone could convince them.</i></p> <p>Chairperson Ballesteros asked about the meeting date and location.</p> <p><i>Ms. Lara responded that RCAC 4 meets in Metro LA near Western and Pico Boulevards and she will provide the ice cream.</i></p> <p>Board Member Vazquez reported (<i>Board Member Vazquez gave her report in the Spanish language and the following English translation is from the interpreter</i>): Ms. Vazquez through interpreter: the Temporary Transitional Executive Community Advisory Committee met on April 10, 2024.</p> <p>She thanked the members that attended the meeting in person and those present today, which include: Roger Rabaja RCAC 1, Ana Rodriguez RCAC 2, Joyce Sales RCAC 6, Marisa Lebron RCAC 7, Anna Romo RCAC 8, Deaka McClain RCAC 9, Elizabeth Cooper RCAC 2, Maria Sanchez RCAC 5, Damares O Hernandez de Cordero RCAC 10, Estela Lara RCAC 2, Jo Ann Cannon RCAC 6, and Sylvia Poz RCAC 4. She thanked members who are able to be present today.</p> <p>Mr. Baackes updated ECAC members and the public on the Medi-Cal eligibility redetermination process, highlighting completion of 11 months with 170,000 remaining members, despite a 4.6% percent decrease in overall Medi-Cal members. He emphasized turnover issues, discussed the enrollment process, and expressed confidence in retaining members. He addressed the ongoing community advisory meetings and introduced a community impact report detailing \$509 million in community investments.</p> <p>Mr. Oaxaca provided updates on upcoming RCAC meetings in April. He detailed locations and times for each region and announced grand opening events for two community resource centers in West LA and Panorama City scheduled for April and May respectively, with construction progress on the Lincoln Heights and South LA centers, expected to be completed by late summer and late fall respectively.</p> <p>Board Member Gonzalez reported that Demetra Crandall gave a report on Appeals and Grievances, highlighting efforts to improve the member experience and access to authorized services during the process. She outlined steps such as implementing an introductory call, to validate member concerns ensuring access to approve services and establishing a grievance committee to address issues and improve services based on member feedback.</p> <p>The committee passed two motions to be presented to the board today by ECAC Chair and</p>	

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	<p>Chair of RCAC 2, Ana Rodriguez. Board Members are invited to attend the next TCAC meeting scheduled on May 14. The meeting is accessible on Zoom as well, and Board Members are more than welcome to join virtually; Board Member Vaccaro has participated several times, and Board Member Gonzalez thanked Board Member Vaccaro for attending ECAC meetings.</p> <p>Board Member Gonzalez had the pleasure of attending the West LA CRC grand opening on April 26. Anna Rodriguez attended, as well as Maria Sanchez, Chair of RCAC 5, and it was a very nice event. We now have another community resource center for the community. Board Members earlier watched the video from that day. The board has approved funding for education of the In Home Supportive Services (IHSS) workers. Board Member Gonzalez had the pleasure of attending a few of the graduation celebrations for the participants in the IHSS programs. She expressed that graduates were very pleased and grateful for those classes. They were extremely happy to have gained more knowledge to apply to their work, and to provide services for recipients in a professional manner.</p>	
<ul style="list-style-type: none"> To request the Board of Governors’ to consider returning the BOG monthly meetings to the first Thursday 1 pm – 4 PM BOG “public” session meetings which would cause the BOG “closed” sessions to begin before or after the “public” session meetings designated hours. 	<p>Anna Rodriguez, <i>TTECAC Chairperson</i>, reminded everyone that May is Mental Health Awareness month. It is a good time to review plans for intervention.</p> <p>Ms. Rodriguez is here to inform the Board that TTECAC leaders have observed that the participation of consumers in the monthly Board meetings have diminished considerably. At the April 10 TTECAC meeting, members of the committee voted to approve the motion TTECAC 100, requesting the Board of Governors to consider returning to a 1:00 to 4:00 pm time for public participation in the monthly meetings on the first Thursday of the month. This would cause the closed session to begin before or after the public session designated hours. The consideration of this motion by the Board of Governors would increase in-person consumer participation, increase public comment about the concerns of members. If the Board of Governors do not take any measure, it would affect in a great way that all the consumers that wish to address the board about different issues, important issues about health, access to health and actually will require them to make very difficult decisions about their participation at the meetings.</p> <p>Board Member Roybal stated that the Board originally moved the time of the closed session to 1:00 because it became difficult to maintain quorum through the end of the session. When the Board does not have quorum, a vote cannot be held on important things that require the Board's decision. Unfortunately, it created difficulty for the public in arriving at the new time and remaining longer at the meeting. It is a challenge to balance the two. Board Member Roybal asked if the Board were to move the closed session to the end again, it would require resolving the challenge to maintain quorum through the end of the session. He suggested, as a strategy to be able to accommodate the request, to reduce public comment to one minute. It would reduce the meeting time, the Board would maintain quorum. He suggested requiring that</p>	

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	<p>everybody sign up for any public comment before the start of the meeting, and signups for public comment could not be done after the formal start of the meeting.</p> <p>Ms. Haydel responded that she would need to research the suggestion. The Board's tradition has been to allow individuals to identify for public comment as the meeting progresses. There is a potential to limit the number of speakers depending upon time constraints, and to limit the time for each comment.</p> <p>Board Member Roybal noted that if it were known at the beginning of the meeting how many people wished to speak, it would be easier to know the time to be allowed for each comment. He asked if that is something that the Chair would be able to decide during the meeting as part of the Chair's management of the meeting.</p> <p>Ms. Haydel responded that she would review the suggestion for a requirement to sign up prior to the start of the meeting and that additional speakers would not be allowed after the meeting begins.</p> <p>Board Member Vaccaro stated that she participated in conversation with the members, as an audience member at the TTECAC meeting. She understood that the intention was not to force the start time of the meeting to be 1:00. The way that motion is written, and the way that she understood the concern, is that members would like the public portion of the meetings to start at 1:00. She suggested that solution might be to start the board meetings at an earlier time and convene in public session at 1:00. When she first joined the board, the meetings started at 2:00 pm. Some Board Members have evening obligations and cannot stay through the whole meeting and contribute to the quorum issue, and a request was made to start earlier. She suggested that the Board could consider a start time of 11:30 am, since the closed sessions tend to last about 90 minutes.</p> <p>Board Member Ghaly supports the suggestion of moving the closed session to the end, if preferred by the members, and moving the start time of the meeting to an earlier time.</p> <p>Board Member De La Torre commented that Board Members Roybal and Vaccaro mentioned that the meeting used to start at 2:00 pm, and was moved to 1:00 pm so that the Board could conduct business. This is a business meeting of the organization. It was moved up, folks are showing up at 1:00 pm and he understands and respect that, but they know the Board will be going into closed session. There is rarely a report after the closed session, but when there is, those that are here at 2:15 pm would hear that report on the closed session. Then the normal course of the meeting would occur. Another possibility is that folks show up at 2:00 pm as they used to when we started the meeting at 2:00, and there would be no difference. Secondly, with respect to the idea that Board Member Roybal raised about the time allowed for public</p>	

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	<p>comment; other organizations under the Brown Act are completely compliant and only allow 1 minute for public comment.</p> <p>Board Member De La Torre would support the suggestion that if there are changes to the start time, that 1 minute is allowed for people to express themselves to the Board, before the item is considered. The public comment informs the Board. Then the meeting could move on to the next item. There is a significant amount of time taken up with repeat commentary. If changes were made in the timing, he would support and would want to change public comment to 1 minute per person.</p> <p>Board Member Contreras commented that if the hour is at the beginning for closed session or if it is at the end from 4-5 pm, the meeting is still scheduled from 1:00 to 5:00 pm. It is still an hour, so it seems to her that moving it to the end, starting closed session at 4:00 pm, may mean that items are deferred or the meeting has to be more efficient with use of time. She would not support shortening the time for public comment, just as a general rule. She does not believe that that is where most of the time is going, so she does not think it is as efficient. To her, it would feel somewhat punitive to make a change in the meeting time and shorten the time for public comment.</p> <p>Board Member Booth would like public comment to be more efficient because they do hear some repeated comments. On the other hand, shortening it to 1 minute could be difficult for most people to say everything they want to say. It would require two changes, which could take a little bit longer than it does for one change. It is 4:45 pm and the Board still has closed session items to discuss, so there may be two changes. If the Board had one hour or half an hour, some amount of pre-planned closed session either at the beginning of the meeting or at 4:00, and just discussed closed session items that require a vote, then the Board could come back and have the rest of the meeting. Save all of the reports until last because a vote is not required.</p> <p>Board Member Gonzalez commented that the Board has lengthy discussions during closed session and she would not want to inhibit members from making comments during closed session. She would want to make sure that everybody voices his or her thoughts. It is a problem that the Board does not get enough input, people are here, waiting upstairs to join the meeting and it is not possible to do it in a timely fashion. She suggested that the start time be moved. If the Board wants to continue with the closed session at the beginning, she thinks that is great. That way all Board Members at least have the opportunity to vote on all of the important items. Starting early, the public can come in and hear the meeting, and then they can leave in a timely fashion, at least earlier than 5:00 pm. She thinks that would be the best. At least the members will be able to listen to the majority of the meeting before the rides come to pick them up.</p>	

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	<p>Board Member Booth agrees with that, but the Board really has to be careful that the business is done; that is the main important thing.</p> <p>Board Member Roybal commented that one of the misunderstandings is, and he knows people would like to comment on closed session and that is perfectly appropriate. The Board’s main business does not start until the public session starts, after closed session. Part of it is in helping people understand that the main part of the meeting, where items are that will elicit public comment, is during the public session. If people would think of it as, the meeting for the public does not start until 2:00 pm, people would not be coming for the meeting and waiting incessantly upstairs. He suggested encouraging a better expectation about the time the meeting will require from the members.</p> <p>Chairperson Ballesteros noted that the meeting used to start at 2:00 pm and in 2022, it changed to 1:00 pm. He asked if there were any problems expressed by people coming to the meeting at 2:00 pm prior to 2022. It was noted that there were no requests from the community to meet earlier; it was an internal change to facilitate Board Member participation. Board Member Gonzalez noted that closed session was held at the end of the meeting.</p> <p>Chairperson Ballesteros noted this is important; the Board wants to consider the options carefully. He suggested the Executive Committee review this topic to give it the time and the importance it deserves. He suggested the Board could reconsider at a future meeting with a recommendation from the Executive Committee.</p> <p>Board Member Contreras noted that there were many different ideas suggested. She has protected time on her calendar and is generally able to get to the Board meeting on time and leave when it is over. Changing the meeting time is not as simple as for some Board Members. She imagines it could create other challenges. She noted whether it is an hour from 1:00 to 2:00 pm or an hour from 4:00 to 5:00 pm the closed session process could be manageable. She was prepared to vote on a recommendation.</p> <p><u>Motion TTECA 100.0524</u> To request the Board of Governors’ to consider returning the BOG monthly meetings to the first Thursday 1P-4P BOG “public” session meetings which would cause the BOG “closed” sessions to begin before or after the “public” session meetings designated hours.</p>	<p>Motion TTECA 100 was tabled for consideration at a future meeting after discussion at the Executive Committee.</p>
<ul style="list-style-type: none"> L.A. Care Board of Governors to consider the placement of push door buttons on any door accessible to the 	<p>Ms. Rodriguez stated that during the April 10 TTCAC meeting, the members of the committee approved a motion, TTCAC 101, for the Board of Governors to consider the installation of push buttons for the publicly accessible doors in areas used by L.A. Care for public meetings. The consideration of this motion by the Board would improve access for individuals, seniors</p>	

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<p>public at any site used by L.A. Care for public meetings.</p>	<p>and people with disabilities to the bathroom and public areas. The push buttons for the doors are designed to allow individuals with mobility issues to open doors without having to physically push or pull them by hand, allowing them to use the doors independently without any help. This promotes inclusion and equality to access for all members. Without action by the Board on this motion, access will be impaired and prevent the seniors and individuals with disabilities from accessing the building independently.</p> <p>Board Member Roybal asked if L.A. Care facilities are compliant with the Americans with Disabilities Act (ADA). Terry Brown, <i>Chief of Human Resources</i>, confirmed that L.A. Care facilities are fully ADA compliant, and L.A. Care worked with outside ADA consultants in opening every facility currently in use. Board Member Roybal asked if the ADA requires electronic access. Mr. Brown responded that a requirement is not in the code for facilities of the size of L.A. Care’s Community Resource Centers. The building at 1055 W 7th Street has an automatic front door operated by a motion sensor. The exterior doors of the building at 1200 have push buttons.</p> <p>Board Member Raffoul is very sympathetic to what the request for ADA compliance and for people that are physically impaired and need access. He does not feel adequately prepared to take an action on this item without a check of the buildings and recommendation from facilities staff.</p> <p>Board Member Booth would like to know the cost.</p> <p>Board Member Gonzalez noted there might be a difference in the definition of what is accessible. One could access the bathroom and may be able to open a door, but it may not be accessible to some as not everyone is capable of turning the knob and pushing the door and that makes it very difficult to go into the restroom by oneself. The motion is in preparation of the upcoming move. L.A. Care is moving to a new facility, and this is to make sure that every public space is easy for people to access by themselves. One should not have to wait for someone to come along to be able to open a door.</p> <p>Board Member De La Torre asked if this request is just for the meeting space or for all meetings spaces. Board Member Gonzalez responded it is for the community resource centers where RCAC meetings are held, ECAC and board meeting spaces.</p> <p>Board Member Contreras highlighted that the ADA is necessary because places are not accessible. It is a minimal standard. She thinks the request is that spaces are more accommodating to the public. She agrees with others regarding a cost analysis or a feasibility analysis. There may be places where L.A. Care will not be able to add this technology.</p>	

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	<p>Mr. Baackes stated he would make sure that we complete an analysis of accessibility for L.A. Care’s public meeting spaces. If electronic opening devices are needed, he will provide information about the cost.</p> <p>Board Member Roybal asked for an evaluation by staff when these types of requests are made in the future so the Board has all of the information to consider the request.</p> <p>Ms. Haydel noted that when L.A. Care receives a motion from the ECAC to put an item on the Board Meeting agenda, it comes forward for consideration at the next Board meeting.</p> <p>Board Member Roybal noted that Board Members would prefer to receive the analysis with the request so the Board has the information it needs to make a decision instead of sending the request back to the staff.</p> <p><u>Motion TTECA 101.0524</u> L.A. Care Board of Governors to consider the placement of push door buttons on any door accessible to the public at any site used by L.A. Care for public meetings. This action will greatly support seniors and persons with disabilities who utilize restrooms for business and access the building for public business.</p> <p><i>(Board Members Ghaly and Shapiro left the meeting.)</i></p>	<p>Motion TTECA 101 was tabled for consideration at a future meeting after discussion at the Executive Committee.</p>
<p>Technical Advisory Committee (TAC)</p>	<p>PUBLIC COMMENT</p> <p><i>Andria McFerson wished everyone a Happy Mental Health Awareness Month. Regarding that, local organizations should come and speak at stakeholder committee meetings, giving information about the services that they have for, the community and the particular RCAC area. RCAC 5, service area 5 is Santa Monica, Malibu, Pacific Palisades, and parts of LA and Venice. There are a lot of homeless people in this area and RCAC 5 would like that intercommunication with the committees. Having organizations and resources come to the meetings and speak about what they do free for the community, would help the homeless population. If RCACs can have hybrid meetings or virtual meetings, that would be great too. With the Technical Advisory Committee, if they’re not going to have the RCAC meetings in person is there any way that Committee can look into having them virtually. Is there any way that RCACs can have some sort of program to work with the seniors, disabled and people who may have learning limitations, to help them learn more about the virtual world. Because they are being left behind. Is there any way that RCACs can have some sort of peer on peer outreach to those people, letting them know that they do have references for people who can teach them how to use the computer and have virtual doctor visits at home over the computer. She knows a lot of seniors that don't know how to use the telephone properly, but they would love to have a meeting with their doctor at home over the phone.</i></p> <p>Dr. Li reported that the Technical Advisory Committee held an extremely engaging meeting on</p>	

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	<p>April 11. Dr. Li gave the Chief Health Equity update that included many items that discussed here such as the cyber-attack on Change Healthcare, the impact that L.A. Care made in supporting providers, to L.A. Care recently earning the NCQA Health Equity Accreditation.</p> <p>He updated TAC members on the Equity Practice Transformation program, and he is happy to report that yesterday L.A. Care was informed that 46 practices that L.A. Care supported the practice to achieve their first milestone. This is extremely satisfying. L.A. Care awaits the formal validation from the state to celebrate the achievement with those providers.</p> <p>The main focus for TAC was on artificial intelligence (AI) and opportunities for its applications in the health care environment. There were two presentations, the first was by Ankoor Shah, MD, MBA, MPH, <i>Principal Director, Healthcare Strategy & Consulting with Accenture</i>. Dr. Shah provided a great framework related to dimension, including how we think about using artificial intelligence to address workforce shortages, changing and anticipating consumer expectations for quicker and more on-demand information, as well as thinking about addressing rising healthcare costs. He also offered balanced views of pessimistic as well as optimistic as to where artificial intelligence might be going with regard to health care. Dr. Li thought it was very helpful and enabled a richer discussion around the presentation by Brandon Shelton, Senior Director around our current use of predictive analytics and machine learning. There was also robust direction in AI governance as well at L.A. Care about mitigating biases, exacerbation and inequities in the analytics environment. It was a productive discussion where the information can be assist L.A. Care with its AI strategy.</p> <p>There was also a follow up discussion about the current status with Medi-Cal eligibility redetermination. TAC members had previously provided recommendations that were used by L.A. Care’s Medi-Cal team.</p> <p>TAC members also reviewed the Committee charter, which was included on the Consent Agenda for Board approval earlier in this meeting.</p>	
BOARD COMMITTEE REPORTS		
Executive Committee	<p>Chairperson Ballesteros noted that public comment is not available because public comment could have been made at the Executive Committee meeting. He reported that the Executive Committee met on April 25, 2024 (<i>approved minutes can be obtained by contacting Board Services and will be available on the L.A. Care website</i>). The Finance & Budget Committee meeting was canceled and items that would have been presented at that meeting were presented instead to the Executive Committee. The Committee reviewed and approved a motion for four HR policies related to employee holidays, anti-discrimination and anti-harassment, the non-fraternization policy and the equal employment opportunity policy. None of these requires full board approval. The</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Committee received a report on the annual disclosure of broker fees and compliance with AB 2589.</p> <p><i>(Member Raffoul left the meeting.)</i></p>	
<p>Chief Financial Officer Report</p> <ul style="list-style-type: none"> Financial Report – February 2024 	<p><i>(Member Vaccaro left the meeting.)</i></p> <p>Afzal Shah, <i>Chief Financial Officer</i>, summarized the highlights of the February 2024 Financial Reports <i>(a copy of his presentation can be obtained by contacting Board Services)</i>: The 4+8 forecast is defined as four months of actual financial results plus eight months of forecast. February is the first month comparing actuals to the 4+8 financial forecast so the variances are the same for the month of February and February year-to-date (YTD).</p> <p>For the month of February, membership is favorable to the forecast by 4,000 members, driven primarily by LACC. This line of business continues to perform well based on L.A. Care’s position as the lowest priced health plan in the area.</p> <p>Financial performance for the month of February resulted in a net surplus of \$23 million excluding Housing and Homelessness Incentive Program/ Incentive Payment Program (HHIP/IPP), or 2.7 %. Mr. Shah noted that interest income has been favorable and excluding interest income, the net income would be 1.6 %.</p> <p>YTD financial performance shows a net surplus is \$290 million excluding HHIP/IPP, representing a net income of 6.57%. Excluding interest income, net income drops to 4.7 %.</p> <p>Financial performance by line of business shows that L.A. Care is performing close to the 4+8 forecast again. For DSNP and LACC, the medical loss ratio (MLR) is higher. One of the reasons is that shared risk accruals rose partly due to the Change Health Care issue. Medi-Cal is performing slightly better by one percentage point ahead of the forecast.</p> <p>The financial ratios are performing well, except the administrative expense ratio which is 5.6 % versus the forecast of 5.5%. Cash to claims is at 0.98. That number is inflated by \$373 million in funds received from DHCS at the end of February, which were paid in March. Without those funds, the cash to claims ratio would be 0.89 for February, which aligns with what was reported in January. Tangible Net Equity (TNE) is 864% of the required amount. Days of cash on-hand is at 111 days. Again, that number is inflated by the pass-through funds discussed previously. When L.A. Care receives pass-through funds, the funds are distributed within two weeks of receipt. If those funds were removed, the days of cash at hand would be 99 days.</p> <p><u>Motion EXE 102.0524</u> To accept the Financial Reports for February 2024, as submitted.</p>	<p>Unanimously approved. 7 AYES (Ballesteros, Booth, Contreras, De La Torre, Gonzalez, Roybal and Vazquez)</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Monthly Investments Transactions Report 	<p>Mr. Shah referred to the investment transactions reports included in the meeting materials (a <i>copy of the reports can be obtained by contacting Board Services</i>). This report is provided to comply with the California Government Code and is presented as an informational item. L.A. Care's total investment market value as of February 29, 2024, was \$4.1 billion:</p> <ul style="list-style-type: none"> \$3.86 billion managed by Payden & Rygel and New England Asset Management (NEAM) \$36 million in Local Agency Investment Fund \$80 million in Los Angeles County Pooled Investment Fund \$125 million in BlackRock Liquidity T-Fund, new as of February 2024 <p>Mr. Shah noted the addition of Blackrock liquidity T fund. This fund allows L.A. Care to earn an additional \$3 million a year in interest. The money market selected invests only in US Treasury debt and is triple A rated by Moody's.</p>	
<p>Compliance & Quality Committee</p>	<p><i>Andria McFerson commented that for the record she had a comment on item 20. She wanted to accommodate people who may have learning disabilities to know exactly what that chief financial officer report, the financial report for February 2024 meant to them and how it would affect their particular situation as far as coverage goes. For Quality and Compliance, she wants to make sure that we know that all staff should be trained on empathy training, having to do with ADA rights and working with seniors and people with disabilities, people with mental illnesses and mental disabilities. There are people who have issues that they need to speak about during RCAC meetings and they did have a particular instance where someone did have an instance where he did have a mental breakdown. If there are L.A. Care staff, empathy trainings specifically having to do with urgent situations like that, when we do have those breakdowns, what they know to do next when that happens. What numbers they need to call and the rights having to do with any of that. That would be great to have that empathy training. If they continue to have public committee meetings, please have quality and compliance. I don't know if that has anything to do with the Compliance and Quality Committee, but it would be great to have empathy training for the staff to know exactly what to do in an extenuating circumstance like that.</i></p> <p>Board Member Booth reported that the Compliance and Quality committee met on April 18 (<i>approved meeting minutes can be obtained by contacting Board Services</i>).</p> <p>Todd Gower, <i>Chief Compliance Officer</i>, and the compliance department staff presented a report. Mr. Varela reported on the significance of delegation oversight at L.A. Care, focusing on the current decentralized structure and its associated risks. He discussed a lack of holistic assessment tools, inconsistent approaches to noncompliance and insufficiency of monitoring efforts, emphasizing the need to transition toward a comprehensive network oversight model to address those challenges. Dr. Sheen provided updates on quality improvement efforts including the remediation of missing standard language in denial letters and progress in meeting accreditation survey requirements. Collaboration with LA County Department of Health Services (DHS) to</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>ensure compliance with a new utilization management system was also discussed, highlighting ongoing efforts to address concerns and maintain standards.</p> <p>Dr. Amin reported to the Committee. He reported earlier during this meeting.</p> <p>Henock Solomon, <i>Senior Manager, Incentives, Population Health</i>, reported on provider performance improvement and the P4P and VIIP programs. Mr. Solomon reported on the significance of incentives for driving quality improvements among providers and emphasized the importance of performance measurement and value-based incentive revenue. He outlined payment details for the 2022 performance year, discussed overall performance scores, and highlighted trends in specific measures over the past three years, acknowledging both improvements and challenges during the COVID-19 pandemic.</p> <p>Board Member Booth noted that an audit is reviewing and confirming operational activity. Magdalena Marchese, <i>Senior Director, Audit Services</i>, leads the Audit Department, which conducts internal audits. Audit is separate from Compliance, Ms. Marchese reports to Compliance & Quality and to Mr. Baackes. Internal Audit conducts audits of L.A. Care. The Audit Department investigates and checks the paperwork to ensure that departments operate properly. L.A. Care is responsible for its members and their health care. Delegation oversight responsibilities include external auditing of L.A. Care’s delegated entities and ensuring the corrective action plans are implemented and effective.</p>	
<p>ADJOURN TO CLOSED SESSION</p>	<p>The Joint Powers Authority Board of Directors meeting adjourned at 5:22 pm.</p> <p>Augustavia J. Haydel, Esq., General Counsel, announced the following items to be discussed in closed session. The L.A. Care Board of Governors adjourned to closed session at 5:22 pm. No report was anticipated from the closed session.</p> <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: April 2026</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Tom MacDougall, Chief Information & Technology Officer and Gene Magerr, Chief Information Security Officer</p>	

CONTRACT RATES

Pursuant to Welfare and Institutions Code Section 14087.38(m)

- Plan Partner Rates
- Provider Rates
- DHCS Rates

CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION

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

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)

CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION

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

- Local Initiative Health Authority for Los Angeles County (L.A. Care Health Plan) v. U.S., Case No. 1:22-CV-01515 CNL (U.S. Court of Federal Claims)
- Local Initiative Health Authority for Los Angeles County (L.A. Care Health Plan) v. U.S., Case No. 20-1393, (U.S. Court of Appeals for the Federal Circuit)

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

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

Sections 54957 and 54957.6 of the Ralph M. Brown Act

Title: CEO

Agency Designated Representative: Alvaro Ballesteros, MBA

Unrepresented Employee: John Baackes

CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION

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

CommonSpirit Health Dignity Community Care dba California Hospital Medical Center, Glendale Memorial Hospital and Health Center, Northridge Hospital Medical Center, St. Mary Medical Center v. L.A. Care Health Plan, JAMS 5220002620 (filed Feb. 23, 2023)

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
RECONVENE IN OPEN SESSION	The L.A. Care Board of Governors and the L.A. Care Health Plan Joint Powers Authority Board of Directors reconvened in open session at 5:47 pm. There was no report from closed session.	
ADJOURNMENT	The meeting was adjourned at 5:48 pm.	

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

APPROVED BY:

John G. Raffoul, *Board Secretary*
Date Signed _____

Due to volume of the Board packet, the copy of the contract was sent to Board Members under separate cover.



Board of Governors
MOTION SUMMARY

Date: June 6, 2024

Motion No. BOG 102.0624

Committee:

Chairperson: Alvaro Ballesteros, MBA

Issue: Staff requests the Board to delegate authority to negotiate and execute the following Medi-Cal Primary Contract (23-30232) amendment:

A02: This Amendment (2024-A) consists of revisions to various provisions, including language related to Medical Loss Ratio reporting and remittance obligations, Population Needs Assessment, Claims Processing, Justice Involved Reentry Coordination, Enhanced Care Management, Network Composition, Risk Corridors, and Data Sharing, among others (see 2024-A Significant Changes Table).

New Contract Amendment Sole Source RFP/RFQ was conducted

Background:

The Plan received Amendment A02 from the Department of Health Care Services on May 15, 2024. The due date for submission of the executed amendment to DHCS is June 10, 2024.

Member Impact: Member impact is being assessed by relevant business units.

Budget Impact: Finance is reviewing for impact on relevant budgets.

Motion: To delegate authority to L.A. Care Chief Executive Officer, John Baackes, to negotiate and execute Amendment A02 to the 2024 Medi-Cal Contract 23-30232 between L.A. Care Health Plan and the California Department of Health Care Services.

2024-A Significant Changes Table

2024-A Contract Section/Subsection	Area of Change	Summary of Change	Reason for Change
Exhibit A, Section III, Subsection 1.2.5	Medical Loss Ratio	Add process to utilize a materiality threshold to ensure accurate reporting and remittance requirements and DHCS's use of MLR to determine appropriateness of materiality threshold.	CMS requirement in Section 1915(b) CMS waivers STCs.
A.III.3.1.5.B.30-31	Subcontractor and Downstream Subcontractor Agreement Requirements	Add MLR reporting requirements and requirements to execute the CalHHS Data Exchange Framework.	To align with H&S section 130290 MLR reporting and remittance obligations pursuant to 42 CFR sections 438.8 and 438.230(c), Paragraph 11 of the 1915(b) CalAIM Special Terms and Conditions (STCs).
A.III.3.2.2.D	Provider Dispute Resolution Mechanism	Remove language stating: <ul style="list-style-type: none"> • Contractor and the Network Provider or out-of-Network Provider may agree that additional time is needed; and • Contractor can unilaterally request additional time if it can provide supporting good 	Language conflicted with Knox-Keene Act

2024-A Contract Section/Subsection	Area of Change	Summary of Change	Reason for Change
		cause documentation to show good cause for the extension.	
A.III.3.3.5.B	Claims Processing	Add language stipulating financial penalty imposed for untimely payment of a Clean Claim within 45 working days of receipt.	"Added per DHCS conversation with DMHC and will also be in updated Timely Payments APL.
A.III.4.3.1.B	Population Health Management Program Requirements	Revised language to clarify Contractor requirements in fulfilling PNA requirements.	Revised to avoid confusion that NCQA accreditation alone meets minimum DHCS expectations for PHM
A.III.4.3.2 A-I	Population Needs Assessment (PNA)	Revised MCP requirements for conducting and supporting PNA Population Health Management (PHM), reporting, and member-facing communication requirements when participating in the CHA and/ or CHIP.	To align with current guidance and the proposed PNA requirements in the PHM Policy Guide released 1/22/2024.
A.III.4.3.10	Transitional Care Services	Revised language regarding requirements for Members identified as "high-risk" during the transition and post discharge from facilities. Add requirements to ensure Members receive appropriate	Language updated to reflect revised TCS policy.

2024-A Contract Section/Subsection	Area of Change	Summary of Change	Reason for Change
		<p>evaluations that meet the Member’s needs and housing situation and are referred to ECM and Community Support.</p> <p>Add Contractor requirements for Members identified as “lower risk” in addition to the aforementioned requirements.</p>	
A.III.4.3.23	Justice Involved Reentry Coordination	<p>Add Contractor requirements to:</p> <ul style="list-style-type: none"> • Maintain P&Ps about supporting Members leaving correctional facilities and reentering a community. • Assign JI Liaison for JI Reentry Coordination that support correctional facilities, pre-release care management providers, and/or ECM Providers. 	<p>To align with State and federal approval to offer Medicaid services to eligible youth and adults in state prisons, jails, and youth correctional facilities.</p> <p>Also, to align with the Policy & Operational Guide for Planning and Implementing CalAIM JI Initiative released 10/23/2023.</p>
A. III.4.3.24	Managed Care Liaisons	<p>Add language to stipulate:</p> <ul style="list-style-type: none"> • Role of the liaison to advocate on behalf of 	Changes made due to policy changes and the contract had

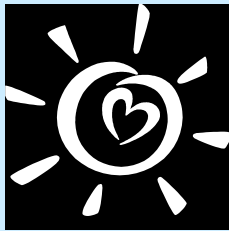
2024-A Contract Section/Subsection	Area of Change	Summary of Change	Reason for Change
		<p>Members involved in county child welfare.</p> <ul style="list-style-type: none"> Requirement of liaison to provide resources and support to Member’s care manager. <p>Responsibility changed from overseeing ECM Providers to “act as a resource.”</p>	<p>conflicting language about the scope of the role, Program the title of the role to align with the intention to benefit Members involved in child welfare, not only those in foster care.</p>
<p>A.III. 4.4.3-4.4.8</p>	<p>4.4.3.J.1)-2) - Enhanced Care Management (ECM) Providers</p> <p>4.4.4.I -ECM Provider Capacity</p> <p>4.4.6.C.4)- Member Identification for ECM</p> <p>4.4.7.E -Authorizing Members for ECM</p> <p>4.4.8.D -Assignment to an Enhanced Care Management Provider</p>	<p>Add the following Contractor requirements involving JI population:</p> <ul style="list-style-type: none"> Ensure ECM Providers meet all requirements. Ensure network overlap of JI pre-release care management Providers. Authorization for ECM services for Members eligible for pre-release services. Assigning an ECM Provider that was the pre-release care manager or the care manager who 	<p>Added language per DHCS Executive Management direction to include language regarding Justice Involved Members.</p>

2024-A Contract Section/Subsection	Area of Change	Summary of Change	Reason for Change
		received a warm handoff from the Correctional Facility while the individual was incarcerated.	
A.III.5.2.3.K	Network Composition	<p>Add following language:</p> <p>Ensure that every CBAS Provider within their Service Area certified by the California Department of Aging (CDA) as a CBAS Provider, is included in Contractor’s Network to the extent that the CBAS Provider remains licensed as an Adult Day Health Care (ADHC) Center, certified and enrolled as a Medi-Cal Provider, is willing to enter into a Network Provider agreement with Contractor on mutually agreeable terms and meets Contractor’s credentialing and quality standards.</p>	Language was in 2024 contract but erroneously removed due to restructuring of the 2023 contract to 2024 contract.
A.III.5.3.8	Investigational Services	Add the following Contractor requirements pertaining to clinical trial participation:	Added language per CMS approval of State Plan Amendment 22-0017 and 1396d(a)(30)

2024-A Contract Section/Subsection	Area of Change	Summary of Change	Reason for Change
		<ul style="list-style-type: none"> • Cover routine care costs for Members participating in a qualifying clinical trial. • Obtain signed Medicaid Attestation form with the required information. • Coverage provided regardless of geographic location or if treating Medi-Cal Provider is a Network Provider. 	of Title 42 of the United States Code.
Exhibit B, Section I, Subsection 1.1.20	FQHC Alternative Payment Model (APM) Risk Corridor	Add requirements regarding Risk Sharing Mechanisms (RSM): <ul style="list-style-type: none"> • Implement a new RSM for rating periods in which FQHC APM is in effect. • Contractor sends certified allowable medical expense data for FQHC APM risk corridor calculation to DHCS. 	Added language per W&I Code Section 14138.16.

2024-A Contract Section/Subsection	Area of Change	Summary of Change	Reason for Change
		<ul style="list-style-type: none"> RSM is based on results of FQHC APM risk corridor calculation. 	
Exhibit B, Section I, Subsection 1.1.21	Unsatisfactory Immigration Status (UIS) Risk Corridor	Added language describing the Risk Sharing Mechanism as it pertains to UIS risk corridor and Contractor requirement to provide and certify allowable medical expense data as necessary for the UIS risk corridor calculation in a form and manner specified by DHCS.	DHCS policy to protect DHCS and Contractors due to the uncertainty of the transitioning population's acuity.
Exhibit E, Subsection 1.1.37	Data Sharing	<p>Add the following Contractor requirements: Comply with all applicable data use and sharing requirements after the Contract's term has ended, regardless of how contract is terminated.</p> <ul style="list-style-type: none"> The phaseout transactions will require the transfer of data between Contractor and DHCS, including PHI and other potentially sensitive data. 	Added language per W&I Code Section 14138.16.

2024-A Contract Section/Subsection	Area of Change	Summary of Change	Reason for Change
		<p>Note: This provision is intended to supplement and not replace the provisions of Exhibit G (Business Associate Addendum) regarding data sharing.</p>	



L.A. Care
HEALTH PLAN

Board of Governors
MOTION SUMMARY

Date: June 6, 2024

Motion No. FIN 100.0624

Committee: Finance & Budget

Chairperson: Stephanie Booth, M.D.

Issue: Accept the Investment Report for the quarter ended March 31, 2024

New Contract Amendment Sole Source RFP/RFQ was conducted

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

Member Impact: N/A

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

Motion: To accept the Quarterly Investment Report for the quarter ending March 31, 2024, as submitted.



DATE: May 22, 2024
TO: Finance & Budget Committee
FROM: Afzal Shah, *Chief Financial Officer*

SUBJECT: Quarterly Investment Report – March 2024

As of March 31 2024, L.A. Care's combined investments value was approximately \$4.66 billion. Interest income, amortization, realized gains and losses was approximately \$48 million for the quarter. Unrealized loss due to market price fluctuations was approximately \$2 million for the quarter. The rate of return for the quarter was 1.28%. Based upon an independent compliance review performed as of March 31, 2024, LA Care is in compliance with its investment policy guidelines pursuant to the California Government Code and the California Insurance Code.

At quarter end \$4.1 billion (or approx. 89% of total investments) and \$0.3 billion (or approx. 7% of total investments) were under the management of Payden & Rygel and New England Asset Management, respectively. Both are external professional investment management firms. A list of the securities held under management of these two firms are attached. Below are the same securities grouped by investment type:

	Payden	NEAM	Combined
Cash and Money Market Mutual Fund	5%	1%	5%
U.S. Treasury Securities	80%	0%	74%
U.S. Agency & Municipal Securities	2%	2%	2%
Commercial paper	6%	0%	5%
Corporate bonds	0%	97%	8%
Asset Backed and Mortgage Backed Securities	5%	0%	4%
Negotiable CDs	1%	0%	1%
Other	1%	0%	1%
	100%	100%	100%
Average credit quality:	AA+	A1	
Average duration:	0.18 years	2.60 years	
Average yield to maturity:	5.33%	4.88%	

The funds managed by Payden & Rygel are managed as two separate portfolios based on investment style – 1) the short-term portfolio and 2) the extended term portfolio. The short-term portfolio had approximately \$4,030 million invested as of March 31, 2024, and returned 1.32% for the quarter. The comparative benchmark returned 1.29% for the quarter. The extended term portfolio had approximately \$93 million invested March 31, 2024, and returned 0.08% for the quarter. The comparative benchmark had a return of -0.04%.

PORTFOLIO RETURNS			
Periods ended 03/31/2024			
Performance	1st Quarter	Trailing 1 Year	Trailing 3 Year
LA Care - Short-Term Portfolio	1.32	5.35	2.59
Benchmark*	1.29	5.24	2.58
LA Care - Extended-Term Portfolio	0.08	2.93	-0.04
Benchmark**	-0.04	2.44	-0.66
LA Care - Combined Portfolio	1.28	5.25	2.43

* ICE BoA 91 Day Treasury Index
 ** Bloomberg US Govt 1-5 Yr Bond Index

The \$340 million portfolio managed by New England Asset Management, Inc (NEAM), focused on corporate fixed income bonds returned 0.23% for the quarter. The comparative benchmark returned 0.44% for the quarter.

L.A. Care also invests with 2 government pooled investment funds, the Local Agency Investment Fund (LAIF) and the Los Angeles County Pooled Investment Fund (LACPIF). L.A. Care's investment balances as of March 31, 2024 were \$6 million in LAIF and \$81 million in LACPIF.

The Local Agency Investment Fund (LAIF) yielded approximately 1.09% for the quarter. The fund's total portfolio market value as of March 31, 2024, was \$164 billion, with a weighted average maturity of 226 days. LAIF is administered and overseen by the State Treasurer's office. The fund's investment holdings as of March 31, 2024 were as follows:

U.S. Treasury Securities	55%
Agencies	25%
CD's and bank notes	10%
Commercial paper	6%
Time deposits	3%
Other	1%
	<u>100%</u>

The Los Angeles County Pooled Investment Fund (LACPIF) yielded approximately 1.03% for the quarter. The fund's total market value as of February 29, 2024, was approximately \$54 billion, with a weighted average maturity of 705 days. LACPIF is administered and overseen by the Los Angeles County Treasurer. The fund's most recent published investment holdings (as of February 29, 2024) were as follows:

U.S. Govt. and Agency Securities	70%
Commercial paper	26%
CD's	4%
	<u>100%</u>

Lastly, on February 1 2024, L.A. Care began investing in BlackRook Liquity T-Fund, a Money Market fund that invests in US Treasury obligations. This account had a balance of \$108.8M at quarter end and returned 0.68% for the two months ended on March 31, 2024.

LA Care Securities Holdings

as of March 31, 2024

Portfolio	CUSIP/Identifier	Security	Type	Par	Maturity date
Payden	USD	NORTHERN INST GOVT MONEY MKT	Cash/Money Market Funds	225,723,601	NA
NEAM	USD	NORTHERN INST GOVT MONEY MKT	Cash/Money Market Funds	1,956,517	NA
Payden	912797JL2	U.S. TREASURY BILL	U.S. Treasury Security	776,000,000	4/2/2024
Payden	912797GZ4	U.S. TREASURY BILL	U.S. Treasury Security	250,000,000	4/4/2024
Payden	912797JM0	U.S. TREASURY BILL	U.S. Treasury Security	295,000,000	4/9/2024
Payden	912797HF7	U.S. TREASURY BILL	U.S. Treasury Security	150,000,000	4/11/2024
Payden	912796CX5	U.S. TREASURY BILL	U.S. Treasury Security	130,000,000	4/18/2024
Payden	912797HG5	U.S. TREASURY BILL	U.S. Treasury Security	100,000,000	4/25/2024
Payden	912797HH3	U.S. TREASURY BILL	U.S. Treasury Security	192,500,000	5/2/2024
Payden	912797HQ3	U.S. TREASURY BILL	U.S. Treasury Security	175,000,000	5/9/2024
Payden	912797JW8	U.S. TREASURY BILL	U.S. Treasury Security	175,000,000	5/14/2024
Payden	912797FH5	U.S. TREASURY BILL	U.S. Treasury Security	125,000,000	5/16/2024
Payden	912797KE6	U.S. TREASURY BILL	U.S. Treasury Security	100,000,000	6/11/2024
Payden	912797KG1	U.S. TREASURY BILL	U.S. Treasury Security	100,000,000	6/25/2024
Payden	912797JS7	U.S. TREASURY BILL	U.S. Treasury Security	100,000,000	7/18/2024
Payden	912797KQ9	U.S. TREASURY BILL	U.S. Treasury Security	240,000,000	7/23/2024
Payden	912797JU2	U.S. TREASURY BILL	U.S. Treasury Security	130,000,000	8/1/2024
Payden	912797KB2	U.S. TREASURY BILL	U.S. Treasury Security	150,000,000	8/15/2024
Payden	91282CHS3	U.S. TREASURY FRN	U.S. Treasury Security	10,000,000	7/31/2025
Payden	91282CJD4	U.S. TREASURY FRN	U.S. Treasury Security	50,000,000	10/31/2025
Payden	91282CBC4	U.S. TREASURY NOTE	U.S. Treasury Security	1,816,000	12/31/2025
Payden	91282CBT7	U.S. TREASURY NOTE	U.S. Treasury Security	1,915,000	3/31/2026
Payden	91282CBW0	U.S. TREASURY NOTE	U.S. Treasury Security	1,595,000	4/30/2026
Payden	91282CCJ8	U.S. TREASURY NOTE	U.S. Treasury Security	470,000	6/30/2026
Payden	91282CCP4	U.S. TREASURY NOTE	U.S. Treasury Security	2,350,000	7/31/2026
Payden	91282CCW9	U.S. TREASURY NOTE	U.S. Treasury Security	1,880,000	8/31/2026
Payden	91282CCZ2	U.S. TREASURY NOTE	U.S. Treasury Security	1,405,000	9/30/2026
Payden	91282CDQ1	U.S. TREASURY NOTE	U.S. Treasury Security	930,000	12/31/2026
Payden	91282CEW7	U.S. TREASURY NOTE	U.S. Treasury Security	2,470,000	6/30/2027
Payden	91282CFB2	U.S. TREASURY NOTE	U.S. Treasury Security	1,975,000	7/31/2027
Payden	91282CFH9	U.S. TREASURY NOTE	U.S. Treasury Security	1,325,000	8/31/2027
Payden	91282CFZ9	U.S. TREASURY NOTE	U.S. Treasury Security	2,230,000	11/30/2027
Payden	91282CGH8	U.S. TREASURY NOTE	U.S. Treasury Security	1,950,000	1/31/2028
Payden	91282CGP0	U.S. TREASURY NOTE	U.S. Treasury Security	2,395,000	2/29/2028
Payden	91282CGT2	U.S. TREASURY NOTE	U.S. Treasury Security	11,105,000	3/31/2028
Payden	91282CHA2	U.S. TREASURY NOTE	U.S. Treasury Security	2,580,000	4/30/2028
Payden	91282CHE4	U.S. TREASURY NOTE	U.S. Treasury Security	680,000	5/31/2028
Payden	91282CHK0	U.S. TREASURY NOTE	U.S. Treasury Security	2,505,000	6/30/2028
Payden	91282CHQ7	U.S. TREASURY NOTE	U.S. Treasury Security	3,755,000	7/31/2028
Payden	91282CHX2	U.S. TREASURY NOTE	U.S. Treasury Security	2,030,000	8/31/2028
Payden	91282CJA0	U.S. TREASURY NOTE	U.S. Treasury Security	1,810,000	9/30/2028
Payden	91282CJN2	U.S. TREASURY NOTE	U.S. Treasury Security	3,925,000	11/30/2028
Payden	91282CJW2	U.S. TREASURY NOTE	U.S. Treasury Security	4,420,000	1/31/2029
Payden	91282CKD2	U.S. TREASURY NOTE	U.S. Treasury Security	2,100,000	2/28/2029
Payden	313385AZ9	FHLB DISCOUNT NOTE	U.S. Agency Security	10,300,000	1/24/2025
Payden	3130AVR46	FHLB C 7/21/23 Q	U.S. Agency Security	12,800,000	5/17/2024
Payden	3134GYFM9	FHLMC C 8/1/23 Q	U.S. Agency Security	5,000,000	8/1/2024
Payden	3130AXYX0	FHLB C 3/06/24 M	U.S. Agency Security	10,000,000	1/3/2025
Payden	3130AWYQ7	FHLB C 8/28/24 Q	U.S. Agency Security	4,500,000	8/28/2025
Payden	3134H1AZ6	FHLMC C 8/28/24 Q	U.S. Agency Security	5,000,000	8/28/2025
Payden	3134GXDZ4	FHLMC C 11/25/22 Q	U.S. Agency Security	510,000	11/25/2024
Payden	3135G0X24	FNMA	U.S. Agency Security	940,000	1/7/2025
Payden	3134GXS88	FHLMC C 02/28/23 Q	U.S. Agency Security	570,000	2/28/2025
Payden	3135G03U5	FNMA	U.S. Agency Security	960,000	4/22/2025
Payden	3137EAEU9	FHLMC	U.S. Agency Security	570,000	7/21/2025
Payden	3134GXR63	FHLMC C 11/28/22 Q	U.S. Agency Security	570,000	8/28/2025
Payden	3134GXS47	FHLMC C 11/28/2022 Q	U.S. Agency Security	570,000	8/28/2025
Payden	3134GX3A0	FHLMC C 12/30/2022 Q	U.S. Agency Security	610,000	9/30/2025
Payden	3135G06G3	FNMA	U.S. Agency Security	410,000	11/7/2025
Payden	3130AKXQ4	FHLB C 05/12/21 Q	U.S. Agency Security	940,000	2/12/2026
Payden	459052YS9	IBRD DISCOUNT NOTE	Non U.S. Government Bond	20,000,000	6/28/2024
Payden	459050VM1	INTL FINANCE CORP FRN SOFRRATE	Non U.S. Government Bond	7,500,000	4/3/2024
Payden	4581X0DT2	INTER-AMERICAN DEV BANK FRN SOFRINDX	Non U.S. Government Bond	15,000,000	2/10/2026
Payden	4581X0DY1	INTER-AMERICAN DEV BANK FRN SOFRINDX	Non U.S. Government Bond	15,000,000	9/16/2026
Payden	459058KK8	INTL BK RECON & DEVELOP FRN SOFRINDX	Non U.S. Government Bond	5,720,000	9/23/2026
Payden	459058LD3	INTL BANK RECON & DEVELOP SOFRINDX FRN	Non U.S. Government Bond	5,000,000	2/23/2027
Payden	45828RAA3	INTER-AMERICAN DEV BANK FRN SOFRINDX	Non U.S. Government Bond	7,800,000	10/5/2028
Payden	89115BRU6	TORONTO-DOMINION NY YCD FRN SOFRRATE	Negotiable CD	9,250,000	4/1/2024

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Payden	87019WNH4	SWEDBANK NY YCD FRN SOFRRATE	Negotiable CD	10,000,000	4/12/2024
Payden	17330QFJ1	CITIBANK CD	Negotiable CD	10,000,000	6/17/2024
Payden	13606KYN0	CANADIAN IMPERIAL BANK YCD FRN SOFRRATE	Negotiable CD	8,700,000	7/29/2024
Payden	06367DFG5	BANK OF MONTREAL CHICAGO YCD	Negotiable CD	10,000,000	8/29/2024
Payden	072024WP3	CA BAY AREA TOLL AUTH TOLL BRDG REV TXB	Municipal Securities	1,220,000	4/1/2024
Payden	13032UVB1	CA HEALTH FACS-NO PLACE LIKE HOME-TXB	Municipal Securities	380,000	6/1/2024
Payden	769036BL7	CA CITY OF RIVERSIDE POB TXB	Municipal Securities	320,000	6/1/2024
Payden	20772KJW0	CT STATE OF CONNECTICUT GO/ULT TXB	Municipal Securities	210,000	7/1/2024
Payden	284035AC6	CA CITY OF EL SEGUNDO POBS TXB	Municipal Securities	500,000	7/1/2024
Payden	664845EA8	CA NORTHERN CA PUB POWER TXB	Municipal Securities	410,000	7/1/2024
Payden	842475P66	CA SOUTHERN CA PUBLIC POWER TXB	Municipal Securities	900,000	7/1/2024
Payden	212204JE2	CA CONTRA COSTA CCD GO/ULT TXB	Municipal Securities	170,000	8/1/2024
Payden	223093VM4	CA COVINA-VALLEY USD GO/ULT TXB	Municipal Securities	250,000	8/1/2024
Payden	365298Y51	CA GARDEN GROVE USD GO/ULT TXB	Municipal Securities	395,000	8/1/2024
Payden	378460YD5	CA GLENDALE USD GO/ULT TXB	Municipal Securities	250,000	9/1/2024
Payden	798736AW4	CA SAN LUIS WESTLANDS WTR DIST TXB	Municipal Securities	410,000	9/1/2024
Payden	544290JH3	CA LOS ALTOS SCH DIST GO BANS TXB	Municipal Securities	800,000	10/1/2024
Payden	861398CH6	CA STOCKTON PFA WTR REV-GREEN-TXB	Municipal Securities	300,000	10/1/2024
Payden	544587Y44	CA LOS ANGELES MUNI IMPT CORP LEASE TXB	Municipal Securities	500,000	11/1/2024
Payden	13080SZL1	CA STWD CMTY DEV AUTH REV-CAISO-TXB	Municipal Securities	750,000	2/1/2025
Payden	672211BM0	CA OAKLAND-ALAMEDA COLISEUM AUTH-TXBL	Municipal Securities	925,000	2/1/2025
Payden	64990FD43	NY STATE DORM AUTH PERS INC TAX TXB	Municipal Securities	680,000	3/15/2025
Payden	91412HFM0	CA UNIVERSITY OF CALIFORNIA TXB	Municipal Securities	750,000	5/15/2025
Payden	088006JZ5	CA BEVERLY HILLS PFA LEASE REV TXB	Municipal Securities	670,000	6/1/2025
Payden	13034AN55	CA INFRA & ECON BANK-SCRIPPS TXB	Municipal Securities	500,000	7/1/2025
Payden	358232GT8	CA FRESNO USD GO/ULT TXB	Municipal Securities	600,000	8/1/2025
Payden	672325M95	CA OAKLAND USD GO/ULT TXB	Municipal Securities	420,000	8/1/2025
Payden	5445872T4	CA LOS ANGELES MUNI IMPT CORP LEASE TXB	Municipal Securities	360,000	11/1/2025
Payden	20772KQJ1	CT STATE GO/ULT TXB	Municipal Securities	640,000	6/15/2026
Payden	576004HD0	MA ST SPL OBLG REV-SOCIAL TXB	Municipal Securities	440,000	7/15/2027
NEAM	54438CYK2	LOS ANGELES CA CMNTY CLG DIST	Municipal Securities	1,100,000	8/1/2025
NEAM	969268DG3	WILLIAM S HART CA UNION HIGH S	Municipal Securities	2,350,000	8/1/2025
NEAM	576000ZE6	MASSACHUSETTS ST SCH BLDG AUTH	Municipal Securities	5,000,000	8/15/2025
NEAM	13063D3A4	CALIFORNIA ST	Municipal Securities	1,000,000	10/1/2026
Payden	3137FBUC8	FHMS KF38 A	Mortgage-Backed Security	98,222	9/25/2024
Payden	3137FVNA6	FHMS KI06 A 1MOFRN CMBS	Mortgage-Backed Security	101,572	3/25/2025
Payden	3137H3KA9	FHMS KI07 A SOFRFRN	Mortgage-Backed Security	6,950,000	9/25/2026
Payden	3137H4RC6	FHMS KI08 A 1MOFRN CMBS	Mortgage-Backed Security	2,286,612	10/25/2026
NEAM	07330NAT2	TRUIST BANK	Corporate Security	4,750,000	12/6/2024
NEAM	976656CL0	WISCONSIN ELECTRIC POWER	Corporate Security	1,500,000	12/15/2024
NEAM	57629WCG3	MASSMUTUAL GLOBAL FUNDIN	Corporate Security	2,500,000	1/11/2025
NEAM	384802AE4	WW GRAINGER INC	Corporate Security	1,000,000	2/15/2025
NEAM	69353REK0	PNC BANK NA	Corporate Security	2,000,000	2/23/2025
NEAM	458140BP4	INTEL CORP	Corporate Security	2,500,000	3/25/2025
NEAM	341081FZ5	FLORIDA POWER & LIGHT CO	Corporate Security	2,500,000	4/1/2025
NEAM	341081FZ5	FLORIDA POWER & LIGHT CO	Corporate Security	5,000,000	4/1/2025
NEAM	369550BK3	GENERAL DYNAMICS CORP	Corporate Security	5,000,000	4/1/2025
NEAM	911312BX3	UNITED PARCEL SERVICE	Corporate Security	5,000,000	4/1/2025
NEAM	438516CB0	HONEYWELL INTERNATIONAL	Corporate Security	5,000,000	6/1/2025
NEAM	29157TAC0	EMORY UNIVERSITY	Corporate Security	1,000,000	9/1/2025
NEAM	29157TAC0	EMORY UNIVERSITY	Corporate Security	3,305,000	9/1/2025
NEAM	68233JBZ6	ONCOR ELECTRIC DELIVERY	Corporate Security	3,000,000	10/1/2025
NEAM	64952WDW0	NEW YORK LIFE GLOBAL FDG	Corporate Security	5,000,000	1/15/2026
NEAM	64952WDW0	NEW YORK LIFE GLOBAL FDG	Corporate Security	5,000,000	1/15/2026
NEAM	927804FU3	VIRGINIA ELEC & POWER CO	Corporate Security	5,000,000	1/15/2026
NEAM	06406RAQ0	BANK OF NY MELLON CORP	Corporate Security	5,000,000	1/28/2026
NEAM	74005PBQ6	LINDE INC/CT	Corporate Security	2,250,000	1/30/2026
NEAM	037833BY5	APPLE INC	Corporate Security	1,500,000	2/23/2026
NEAM	20030NBS9	COMCAST CORP	Corporate Security	3,500,000	3/1/2026
NEAM	14913R2K2	CATERPILLAR FINL SERVICE	Corporate Security	5,000,000	3/2/2026
NEAM	74456QCF1	PUBLIC SERVICE ELECTRIC	Corporate Security	4,000,000	3/15/2026
NEAM	74456QCF1	PUBLIC SERVICE ELECTRIC	Corporate Security	5,000,000	3/15/2026
NEAM	90320WAF0	UPMC	Corporate Security	1,000,000	4/15/2026
NEAM	95000U2N2	WELLS FARGO & COMPANY	Corporate Security	2,000,000	4/30/2026
NEAM	95000U2N2	WELLS FARGO & COMPANY	Corporate Security	5,000,000	4/30/2026
NEAM	95000U2N2	WELLS FARGO & COMPANY	Corporate Security	3,000,000	4/30/2026
NEAM	459200JZ5	IBM CORP	Corporate Security	1,250,000	5/15/2026
NEAM	57629WDE7	MASSMUTUAL GLOBAL FUNDIN	Corporate Security	5,000,000	7/16/2026

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NEAM	61761J3R8	MORGAN STANLEY	Corporate Security	3,000,000	7/27/2026
NEAM	931142ER0	WALMART INC	Corporate Security	5,000,000	9/17/2026
NEAM	46625HRV4	JPMORGAN CHASE & CO	Corporate Security	3,500,000	10/1/2026
NEAM	743756AB4	PROV ST JOSEPH HLTH OBL	Corporate Security	1,500,000	10/1/2026
NEAM	26884ABF9	ERP OPERATING LP	Corporate Security	1,252,000	11/1/2026
NEAM	025816CM9	AMERICAN EXPRESS CO	Corporate Security	5,000,000	11/4/2026
NEAM	641062AV6	NESTLE HOLDINGS INC	Corporate Security	5,000,000	1/14/2027
NEAM	756109AS3	REALTY INCOME CORP	Corporate Security	3,750,000	1/15/2027
NEAM	31677QBR9	FIFTH THIRD BANK	Corporate Security	5,000,000	2/1/2027
NEAM	771196BV3	ROCHE HOLDINGS INC	Corporate Security	5,000,000	3/10/2027
NEAM	771196BV3	ROCHE HOLDINGS INC	Corporate Security	2,500,000	3/10/2027
NEAM	29736RAJ9	ESTEE LAUDER CO INC	Corporate Security	1,500,000	3/15/2027
NEAM	20030NDK4	COMCAST CORP	Corporate Security	2,500,000	4/1/2027
NEAM	10373QAZ3	BP CAP MARKETS AMERICA	Corporate Security	5,000,000	4/14/2027
NEAM	437076CN0	HOME DEPOT INC	Corporate Security	2,750,000	4/15/2027
NEAM	437076CN0	HOME DEPOT INC	Corporate Security	2,000,000	4/15/2027
NEAM	907818EP9	UNION PACIFIC CORP	Corporate Security	1,000,000	4/15/2027
NEAM	46647PCB0	JPMORGAN CHASE & CO	Corporate Security	2,500,000	4/22/2027
NEAM	91159HHR4	US BANCORP	Corporate Security	7,000,000	4/27/2027
NEAM	904764AY3	UNILEVER CAPITAL CORP	Corporate Security	7,500,000	5/5/2027
NEAM	67021CAM9	NSTAR ELECTRIC CO	Corporate Security	1,000,000	5/15/2027
NEAM	67021CAM9	NSTAR ELECTRIC CO	Corporate Security	2,500,000	5/15/2027
NEAM	74456QBS4	PUBLIC SERVICE ELECTRIC	Corporate Security	1,500,000	5/15/2027
NEAM	927804GH1	VIRGINIA ELEC & POWER CO	Corporate Security	3,100,000	5/15/2027
NEAM	59217GFB0	MET LIFE GLOB FUNDING I	Corporate Security	3,500,000	6/30/2027
NEAM	61747YEC5	MORGAN STANLEY	Corporate Security	2,000,000	7/20/2027
NEAM	06051GJS9	BANK OF AMERICA CORP	Corporate Security	5,000,000	7/22/2027
NEAM	458140BY5	INTEL CORP	Corporate Security	5,000,000	8/5/2027
NEAM	14913R3A3	CATERPILLAR FINL SERVICE	Corporate Security	2,500,000	8/12/2027
NEAM	756109BG8	REALTY INCOME CORP	Corporate Security	5,000,000	8/15/2027
NEAM	010392FY9	ALABAMA POWER CO	Corporate Security	5,000,000	9/1/2027
NEAM	010392FY9	ALABAMA POWER CO	Corporate Security	2,000,000	9/1/2027
NEAM	89236TKJ3	TOYOTA MOTOR CREDIT CORP	Corporate Security	3,000,000	9/20/2027
NEAM	539830BV0	LOCKHEED MARTIN CORP	Corporate Security	5,000,000	11/15/2027
NEAM	278865BP4	ECOLAB INC	Corporate Security	5,000,000	1/15/2028
NEAM	756109BH6	REALTY INCOME CORP	Corporate Security	2,500,000	1/15/2028
NEAM	69353RFJ2	PNC BANK NA	Corporate Security	3,000,000	1/22/2028
NEAM	882508BV5	TEXAS INSTRUMENTS INC	Corporate Security	5,000,000	2/15/2028
NEAM	91324PEP3	UNITEDHEALTH GROUP INC	Corporate Security	5,000,000	2/15/2028
NEAM	210518DS2	CONSUMERS ENERGY CO	Corporate Security	3,000,000	3/1/2028
NEAM	210518DS2	CONSUMERS ENERGY CO	Corporate Security	1,650,000	3/1/2028
NEAM	04636NAF0	ASTRAZENECA FINANCE LLC	Corporate Security	5,000,000	3/3/2028
NEAM	49177JAF9	KENVUE INC	Corporate Security	1,000,000	3/22/2028
NEAM	49177JAF9	KENVUE INC	Corporate Security	1,000,000	3/22/2028
NEAM	58769JAG2	MERCEDES-BENZ FIN NA	Corporate Security	2,000,000	3/30/2028
NEAM	02361DAS9	AMEREN ILLINOIS CO	Corporate Security	2,500,000	5/15/2028
NEAM	29736RAS9	ESTEE LAUDER CO INC	Corporate Security	3,000,000	5/15/2028
NEAM	29736RAS9	ESTEE LAUDER CO INC	Corporate Security	2,500,000	5/15/2028
NEAM	68233JCQ5	ONCOR ELECTRIC DELIVERY	Corporate Security	1,000,000	5/15/2028
NEAM	74153WCS6	PRICOA GLOBAL FUNDING I	Corporate Security	5,000,000	5/30/2028
NEAM	440452AH3	HORMEL FOODS CORP	Corporate Security	1,000,000	6/3/2028
NEAM	440452AH3	HORMEL FOODS CORP	Corporate Security	1,600,000	6/3/2028
NEAM	38141GWL4	GOLDMAN SACHS GROUP INC	Corporate Security	10,000,000	6/5/2028
NEAM	02665WEM9	AMERICAN HONDA FINANCE	Corporate Security	1,000,000	7/7/2028
NEAM	02665WEM9	AMERICAN HONDA FINANCE	Corporate Security	3,000,000	7/7/2028
NEAM	24422EXB0	JOHN DEERE CAPITAL CORP	Corporate Security	5,000,000	7/14/2028
NEAM	46647PDG8	JPMORGAN CHASE & CO	Corporate Security	5,000,000	7/25/2028
NEAM	883556CK6	THERMO FISHER SCIENTIFIC	Corporate Security	5,000,000	10/15/2028
NEAM	29379VBT9	ENTERPRISE PRODUCTS OPER	Corporate Security	5,000,000	10/16/2028
NEAM	771196CF7	ROCHE HOLDINGS INC	Corporate Security	2,000,000	11/13/2028
NEAM	00287YBF5	ABBVIE INC	Corporate Security	7,000,000	11/14/2028
NEAM	59217GFR5	MET LIFE GLOB FUNDING I	Corporate Security	5,000,000	1/8/2029
NEAM	59217GFR5	MET LIFE GLOB FUNDING I	Corporate Security	2,500,000	1/8/2029
NEAM	58769JAR8	MERCEDES-BENZ FIN NA	Corporate Security	5,000,000	1/11/2029
NEAM	24422EXH7	JOHN DEERE CAPITAL CORP	Corporate Security	2,500,000	1/16/2029
NEAM	91159HJK7	US BANCORP	Corporate Security	5,000,000	2/1/2029
NEAM	110122EF1	BRISTOL-MYERS SQUIBB CO	Corporate Security	5,000,000	2/22/2029
Payden	6698M4D17	NOVARTIS FINANCE CP 144A	Commercial Paper	25,000,000	4/1/2024

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Payden	03785DD29	APPLE CP 144A	Commercial Paper	50,000,000	4/2/2024
Payden	59515MD36	MICROSOFT CP 144A	Commercial Paper	50,000,000	4/3/2024
Payden	11012LD52	BRISTOL-MYERS SQUIBB CP 144A	Commercial Paper	50,000,000	4/5/2024
Payden	10924HDR2	BRIGHTHOUSE FINANCIAL CP 144A	Commercial Paper	20,000,000	4/25/2024
Payden	22533TE77	CREDIT AGRICOLE CP	Commercial Paper	10,000,000	5/7/2024
Payden	71708EEW1	PFIZER CP 144A	Commercial Paper	10,000,000	5/30/2024
Payden	09659BF70	BNP PARIBAS NY CP	Commercial Paper	10,000,000	6/7/2024
Payden	59515MFA8	MICROSOFT CP 144A	Commercial Paper	5,000,000	6/10/2024
Payden	04033GAA5	ARIFL 2023-B A1 FLEET 144A	Asset-Backed Security	1,763,642	10/15/2024
Payden	14318XAA3	CARMX 2023-4 A1 CAR	Asset-Backed Security	1,521,876	10/15/2024
Payden	34529NAA8	FORDL 2023-B A1 LEASE	Asset-Backed Security	396,524	10/15/2024
Payden	44328UAA4	HPEFS 2023-2A A1 EQP 144A	Asset-Backed Security	3,208,308	10/18/2024
Payden	12511QAA7	CCG 2023-2 A1 EQP 144A	Asset-Backed Security	2,907,102	11/14/2024
Payden	44918CAA0	HART 2023-C A1 CAR	Asset-Backed Security	1,145,850	11/15/2024
Payden	89238LAC4	TLOT 2022-A A3 LEASE 144A	Asset-Backed Security	1,375,441	2/20/2025
Payden	34535EAA0	FORDO 2024-A A1 CAR	Asset-Backed Security	5,200,000	4/15/2025
Payden	34528LAD7	FORDL 2022-A A3 LEASE	Asset-Backed Security	586,137	5/15/2025
Payden	65480LAD7	NALT 2022-A A3 LEASE	Asset-Backed Security	4,136,635	5/15/2025
Payden	362541AB0	GMALT 2023-1 A2A LEASE	Asset-Backed Security	942,700	6/20/2025
Payden	34533YAD2	FORDO 2020-C A3	Asset-Backed Security	818,838	7/15/2025
Payden	14316HAC6	CARMX 2020-4 A3 CAR	Asset-Backed Security	2,054,847	8/15/2025
Payden	89231CAB3	TAOT 2022-C A2A CAR	Asset-Backed Security	1,128,888	8/15/2025
Payden	47788UAC6	JOHN DEERE 2021-A A3 EQP	Asset-Backed Security	2,315,544	9/15/2025
Payden	380130AD6	GMALT 2022-3 A3 LEASE	Asset-Backed Security	3,488,243	9/22/2025
Payden	02008MAB5	ALLYA 2022-2 A2 CAR	Asset-Backed Security	504,774	10/15/2025
Payden	98163QAB5	WOART 2022-B A2A CAR	Asset-Backed Security	281,897	10/15/2025
Payden	448979AB0	HART 2023-A A2A CAR	Asset-Backed Security	584,556	12/15/2025
Payden	23346HAB3	DLLST 2024-1A A2 EQP 144A	Asset-Backed Security	800,000	1/20/2026
Payden	78414SAC8	SBALT 2024-A A2 LEASE 144A	Asset-Backed Security	4,600,000	1/20/2026
Payden	14315FAE7	CARMX 2020-3 A4 CAR	Asset-Backed Security	2,286,837	3/16/2026
Payden	437927AB2	HAROT 2023-2 A2 CAR	Asset-Backed Security	5,257,682	4/15/2026
Payden	05592XAB6	BMWOT 2023-A A2A CAR	Asset-Backed Security	4,243,167	4/27/2026
Payden	06428AAB4	BAAT 2023-1A A2 CAR 144A	Asset-Backed Security	3,943,730	5/15/2026
Payden	44933XAB3	HART 2023-B A2A CAR	Asset-Backed Security	2,982,794	5/15/2026
Payden	44935FAD6	HART 2021-C A3 CAR	Asset-Backed Security	2,554,553	5/15/2026
Payden	362583AB2	GMCAR 2023-2 A2A CAR	Asset-Backed Security	820,500	5/18/2026
Payden	14317DAC4	CARMX 2021-3 A3 CAR	Asset-Backed Security	3,476,847	6/15/2026
Payden	448988AB1	HALST 2024-A A2A LEASE 144A	Asset-Backed Security	2,000,000	6/15/2026
Payden	36269FAB2	GMALT 2024-1 A2A LEASE	Asset-Backed Security	2,500,000	6/22/2026
Payden	88166VAB2	TESLA 2024-A A2A LEASE 144A	Asset-Backed Security	500,000	6/22/2026
Payden	98164JAB0	WOART 2023-A A2A CAR	Asset-Backed Security	2,800,512	7/15/2026
Payden	05611UAB9	BMWLT 2024-1 A2A LEASE	Asset-Backed Security	3,000,000	7/27/2026
Payden	39154TCH9	GALC 2024-1 A2 EQP 144A	Asset-Backed Security	2,500,000	8/17/2026
Payden	39154TBW7	GALC 2022-1 A3 EQP 144A	Asset-Backed Security	5,000,000	9/15/2026
Payden	362554AC1	GMCAR 2021-4 A3 CAR	Asset-Backed Security	2,921,066	9/16/2026
Payden	36267KAB3	GMCAR 2023-3 A2A CAR	Asset-Backed Security	2,335,103	9/16/2026
Payden	98163CAF7	WORLD OMNI 2020-C A4 CAR	Asset-Backed Security	5,000,000	10/15/2026
Payden	501689AB9	LADAR 2024-1A A2 CAR 144A	Asset-Backed Security	3,000,000	11/16/2026
Payden	89239FAB8	TAOT 2023-D A2A CAR	Asset-Backed Security	3,900,000	11/16/2026
Payden	29374EAB2	ENTERPRISE 2021-1 A2 FLEET 144A	Asset-Backed Security	528,668	12/21/2026
Payden	881943AC8	TEVT 2023-1 A2B CAR 144A	Asset-Backed Security	5,100,000	12/21/2026
Payden	92866EAB5	VWALT 2024-A A2A LEASE	Asset-Backed Security	2,800,000	12/21/2026
Payden	92867WAB4	VALET 2023-1 A2A CAR	Asset-Backed Security	1,288,155	12/21/2026
Payden	44918CAB8	HART 2023-C A2A CAR	Asset-Backed Security	2,000,000	1/15/2027
Payden	36268GAC9	GMCAR 2024-1 A2B CAR	Asset-Backed Security	1,300,000	2/16/2027
Payden	65479CAE8	NAROT 2020-B A4 CAR	Asset-Backed Security	1,300,331	2/16/2027
Payden	14318WAB3	CARMX 2024-A2A CAR	Asset-Backed Security	1,200,000	3/15/2027
Payden	14318MAD1	CARMX 2022-3 A3 CAR	Asset-Backed Security	13,455,000	4/15/2027
Payden	448973AB3	HART 20024-A A2A CAR	Asset-Backed Security	3,700,000	4/15/2027
Payden	16144BAB4	CHAOT 2024-1A A2 CAR 144A	Asset-Backed Security	2,600,000	4/26/2027
Payden	78435VAB8	SFAST 2024-1A A2 CAR 144A	Asset-Backed Security	3,100,000	6/21/2027
Payden	14688NAB5	CRVNA 2024-P1 A2 CAR 144A	Asset-Backed Security	3,900,000	8/10/2027
Payden	55318CAB0	MMAF 2024-A A2 EQP 144A	Asset-Backed Security	2,400,000	9/13/2027
Payden	98163TAD5	WOART 2022-C A3 CAR	Asset-Backed Security	9,500,000	10/15/2027
Payden	17305EGX7	CCCIT 2023-A2 A2 CARD	Asset-Backed Security	5,000,000	12/8/2027
Payden	92348KCM3	VZMT 2024-1 A1B PHONE	Asset-Backed Security	1,900,000	12/20/2028
Payden	361886DB7	GFORT 2024-1A A2 FLOORPLAN 144A	Asset-Backed Security	1,400,000	3/15/2029
Payden	50117XAE2	KUBOTA 2021-2A A3 EQP 144A	Asset-Backed Security	464,065	11/17/2025

LA Care Securities Holdings

as of March 31, 2024

Portfolio	CUSIP/Identifier	Security	Type	Par	Maturity date
Payden	14314QAC8	CARMX 2021-2 A3 AUTO	Asset-Backed Security	268,076	2/17/2026
Payden	380149AC8	GMCAR 2021-2 A3 CAR	Asset-Backed Security	64,945	4/16/2026
Payden	89239MAC1	TLOT 2023A A3 LEASE 144A	Asset-Backed Security	500,000	4/20/2026
Payden	14317DAC4	CARMX 2021-3 A3 CAR	Asset-Backed Security	440,401	6/15/2026
Payden	379929AD4	GMALT 2023-3 A3 LEASE	Asset-Backed Security	300,000	11/20/2026
Payden	05611UAD5	BMWLT 2024-1 A3 LEASE	Asset-Backed Security	700,000	3/25/2027
Payden	17305EGW9	CCCIT 2023-A1 A1 CARD	Asset-Backed Security	450,000	12/8/2027
Payden	500945AC4	KCOT 2023-2A A3 EQP 144A	Asset-Backed Security	500,000	1/18/2028
Payden	43815QAC1	HAROT 2023-3 A3 CAR	Asset-Backed Security	250,000	2/18/2028
Payden	477920AC6	JDOT 2023-B A3 EQP	Asset-Backed Security	750,000	3/15/2028
Payden	98163QAE9	WOART 2022-B A3 CAR	Asset-Backed Security	500,000	3/15/2028
Payden	14319BAC6	CARMX 2023-3 A3 CAR	Asset-Backed Security	800,000	5/15/2028
Payden	344930AD4	FORDO 2023-B A3 CAR	Asset-Backed Security	600,000	5/15/2028
Payden	34528QHV9	FORDF 2023-1 A1 FLOOR 144A	Asset-Backed Security	900,000	5/15/2028
Payden	06054YAC1	BAAT 2023-2A A3 CAR 144A	Asset-Backed Security	700,000	6/15/2028
Payden	14044EAD0	COPAR 2023-2 A3 CAR	Asset-Backed Security	700,000	6/15/2028
Payden	361886CR3	GFORT 2023-1 A1 FLOOR 144A	Asset-Backed Security	900,000	6/15/2028
Payden	14318XAC9	CARMX 2023-4 A3 CAR	Asset-Backed Security	800,000	7/17/2028
Payden	89239FAD4	TAOT 2023-D A3 CAR	Asset-Backed Security	400,000	8/15/2028
Payden	63938PBU2	NAVMT 2023-1 A FLOOR 144A	Asset-Backed Security	200,000	8/25/2028
Payden	344940AD3	FORDO 2023-C A3 CAR	Asset-Backed Security	500,000	9/15/2028
Payden	14318WAD9	CARMX 2024-A3 CAR	Asset-Backed Security	600,000	10/16/2028
Payden	44918CAD4	HART 2023-C A3 CAR	Asset-Backed Security	300,000	10/16/2028
Payden	05522RDH8	BACCT 2023-A2 A2 CARD	Asset-Backed Security	500,000	11/15/2028
Payden	47800RAD5	JDOT 2024-A A3 EQP	Asset-Backed Security	700,000	11/15/2028
Payden	36268GAD7	GMCAR 2024-1 A3 CAR	Asset-Backed Security	400,000	12/18/2028
Payden	65479VAB2	NMOTR 2024-B A FLOORPLAN 144A	Asset-Backed Security	600,000	2/15/2029



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

April 02, 2024

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

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

[Tran Type Definitions](#)

March 2024 Statement

Account Summary

Total Deposit:	0.00	Beginning Balance:	35,212,922.83
Total Withdrawal:	-30,000,000.00	Ending Balance:	5,212,922.83



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 462
Los Angeles, California 90012
Telephone: (213) 584-1571 Fax: (213) 626-1701
ttc.lacounty.gov and propertytax.lacounty.gov

ELIZABETH BUENROSTRO GINSBERG
INTERIM TREASURER AND TAX COLLECTOR

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

April 8, 2024

L.A. Care Health Plan
1055 West 7th Street, 10th Floor
Los Angeles, California 90017

MONTHLY eCAPS REPORT

Attached please find for your review and reference, the Balance Sheet Detail Activity by Fund report from eCAPS for the month ended March 31, 2024.

Should you have any questions, you may contact Marivic Liwag, Assistant Operations Chief, of my staff at (213) 584-1252 or mliwag@ttc.lacounty.gov.

Very truly yours,

ELIZABETH BUENROSTRO GINSBERG
Interim Treasurer and Tax Collector


Jennifer Koai
Operations Chief

JK:ML:en

Attachments



Balance Sheet Detail Activity By Fund

March 1, 2024 - March 31, 2024

Fiscal Year: 2024

Fiscal Period: 9

Fund Class: TT15 TTC-ICG LAPIF

Balance Sheet Category	Balance Sheet Class	Balance Sheet Account	Record Date	Document	Description	Beginning Balance	Debits	Credits	Ending Balance
Asset									
					1A Pooled Cash & Investments				
					100 Cash				
					1000 Cash				
						79,506,920.35	0.00	0.00	79,506,920.35
			03/01/2024	JVA AC IA022400030 78	INTEREST ALLOCATION FOR THE MONTH ENDING February 29, 2024	0.00	212,368.45	0.00	79,719,288.80
					Total for 1000 Cash	\$79,506,920.35	\$212,368.45	\$0.00	\$79,719,288.80
					Total for 100 Cash	\$79,506,920.35	\$212,368.45	\$0.00	\$79,719,288.80
					Total for 1A Pooled Cash & Investments	\$79,506,920.35	\$212,368.45	\$0.00	\$79,719,288.80
					Total for Asset	\$79,506,920.35	\$212,368.45	\$0.00	\$79,719,288.80
					Total for Los Angeles Care Health Plan	\$79,506,920.35	\$212,368.45	\$0.00	\$79,719,288.80
					Total for TT15 TTC-ICG Los Angeles County Pool Investment Fund	\$79,506,920.35	\$212,368.45	\$0.00	\$79,719,288.80

LOCAL INITIATIVE HEALTH AUTHORITY
 FOR LOS ANGELES COUNTY
 1055 W 7TH ST FL 10
 LOS ANGELES CA 90017-2750

<u>DATE</u>	<u>INVESTMENT/ REDEMPTION</u>	<u>INVESTMENT BALANCE</u>	<u>FUND RATE</u>	<u>ACCOUNT FEE</u>	<u>NET DIV RATE</u>	<u>DIVIDEND ACCRUED</u>	<u>TICKER SYMBOL</u>
3/31/24		106,828,218.30	5.1823%	1.0000%	4.1923%	12,499.68	TSTXX
	MTD TOTAL DIVIDENDS ACCRUED	431,977.93			AVG. DAILY DIVIDEND RATE	4.1830	
	MTD TOTAL DIVIDENDS PAID	385,215.80			AVG. DAILY INVESTMENT BAL.	121,592,427.61	
	YTD TOTAL DIVIDENDS PAID	385,215.80			TARGET BALANCE	.00	
ACCRUED DIVIDENDS OF 431,977.93 WILL BE CREDITED TO DMA ACCOUNT							ON 04/01/24.

TICKER SYMBOL TSTXX IS BLACKROCK LIQUIDITY FUNDS - F-FUND - INSTITUTIONAL SHARE CLASS



L.A. Care Health Plan Quarterly Investment Compliance Report January 1, 2024 through March 31, 2024

OVERVIEW

The California Government Code requires the L.A. Care Treasurer to submit a quarterly report detailing its investment activity for the period. This investment report covers the three-month period from January 1, 2024 through March 31, 2024.

PORTFOLIO SUMMARY

As of March 31, 2024, the market values of the portfolios managed by Payden & Rygel and New England Asset Management are as follows:

<u>Portfolios</u>	<u>Payden & Rygel</u>
<i>Cash Portfolio #2365</i>	<i>\$4,029,944,146.05</i>
<i>Low Duration Portfolio #2367</i>	<i>\$93,378,254.23</i>
Total Combined Portfolio	<u>\$4,123,322,400.28</u>

<u>Portfolios</u>	<u>NEAM</u>
<i>Government and Corporate Debt</i>	<u>\$340,463,968.85</u>

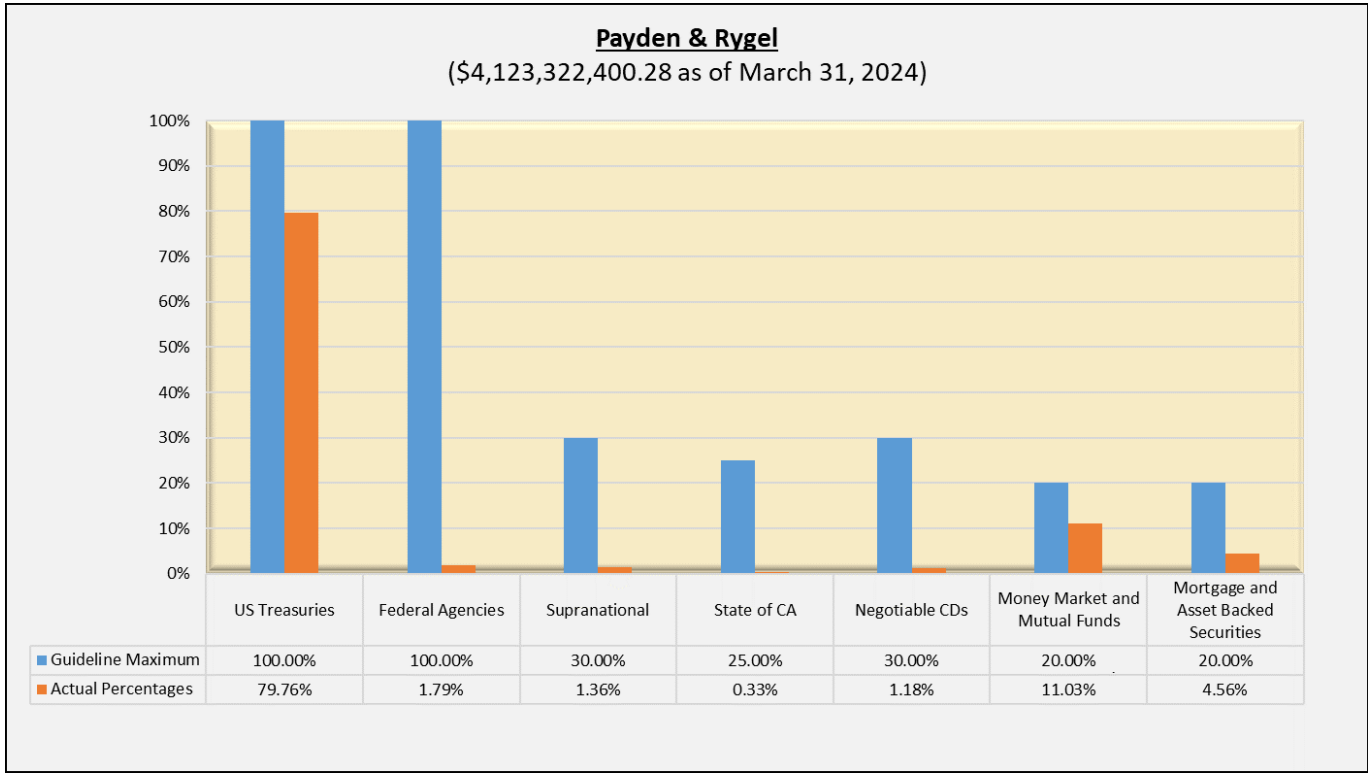
COMPLIANCE WITH ANNUAL INVESTMENT POLICY

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

L.A. Care has invested funds in California's Local Agency Investment Fund (LAIF) and the Los Angeles County Treasurer's Pooled Investment Fund (LACPIF). In a LAIF statement dated April 2, 2024, the March 31, 2024 balance is reported as \$5,212,922.83 with accrued interest of \$364,688. In the LACPIF statement dated April 8, 2024, the March 31, 2024 balance is reported as \$79,719,288.80. The LACPIF account balance does not reflect accrued interest.

Payden & Rygel Compliance Verification

California Government Code Compliance Verification Detail as of March 31, 2024



	Maximum Permitted Maturity		Actual Maximum Maturity		Compliance
	#2365	#2367	#2365	#2367	
	Enhanced Cash	Low Duration	Enhanced Cash	Low Duration	
US Treasuries	5 Years	5 Years	1.59 Years	4.92 Years	YES
Federal Agencies	5 Years	5 Years	1.42 Years	1.88 Years	YES
Supranational	5 Years	5 Years	4.52 Years	NA	YES
State of CA	5 Years	5 Years	NA	3.30 Years	YES
Negotiable CDs	270 Days	270 Days	151 days	-	YES
Money Market and Mutual Funds	NA	NA	1 Day	1 Day	YES
Mortgage and Asset Backed Securities	5 Years	5 Years	4.96 Years	4.88 Years	YES

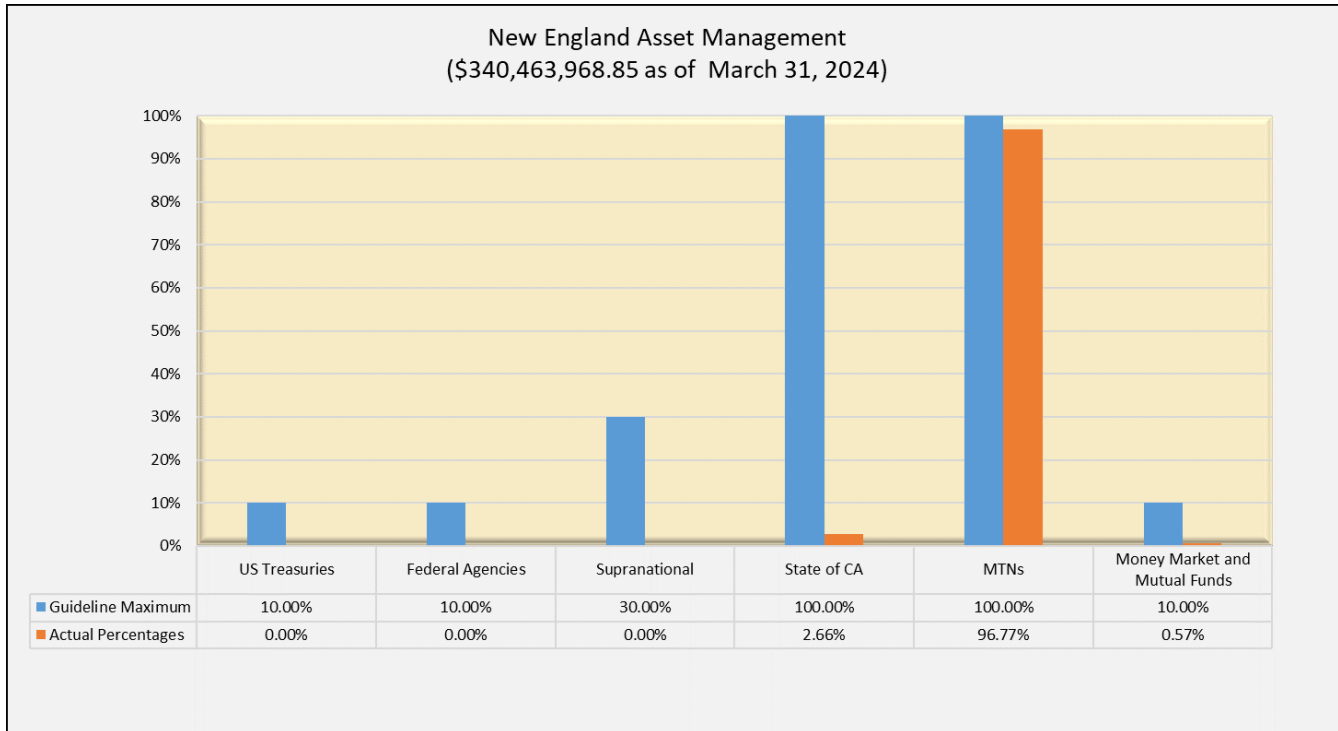
Payden & Rygel Compliance Verification

Combined #2365 and #2367 Portfolios as of March 31, 2024

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

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

New England Asset Management Compliance Verification
California Government Code Compliance Verification Detail as of March 31, 2024



	Maximum Permitted	Actual Maximum Maturity	Compliance
	NEAM	NEAM	
US Treasuries	5 Years	-	YES
Federal Agencies	5 Years	-	YES
Supranational	5 Years	-	YES
State of CA	5 Years	2.51 Years	YES
MTNs	5 Years	4.90 Years	YES
Money Market and Mutual Funds	NA	1 Day	YES

New England Asset Management Compliance Verification

As of March 31, 2024

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

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

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

MARKET COMMENTARY

Economic Highlights

- **GDP:** Real GDP produced a second strong quarter, equaling 3.4% during the fourth quarter. Consumer spending was strong again, contributing more than 2% to growth, and was the main economic driver in 2023. Private spending weakened – but with positive growth – while government spending was also up. The Atlanta Federal Reserve’s GDPNow forecast for the first quarter of 2024 currently stands at 2.3%.

Source: Bureau of Economic Analysis.

- **Interest Rates:** The Treasury curve rose across most maturities during the first quarter. The 10-year Treasury closed at 4.20%, up 32 basis points. The 10-year real yield (i.e., net of inflation) rose 17 basis points to 1.88%. The Federal Open Market Committee (FOMC) left their overnight rate unchanged, targeting a range of 5.25% to 5.50%. The committee’s current median outlook is for a rate of approximately 4.6% by the end of 2024.

Source: U.S. Treasury

- **Inflation:** Consumer price changes have moved higher recently as the Consumer Price Index rose 1.0% for the three months ending February. For the one-year period, the CPI was up 3.2%. The 10-year breakeven inflation rate was up at 2.32% in March versus 2.17% in December

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

- **Employment:** Jobs growth has pushed higher, with an average of 265,000 jobs/month added during the three months ending in February. The unemployment rate actually ticked higher at 3.9%, up from 3.7% in November. Wage growth slowed in February after several strong months, equaling 0.1%.

Source: Dept. of Labor (BLS)

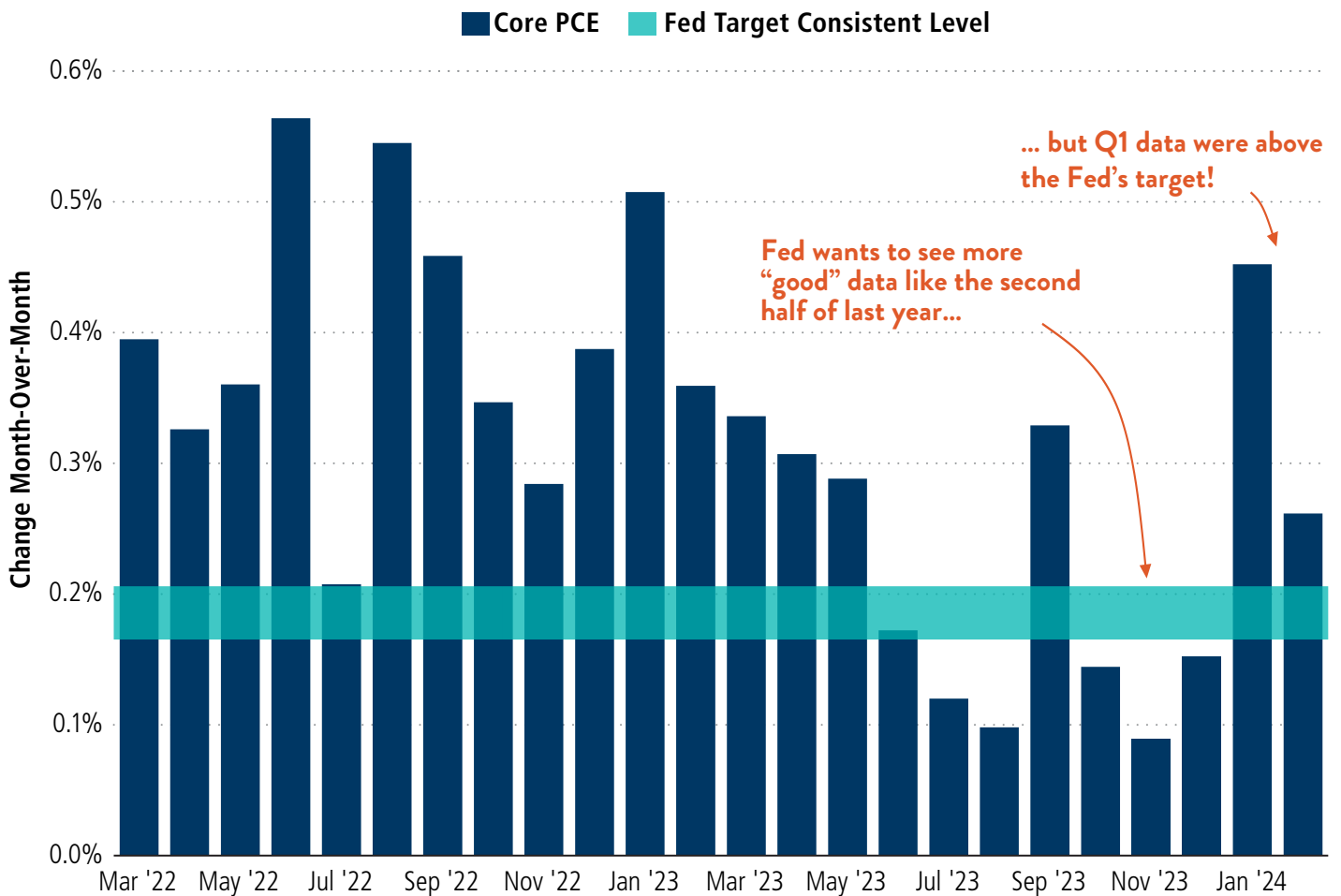
U.S. Fixed Income Markets

The U.S. Treasury yield curve was up across nearly the entire maturity spectrum during the quarter, and to a greater degree in the long end of the curve. The 10-year Treasury yield ended the quarter at 4.20%, up 32 basis points from December. Credit spreads were down during the quarter with high yield bond spreads down -24 basis points, the lowest level in more than a year. The FOMC met twice during the quarter, as scheduled, and left the overnight rate unchanged, targeting a range of 5.25% to 5.50%. The Fed’s “dot plot” is messaging that the current expectation is for a decrease in rates in 2024, by -0.75% after the March meeting. During a recent speech, Fed Chair Jerome Powell said that the central bank is in no hurry to raise rates, "This is an economy that doesn’t feel like it’s suffering from the current level of rates.”



- ▶ U.S. core inflation demonstrated some resilience in Q1. Specifically, the core Personal Consumption Expenditures (PCE) Price Index increased at an average monthly rate of 0.3% from December to February. **If the current trend continues, core inflation will hover well above the Fed’s projected 2.6% by year-end.**
- ▶ The U.S. unemployment rate ticked up to 3.9% in February, although strong job growth is more than enough to keep it stable below 4%. Monetary authorities are wary of maintaining restrictive policies for too long; but given strong labor market dynamics, **we won’t be surprised if policy easing starts later and is less significant than market participants expect.**
- ▶ **Globally, economic growth is recovering after a sluggish Q4.** Services activity accelerated and manufacturing moved into expansionary territory for the first time in 17 months. Central banks maintained restrictive policy stances, but a pick-up in economic activity suggests policymakers are in no rush to cut rates.

U.S. CORE INFLATION REACCELERATED IN Q1



*Core Personal Consumption Expenditures (PCE) Price Index Month-Over-Month Change

Source: Bureau of Economic Analysis, Payden Calculations

L.A. CARE HEALTH PLAN COMBINED PORTFOLIO

Portfolio Review and Market Update – 1st Quarter 2024

PORTFOLIO CHARACTERISTICS (As of 03/31/2024)

Market Value	4,123,322,400
Avg Credit Quality	AA+
Avg Duration	0.18
Avg Yield to Maturity	5.33%

SECTOR ALLOCATION

Sector	Market Value	% of Port
Cash	225,723,601	5.47%
Money Market	278,205,100	6.75%
Treasury	3,288,604,767	79.76%
Agency	73,908,857	1.79%
Government Related	56,408,720	1.37%
Credit	-	0.00%
ABS/MBS	186,997,335	4.54%
Municipal	13,474,020	0.33%
Total	4,123,322,400	100.0%

MATURITY DISTRIBUTION

Sector	Market Value	% of Port
<90 day	3,259,705,241	79.1%
90 days - 1 Year	736,966,551	17.9%
1 - 2 Years	54,852,585	1.3%
2 - 5 years	71,798,023	1.7%
Total	4,123,322,400	100%

PORTFOLIO RETURNS

Periods over one year annualized

Periods ended 03/31/2024

Performance

LA Care - Short-Term Portfolio

Benchmark*

1st Quarter Trailing 1 Year Trailing 3 Year

1.32 **5.35** **2.59**
1.29 5.24 2.58

LA Care - Extended-Term Portfolio

Benchmark**

0.08 **2.93** **-0.04**
-0.04 2.44 -0.66

LA Care - Combined Portfolio

1.28 **5.25** **2.43**

* ICE BoA 91 Day Treasury Index

** Bloomberg US Govt 1-5 Yr Bond Index

L.A. CARE HEALTH PLAN SHORT TERM PORTFOLIO

Portfolio Review and Market Update – 1st Quarter 2024

PORTFOLIO CHARACTERISTICS (As of 03/31/2024)

Market Value	4,029,944,146
Avg Credit Quality	AA+
Avg Duration	0.12
Avg Yield to Maturity	5.35%

SECTOR ALLOCATION

Sector	Market Value	% of Port
Cash	225,261,099	5.59%
Money Market	278,205,100	6.90%
Treasury	3,230,432,340	80.16%
Agency	67,477,180	1.67%
Government Related	56,408,720	1.40%
Corporate Credit	-	0.00%
ABS/MBS	172,159,707	4.27%
Municipal	-	0.00%
Total	4,029,944,146	100.0%

MATURITY DISTRIBUTION

Sector	Market Value	% of Port
<90 day	3,257,308,314	80.8%
90 days - 1 Year	725,941,459	18.0%
1 - 2 Years	41,699,664	1.0%
2 - 5 years	4,994,709	0.1%
Total	4,029,944,146	100.0%

PORTFOLIO RETURNS

Periods over one year annualized

Periods ended 03/31/2024

Performance

L.A. Care - Short-Term Portfolio

Benchmark*

	1st Quarter	Trailing 1 Year	Trailing 3 Year
L.A. Care - Short-Term Portfolio	1.32	5.35	2.59
Benchmark*	1.29	5.24	2.58

* ICE BofA 91 Day Treasury Index

L.A. CARE HEALTH PLAN EXTENDED TERM PORTFOLIO

Portfolio Review and Market Update – 1st Quarter 2024

PORTFOLIO CHARACTERISTICS (As of 03/31/2024)

Market Value	93,378,254
Avg Credit Quality	AA+
Avg Duration	2.62
Avg Yield to Maturity	4.66%

SECTOR ALLOCATION

Sector	Market Value	% of Port
Cash	462,502	0.50%
Money Market	-	0.00%
Treasury	58,172,427	62.30%
Agency	6,431,678	6.89%
Government Related	-	0.00%
Credit	-	0.00%
ABS/MBS	14,837,627	15.89%
Municipal	13,474,020	14.43%
Total	93,378,254	100.0%

MATURITY DISTRIBUTION

Sector	Market Value	% of Port
<90 day	2,396,927	2.6%
90 days - 1 Year	11,025,091	11.8%
1 - 2 Years	13,152,922	14.1%
2 - 5 years	66,803,314	71.5%
Total	93,378,254	100%

PORTFOLIO RETURNS

Periods over one year annualized

Periods ended 03/31/2024

Performance

LA Care - Extended-Term Portfolio

Benchmark**

	1st Quarter	Trailing 1 Year	Trailing 3 Year
LA Care - Extended-Term Portfolio	0.08	2.93	-0.04
Benchmark**	-0.04	2.44	-0.66

** Bloomberg US Govt 1-5 Yr Bond Index

[Q1] SECTOR OUTLOOKS:

THOUGHTS FROM OUR STRATEGISTS

Fixed income sectors continue to boast compelling all-in yields and the potential for price appreciation if the Fed does lower interest rates. Our focus on credit selection is paramount in an environment of corporate and securitized spreads grinding tighter. ***Against this backdrop, how are we thinking about different sectors?***

Investment Grade Corporates :

ALL-IN YIELDS STILL ATTRACTIVE

- » Bonds have rallied in recent months on the back of solid earnings reports.
- » But all-in yields are still attractive given that underlying US Treasury rates are higher than recent years.
- » We are not afraid of dipping into the lowest investment grade ratings in the BBB area and feel that these companies have extra incentive to protect their ratings.

High Yield and Loans:

ADD EXTRA YIELD WITH A THOUGHTFUL APPROACH

- » A key metric for high yield health is leverage – and these levels are well below historical averages.
- » This means we can allocate to high yield and pick up extra yield without the imminent concern of default levels rising.
- » The energy sector is particularly compelling with oil prices staying higher.

Securitized Sectors:

STRONG LABOR MARKETS EQUALS STRONG CONSUMER CREDIT

- » The strong labor market is offering support to consumer credit fundamentals which helps to stabilize consumer-backed debt.
- » Issuers of securitized bonds, namely banks, are turning to the securitized market to address their regulatory capital needs and will want to make sure the sector remains healthy to attract demand.
- » Our outlook for stable interest rates also enhances the stability of securitized bonds which can otherwise be subjected to cash flow uncertainty.

Emerging Markets:

DON'T FORGET ABOUT CORPORATES

- » EM central banks are beginning their shift to easier monetary policy which can be stimulative to local economic growth.
- » Our focus continues to be on the use of EM corporate bonds where we can analyze company fundamentals, their systemic importance within the country infrastructure and attractive debt loads.

Equities:

IS THE TIME NOW FOR VALUE?

- » Though growth stocks have dominated market leadership, we see signs of the market rally broadening to value-oriented stocks.
- » Energy is an area of interest given high oil prices leading to robust free cash flow.
- » A keen eye on cash flow generation and strong balance sheets is necessary to navigate the current environment.



**40 YEARS OF INSPIRING
CONFIDENCE WITH AN
UNWAVERING COMMITMENT
TO OUR CLIENTS' NEEDS.**

LOS ANGELES | BOSTON | LONDON | MILAN
PAYDEN.COM

OUR STRATEGIES

Multi-Sector

Short Maturity Bonds

U.S. Core Bond

Absolute Return Fixed Income

Strategic Income

Global Fixed Income

Liability Driven Investing

Sector-Specific

Emerging Markets Debt

Government/Sovereign

High Yield Bonds & Loans

Inflation-Linked/TIPS

Investment Grade Corporate Bonds

Municipal Bonds (U.S.)

Securitized Bonds

Income-Focused Equities

Equity Income

Payden & Rygel

LOS ANGELES

333 South Grand Avenue
Los Angeles, California 90071
213 625-1900

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+44 (0) 20-7621-3000

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L.A. Care Health Plan

NEAM's L.A. Care Board Report



Data as of March 31, 2024

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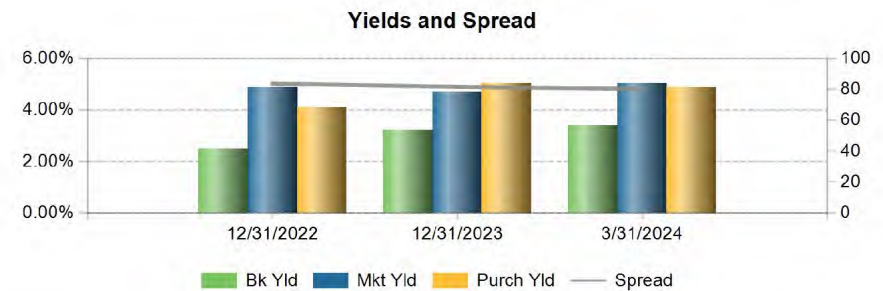
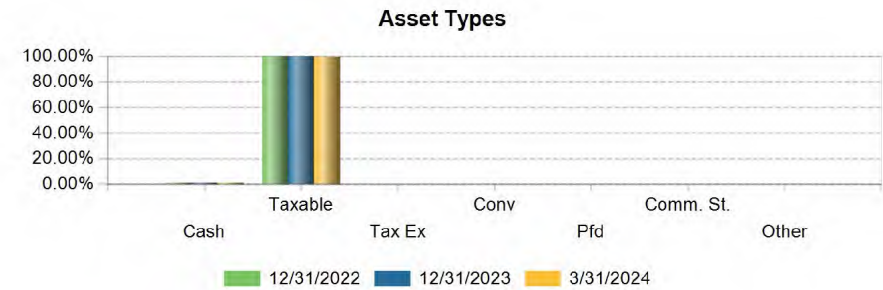
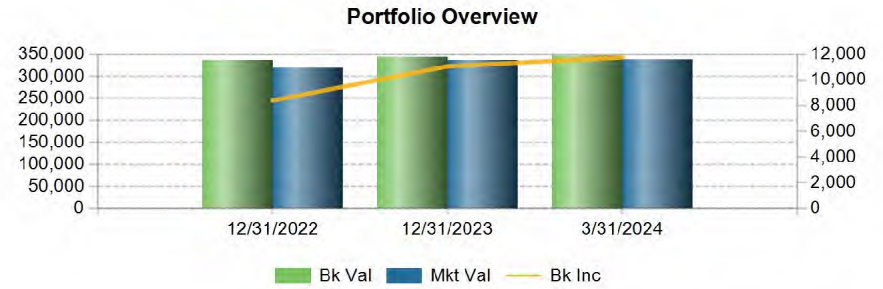
Portfolio Summary

L.A. Care Health Plan - Comparative Overview



	12/31/2022	12/31/2023	3/31/2024	Change since 12/31/2023
Portfolio Overview (000's Omitted)				
Book Value	336,962	344,090	346,473	2,383
Market Value	319,103	336,739	337,585	846
Total Unrealized Gain/Loss	(17,859)	(7,351)	(8,888)	(1,537)
Net Gains	764	2,793	1,256	(1,537)
Net Losses	(18,622)	(10,144)	(10,144)	< 0
Realized Gain / Loss	(744)	(1,887)	(533)	
Annualized Book Income	8,399	11,064	11,758	694
After Tax Book Income	6,635	8,741	9,289	548
Asset Types				
Cash / Cash Equivalents	0.2%	0.2%	0.6%	0.4%
Taxable Fixed Income	99.8%	99.8%	99.4%	(0.4%)
Portfolio Yields				
Book Yield (Before Tax)	2.49%	3.22%	3.39%	0.18%
Book Yield (After Tax)	1.97%	2.54%	2.68%	0.14%
Market Yield	4.88%	4.69%	5.04%	0.34%
Fixed Income Analytics				
Average OAD	2.60	2.64	2.62	(0.02)
Average Life	2.86	2.98	2.99	< 0.01
Average OAC	8.71	8.54	8.47	(0.07)
Average Quality	A+	A+	A+	
144A %	11.35%	12.32%	15.60%	3.29%
Average Purchase Yield	4.09%	5.04%	4.88%	(0.16%)
Average Spread Over Tsy	84	82	80	(1)
5 Year US Govt On The Run	3.96%	3.83%	4.21%	0.38%

	12/31/22	09/30/23	12/31/23	12/31/24	Change since 12/31/2023
NY Excl. Acc. Inv. Inc.	319,103,446	324,536,395	336,739,229	337,585,311	845,982
Acc. Inv. Inc.	2,456,343	2,609,165	2,950,338	2,874,748	(71,591)
NY Inc. Acc. Inv. Inc.	321,559,789	327,145,560	339,689,567	340,460,059	774,401

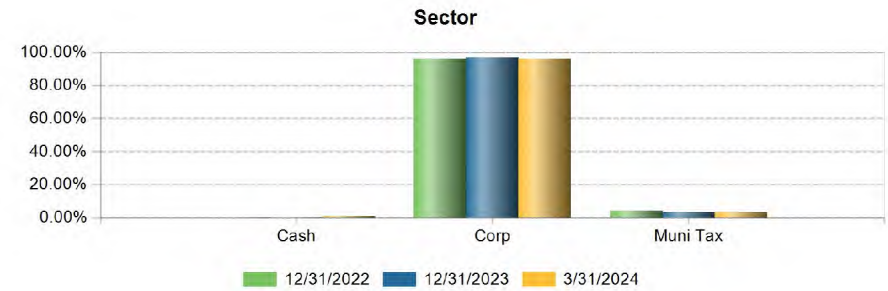


L.A. Care Health Plan - Fixed Income Summary



	12/31/2022	12/31/2023	3/31/2024	Change since 12/31/2023
Sector				
Cash & Cash Equivalents	< 1%	< 1%	1%	1%
Corporates	96%	97%	96%	(1%)
Municipals - Taxable	4%	3%	3%	-
Fixed Income	100%	100%	100%	
Duration				
< 1 Year	6%	6%	10%	4%
1-3 Years	53%	49%	52%	3%
3-5 Years	41%	45%	38%	(7%)
Average Duration	2.60	2.64	2.62	(0.02)
Quality				
AAA	6%	5%	5%	-
AA	26%	23%	24%	1%
A	68%	72%	71%	(1%)
Average Quality	A+	A+	A+	

Average Portfolio Rating at 3/31/24					
	Moody	S&P	Fitch	Lowest	Highest
Average Rating	A1	A	A+	A	A+



A large graphic element consisting of two overlapping, curved shapes. The shape on the left is dark blue and curves downwards from the left edge. The shape on the right is green and curves upwards from the right edge, overlapping the blue shape in the center. The text "Activity Report" is centered over the intersection of these two shapes.

Activity Report

L.A. Care Health Plan - Transaction Summary



(000's Omitted)

Purchases	Market Value	%	Spread (Bp)	Book Yld	High	Duration
Corporates	24,923	100.0	80	4.88	A+	4.16
Total Purchases	24,923	100.0	80	4.88	A+	4.16
Sales	Market Value	%	Realized G/L	Trade / Book Yld	High	Duration
Corporates	23,496	100.0	(533)	5.28 / 2.54	A+	1.14
Total Sales	23,496	100.0	(533)	5.28 / 2.54	A+	1.14



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



	Mar 2024 Market*	Annualized							Inc Date	
		Mar 2024	Feb 2024	Jan 2024	Q1	12 Month	3 Year	5 Year		Inception
LA Care HealthPlan	340,464	0.52	(0.59)	0.30	0.23	4.13	0.31	1.91	2.03	Jan 2018
Barclay Bloomberg U.S. Credit: 1-5 Yr A- or better (Highest)		0.60	(0.53)	0.37	0.44	4.21	0.00	1.64	1.85	Jan 2018
Difference		(0.08)	(0.06)	(0.07)	(0.21)	(0.08)	0.31	0.27	0.18	

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

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

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



Disclosures

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

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



Appendix



Risk Reports

L.A. Care Health Plan - Profile Report



Distribution by Class

	Quantity	Book	Market	Unrealized Gain/ Loss	Book Yield	OAY	OAD	OAC	Avg Life	% of Portfolio
Cash & Cash Equivalents	1,956,517	1,956,517	1,956,517	-	5.13	5.13	0.08	0.05	0.08	0.58
Corporates	284,657,000	280,200,363	273,925,493	(6,274,870)	3.51	5.05	2.61	8.11	3.01	81.14
144A	55,000,000	54,822,863	52,677,465	(2,145,398)	3.11	5.04	2.95	11.61	3.24	15.60
Municipals - Taxable	9,450,000	9,493,669	9,025,745	(467,924)	1.13	4.89	1.43	2.86	1.49	2.67
Total Portfolio	351,063,517	346,473,413	337,585,221	(8,888,192)	3.39	5.04	2.62	8.47	2.99	100.00

Rating Analysis - Highest

	% of Portfolio
AAA	4.90
AA	24.42
A	70.69
BBB	-
Below BBB	-
NR	-
Total Fixed Income	100.00
Equity	-
Total	100.00
Average Rating:	A+

Scenario Analysis - % of Market

	-300	-200	-100	-50	+50	+100	+200	+300
Cash & Cash Equivalents	0.24	0.16	0.08	0.04	(0.04)	(0.08)	(0.16)	(0.24)
Corporates	8.19	5.38	2.65	1.32	(1.30)	(2.57)	(5.06)	(7.47)
144A	9.40	6.14	3.01	1.49	(1.46)	(2.90)	(5.68)	(8.36)
Municipals - Taxable	4.41	2.91	1.44	0.72	(0.71)	(1.41)	(2.80)	(4.16)
Total Portfolio	8.23	5.41	2.66	1.32	(1.30)	(2.58)	(5.07)	(7.47)

Key Rate Duration

	Market Value	1 Year	2 Year	3 Year	5 Year	7 Year	10 Year	15 Year	20 Year	30 Year
Cash & Cash Equivalents	1,956,517	0.08	-	-	-	-	-	-	-	-
Corporates	273,925,493	0.21	0.40	1.32	0.68	< 0.00	-	-	-	-
144A	52,677,465	0.13	0.49	1.13	1.20	< 0.00	-	-	-	-
Municipals - Taxable	9,025,745	0.76	0.55	0.12	-	-	-	-	-	-
Total Portfolio	337,585,221	0.21	0.42	1.25	0.74	< 0.00	-	-	-	-

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Disclaimers

Disclaimers



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

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**CHIEF
EXECUTIVE
OFFICER
REPORT**



May 24, 2024

TO: Board of Governors

FROM: John Baackes, *Chief Executive Officer*

SUBJECT: CEO Report – June 2024

This month we celebrated the opening of our Community Resource Center (CRC) in Panorama City. The new Center relocated from its original home in Pacoima, where it operated from 2014 to 2023. The community ties developed over the long tenure in Pacoima have extended their reach west into and beyond Panorama City. This was evidenced by the attendance of representatives from a wide variety of community-based organizations we partner with in the Valley. We are proud to offer our Community Resource Centers as a one-stop hub for the diverse populations across Los Angeles County, helping everyone stay active, healthy, and informed.

The celebration continued at the 40th Commencement of the Charles R. Drew University of Medicine and Science. I had the privilege of observing it from the platform as Chairman of the Board of Trustees of the University. It was an amazing ceremony, with almost 400 degrees conferred, including medical doctors, nurses, nurse practitioners, radiologic techs, and other health care degrees. Four L.A. Care Scholars (Elevating the Safety Net Scholarship recipients) have received their medical degrees and will be starting their residency training soon! I would also like to congratulate our L.A. Care Scholars graduating from David Geffen School of Medicine at UCLA at the end of this month.

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

	Since Last CEO Report	As of 05/24/24
Provider Recruitment Program Physicians hired under PRP ¹	2	188
Provider Loan Repayment Program Active grants for medical school loan repayment ¹	—	192
Medical School Scholarships Grants for medical school scholarships ²	—	48
Elevating Community Health Home care worker graduates from CCA’s IHSS training program	329	7,006

Notes:

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

Below please find organizational updates for May.

L.A. Care Commits \$2.8 Million to Help Providers Connect to Health Information Exchanges

L.A. Care announced a \$2.8 million commitment over three years to help healthcare practices adopt and use Health Information Exchanges (HIEs). The HIEs allow healthcare providers to access and securely share a patient's medical information electronically, which improves the timeliness and quality of care.

L.A. Care plans to support 426 practices, both solo practitioners and clinics – in this one-time incentive program. The incentive funding intends to support implementation fees and any annual subscription costs the practices might have when they sign on to one of the exchanges. Helping practices with the adoption and meaningful use of health information exchanges aligns with L.A. Care's commitment to advancing health equity.

Attachments

Fierce Healthcare – Payer Roundup

L.A. Care Medicare Plus Enrollee Advisory Committee (CMC EAC) Meeting Summary



Payer Roundup—Senate's Medicare doc pay white paper; insurers pushed to improve contraception access

By Noah Tong · May 17, 2024 3:30pm

Updated: May 17, 3:30 p.m. ET

Below is a roundup of payer-centric news headlines you may have missed during the month of May 2024.

California plan funds health information exchange initiative

L.A. Care Health Plan is sending healthcare practices funds to better secure patient medical information electronically through adoption of health information exchanges (HIEs), the nation's largest publicly operated health plan announced Wednesday.

The commitment totals \$2.8 million over three years. Providers and plans were mandated to start exchanging data in January, but some providers were granted exception to begin the practice by 2026.

L.A. Care plans to support 426 practices—both solo practitioners and clinics—in this one-time incentive program," said John Batters, L.A. Care CEO, in a statement. "The incentive funding is intended to support implementation fees and any annual subscription costs the practices might have when they sign on to one of the exchanges."

Group practices available to receive up to \$30,000, clinics up to \$25,500 and solo practitioners up to \$5,000.



Enrollee Advisory Committee

L.A. Care Medicare Plus Enrollee Advisory Committee (CMC EAC) Meeting Summary

Meeting Date: May 21, 2024, Time: 2:00pm-3:30pm

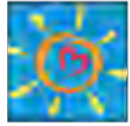
Attendees: Six L.A. Care Medicare Plus members, via conference call

Meeting Summary

I. L.A. Care Updates

a. Susan Ma, Community Relations Specialist III, informed the attendees about the following:

- i. **L.A. Care Recognizes Top Performing Providers and Organizations Working to Advance Health Equity:** L.A. Care announced its top solo practitioners, clinics, and medical groups, also known as independent physicians associations (IPA). L.A. Care is honoring these providers who offer high quality care to L.A. Care members. L.A. Care also recognized select providers and community-based organizations working to advance health equity in Los Angeles County. In all, L.A. Care announced 16 awards.
- ii. **L.A. Care Health Plan Has Committed \$509 Million to Support the Health of Los Angeles County Residents:** L.A. Care published a print and digital Community Impact Report highlighting this commitment. L.A. Care recognizes that non-medical factors can significantly impact health outcomes. To ensure healthy communities, it is critical to address basic needs like food, housing, education, transportation and employment – often referred to as social needs, or social determinants of health.
- iii. **Los Angeles County Medical Association, L.A. Care Health Plan and Los Angeles County Department of Public Health, Launch Gun Safety Billboard Campaign**
In response to the public health crisis of gun violence, the Los Angeles County Medical Association, L.A. Care and the Los Angeles County Department of Public Health's Office of Violence Prevention are collaborating on a digital billboard campaign that emphasizes the importance of gun safety and promotes the use of gun locks to keep children and youth safe from accidental gun violence inside the home.
- iv. **L.A. Care Launches Effort to Educate and Enroll Angelenos Newly Eligible for Medi-Cal:** On January 1 of this year, a new law went into effect allowing Californians between the ages of 26 and 49 to qualify for full-scope Medi-Cal, regardless of their immigration status. Staff informed members that "using Medi-Cal is not considered a public charge and it does not affect immigration status".
- v. **Medi-Cal Renewals/Redetermination:** Staff reminded committee members that Medi-Cal renewals have begun. The local Medi-Cal office will send them a letter or a renewal form to complete. They will need to complete the renewal by the due date printed on the form. If not, they can lose their Medi-Cal coverage. Staff provided website information, benefitscal.com and contact information for DPSS at 1-866-613-3777.



L.A. Care
Medicare Plus™
(HMO D-SNP)



**Enrollee Advisory
Committee**

- vi. **Updates on Community Resource Center (CRC) programming:** The Community Resource Centers will have their annual Back-to-School events from July 2 to August 17, 2024. L.A. Care Medicare Plus members can attend in-person orientations at select CRCs to learn more about their benefits. Members who participate in these orientations may receive a Healthy Rewards Card valued at \$10.

II. Enhancing Dual-Eligible Special Needs Plan (D-SNP) Member Experience

- a. Staff provided members an overview of the new member experience initiative. Initiatives include: State of Emergency Robo-call Announcement, Post Enrollment - Your First 90 Days Robo-call, Raising Awareness of Medi-Cal renewal policies and their impact to D-SNP enrollees, Improving Urgent Care Access, and Elevating Member Orientation.

III. Diabetes Social Media Campaign Series

- a. Staff provided information about diabetes, so members understand how to self-manage diabetes. Staff shared images of the diabetes social media campaign, and did a quick survey asking committee members about their opinions of the images.

IV. Close-Out

- a. Members got instructions on how to contact L.A. Care Member Relations staff for help with member issues.
- b. The next L.A. Care Medicare Plus Enrollee Advisory Committee meeting will be Tuesday, August 20, 2024, from 2:00 pm - 4:00 pm. This in-person meeting will be at L.A. Care Headquarters, 1055 W. 7th Street, Los Angeles, CA 90017.

**April 2024
Grants & Sponsorships Report
June 2024 Board of Governors Meeting**

#	Organization Name	Project Description	Grant/ Sponsorship Approval Date	Grant Category/ Sponsorship	Grant Amount	Sponsorship Amount	FY CHIF & Sponsorships Cummulative Total
1	Christopher Street West Association, Inc. dba LA Pride	2024 LA Pride is a festival that supports the LGBTQ+ community and brings resources that supports the population's needs with dignity.	4/5/2024	Sponsorship	\$ -	\$ 25,000	\$ 25,000
2	Eisner Pediatric and Family Medical Center	Mother's Day Health Fair that will provide community resources catered toward mothers and children, while providing health screenings and early childhood education opportunities.	4/3/2024	Sponsorship	\$ -	\$ 2,500	\$ 2,500
3	Helpline Youth Counseling, Inc	2024 Heroes of HYC fundraising event supports mental health and substance abuse treatment services for youth in the Whittier school district, and provides funding for basic needs such as food, rent and utility assistance, baby supplies, transportation, and financial literacy services.	4/4/2024	Sponsorship	\$ -	\$ 2,500	\$ 2,500
4	Long Beach Forward	The In Full Bloom fundraising gala supports advocacy work surrounding housing rights, community health and safety, labor rights, and early childhood development.	4/3/2024	Sponsorship	\$ -	\$ 2,500	\$ 2,500
5	Project Angel Food	Lead With Love 5 is a live televised special on KTLA 5 to raise money for medically tailored meals for individuals living with life-threatening illnesses.	4/29/2024	Sponsorship	\$ -	\$ 10,000	\$ 10,000
6	Proyecto Pastoral at Dolores Mission	Proyecto Pastoral's Annual Women's Conference hosts speaker workshops addressing wellness, education, financial literacy, and life skills essential to Boyle Heights due to the unique challenges women face in the area.	4/29/2024	Sponsorship	\$ -	\$ 2,500	\$ 2,500
7	Southern California Counseling Center	2024 Spring Bash is a fundraiser to provide individuals access to quality mental health care services.	4/3/2024	Sponsorship	\$ -	\$ 5,000	\$ 5,000
8	The People Concern	The People Concern's Annual Gala raised money to ensure that people experiencing homelessness and domestic violence have housing and safety by finding permanent housing options and wrap around services.	4/3/2024	Sponsorship	\$ -	\$ 5,000	\$ 5,000
9	United Friends of the Children	Foster The Conversation forum highlights National Foster Care Awareness and shes light on the unique challenges facing foster youth as they transition from high school to college.	4/4/2024	Sponsorship	\$ -	\$ 3,500	\$ 3,500
10	Dan La, M.D.	Support the expansion of access to care for seniors and people with disabilities and other differently abled individuals in Los Angeles County through the utilization of adaptive equipment.	4/25/2024	Grant	\$ 14,419	\$ -	\$ 14,419
11	Modern Concepts	Support the expansion of access to care for seniors and people with disabilities and other differently abled individuals in Los Angeles County through the utilization of adaptive equipment.	4/25/2024	Grant	\$ 11,372	\$ -	\$ 11,372
Total of grants and sponsorships approved in April 2024					\$ 25,791	\$ 58,500	\$ 84,291



Legislative Matrix 5-29-24

Last Updated: May 29, 2024

Bills by Issue

2024 Legislation (152)

Bill Number	Last Action	Status	Position
AB 4	Read Second Time And Amended Referred To Com On Apr 2023 07 13	In Senate	Support
Title Covered California: expansion.		Introduction Date: 2022-12-05	
Description AB 4, as amended, Arambula. Covered California: expansion. Existing federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Existing state law creates the California Health Benefit Exchange, also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Existing law requires the Exchange to apply for a federal waiver to allow persons otherwise not able to obtain coverage through the Exchange because of their immigration status to obtain coverage from the Exchange. This bill would delete that requirement and would instead require the Exchange to administer a program to allow persons otherwise not able to obtain coverage by reason of immigration status to enroll in health insurance coverage in a manner as substantially similar to other Californians as feasible given existing federal law and rules. The bill would require the Exchange to undertake outreach, marketing, and other efforts to ensure enrollment. The bill would also require the Exchange to adopt an annual program design for each coverage year to implement the program, and would require the Exchange to provide appropriate opportunities for stakeholders, including the Legislature, and the public to consult on the design of the program.			
Primary Sponsors Joaquin Arambula, Sabrina Cervantes, Maria Durazo			
Organizational Notes Last edited by Joanne Campbell at May 12, 2023, 9:13 PM L.A. Care, Health Access California (co-sponsor), California Immigrant Policy Center (co-sponsor): Support			

Bill Number

AB 106

Last Action

**Chaptered By Secretary Of State
Chapter 9 Statutes Of 2024 2024 04 15**

Status

Enacted

Position

None

Title

Budget Acts of 2022 and 2023.

Introduction Date: 2023-01-09

Description

AB 106, Gabriel. Budget Acts of 2022 and 2023. The Budget Act of 2022 and the Budget Act of 2023 made appropriations for the support of state government for the 2022-23 and 2023-24 fiscal years. This bill would amend the Budget Act of 2022 and the Budget Act of 2023 by amending, adding, and repealing items of appropriation and making other changes. This bill would declare that it is to take effect immediately as a Budget Bill.

Primary Sponsors

Jesse Gabriel

Bill Number

AB 136

Last Action

**Re Referred To Com On B F R 2024 04
15**

Status

In Senate

Position

Monitor

Title

Medi-Cal: managed care organization provider tax.

Introduction Date: 2023-01-09

Description

AB 136, as amended, Committee on Budget. Medi-Cal: managed care organization provider tax. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, one of the methods by which Medi-Cal services are provided is pursuant to contracts with various types of managed care plans. Existing law imposes a managed care organization (MCO) provider tax, administered and assessed by the department, on licensed health care service plans and managed care plans contracted with the department. Under existing law, all revenues, less refunds, derived from the taxes are deposited into the Managed Care Enrollment Fund, to be available to the department, upon appropriation, for the purpose of funding specified subcomponents to support the Medi-Cal program. Existing law sets forth certain taxing tiers and tax amounts for purposes of the tax periods of April 1, 2023, to December 31, 2023, inclusive, and the 2024, 2025, and 2026 calendar years. Under existing law, the Medi-Cal per enrollee tax amount for Medi-Cal taxing tier II, as defined, is \$182.50 for the 2024 calendar year, \$187.50 for the 2025 calendar year, and \$192.50 for the 2026 calendar year. This bill would raise that tax amount for that tier to \$205 for all 3 of those calendar years. This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors

House Budget Committee

Organizational Notes

Last edited by Joanne Campbell at Mar 22, 2024, 6:22 PM
California Association of Health Plans - Support

Title

Health care coverage: provider directories.

Introduction Date: 2023-01-13

Description

AB 236, as amended, Holden. Health care coverage: provider directories. 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 and a health insurer that contracts with providers for alternative rates of payment to publish and maintain a provider directory or directories with information on contracting providers that deliver health care services enrollees or insureds, and requires a health care service plan and health insurer to regularly update its printed and online provider directory or directories, as specified. Existing law authorizes the departments to require a plan or insurer to provide coverage for all covered health care services provided to an enrollee or insured who reasonably relied on materially inaccurate, incomplete, or misleading information contained in a health plan's provider directory or directories. This bill would require a plan or insurer to annually verify and delete inaccurate listings from its provider directories, and would require a provider directory to be 60% accurate on July 1, 2025, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before July 1, 2028. The bill would subject a plan or insurer to administrative penalties for failure to meet the prescribed benchmarks. If a plan or insurer has not financially compensated a provider in the prior year, the bill would require the plan or insurer to delete the provider from its directory beginning July 1, 2025, unless specified criteria applies. The bill would require a plan or insurer to arrange care and provide coverage for all covered health care services provided to an enrollee or insured who reasonably relied on inaccurate, incomplete, or misleading information contained in a health plan or policy's provider directory or directories and to reimburse the provider the contracted amount for those services. The bill would prohibit a provider from collecting an additional amount from an enrollee or insured other than the applicable in-network cost sharing. The bill would require a plan or insurer to provide information about in-network providers to enrollees and insureds upon request, and would limit the cost-sharing amounts an enrollee or insured is required to pay for services from those providers under specified circumstances. This bill would authorize the Department of Managed Health Care and the Department of Insurance to develop uniform formats for pl... (click bill link to see more).

Primary Sponsors

Chris Holden

Organizational Notes

Last edited by Joanne Campbell at Apr 17, 2023, 3:55 PM
California Association of Health Plans: Opposed

Title

Medi-Cal: diabetes management.

Introduction Date: 2023-02-01**Description**

AB 365, as amended, Aguiar-Curry. Medi-Cal: diabetes management. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law sets forth a schedule of benefits under the Medi-Cal program. This bill would add continuous glucose monitors and related supplies required for use with those monitors as a covered benefit under the Medi-Cal program for the treatment of diabetes when medically necessary, subject to utilization controls. The bill would require the department, by July 1, 2024, to review, and update as appropriate, coverage policies for continuous glucose monitors, as specified. The bill would authorize the department to require a manufacturer of a continuous glucose monitor to enter into a rebate agreement with the department. The bill would limit its implementation to the extent that any necessary federal approvals are obtained and federal financial participation is available. The bill would make related findings and declarations.

Primary Sponsors

Cecilia Aguiar-Curry

Title
Distressed Hospital Loan Program.

Introduction Date: 2023-02-02

Description

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

Primary Sponsors

Esmeralda Soria, Eduardo Garcia, Jim Wood, Anna Caballero

Title

Medi-Cal: reproductive and behavioral health integration pilot programs.

Introduction Date: 2023-02-07

Description

AB 492, as amended, Pellerin. Medi-Cal: reproductive and behavioral health integration pilot programs. 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, among other reproductive health services, and specialty or nonspecialty mental health services and substance use disorder services, among other behavioral health services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes the Family Planning, Access, Care, and Treatment (Family PACT) Program pursuant to a federal waiver, as part of the schedule of Medi-Cal benefits. Under existing law, the Family PACT Program provides comprehensive clinical family planning services to a person who has a family income at or below 200% of the federal poverty level and who is eligible to receive those services pursuant to the waiver. Under the Family PACT Program, comprehensive clinical family planning services include, among other things, contraception and general reproductive health care, and exclude abortion. Abortion services are covered under the Medi-Cal program. This bill would, on or before July 1, 2024, subject to an appropriation, require the department to make grants, incentive payments, or other financial support available to Medi-Cal managed care plans to develop and implement reproductive and behavioral health integration pilot programs in partnership with identified qualified providers, in order to improve access to behavioral health services for beneficiaries with mild-to-moderate behavioral health conditions. The bill would define "qualified provider" as a Medi-Cal provider that is enrolled in the Family PACT Program and that provides abortion- and contraception-related services. For funding eligibility, the bill would require a Medi-Cal managed care plan to identify the qualified providers and the services that will be provided through the pilot program, as specified. The bill would, on or before July 1, 2024, subject to an appropriation, require the department to make grants or other financial support available to qualified providers for reproductive and behavioral health integration pilot programs, in order to support development and expansion of services, infrastructure, and capacity for the integration of behavioral health services for beneficiaries with mild-to-moderate behavioral health conditions. For funding eligibility, the bill would require a qualified provider to identify both the patient population or gap in access to care and the types of services provided, as specified. The bill would require the department to... (click bill link to see more).

Primary Sponsors

Gail Pellerin

Bill Number
AB 551

Last Action
**From Committee Do Pass And Re Refer
To Com On Appr With Recommendation
To Consent Calendar Ayes 5 Noes 0 July
3 Re Referred To Com On Appr 2023 07
05**

Status
In Senate

Position
Monitor

Title

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

Introduction Date: 2023-02-08

Description

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

Primary Sponsors

Steve Bennett

Bill Number
AB 564

Last Action
Referred To Com On Health 2023 06 14

Status
In Senate

Position
Monitor

Title
Medi-Cal: claim or remittance forms: signature.

Introduction Date: 2023-02-08

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

Primary Sponsors
Carlos Villapudua

Bill Number
AB 815

Last Action
Referred To Com On Health 2023 06 07

Status
In Senate

Position
Monitor

Title
Health care coverage: provider credentials.

Introduction Date: 2023-02-13

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

Primary Sponsors
Jim Wood

Organizational Notes

Last edited by Joanne Campbell at Jun 5, 2023, 8:56 PM
Local Health Plans of California: Oppose Unless Amended

Title

Open meetings: teleconferencing: subsidiary body.

Introduction Date: 2023-02-13

Description

AB 817, as amended, Pacheco. Open meetings: teleconferencing: subsidiary body. Existing law, the Ralph M. Brown Act, requires, with specified exceptions, each legislative body of a local agency to provide notice of the time and place for its regular meetings and an agenda containing a brief general description of each item of business to be transacted. The act also requires that all meetings of a legislative body be open and public, and that all persons be permitted to attend unless a closed session is authorized. The act generally requires for teleconferencing that the legislative body of a local agency that elects to use teleconferencing post agendas at all teleconference locations, identify each teleconference location in the notice and agenda of the meeting or proceeding, and have each teleconference location be accessible to the public. Existing law also requires that, during the teleconference, at least a quorum of the members of the legislative body participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction. Existing law authorizes the legislative body of a local agency to use alternate teleconferencing provisions during a proclaimed state of emergency (emergency provisions) and, until January 1, 2026, in certain circumstances related to the particular member if at least a quorum of its members participate from a singular physical location that is open to the public and situated within the agency's jurisdiction and other requirements are met (nonemergency provisions). Existing law imposes different requirements for notice, agenda, and public participation, as prescribed, when a legislative body is using alternate teleconferencing provisions. The nonemergency provisions impose restrictions on remote participation by a member of the legislative body and require the legislative body to specific means by which the public may remotely hear and visually observe the meeting. This bill, until January 1, 2026, would authorize a subsidiary body, as defined, to use similar alternative teleconferencing provisions and would impose requirements for notice, agenda, and public participation, as prescribed. In order to use teleconferencing pursuant to this act, the bill would require the legislative body that established the subsidiary body by charter, ordinance, resolution, or other formal action to make specified findings by majority vote, before the subsidiary body uses teleconferencing for the first time and every 12 months thereafter. Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest... (click bill link to see more).

Primary Sponsors

Blanca Pacheco

Title

Hospitals: seismic safety compliance.

Introduction Date: 2023-02-14

Description

AB 869, as amended, Wood. Hospitals: seismic safety compliance. Existing law requires, no later than January 1, 2030, owners of all acute care inpatient hospitals to either demolish, replace, or change to nonacute care use all hospital buildings not in substantial compliance with specified seismic safety standards or to seismically retrofit all acute care inpatient hospital buildings so that they are in substantial compliance with those seismic safety standards. Existing law requires the Department of Health Care Access and Information to issue a written notice upon compliance with those requirements. Existing law establishes the Small and Rural Hospital Relief Program under the administration of the Department of Health Care Access and Information for the purpose of funding seismic safety compliance with respect to small hospitals, rural hospitals, and critical access hospitals in the state. Existing law requires the department to provide grants to small, rural, and critical access hospital applicants that meet certain criteria, including that seismic safety compliance, as defined, imposes a financial burden on the applicant that may result in hospital closure. Existing law also creates the Small and Rural Hospital Relief Fund and continuously appropriates the moneys in the fund for purposes of administering and funding the grant program. Existing law provides for the formation and administration of health care districts. This bill would require the department to give first priority to grants for single- and 2-story general acute care hospitals located in remote or rural areas with less than 80 general acute care beds and general acute care hospital revenue of \$75 million or less. The bill would require grants under the program to provide general acute care hospitals with funds to secure an SPC-4D assessment for purposes of planning for, and estimating the costs of, compliance with certain seismic safety standards, as specified. The bill would authorize specified general acute care hospitals to apply for a grant for purposes of complying with those seismic safety standards. The bill would delay the requirement to meet those and other building standards for specified general acute care hospitals until January 1, 2035, and would exempt a general acute care hospital with an SPC-4D assessment and with a certain estimated cost from those seismic safety standards if the department determines that the cost of design and construction for compliance results in a financial hardship for the hospital and certain funds are not available to assist with the cost of compliance. The bill would also authorize a health care district that meets certain criteria to submit financial information to the department, on a form required by the dep... (click bill link to see more).

Primary Sponsors

Jim Wood, Eduardo Garcia

Title
Kern County Hospital Authority.

Introduction Date: 2023-02-14

Description

AB 892, as introduced, Bains. Kern County Hospital Authority. Existing law, the Kern County Hospital Authority Act, establishes the Kern County Hospital Authority, which maintains and operates the Kern Medical Center and is governed by a board of governors that is appointed, both initially and continually, by the board of supervisors. Existing law requires the authority to provide management, administration, and other controls as needed to operate the medical center, and maintain its status as a designated public hospital. The Meyers-Milias-Brown Act contains various provisions that govern collective bargaining of local represented employees, and requires the governing body of a public agency to meet and confer in good faith regarding wages, hours, and other terms and conditions of employment with representatives of recognized employee organizations. Existing law, the Ralph M. Brown Act, requires each legislative body of a local agency to provide notice of the time and place for its regular meetings and also requires that all meetings of a legislative body be open and public, and that all persons be permitted to attend unless a closed session is authorized. The California Public Records Act requires state and local agencies to make their records available for public inspection, unless an exemption from disclosure applies. This bill would require that all entities controlled, owned, administered, or funded by the authority be subject to the Meyer-Milias-Brown Act, the Ralph M. Brown Act, and the California Public Records Act. By imposing new duties on the authority, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors

Jasmeet Bains

Bill Number
AB 1011

Last Action
**In Committee Held Under Submission
2023 09 01**

Status
In Senate

Position
Monitor

Title
Social care: data privacy.

Introduction Date: 2023-02-15

Description

AB 1011, as amended, Weber. Social care: data privacy. Existing federal law, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), establishes certain requirements relating to the provision of health insurance, including provisions relating to the confidentiality of health records. Existing state law, the Confidentiality of Medical Information Act, prohibits a provider of health care, a health care service plan, a contractor, a corporation and its subsidiaries and affiliates, or any business that offers software or hardware to consumers, including a mobile application or other related device, as defined, from intentionally sharing, selling, using for marketing, or otherwise using any medical information, as defined, for any purpose not necessary to provide health care services to a patient, except as provided. This bill would prohibit a participating entity of a closed-loop referral system (CLRS) from selling, renting, releasing, disclosing, disseminating, making available, transferring, or otherwise communicating orally, in writing, or by electronic or other means, social care information stored in or transmitted through a CLRS in exchange for monetary or other valuable consideration, except as specified. The bill would further prohibit a participating entity from using social care information stored in, or transmitted through, a CLRS for any purpose or purposes other than the social care purpose or purposes for which that social care information was collected or generated, except as specified. The bill would define "social care" to mean any care, services, goods, or supplies related to an individual's social needs, including, but not limited to, support and assistance for an individual's food stability and nutritional needs, housing, transportation, economic stability, employment, education access and quality, childcare and family relationship needs, and environmental and physical safety. The bill would also define "social care information" to mean any information, in any form, that relates to the need for, payment for, or provision of, social care, and the individual's personal information, as specified.

Primary Sponsors

Akilah Weber

Title
Hospice agency licensure.

Introduction Date: 2023-02-15

Description

AB 1117, as introduced, Irwin. Hospice agency licensure. The California Hospice Licensure Act of 1990 requires a person, political subdivision of the state, or other governmental agency to obtain a license from the State Department of Public Health to provide hospice services to an individual who is experiencing the last phase of life due to a terminal disease, as defined, and their family, except as provided. The act also provides for the renewal of a license. Existing law prohibits any person, political subdivision of the state, or other governmental agency from establishing, conducting, maintaining, or representing itself as a hospice agency unless a license has been issued under the act. Existing law requires that the department issue a license to a hospice agency that applies to the department for a hospice agency license and meets specified requirements, including accreditation as a hospice by an entity approved the federal Centers for Medicare and Medicaid Services as a national accreditation organization, and the national accreditation organization forwards copies to the department of all initial and subsequent survey and other accreditation reports or findings. This bill would require any hospice agency obtaining a license to obtain certification to participate in the federal Medicare program within 12 months of licensure and continuously serve patients as validated by data submission to the Department of Health Care Access and Information, or forfeit its license.

Primary Sponsors

Jacqui Irwin

Bill Number
AB 1282

Last Action
**Ordered To Inactive File At The Request
Of Senator Menjivar 2023 09 11**

Status
In Senate

Position
Monitor

Title
Mental health: impacts of social media.

Introduction Date: 2023-02-16

Description

AB 1282, as amended, Lowenthal. Mental health: impacts of social media. Existing law, the Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Services Oversight and Accountability Commission, and authorizes the commission to take specified actions, including advising the Governor or the Legislature regarding actions the state may take to improve care and services for people with mental illness. This bill would require the commission to report to specified policy committees of the Legislature, on or before July 1, 2025, a statewide strategy to understand, communicate, and mitigate mental health risks associated with the use of social media by children and youth. The bill would require the report to include, among other things, (1) the degree to which individuals negatively impacted by social media are accessing and receiving mental health services and (2) recommendations to strengthen children and youth resiliency strategies and California's use of mental health services to reduce the negative outcomes that may result from untreated mental illness, as specified. The bill would require the commission to explore, among other things, the persons and populations that use social media and the negative mental health risks associated with social media and artificial intelligence, as defined. The bill would repeal these provisions on January 1, 2029.

Primary Sponsors

Josh Lowenthal

Bill Number
AB 1316

Last Action
**From Committee Chair With Authors
Amendments Amend And Re Refer To
Committee Read Second Time
Amended And Re Referred To Com On
Health 2024 05 20**

Status
In Senate

Position
Monitor

Title

Emergency services: psychiatric emergency medical conditions.

Introduction Date: 2023-02-16

Description

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

Primary Sponsors

Jacqui Irwin, Chris Ward

Bill Number
AB 1331

Last Action
**In Committee Held Under Submission
2023 09 01**

Status
In Senate

Position
Monitor

Title
California Health and Human Services Data Exchange Framework.

Introduction Date: 2023-02-16

Description

AB 1331, as amended, Wood. California Health and Human Services Data Exchange Framework. Existing law establishes the Center for Data Insights and Innovation within the California Health and Human Services Agency to ensure the enforcement of state law mandating the confidentiality of medical information. Existing law, subject to an appropriation in the annual Budget Act, requires the California Health and Human Services Agency to establish the California Health and Human Services Data Exchange Framework on or before July 1, 2022, to govern and require the exchange of health information among health care entities and government agencies. This bill would require the Center for Data Insights and Innovation to take over establishment, implementation, and all the functions related to the California Health and Human Services Data Exchange Framework on or before January 1, 2024, subject to an appropriation in the annual Budget Act. The bill would require the center to establish the CalHHS Data Exchange Board, with specified membership, to develop recommendations and to review, modify, and approve any modifications to the Data Exchange Framework data sharing agreement, among other things. The bill would require the center to submit an annual report to the Legislature that includes required signatory compliance with the data sharing agreement, assessment of consumer experiences with health information exchange, and evaluation of technical assistance and other grant programs. The bill would require the center, by July 1, 2024, to establish a process to designate qualified health information organizations according to specified criteria.

Primary Sponsors

Jim Wood

Bill Number
AB 1359

Last Action
**Ordered To Inactive File At The Request
Of Senator Stern 2023 09 11**

Status
In Senate

Position
Monitor

Title
Paid sick days: health care employees.

Introduction Date: 2023-02-17

Description

AB 1359, as amended, Schiavo. Paid sick days: health care employees. Existing law, the Healthy Workplaces, Healthy Families Act of 2014, entitles employees who satisfy specified requirements to sick leave. The act generally entitles an employee who, on or after July 1, 2015, works in California for the same employer for 30 or more days within a year to paid sick leave, subject to various use and accrual limits. The act also authorizes an employer to limit an employee's use of accrued paid sick days to 24 hours or 3 days in each year of employment, calendar year, or 12-month period. This bill would grant an employee of a covered health care facility health care worker sick leave, as those terms are defined. The bill would permit accrued leave, and would prescribe for the use and carryover of that leave, including permitting health care worker sick leave to carry over to the following year of employment for those employees, subject to certain conditions. The bill would prohibit a covered health care facility from limiting an employee's use of health care worker sick leave. The bill would exempt those employees from certain existing limits on the use of accrued paid sick days. The bill would authorize an employee of a covered health care facility to bring a civil action against an employer that violates this provision and would entitle the employee to collect specified legal and equitable relief to remedy a violation.

Primary Sponsors

Pilar Schiavo

Title

Medi-Cal: behavioral health services: documentation standards.

Introduction Date: 2023-02-17

Description

AB 1470, as amended, Quirk-Silva. Medi-Cal: behavioral health services: documentation standards. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including behavioral health services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes the California Advancing and Innovating Medi-Cal (CalAIM) initiative, subject to receipt of any necessary federal approvals and the availability of federal financial participation, in order to, among other things, improve quality outcomes and reduce health disparities. The bill, as part of CalAIM, and with respect to behavioral health services provided under the Medi-Cal program, would require the department to standardize data elements relating to documentation requirements, including, but not limited to, medically necessary criteria, and would require the department to develop standard forms containing information necessary to properly adjudicate claims pursuant to CalAIM Terms and Conditions. The bill would require the department to consult with representatives of specified associations and programs for purposes of implementing these provisions. The bill would require the department to conduct, on or before July 1, 2025, regional trainings for personnel and provider networks of applicable entities, including county mental health plans, Medi-Cal managed care plans, and entities within the fee-for-service delivery system, on proper completion of the standard forms. The bill would require each applicable entity to distribute the training material and standard forms to its provider networks, and to commence, no later than July 1, 2025, using the standard forms. The bill would require providers of applicable entities to use those forms, as specified. The bill would authorize the department to restrict the imposition of additional documentation requirements beyond those included on standard forms, as specified. The bill would require the department to conduct an analysis on the status of utilization of the standard forms by applicable entities, and on the status of the trainings and training material, in order to determine the effectiveness of implementation of the above-described provisions. The bill would require the department to prepare a report containing findings from the analysis no later than July 1, 2026, and a followup report no later than July 1, 2028, and to submit each report to the Legislature and post it on the department's internet website.

Primary Sponsors

Sharon Quirk-Silva

Title
Skilled nursing facilities: direct care spending requirement.

Introduction Date: 2023-02-17

Description

AB 1537, as introduced, Wood. Skilled nursing facilities: direct care spending requirement. Existing law provides for the licensure and regulation of health facilities, including skilled nursing facilities, by the State Department of Public Health. A violation of those provisions is a crime. Existing law requires health facilities to submit specified financial reports to the Department of Health Care Access and Information. 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. This bill would require, no later than July 1, 2024, the establishment of a direct patient-related services spending, reporting, and rebate requirement for skilled nursing facilities, with exceptions. Under the direct patient-related services spending requirement, the bill would require that a minimum of 85% of a facility's total non-Medicare health revenues from all payer sources in each fiscal year be expended on residents' direct patient-related services, as defined. The bill would require a facility to report total revenues collected from all revenue sources, along with the portion of revenues that are expended on all direct patient-related services and nondirect patient-related services, to the State Department of Health Care Services by June 30 of each calendar year, with certification signed by a duly authorized official, as specified. The bill would require the State Department of Health Care Services to conduct an audit of the financial information reported by the facilities, to ensure its accuracy and to identify and recover any payments that exceed the allowed limit, as specified. The bill would require the department to conduct the audit every 3 years, at the same time as the facility's Medi-Cal audit. If a skilled nursing facility fails to comply with the direct patient-related services spending requirement, the bill would require the facility to issue a pro rata dividend or credit to the state and to all individuals and entities making non-Medicare payments to the facility for resident services, as specified. The bill would require the State Department of Health Care Services to ensure that those payments are made and to impose sanctions, as specified. The bill would also authorize the department to withhold certain payments from a skilled nursing facility licensee for failure to fully disclose information, as specified. Because a violation of these requirements 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 pro... (click bill link to see more).

Primary Sponsors
Jim Wood

Bill Number
AB 1783

Last Action
**From Printer May Be Heard In
Committee February 3 2024 01 04**

Status
In Assembly

Position
Monitor

Title
Health care: immigration.

Introduction Date: 2024-01-03

Description

AB 1783, as introduced, Essayli. Health care: immigration. Existing federal law provides for the Medicare Program, which is a public health insurance program for persons 65 years of age and older and specified persons with disabilities who are under 65 years of age. 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, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. This bill would state the intent of the Legislature to enact legislation to remove all taxpayer funding for health care for illegal immigrants from the California State Budget.

Primary Sponsors

Bill Essayli

Bill Number
AB 1842

Last Action
**From Committee Chair With Authors
Amendments Amend And Re Refer To
Committee Read Second Time
Amended And Re Referred To Com On
Health 2024 05 20**

Status
In Senate

Position
Monitor

Title

Health care coverage: Medication-assisted treatment.

Introduction Date: 2024-01-16

Description

AB 1842, as amended, Reyes. Health care coverage: Medication-assisted treatment. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes health care service plans and health insurers that cover prescription drugs to utilize reasonable medical management practices, including prior authorization and step therapy, consistent with applicable law. This bill would prohibit a medical service plan and a health insurer from subjecting a naloxone product or another opioid antagonist approved by the United States Food and Drug Administration, or a buprenorphine product or long-acting injectable naltrexone for detoxification or maintenance treatment of a substance use disorder, to prior authorization or step therapy. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Eloise Reyes

Organizational Notes

Last edited by Joanne Campbell at Mar 22, 2024, 6:00 PM

California Association of Health Plans - Oppose America's Health Insurance Plans - Oppose Association of California Life and Health Insurance Companies - Oppose Support: California Academy of Child and Adolescent Psychiatry - Support California Black Health Network - Support California Hospital Association - Support California State Association of Psychiatrists (CSAP) - Support County Behavioral Health Directors Association of California - Support Ella Baker Center for Human Rights - Support Health Access California - Support Steinberg Institute - Support

Title

Developmental services: individual program plans and individual family service plans: remote meetings.

Introduction Date: 2024-01-22

Description

AB 1876, as introduced, Jackson. Developmental services: individual program plans and individual family service plans: remote meetings. Existing law, the Lanterman Developmental Disabilities Services Act, requires the State Department of Developmental Services to contract with regional centers for the provision of community services and supports for persons with developmental disabilities and their families. Existing law, until June 30, 2024, requires a meeting regarding the provision of services and supports by the regional center, including a meeting to develop or revise a consumer's individual program plan (IPP), to be held by remote electronic communications if requested by the consumer or, if appropriate, if requested by the consumer's parents, legal guardian, conservator, or authorized representative. Existing law, the California Early Intervention Services Act, provides a statewide system of coordinated, comprehensive, family-centered, multidisciplinary, and interagency programs that are responsible for providing appropriate early intervention services and supports to all eligible infants and toddlers and their families. Under the act, direct services for eligible infants and toddlers and their families are provided by regional centers and local educational agencies. The act requires an eligible infant or toddler receiving services under the act to have an individualized family service plan (IFSP), as specified. Existing law, until June 30, 2024, requires, at the request of the parent or legal guardian, an IFSP meeting to be held by remote electronic communications. This bill, beginning January 1, 2025, would indefinitely extend the requirements that, if requested, IPP and IFSP meetings be held by remote electronic communications. By extending a requirement for local educational agencies, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors

Corey Jackson

Title
Public health: maternity ward closures.

Introduction Date: 2024-01-23

Description

AB 1895, as amended, Weber. Public health: maternity ward closures. Existing law establishes the licensure and regulation of health facilities by the State Department of Public Health, including, among others, general acute care hospitals. A violation of these provisions is a crime. Under existing law, a general acute care hospital is required to provide certain basic services, including medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services. Existing law authorizes a general acute care hospital to provide various special or supplemental services if certain conditions are met. Existing regulations define a supplemental service as an organized inpatient or outpatient service that is not required to be provided by law or regulation. Existing law requires a health facility to provide 90 days of public notice, with specified requirements, of the proposed closure or elimination of a supplemental service, such as maternity services. This bill would require an acute care hospital that offers maternity services, when those services are at risk of closure, as defined, in the next 6 months to provide specified information to the Department of Health Care Access and Information as well as the State Department of Public Health, including, but not limited to, the number of medical staff and employees working in the maternity ward and the hospital's prior and projected performance on financial metrics. The bill would require this information be kept confidential to the extent permitted by law. The bill would require, within 6 months of receiving this notice from the hospital, the Department of Health Care Access and Information, in conjunction with the State Department of Public Health, to conduct a community impact assessment to determine the 3 closest hospitals offering maternity services in the geographic area and their distance from the at-risk facility. The bill would require the hospital to provide public notice of the potential closure, including the results of the community impact assessment, and other specified information on the hospital's internet website 90 days in advance of the proposed closure. The bill would require the public to be permitted to comment on the potential closure for 60 days after the notice is given, and would require at least one noticed public hearing be conducted by the hospital. The bill would also require the hospital to accept written public comment. By creating a new 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 pro... (click bill link to see more).

Primary Sponsors
Akilah Weber

Organizational Notes

Last edited by Joanne Campbell at Apr 22, 2024, 6:00 PM
Local Health Plans of California- Support

Title
Health care coverage: regional enteritis.

Introduction Date: 2024-01-25

Description

AB 1926, as amended, Connolly. Health care coverage: regional enteritis. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers, including health insurers, by the Department of Insurance. Existing law requires a health care service plan contract and disability insurance policy that provides coverage for hospital, medical, or surgical expenses and is issued, amended, delivered, or renewed on and after July 1, 2000, to provide coverage for the testing and treatment of phenylketonuria, including coverage for the formulas and special food products that are part of a prescribed diet, as specified. This bill would require a health care service plan contract or disability insurance policy that provides coverage for hospital, medical, or surgical expenses and is issued, amended, delivered, or renewed on and after July 1, 2025, to provide coverage for dietary enteral formulas, as defined, for the treatment of regional enteritis, as specified. The bill would specify that these provisions do not apply to Medi-Cal managed care plans to the extent that the services are excluded from coverage under the contract between the Medi-Cal managed care plan and the State Department of Health Care Services. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Damon Connolly

Organizational Notes

Last edited by Joanne Campbell at Mar 7, 2024, 9:15 PM
California Association of Health Plans - Oppose

Title
Maternal mental health screenings.

Introduction Date: 2024-01-25

Description

AB 1936, as amended, Cervantes. Maternal mental health screenings. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan or health insurer to develop a maternal mental health program designed to promote quality and cost-effective outcomes, as specified. This bill would require the program to consist of at least one maternal mental health screening during pregnancy, and at least one additional screening during the first 6 months of the postpartum period, if determined medically necessary and clinically appropriate in the judgment of the treating provider. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Sabrina Cervantes

Title
Medi-Cal: telehealth.

Introduction Date: 2024-01-29

Description

AB 1943, as amended, Weber. Medi-Cal: telehealth. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, in-person, face-to-face contact is not required under the Medi-Cal program when covered health care services are provided by video synchronous interaction, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities, when those services and settings meet certain criteria. This bill would require the department to produce a public report on telehealth in the Medi-Cal program that includes analyses of, among other things, (1) telehealth access and utilization, (2) the effect of telehealth on timeliness of, access to, and quality of care, and (3) the effect of telehealth on clinical outcomes, as specified. The bill would authorize the department, in collaboration with the California Health and Human Services Agency, to issue policy recommendations based on the report's findings.

Primary Sponsors

Akilah Weber

Organizational Notes

Last edited by Joanne Campbell at Mar 18, 2024, 5:28 PM
California Association of Health Plans - Oppose

Title
Individualized investigational treatment.

Introduction Date: 2024-01-29

Description

AB 1944, as introduced, Waldron. Individualized investigational treatment. Existing law, the federal Food, Drug, and Cosmetic Act, prohibits a person from introducing into interstate commerce any new drug unless the drug has been approved by the United States Food and Drug Administration (FDA). Existing law requires the sponsor of a new drug to submit to the FDA an investigational new drug application and to then conduct a series of clinical trials to establish the safety and efficacy of the drug in human populations and submit the results to the FDA in a new drug application. Existing federal law also regulates biomedical and behavioral research involving human subjects. Existing law, the Sherman Food, Drug, and Cosmetic Law, regulates the packaging, labeling, and advertising of drugs and devices and is administered by the State Department of Public Health. A violation of that law is a crime. The Sherman Food, Drug, and Cosmetic Law prohibits, among other things, the sale, delivery, or giving away of a new drug or new device unless either the department has approved a new drug or device application for that new drug or new device and that approval has not been withdrawn, terminated, or suspended or the drug or device has been approved pursuant to specified provisions of federal law, including the federal Food, Drug, and Cosmetic Act. Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. For instance, the Medical Practice Act provides for the licensure and regulation of physicians and surgeons by the Medical Board of California and the Osteopathic Act provides for the licensure and regulation of osteopathic physicians and surgeons by the Osteopathic Medical Board of California, among others. This bill, the Right to Try Individualized Investigational Treatments Act, would permit a manufacturer of an individualized investigational treatment, as defined, to make the product available to eligible patients with life-threatening or severely debilitating illness, as specified. The bill would authorize, but not require, a health benefit plan, as defined, to provide coverage for any individualized investigational treatment made available pursuant to these provisions. The bill would prohibit a state regulatory board from taking any action against a health care provider's license solely on a provider's recommendation of or providing access to an individualized investigational treatment. The bill would prohibit a state agency from altering any recommendation made to the federal Centers for Medicare and Medicaid Services regarding a health care provider's certification to participate in the Medicare or Medicaid program based solely on ... (click bill link to see more).

Primary Sponsors

Marie Waldron

Bill Number
AB 1970

Last Action
**In Senate Read First Time To Com On
RIs For Assignment 2024 05 22**

Status
In Senate

Position
Monitor

Title
Mental Health: Black Mental Health Navigator Certification.

Introduction Date: 2024-01-30

Description

AB 1970, as amended, Jackson. Mental Health: Black Mental Health Navigator Certification. Existing law establishes, within the Health and Welfare Agency, the Department of Health Care Access and Information, which is responsible for, among other things, administering various health professions training and development programs. Existing law requires the department to develop and approve statewide requirements for community health worker certificate programs. Existing law defines "community health worker" to mean a liaison, link, or intermediary between health and social services and the community to facilitate access to services and to improve the access and cultural competence of service delivery. This bill would require the department to develop criteria for a specialty certificate program and specialized training requirements for a Black Mental Health Navigator Certification, as specified. The bill would require the department to collect and regularly publish data, not less than annually, including, but not limited to, the number of individuals certified, including those who complete a specialty certificate program, as specified, and the number of individuals who are actively employed in a community health worker role.

Primary Sponsors

Corey Jackson

Title

Medi-Cal: medically supportive food and nutrition interventions.

Introduction Date: 2024-01-30

Description

AB 1975, as introduced, Bonta. Medi-Cal: medically supportive food and nutrition interventions. 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 establish the Medically Tailored Meals Pilot Program and the Short-Term Medically Tailored Meals Intervention Services Program, to operate in specified counties and during limited periods for the purpose of providing medically tailored meal intervention services to eligible Medi-Cal beneficiaries with certain health conditions, including congestive heart failure, cancer, diabetes, chronic obstructive pulmonary disease, or renal disease. Existing law, subject to implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, authorizes a Medi-Cal managed care plan to elect to cover community supports approved by the department as cost effective and medically appropriate in a comprehensive risk contract that are in lieu of applicable Medi-Cal state plan services. Under existing law, community supports that the department is authorized to approve include, among other things, medically supportive food and nutrition services, including medically tailored meals. This bill would make medically supportive food and nutrition interventions, as defined, a covered benefit under the Medi-Cal program, through both the fee-for-service and managed care delivery systems, effective July 1, 2026, subject to federal approval and the issuance of final guidance by the department. The bill would require those interventions to be covered if determined to be medically necessary by a health care provider or health care plan, as specified. The bill would require the provision of interventions for 12 weeks, or longer if deemed medically necessary. The bill would require a Medi-Cal managed care plan to offer at least 3 of 6 listed interventions, with certain conditions for a 7th intervention. The bill would require the department to define the qualifying medical conditions for purposes of the covered interventions. The bill would require a health care provider, to the extent possible, to match the acuity of a patient's condition to the intensity and duration of the covered intervention and to include culturally appropriate foods. The bill would require the department to establish a medically supportive food and nutrition benefit stakeholder group, with a specified composition, to advise the department on certain related items. The bill would require the workgroup to issue final guidance on or before July 1, 2026.

Primary Sponsors

Mia Bonta

Organizational Notes

Last edited by Cherie Compartore at May 14, 2024, 3:52 PM
Support: Local Health Plans of California , California Association of Health Plans

Bill Number
AB 1977

Last Action
Referred To Com On Health 2024 05 15

Status
In Senate

Position
Monitor

Title
Health care coverage: behavioral diagnoses.

Introduction Date: 2024-01-30

Description

AB 1977, as amended, Ta. Health care coverage: behavioral diagnoses. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy to provide coverage for behavioral health treatment for pervasive developmental disorder or autism. This bill would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, from requiring an enrollee or insured previously diagnosed with pervasive developmental disorder or autism to be reevaluated or receive a new behavioral diagnosis to maintain coverage for behavioral health treatment for their condition. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Tri Ta

Bill Number
AB 1995

Last Action
**From Printer May Be Heard In
Committee March 1 2024 01 31**

Status
In Assembly

Position
Monitor

Title
Health care facilities: small and rural hospitals.

Introduction Date: 2024-01-30

Description

AB 1995, as introduced, Essayli. Health care facilities: small and rural hospitals. Under existing law, the State Department of Public Health issues licenses for and regulates health facilities, including small and rural hospitals, as defined. Under existing law, a hospital that meets the definition of a small and rural hospital may be eligible for special programs, including business assistance, regulatory relief, and increased Medi-Cal reimbursement. This bill would make technical, nonsubstantive changes to the definition of small and rural hospital.

Primary Sponsors

Bill Essayli

Bill Number
AB 2013

Last Action
**In Senate Read First Time To Com On
RIs For Assignment 2024 05 21**

Status
In Senate

Position
Monitor

Title
Artificial intelligence: training data transparency.

Introduction Date: 2024-01-31

Description
AB 2013, as amended, Irwin. Artificial intelligence: training data transparency. Existing law requires the Department of Technology, in coordination with other interagency bodies, to conduct, on or before September 1, 2024, a comprehensive inventory of all high-risk automated decision systems, as defined, that have been proposed for use, development, or procurement by, or are being used, developed, or procured by, state agencies, as defined. This bill would require, on or before January 1, 2026, and before each time thereafter that an artificial intelligence system or service, as defined, is made available to Californians for use, regardless of whether the terms of that use include compensation, a developer of the system or service to post on the developer's internet website documentation, as specified, regarding the data used to train the artificial intelligence system or service.

Primary Sponsors
Jacqui Irwin

Title
Medical loss ratios.

Introduction Date: 2024-02-01

Description

AB 2028, as introduced, Ortega. Medical loss ratios. 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. The federal Patient Protection and Affordable Care Act requires a health insurance issuer to comply with minimum medical loss ratios (MLRs) and to provide an annual rebate to each insured if the MLR of the amount of the revenue expended by the issuer on costs to the total amount of premium revenue is less than a certain percentage, as specified. Existing law requires health care service plans and health insurers that issue, sell, renew, or offer a contract or policy, excluding specialized dental and vision contracts and policies, to comply with a minimum MLR of 85% and provide specified rebates. Existing law requires a health care service plan or health insurer that issues, sells, renews, or offers a contract or policy covering dental services to annually report MLR information to the appropriate department. This bill would require a health care service plan or health insurer that issues, sells, renews, or offers a specialized dental health care service plan contract or specialized dental health insurance policy to comply with a minimum MLR of 85% and to provide a specified rebate to an enrollee or insured. 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

Liz Ortega

Organizational Notes

Last edited by Joanne Campbell at Apr 19, 2024, 8:05 PM
California Association of Health Plans - Opposed

Title

Medi-Cal: nonmedical and nonemergency medical transportation.

Introduction Date: 2024-02-01

Description

AB 2043, as amended, Boerner. Medi-Cal: nonmedical and nonemergency medical transportation. 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 managed care or fee-for-service delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law covers emergency or nonemergency medical transportation, and nonmedical transportation, under the Medi-Cal program, as specified. This bill would require the department to ensure that the fiscal burden of nonemergency medical transportation or nonmedical transportation is not unfairly placed on public paratransit service operators and would authorize the department to direct Medi-Cal managed care plans to reimburse public paratransit service operators who are enrolled as Medi-Cal providers at the fee-for-service rates for conducting that transportation, as described. The bill would require the department to engage with public paratransit service operators to understand the challenges as public operators of nonemergency medical transportation or nonmedical transportation services and would require the department to issue new guidance to ensure the fiscal burden is not unfairly placed on public operators on or before June 1, 2026. The bill would condition implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation.

Primary Sponsors

Tasha Boerner

Organizational Notes

Last edited by Joanne Campbell at Apr 22, 2024, 6:01 PM
Local Health Plans of California - Oppose

Title
Health care coverage.

Introduction Date: 2024-02-01

Description

AB 2063, as introduced, Maienschein. 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. Existing law exempts a health care service plan from the requirements of the act if the plan is operated by a city, county, city and county, public entity, political subdivision, or public joint labor management trust that satisfies certain criteria, including that the plan requires providers to be reimbursed solely on a fee-for-service basis. Existing law authorizes the Director of the Department of Managed Health Care, no later than May 1, 2021, to authorize 2 pilot programs, one in northern California and one in southern California, under which providers approved by the department may undertake risk-bearing arrangements with a voluntary employees' beneficiary association with enrollment of more than 100,000 lives, notwithstanding the fee-for-service requirement described above, or a trust fund that is a welfare plan and a multiemployer plan with enrollment of more than 25,000 lives, for independent periods of time beginning no earlier than January 1, 2022, to December 31, 2025, inclusive, if certain criteria are met. Existing law requires the association or trust fund and each health care provider participating in each pilot program to report to the department information regarding cost savings and clinical patient outcomes compared to a fee-for-service payment model, and requires the department to report those findings to the Legislature no later than January 1, 2027. Existing law repeals these provisions on January 1, 2028. This bill would extend that repeal date to January 1, 2030. The bill would extend the period of time authorized for those pilot programs to operate from December 31, 2025, to December 31, 2027. The bill would extend the deadline for the department to report the findings to the Legislature from January 1, 2027, to January 1, 2029.

Primary Sponsors

Brian Maienschein

Organizational Notes

Last edited by Cherie Compartore at May 14, 2024, 3:53 PM
Oppose: California Association of Health Plans

Title

Group health care coverage: biomedical industry.

Introduction Date: 2024-02-05

Description

AB 2072, as amended, Weber. Group health care coverage: biomedical industry. 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 also provides for the regulation of health insurers by the Department of Insurance. Existing law provides for the regulation of individual, small employer, grandfathered small employer, and nongrandfathered small employer health care service plan contracts and health insurance policies, as defined. Existing federal law, the federal Employee Retirement Income Security Act of 1974 (ERISA), authorizes multiple employer welfare arrangements (MEWAs) in which 2 or more employers join together to provide health care coverage for employees or to their beneficiaries. Under existing state law, the status of each distinct member of an association determines whether that member's association coverage is individual, small group, or large group health coverage. Existing law, until January 1, 2026, authorizes an association of employers to offer a large group health care service plan contract or large group health insurance policy to small group employer members of the association consistent with ERISA if certain requirements are met, including that the association is the sponsor of a MEWA that has offered a large group health care service plan contract since January 1, 2012, in connection with an employee welfare benefit plan under ERISA, provides a specified level of coverage, and includes coverage for common law employees, and their dependents, who are employed by an association member in the biomedical industry with operations in California. Existing law also requires an association and MEWA to annually file evidence of ongoing compliance with these requirements in a manner specified by the departments. This bill would require the departments, on or before June 30, 2032, to provide the health policy committees of the Legislature the most recent annual filings and would require the departments to recommend to the Legislature whether any of those MEWAs should remain operative based on compliance with the above-described requirements. This bill would extend the sunset date of January 1, 2026, to January 1, 2033, for the authorization of this type of health care service plan and insurance policy. By extending the authorization for a specific type of health care service plan, this bill would correspondingly extend the applicability of the crime for a violation of Knox-Keene, thereby imposing a state-mandated local program. The California Constitution requires the state to reimburse local agencies and sc... (click bill link to see more).

Primary Sponsors

Akilah Weber

Title
Coverage for PANDAS and PANS.

Introduction Date: 2024-02-05

Description

AB 2105, as amended, Lowenthal. Coverage for PANDAS and PANS. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law sets forth specified coverage requirements for health care service plan contracts and health insurance policies, and limits the copayment, coinsurance, deductible, and other cost sharing that may be imposed for specified health care services. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, to provide coverage for the prophylaxis, diagnosis, and treatment of Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcal Infections (PANDAS) and Pediatric Acute-onset Neuropsychiatric Syndrome (PANS) that is prescribed or ordered by the treating physician and surgeon and is medically necessary, as specified. The bill would prohibit coverage for PANDAS and PANS from being subject to a copayment, coinsurance, deductible, or other cost sharing that is greater than that applied to other benefits. The bill would prohibit a plan or insurer from denying or delaying coverage for PANDAS or PANS therapies because the enrollee or insured previously received treatment for PANDAS or PANS or was diagnosed with or received treatment for the condition under a different diagnostic name. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Josh Lowenthal

Organizational Notes

Last edited by Cherie Compartore at May 14, 2024, 3:54 PM
Oppose: California Association of Health Plans

Title
Controlled substances: clinics.

Introduction Date: 2024-02-05

Description

AB 2115, as amended, Haney. Controlled substances: clinics. Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy and makes a violation of the act a crime. Under existing law, specified clinics, including surgical clinics, may purchase drugs at wholesale for administration or dispensing to the clinic's patients. Existing law requires these clinics to maintain certain records and to obtain a license from the board. Existing law prohibits specified substances from being dispensed by a nonprofit or free clinic, as defined. This bill would authorize a practitioner authorized to prescribe a narcotic drug at a nonprofit or free clinic, as specified, to dispense the narcotic drug from clinic supply for the purpose of relieving acute withdrawal symptoms while arrangements are being made for referral for treatment, as described, and would require the clinic dispensing the narcotic to be subject to specified reporting, labeling, and recordkeeping requirements. Because the bill would specify additional requirements under the Pharmacy Law, a violation of which would be a crime, it would impose a state-mandated local program. Existing law requires the State Department of Health Care Services to regulate and license narcotic treatment programs, including in the use of narcotic replacement therapy and medication-assisted treatment. Existing regulation specifies certain requirements and considerations for a patient to be eligible for treatment at a licensed narcotic treatment program, such as a medical evaluation conducted by the program, laboratory tests for disease, and minimum monthly participation in counseling, among others. Existing regulation also imposes specified criteria to be considered before a patient is eligible for take-home doses of medication, requires revocation of those privileges if a patient tests positive for illicit substances on 2 consecutive monthly samples, and prescribes criteria for the restoration of those privileges, including test results that are negative for illicit substances. Existing regulation requires a patient who is absent from a program for 2 weeks without contacting the program be terminated from the program. This bill would specify that medical evaluation may be conducted by any health care provider, if it is verified by a narcotic treatment program practitioner, would authorize a program to allow patients to refuse or delay laboratory tests for disease, and would state that a patient receiving maintenance treatment is not precluded from receiving medication by a refusal to participate in counseling. The bill would revise the criteria to be considered prior to providing a patient with take-home medication privileg... (click bill link to see more).

Primary Sponsors
Matt Haney

Title

Immediate postpartum contraception.

Introduction Date: 2024-02-06

Description

AB 2129, as amended, Petrie-Norris. Immediate postpartum contraception. 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 regulates contractual provisions between health care service plans and health insurers and their contracting health care providers. This bill would require a contract between a health care service plan or health insurer and a health care provider issued, amended, or renewed on or after January 1, 2025, to authorize a provider to separately bill for devices, implants, or professional services, or a combination thereof, associated with immediate postpartum contraception if the birth takes place in a general acute care hospital or accredited birthing center. The bill would prohibit that provider contract from considering those devices, implants, or services to be part of a payment for a general obstetric procedure. 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

Cottie Petrie-Norris

Bill Number
AB 2132

Last Action
**In Senate Read First Time To Com On
RIs For Assignment 2024 05 22**

Status
In Senate

Position
Monitor

Title
Health care services.

Introduction Date: 2024-02-06

Description

AB 2132, as amended, Low. Health care services. Existing law provides for the licensure and regulation of health facilities and clinics, including primary care clinics, by the State Department of Public Health. A violation of these provisions is a crime. Existing law requires an adult patient receiving primary care services in certain health care settings to be offered a screening test for hepatitis B and hepatitis C, as specified. This bill would require an adult patient receiving primary care services in a facility, clinic, unlicensed clinic, center, office, or other setting, as specified, to be offered a tuberculosis (TB) risk assessment and TB screening test, if TB risk factors are identified, to the extent these services are covered under the patient's health insurance, unless the health care provider reasonably believes certain conditions apply. The bill would also require the health care provider to offer the patient followup health care or refer the patient to a health care provider who can provide followup health care if a screening test is positive, as specified. The bill would prohibit a health care provider who fails to comply with these provisions from being subject to any disciplinary action related to their licensure or certification, or to any civil or criminal liability for that failure. The bill would make related findings and declarations.

Primary Sponsors

Evan Low

Title
The Early Psychosis Intervention Plus Program.

Introduction Date: 2024-02-06

Description

AB 2161, as amended, Arambula. The Early Psychosis Intervention Plus Program. Existing law establishes the Early Psychosis Intervention Plus (EPI Plus) Program to encompass early psychosis and mood disorder detection and intervention. Existing law establishes the Early Psychosis and Mood Disorder Detection and Intervention Fund and makes the moneys in the fund available, upon appropriation, to the Behavioral Health Services Oversight and Accountability Commission. Existing law authorizes the commission to allocate moneys from that fund to provide grants to create or expand existing capacity for early psychosis and mood disorder detection and intervention services and supports. This bill would require the Behavioral Health Services Oversight and Accountability Commission to consult with the State Department of Health Care Services and related state departments and entities, create a strategic plan to achieve specific goals, including improving the understanding of psychosis, as specified, and, no later than July 1, 2025, submit that strategic plan to the relevant policy and fiscal committees of the Legislature. The bill would require the State Department of Health Care Services to seek to partner with the University of California to develop a plan to establish the Center for Mental Health Wellness and Innovations to, among other things, promote the widespread availability of evidence-based practices to improve behavioral health services. If the center is established, the bill would require the State Department of Health Care Services, no later than July 1, 2025, to submit the plan to create the center to the relevant policy and fiscal committees of the Legislature.

Primary Sponsors

Joaquin Arambula

Title
Prescription drug coverage: dose adjustments.

Introduction Date: 2024-02-07

Description

AB 2169, as amended, Bauer-Kahan. Prescription drug coverage: dose adjustments. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law 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. The bill would authorize a licensed health care professional to request, and would require that they be granted, the authority to adjust the dose or frequency of a drug to meet the specific medical needs of the enrollee or insured without prior authorization if specified conditions are met. Under the bill, if the enrollee or insured has been continuously using a prescription drug selected by their prescribing provider for the medical condition under consideration while covered by their current or previous health coverage, the health care service plan or health insurance policy would be prohibited from limiting or excluding coverage of that prescription. With respect to health care service plans, the bill would specify that its provisions do not apply to Medi-Cal managed care plan contracts. 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

Rebecca Bauer-Kahan

Organizational Notes

Last edited by Cherie Compartore at May 14, 2024, 3:55 PM
Oppose: California Association of Health Plans

Bill Number
AB 2198

Last Action
**In Senate Read First Time To Com On
RIs For Assignment 2024 05 22**

Status
In Senate

Position
Monitor

Title
Health information.

Introduction Date: 2024-02-07

Description

AB 2198, as amended, Flora. Health information. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plans and health insurers to establish and maintain specified application programming interfaces (API), including patient access API, for the benefit of enrollees, insureds, and contracted providers. This bill would exclude a specialized plan or insurer that issues, sells, renews, or offers a contract or policy covering dental or vision services from the above-described API requirements, and would instead require a specialized plan or insurer that issues, sells, renews, or offers a contract or policy covering dental or vision services and meets specified enrollment requirements to comply with the above-described API requirements beginning January 1, 2027, or when final federal rules are implemented, whichever is later.

Primary Sponsors

Heath Flora

Title

Children and youth: transfer of specialty mental health services.

Introduction Date: 2024-02-08

Description

AB 2237, as amended, Aguiar-Curry. Children and youth: transfer of specialty mental health services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services (department), under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, specialty mental health services include federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services provided to eligible Medi-Cal beneficiaries under 21 years of age. This bill would require, when a child or youth 21 years of age or younger who is receiving Medi-Cal specialty mental health services changes residence from one county to another, the receiving county to provide specialty mental health services to the child or youth, if the transfer of those services from one county to another is not otherwise governed by a process established in statute. The bill also would require the State Department of Health Care Services to collect specified data related to the receipt of specialty mental health services by children and youth who move outside of the county where they originally received specialty mental health services, and to include the data in the department's Medi-Cal specialty mental health services performance dashboard. The bill would require the department to issue guidance, as specified, to define the requirements on a receiving county for the continued provision of specialty mental health services, to coordinate and expedite the transfer of services from one county to another, and reduce the burden on children and youth and their caregivers to reestablish services in the receiving county. The bill would authorize the department to implement, interpret, or make specific its provisions by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions, until regulations are adopted, as specified. By increasing duties of counties administering the Medi-Cal program, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Cecilia Aguiar-Curry

Title
Social determinants of health: screening and outreach.

Introduction Date: 2024-02-08

Description

AB 2250, as introduced, Weber. Social determinants of health: screening and outreach. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires health care service plans and health insurers to include coverage for screening for various conditions and circumstances, including adverse childhood experiences. Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, to include coverage for screenings for social determinants of health, as defined. The bill would require providers to use specified tools or protocols when documenting patient responses to questions asked in these screenings. The bill would require a health care service plan or health insurer to provide physicians who provide primary care services with adequate access to peer support specialists, lay health workers, social workers, or community health workers in counties where the plan or insurer has enrollees or insureds, as specified. The bill would authorize the respective departments to adopt guidance to implement its provisions. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program. This bill would make social determinants of health screenings a covered benefit for Medi-Cal beneficiaries and would require the State Department of Health Care Services or a Medi-Cal managed care plan to provide reimbursement for those screenings, as specified. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Akilah Weber

Organizational Notes

Last edited by Joanne Campbell at Apr 22, 2024, 6:05 PM
Local Health Plans of California, California Academy of Family Physicians (sponsor) - Support

Bill Number
AB 2258

Last Action
**In Senate Read First Time To Com On
RIs For Assignment 2024 05 24**

Status
In Senate

Position
Monitor

Title
Health care coverage: cost sharing.

Introduction Date: 2024-02-08

Description

AB 2258, as amended, Zbur. Health care coverage: cost sharing. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a group or individual nongrandfathered health care service plan contract or health insurance policy to provide coverage for, and prohibits a contract or policy from imposing cost-sharing requirements for, specified preventive care services and screenings. This bill would prohibit a group or individual nongrandfathered health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, from imposing a cost-sharing requirement for items or services that are integral to the provision of the above-described preventive care services and screenings. The bill would require those contracts and policies to cover items and services for those preventive care services and screenings, including home test kits for sexually transmitted diseases and specified cancer screenings. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Rick Zbur

Organizational Notes

Last edited by Joanne Campbell at Mar 7, 2024, 9:18 PM
California Association of Health Plans - Oppose

Bill Number
AB 2271

Last Action
**In Senate Read First Time To Com On
RIs For Assignment 2024 05 22**

Status
In Senate

Position
Monitor

Title
St. Rose Hospital.

Introduction Date: 2024-02-08

Description

AB 2271, as amended, Ortega. St. Rose Hospital. Existing law creates the Distressed Hospital Loan Program, until January 1, 2032, for the purpose of providing loans to not-for-profit hospitals and public hospitals, as defined, in significant financial distress or to governmental entities representing a closed hospital to prevent the closure or facilitate the reopening of a closed hospital. Existing law requires the Department of Health Care Access and Information to administer this loan program. This bill would require the department to approve the forgiveness of any loans under this program for the St. Rose Hospital in the City of Hayward. The bill would require the department to forgive the full amounts of the principal, interests, fees, and any other outstanding balances of the loan. This bill would make legislative findings and declarations as to the necessity of a special statute for the City of Hayward.

Primary Sponsors

Liz Ortega

Title

Joint powers agreements: health care services.

Introduction Date: 2024-02-12

Description

AB 2293, as amended, Mathis. Joint powers agreements: health care services. (1) Existing law, the Joint Exercise of Powers Act, authorizes 2 or more public agencies by agreement to exercise any power common to the contracting parties, subject to meeting certain conditions with respect to that agreement. Existing law authorizes a private, nonprofit corporation, until January 1, 2023, formed for the purposes of providing services to zero-emission transportation systems or facilities, to join a joint powers authority or enter into a joint powers agreement with a public agency to facilitate the development, construction, and operation of zero-emission transportation systems or facilities that lower greenhouse gases, reduce vehicle congestion and vehicle miles traveled, and improve public transit connections. This bill, until January 1, 2034, would authorize one or more private, nonprofit mutual benefit corporations formed for purposes of providing health care services to join a joint powers authority or enter into a joint powers agreement with one or more public entities established under the act. The bill would deem any joint powers authority formed pursuant to this provision to be a public entity, except that the authority would not have the power to incur debt. The bill would require an authority formed to be governed by a board of directors, composed as determined by the participating public agency or agencies. The bill would prohibit the representation of private, nonprofit mutual benefit corporations on the board of directors from exceeding 50%. The bill would define terms for its purposes. (2) Existing law sets forth requirements for the solicitation and evaluation of bids and the awarding of contracts by public entities, including requirements applicable if the public entity is required by statute or regulation to obtain an enforceable commitment that a bidder, contractor, or other entity will use a skilled and trained workforce, as defined, to complete a contract or project. Except as specified, existing law requires that, for workers employed on public works, as defined, not less than the general prevailing rate of per diem wages, determined as provided by the Director of Industrial Relations, for work of a similar character in the locality in which the public work is performed be paid to those workers, as provided. This bill, except as specified, would require a joint powers authority formed pursuant to the bill, when undertaking a project applicable to the construction or refurbishment of existing health facilities, to obtain an enforceable commitment that any entity undertaking the project will use a skilled and trained workforce. The bill would require a private entity performing the work on a project ... (click bill link to see more).

Primary Sponsors

Devon Mathis

Title
Hospital and Emergency Physician Fair Pricing Policies.

Introduction Date: 2024-02-12

Description

AB 2297, as amended, Friedman. Hospital and Emergency Physician Fair Pricing Policies. Existing law requires a hospital to maintain a written charity care policy and a discount payment policy for uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level. Existing law requires the written policy regarding discount payments to also include a statement that an emergency physician who provides emergency medical services in a hospital that provides emergency care is also required by law to provide discounts to uninsured patients or patients with high medical costs who are at or below 400 percent of the federal poverty level. Existing law authorizes an emergency physician to choose to grant eligibility for a discount payment policy to patients with incomes over 350% of the federal poverty level. Existing law defines "high medical costs" for these purposes to mean, among other things, specified annual out-of-pocket costs incurred by the individual at the hospital or a hospital that provided emergency care. This bill would authorize an emergency physician to choose to grant eligibility for a discount payment policy to patients with incomes over 400% of the federal poverty level. The bill would also clarify that out-of-pocket costs for the above-described definition of "high medical costs" means any expenses for medical care that are not reimbursed by insurance or a health coverage program, such as Medicare copays or Medi-Cal cost sharing. Existing law requires a hospital's discount payment policy to clearly state the eligibility criteria based upon income, and authorizes a hospital to consider the income and monetary assets of the patient in determining eligibility under its charity care policy. This bill would prohibit a hospital from considering the monetary assets of the patient in determining eligibility for both the charity care and the discount payment policies, but would authorize the hospital to consider a health savings account, as specified. The bill would instead require that the eligibility for charity care or discounted payments be determined at any time the hospital is in receipt of recent pay stubs or income tax returns. The bill would prohibit a hospital from imposing time limits for eligibility. The bill would authorize a hospital to waive Medi-Cal and Medicare cost-sharing amounts as part of its charity care program or discount payment program. Existing law requires a hospital or an emergency physician to establish a written policy defining standards and practices for the collection of debt. Existing law authorizes a hospital or emergency physician to consider only income and monetary assets, as specified, in determining the amount of debt a hospital or emer... (click bill link to see more).

Primary Sponsors
Laura Friedman

Title

Open meetings: local agencies: teleconferences.

Introduction Date: 2024-02-12

Description

AB 2302, as introduced, Addis. Open meetings: local agencies: teleconferences. Existing law, the Ralph M. Brown Act, requires, with specified exceptions, that all meetings of a legislative body, as defined, of a local agency be open and public and that all persons be permitted to attend and participate. The act generally requires for teleconferencing that the legislative body of a local agency that elects to use teleconferencing post agendas at all teleconference locations, identify each teleconference location in the notice and agenda of the meeting or proceeding, and have each teleconference location be accessible to the public. Existing law also requires that, during the teleconference, at least a quorum of the members of the legislative body participate from locations within the boundaries of the territory over which the local agency exercises jurisdiction. The act provides an exemption to the jurisdictional requirement for health authorities, as defined. Existing law, until January 1, 2026, authorizes the legislative body of a local agency to use alternative teleconferencing in specified circumstances if, during the teleconference meeting, 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 boundaries of the territory over which the local agency exercises jurisdiction, and the legislative body complies with prescribed requirements. Existing law imposes prescribed restrictions on remote participation by a member under these alternative teleconferencing provisions, including establishing limits on the number of meetings a member may participate in solely by teleconference from a remote location, prohibiting such participation for a period of more than 3 consecutive months or 20% of the regular meetings for the local agency within a calendar year, or more than 2 meetings if the legislative body regularly meets fewer than 10 times per calendar year. This bill would revise those limits, instead prohibiting such participation for more than a specified number of meetings per year, based on how frequently the legislative body regularly meets. The bill, for the purpose of counting meetings attended by teleconference, would define a "meeting" as any number of meetings of the legislative body of a local agency that begin on the same calendar day. The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthe... (click bill link to see more).

Primary Sponsors

Dawn Addis

Bill Number
AB 2303

Last Action
**In Committee Set Second Hearing
Hearing Canceled At The Request Of
Author 2024 04 11**

Status
In Assembly

Position
Monitor

Title

Health and care facilities: prospective payment system rate increase.

Introduction Date: 2024-02-12

Description

AB 2303, as amended, Juan Carrillo. Health and care facilities: prospective payment system rate increase. 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 federally qualified health center services and rural health clinic services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis and at a per-visit prospective payment system rate, as defined. Existing law establishes 5 separate minimum wage schedules for covered health care employees, as defined, depending on the nature of the employer and includes increases beginning on June 1, 2024. Existing law generally requires the State Department of Public Health to license, regulate, and inspect health and care facilities. This bill would, upon appropriation, require the State Department of Health Care Services to develop a minimum wage add-on as an alternative payment methodology to increase rates of payment for specified health care facilities to account for the costs of complying with the minimum wage schedules described above. The bill would require that the alternative methodology be applied retroactively to January 1, 2025, until those costs are included in the prospective payment system rate. The bill would require the department to seek all necessary federal approvals or amendments to the state Medi-Cal plan to implement these provisions and would require the department to make any state plan amendments or waiver requests public 45 days prior to submitting them to the federal Centers for Medicare and Medicaid Services.

Primary Sponsors

Juan Carrillo

Title

Mental health: programs for seriously emotionally disturbed children and court wards and dependents.

Introduction Date: 2024-02-12

Description

AB 2315, as introduced, Lowenthal. Mental health: programs for seriously emotionally disturbed children and court wards and dependents. Existing law generally provides for the placement of foster youth in various placement settings and governs the provision of child welfare services, as specified. Existing law, the California Community Care Facilities Act, provides for the licensure and regulation of community care facilities, including community treatment facilities (CTFs) by the State Department of Social Services. Existing law requires the State Department of Health Care Services to adopt certain regulations for CTFs, including, among others, that only seriously emotionally disturbed children, as defined, either (1) for whom other less restrictive mental health interventions have been tried, as specified, or (2) who are currently placed in an acute psychiatric hospital or state hospital or in a facility outside the state for mental health treatment, and who may require periods of containment to participate in, and benefit from, mental health treatment, shall be placed in a CTF. This bill would make technical, nonsubstantive changes to these provisions.

Primary Sponsors

Josh Lowenthal

Title
California Dignity in Pregnancy and Childbirth Act.

Introduction Date: 2024-02-12

Description

AB 2319, as amended, Wilson. California Dignity in Pregnancy and Childbirth Act. Existing law requires the State Department of Public Health to maintain a program of maternal and child health, which may include, among other things, facilitating services directed toward reducing infant mortality and improving the health of mothers and children. Existing law requires the Office of Health Equity within the department to serve as a resource for ensuring that programs collect and keep data and information regarding ethnic and racial health statistics, and strategies and programs that address multicultural health issues, including, but not limited to, infant and maternal mortality. Existing law makes legislative findings relating to implicit bias and racial disparities in maternal mortality rates. Existing law requires a hospital that provides perinatal care, and an alternative birth center or a primary clinic that provides services as an alternative birth center, to implement an evidence-based implicit bias program, as specified, for all health care providers involved in perinatal care of patients within those facilities. Existing law requires the health care provider to complete initial basic training through the program and a refresher course every 2 years thereafter, or on a more frequent basis if deemed necessary by the facility. Existing law requires the facility to provide a certificate of training completion upon request, to accept certificates of completion from other facilities, and to offer training to physicians not directly employed by the facility. Existing law requires the department to track and publish data on pregnancy-related death and severe maternal morbidity, as specified. This bill would make a legislative finding that the Legislature recognizes all birthing people, including nonbinary persons and persons of transgender experience. The bill would extend the evidence-based implicit bias training requirements to specified health care providers at hospitals that provide perinatal care, alternative birth centers, or primary care clinics, as specified. The bill would require an implicit bias program to include recognition of intersecting identities and the potential associated biases. The bill would require initial basic training for the implicit bias program to be completed by June 1, 2025, for current health care providers, and within 6 months of their start date for new health care providers, unless exempted. The bill would require specified facilities to, by February 1 of each year, commencing in 2026, provide the Attorney General with proof of compliance with these provisions, as specified. The bill would authorize the Attorney General to pursue civil penalties for violations of these provisions, ... (click bill link to see more).

Primary Sponsors

Lori Wilson, Akilah Weber, Mia Bonta, Steve Bradford, Isaac Bryan, Mike Gipson, Chris Holden

Title

Optometry: mobile optometric offices: regulations.

Introduction Date: 2024-02-12

Description

AB 2327, as amended, Wendy Carrillo. Optometry: mobile optometric offices: regulations. Existing law, the Optometry Practice Act, establishes the State Board of Optometry within the Department of Consumer Affairs and sets forth the powers and duties of the board relating to the licensure and regulation of the practice of optometry. Existing law requires the board, by January 1, 2023, to adopt regulations establishing a registry for the owners and operators of mobile optometric offices, as specified. Existing law prohibits the board, before January 1, 2023, from bringing an enforcement action against an owner and operator of a mobile optometric office based solely on its affiliation status with an approved optometry school in California for remotely providing optometric service. Existing law makes these and other provisions related to the permitting and regulation of mobile optometric offices effective only until July 1, 2025, and repeals them as of that date. This bill would require the board to adopt the above-described regulations by January 1, 2026. The bill would prohibit the board from bringing the above-described enforcement action before January 1, 2026, or before the board adopts those regulations, whichever is earlier. The bill would extend the repeal date of the provisions related to the permitting and regulation of mobile optometric clinics to July 1, 2035.

Primary Sponsors

Wendy Carrillo

Title
Medi-Cal: telehealth.

Introduction Date: 2024-02-12

Description

AB 2339, as introduced, Aguiar-Curry. Medi-Cal: telehealth. 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, subject to federal approval, in-person, face-to-face contact is not required under Medi-Cal when covered health care services are provided by video synchronous interaction, asynchronous store and forward, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities, when those services and settings meet certain criteria. Existing law defines "asynchronous store and forward" as the transmission of a patient's medical information from an originating site to the health care provider at a distant site. This bill would expand that definition, for purposes of the above-described Medi-Cal provisions, to include asynchronous electronic transmission initiated directly by patients, including through mobile telephone applications. Existing law prohibits a health care provider from establishing a new patient relationship with a Medi-Cal beneficiary via asynchronous store and forward, telephonic (audio-only) synchronous interaction, remote patient monitoring, or other virtual communication modalities, except as specified. Among those exceptions, existing law authorizes a health care provider to establish a new patient relationship using an audio-only synchronous interaction when the visit is related to sensitive services, as defined, and when established in accordance with department-specific requirements and consistent with federal and state law, regulations, and guidance. This bill would expand that exception to include asynchronous store and forward when the visit is related to sensitive services, as specified. The bill would also authorize a health care provider to establish a new patient relationship using asynchronous store and forward when the patient requests an asynchronous store and forward modality, as specified. Existing law authorizes a health care provider to establish a new patient relationship using an audio-only synchronous interaction when the patient requests an audio-only modality or attests that they do not have access to video, as specified. This bill would remove, from that exception, the option of the patient attesting that they do not have access to video.

Primary Sponsors
Cecilia Aguiar-Curry

Title
Medi-Cal: EPSDT services: informational materials.

Introduction Date: 2024-02-12

Description

AB 2340, as amended, Bonta. Medi-Cal: EPSDT services: informational materials. 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 medically necessary health care services, through fee-for-service or managed care delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, early and periodic screening, diagnostic, and treatment (EPSDT) services are covered under Medi-Cal for an individual under 21 years of age in accordance with certain federal provisions. Existing federal regulations require the state to provide for a combination of written and oral methods designed to inform individuals eligible for EPSDT services, or their families, about the EPSDT program, within 60 days of the individual's initial Medicaid eligibility determination and, in the case of families that have not utilized EPSDT services, annually thereafter, as specified. Under those regulations, required information includes, among other components, the benefits of preventive health care and the services available under the EPSDT program and where and how to obtain those services. This bill would require the department to prepare written informational materials that effectively explain and clarify the scope and nature of EPSDT services, as defined, that are available under the Medi-Cal program. Under the bill, the materials would include, but would not be limited to, the information required in the above-described federal regulations or their successor. Under the bill, the informational materials would also include content designed for youth, for purposes of delivery of that content to a beneficiary who is 12 years of age or older but under 21 years of age. The bill would authorize the department to standardize the materials, as specified, and would require the department to regularly review the materials to ensure that they are up to date. The bill would require the department to test the quality, clarity, and cultural concordance of translations of the informational materials with Medi-Cal beneficiaries, in order to ensure that the materials use clear and nontechnical language that effectively informs beneficiaries. The bill would require the department or a Medi-Cal managed care plan, depending on the delivery system, to provide to a beneficiary who is eligible for EPSDT services, or to the parent or other authorized representative of that beneficiary, as applicable, the informational materials within 60 calendar days after that beneficiary's initial Medi-Cal eligibility determination and annually thereafter.

Primary Sponsors
Mia Bonta

Title

Medi-Cal: critical access hospitals: islands.

Introduction Date: 2024-02-12

Description

AB 2342, as introduced, Lowenthal. Medi-Cal: critical access hospitals: islands. 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, a hospital designated by the department as a critical access hospital, and certified as such by the Secretary of the United States Department of Health and Human Services under the federal Medicare rural hospital flexibility program, is eligible for supplemental payments for Medi-Cal covered outpatient services rendered to Medi-Cal eligible persons. Existing law conditions those payments on receipt of federal financial participation and an appropriation in the annual Budget Act for the nonfederal share of those payments, with supplemental payments being apportioned among critical access hospitals based on their number of Medi-Cal outpatient visits. This bill, subject to appropriation and the availability of federal funding, would require the department to provide an annual supplemental payment, for services covered under Medi-Cal, to each critical access hospital that operates on an island that is located more than 10 miles offshore of the mainland coast of the state but is still within the jurisdiction of the state. The bill would specify the formula of the payment amount, which would be in addition to any supplemental payment described above. This bill would make legislative findings and declarations as to the necessity of a special statute for critical access hospitals operating on those islands.

Primary Sponsors

Josh Lowenthal

Title
Mental health and psychiatric advance directives.

Introduction Date: 2024-02-12

Description

AB 2352, as amended, Irwin. Mental health and psychiatric advance directives. (1) Existing law establishes the requirements for executing a written advance health care directive that is legally sufficient to direct health care decisions. Existing law provides a form that an individual may use or modify to create an advance health care directive. Under existing law, a written advance health care directive is legally sufficient if specified requirements are satisfied, may be revoked by a patient having capacity at any time, and is revoked to the extent of a conflict with a later executed directive. Existing law requires a supervising health care provider who knows of the existence of an advance health care directive or its revocation to record that fact in the patient's health record. Existing law sets forth requirements of witnesses to a written advance health care directive. A written advance health care directive or similar instrument executed in another jurisdiction is valid and enforceable in this state under existing law. A person who intentionally falsifies, forges, conceals, defaces, or obliterates an individual's advance health care directive or its revocation without the individual's consent is subject to liability of up to \$10,000 or actual damages, whichever is greater, plus reasonable attorney's fees. Existing law authorizes an appeal of specified orders relating to an advance health care directive. Existing law generally prohibits involuntary civil placement of a ward, conservatee, or person with capacity in a mental health treatment facility, subject to a valid and effective advance health care directive. Existing law prohibits specified entities, including a provider, health care service plan, or insurer, from requiring or prohibiting the execution or revocation of an advance health care directive as a condition for providing health care, admission to a facility, or furnishing insurance. Existing law requires the Secretary of State to establish a registry system for written advance health care directives, but failure to register does not affect the directive's validity and registration does not affect a registrant's ability to revoke the directive. Under existing law, an advance psychiatric directive is a legal document, executed on a voluntary basis by a person who has the capacity to make medical decisions and in accordance with the requirements for an advance health care directive, that allows a person with mental illness to protect their autonomy and ability to direct their own care by documenting their preferences for treatment in advance of a mental health crisis. An individual may execute both an advance health care directive and a voluntary standalone psychiatric advance directive. This bill would ... (click bill link to see more).

Primary Sponsors

Jacqui Irwin

Organizational Notes

Last edited by Joanne Campbell at Apr 19, 2024, 8:06 PM
California Association of Health Plans - Opposed

Title
Medi-Cal: Community-Based Adult Services.

Introduction Date: 2024-02-13

Description

AB 2428, as amended, Calderon. Medi-Cal: Community-Based Adult Services. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department to standardize applicable covered Medi-Cal benefits provided by Medi-Cal managed care plans under comprehensive risk contracts with the department on a statewide basis and across all models of Medi-Cal managed care, in accordance with the Terms and Conditions of the California Advancing and Innovating Medi-Cal (CalAIM) initiative. Existing law requires, commencing January 1, 2022, that Community-Based Adult Services (CBAS) continue to be available as a capitated benefit for a qualified Medi-Cal beneficiary under a comprehensive risk contract with an applicable Medi-Cal managed care plan. For contract periods during which that provision is implemented, existing law requires each applicable plan to reimburse a network provider furnishing CBAS to a Medi-Cal beneficiary enrolled in that plan, and requires each network provider of CBAS to accept the payment amount that the network provider of CBAS would be paid for the service in the Medi-Cal fee-for-service delivery system, as specified, unless the plan and network provider mutually agree to reimbursement in a different amount. This bill, for purposes of the mutual agreement between a Medi-Cal managed care plan and a network provider, would require that the reimbursement be in an amount equal to or greater than the amount paid for the service in the Medi-Cal fee-for-service delivery system.

Primary Sponsors

Lisa Calderon, Bill Dodd

Title

Health care coverage: multiple employer welfare arrangements.

Introduction Date: 2024-02-13

Description

AB 2434, as amended, Grayson. Health care coverage: multiple employer welfare arrangements. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing federal law, the federal Employee Retirement Income Security Act of 1974 (ERISA), authorizes multiple employer welfare arrangements (MEWAs) in which 2 or more employers join together to provide health care coverage for employees or to their beneficiaries. Existing law authorizes an association of employers to offer a large group health care service plan contract or large group health insurance policy, consistent with ERISA, if certain requirements are met. Until January 1, 2026, existing law also authorizes an association of employers to offer a large group health care service plan contract or large group health insurance policy to small group employer members of the association, consistent with ERISA, if certain requirements are met, including that the association is headquartered in this state, was established before March 23, 2010, and is the sponsor of a MEWA, and that the contract or policy includes coverage of employees of an association member in the biomedical industry. This bill would authorize an association of employers to offer a large group health care service plan contract or large group health insurance policy to small group employer members of the association, consistent with ERISA, if certain requirements are met, including that the association was established before January 1, 1966, and is the sponsor of a MEWA, and that the contract or policy includes coverage of employees of an association member in the engineering, surveying, or design industry. The bill would require an association and MEWA to annually file evidence of ongoing compliance with those requirements in a manner specified by the departments. This bill would require the departments, on or before June 30, 2028, to provide the health policy committees of the Legislature the most recent filings and would require the departments to recommend to the Legislature whether those MEWAs should remain operative based on that compliance. The bill, on or after June 1, 2025, would prohibit a plan or insurer from marketing, issuing, amending, renewing, or delivering large employer coverage to an association or MEWA that provides a benefit to a resident in this state unless the association and MEWA have registered and are in compliance with the requirements described above, or have filed applications for registration, as specified, that are pen... (click bill link to see more).

Primary Sponsors

Tim Grayson

Bill Number
AB 2435

Last Action
**Referred To Coms On Health And G O
2024 05 01**

Status
In Senate

Position
Monitor

Title
California Health Benefit Exchange.

Introduction Date: 2024-02-13

Description

AB 2435, as introduced, Maienschein. 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 executive board. Existing law authorizes the executive board to adopt necessary rules and regulations by emergency regulations until January 1, 2025, 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, 2030. Existing law provides that these extensions apply to a regulation adopted before January 1, 2022. This bill would extend the authority of the executive board to adopt necessary rules and regulations by emergency regulations until January 1, 2030, and would extend the authority of the Office of Administrative Law to approve more than 2 readoptions of emergency regulations until January 1, 2035. The bill would provide that these prescribed time extensions apply to a regulation adopted before January 1, 2025.

Primary Sponsors
Brian Maienschein

Bill Number
AB 2442

Last Action
Referred To Com On B P E D 2024 05 22

Status
In Senate

Position
Monitor

Title
Healing arts: expedited licensure process: gender-affirming health care and gender-affirming mental health care.

Introduction Date: 2024-02-13

Description

AB 2442, as amended, Zbur. Healing arts: expedited licensure process: gender-affirming health care and gender-affirming mental health care. Existing law requires the Medical Board of California, the Osteopathic Medical Board of California, the Board of Registered Nursing, and the Physician Assistant Board to expedite the licensure process for an applicant who demonstrates that they intend to provide abortions within the scope of practice of their license, and specifies the manner in which the applicant is required to demonstrate their intent. This bill would also require those boards to expedite the licensure process for an applicant who demonstrates that they intend to provide gender-affirming health care and gender-affirming mental health care, as defined, within the scope of practice of their license, and would specify the manner in which the applicant would be required to demonstrate their intent. The bill would repeal its provisions on January 1, 2029.

Primary Sponsors
Rick Zbur

Bill Number
AB 2445

Last Action
**In Committee Set First Hearing Hearing
Canceled At The Request Of Author
2024 04 12**

Status
In Assembly

Position
Monitor

Title

Prescriptions: personal use pharmaceutical disposal system.

Introduction Date: 2024-02-13

Description

AB 2445, as introduced, Wallis. Prescriptions: personal use pharmaceutical disposal system. Existing law, the Pharmacy Law, provides for the licensing and regulation of pharmacists by the California State Board of Pharmacy in the Department of Consumer Affairs. Existing law prohibits a pharmacist from dispensing a prescription unless the prescription is in a container that meets the requirements of state and federal law and is correctly labeled with certain information. Existing law requires a pharmacy or practitioner that dispenses a prescription drug containing an opioid to a patient for outpatient use to prominently display a specified notice on the label or container of the prescription drug containing an opioid. Existing law, when no other penalty is provided, makes a knowing violation of the Pharmacy Law a misdemeanor and, in all other instances, makes a violation punishable as an infraction. This bill would prohibit a dispenser from dispensing a prescription drug containing an opioid to a patient for outpatient use unless the dispenser also provides a personal use pharmaceutical disposal system, as defined, to the patient. The bill would provide that its provisions become operative only upon the Legislature enacting a framework for the governing of a personal use pharmaceutical disposal system program. By expanding the scope of a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Greg Wallis

Bill Number
AB 2446

Last Action
**In Senate Read First Time To Com On
RIs For Assignment 2024 05 22**

Status
In Senate

Position
Monitor

Title
Medi-Cal: diapers.

Introduction Date: 2024-02-13

Description

AB 2446, as amended, Ortega. Medi-Cal: diapers. 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 by, and funded pursuant to, federal Medicaid program provisions. Existing law establishes a schedule of covered benefits under the Medi-Cal program, including incontinence supplies. This bill would add to the schedule of Medi-Cal benefits diapers for infants or toddlers with certain conditions, such as a urinary tract infection and diseases of the skin. The bill would establish diapers as a covered benefit for a child greater than 3 years of age who has been diagnosed with a condition that contributes to incontinence and would establish diapers as a covered benefit for individuals under 21 years of age, if necessary to correct or ameliorate a condition pursuant to specified standards. The bill would limit the diapers provided pursuant to these provisions to an appropriate supply based on the diagnosed condition and the age of the beneficiary. The bill would require the department to seek any necessary federal approval to implement this section.

Primary Sponsors

Liz Ortega

Bill Number
AB 2449

Last Action
Referred To Com On Health 2024 05 08

Status
In Senate

Position
Monitor

Title
Health care coverage: qualified autism service providers.

Introduction Date: 2024-02-13

Description

AB 2449, as introduced, Ta. Health care coverage: qualified autism service providers. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy to provide coverage for behavioral health treatment provided for pervasive developmental disorder or autism and requires a plan or policy to maintain an adequate network of qualified autism service providers. Under existing law, a "qualified autism service provider" means, among other things, a person who is certified by a national entity, such as the Behavior Analyst Certification Board, with a certification that is accredited by the National Commission for Certifying Agencies. This bill would clarify that the Qualified Applied Behavior Analysis Credentialing Board is also a national entity that may certify a qualified autism service provider, and would authorize the certification to be accredited by the American National Standards Institute.

Primary Sponsors

Tri Ta

Bill Number
AB 2467

Last Action
**In Senate Read First Time To Com On
RIs For Assignment 2024 05 24**

Status
In Senate

Position
Monitor

Title
Health care coverage for menopause.

Introduction Date: 2024-02-13

Description

AB 2467, as amended, Bauer-Kahan. Health care coverage for menopause. 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 sets forth specified coverage requirements for health care service plan contracts and health insurance policies. This bill would require a health care service plan contract or health insurance policy, except for a specialized contract or policy, that is issued, amended, or renewed on or after January 1, 2025, to include coverage for treatment of perimenopause and menopause. 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

Rebecca Bauer-Kahan

Organizational Notes

Last edited by Cherie Compartore at May 14, 2024, 3:59 PM
Oppose: California Association of Health Plans

Bill Number
AB 2494

Last Action
**In Senate Read First Time To Com On
RIs For Assignment 2024 05 24**

Status
In Senate

Position
Monitor

Title
Employer notification: continuation coverage.

Introduction Date: 2024-02-13

Description

AB 2494, as amended, Calderon. Employer notification: continuation coverage. Existing federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985, and known as COBRA, requires that certain employers provide former employees with continuation of benefits. COBRA requires that an employee be notified of the continuation of coverage for which the employee may be eligible upon certain qualifying events, including termination. Existing law requires all employers, whether public or private, to provide employees, upon termination, notification of all continuation, disability extension, and conversion coverage options under any employer-sponsored coverage for which the employee may remain eligible. This bill would require all employers, whether public or private, to provide a notice to employees, following termination or reduction in hours, as specified, stating that the employee may be eligible for coverage under COBRA and that the employee will receive an election notice from the plan administrator or group health plan, as provided. The bill would authorize an employer to provide the notification via hard copy or via email to an employee's email account if the employee elects to receive electronic statements or materials, as prescribed. The bill would prohibit an employer from discharging or taking other adverse action against an employee who does not elect to receive electronic statements or materials.

Primary Sponsors

Lisa Calderon

Bill Number
AB 2556

Last Action
**From Committee Chair With Authors
Amendments Amend And Re Refer To
Committee Read Second Time
Amended And Re Referred To Com On
Health 2024 05 28**

Status
In Senate

Position
Monitor

Title

Behavioral health and wellness screenings: notice.

Introduction Date: 2024-02-14

Description

AB 2556, as amended, Jackson. Behavioral health and wellness screenings: notice. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. This bill would require a health care service plan, except as specified, or health insurer to provide to each subscriber or policyholder of a contract or policy that covers a patient, enrollee, or insured, 10 to 18 years of age, a written or electronic notice regarding the benefits of a behavioral health and wellness screening, as defined. The bill would require a health care service plan or insurer to provide the notice on an annual basis. Because a violation of the bill's requirements relative to a health care service plan would be crimes, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Corey Jackson

Organizational Notes

Last edited by Joanne Campbell at Mar 18, 2024, 5:29 PM
California Association of Health Plans - Oppose

Bill Number
AB 2578

Last Action
**In Senate Read First Time To Com On
RIs For Assignment 2024 05 23**

Status
In Senate

Position
Monitor

Title
Nursing: students in out-of-state nursing programs.

Introduction Date: 2024-02-14

Description

AB 2578, as amended, Flora. Nursing: students in out-of-state nursing programs. Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing to license and regulate the practice of nursing. The act prohibits a person from engaging in the practice of nursing without an active license but authorizes a student to render nursing services incidental to the student's course of study, as specified. This bill would additionally authorize a student to render nursing services if the student is a resident of the state and enrolled in a prelicensure distance education nursing program based at an out-of-state private postsecondary educational institution, as defined, for the purpose of gaining clinical experience in a clinical setting that meets certain criteria, including that the program is accredited by a programmatic accreditation entity recognized by the United States Department of Education and that the program maintains minimum faculty to student ratios required of board-approved programs for in-person clinical experiences. The bill would require the student to be supervised in person by a registered nurse licensed by the board while rendering nursing services. The bill would prohibit a clinical agency or facility from offering clinical experience placements to an out-of-state private postsecondary educational institution if the placements are needed to fulfill the clinical experience requirements of in-state students enrolled in a board-approved nursing program.

Primary Sponsors

Heath Flora

Bill Number
AB 2636

Last Action
**In Senate Read First Time To Com On
RIs For Assignment 2024 05 24**

Status
In Senate

Position
Monitor

Title
Mello-Granlund Older Californians Act.

Introduction Date: 2024-02-14

Description

AB 2636, as amended, Bains. Mello-Granlund Older Californians Act. Existing law requires the California Department of Aging to administer the Mello-Granlund Older Californians Act (act), which establishes various programs that serve older individuals, defined as persons 60 years of age or older, except as specified. The act requires the department to designate various private nonprofit or public agencies as area agencies on aging to work within a planning and service area and provide a broad array of social and nutritional services. Under the act, the department's mission is to provide leadership to those agencies in developing systems of home- and community-based services that maintain individuals in their own homes or least restrictive homelike environments. This bill would recast and revise various provisions of the act, including updating findings and declarations relating to statistics and issues of concern to the older adult population, and replacing references throughout the act from "senior" and similar terminology to "older adult." The bill would repeal obsolete provisions, such as the Senior Center Bond Act of 1984. Existing law establishes the Senior Housing Information and Support Center within the department to serve as a clearinghouse for information for seniors and their families regarding available innovative resources and senior services, subject to appropriation for these purposes. This bill would repeal the provisions establishing the Senior Housing Information and Support Center.

Primary Sponsors

Jasmeet Bains

Bill Number
AB 2701

Last Action
**In Senate Read First Time To Com On
RIs For Assignment 2024 05 22**

Status
In Senate

Position
Monitor

Title
Medi-Cal: dental cleanings and examinations.

Introduction Date: 2024-02-14

Description

AB 2701, as amended, Villapudua. Medi-Cal: dental cleanings and examinations. 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 dental services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, one dental prophylaxis cleaning per year and one initial dental examination by a dentist are covered Medi-Cal benefits for beneficiaries 21 years of age or older. Under existing law, 2 dental prophylaxis cleanings per year and 2 periodic dental examinations per year are covered Medi-Cal benefits for beneficiaries under 21 years of age. Existing law conditions implementation of those provisions on receipt of any necessary federal approvals, the availability of federal financial participation, and, for beneficiaries 21 years of age or older, funding in the annual Budget Act. This bill would expand the above-described dental benefits, for beneficiaries 21 years of age or older, to 2 cleanings and 2 examinations per year when medically necessary, as specified in the Medi-Cal Dental Manual of Criteria.

Primary Sponsors
Carlos Villapudua

Bill Number
AB 2703

Last Action
**In Senate Read First Time To Com On
RIs For Assignment 2024 05 23**

Status
In Senate

Position
Monitor

Title

Federally qualified health centers and rural health clinics: psychological associates.

Introduction Date: 2024-02-14

Description

AB 2703, as introduced, Aguiar-Curry. Federally qualified health centers and rural health clinics: psychological associates. 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. Existing law requires the department to seek any necessary federal approvals and issue appropriate guidance to allow an FQHC or RHC to bill, under a supervising licensed behavioral health practitioner, for an encounter between an FQHC or RHC patient and an associate clinical social worker or associate marriage and family therapist when certain conditions are met, including, among others, that the FQHC or RHC is otherwise authorized to bill for services provided by the supervising practitioner as a separate visit. This bill would add a psychological associate to those provisions, requiring the department to seek any necessary federal approvals and issue appropriate guidance to allow an FQHC or RHC to bill for an encounter between a patient and a psychological associate under those conditions. The bill would make conforming changes with regard to supervision by a licensed psychologist as required by the Board of Psychology.

Primary Sponsors

Cecilia Aguiar-Curry

Bill Number
AB 2715

Last Action
**In Senate Read First Time To Com On
RIs For Assignment 2024 05 16**

Status
In Senate

Position
Monitor

Title
Ralph M. Brown Act: closed sessions.

Introduction Date: 2024-02-14

Description

AB 2715, as amended, Boerner. Ralph M. Brown Act: closed sessions. Existing law, the Ralph M. Brown Act, generally requires that all meetings of a legislative body of a local agency be open and public and that all persons be permitted to attend and participate. Existing law authorizes a legislative body to hold a closed session with specified individuals on, among other things, matters posing a threat to the security of essential public services, as specified. This bill would additionally authorize a legislative body to hold a closed session with other law enforcement or security personnel and to hold a closed session on a threat to critical infrastructure controls or critical infrastructure information, as defined, relating to cybersecurity. Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest. This bill would make legislative findings to that effect. The California Constitution requires local agencies, for the purpose of ensuring public access to the meetings of public bodies and the writings of public officials and agencies, to comply with a statutory enactment that amends or enacts laws relating to public records or open meetings and contains findings demonstrating that the enactment furthers the constitutional requirements relating to this purpose. This bill would make legislative findings to that effect.

Primary Sponsors

Tasha Boerner

Title
California Health Benefit Exchange: financial assistance.

Introduction Date: 2024-02-15

Description

AB 2749, as amended, Wood. California Health Benefit Exchange: financial assistance. Existing federal law, the federal 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. PPACA authorizes a state to apply to the United States Department of Health and Human Services for a state innovation waiver of any or all PPACA requirements, if certain criteria are met, including that the state has enacted a law that provides for state actions under a waiver. 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, upon appropriation by the Legislature, 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, as specified. Under existing law, if specified eligibility requirements are met, 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 receives the same premium assistance and cost-sharing reductions as an individual with a household income of 138.1% of the federal poverty level, and is also not required to pay a deductible for any covered benefit if the standard benefit design for a household income of 138.1% of the federal poverty level has zero deductibles. Existing law excludes from gross income any subsidy amount received pursuant to that program of financial assistance. This bill would revise various provisions of the financial assistance program, including deleting the exclusion of financial assistance received under the program from gross income, and specifying the criteria required for an individual to be qualified to receive coverage under the program. The bill would specify that an individual would no longer be eligible for financial assistance under the program when the Exchange verifies that employer-provided minimum essential coverage from the employer has been reinstated for the individual and dependents, as specified. The bill would require an employer or labor organization to notify the Exchange before employer-provided coverage is affected by a strike, lockout, or labor dispute, and would authorize the Exchange to contact the employer, labor organization, or other appropriate representative to determine information necessary... (click bill link to see more).

Primary Sponsors

Jim Wood

Bill Number
AB 2756

Last Action
**In Senate Read First Time To Com On
RIs For Assignment 2024 05 24**

Status
In Senate

Position
Monitor

Title
Pelvic Floor and Core Conditioning Pilot Program.

Introduction Date: 2024-02-15

Description

AB 2756, as amended, Boerner. Pelvic Floor and Core Conditioning Pilot Program. Existing law finds and declares that postpartum care, among other things, is an essential service necessary to ensure maternal health. Existing law establishes the State Department of Health Care Services, and requires the department to, among other things, maintain programs relating to maternal health. This bill would, commencing January 1, 2026, until January 1, 2029, authorize the County of San Diego to establish a pilot program for pelvic floor and core conditioning group classes that would be provided to people twice a week between their 6 to 12 week postpartum window to help people rebuild their pelvic floor after pregnancy. The bill would require the program to record specified information to directly assess pelvic floor changes. This bill would make legislative findings and declarations as to the necessity of a special statute for the County of San Diego.

Primary Sponsors

Tasha Boerner

Bill Number
AB 2767

Last Action
**In Senate Read First Time To Com On
RIs For Assignment 2024 05 22**

Status
In Senate

Position
Monitor

Title
Financial Solvency Standards Board: membership.

Introduction Date: 2024-02-15

Description

AB 2767, as amended, Santiago. Financial Solvency Standards Board: membership. Existing law establishes the Department of Managed Health Care, which, among other duties, ensures the financial stability of managed care plans. Existing law establishes within the department the Financial Solvency Standards Board for the purpose of, among other things, developing and recommending to the director of the department financial solvency requirements and standards relating to health care service plan operations. Existing law requires the board to be composed of the director, or their designee, and 7 members appointed by the director, and authorizes the director to appoint individuals with training and experience in specified subject areas or fields. This bill would instead require the director to appoint 10 members to the board, and would additionally authorize the director to appoint health care consumer advocates and individuals with training and experience in large group health insurance purchasing.

Primary Sponsors

Miguel Santiago

Bill Number
AB 2806

Last Action
**From Printer May Be Heard In
Committee March 17 2024 02 16**

Status
In Assembly

Position
Monitor

Title
Mental health.

Introduction Date: 2024-02-15

Description

AB 2806, as introduced, Santiago. Mental health. Existing law, the Bronzan-McCorquodale Act, governs the organization and financing of community mental health services for persons with mental health disorders in every county through locally administered and locally controlled community mental health programs. This bill would make technical, nonsubstantive changes to that provision.

Primary Sponsors

Miguel Santiago

Bill Number
AB 2843

Last Action
**In Senate Read First Time To Com On
RIs For Assignment 2024 05 16**

Status
In Senate

Position
Monitor

Title
Health care coverage: rape and sexual assault.

Introduction Date: 2024-02-15

Description

AB 2843, as introduced, Petrie-Norris. Health care coverage: rape and sexual assault. 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 victim of sexual assault who seeks a medical evidentiary examination to be provided with one, as specified. Existing law prohibits costs incurred by a qualified health care professional, hospital, clinic, sexual assault forensic examination team, or other emergency medical facility for the medical evidentiary examination portion of the examination of the victim of a sexual assault, as described in a specified protocol, when the examination is performed as specified, from being charged directly or indirectly to the victim of the assault. This bill would require a health care service plan or health insurance policy that is issued, amended, renewed, or delivered on or after January 1, 2025, to provide coverage without cost sharing for emergency room medical care and follow-up health care treatment for an enrollee or insured who is treated following a rape or sexual assault. The bill would prohibit a health care service plan or health insurer from requiring, as a condition of providing coverage, (1) an enrollee or insured to file a police report, (2) charges to be brought against an assailant, (3) or an assailant to be convicted of rape or sexual assault. 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

Cottie Petrie-Norris

Title
Emergency medical technicians: peer support.

Introduction Date: 2024-02-15

Description

AB 2859, as amended, Jim Patterson. Emergency medical technicians: peer support. Existing law establishes a statewide system for emergency medical services (EMS) and establishes the Emergency Medical Services Authority, which is responsible for establishing training, scope of practice, and continuing education for emergency medical technicians and other prehospital personnel. Existing law authorizes a public fire agency or law enforcement agency to establish a peer support and crisis referral program, to provide a network of peer representatives who are available to come to the aid of their fellow employees on a broad range of emotional or professional issues. This bill would authorize an EMS provider to establish a peer support and crisis referral program to provide a network of peer representatives available to aid fellow employees on emotional or professional issues. The bill would provide that EMS personnel, whether or not a party to an action, have a right to refuse to disclose, and to prevent another from disclosing, a confidential communication between the EMS personnel and a peer support team member, crisis hotline, or crisis referral service, except under limited circumstances, including, among others, if disclosure is reasonably believed to be necessary to prevent death, substantial bodily harm, or commission of a crime, or in a criminal proceeding. The bill would also provide that, except for an action for medical malpractice, a peer support team member and the EMS provider that employs them are not liable for damages, as specified, relating to an act, error, or omission in performing peer support services, unless the act, error, or omission constitutes gross negligence or intentional misconduct. To be eligible for these confidentiality protections, the bill would require a peer support team member to complete a training course or courses on peer support approved by the local EMS agency. By imposing a higher level of service on a local agency, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors

Jim Patterson

Title

Licensed Physicians and Dentists from Mexico programs.

Introduction Date: 2024-02-15

Description

AB 2860, as amended, Garcia. Licensed Physicians and Dentists from Mexico programs. Existing law, the Licensed Physicians and Dentists from Mexico Pilot Program, allows up to 30 licensed physicians and up to 30 licensed dentists from Mexico to practice medicine or dentistry in California for a period not to exceed 3 years, in accordance with certain requirements. Existing law requires the Medical Board of California and the Dental Board of California to provide oversight pursuant to these provisions. Existing law requires appropriate funding to be secured from nonprofit philanthropic entities before implementation of the pilot program may proceed. Existing law requires physicians participating in the Licensed Physicians and Dentists from Mexico Pilot Program to be enrolled in English as a second language classes, to have satisfactorily completed a 6-month orientation program, and to have satisfactorily completed a 6-month externship at the applicant's place of employment, among various other requirements. This bill would repeal the provisions regarding the Licensed Physicians and Dentists from Mexico Pilot Program, and would instead establish two bifurcated programs, the Licensed Physicians from Mexico Program and the Licensed Dentists from Mexico Pilot Program. Within these 2 programs, the bill would generally revise and recast certain requirements pertaining to the Licensed Physicians and Dentists from Mexico Pilot Program, including deleting the above-described requirement that Mexican physicians participating in the program enroll in adult English as a second language classes. The bill would instead require those physicians to have satisfactorily completed the Test of English as a Foreign Language or the Occupational English Test, as specified. The bill would remove the requirement that the orientation program be 6 months, and would further require the orientation program to include electronic medical records systems utilized by federally qualified health centers and standards for medical chart notations. The bill would also delete the requirement that the physicians participate in a 6-month externship. The bill would further delete provisions requiring an evaluation of the pilot program to be undertaken with funds provided from philanthropic foundations, and would make various other related changes to the program. Commencing January 1, 2025, the bill would require the Medical Board of California to permit each of the no more than 30 licensed physicians who were issued a 3-year license to practice medicine pursuant to the program to extend their license for 3 years on a one-time basis. Commencing January 1, 2025, and every 3 years thereafter, until January 1, 2041, the bill would require the board to permit no more ... (click bill link to see more).

Primary Sponsors

Eduardo Garcia

Organizational Notes

Last edited by Joanne Campbell at Apr 22, 2024, 6:09 PM
Local Health Plans of California, California Primary Care Association (Co-Sponsor), Clinica De Salud Del Valle De Salinas (Co-Sponsor) - Support

Title
Artificial intelligence.

Introduction Date: 2024-02-15

Description

AB 2885, as amended, Bauer-Kahan. Artificial intelligence. Existing law establishes the Government Operations Agency, which is governed by the Secretary of Government Operations. Existing law requires the Secretary of Government Operations to develop a coordinated plan to, among other things, evaluate the impact of the proliferation of deepfakes, defined to mean audio or visual content that has been generated or manipulated by artificial intelligence that would falsely appear to be authentic or truthful and that features depictions of people appearing to say or do things they did not say or do without their consent, on state government, California-based businesses, and residents of the state. Existing law establishes within the Government Operations Agency the Department of Technology, which is supervised by the Director of Technology. Existing law requires the Department of Technology to conduct, in coordination with other interagency bodies as it deems appropriate, a comprehensive inventory of all high-risk automated decision systems that have been proposed for use, development, or procurement by, or are being used, developed, or procured by, any state agency. Existing law defines an "automated decision system" as a computational process derived from machine learning, statistical modeling, data analytics, or artificial intelligence that issues simplified output, including a score, classification, or recommendation, that is used to assist or replace human discretionary decisionmaking and materially impacts natural persons. Existing law requires each local agency, as defined, to provide specified information to the public before approving an economic development subsidy, as defined, within its jurisdiction, and to, among other things, hold hearings and issue annual reports on those subsidies, as provided. Existing law requires those reports to contain, among other things, information about any net job loss or replacement due to the use of automation, artificial intelligence, or other technologies, if known. Existing law establishes the California Online Community College, under the administration of the Board of Governors of the California Community Colleges, for purposes of creating an organized system of accessible, flexible, and high-quality online content, courses, and programs focused on providing industry-valued credentials compatible with the vocational and educational needs of Californians who are not currently accessing higher education. Existing law requires the California Online Community College to develop a Research and Development Unit to, among other things, focus on using technology, data science, behavioral science, machine learning, and artificial intelligence to build out student supports, as provided... (click bill link to see more).

Primary Sponsors

Rebecca Bauer-Kahan, Tom Umberg

Title
The Shared Recovery Housing Residency Program.

Introduction Date: 2024-02-15

Description

AB 2893, as amended, Ward. The Shared Recovery Housing Residency Program. Existing law establishes the California Interagency Council on Homelessness to oversee the implementation of Housing First guidelines and regulations, and, among other things, identify resources, benefits, and services that can be accessed to prevent and end homelessness in California. Existing law requires a state agency or department that funds, implements, or administers a state program that provides housing or housing-related services to people experiencing homelessness or who are at risk of homelessness to revise or adopt guidelines and regulations to include enumerated Housing First policies. Existing law specifies the core components of Housing First, including services that are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants' lives and where tenants are engaged in nonjudgmental communication regarding drug and alcohol use. This bill would authorize state programs to fund recovery housing, as defined, that emphasize abstinence under these provisions as long as the state program meets specified criteria, including using at least 75% of its funds in each county for housing or housing-based services using a harm-reduction model. The bill would specify requirements for applicants seeking funds under these programs and would require the state to perform periodic monitoring of select recovery housing programs to ensure that the recovery housing meets certain requirements, including that core outcomes of the recovery housing emphasize long-term housing stability and minimize returns to homelessness. The bill would also prohibit eviction on the basis of relapse, as specified. Existing law requires the State Department of Health Care Services to license and regulate facilities that provide residential nonmedical services to adults who are recovering from problems related to alcohol, drug, or alcohol and drug misuse or abuse, and who need alcohol, drug, or alcohol and drug recovery treatment or detoxification services. Existing law also requires the department to certify alcohol and other drug treatment recovery services, as specified. This bill would require the department to oversee certification of recovery houses that serve individuals experiencing, or who are at risk of experiencing, homelessness or who are experiencing serious mental illness or substance use disorders with a housing first model, as defined. The bill would require the department to establish criteria for certification of recovery houses in order to allow a recovery house to receive referrals from the department as available housing for persons experiencing, or at risk of experiencing, homelessness or mental... (click bill link to see more).

Primary Sponsors

Chris Ward

Bill Number
AB 2914

Last Action
**In Senate Read First Time To Com On
RIs For Assignment 2024 05 16**

Status
In Senate

Position
Monitor

Title
Health care coverage: essential health benefits.

Introduction Date: 2024-02-15

Description

AB 2914, as amended, Bonta. Health care coverage: essential health benefits. 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. Existing law requires the Department of Insurance to regulate health insurers. Existing law requires an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2017, to include, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. Existing law requires a health care service plan contract or health insurance policy to cover the same health benefits that the benchmark plan, the Kaiser Foundation Health Plan Small Group HMO 30 plan, offered during the first quarter of 2014, as specified. This bill would express the intent of the Legislature to review California's essential health benefits benchmark plan and establish a new benchmark plan for the 2027 plan year. The bill would limit the applicability of the current benchmark plan benefits to plan years on or before the 2027 plan year.

Primary Sponsors

Mia Bonta

Organizational Notes

Last edited by Joanne Campbell at Apr 19, 2024, 8:09 PM
California Association of Health Plans - Support in Concept

Title
Automated decision tools.

Introduction Date: 2024-02-15

Description

AB 2930, as amended, Bauer-Kahan. Automated decision tools. The Unruh Civil Rights Act provides that all persons within the jurisdiction of this state are free and equal and, regardless of their sex, race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status, are entitled to the full and equal accommodations, advantages, facilities, privileges, or services in all business establishments of every kind whatsoever. The California Fair Employment and Housing Act establishes the Civil Rights Department within the Business, Consumer Services, and Housing Agency and requires the department to, among other things, bring civil actions to enforce the act. This bill would, among other things, require a deployer, as defined, and a developer of an automated decision tool, as defined, to perform an impact assessment on any automated decision tool before first using it and annually thereafter, and with respect to an automated decision tool that a deployer first used before January 1, 2025, the bill would require the deployer to perform an impact assessment on that automated decision tool before January 1, 2026, and annually thereafter, that includes, among other things, a statement of the purpose of the automated decision tool and its intended benefits, uses, and deployment contexts. The bill would require a deployer or developer to provide the impact assessment to the Civil Rights Department within 7 days of a request by the department and would punish a violation of that provision with an administrative fine of not more than \$10,000 to be recovered in an administrative enforcement action brought by the Civil Rights Department. The bill would, in complying with a request for public records, require the Civil Rights Department, or an entity with which an impact assessment was shared, to redact any trade secret from the impact assessment. This bill would require the Civil Rights Department to, by January 1, 2027, establish a staggered schedule that identifies when each state government deployer, as defined, shall comply with specified deployer requirements for each deployed automated decision tool. The bill would require full compliance by January 1, 2031. The bill would require a state government deployer to, by January 1, 2026, provide the Civil Rights Department a list of automated decision tools initially deployed prior to January 1, 2025. This bill would require a deployer to, at or before the time an automated decision tool is used to make a consequential decision, as defined, notify any natural person that is the subject of the consequential decision that an automated decision tool is being used ... (click bill link to see more).

Primary Sponsors

Rebecca Bauer-Kahan

Title
Mental health care.

Introduction Date: 2024-02-16

Description

AB 2976, as introduced, Jackson. Mental health care. Existing law establishes various state and local programs for the provision of mental health services within the jurisdiction of the State Department of Health Care Services, the State Department of Public Health, the California Behavioral Health Planning Council, the Department of Health Care Access and Information, and county public health or behavioral health departments, among other entities. Under existing law, those programs, services, and provisions include, among others, the Mental Health Services Act, the Lanterman-Petris-Short Act, the Children and Youth Behavioral Health Initiative, the Behavioral Health Continuum Infrastructure Program, the Licensed Mental Health Service Provider Education Program, and Medi-Cal specialty mental health services. This bill would state the intent of the Legislature to enact legislation relating to access to mental health care.

Primary Sponsors

Corey Jackson

Title
Opioid overdose reversal medications: pupil administration.

Introduction Date: 2024-02-16

Description

AB 2998, as amended, McKinnor. Opioid overdose reversal medications: pupil administration. Existing law authorizes a public or private elementary or secondary school to determine whether or not to make emergency naloxone hydrochloride or another opioid antagonist and trained personnel available at its school, and to designate one or more volunteers to receive related training to address an opioid overdose, as specified. Existing law prohibits a person who has completed that training and who administers naloxone hydrochloride or another opioid antagonist, in good faith and not for compensation, to a person who appears to be experiencing an opioid overdose from being subject to professional review, liable in a civil action, or subject to criminal prosecution for the person's acts or omissions in administering the naloxone hydrochloride or another opioid antagonist, unless the person's acts or omissions constituted gross negligence or willful and wanton misconduct, as provided. This bill would prohibit a school district, county office of education, or charter school from prohibiting a pupil 12 years of age or older, while on a school site or participating in school activities, from carrying or administering, for the purposes of providing emergency treatment to persons who are suffering, or reasonably believed to be suffering, from an opioid overdose, specified opioid overdose reversal medications that are federally approved for over-the-counter, nonprescription use, as provided. The bill would prohibit a pupil 12 years of age or older of those local educational agencies who administers naloxone hydrochloride or another opioid antagonist on a school site or while participating in school activities, in good faith and not for compensation, to a person who appears to be experiencing an opioid overdose, from being held liable in a civil action or being subject to criminal prosecution for their acts or omissions, unless the pupil's acts or omissions constitute gross negligence or willful and wanton misconduct, as provided. The bill would also prohibit those local educational agencies, or an employee of those local educational agencies, from being subject to professional review, liable in a civil action, or subject to criminal prosecution for a pupil's acts or omissions in administering naloxone hydrochloride or another opioid antagonist, unless an act or omission of the local educational agency, or the employee of the local educational agency, constitutes gross negligence or willful and wanton misconduct connected to the administration of the naloxone hydrochloride or another opioid antagonist.

Primary Sponsors

Tina McKinnor

Bill Number
AB 3030

Last Action
**In Senate Read First Time To Com On
Rls For Assignment 2024 05 21**

Status
In Senate

Position
Monitor

Title
Health care services: artificial intelligence.

Introduction Date: 2024-02-16

Description

AB 3030, as amended, Calderon. Health care services: artificial intelligence. Existing law provides for the licensure and regulation of health facilities and clinics by the State Department of Public Health. A violation of these provisions is a crime. This bill would require a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications to ensure that those communications include both (1) a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and (2) clear instructions permitting a patient to communicate with a human health care provider. Because a violation of these requirements 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

Lisa Calderon

Title
Artificial intelligence.

Introduction Date: 2024-02-16

Description

AB 3050, as introduced, Low. Artificial intelligence. Existing law requires the Secretary of Government Operations to develop a coordinated plan to, among other things, investigate the feasibility of, and obstacles to, developing standards and technologies for state departments to determine digital content provenance. For the purpose of informing that coordinated plan, existing law requires the secretary to evaluate, among other things, the impact of the proliferation of deepfakes, as defined. This bill would require the Department of Technology to issue regulations to establish standards for watermarks to be included in covered AI-generated material, as defined. The bill would require the department's standard to, at minimum, require an AI-generating entity to include digital content provenance in the watermarks. The bill would prohibit an AI-generating entity from creating covered AI-generated material unless the material includes a watermark that meets the standards established by the department. The bill would provide that the prohibition becomes operative on the date that is one year after the date on which the department issues the regulations to establish standards for watermarks. Under existing law, a person who knowingly uses another's name, voice, signature, photograph, or likeness, in any manner, on or in products, merchandise, or goods, or for the purposes of advertising or selling, or soliciting purchases of, products, merchandise, goods, or services, without that person's prior consent is liable for any damages sustained by the person or persons injured as a result thereof and for the payment to the injured party of any profits attributable to that unauthorized use. This bill would provide that an AI-generating entity or individual that creates a deepfake using a person's name, voice, signature, photograph, or likeness, in any manner, without permission from the person being depicted in the deepfake, is liable for the actual damages suffered by the person or persons as a result of the unauthorized use. This bill would provide that an AI-generating entity that violates the provisions of this act is subject to a civil penalty assessed by the department in an amount, as determined by the department, not less than \$250 or more than \$500.

Primary Sponsors

Evan Low

Title
Human milk.

Introduction Date: 2024-02-16

Description

AB 3059, as amended, Weber. Human milk. Existing law licenses and regulates tissue banks and generally makes a violation of the requirements applicable to tissue banks a crime. Existing law exempts a “mothers’ milk bank,” as defined, from paying a licensing fee to be a tissue bank. This bill would specify that a general acute care hospital is not required to have a license to operate a tissue bank to store or distribute pasteurized human milk that was obtained from a mothers’ milk bank. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Other existing law requires the Department of Insurance to regulate health insurers. Existing law requires health care service plans and health insurers, as specified, to provide certain health benefits and services, including, among others, maternity hospital stays, inpatient hospital and ambulatory maternity services, and maternal mental health programs. This bill would require a health care service plan contract or health insurance policy that is issued, amended, delivered, or renewed on or after January 1, 2025, to cover the same health benefits for human milk and human milk derivatives covered under the Medi-Cal program as of 1988. Because a violation of the bill’s provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Akilah Weber

Organizational Notes

Last edited by Joanne Campbell at Apr 19, 2024, 8:10 PM
California Association of Health Plans - Opposed

Title
Pharmacies: compounding.

Introduction Date: 2024-02-16

Description

AB 3063, as introduced, McKinnor. Pharmacies: compounding. Existing law, the Pharmacy Law, requires the California State Board of Pharmacy to license and regulate the practice of pharmacy by pharmacists and pharmacy corporations in this state. Existing law prohibits a pharmacy from compounding sterile drug products unless the pharmacy has obtained a sterile compounding pharmacy license from the board. Existing law requires the compounding of drug preparations by a pharmacy for furnishing, distribution, or use to be consistent with standards established in the pharmacy compounding chapters of the current version of the United States Pharmacopeia-National Formulary, including relevant testing and quality assurance. Existing law authorizes the board to adopt regulations to impose additional standards for compounding drug preparations. This bill would, notwithstanding those provisions, specify that compounding does not include reconstitution of a drug pursuant to a manufacturer's directions, the sole act of tablet splitting or crushing, capsule opening, or the addition of a flavoring agent to enhance palatability. The bill would require a pharmacy to retain documentation that a flavoring agent was added to a prescription and to make that documentation available to the board or its agent upon request. The bill would make those provisions operative until January 1, 2030. This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors

Tina McKinnor

Title
Health care system consolidation.

Introduction Date: 2024-02-16

Description

AB 3129, as amended, Wood. Health care system consolidation. Existing law requires a nonprofit corporation that operates or controls a health facility or other facility that provides similar health care to provide written notice to, and to obtain the written consent of, the Attorney General prior to entering into any agreement or transaction to sell, transfer, lease, exchange, option, convey, or otherwise dispose of the asset, or to transfer control, responsibility, or governance of the asset or operation, to a for-profit corporation or entity, to a mutual benefit corporation or entity, or to a nonprofit corporation, as specified. This bill would require a private equity group or a hedge fund, as defined, to provide written notice to, and obtain the written consent of, the Attorney General prior to a change of control or an acquisition between the private equity group or hedge fund and a health care facility or provider group, as those terms are defined, except as specified. The bill would require the notice to be submitted at the same time that any other state or federal agency is notified pursuant to state or federal law, and otherwise at least 90 days before the change in control or acquisition. The bill would authorize the Attorney General to extend that 90-day period under certain circumstances. The bill would additionally require a private equity group or hedge fund to provide advance written notice to the Attorney General prior to a change of control or acquisition between a private equity group or hedge fund and a nonphysician provider, or a provider with specified annual revenue. The bill would authorize the Attorney General to give the private equity group or hedge fund a written waiver or the notice and consent requirements if specified conditions apply, including, but not limited to, that the party makes a written waiver request, the party's operating costs have exceeded its operating revenue in the relevant market for 3 or more years and the party cannot meet its debts, and the acquisition or change of control will ensure continued health care access in the relevant markets. The bill would require the Attorney General to grant or deny the waiver within 60 days, as prescribed. The bill would authorize the Attorney General to consent to, give conditional consent to, or not consent to a change of control or an acquisition between a private equity group or hedge fund and a health care facility, provider group, or both, if the change of control or acquisition may have a substantial likelihood of anticompetitive effects or may create a significant effect on the access or availability of health care services to the affected community, applying a public interest standard, as defined. The bill would authorize an... (click bill link to see more).

Primary Sponsors
Jim Wood

Bill Number
AB 3130

Last Action
**In Senate Read First Time To Com On
RIs For Assignment 2024 05 21**

Status
In Senate

Position
Monitor

Title

County board of supervisors: disclosure.

Introduction Date: 2024-02-16

Description

AB 3130, as amended, Quirk-Silva. County board of supervisors: disclosure. Existing law prohibits certain public officials, including, but not limited to, state, county, or district officers or employees, from being financially interested in any contract made by them in their official capacity, or by any body or board of which they are members, except as provided. A willful violation of these provisions is a crime. Existing law excepts from the above conflict-of-interest provisions certain remote interests, as described, including those of officers or employees of a nonprofit entity exempt from taxation or a nonprofit corporation, except as prescribed. Existing law requires a remote interest to be disclosed to the body or board of which the officer is a member and noted in its official records, and thereafter the body or board to authorize, approve, or ratify the contract in good faith by a vote of its membership sufficient for the purpose without counting the vote or votes of the officer or member with the remote interest. This bill would require a member of the board of supervisors to disclose a known family relationship with an officer or employee of a nonprofit entity before the board of supervisors appropriates money to that nonprofit entity.

Primary Sponsors

Sharon Quirk-Silva, Avelino Valencia

Title

Medi-Cal managed care plans: beneficiaries with other primary coverage.

Introduction Date: 2024-02-16

Description

AB 3156, as amended, Joe Patterson. Medi-Cal managed care plans: beneficiaries with other primary coverage. 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, under fee-for-service or managed care delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing federal law, in accordance with third-party liability rules, Medicaid is generally the payer of last resort if a beneficiary has another source of health care coverage in addition to Medicaid coverage. Under this bill, in the case of an enrollee of a Medi-Cal managed care plan who has other health care coverage and for whom the Medi-Cal program is a secondary payer, the department would be required to ensure that a provider billing the managed care plan for allowable costs not paid by the other health care coverage does not face administrative requirements significantly in excess of the administrative requirements for billing those same costs to the Medi-Cal fee-for-service delivery system. The bill, in the case of an enrollee of a Medi-Cal managed care plan who has coverage under the federal Medicare Program or another primary form of health care coverage and for whom the Medi-Cal program is a secondary payer, would prohibit a provider participating in the Medi-Cal fee-for-service delivery system or in the federal Medicare Program from being required to contract with the Medi-Cal managed care plan in order to provide services to that enrollee and to bill the managed care plan. The bill would require a Medi-Cal managed care plan to provide assistance to Medi-Cal providers and beneficiaries, upon request, on options for maintaining health care relationships between beneficiaries and existing providers that are contracted with, or have agreements with, a beneficiary's primary form of health care coverage, if the beneficiary transitions from receiving services under the Medi-Cal fee-for-service delivery system to being an enrollee of the managed care plan. The bill would require the department, at least annually from 2025 through 2028, to report to the legislative health committees on the effectiveness of implementing these provisions. The bill would authorize the department to implement these provisions through plan letters or similar instructions. The bill would condition implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation.

Primary Sponsors

Joe Patterson, Stephanie Nguyen

Title

Health and care facilities: patient safety and
antidiscrimination.

Introduction Date: 2024-02-16

Description

AB 3161, as amended, Bonta. Health and care facilities: patient safety and antidiscrimination. (1) Existing law provides for the licensure and regulation of health facilities by the State Department of Public Health. A violation of these provisions is a crime. Existing law allows for patients to submit complaints to the department regarding health facilities. Existing law also requires the department to establish a centralized consumer response unit within the Licensing and Certification Division of the department to respond to consumer inquiries and complaints. This bill would require the department to include a section for complaints involving specified health facilities to collect information about outlined demographic factors of affected patients. The bill would require the department to include a section on the Complaint Against a Health Care Facility/Provider form on the department's internet website, and provide means for complaints submitted via mail, fax, or by telephone, for complaints involving specified health facilities. The bill would require the department to inform complainants that the information collected is voluntary, is to ensure patients receive the best care possible, and will not affect the department's investigation. The bill would require that complainants shall be provided with information on how to file a complaint with the Civil Rights Department. (2) Existing law requires a health facility to develop, implement, and comply with a patient safety plan to improve the health and safety of patients and to reduce preventable patient safety events. The patient safety plan requires specified elements, including, but not limited to, a reporting system for patient safety events that allows anyone involved to make a report of a patient safety event to the health facility, and a process for a team of facility staff to conduct analyses related to root causes of patient safety events. This bill would require the reporting system to include anonymous reporting options. The bill would also require analysis of patient safety events by sociodemographic factors to identify disparities in these events. The bill would require that the safety plan include a process for addressing racism and discrimination and its impacts on patient health and safety, including monitoring sociodemographic disparities in patient safety events and developing interventions to remedy known disparities, and encouraging facility staff to report suspected instances of racism and discrimination. The bill would require, beginning January 1, 2026, and biannually thereafter, that health facilities submit patient safety plans to the department's licensing and certification division. The bill would authorize the department to impose a fin... (click bill link to see more).

Primary Sponsors

Mia Bonta

Bill Number
AB 3175

Last Action
**From Printer May Be Heard In
Committee March 18 2024 02 17**

Status
In Assembly

Position
Monitor

Title
Health care coverage: dental services.

Introduction Date: 2024-02-16

Description

AB 3175, as introduced, Villapudua. Health care coverage: dental 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's requirements a crime. Existing law imposes specified coverage and disclosure requirements on health care service plans, including specialized plans, that cover dental services. Existing law, on and after January 1, 2025, prohibits a health care service plan from issuing, amending, renewing, or offering a plan contract that imposes a dental waiting period provision in a large group plan or preexisting condition provision for any plan. This bill would make technical, nonsubstantive changes to those provisions.

Primary Sponsors

Carlos Villapudua

Bill Number
AB 3215

Last Action
**From Printer May Be Heard In
Committee March 18 2024 02 17**

Status
In Assembly

Position
Monitor

Title
Medi-Cal: mental health services for children.

Introduction Date: 2024-02-16

Description

AB 3215, as introduced, Soria. Medi-Cal: mental health services for children. 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, specialty mental health services include federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services provided to eligible Medi-Cal beneficiaries under 21 years of age. This bill would express the intent of the Legislature to enact legislation to expand access to behavioral mental health services to children receiving Medi-Cal benefits.

Primary Sponsors

Esmeralda Soria

Title

Department of Managed Health Care: review of records.

Introduction Date: 2024-02-16

Description

AB 3221, as amended, Pellerin. Department of Managed Health Care: review of records. Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (hereafter the act), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law requires the records, books, and papers of a health care service plan and other specified entities to be open to inspection by the director of the department during normal business hours. This bill would instead require the records, books, and papers of a health care service plan and other specified entities to be open to inspection by the director, including through electronic means. The bill would require a plan and other specified entities to furnish in electronic media records, books, and papers that are possessed in electronic media and to conduct a diligent review of records, books, and papers and make every effort to furnish those responsive to the director's request. The bill would require records, books, and papers to be furnished in a format that is digitally searchable, to the greatest extent feasible. The bill would require records, books, and papers to be preserved until furnished, if requested by the department. The bill would authorize the director to inspect and copy these records, books, and papers, and to seek relief in an administrative law proceeding if, in the director's determination, a plan or other specified entity fails to fully or timely respond to a duly authorized request for production of records, books, and papers. Because a willful violation of these requirements would be a crime, the bill would impose a state-mandated local program. Existing law requires the department to conduct periodically an onsite medical survey of the health delivery system of each plan. Existing law requires the director to publicly report survey results no later than 180 days following the completion of the survey, and requires a final report to be issued after public review of the survey. Existing law requires the department to conduct a followup review to determine and report on the status of the plan's efforts to correct deficiencies no later than 18 months following release of the final report. This bill would state that nothing in those provisions prohibits the director from taking any action permitted or required under the act in response to the survey results before the followup review is initiated or completed, including, but not limited to, taking enforcement actions and opening further investigations. Existing law enumerates acts or omissions by a health care service plan that constitute grounds for disciplinary action by the director. This bill would add to tho... (click bill link to see more).

Primary Sponsors

Gail Pellerin

Organizational Notes

Last edited by Joanne Campbell at Feb 28, 2024, 9:06 PM
National Union of Healthcare Workers, Sponsor

Bill Number
AB 3245

Last Action
**Referred To Coms On Health And Appr
2024 05 15**

Status
In Senate

Position
Monitor

Title
Coverage for colorectal cancer screening.

Introduction Date: 2024-02-16

Description

AB 3245, as amended, Joe Patterson. Coverage for colorectal cancer screening. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally requires a health care service plan contract or a health insurance policy issued, amended, or renewed on or after January 1, 2022, to provide coverage without cost sharing for a colorectal cancer screening test, and for a colorectal cancer screening examination in specified circumstances, assigned either a grade of A or a grade of B by the United States Preventive Services Task Force. This bill would additionally require that coverage if the test or screening examination is assigned either a grade of A or a grade of B, or equivalent, in accordance with the most current recommendations established by another accredited or certified guideline agency.

Primary Sponsors

Joe Patterson

Organizational Notes

Last edited by Joanne Campbell at Apr 22, 2024, 5:03 PM
California Association of Health Plans - Opposed (removed)

Title
Health care coverage: reviews and grievances.

Introduction Date: 2024-02-16

Description

AB 3260, as amended, Pellerin. Health care coverage: reviews and grievances. (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 generally authorizes a health care service plan or disability 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 requires these decisions to be made within 30 days, or less than 72 hours when the enrollee faces an imminent and serious threat to their health. Existing law requires a health care service plan to establish a grievance system to resolve grievances within 30 days, but limits that timeframe to 3 days when the enrollee faces an imminent and serious threat to their health. Existing law requires a plan to provide a written explanation for its grievance decisions, as specified. This bill would require that utilization review decisions be made within 72 hours from the health care service plan's receipt of the clinical information reasonably necessary to make the determination when the enrollee's condition is urgent, and would make a determination of urgency by the enrollee's health care provider binding on the health care service plan. If the plan lacks the information reasonably necessary to make a decision regarding an urgent request, the bill would require the plan to notify the enrollee and provider about the information necessary to complete the request within 24 hours of receiving the request. The bill would require the plan to notify the enrollee and the provider of the decision within a reasonable amount of time, but not later than 48 hours after specified circumstances occur. If a health care service plan fails to make a utilization review decision, or provide notice of a decision, within the specified timelines, the bill would require the health care service plan to treat the request for authorization as a grievance and provide notice with specified information to the enrollee that a grievance has commenced. This bill would require a plan's grievance system to include expedited review of urgent grievances, as specified, and would make a determination of urgency by the enrollee's health care provider binding on the health care service plan. The bill would require a plan to communicate its final grievance determination within 72 hours of receipt if urgent and 30 days if nonurgent, except as specified. If a plan fails to make a utilization review decision within the applica... (click bill link to see more).

Primary Sponsors

Gail Pellerin

Organizational Notes

Last edited by Cherie Compartore at May 14, 2024, 4:02 PM
Oppose: California Association of Health Plans, Local Health Plans of California, America's Health Insurance Plans Support: National Union of Healthcare Workers (NUHW) (sponsor) -

Title
Health care coverage: claim reimbursement.

Introduction Date: 2024-02-16

Description

AB 3275, as amended, Soria. Health care coverage: claim reimbursement. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health insurer or health care service plan, including a specialized health care service plan, to reimburse a claim or portion of a claim no later than 30 working days after receipt of the claim, unless the plan contests or denies the claim, in which case the plan is required to notify the claimant within 30 working days that the claim is contested or denied. Under existing law, if a claim or portion thereof is contested on the basis that a health insurer or health care service plan has not received all information necessary to determine payer liability for the claim or portion thereof and notice has been provided, the health insurer or health care service plan has 30 working days after receipt of the additional information to complete reconsideration of the claim. Existing law extends these timelines to 45 working days for a health care service plan that is a health maintenance organization. Under existing law, if a claim is not reimbursed, contested, or denied pursuant to these timelines, as specified, interest accrues at a rate of 15% per annum for a health care service plan and 10% per annum for a health insurer. This bill would increase that interest accrual rate for a health insurer to 15% per annum. The bill would delete the provisions that extend the timelines for a health maintenance organization. The bill would require a health care service plan or health insurer to reimburse a claim within 15 working days after receipt of the claim, or, if the health care service plan or health insurer contests or denies the claim, to notify the claimant within 15 working days that the claim is contested or denied. Under the bill, if a claim for reimbursement is contested on the basis that the health care service plan or health insurer has not received all information necessary to determine payer liability for the claim and notice has been provided, the health care service plan or health insurer would have 15 working days after receipt of the additional information to complete reconsideration of the claim. The bill would require the departments to develop respective lists for categories of claims that, commencing January 1, 2026, would be required to be paid by a health insurer or health care service plan no later than 5 days after receipt of the claim, as specified. Existing law requires a health care servi... (click bill link to see more).

Primary Sponsors

Esmeralda Soria, Robert Rivas

Organizational Notes

Last edited by Cherie Compartore at May 14, 2024, 4:03 PM
Oppose: Local Health Plans of California, California Association of Health Plans

Bill Number
SB 106

Last Action
**Re Referred To Com On Budget 2024 04
15**

Status
In Assembly

Position
None

Title
Budget Acts of 2022 and 2023.

Introduction Date: 2023-01-18

Description
SB 106, as amended, Wiener. Budget Acts of 2022 and 2023. The Budget Act of 2022 and the Budget Act of 2023 made appropriations for the support of state government for the 2022-23 and 2023-24 fiscal years. This bill would amend the Budget Act of 2022 and the Budget Act of 2023 by amending, adding, and repealing items of appropriation and making other changes. This bill would declare that it is to take effect immediately as a Budget Bill.

Primary Sponsors
Scott Wiener

Bill Number
SB 136

Last Action
**Chaptered By Secretary Of State
Chapter 6 Statutes Of 2024 2024 03 25**

Status
Enacted

Position
Monitor

Title
Medi-Cal: managed care organization provider tax.

Introduction Date: 2023-01-18

Description
SB 136, Committee on Budget and Fiscal Review. Medi-Cal: managed care organization provider tax. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, one of the methods by which Medi-Cal services are provided is pursuant to contracts with various types of managed care plans. Existing law imposes a managed care organization (MCO) provider tax, administered and assessed by the department, on licensed health care service plans and managed care plans contracted with the department. Under existing law, all revenues, less refunds, derived from the taxes are deposited into the Managed Care Enrollment Fund, to be available to the department, upon appropriation, for the purpose of funding specified subcomponents to support the Medi-Cal program. Existing law sets forth certain taxing tiers and tax amounts for purposes of the tax periods of April 1, 2023, to December 31, 2023, inclusive, and the 2024, 2025, and 2026 calendar years. Under existing law, the Medi-Cal per enrollee tax amount for Medi-Cal taxing tier II, as defined, is \$182.50 for the 2024 calendar year, \$187.50 for the 2025 calendar year, and \$192.50 for the 2026 calendar year. This bill would raise that tax amount for that tier to \$205 for all 3 of those calendar years. This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors
Senate Budget and Fiscal Review Committee

Organizational Notes

Last edited by Joanne Campbell at Mar 18, 2024, 5:17 PM
California Association of Health Plans - Support

Title

California Hope, Opportunity, Perseverance, and Empowerment (HOPE) for Children Trust Account Program.

Introduction Date: 2023-01-25

Description

SB 242, as amended, Skinner. California Hope, Opportunity, Perseverance, and Empowerment (HOPE) for Children Trust Account Program. Existing law establishes the California Hope, Opportunity, Perseverance, and Empowerment (HOPE) for Children Trust Account Program to provide a trust fund account to an eligible child, defined to include minor California residents who are specified dependents or wards under the jurisdiction of juvenile court in foster care with reunification services terminated by court order, or who have a parent, Indian custodian, or legal guardian who died due to COVID-19 during the federally declared COVID-19 public health emergency and meet the specified family household income limit. Under the program, all assets of the fund and moneys allocated to individual HOPE trust accounts shall be considered to be owned by the state until an eligible youth withdraws or transfers money from their HOPE trust account. Existing law establishes various means-tested public social services programs administered by counties to provide eligible recipients with certain benefits, including, but not limited to, cash assistance under the California Work Opportunity and Responsibility to Kids (CalWORKs) program, nutrition assistance under the CalFresh program, and health care services under the Medi-Cal program. This bill would, to the extent permitted by federal law, prohibit funds deposited and investment returns accrued in a HOPE trust fund account from being considered as income or assets when determining eligibility and benefit amount for any means-tested program until an eligible youth withdraws or transfers the funds from the HOPE trust fund account, as specified. The bill would make these provisions operative on July 1, 2024, or on the date that the State Department of Social Services notifies the Legislature that the Statewide Automated Welfare System can perform the necessary automation to implement these provisions or no automation is necessary, whichever date is later. To the extent this bill would expand county duties, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors

Nancy Skinner

Bill Number
SB 294

Last Action
**From Committee With Authors
Amendments Read Second Time And
Amended Re Referred To Com On
Health 2024 05 24**

Status
In Assembly

Position
Monitor

Title

Health care coverage: independent medical review.

Introduction Date: 2023-02-02

Description

SB 294, as amended, Wiener. Health care coverage: independent medical review. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers by the Department of Insurance. Existing law establishes the Independent Medical Review System within each department, under which an enrollee or insured may seek review if a health care service has been denied, modified, or delayed by a health care service plan or disability insurer and the enrollee or insured has previously filed a grievance that remains unresolved after 30 days. This bill, commencing January 1, 2026, would require a health care service plan or a disability insurer that upholds its decision to modify, delay, or deny a health care service in response to a grievance or has a grievance that is otherwise pending or unresolved upon expiration of the relevant timeframe to automatically submit within 24 hours a decision regarding a disputed health care service to the Independent Medical Review System, as well as the information that informed its decision, if the decision is to deny, modify, or delay specified services relating to mental health or substance use disorder conditions for an enrollee or insured up to 26 years of age. The bill would require a health care service plan or disability insurer, within 24 hours after submitting its decision to the Independent Medical Review System to provide notice to the appropriate department, the enrollee or insured or their representative, if any, and the enrollee's or insured's provider. The bill would require the notice to include notification to the enrollee or insured that they or their representative may cancel the independent medical review at any time before a determination, as specified. This bill, commencing January 1, 2026, would require a health care service plan or disability insurer that provides coverage for mental health or substance use disorders to treat a modification, delay, or denial issued in response to an authorization request for coverage of treatment for a mental health or substance use disorder for an insured up to 26 years of age as if the modification, delay, or denial is also a grievance submitted by the enrollee or insured. The bill would require a plan or insurer to provide a written acknowledgment of a grievance that is automatically generated and would specify the circumstances under which that grievance is required to be submitted automatically to independent medical review. The bill would apply specified existing provisions relating to mental health and substance... (click bill link to see more).

Primary Sponsors

Scott Wiener

Title
HIV preexposure prophylaxis and postexposure prophylaxis.

Introduction Date: 2023-02-07

Description

SB 339, Wiener. HIV preexposure prophylaxis and postexposure prophylaxis. Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists by the California State Board of Pharmacy. Existing law authorizes a pharmacist to furnish at least a 30-day supply of HIV preexposure prophylaxis, and up to a 60-day supply of those drugs if certain conditions are met. Existing law also authorizes a pharmacist to furnish postexposure prophylaxis to a patient if certain conditions are met. This bill would authorize a pharmacist to furnish up to a 90-day course of preexposure prophylaxis, or preexposure prophylaxis beyond a 90-day course, if specified conditions are met. The bill would require the California State Board of Pharmacy to adopt emergency regulations to implement these provisions by October 31, 2024. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law prohibits a health care service plan or health insurer from covering preexposure prophylaxis that has been furnished by a pharmacist in excess of a 60-day supply once every 2 years, except as specified. Existing law provides for the Medi-Cal program administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services pursuant to a schedule of benefits. The existing schedule of benefits includes coverage for preexposure prophylaxis as pharmacist services, limited to no more than a 60-day supply furnished by a pharmacist once every 2 years, and includes coverage for postexposure prophylaxis, subject to approval by the federal Centers for Medicare and Medicaid Services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would require a health care service plan and health insurer to cover preexposure prophylaxis and postexposure prophylaxis furnished by a pharmacist, including the pharmacist's services and related testing ordered by the pharmacist, and to pay or reimburse for the service performed by a pharmacist at an in-network pharmacy or a pharmacist at an out-of-network pharmacy if the health care service plan or health insurer has an out-of-network pharmacy benefit, except as specified. The bill would include preexposure prophylaxis furnished by a pharmacist as pharmacist services on the Medi-Cal schedule of benefits. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated l... (click bill link to see more).

Primary Sponsors

Scott Wiener, Mike Gipson

Organizational Notes

Last edited by Joanne Campbell at Jan 11, 2024, 5:48 PM
California Association of Health Plans: Oppose Unless Amended

Title
Medi-Cal: eyeglasses: Prison Industry Authority.

Introduction Date: 2023-02-07

Description

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

Primary Sponsors

Susan Eggman, Scott Wilk

Title

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

Introduction Date: 2023-02-08

Description

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

Primary Sponsors

Susan Eggman

Title

Medi-Cal: Whole Child Model program.

Introduction Date: 2023-02-13

Description

SB 424, as amended, Durazo. Medi-Cal: Whole Child Model program. Existing law establishes the California Children's Services (CCS) Program, administered by the State Department of Health Care Services and a designated agency of each county, to provide medically necessary services for persons under 21 years of age who have any of specified medical conditions and who meet certain financial eligibility requirements. Existing law establishes the Medi-Cal program, which is administered by the department and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law requires the department to establish a statewide Whole Child Model program stakeholder advisory group that includes specified persons, including CCS case managers, and to consult with that advisory group on prescribed matters. Existing law terminates the advisory group on December 31, 2023. This bill would extend the operation of the advisory group until December 31, 2026.

Primary Sponsors

Maria Durazo

Organizational Notes

Last edited by Joanne Campbell at Jul 17, 2023, 9:27 PM
Local Health Plans of California: Oppose Unless Amended (Removed)

Title

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

Introduction Date: 2023-02-13

Description

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

Primary Sponsors

Anthony Portantino

Organizational Notes

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

Title

Health care coverage: prior authorization.

Introduction Date: 2023-02-14

Description

SB 516, as amended, Skinner. Health care coverage: prior authorization. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law generally authorizes a health care service plan or health insurer to use prior authorization and other utilization review or utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law requires a health care service plan or health insurer, including those plans or insurers that delegate utilization review or utilization management functions to medical groups, independent practice associations, or to other contracting providers, to comply with specified requirements and limitations on their utilization review or utilization management functions. Existing law requires the criteria or guidelines used to determine whether or not to authorize, modify, or deny health care services to be developed with involvement from actively practicing health care providers. On or after January 1, 2026, this bill would prohibit a health care service plan or health insurer from requiring a contracted health professional to complete or obtain a prior authorization for any covered health care services if the plan or insurer approved or would have approved not less than 90% of the prior authorization requests they submitted in the most recent completed one-year contracted period. The bill would set standards for this exemption and its denial, rescission, and appeal. The bill would authorize a plan or insurer to evaluate the continuation of an exemption not more than once every 12 months, and would authorize a plan or insurer to rescind an exemption only at the end of the 12-month period and only if specified criteria are met. The bill would require a plan or insurer to provide an electronic prior authorization process. The bill would also require a plan or insurer to have a process for annually monitoring prior authorization approval, modification, appeal, and denial rates to identify services, items, and supplies that are regularly approved, and to discontinue prior authorization on those services, items, and supplies that are approved 95% of the time. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program. The California Constit... (click bill link to see more).

Primary Sponsors

Nancy Skinner

Organizational Notes

Last edited by Joanne Campbell at Apr 22, 2024, 6:16 PM
Local Health Plan of California - Oppose

Title

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

Introduction Date: 2023-02-14

Description

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

Primary Sponsors

Josh Becker

Bill Number
SB 607

Last Action
**June 4 Hearing Postponed By
Committee 2024 05 23**

Status
In Assembly

Position
Monitor

Title
Controlled substances.

Introduction Date: 2023-02-15

Description
SB 607, as amended, Portantino. Controlled substances. Existing law requires a prescriber, with certain exceptions, before directly dispensing or issuing for a minor the first prescription for a controlled substance containing an opioid in a single course of treatment, to discuss specified information with the minor, the minor's parent or guardian, or another adult authorized to consent to the minor's medical treatment. This bill would extend that requirement for the prescriber by applying it to any patient, not only a minor, under those circumstances.

Primary Sponsors
Anthony Portantino

Title

Health care coverage: treatment for infertility and fertility services.

Introduction Date: 2023-02-17

Description

SB 729, as amended, Menjivar. Health care coverage: treatment for infertility and fertility services. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of disability insurers by the Department of Insurance. Existing law imposes various requirements and restrictions on health care service plans and disability insurers, including, among other things, a requirement that every group health care service plan contract or disability insurance policy that is issued, amended, or renewed on or after January 1, 1990, offer coverage for the treatment of infertility, except in vitro fertilization. This bill would require large and small group health care service plan contracts and disability insurance policies issued, amended, or renewed on or after January 1, 2024, to provide coverage for the diagnosis and treatment of infertility and fertility services. With respect to large group health care service plan contracts and disability insurance policies, the bill would require coverage for a maximum of 3 completed oocyte retrievals, as specified. The bill would revise the definition of infertility, and would remove the exclusion of in vitro fertilization from coverage. The bill would also delete a requirement that a health care service plan contract and disability insurance policy provide infertility treatment under agreed-upon terms that are communicated to all group contractholders and policyholders. The bill would prohibit a health care service plan or disability insurer from placing different conditions or coverage limitations on fertility medications or services, or the diagnosis and treatment of infertility and fertility services, than would apply to other conditions, as specified. The bill would make these requirements inapplicable to a religious employer, as defined, and specified contracts and policies. Because the violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Caroline Menjivar, Buffy Wicks

Organizational Notes

Last edited by Joanne Campbell at Mar 27, 2023, 6:01 PM
California Association of Health Plans: Oppose

Title
Medi-Cal: certification.

Introduction Date: 2023-02-17

Description

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

Primary Sponsors

Susan Eggman

Title

Community colleges: Baccalaureate Degree in Nursing Pilot Program.

Introduction Date: 2024-01-03

Description

SB 895, as amended, Roth. Community colleges: Baccalaureate Degree in Nursing Pilot Program. Existing law establishes the California Community Colleges, under the administration of the Board of Governors of the California Community Colleges. Existing law establishes community college districts throughout the state, under the administration of community college district governing boards, and authorizes these districts to provide instruction at the community college campuses they operate. Existing law establishes a statewide baccalaureate degree program that authorizes up to a total of 30 baccalaureate degree programs at community college districts to be approved per academic year, as provided. This bill would require the office of the Chancellor of the California Community Colleges to develop a Baccalaureate Degree in Nursing Pilot Program that authorizes select community college districts to offer a Bachelor of Science in Nursing degree. The bill would limit the pilot program to 15 community college districts statewide and would require the chancellor's office to identify and select eligible community college districts based on specified criteria. The bill would require the chancellor's office to develop a process designed to assist community college districts with nursing programs that are applying for national accreditation for the purpose of qualifying for the pilot program, as provided. The bill would require each participating community college district to give priority registration for enrollment in the pilot program to students with an associate degree in nursing from that community college district. The bill would require the Legislative Analyst's Office to conduct an evaluation of the pilot program to determine the effectiveness of the program and the need to continue or expand the program, as specified, to be submitted to the Legislature on or before July 1, 2032. The bill would repeal these provisions as of January 1, 2034.

Primary Sponsors

Richard Roth, Anna Caballero, Eloise Reyes

Title
California AI Transparency Act.

Introduction Date: 2024-01-17

Description

SB 942, as amended, Becker. California AI Transparency Act. Existing law requires the Secretary of Government Operations to develop a coordinated plan to, among other things, investigate the feasibility of, and obstacles to, developing standards and technologies for state departments to determine digital content provenance. For the purpose of informing that coordinated plan, existing law requires the secretary to evaluate, among other things, the impact of the proliferation of deepfakes, defined to mean audio or visual content that has been generated or manipulated by artificial intelligence that would falsely appear to be authentic or truthful and that features depictions of people appearing to say or do things they did not say or do without their consent, on state government, California-based businesses, and residents of the state. This bill, the California AI Transparency Act, would, among other things, require a covered provider, as defined, to create an AI detection tool by which a person can query the covered provider as to the extent to which text, image, video, audio, or multimedia content was created, in whole or in part, by a generative AI system, as defined, provided by the covered provider that meets certain criteria, including that the AI detection tool is publicly accessible and available via a uniform resource locator (URL) on the covered provider's internet website and through its mobile application, as applicable. The bill would also require a covered provider to include in AI-generated image, text, video, or multimedia content created by a generative AI system it provides a visible disclosure that, among other things, includes a clear and conspicuous notice, as appropriate for the medium of the content, that identifies the content as generated by AI, such that the disclosure is not avoidable, is understandable to a reasonable person, and is not contradicted, mitigated by, or inconsistent with anything else in the communication. This bill would make a covered provider that violates these provisions liable for a civil penalty in the amount of \$5,000 per violation to be collected in a civil action filed only by the Attorney General, as prescribed.

Primary Sponsors

Josh Becker

Title

Data collection: sexual orientation and gender identity.

Introduction Date: 2024-01-22

Description

SB 957, as introduced, Wiener. Data collection: sexual orientation and gender identity. (1) Existing law, the Lesbian, Gay, Bisexual, and Transgender Disparities Reduction Act, requires the State Department of Public Health, among other specified state entities, in the course of collecting demographic data directly or by contract as to the ancestry or ethnic origin of Californians, to collect voluntary self-identification information pertaining to sexual orientation, gender identity, and intersexuality. Existing law, as an exception to the provision above, authorizes those state entities, instead of requiring them, to collect the demographic data under either of the following circumstances: (a) pursuant to federal programs or surveys, whereby the guidelines for demographic data collection categories are defined by the federal program or survey; or (b) demographic data are collected by other entities, including other state agencies, surveys administered by third-party entities and the state department is not the sole funder, or third-party entities that provide aggregated data to a state department. This bill, notwithstanding the exception above, would require the State Department of Public Health to collect the demographic data from third parties, including, but not limited to, local health jurisdictions, on any forms or electronic data systems, unless prohibited by federal or state law. To the extent that the bill would create new duties for local officials in facilitating the department's data collection, the bill would impose a state-mandated local program. Existing law requires the above-described state entities to report to the Legislature the data collected and the method used to collect the data, and to make the data available to the public, except for personally identifiable information. Existing law deems that personally identifiable information confidential and prohibits its disclosure. Existing law sets forth different deadlines, depending on the specified state entity, for complying with those requirements. This bill would require the State Department of Public Health, for purposes of the data collected by the department on sexual orientation, gender identity, and intersexuality, to comply with the above-described requirements by July 1, 2026. (2) Existing law authorizes local health officers and the State Department of Public Health to operate immunization information systems. Existing law requires health care providers and other certain agencies, including schools and county human services agencies, to disclose specified immunization and other information about the patient or client to local health departments and the State Department of Public Health. Existing law authorizes local health departments and the S... (click bill link to see more).

Primary Sponsors

Scott Wiener

Title
Pharmacy benefits.

Introduction Date: 2024-01-24

Description

SB 966, as amended, Wiener. Pharmacy benefits. Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (the Knox-Keene Act), a violation of which is a crime, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. The Knox-Keene Act requires a pharmacy benefit manager under contract with a health care service plan to, among other things, register with the Department of Managed Health Care. Existing law provides for the regulation of health insurers by the Department of Insurance. This bill would additionally require a pharmacy benefit manager, as defined by the bill, to apply for and obtain a license from the Department of Insurance to operate as a pharmacy benefit manager on and after January 1, 2026. The bill would establish application qualifications and requirements, and would require initial license and renewal fees to be collected into the newly created Pharmacy Benefit Manager Fund to be available to the department for use, upon appropriation by the Legislature, for costs related to licensing and regulating pharmacy benefit managers. This bill would require a pharmacy benefit manager to file with the department at specified annual intervals 2 reports, one of which discloses product benefits specific to the purchaser, and the other of which includes information about categories of drugs and the pharmacy benefit manager's contracts and revenues. The bill would specify that the contents of the reports are not to be disclosed to the public. The bill would require the department, at specified annual intervals, to submit 2 reports to the Legislature based on the reports submitted by pharmacy benefit managers, and would require the department to post the reports on the department's internet website. This bill would impose specified duties on pharmacy benefit managers and requirements for pharmacy benefit manager services and pharmacy benefit manager contracts, including prohibiting a pharmacy benefit manager from deriving income from pharmacy benefit management services, except as specified. The bill would make a violation of the above-specified provisions subject to specified civil penalties. The bill would create the Pharmacy Benefit Manager Fines and Penalties Fund, into which fines and administrative penalties would be deposited. 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 cover... (click bill link to see more).

Primary Sponsors
Scott Wiener

Organizational Notes

Last edited by Joanne Campbell at Apr 19, 2024, 8:12 PM
California Association of Health Plans - Oppose

Bill Number
SB 975

Last Action
Referred To Com On RIs 2024 02 14

Status
In Senate

Position
Monitor

Title

Emergency medical services: community paramedicine.

Introduction Date: 2024-01-29

Description

SB 975, as introduced, Ashby. Emergency medical services: community paramedicine. Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, governs local emergency medical services (EMS) systems. This bill would state the intent of the Legislature to enact legislation relating to the payment and reimbursement for mobile integrated health and community paramedicine programs.

Primary Sponsors

Angelique Ashby

Bill Number
SB 980

Last Action
In Assembly Read First Time Held At Desk 2024 05 24

Status
In Assembly

Position
Monitor

Title

Medi-Cal: dental crowns and implants.

Introduction Date: 2024-01-29

Description

SB 980, as amended, Wahab. Medi-Cal: dental crowns and implants. 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 dental services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, early and periodic screening, diagnostic, and treatment (EPSDT) services are covered under Medi-Cal for an individual under 21 years of age in accordance with certain federal provisions. Under existing law, for persons 21 years of age or older, laboratory-processed crowns on posterior teeth are a covered benefit when medically necessary to restore a posterior tooth back to normal function based on the criteria specified in the Medi-Cal Dental Manual of Criteria. This bill, for purposes of the above-described Medi-Cal coverage for laboratory-processed crowns, would remove the condition that the tooth be posterior and would apply the coverage to persons 13 years of age or older. The bill would also add, as a covered Medi-Cal benefit for persons of any age, subject to prior authorization, a dental implant if tooth extraction or removal is medically necessary or if the corresponding tooth is missing. The bill would condition this coverage on there being no other covered functional alternatives for prosthetic replacement to correct the person's dental condition, as specified, on the person being without medical conditions for which dental implant surgery would be contraindicated, on receipt of any necessary federal approvals, and on the availability of federal financial participation. Under the bill, the above-described provisions would not be construed to exclude Medi-Cal coverage for laboratory-processed crowns on teeth or dental implants if otherwise required under EPSDT services.

Primary Sponsors

Aisha Wahab

Organizational Notes

Last edited by Joanne Campbell at Mar 22, 2024, 6:07 PM
California Alliance for Retired Americans (sponsor) - Support

Title

Health coverage: mental health and substance use disorders.

Introduction Date: 2024-02-01

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 maintaining telephone access and other direct communication access during California business hours for a health care provider to request authorization for mental health and substance use disorder care and conducting peer-to-peer discussions regarding specific patient issues related to treatment. 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

Dave Cortese

Organizational Notes

Last edited by Joanne Campbell at Mar 7, 2024, 9:19 PM
California Association of Health Plans - Oppose

Title

Health facilities and clinics: clinical placements: nursing.

Introduction Date: 2024-02-07

Description

SB 1042, as amended, Roth. Health facilities and clinics: clinical placements: nursing. Existing law establishes the Department of Health Care Access and Information (HCAI) to oversee health planning and health policy research, including the health care workforce research and data center. Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing within the Department of Consumer Affairs for the licensure and regulation of nurses. Existing law provides for the licensure and regulation of health facilities and clinics, as defined, by the State Department of Public Health. Existing law requires an organization that operates, conducts, owns, or maintains a health facility, and the officers thereof, to make and file with HCAI certain reports, including balance sheets and other financial statements. Existing law sets forth related reporting provisions for clinics. This bill would require a health facility or a clinic, whether or not it currently offers prelicensure clinical placement slots, to meet with representatives from an approved school of nursing or approved nursing program, upon request by the school or program, to discuss the clinical placement needs of the school or program. The bill would require a nursing school or program, by December 31 of each year, to report to the board the beginning and end dates of all academic terms within the subsequent calendar year for each clinical slot needed by a clinical group with content area and education level, and the number of clinical slots that the school or program has been unable to fill within the preceding calendar year. The bill would require the board to submit that information to HCAI. The bill would require a health facility or a clinic, whether or not it currently offers prelicensure clinical placement slots, to prepare and submit to HCAI a report, with updates, on clinical placements for nursing students. Under the bill, the report would include, among other things, the estimated number of days and shifts that will be made available within the subsequent calendar year for student use for each type of licensed bed or unit, as specified. The bill would require HCAI to post the report on its internet website in a manner that allows for the information in the report to be cross-referenced against the above-described information from the nursing school or program. The bill would authorize the board, upon request by a nursing school or program, to assist in finding clinical placement slots to meet the clinical placement needs of that school or program, by conferring with health facilities or clinics within the appropriate geographic region of each school or program in an attempt to match available clinical placement slots with needed slots a... (click bill link to see more).

Primary Sponsors

Richard Roth

Title

Newborn screening: genetic diseases: blood samples collected.

Introduction Date: 2024-02-13

Description

SB 1099, as amended, Nguyen. Newborn screening: genetic diseases: blood samples collected. Existing law requires the State Department of Public Health to administer a statewide program for prenatal testing for genetic disorders and birth defects, including, but not limited to, ultrasound, amniocentesis, chorionic villus sampling, and blood testing. Existing law requires the department to expand prenatal screening to include all tests that meet or exceed the current standard of care as recommended by national recognized medical or genetic organizations. Existing law requires the department to set guidelines for invoicing, charging, and collecting fee amounts from approved researchers in order to cover the costs of, among other things, data linkage, retrieval, and data processing. Existing law establishes the continuously appropriated Birth Defects Monitoring Program Fund, consisting of fees paid for prenatal screening, and states the intent of the Legislature that all costs of the genetic disease testing program be fully supported by fees paid for prenatal screening tests, which are deposited in the fund. Existing law requires funds to be available, upon appropriation by the Legislature, in order to support pregnancy blood sample storage, testing, and research activities of the Birth Defects Monitoring Program. This bill would require the department, commencing July 1, 2026, and each July 1 thereafter, as part of its research activities, to report various data to the Legislature, including the number of research projects utilizing residual screening samples from the program and the number of inheritable conditions identified by the original screening tests the previous calendar year. The bill would require the department to additionally set fee guidelines to cover the costs of reporting. The bill would also require the annual report to be made available to the public on the department's internet website. This bill would make other conforming changes.

Primary Sponsors

Janet Nguyen

Title
Medi-Cal: families with subsidized childcare.

Introduction Date: 2024-02-13

Description

SB 1112, as amended, Menjivar. Medi-Cal: families with subsidized childcare. Existing law establishes a system of childcare and development services, administered by the State Department of Social Services, for children from infancy to 13 years of age. Existing law authorizes, upon departmental approval, the use of appropriated funds for alternative payment programs to allow for maximum parental choice. Existing law authorizes those programs to include, among other things, a subsidy that follows the family from one childcare provider to another, or choices among hours of service. Existing law requires the department to contract with local contracting agencies for alternative payment programs so that services are provided throughout the state. 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 managed care or fee-for-service delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, early and periodic screening, diagnostic, and treatment (EPSDT) services are covered Medi-Cal benefits for individuals under 21 years of age. This bill, subject to any necessary federal approvals and the availability of federal funding, would require the State Department of Health Care Services and the State Department of Social Services to develop a model memorandum of understanding (MOU), and would require the department to authorize Medi-Cal managed care plans and alternative payment agencies to enter an MOU that includes, at a minimum, the provisions included in the model. For purposes of children of families receiving subsidized childcare services through an alternative payment program, and upon the consent of the parent or guardian, the bill would require the plans and agencies to collaborate on informing and directing the family of a child who is eligible but not a beneficiary of the Medi-Cal program on how to enroll the child and on referring a child who is a Medi-Cal beneficiary to developmental screenings that are available under EPSDT services and administered through the plan. The bill would authorize the agency to perform certain related functions.

Primary Sponsors

Caroline Menjivar

Organizational Notes

Last edited by Joanne Campbell at Mar 22, 2024, 6:14 PM
Child Care Resource Center (sponsor) - Support Child Care Alliance Los Angeles - Support Thriving Families California (formerly California Alternative Payment Program Association) - Support

Title

Hospitals: seismic compliance.

Introduction Date: 2024-02-13

Description

SB 1119, as introduced, Newman. Hospitals: seismic compliance. Existing law, the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983, establishes a program of seismic safety building standards for certain hospitals. Existing law requires hospitals that are seeking an extension for their buildings to submit an application to the Department of Health Care Access and Information by April 1, 2019, subject to certain exceptions. Existing law requires that final seismic compliance be achieved by July 1, 2022, if the compliance is based on a replacement or retrofit plan, or by January 1, 2025, if the compliance is based on a rebuild plan. Notwithstanding the above provisions, existing law authorizes the department to waive the requirements of the act for the O'Connor Hospital and Santa Clara Valley Medical Center in the City of San Jose if the hospital or medical center submits a plan for compliance by a specified date, and the department accepts the plan based on it being feasible to complete and promoting public safety. Existing law requires, if the department accepts the plan, the hospital or medical center to report to the department on its progress to timely complete the plan by specified dates. Existing law imposes penalties to a hospital that fails to meet its deadline. This bill would add Providence St. Joseph Hospital and Providence Eureka General Hospital in the City of Eureka, Providence St. Jude Medical Center in the City of Fullerton, and Providence Cedars-Sinai Tarzana Medical Center in the City of Tarzana to the hospitals for which the department may waive the requirements of the act. The bill would add additional dates for the hospital or medical center to report to the department on its progress. This bill would declare that it is to take effect immediately as an urgency statute.

Primary Sponsors

Josh Newman

Title
Health care coverage: utilization review.

Introduction Date: 2024-02-13

Description

SB 1120, as amended, Becker. Health care coverage: utilization review. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of 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 authorizes the Director of the Department of Managed Health Care or the Insurance Commissioner to assess an administrative penalty to a health care service plan or health insurer, as applicable, for failure to comply with those requirements. This bill would require algorithms, artificial intelligence, and other software tools used for utilization review or utilization management decisions to comply with specified requirements, including that they be fairly and equitably applied. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Josh Becker

Organizational Notes

Last edited by Cherie Compartore at May 14, 2024, 4:05 PM
Oppose: California Association of Health Plans

Title
Medi-Cal providers: family planning.

Introduction Date: 2024-02-13

Description

SB 1131, as amended, Gonzalez. Medi-Cal providers: family planning. 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 establishes, under the Medi-Cal program, the Family Planning, Access, Care, and Treatment (Family PACT) Program, administered by the Office of Family Planning within the department. Under Family PACT, 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 meets other eligibility criteria to receive those services. Existing law makes the Family PACT Program inoperative if the program is determined to no longer be cost effective, as specified. If the program becomes inoperative, existing law requires all persons who have received, or are eligible to receive, comprehensive clinical family planning services pursuant to Family PACT to receive family planning services under other specified provisions of the Medi-Cal program or under the State-Only Family Planning Program, which is also established within the department. Existing law requires enrolled providers in the Family PACT Program or the State-Only Family Planning Program to attend a specific orientation approved by the department and requires providers who conduct certain services to have prior training in those services. This bill would, for both of the above-described programs, require the department to allow a provider a minimum of 6 months from the date of enrollment to complete the orientation. The bill would, for the Family PACT Program, require a site certifier of a primary care clinic or affiliate primary care clinic, as those terms are defined, to be a clinician who oversees the provision of Family PACT services and would authorize certain clinic corporations to enroll multiple service addresses under a single site certifier. The bill would require any orientation or training that the department requires of a site certifier to comply with specified requirements, including, among others, being offered through a virtual platform and being offered at least once per month. For purposes of both of the above-described programs, existing law requires the program to disenroll as a program provider any individual who, or any entity that, has a license, certificate, or other approval to provide health care that is revoked or suspended by a federal, California, or other state's licensing, certification, or other approval authority, that is otherwise lost, or that is surrendered while a disciplinary hearing is pending, ... (click bill link to see more).

Primary Sponsors

Lena Gonzalez

Title

Health care coverage: emergency medical services.

Introduction Date: 2024-02-14

Description

SB 1180, as amended, Ashby. Health care coverage: emergency medical 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 health care service plan contracts and health insurance policies to provide coverage for certain services and treatments, including medical transportation services. Existing law establishes the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including emergency medical transport. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law, until January 1, 2031, authorizes a local emergency medical services (EMS) agency to develop a community paramedicine or triage to alternate destination program that, among other things, provides case management services to frequent EMS users or triage paramedic assessments, respectively. This bill would require a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2025, to establish a process to reimburse for services provided by a community paramedicine program, a triage to alternate destination program, and a mobile integrated health program, as defined. The bill would require those contracts and policies to require an enrollee or insured who receives covered services from a noncontracting program to pay no more than the same cost-sharing amount that they would pay for the same covered services received from a contracting program. The bill would specify the reimbursement process and amount for a noncontracting program. 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 bill would also make services provided by these programs covered benefits under the Medi-Cal program. The bill would condition this Medi-Cal coverage on an appropriation, receipt of any necessary federal approvals, and the availability of federal financial participation. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Angelique Ashby

Organizational Notes

Last edited by Joanne Campbell at Apr 19, 2024, 8:14 PM
California Association of Health Plans - Oppose

Title

Mental health: involuntary treatment: antipsychotic medication.

Introduction Date: 2024-02-14

Description

SB 1184, as amended, Eggman. Mental health: involuntary treatment: antipsychotic medication. Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment of persons who are a danger to themselves or others, or who are gravely disabled, due to a mental disorder or chronic alcoholism or drug abuse for 72 hours for evaluation and treatment, as specified. If certain conditions are met after the 72-hour detention, the act authorizes the certification of the person for a 14-day maximum period of intensive treatment and then another 14-day or 30-day maximum period of intensive treatment after the initial 14-day period of intensive treatment. Existing law, during the 30-day period of intensive treatment, as specified, also authorizes up to an additional 30 days of intensive treatment if certain conditions are met. Existing law authorizes the administration of antipsychotic medication to a person who is detained for evaluation and treatment for any of those detention periods, except for the second 30-day period, and establishes a process for hearings to determine the person's capacity to refuse the treatment. Existing law requires a determination of a person's incapacity to refuse treatment with antipsychotic medication to remain in effect only for the duration of the 72-hour period or initial 14-day intensive treatment period, or both, until capacity is restored, or by court determination. This bill would authorize the administration of antipsychotic medication to a person who is detained for the second 30-day period. The bill would require an order for treatment with antipsychotic medication to remain in effect at the beginning of the 14-day period, or the additional 30-day period after the 14-day intensive treatment period, or the second 30-day period, provided that a petition for a new determination on the question of capacity has been filed, and would require the order to remain in effect until the court hears a petition for that detention period and issues a decision.

Primary Sponsors

Susan Eggman

Organizational Notes

Last edited by Joanne Campbell at Mar 22, 2024, 6:11 PM
California State Association of Psychiatrists (sponsor) - Support Psychiatric Physicians Alliance of California - Support Disability Rights California - Oppose

Title
Health care programs: cancer.

Introduction Date: 2024-02-15

Description
SB 1213, as amended, Atkins. Health care programs: cancer. Existing law requires the State Department of Health Care Services to perform various health functions, including providing breast and cervical cancer screening and treatment for low-income individuals. Existing law provides that an individual is eligible to receive treatment services if, among other things, the individual has a family income at or below 200% of the federal poverty level as determined by the provider performing the screening and diagnosis. This bill would provide that an individual is eligible to receive treatment services if the individual has a family income at or below 300% of the federal poverty level as determined by the provider performing the screening and diagnosis.

Primary Sponsors
Toni Atkins, Anthony Portantino

Title
Lanterman-Petris-Short Act: designated facilities.

Introduction Date: 2024-02-15

Description

SB 1238, as amended, Eggman. Lanterman-Petris-Short Act: designated facilities. Under existing law, the Lanterman-Petris-Short Act (act), when a person, as a result of a mental health disorder, is a danger to others or to themselves, or gravely disabled, as defined, the person may, upon probable cause, be taken into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services. Existing law defines the above-described designated facility as a facility that is licensed or certified as a mental health treatment facility or a hospital by the State Department of Public Health, and may include, but is not limited to, a licensed psychiatric hospital, a licensed psychiatric health facility, and a certified crisis stabilization unit. This bill would expand the definition of a "facility designated by the county for evaluation and treatment" or "designated facility" by specifying that it may also include a facility that both (1) has appropriate services, personnel, and security to safely treat individuals being held involuntarily and (2) is licensed or certified as a skilled nursing facility, mental health rehabilitation center, social rehabilitation facility, or as a facility capable of providing treatment at American Society of Addiction Medicine levels of care 3.7 to 4.0, inclusive. The bill would authorize a county to designate a facility for the purpose of providing one or more specified treatments required by the act. Existing regulations prohibit a licensed psychiatric health facility or licensed mental health rehabilitation center from admitting an individual who is diagnosed only with a substance use disorder. This bill would require the State Department of Health Care Services to authorize licensed psychiatric health facilities and licensed mental health rehabilitation centers to admit an individual who is diagnosed only with a severe substance use disorder, as defined. Existing law requires a person admitted to a facility for 72-hour treatment and evaluation to receive an evaluation as soon as possible after the person is admitted and to receive whatever treatment and care the person's condition requires for the full period that they are held, as specified. This bill would require the State Department of Health Care Services to ensure that designated facilities are reimbursed for evaluation and treatment of stand-alone substance use disorders at reimbursement rates equivalent to those provided for evaluation and treatment of mental health disorders. This bill would authorize the State Department of Health Care Services to implem... (click bill link to see more).

Primary Sponsors
Susan Eggman

Bill Number
SB 1249

Last Action
**Referred To Com On Aging L T C 2024
05 28**

Status
In Assembly

Position
Monitor

Title
Mello-Granlund Older Californians Act.

Introduction Date: 2024-02-15

Description

SB 1249, as amended, Roth. Mello-Granlund Older Californians Act. 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 the least restrictive homelike environments. Existing law requires the department to designate various private nonprofit or public agencies as area agencies on aging to work within a planning and service area and provide a broad array of social and nutritional services. Existing law includes various findings and declarations relating to the purposes of the act. This bill would update and revise those legislative findings and declarations, including recognizing the state's major demographic shift towards an older, more diverse population and declaring the intent to reform provisions of the act related to various functions of the area agencies on aging. The bill, within specified time periods, would require the department to take various actions to reform the act, including giving counties the option to petition the department to be considered for designation as the area agency on aging that serves its local jurisdiction, developing core programs and services and developing a statewide public awareness engagement strategy.

Primary Sponsors

Richard Roth

Bill Number
SB 1253

Last Action
Referred To Com On Pub S 2024 05 28

Status
In Assembly

Position
Support

Title
Firearms: firearm safety certificates.

Introduction Date: 2024-02-15

Description

SB 1253, as amended, Gonzalez. Firearms: firearm safety certificates. Existing law requires any person who purchases or receives a firearm to possess a firearm safety certificate. Existing law also prohibits a person from selling or transferring a firearm to any person who does not possess a firearm safety certificate. This bill would require any person moving into the state with a firearm to obtain a firearm safety certificate within 120 days after arriving in the state and make a violation of this provision a misdemeanor. By creating 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

Lena Gonzalez

Organizational Notes

Last edited by Cherie Compartore at May 1, 2024, 7:20 PM
Support: L.A. Care

Title

Geographic Managed Care Pilot Project: County of San Diego: advisory board.

Introduction Date: 2024-02-15

Description

SB 1257, as amended, Blakespear. Geographic Managed Care Pilot Project: County of San Diego: advisory board. 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 authorizes the department, upon approval by the board of supervisors of the County of San Diego, to implement a multiplan managed care pilot project for the provision of Medi-Cal services. Existing law authorizes the County of San Diego to establish 2 advisory boards, with certain compositions, to advise the Department of Health Services of the County of San Diego and review and comment on the implementation of the multiplan project. Existing law requires that at least one member of each board be appointed by the board of supervisors and requires the board of supervisors to establish the number of members on each board. This bill would instead authorize the County of San Diego to establish one board, as specified, and would require the board to advise the Health and Human Services Agency of the County of San Diego on the implementation of the state Medi-Cal policy as it pertains to Medi-Cal managed care plans in the county. The bill would require each supervisor of the board to appoint at least one member to the advisory board, with each supervisor appointing an equal number of members. Existing law prohibits the compensation of the advisory board members for activities relating to their duties, but requires that members who are Medi-Cal recipients be reimbursed an appropriate amount by the county for travel and child care expenses incurred in performing their duties in the pilot project. This bill would also authorize advisory board members who are Medi-Cal recipients to be reimbursed by the county for their time in performing their duties in the pilot project, at the discretion of the county.

Primary Sponsors

Catherine Blakespear

Title
Medi-Cal: unrecovered payments: interest rate.

Introduction Date: 2024-02-15

Description

SB 1258, as amended, Dahle. Medi-Cal: unrecovered payments: interest rate. 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 the Director of Health Care Services to establish administrative appeal processes to review grievances or complaints arising from the findings of an audit or examination. Under existing law, if recovery of a disallowed payment has been made by the department, a provider who prevails in an appeal of that payment is entitled to interest at the rate equal to the monthly average received on investments in the Surplus Money Investment Fund, or simple interest at the rate of 7% per annum, whichever is higher. Under existing law, with exceptions, interest at that same rate is assessed against any unrecovered overpayment due to the department. In the case of an assessment against any unrecovered overpayment due to the department, this bill would authorize the department to waive the interest, as part of a repayment agreement entered into with the provider, if the unrecovered overpayment occurred 4 or more years before the issuance of the first statement of account status or demand for repayment, after taking into account specified factors, including the impact of the repayment amounts on the fiscal solvency of the provider, and whether the overpayment was caused by a policy change or departmental error that was not the fault of the billing provider.

Primary Sponsors

Brian Dahle

Title
Medi-Cal managed care plans: contracts with safety net providers.

Introduction Date: 2024-02-15

Description

SB 1268, as amended, Nguyen. Medi-Cal managed care plans: contracts with safety net providers. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, one of the methods by which Medi-Cal services are provided is pursuant to contracts between the department and various types of managed care plans and between those plans and providers of those services. This bill would require a Medi-Cal managed care plan to offer a network provider contract to, and maintain a network provider contract with, each safety net provider, as defined, operating within the plan's contracted geographic service areas if the safety net provider agrees to provide its applicable scope of services in accordance with the same terms and conditions that the Medi-Cal managed care plan requires of other similar providers. The bill would set forth exceptions to that requirement in the case of a safety net provider no longer being willing to accept those terms and conditions, its license being revoked or suspended, or the department determining that the health or welfare of a Medi-Cal enrollee is threatened by the provider. The bill would require the plan to follow certain notification procedures if it terminates the network provider contract. The bill would condition implementation of these provisions on receipt of any necessary federal approvals and the availability of federal financial participation.

Primary Sponsors

Janet Nguyen

Organizational Notes

Last edited by Joanne Campbell at Apr 19, 2024, 8:16 PM
Local Health Plans of California, California Association of Health Plans, Cal Optima - Oppose

Bill Number
SB 1269

Last Action
**April 24 Set For Second Hearing
Canceled At The Request Of Author
2024 04 15**

Status
In Senate

Position
Monitor

Title
Safety net hospitals.

Introduction Date: 2024-02-15

Description

SB 1269, as introduced, Padilla. Safety net hospitals. Existing law provides for the licensure and regulation of various types of health facilities, including hospitals, by the State Department of Public Health. 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 various provisions relating to disproportionate share hospitals (DSH), which are hospitals providing acute inpatient services to Medi-Cal beneficiaries that meet the criteria for disproportionate share status, as specified; small and rural hospitals; and critical access hospitals, as certified by the Secretary of the United States Department of Health and Human Services under the federal Medicare rural hospital flexibility program. Existing law sets forth other provisions relating to safety net hospitals in different contexts, including among others, special health authorities and Medi-Cal reimbursement. This bill would establish a definition for "safety net hospital" and would state the intent of the Legislature that this definition serve as a recommended definition for policymakers to elect to utilize when crafting policy aimed at focusing on or supporting those hospitals. Under the bill, the definition would not be construed as affecting existing or new references to safety net hospitals, unless future legislation or other action expressly makes reference to this definition, as specified. Under the bill, "safety net hospital" would mean a Medicaid DSH-eligible hospital; a rural hospital, including a small and rural hospital and a critical access hospital, as specified; or a sole community hospital, as classified by the federal Centers for Medicare and Medicaid Services and in accordance with certain federal provisions.

Primary Sponsors
Steve Padilla

Bill Number
SB 1278

Last Action
Referred To Com On G O 2024 05 20

Status
In Assembly

Position
Monitor

Title
World AIDS Day.

Introduction Date: 2024-02-15

Description

SB 1278, as amended, Laird. World AIDS Day. Existing law requires the Governor to proclaim various days as holidays and days of remembrance. This bill would require the Governor to annually proclaim December 1 as World AIDS Day.

Primary Sponsors
John Laird

Title

Medi-Cal: call centers: standards and data.

Introduction Date: 2024-02-15

Description

SB 1289, as amended, Roth. Medi-Cal: call centers: standards and data. 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 various responsibilities for counties relating to eligibility determinations and enrollment functions under the Medi-Cal program. Existing federal law sets forth Medicaid reporting requirements for each state during the period between April 1, 2023, and June 30, 2024, inclusive, relating to eligibility redeterminations, including, among other information, the total call-center volume, average wait times, and average abandonment rate for each call center of the state agency responsible for administering the state plan, as specified. This bill would require the department to establish, with stakeholder input, statewide minimum standards for assistance provided by a county's call center to applicants or beneficiaries applying for, renewing, or requesting help in obtaining or maintaining Medi-Cal coverage. The bill would require promulgation of the standards in regulation by July 1, 2026, as specified. The bill would require a county with a call center as described above, commencing on April 1, 2025, and each quarter thereafter, to collect and submit to the department call-center data metrics, including, among other information, call volume, average call wait times by language, and callbacks. By creating new duties for counties relating to call-center data, the bill would impose a state-mandated local program. The bill would require the department to prepare a report, excluding any personally identifiable information, on call-center data, identifying challenges and targets or standards for improvement. The bill would require the department to post the report on its internet website on a quarterly basis no later than 45 calendar days after the conclusion of each quarter, with the initial report due on May 15, 2025. 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 Roth

Title
Health care coverage: essential health benefits.

Introduction Date: 2024-02-15

Description

SB 1290, as introduced, Roth. Health care coverage: essential health benefits. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, requires the Department of Managed Health Care to license and regulate health care service plans and makes a willful violation of the act a crime. Other existing law requires the Department of Insurance to regulate health insurers. Existing law requires an individual or small group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2017, to include, at a minimum, coverage for essential health benefits pursuant to the federal Patient Protection and Affordable Care Act. Existing law requires a health care service plan contract or health insurance policy to cover the same health benefits that the benchmark plan, the Kaiser Foundation Health Plan Small Group HMO 30 plan, offered during the first quarter of 2014, as specified. This bill would express the intent of the Legislature to review California's essential health benefits benchmark plan and establish a new benchmark plan for the 2027 plan year. The bill would limit the applicability of the current benchmark plan benefits to plan years on or before the 2027 plan 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

Richard Roth

Title

Health facility closure: public notice: inpatient psychiatric and maternity services.

Introduction Date: 2024-02-15

Description

SB 1300, as amended, Cortese. Health facility closure: public notice: inpatient psychiatric and maternity services. Existing law requires the State Department of Public Health to license, regulate, and inspect health facilities, as specified, including general acute care hospitals. A violation of these provisions is a crime. Under existing law, a general acute care hospital is required to provide certain basic services, including medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services. Existing law authorizes a general acute care hospital to provide various special or supplemental services if certain conditions are met. Existing regulations define a supplemental service as an organized inpatient or outpatient service that is not required to be provided by law or regulation. Existing law requires a health facility to provide 90 days of public notice of the proposed closure or elimination of a supplemental service, and 120 days of public notice of the proposed closure or elimination of an acute psychiatric hospital. This bill would change the notice period required before proposed closure or elimination of the supplemental service of inpatient psychiatric service or maternity service from 90 days to 120 days. By changing the definition of a crime, this bill would impose a state-mandated local program. The bill would authorize the hospital to close the inpatient psychiatric service or maternity service 90 days after providing public notice of the closure if the department determines that the use of resources to keep the inpatient psychiatric services or maternity services open for the full 120 days threatens the stability of the hospital or if the department cites the hospital for unsafe staffing practices related to these services. Before a health facility may provide notice of a proposed closure or elimination of an inpatient psychiatric service or maternity service, this bill would require the facility to provide an impact analysis report, as specified, regarding the impact on the health of the community resulting from the proposed elimination of the services. By changing the requirements on a health care facility, the violation of which is a crime, this bill would impose a state-mandated local program. The bill would require that the impact analysis report be delivered to the local county board of supervisors and to the department. The bill also would require the cost of preparing the impact analysis report to be borne by the hospital. The bill would strongly encourage the board of supervisors to hold a public hearing within 15 days of receipt of the report, as specified, and to post the impact analysis report on its internet website. The bill would require, if the loss of bed... (click bill link to see more).

Primary Sponsors

Dave Cortese

Title

Skilled nursing facilities: approval to provide therapeutic behavioral health programs.

Introduction Date: 2024-02-16

Description

SB 1319, as amended, Wahab. Skilled nursing facilities: approval to provide therapeutic behavioral health programs. Existing law provides for the licensure and regulation of health facilities, including, but not limited to, skilled nursing facilities, by the State Department of Public Health. Existing law, the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1983, establishes, under the jurisdiction of the Department of Health Care Access and Information (HCAI), a program of seismic safety building standards for certain hospitals constructed on and after March 7, 1973. The act requires the governing board or other governing authority of a hospital, before adopting plans for the hospital building, as defined, to submit to HCAI an application for approval, accompanied by the plans, as prescribed. Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services (DHCS), 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 authorizes DHCS to adopt regulations to certify providers enrolled in the Medi-Cal program, and applicants for enrollment as providers, including providers and applicants licensed as health care facilities. This bill would require a licensed skilled nursing facility that proposes to provide therapeutic behavioral health programs in an identifiable and physically separate unit of a skilled nursing facility, and that is required to submit an application and receive approvals from multiple departments, as specified above, to apply simultaneously to those departments for review and approval of application materials. The bill, when an applicant for approval from one of the specified departments is unable to complete the approval process because the applicant has not obtained required approvals and documentation from one or both of the other departments, would authorize the applicant to submit all available forms and supporting documentation, along with a letter estimating when the remaining materials will be submitted. The bill would require the receiving department to initiate review of the application, and would require final approval of the application to be granted only when all required documentation has been submitted by the applicant to each department from which approval is required. The bill would require the departments to work jointly to develop processes to allow applications to be reviewed simultaneously and in a coordinated manner, as specified.

Primary Sponsors

Aisha Wahab

Title
Mental health and substance use disorder treatment.

Introduction Date: 2024-02-16

Description

SB 1320, as amended, Wahab. Mental health and substance use disorder treatment. Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of 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, to provide coverage for medically necessary treatment of mental health and substance use disorders, as defined, under the same terms and conditions applied to other medical conditions. This bill would require a plan or insurer subject to the above-described coverage requirement, and its delegates, to establish a process to reimburse providers for mental health and substance use disorder treatment services that are integrated with primary care services and provided under a contract or policy issued, amended, or renewed on or after July 1, 2025. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors

Aisha Wahab

Title
Supportive community residences.

Introduction Date: 2024-02-16

Description

SB 1339, as amended, Allen. Supportive community residences. Existing law generally requires the State Department of Public Health to license, inspect, and regulate health facilities, defined to include, among other types of health facilities, an acute psychiatric hospital. Existing law requires the State Department of Health Care Services to license and establish regulations for psychiatric residential treatment facilities. Existing law requires the State Department of Health Care Services to license and regulate facilities that provide residential nonmedical services to adults who are recovering from problems related to alcohol, drug, or alcohol and drug misuse or abuse, and who need alcohol, drug, or alcohol and drug recovery treatment or detoxification services. Existing law also requires the department to implement a voluntary certification program for alcohol and other drug treatment recovery services. Existing law, the California Community Care Facilities Act, generally provides for the licensing and regulation of community care facilities by the State Department of Social Services, to provide 24-hour nonmedical care of persons in need of personal services, supervision, or assistance. Existing regulation includes an adult residential facility as a community care facility for those purposes. This bill would require the State Department of Health Care Services (department), by January 1, 2027, and in consultation with relevant public agencies and stakeholders, to establish, and provide for the administration of, a voluntary certification program for supportive community residences. The bill would define a "supportive community residence" as specified residential dwellings providing housing for adults with a substance use disorder, mental health diagnosis, or dual diagnosis seeking a cooperative living arrangement that does not provide medical care or a level of support for activities of daily living that require state licensing. The bill would require the certification program to include standards and procedures for operation, such as types of certifications needed and services navigation, and procedures and penalties for enforcing laws and regulations governing supportive community residences. The bill also would require the department to create and maintain a searchable online database of certified facilities, which would include specified contact and complaint information for those residences. The bill would require the department to adopt or amend regulations to require referring entities to provide information relating to the license or certification status of community care facilities and supportive community residences to individuals with a substance use disorder, mental health diagnosis, or dual diagnosis, a... (click bill link to see more).

Primary Sponsors
Ben Allen

Title

Long-term health care facilities: payment source and resident census.

Introduction Date: 2024-02-16

Description

SB 1354, as amended, Wahab. Long-term health care facilities: payment source and resident census. Existing law provides for the licensing and regulation of long-term health care facilities, including, among others, skilled nursing facilities and intermediate care facilities, by the State Department of Public Health. A violation of those provisions is generally a crime. 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 a long-term health care facility that participates as a provider under the Medi-Cal program from discriminating against a Medi-Cal patient on the basis of the source of payment for the facility's services that are required to be provided to individuals entitled to services under the Medi-Cal program. Existing law prohibits that facility from seeking to evict out of the facility, or transfer within the facility, any resident as a result of the resident changing their manner of purchasing the services from private payment or Medicare to Medi-Cal, except as specified. This bill would require the facility to provide aid, care, service, or other benefits available under Medi-Cal to Medi-Cal beneficiaries in the same manner, by the same methods, and at the same scope, level, and quality as provided to the general public, regardless of payment source. Existing federal regulations require certain nursing facilities to post their resident census on a daily basis. This bill would require a long-term health care facility that participates as a provider under the Medi-Cal program to make publicly available its current daily resident census, as defined. The bill would require the facility to make the information available either by posting it on the facility's internet website or by providing the information to a requester within 24 hours of a request, as specified. The bill would exempt these requirements from the above-described and other related criminal penalties. Existing law requires that a contract of admission to a long-term health care facility state that, except in an emergency, a resident may not be involuntarily transferred or discharged from the facility unless the resident and, if applicable, the resident's representative, are given reasonable notice in writing and transfer or discharge planning as required by law. Existing law requires that the written notice state the reason for the transfer or discharge. This bill would require that the notice also include a specified statement relating to, among other things, restrictions on discharge from th... (click bill link to see more).

Primary Sponsors

Aisha Wahab

Title

Dental providers: fee-based payments.

Introduction Date: 2024-02-16

Description

SB 1369, as amended, Limón. Dental providers: fee-based 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's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law imposes specified coverage and disclosure requirements on health care service plans and health insurers, including specialized plans and insurers, that cover dental services. This bill would require a health care service plan contract or health insurance policy, as defined, issued, amended, or renewed on and after January 1, 2025, that provides payment directly or through a contracted vendor to a dental provider to have a non-fee-based default method of payment, as specified. The bill would require a health care service plan, health insurer, or contracted vendor to obtain a signed authorization or an electronic signature from a dental provider opting in to a fee-based payment method before the plan or vendor provides a fee-based payment method to the provider and would authorize the dental provider to opt out of the fee-based payment method at any time by providing written or electronic notice to the health care service plan, health insurer, or contracted vendor. 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

Monique Limon

Title

Behavioral health services coverage.

Introduction Date: 2024-02-16

Description

SB 1397, as amended, Eggman. Behavioral health services 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 and disability insurers by the Department of Insurance. Existing law requires a health care service plan contract or disability insurance policy to provide coverage for medically necessary treatment of mental health and substance use disorders. This bill would require a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on or after July 1, 2025, that covers medically necessary mental health and substance use disorder services to comply with rate and timely reimbursement requirements for services delivered by a county behavioral health agency, as specified. The bill would require in-network cost sharing, capped at the in-network deductible and in-network out-of-pocket maximum, to apply to these services. Unless an enrollee or insured is referred or authorized by the plan or insurer, the bill would require a county behavioral health agency to contact a plan or insurer before initiating services. The bill would authorize a plan or insurer to conduct a postclaim review to determine appropriate payment of a claim, and would authorize the use of prior authorization as permitted by the regulating department. The bill would require the departments to issue guidance to plans and insurers regarding compliance with these provisions no later than April 1, 2025. Because a willful violation of these provisions by a health care service plan would be a crime, and the bill would impose a higher level of service on a county behavioral health agency, 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, with regard to certain mandates, no reimbursement is required by this act for a specified reason. With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Primary Sponsors

Susan Eggman

Organizational Notes

Last edited by Joanne Campbell at Mar 22, 2024, 6:17 PM
County Behavioral Health Directors Association (sponsor) - Support

Title
Medi-Cal: critical access hospitals.

Introduction Date: 2024-02-16

Description

SB 1423, as amended, Dahle. Medi-Cal: critical access hospitals. 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, each hospital designated by the department as a critical access hospital, and certified as such by the Secretary of the United States Department of Health and Human Services under the federal Medicare rural hospital flexibility program, is eligible for supplemental payments for Medi-Cal covered outpatient services rendered to Medi-Cal eligible persons. Existing law conditions those payments on receipt of federal financial participation and an appropriation in the annual Budget Act for the nonfederal share of those payments, with supplemental payments being apportioned among critical access hospitals based on their number of Medi-Cal outpatient visits. This bill would require that each critical access hospital that elects to participate receive a base reimbursement at 100% of the hospital's projected reasonable and allowable costs for covered Medi-Cal services, as defined, furnished in the Medi-Cal fee-for-service and managed care delivery systems for each subject calendar year, effective for dates of service on or after January 1, 2026. The bill would require the department to develop and maintain one or more reimbursement methodologies, or revise one or more existing reimbursement methodologies applicable to participating critical access hospitals, or both, to implement the cost-based payment levels. The bill would set forth a timeline and a procedure for the department to notify each critical access hospital of the ability to elect to participate in those methodologies, and for a critical access hospital to inform the department of its election to participate, its discontinuance, or its later participation. The bill would require a critical access hospital that elects to participate to make available to the department relevant financial information upon request by the department. Under the bill, these provisions would not be construed to preclude a participating critical access hospital from receiving any other Medi-Cal payment for which it is eligible, including, but not limited to, supplemental payments, with specified exceptions. The bill would require the department to determine the projected reasonable and allowable Medi-Cal costs prior to each applicable calendar year, as specified. The bill would require the department to require each applicable Medi-Cal managed care plan to reimburse a participating hospital for covered services, and would re... (click bill link to see more).

Primary Sponsors

Brian Dahle

Title

Health care coverage: triggering events.

Introduction Date: 2024-02-16

Description

SB 1428, as amended, Atkins. Health care coverage: triggering events. 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 a health insurer to allow an individual to enroll in or change individual health benefit plans as a result of specified triggering events, including a loss of minimum essential coverage, as defined, gaining a dependent or becoming a dependent, or being mandated to be covered as a dependent pursuant to a valid state or federal court order. Existing law allows an individual 60 days from the date of a triggering event to apply for subsequent coverage. This bill would allow an individual 60 days before and after the date of a triggering event to apply for subsequent coverage, to the extent no conflicts with the availability and length of specified special enrollment periods exist. 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

Toni Atkins

Title
Health omnibus.

Introduction Date: 2024-02-21

Description

SB 1511, as amended, Committee on Health. Health omnibus. (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. Existing law defines a “group contract,” for purposes of the act, as a contract that by its terms limits the eligibility of subscribers and enrollees to a specified group. This bill would clarify that reference to a “group” in the act does not include a Medi-Cal managed care contract between a health care service plan and the State Department of Health Care Services to provide benefits to beneficiaries of the Medi-Cal program. (2) Existing law, the Compassionate Access to Medical Cannabis Act or Ryan’s Law, requires specified health care facilities to allow a terminally ill patient’s use of medicinal cannabis within the health care facility, as defined, subject to certain restrictions. Existing law requires the State Department of Public Health to enforce the act. Existing law prohibits a general acute care hospital, as specified, from permitting a patient with a chronic disease to use medicinal cannabis. This bill would authorize a general acute care hospital to allow a terminally ill patient, as defined, to use medicinal cannabis. (3) Existing law establishes the Distressed Hospital Loan Program, administered by the Department of Health Care Access and Information, in order to provide interest-free cashflow loans to not-for-profit hospitals and public hospitals in significant financial distress or to governmental entities representing a closed hospital, except as otherwise provided, to prevent the closure of, or facilitate the reopening of, those hospitals. Existing law establishes the Distressed Hospital Loan Program Fund, with moneys in the fund being continuously appropriated for the department. Existing law authorizes the Department of Finance to transfer up to \$150,000,000 from the General Fund and \$150,000,000 from the Medi-Cal Provider Payment Reserve Fund to the Distressed Hospital Loan Program Fund in state fiscal year 2023–24 to implement the program. Existing law requires any funds transferred to be available for encumbrance or expenditure until June 30, 2026. This bill would instead require any funds transferred to be available for encumbrance or expenditure until December 31, 2031. By extending the amount of time continuously appropriated funds are available for encumbrance and expenditure, this bill would make an appropriation. (4) 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 by, and f... (click bill link to see more).

Primary Sponsors
Senate Health Committee



May 22, 2024

To: L.A. Care Board of Governors
From: Government Affairs Department
Subject: **2024-25 State Budget Update**

The Governor released his May Revise on May 10, updating the budget shortfall estimate for the 2024-25 budget year. The new estimate shows the shortfall has increased by approximately \$7 billion from the January Proposal, bringing the total to about \$45 billion. This figure contrasts with the Legislative Analyst's Office (LAO) earlier estimate of a \$73 billion shortfall. The discrepancy between the Governor's estimate and the LAO's is attributed to higher revenue projections and differing calculations related to Proposition 98, which pertains to school funding guarantees.

The early action budget package, which included \$17.3 billion in solutions, has already been accounted for. After these adjustments, the remaining state budget deficit stands at approximately \$27.6 billion.

If you would like additional information regarding the budget proposals, please see below for links to various state budget documents.

Following are areas of significance to L.A. Care operations and strategic interests that are included in the May Revise:

➤ Medi-Cal Caseload Estimates

The 2024-25 budget assumes a Medi-Cal caseload decline of 4.38%, representing 14.5 million Medi-Cal beneficiaries at the end of June 2025.

➤ Medi-Cal Managed Care Organization (MCO) Tax

Sweeps \$6.7 billion over multiple years from the Medi-Cal provider rate increases and other areas. Changes to the tax revenue (described below) results in an additional \$9.7 billion in total MCO Tax funds over multiple years with no specified spend. The related November ballot of the MCO Tax Initiative raises uncertainty to this proposal.

- The budget proposes to transfer most of the MCO Tax revenue to backfill the General Fund deficit.
- Maintains 2024-25 budget funding for increasing provider rates effective 1/1/24 for primary care, non-specialty mental health services, and obstetric care services (including doulas) to at least 87.5% of Medicare rates (\$291 million). Per CMS, the state is required to continue funding increased provider rates for these three specific areas (CMS does not require that the funding be allocated from the MCO tax revenue but just that it must be funded).
- Eliminates 2024-25 budget year funding for the following programs:
 - Graduate Medical Education (GME) and Workforce Pool Funding (\$75 million)
 - Physician and Non-Physician Health Professional Services (\$975 million)
 - Community and Hospital Outpatient Procedures and Services (\$245 million)
 - Abortion and Family Planning Access (\$90 million)

- Services and Supports for FQHCS/RHCs (\$50 million)
 - Emergency Department (Facility and Physician) Services (\$355 million)
 - Designated Public Hospitals Reimbursement (\$150 million)
 - Ground Emergency Medical Transport (\$50 million)
 - Behavioral Health (\$300 million)
 - Maintains January Budget proposal to modify the MCO Tax model to generate an additional \$1.5 billion through December 2026, retroactive to January 1, 2024 (pending CMS approval).
 - Proposes an additional revision to the MCO Tax model to that will include Medicare revenue in the total revenue limit calculation. This modification will be done via adjustment of the Medi-Cal tiers. (\$700 million General Fund Savings in 2024-25)
 - Allocates \$145.4 million from the MCO tax revenue to fully fund Prop 56 supplemental payments in family planning, women’s health, and physician services – one time funding only for 2024-25.
- Children’s Hospitals Directed Payments
Effective July 2024, provides \$230 million (\$115 million state funds/\$115 million federal funds) annually to support new directed payments to Children’s Hospitals, with half the costs funded by federal funds and half from the Medi-Cal Provider Payment Reserve Fund derived from the MCO tax. This is new funding for the children’s hospitals. The Administration has not yet provided further detail on this proposal.
- Medi-Cal: Equity and Practice Transformation (EPT) Payments to Providers
Eliminates future funding for the program. Specifically the program was reduced from \$700 million to \$140 million. Approximately \$113 million remains in the program after distribution of \$25 million in incentive dollars. DHCS indicates the remaining funds will be allocated between directed payments and the learning center. The EPT Payments Program was intended to be a five-year program that supports qualifying providers in improving quality, health equity, and primary care infrastructure to address identified health care coverage gaps and to move towards value-based payment methodologies. L.A. Care has 46 enrolled practices in the EPT program.
- Medi-Cal: Quality Sanctions
Use Medi-Cal managed care quality sanction dollars to support current costs of the Medi-Cal program, estimated at \$1 million in 2024-2025. These funds are currently held in the Safety Net Reserve Fund and the budget proposes to withdraw the entire balance from the Safety Net Reserve Fund to the General Fund. Requires legislative approval. This is not indicating there will be an increase in quality sanction amounts but a transfer from funds already in the Reserve Fund to the General Fund. The Reserve Fund was designed to help cover the costs on increasing caseloads in Medi-Cal and CalWORKS.
- Medi-Cal: Adult Acupuncture Benefit
Eliminates the adult acupuncture Medi-Cal benefit. (\$5.4 General Fund savings in 2024-25; \$13 million annually in savings ongoing)
- California Food Assistance Program (CFAP) Expansion
Delays the expansion of CFAP expansion to undocumented seniors for 2 years, thus delaying implementation of the benefit to the 2027-28 budget year. CFAP is the state-funded Cal Fresh counterpart passed in the 2022 budget that allowed undocumented income-eligible individuals aged 55 and over to receive food assistance. (\$30 million General Fund savings in 2024-25 and \$114 million General Fund Savings in 2025-26)
- CalWORKS Home Visiting Program
Reduces the program by cutting \$47.1 million from the CalWORKS home visiting program ongoing, which is a cut of 45%. This program pairs professionals with new parents, prepares families for new infant household members and provides early supports to ensure a successful transition to new and increased parenting responsibilities.

- Seniors and Persons with Disabilities – Share of Cost (Trigger Investment Approved in 2022-23 budget)
The budget does not include funding to align the monthly maintenance income level to the income limit for those under age 65. Seniors with incomes above 122% FPL but below 138% of that threshold fall into an eligibility gap that prevents them from enrolling in no-cost Medi-Cal. These seniors may still access Medi-Cal services, but only if they pay a monthly share of cost.
- Medi-Cal Continuous Eligibility for Children (0 – 4 years) (Trigger Investment Approved in 2022-23 budget)
The budget does not include funding to provide continuous eligibility for children from zero through 4 years of age.
- Children and Youth Behavioral Health Initiative Reduction
Reduces funding for school-linked health partnerships and grants, behavioral health services and supports platform, public education campaign, and youth suicide reporting and crisis response pilot. (\$72.3 million General Fund savings in 2023-24; \$348.6 million in 2024-25; and \$5 million in 2025-26)
- Behavioral Health Continuum Infrastructure and Bridge Housing Programs
Eliminates the last round of funding from the last round of the Behavioral Health Continuum Infrastructure Program and reduces funding for the Behavioral Health Bridge Housing Program. (\$451 million General Fund savings in 2024-25)
- Healthcare Workforce Reduction
Eliminates \$900 million various healthcare workforce initiatives including community health workers, nursing, social work, Song-Brown residencies, Health Professions Career Opportunity Program, and California Medicine Scholars Program as well as eliminates \$189.4 million Mental Health Services Fund for programs proposed to be delayed to 2025-26 at Governor's Budget.
- In-Home Supportive Services (IHSS) Benefit for the Undocumented
Eliminates the In-Home Supportive Services (IHSS) benefit for all undocumented Medi-Cal enrollees. Impacts approximately 3,000 people statewide. The Administration stated that IHSS workers could qualify for long-term care and can use SNF services but others are questioning the accuracy of that statement citing public charge issues. (\$94.7 annual General Fund savings)
- In-Home Supportive Services (IHSS) Backup Provider System (BUPS)
Eliminates the IHSS BUPS. This program provides temporary IHSS services from backup providers to those who receive IHSS when their regular IHSS providers are unavailable. Under BUPS, IHSS recipients are provided with a maximum 80 BUPS hours each fiscal year. Los Angeles County offers two backup programs. (\$11.6 annual General Fund savings)
- Covered California – Health Care Affordability Reserve Fund (Reserve Fund)
Beginning in 2025-26, transfers \$109 million from the Health Care Affordability Reserve Fund to the General Fund. The money in the Reserve Fund is from individual mandate penalty payments. The revenue from the penalty was originally intended to offset General Fund expenditures for the Covered California state subsidy program to help offset enrollee costs. In addition, the Reserve Fund is intended to mitigate adverse federal actions or inactions, including the non-renewal of Inflation Reduction Act premium subsidy enhancements. Per the Administration, the Reserve Fund will still contain adequate funding for subsidy enhancements in 2024-25,
- Local Public Health Funding
Eliminates Post-Pandemic Public Health Infrastructure Funding. Implemented during COVID, this funding supports state and local health departments' investments in additional staff, infrastructure, prevention, infectious disease control, and emergency preparedness. The amount of funds slotted for Los Angeles County for 2023-24 through 2025-26 is \$47,328,331. (General Fund savings \$52.5 million in 2023-24 and \$300 million ongoing)

➤ Increase Directed Payments to Public Hospitals

Increase directed payments to public hospitals via the Enhanced Payment Program and Quality Incentive Pool programs. In addition, an administrative fee will be assessed on these intergovernmental transfers and retained by the Department. The Administration has not provided additional information on a specific percentage or dollar amount for the increase of directed payments. (\$37 million General Fund cost in 2024-25 and \$74 million ongoing)

Next Steps

Over the next several weeks, budget negotiations between Legislative Leadership and the Governor will continue to finalize the various budget provisions. The budget bill that the Legislature will be sending to the Governor will be the “main” budget bill. The main budget bill deadline is June 15, with the new fiscal year starting on July 1. Once the Governor and the Legislature reach agreement on the main budget bill and it is signed into law, then a series of budget trailer bills will follow in the following months that would enact the state law changes required to implement the provisions in the main budget bill, including a trailer bill dedicated to the health items in the budget. There is no deadline for passing the budget trailer bills as is required with the main budget bill deadline of June 15.

The budget process is usually confusing, but this year will be especially chaotic due to uncertainties about federal funding and state revenue. The budget trailer bill process will likely extend through the summer and into early fall as more information becomes available. Consequently, there will be significant uncertainty for the next few months about the final provisions that will be contained in the overall budget.

Government Affairs will continue to provide updated information on the budget process. If you have any questions, please contact Cherie Compartore, Senior Director of Government Affairs.

State Budget Links:

- <https://ebudget.ca.gov/FullBudgetSummary.pdf>
- <https://www.dhcs.ca.gov/Budget/Documents/DHCS-FY-2024-25-MR-Highlights.pdf>
- https://www.dhcs.ca.gov/dataandstats/reports/mcestimates/Documents/2024_May_Estimate/MAY-2024-Medi-Cal-Local-Assistance-Estimate.pdf
- <https://dof.ca.gov/wp-content/uploads/sites/352/2024/05/2024-25-May-Revision-General-Fund-Solutions.pdf>
- <https://www.dhcs.ca.gov/Budget/Documents/DHCS-FY-2024-25-MR-Highlights.pdf>
- <https://budgettrack.blob.core.windows.net/btdocs2024/489.pdf>
-

**CHIEF
MEDICAL
OFFICER'S
REPORT**

Program Brief
**L.A. Care's Support for Members
Experiencing Homelessness**



L.A. Care
HEALTH PLAN®

For All of L.A.

Prepared for L.A. Care Health Plan Board of Governors

06 June 2024

At a Glance: L.A. Care's strategy to address the housing crisis

L.A. Care's various programs combine to provide a uniquely comprehensive suite of services to address critical member needs

Finding Housing &
Staying Housed

Short Term Housing
Solutions

Increasing Availability
of Permanent Housing

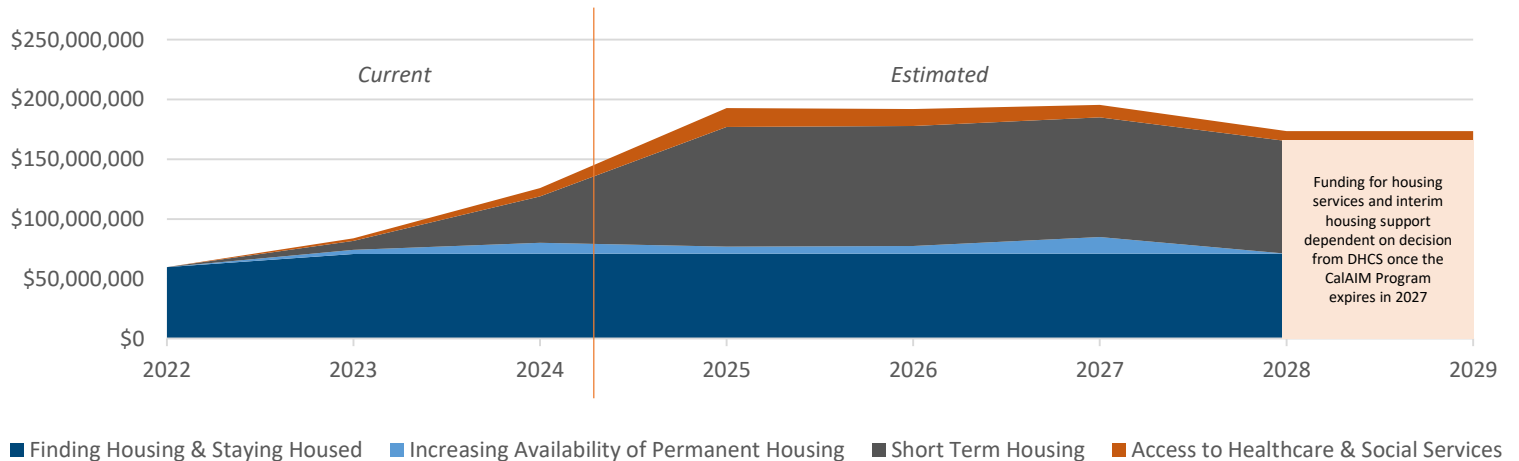
Access to Healthcare & Social Services



L.A. Care is on track to spend \$1.2 billion through 2029 to support our unhoused members

L.A. Care's response to the housing crisis is quickly becoming one of the County's largest

L.A. Care Spend to Support Members Experiencing Homelessness

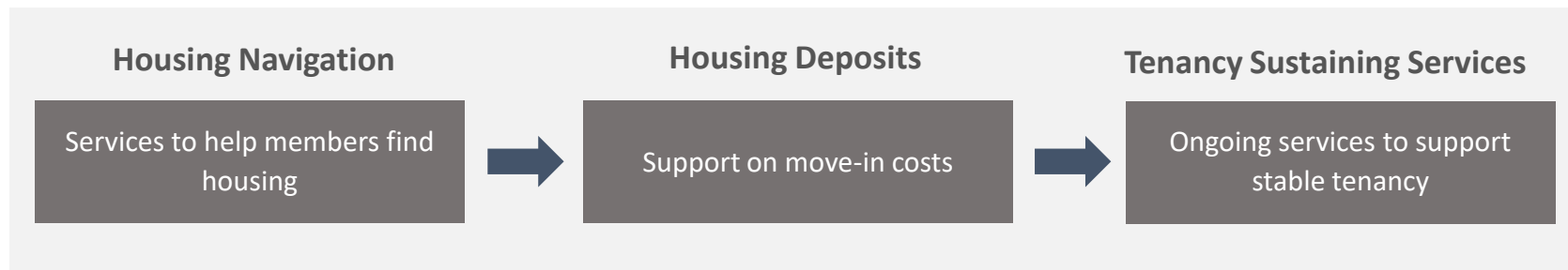


Funding for housing services and interim housing support dependent on decision from DHCS once the CalAIM Program expires in 2027



L.A. Care has provided housing services to nearly 20,000 members since 2022

Housing services help members find, access, & maintain permanent housing



6 months

80% of members received housing through L.A. Care navigation services within 6mo of initial engagement₁

19,306

Total members served from 2022 through March 31, 2024

24%

Percentage of members served who have transitioned to permanent housing₂

₁Based on members from on a sample of 3,681 engaged members from August 2022 – February 2023 who have a move-in date as reported by providers within a 12-month period; 60% of members receiving housing were housed within 4 months

₂Based on the above sample of 3,681 engaged members from August 2022 – February 2023



L.A. Care's programs help members move from unsheltered to sheltered environments

Robust investments & direct services support members in interim housing and expand access to permanent housing units

Support in Interim Housing & Shelters

- Short Term Post Hospitalization Housing services launching in 2024
- ADL support in interim housing & shelters
- Direct coordination with Inside Safe, Pathway Home and other interim housing programs

95 individual grants to interim housing facilities planned through 2027 to support ADL upgrades

Augmented services, available in interim housing sites and shelters across all SPAs by the end of 2024

Enhanced Permanent Housing Availability

- Investment in unit acquisition/master leasing to expand options to use housing subsidies

Weekly coordination with Inside Safe & Pathway Home to ensure member access to services

Over 600 units made available through the end of 2023, with a **total of 1,700 permanent housing units planned through 2027**

260

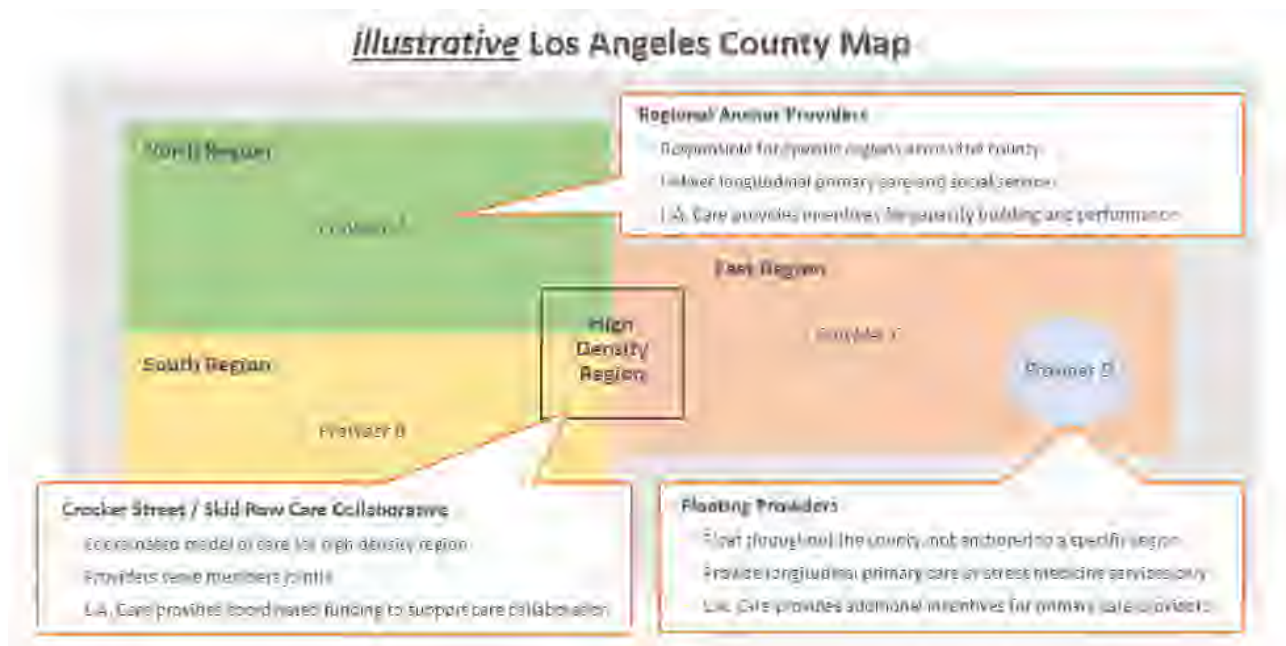
↑Augmented services include support bathing and showering, toileting, shopping for food or clothing, personal device care support, personal hygiene and grooming as well as coordinated connection to healthcare and social services

Investments in ADL Support and Unit Acquisition/Master Leasing made in conjunction with Health Net; L.A. Care is funding 70% of both programs; Only L.A. Care expenditures are reflected on Slide 3



Field Medicine advances care for L.A. County's unhoused through a novel geographic approach

The Field Medicine Program will support 10 new teams for 5 years & organize care using a population-based approach for the first time in LA County



Two funding streams drive new capacity & performance within our Field Medicine Program

The Field Medicine Program will add new capacity to care for members while rewarding high performing teams for the care they are already delivering

Capacity Building Incentives

Deploying 10 new teams across the county using a novel population-based approach to enhance equitable access to care across the county

\$30M

Performance Incentives

Encouraging providers to engage members where they are, connect them to social services, and provide a true medical home

\$30M

+

5-Year funding commitment to support hiring & longitudinal measurement

The Skid Row Care Collaborative compliments the County-wide Field Medicine program

Skid Row Care Collaborative brings enhanced services directly to the high density Skid Row community and includes the launch of the Crocker Street Campus



¹Safe Services include access to mental health providers, legal and veterinary services, linkage to income, employment, and benefits support, and access to bathrooms, showers, laundry facilities, community activities

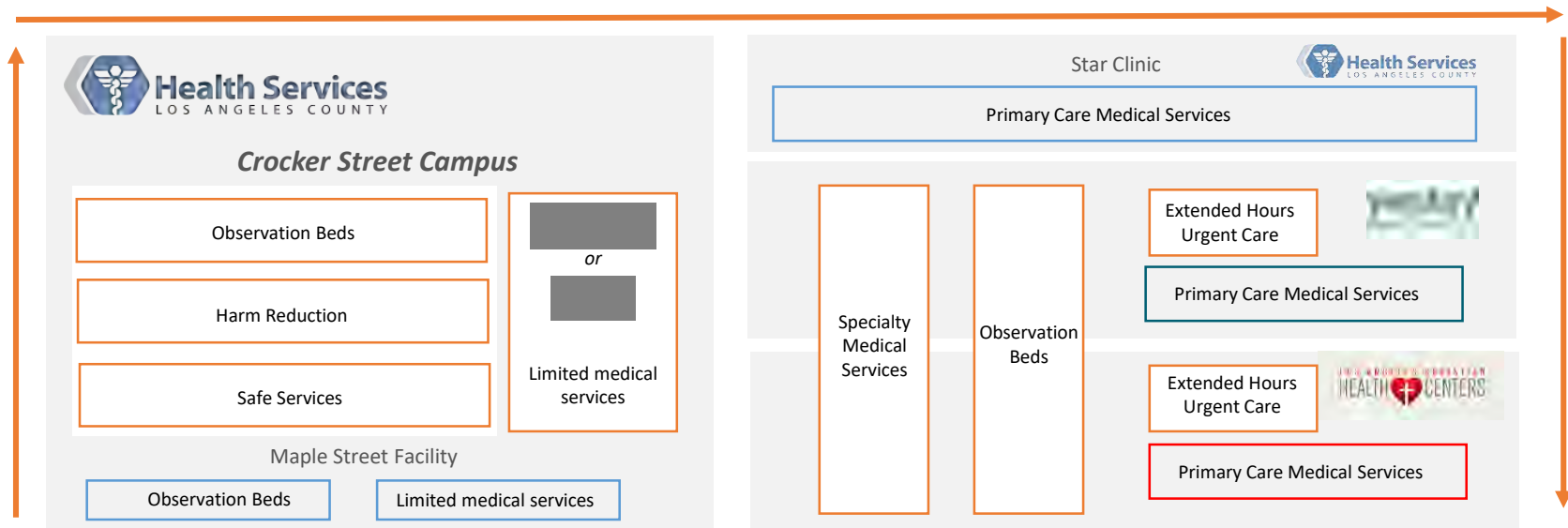
²Community Ambassadors will be hired directly from the community to staff the Crocker Street Facility, supporting safe services and harm reduction services

³Harm Reduction Services are specialized supports for people who use drugs, people with justice system involvement, people who engage in sex work and include observation beds, connection to social services, harm reduction supplies and access to limited medical services

⁴Enhanced Healthcare Services include onsite specialty care, medical observation beds, and expanded hours for urgent care and pharmacy

The Skid Row Care Collaborative ties together services from each legacy onsite provider

Legacy Skid Row healthcare providers will be working together to transform Skid Row into a coordinated healthcare & social services campus



These dedicated L.A. Care leaders are driving our response to the housing crisis



Delia Margarita Mojarro
Director, Social Services



Karl Calhoun
Director, Housing Initiatives



Kevin Burns, MD
Medical Director, CalAIM



Matilde Gonzalez Flores
Director, Community Health



Our cross-functional housing team is focused on reaching as many of our members as we can

Amy Becker

*Program Analyst,
Housing Initiatives*

Sawyer Deitz

*Program Manager,
Housing Initiatives*

Tiffany Hayes

*Manager,
Social Services*

Ashley Reyes

*Housing System Liaison,
Housing Initiatives*

Jennifer Villalobos

*Clinical Social Worker,
Social Services*

Nathalie Bedola

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Mayra Delgado Garcia

*Program Manager,
Community Health Platform*

Shannon Keutzer

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Crystal Sanchez

*Associate,
Social Services*

Lauren Villanueva

*Manager,
Social Services*

Osman Castellanos

*Program Manager,
Strategic Investments*

Ryan Gin

*Data Analyst,
Housing Initiatives*

Skylar Martin

*Clinical Data Analyst,
Housing Initiatives*

Jessica Tapia

*Manager,
Social Services*

Lizabeth Thompson

*Manager,
Social Services*

Caroline Chung

*Manager,
Housing Initiatives*

Erika Granados

*Manager, Housing and Homeless
Services Invention Program*

Monica Ordonez

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*Program Manager,
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Kevin Recinos

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Kimberly Vides-Espinoza

*Clinical Social Worker,
Social Services*

Diana Zendejas

*Housing System Liaison,
Social Services*



Appendix



Field Medicine Provider Types & Primary Care Status

<i>Primary Care Status</i>	<i>Provider Type</i>	<i>Description</i>
<i>Takes Primary Care Assignment</i>	Field Medicine PCP – Regional Anchor	<ul style="list-style-type: none"> • Provides full suite of Field Medicine services, including Street Medicine as well as connection to social services (housing navigation and ECM) • Is anchored in, and responsible for, a particular geography within Los Angeles County • Provides care via street teams, mobile units and brick-and-mortar facilities located within the region • Acts as the default FM-PCP for any given region within Los Angeles County for planning purposes and coordination with government agencies
	Field Medicine PCP – Floating Provider	<ul style="list-style-type: none"> • Provides full suite of Field Medicine services, including Street Medicine as well as connection to social services (housing navigation and ECM) • Is NOT anchored to a particular region and instead operates in various regions county-wide based on provider preference and community need • Provides care via street teams and mobile units
<i>Does not Take Primary Care Assignment</i>	Street Medicine-Only – Floating Provider	<ul style="list-style-type: none"> • Provides Street Medicine services only under direct Street Medicine contract with Managed Care Plans • Must provide connection to social services (housing navigation and ECM) • Is NOT anchored to a particular region and instead operates in various regions county-wide based on provider preference and community need • Must work with the MCP, the member’s PCP, and ECM care manager to ensure member has access to primary and specialty care, behavioral health services, Community Supports and other social services as needed



Field Medicine Primary Care Standards

<i>Service Standards</i>	<i>Core Capabilities</i>
Provide longitudinal primary care services	<ul style="list-style-type: none"> • Provide long-term access to a consistent care team in/near the member's lived environment • Provide that care on the street, in a mobile unit on a regular schedule and/or in a brick-and-mortar facility • Take primary care assignment for members they serve
Provide care management and social services alongside primary care services	<ul style="list-style-type: none"> • Enroll members in and provide Enhanced Care Management (ECM) • Enroll members in and provide housing services • Enroll members in other Community Supports as applicable
Connect members to specialty care	<ul style="list-style-type: none"> • Referrals for specialty care within prescribed network • Ensure in-person member access in/near the member's lived environment via street team, mobile unit and/or brick-and-mortar facility
Provide Street Medicine services	<ul style="list-style-type: none"> • Provide services to individuals experiencing unsheltered homelessness in their lived environment
Access and document clinical information	<ul style="list-style-type: none"> • Document clinical visits in existing EMR • Participate in LANES Health Information Exchange for data sharing with other providers • Utilize LANES to access patient data • Utilize HMIS to coordinate housing services
Serve people experiencing unsheltered homelessness as well as people shelters and temporary housing	<ul style="list-style-type: none"> • Provide access to consistent care team for members experiencing homelessness, and follow those who transition to shelters and short term housing



Board of Governors Monthly Meeting

Performance Monitoring May 2024



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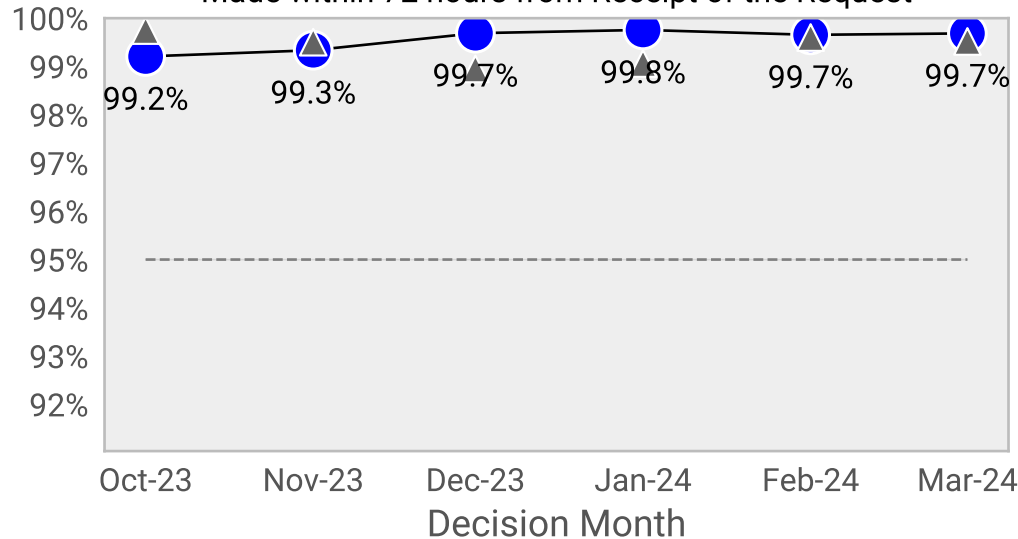
Call the Car Performance

21. Call the Car Trip Performance
22. Call the Car Abandonment Call Rate Performance

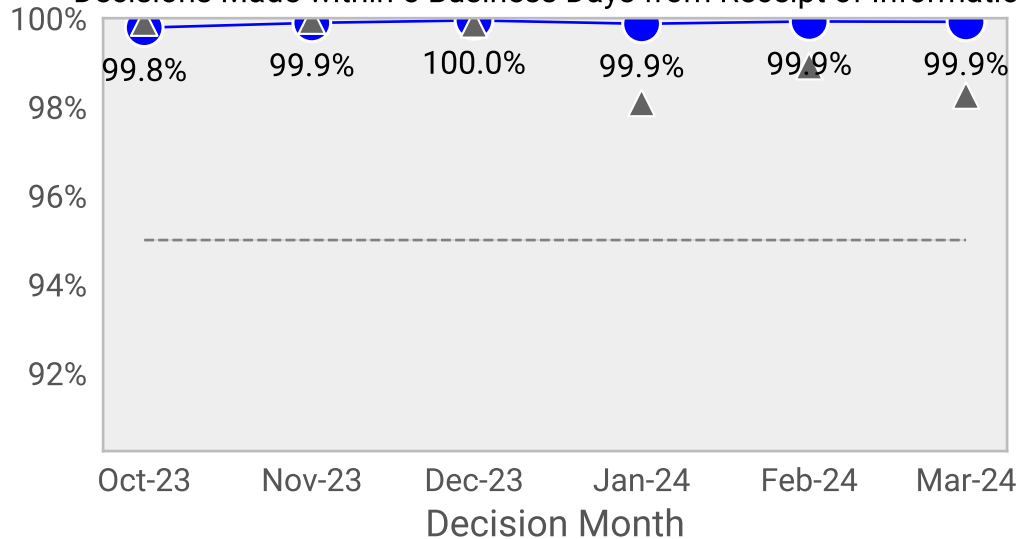
Medical Management

MCLA Authorization Processing Timeliness

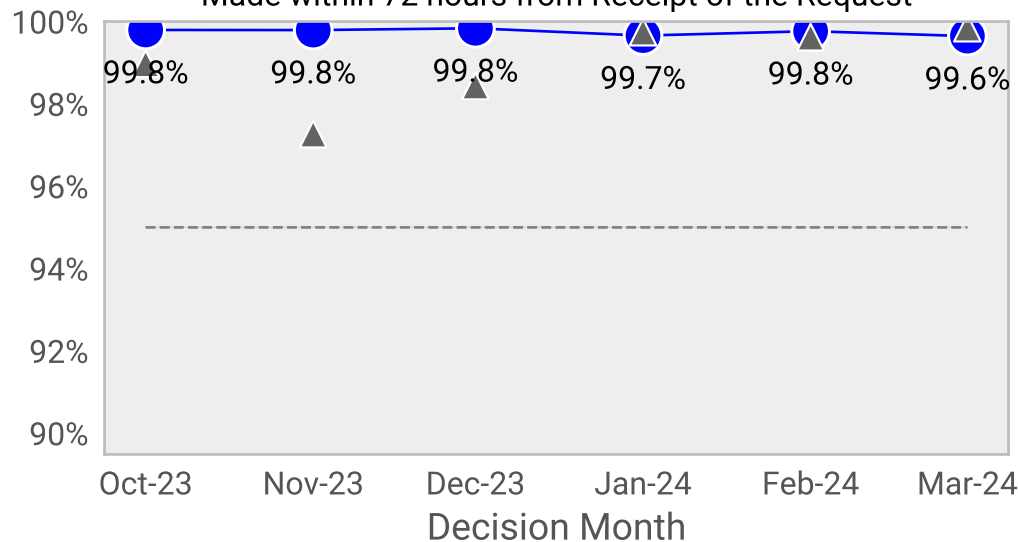
Expedited/Urgent Preservice Service Requests Decisions Made within 72 hours from Receipt of the Request



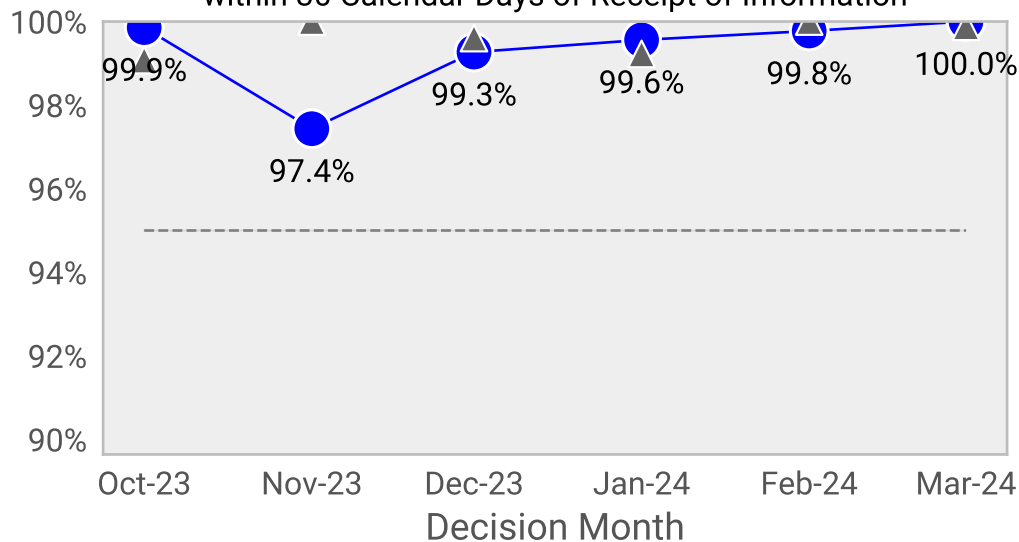
Standard/Routine Preservice Service Request Decisions Made within 5 Business Days from Receipt of Information



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



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

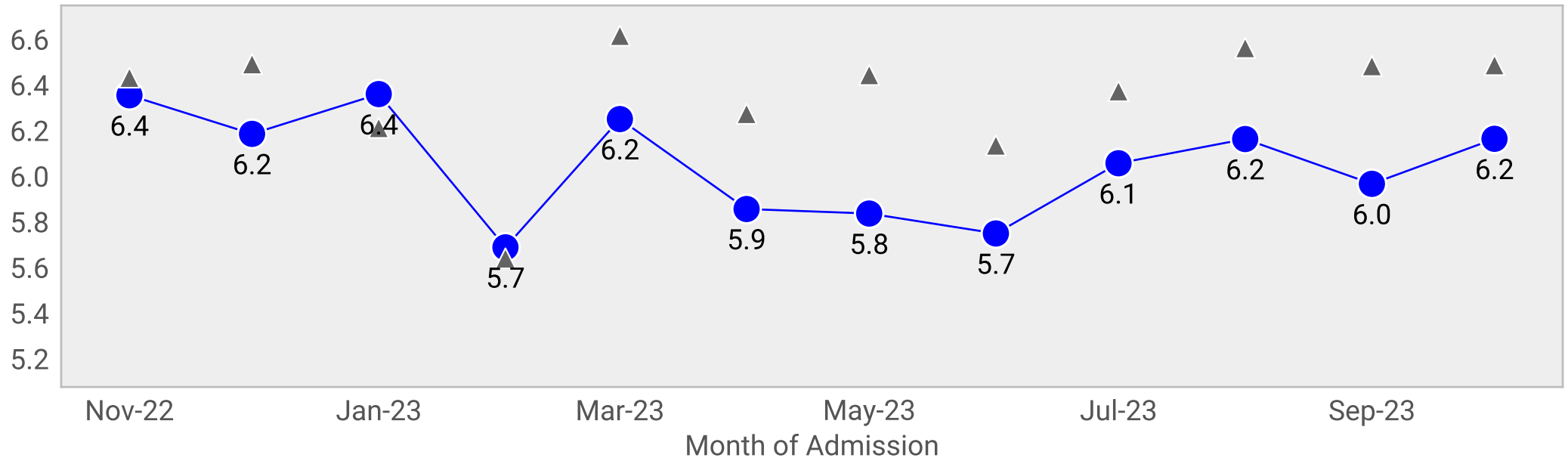


Triangles display the previous year's performance for the same month.

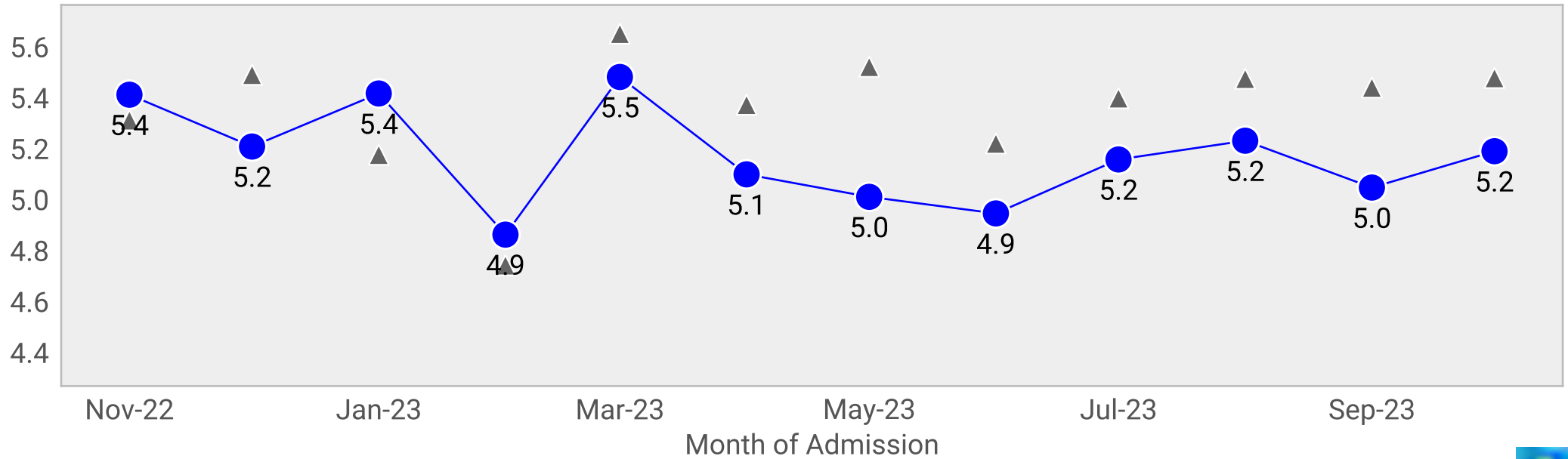
Only includes authorizations processed directly by L.A. Care.



Total MCLA In-Patient Hospital Admissions PTMPM



Non-Obstetrics MCLA In-Patient Hospital Admissions PTMPM



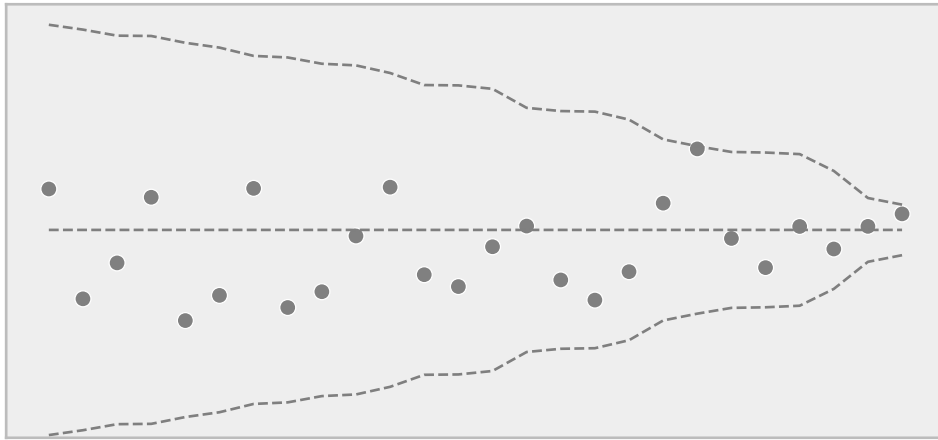
Triangles display the previous year's performance for the same month.



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

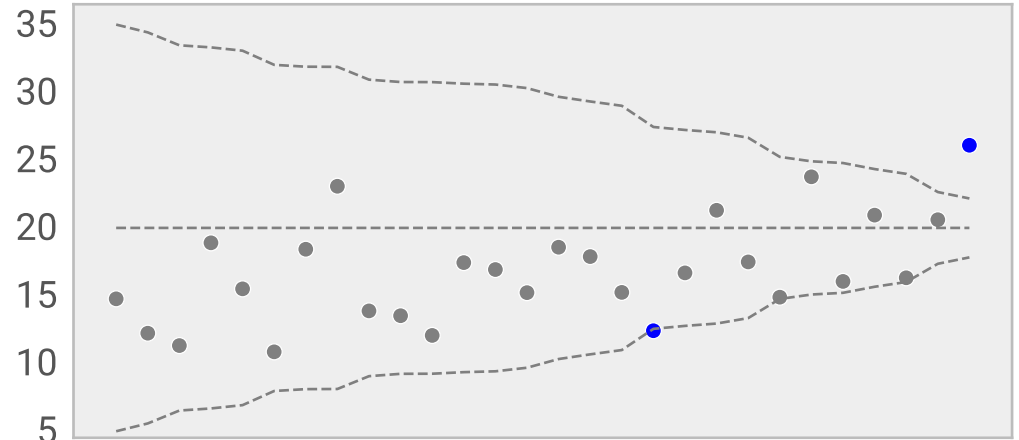
Assessment Period: Nov 2022 through Oct 2023

MCE



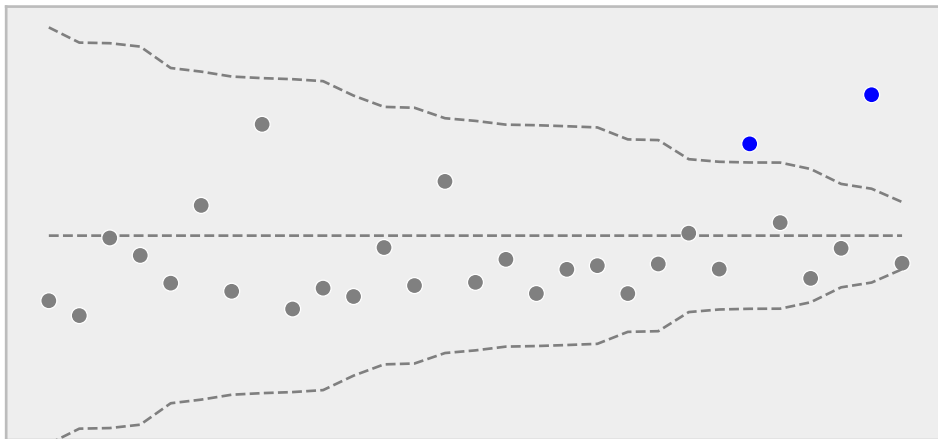
PPGs Sorted from Smallest to Largest Member Months

SPD



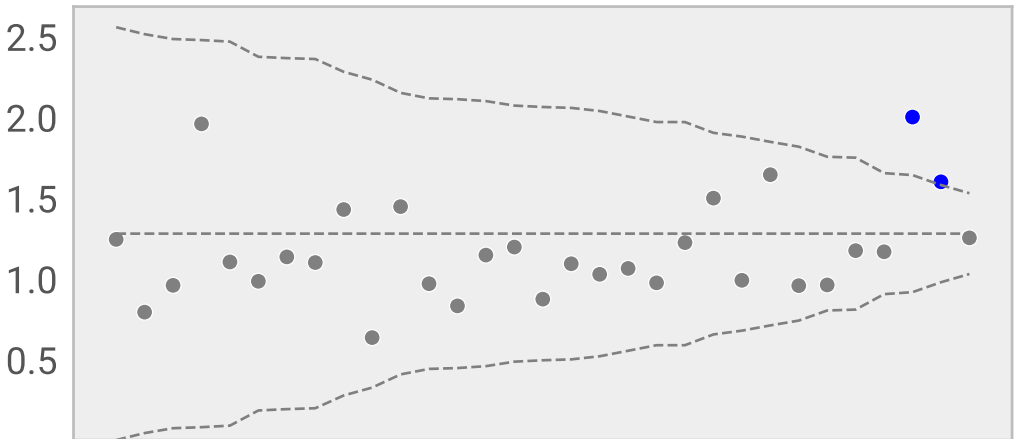
PPGs Sorted from Smallest to Largest Member Months

TANF - Adult



PPGs Sorted from Smallest to Largest Member Months

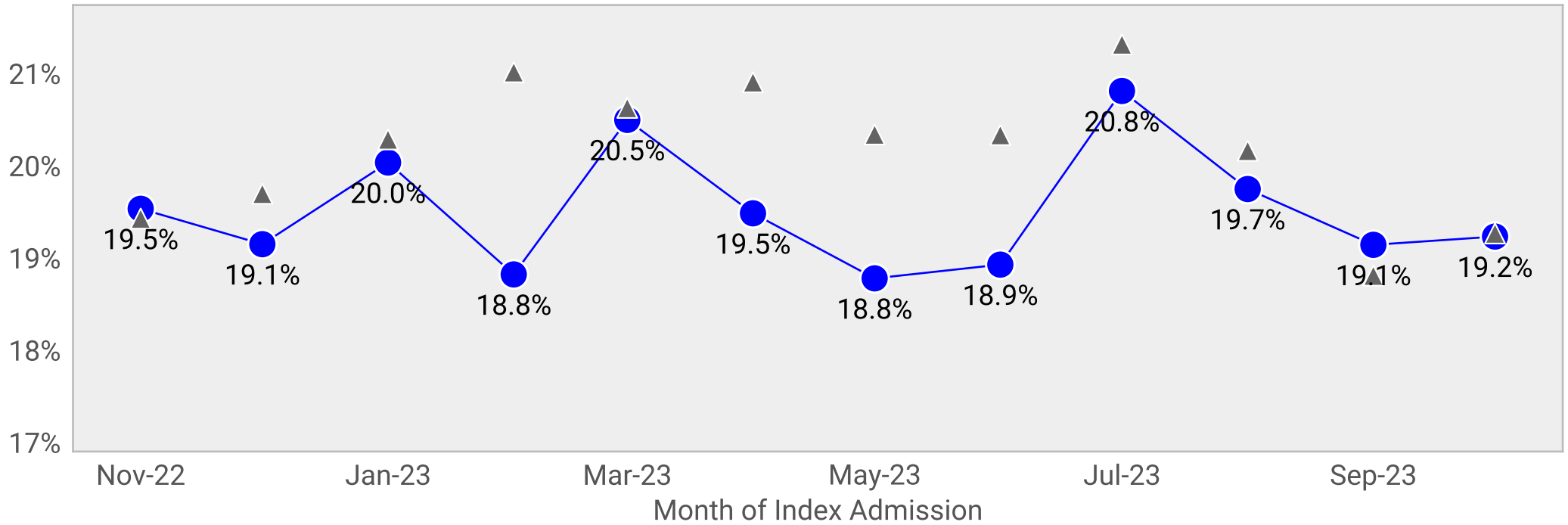
TANF - Child



PPGs Sorted from Smallest to Largest Member Months



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



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

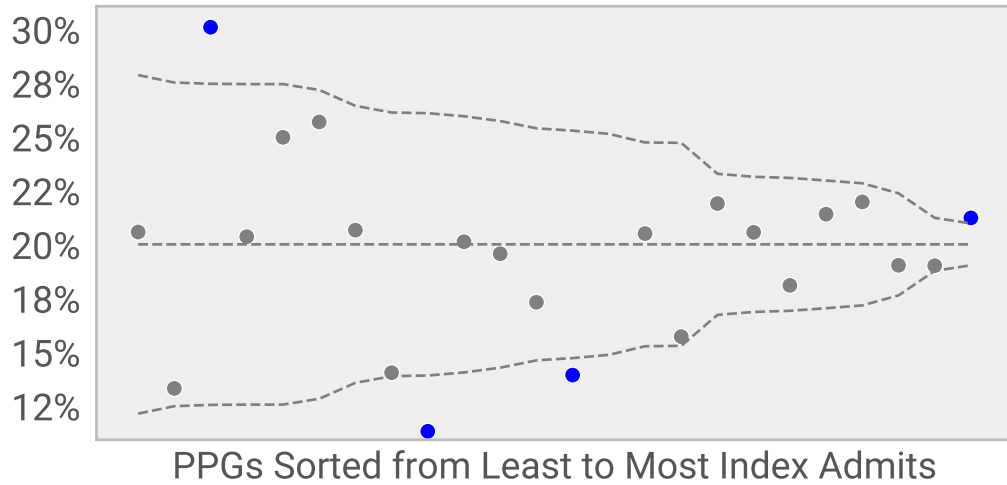


MCLA In-Patient Hospital 30-Day Readmission Rates by Segment and PPG

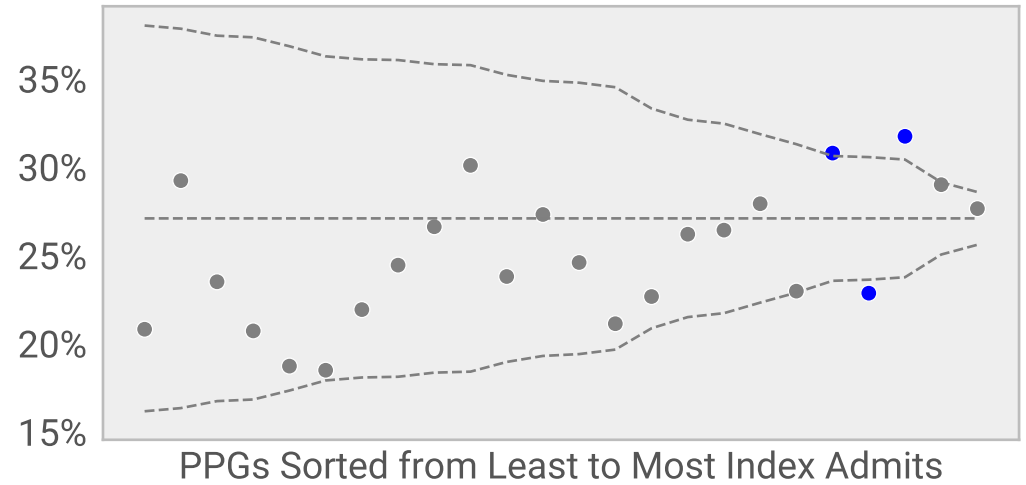
P Charts

Assessment Period: Nov 2022 through Oct 2023

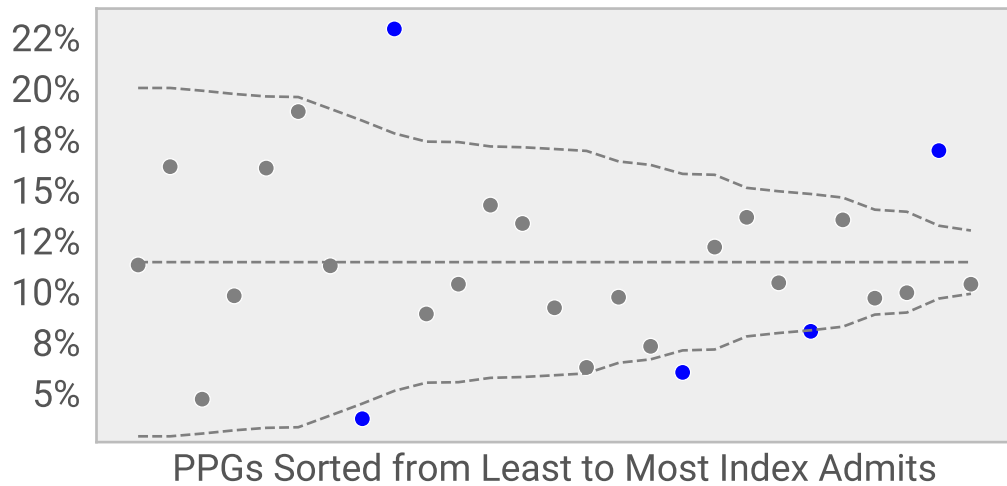
MCE



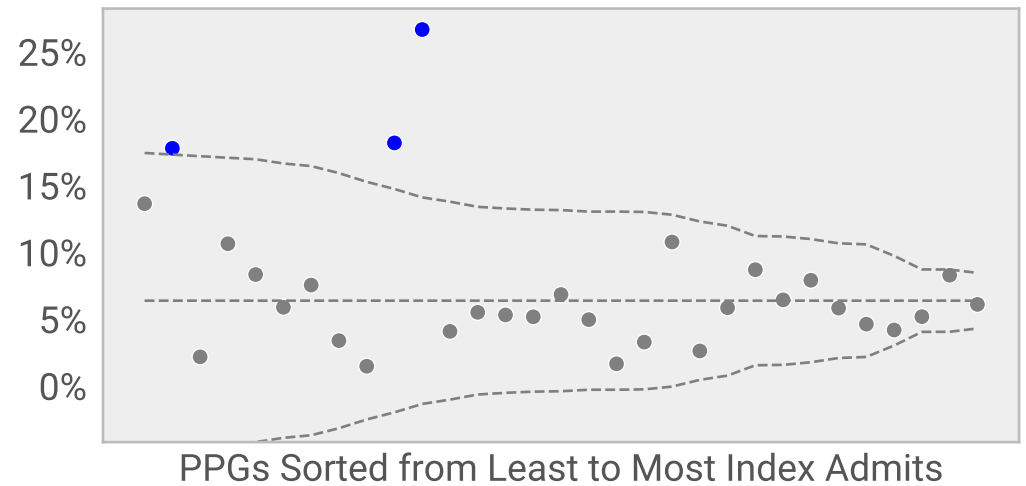
SPD



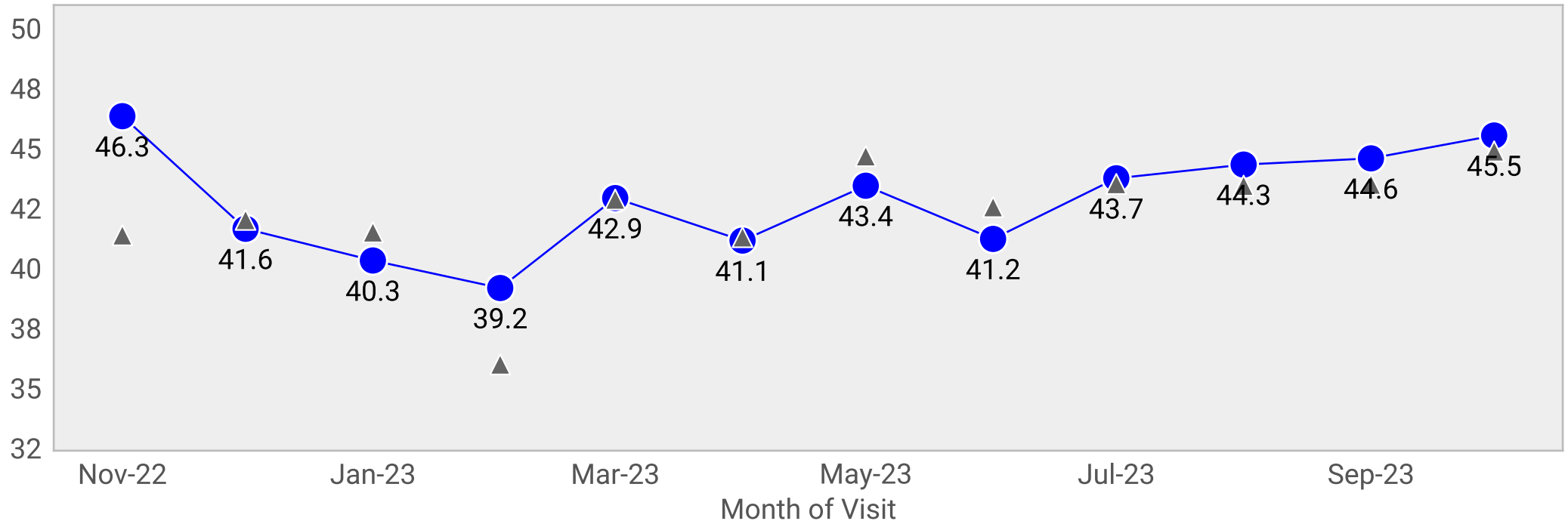
TANF - Adult



TANF - Child



Total MCLA Emergency Department Visits PTMPM



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

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

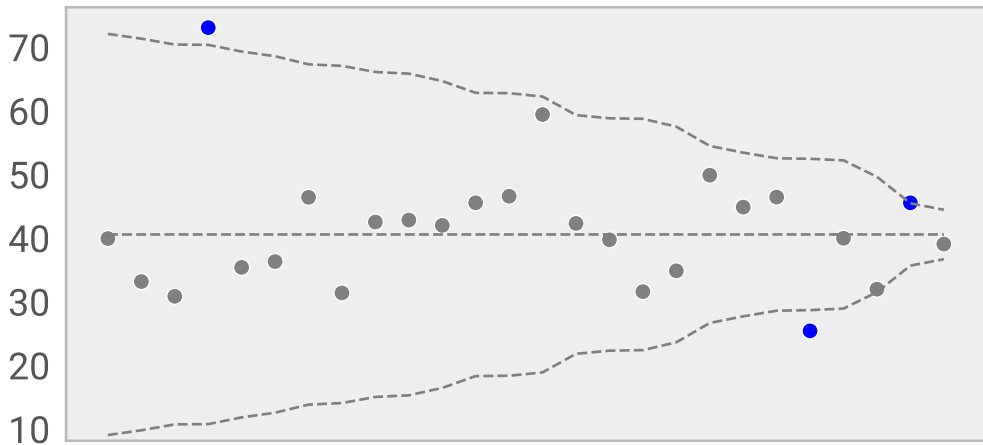


Total MCLA Emergency Department Visits PTMPM by Segment and PPG

U' Charts

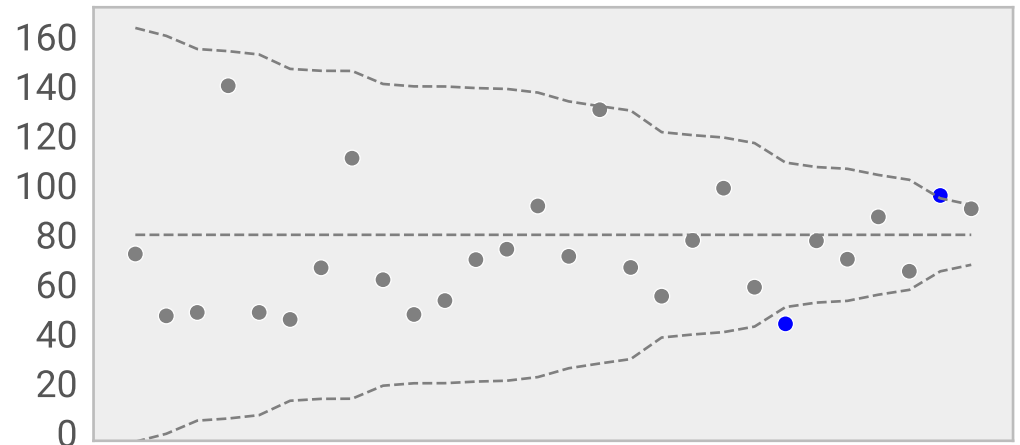
Assessment Period: Nov 2022 through Oct 2023

MCE



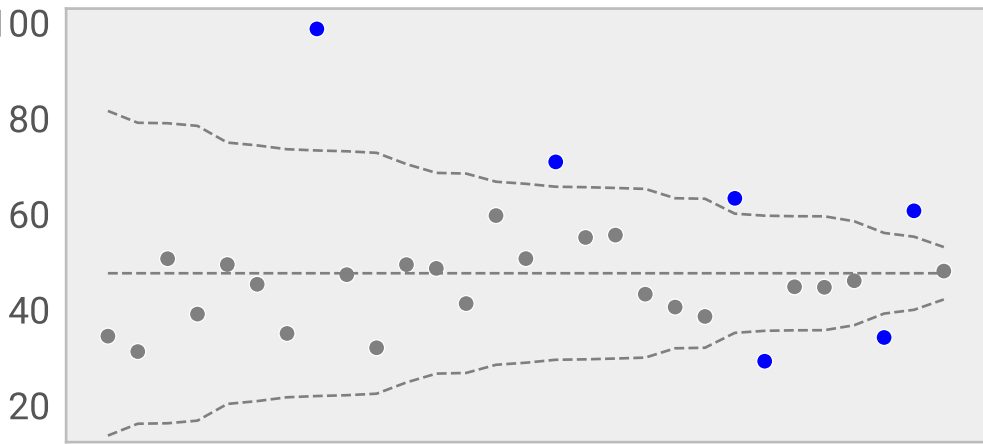
PPGs Sorted from Smallest to Largest Member Months

SPD



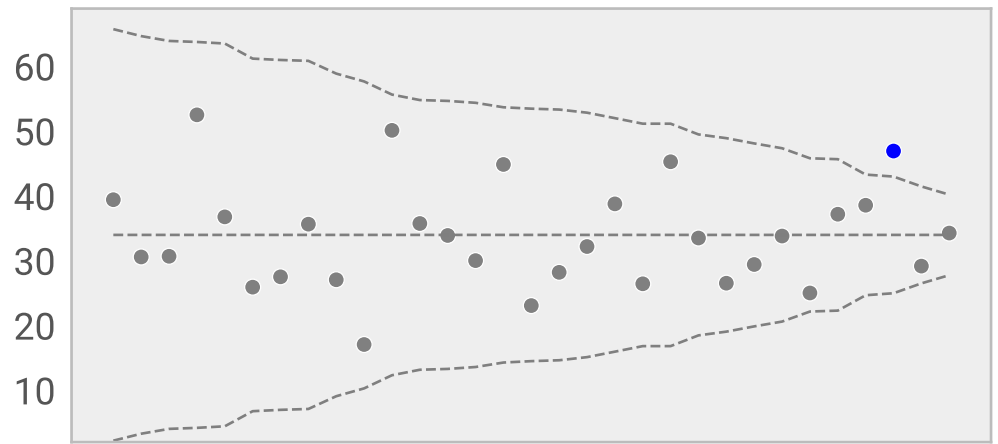
PPGs Sorted from Smallest to Largest Member Months

TANF - Adult



PPGs Sorted from Smallest to Largest Member Months

TANF - Child

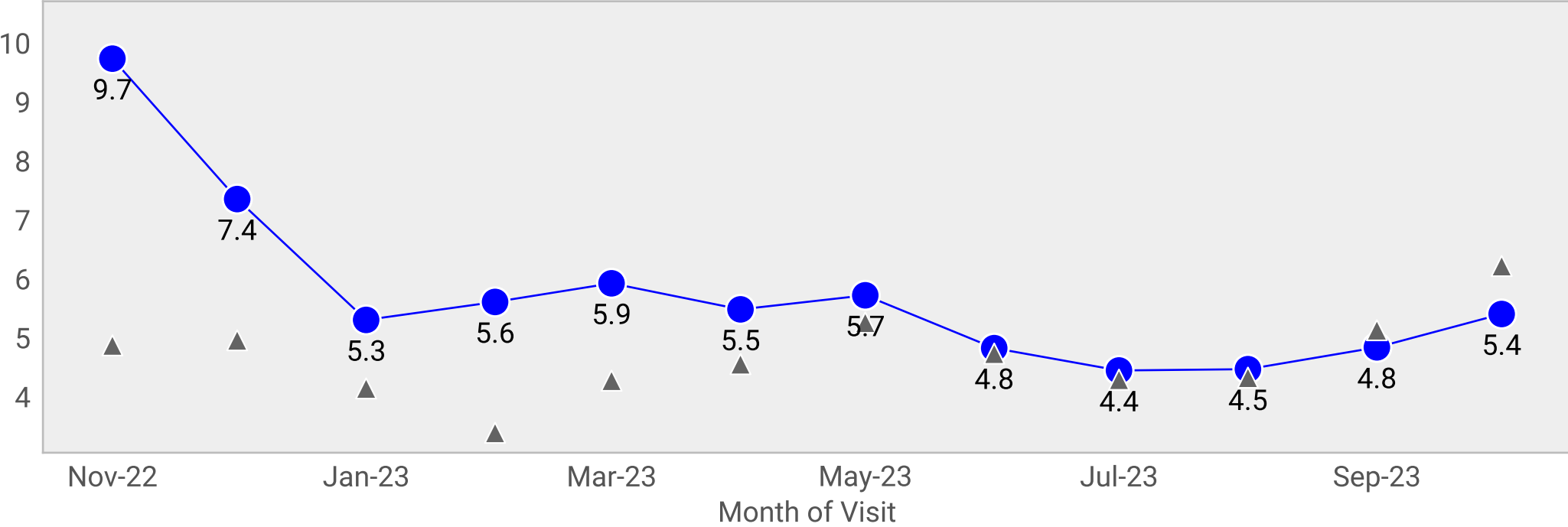


PPGs Sorted from Smallest to Largest Member Months

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



MCLA Potentially Avoidable Emergency Department Out-Patient Visits PTMPM



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

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

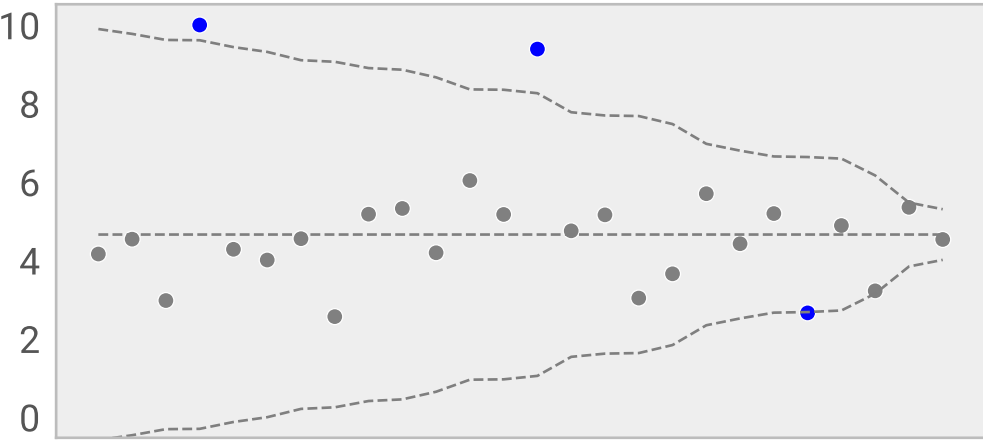


MCLA Potentially Avoidable Emergency Department Visits PTMPM by Segment and PPG

U' Charts

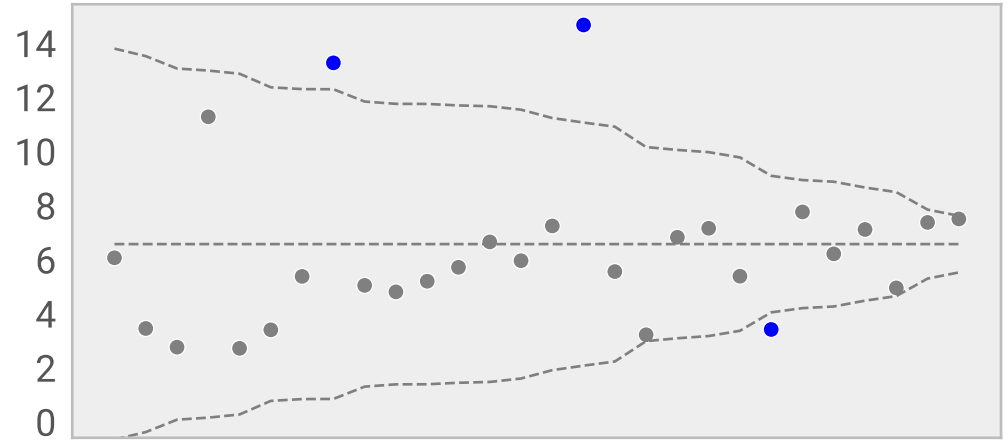
Assessment Period: Nov 2022 through Oct 2023

MCE



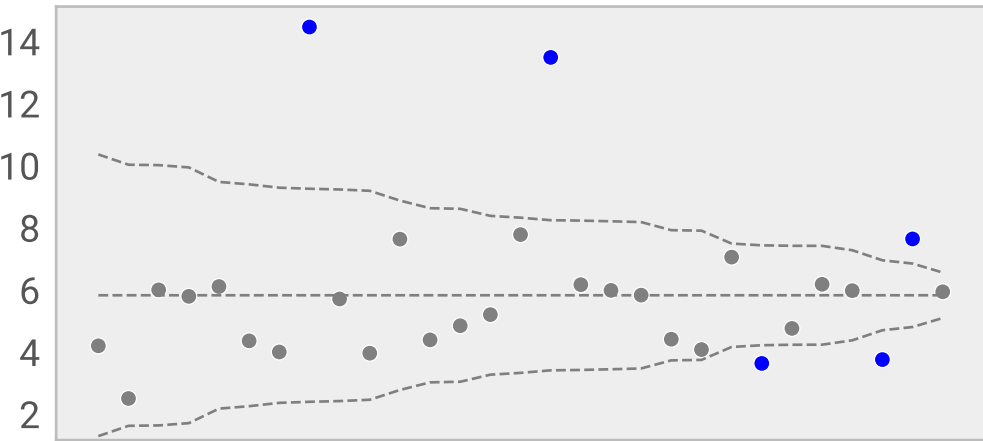
PPGs Sorted from Smallest to Largest Member Months

SPD



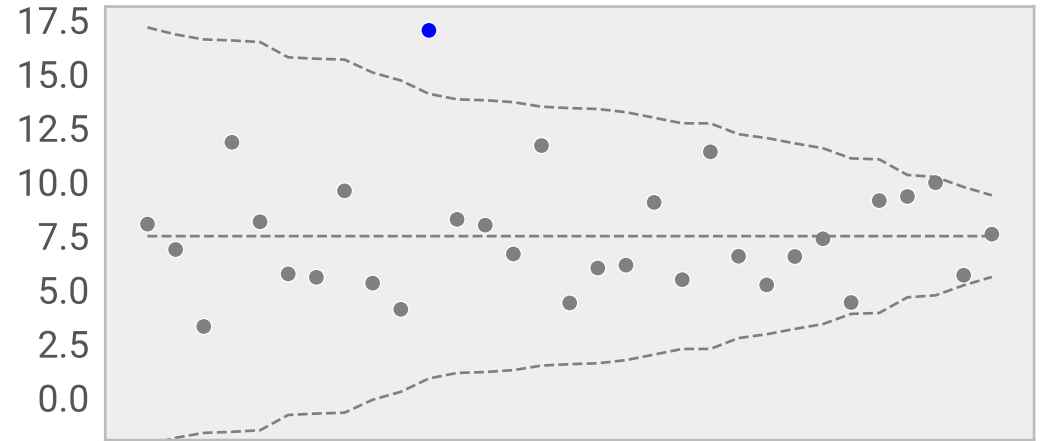
PPGs Sorted from Smallest to Largest Member Months

TANF - Adult



PPGs Sorted from Smallest to Largest Member Months

TANF - Child



PPGs Sorted from Smallest to Largest Member Months

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



L.A. Care Provider "Face Sheet" Measures

Providing a single view of PPG performance across critical Quality, Medical Management, and Member Experience metrics.

Quality

Breast Cancer Screening
Cervical Cancer Screening
Child and Adolescent Well-Care Visits
Childhood Immunization Status
Controlling High Blood Pressure
Developmental Screening in the First Three Years of Life
Follow-Up After ED Visit for Substance Abuse: 30 days
Immunizations for Adolescents: Combo 2
Initial Health Screening
Lead Screening in Children
Prenatal & Postpartum Care: Postpartum Care
Prenatal & Postpartum Care: Timeliness of Prenatal Care
Topical Flouride for Children
Well-Child Visits in the First 30 Months of Life: First 15 Months
Well-Child Visits in the First 30 Months of Life: Age 15 Months-30 Months

Medical Management

% of Members Utilizing Primary Care
Professional Follow-Up Visits after In-Patient Hospital Discharge Rate
Total Emergency Department Visits PTMPM
Potentially Avoidable Emergency Department Visits PTMPM
Total In-Patient Admissions - Observed-to-Expected Ratio
Total non-Obstetric In-Patient Admissions - Observed-to-Expected Ratio

Member Experience

Access Grievance Data
Care Coordination (CG-CAHPS)
Getting Appointments and Care Quickly (CG-CAHPS) - Adults
Getting Appointments and Care Quickly (CG-CAHPS) - Children
PAAS - After Hours Access
PAAS - After Hours Call-Back Timeliness
PAAS - PCP Routine Appointment
PAAS - PCP Urgent Appointment
PAAS - Preventive Check-Up, Adult Well-Woman Exam
PAAS - Preventive Check-Up, Well-Child Exam
PAAS - Specialty Initial Prenatal Visit
PAAS - Specialty Routine Appointment
PAAS - Specialty Urgent Appointment



Total Members Receiving CalAIM Community Support Services in 2023: 18,692

	<p>Housing Navigation & Tenancy Support Services</p> <p>Members Served 14,939</p> <p>Months of Service Provided 126,568</p>	<p>Housing Deposits</p> <p>Members Served 276</p> <p>Ave \$/Mbr Distributed \$2,116</p>
---	--	--

 <p>Recuperative Care</p> <p>Members Served 1,926</p> <p>Days of Care Provided 36,615</p>

 <p>Medically Tailored Meals</p> <p>Members Served 883</p> <p>Months of Care Provided 209,117</p>

 <p>Environmental Accessibility Adaptations</p> <p>Members Served 80</p> <p>Adaptations Provided 80</p>

 <p>Sobering Centers</p> <p>Members Served 158</p> <p>Days of Care Provided 158</p>

 <p>Personal Care and Homemaker Services</p> <p>Members Served 362</p> <p>Hours of Care Provided 126,736</p>
--

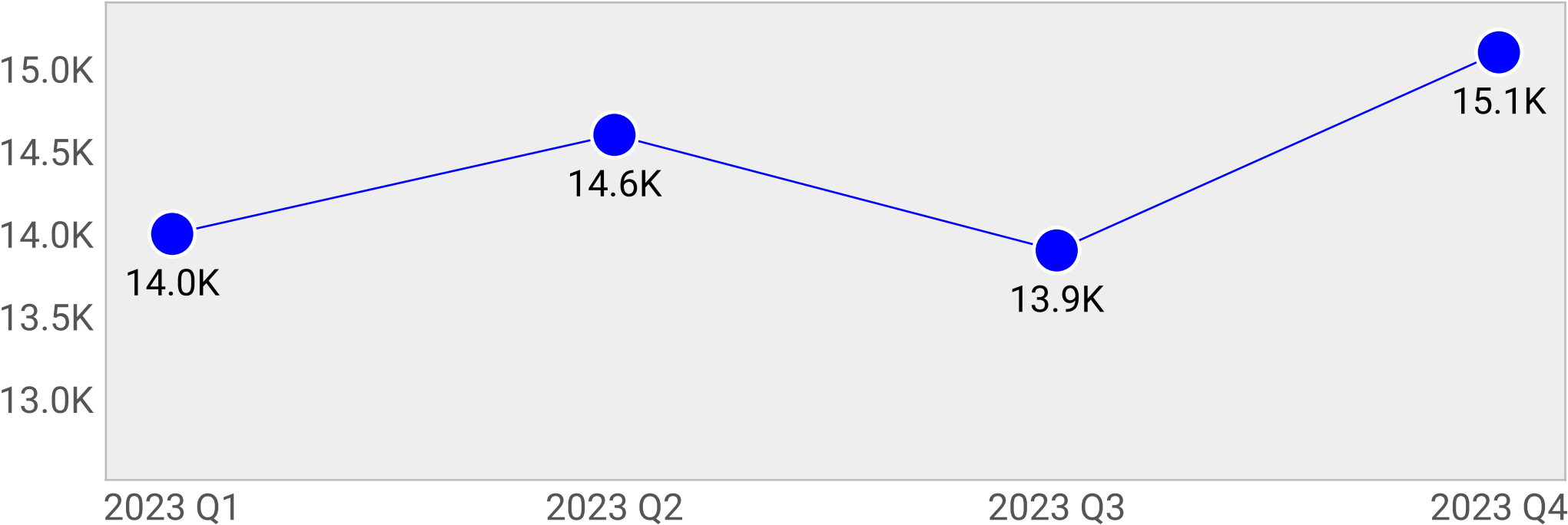
 <p>Respite Services</p> <p>Members Served 68</p> <p>Hours of Care Provided 11,857</p>
--



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

Total Contracted Providers: 75

Quarterly Enrollment Trend

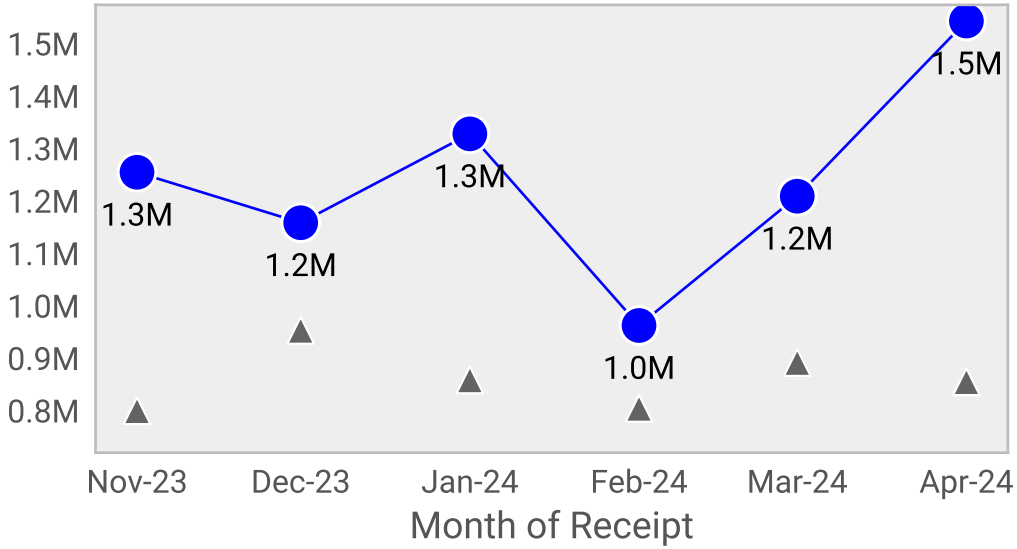


Claims Operations

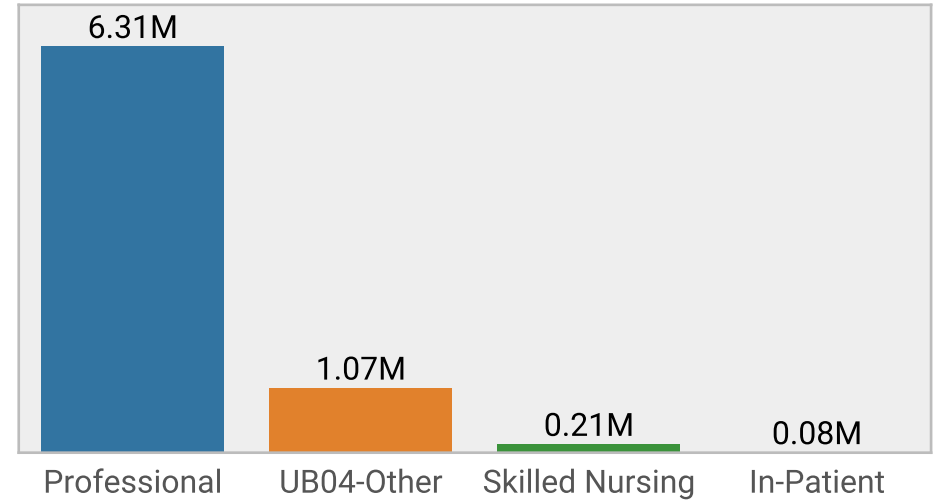


MCLA Claims Received

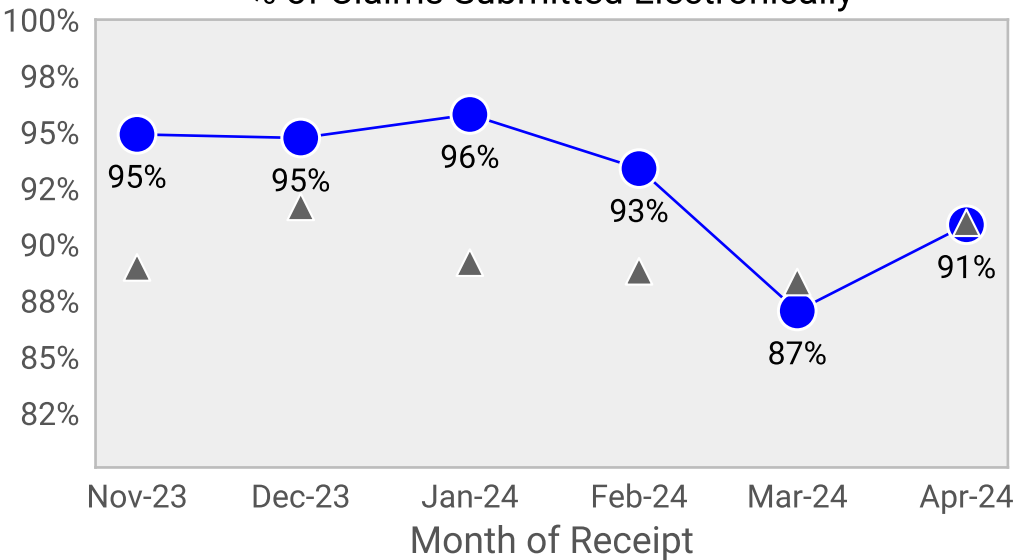
Total Claims Volume Received



Most Recent 6 Months' Volume by Service Type



% of Claims Submitted Electronically

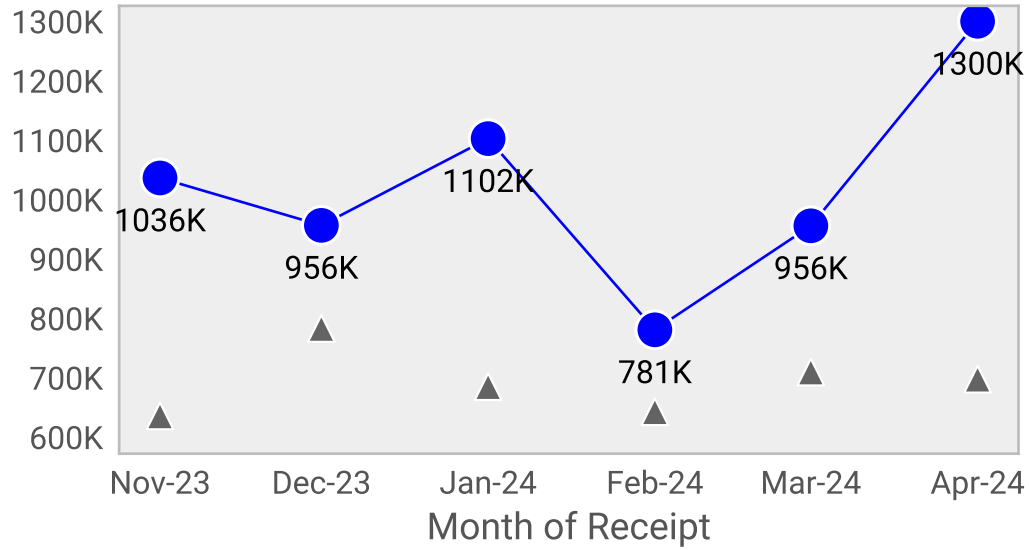


Triangles display the previous year's performance for the same month.

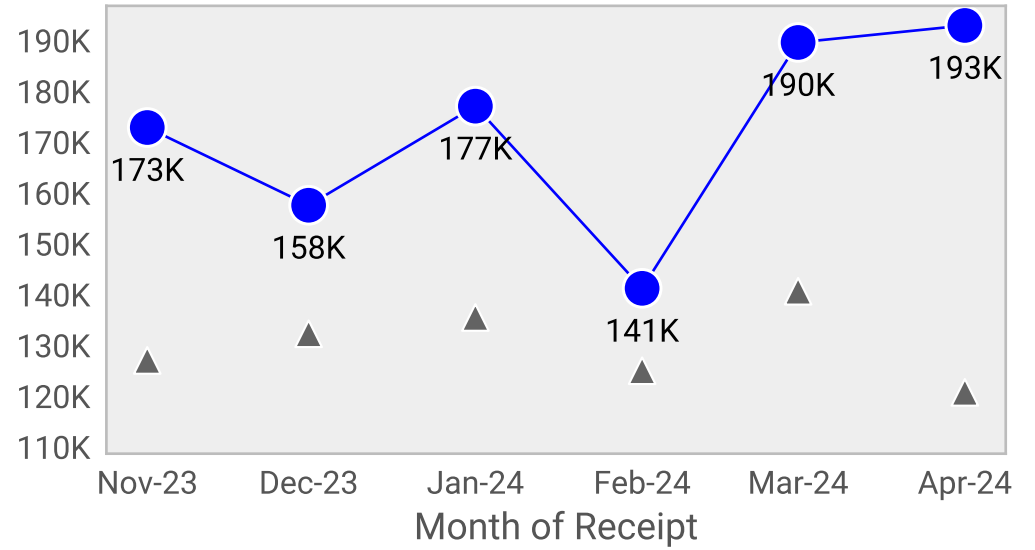


MCLA Claims Volume Received by Service Type

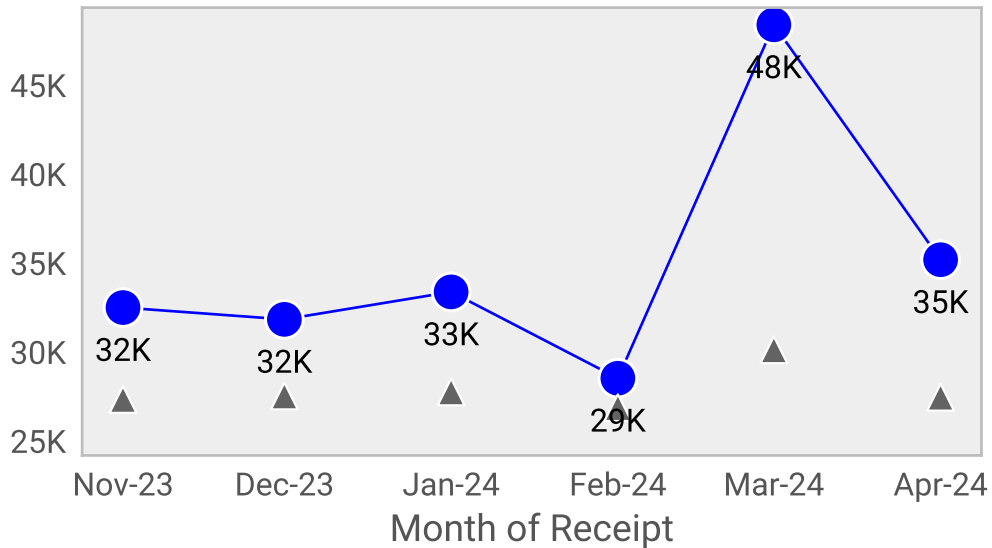
Professional



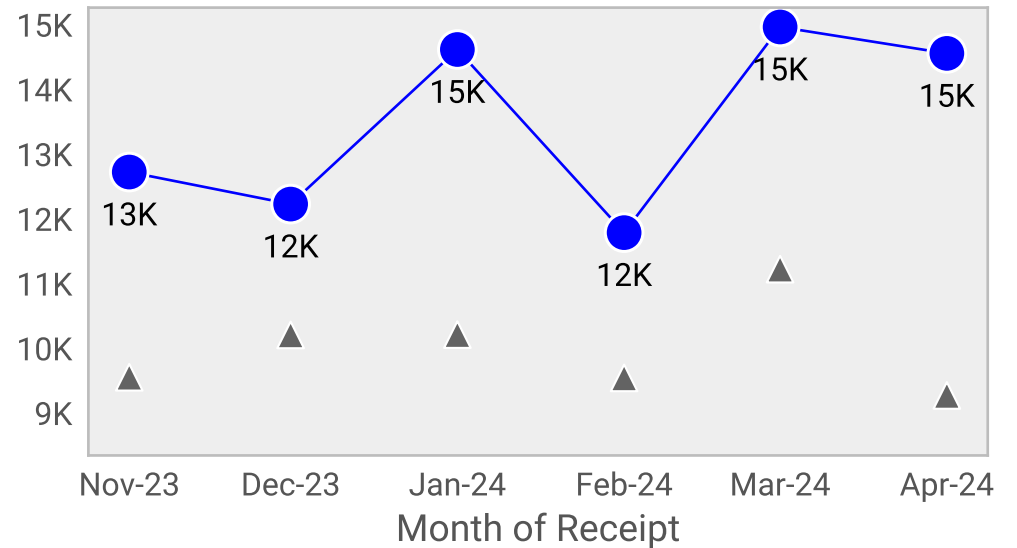
UB04-Other



Skilled Nursing



In-Patient

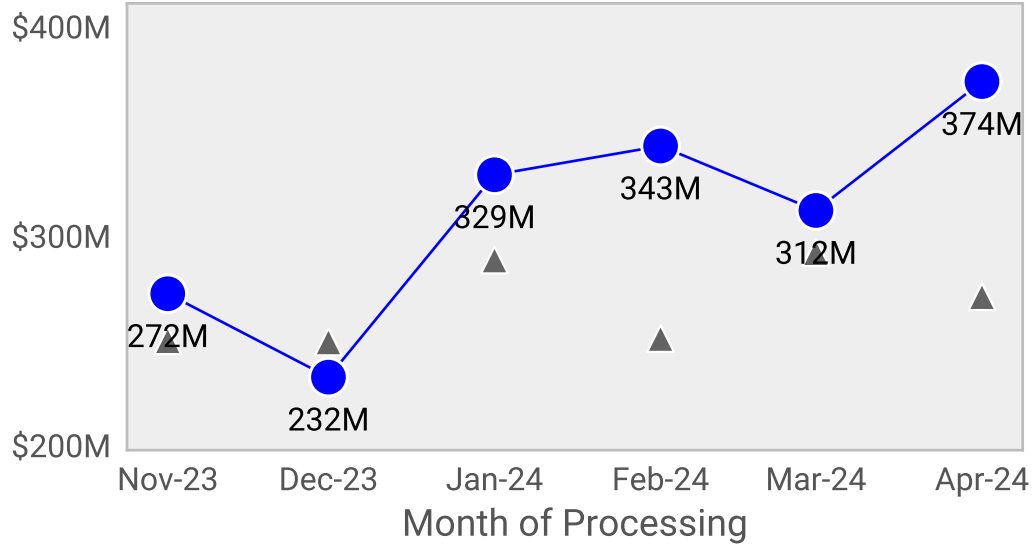


Triangles display the previous year's performance for the same month.

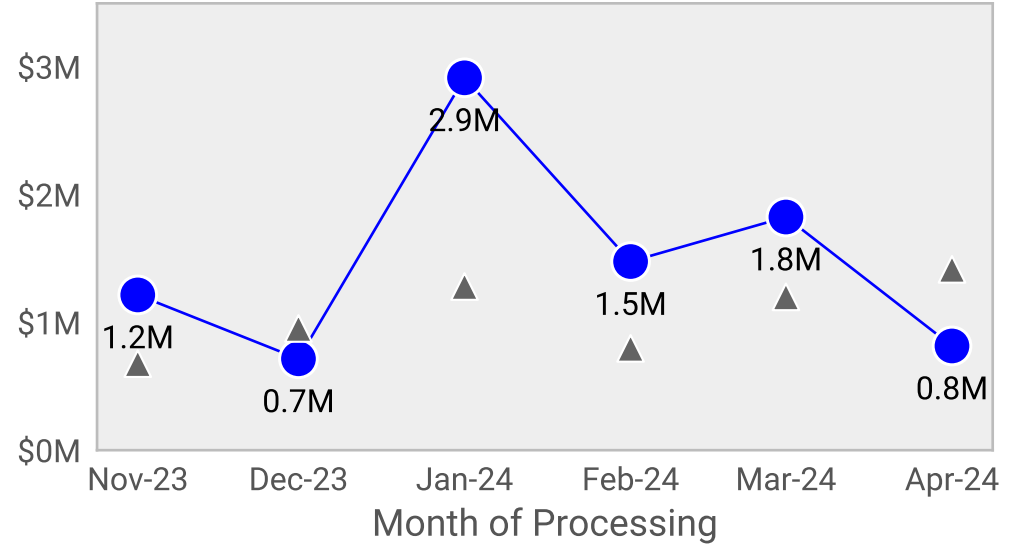


MCLA Payment Processing

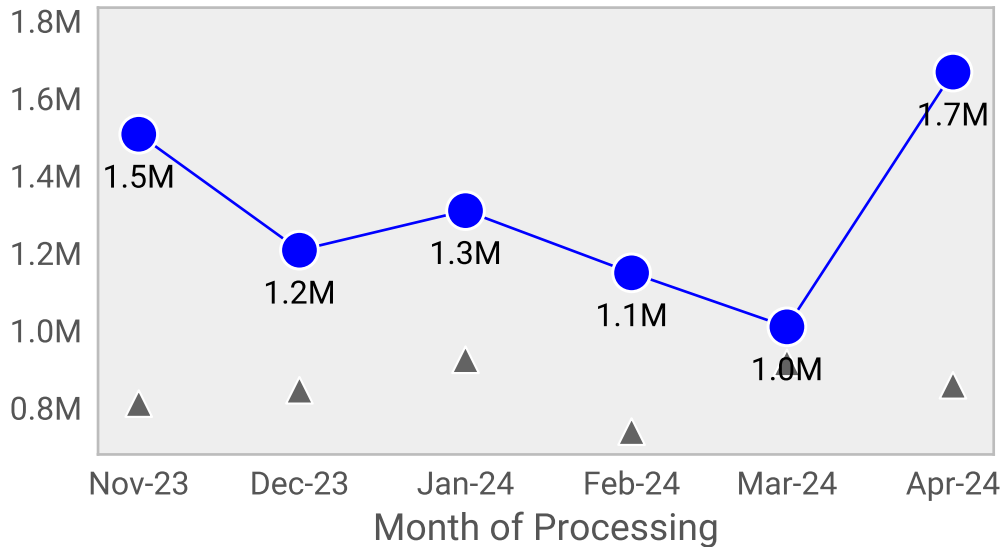
Total Paid (including Interest)



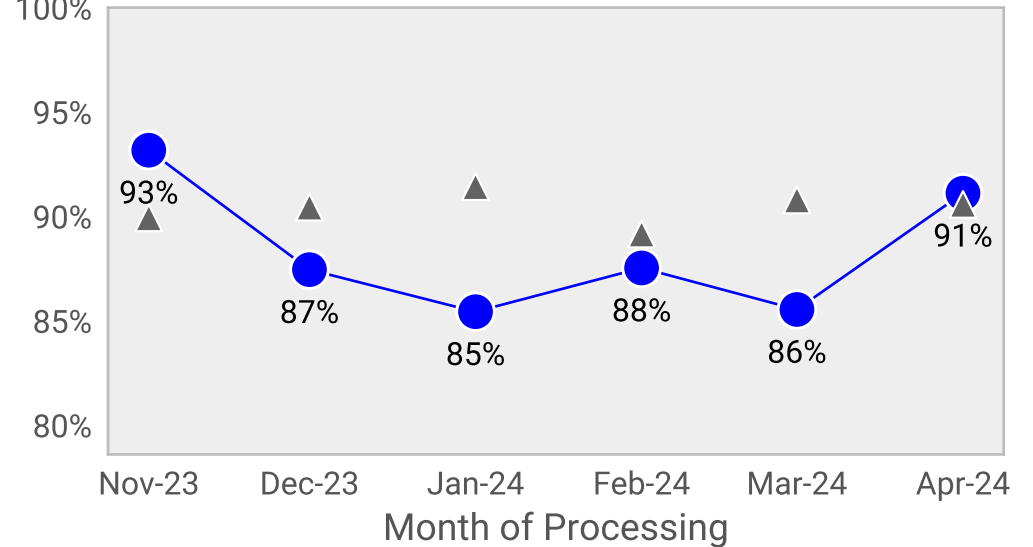
Total Interest Paid



Total First-Pass Adjudicated Claims Volume



% of First-Pass Claims Auto-Adjudicated

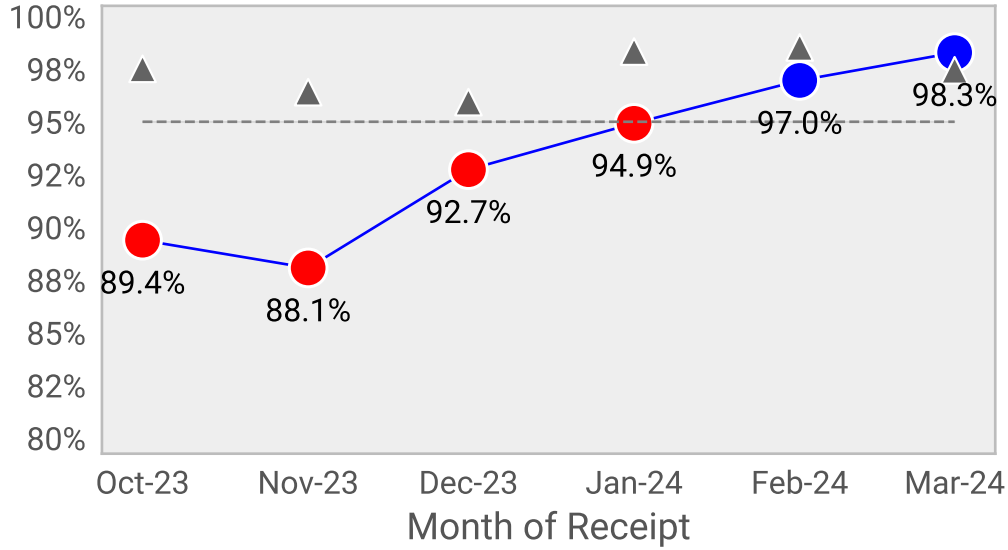


Triangles display the previous year's performance for the same month.

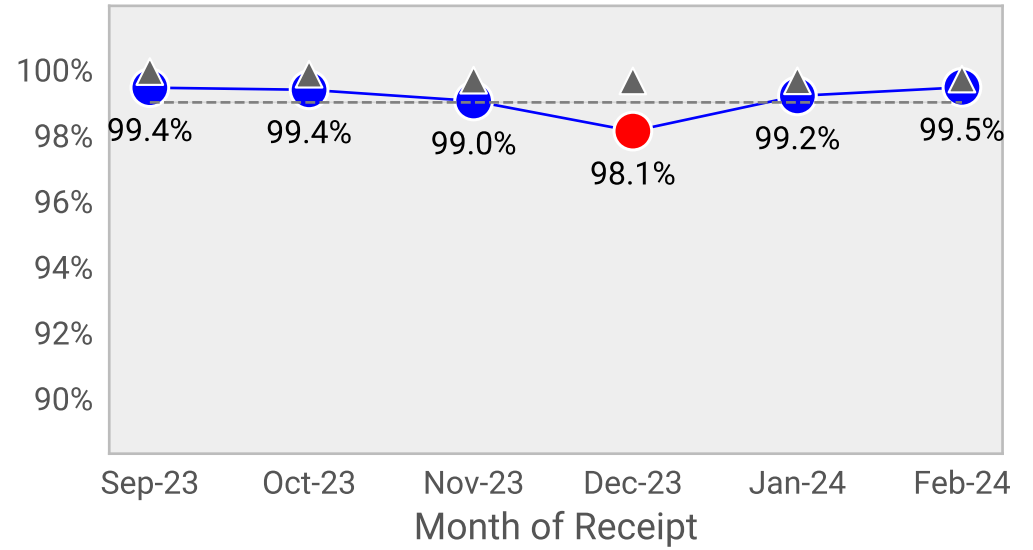


MCLA Claims Processing Timeliness

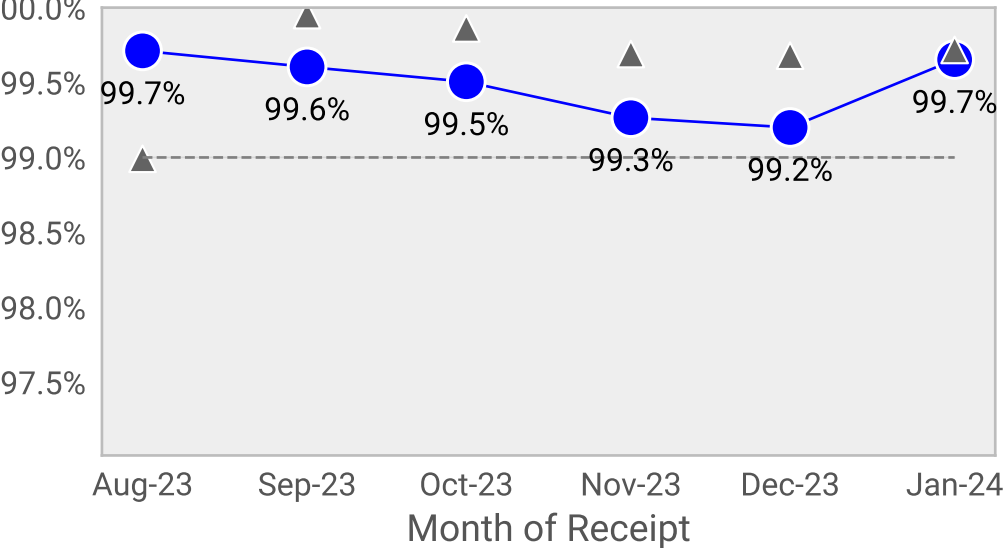
% Processed within 30 Calendar Days



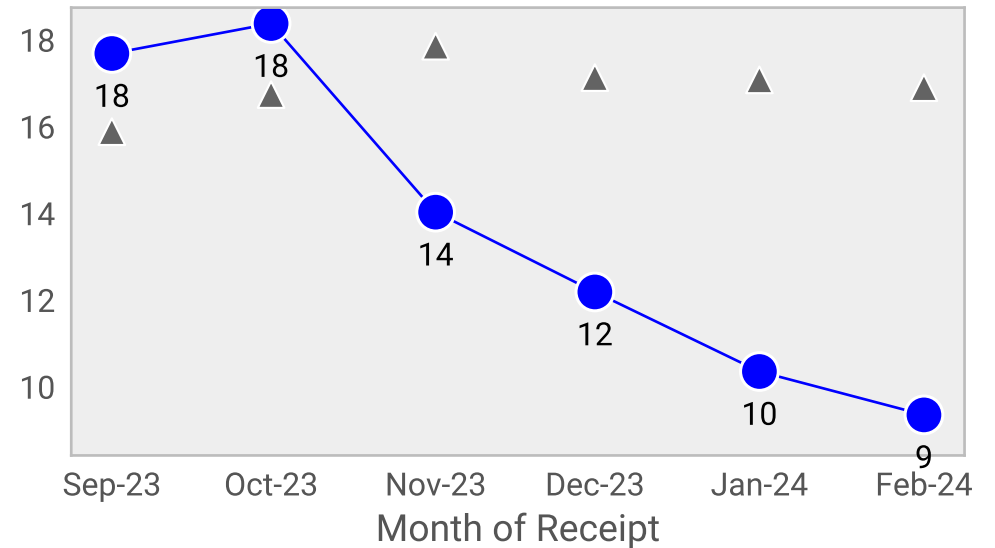
% Processed within 45 Business Days



% Processed within 90 Calendar Days



Average Calendar Days to Process



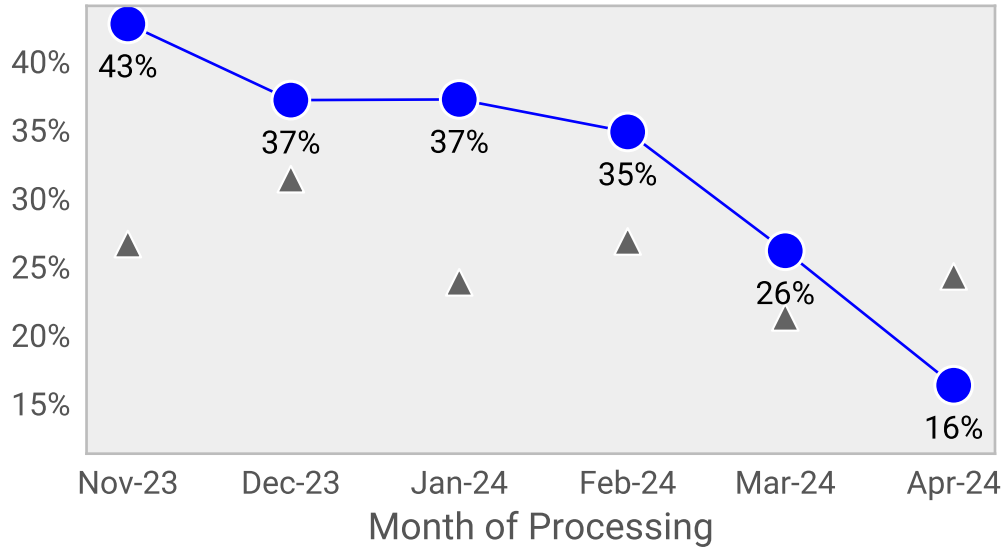
Triangles display the previous year's performance for the same month.

The most recent 6 months displayed is different for each plot, accounting for the time needed to maturely report each measure.

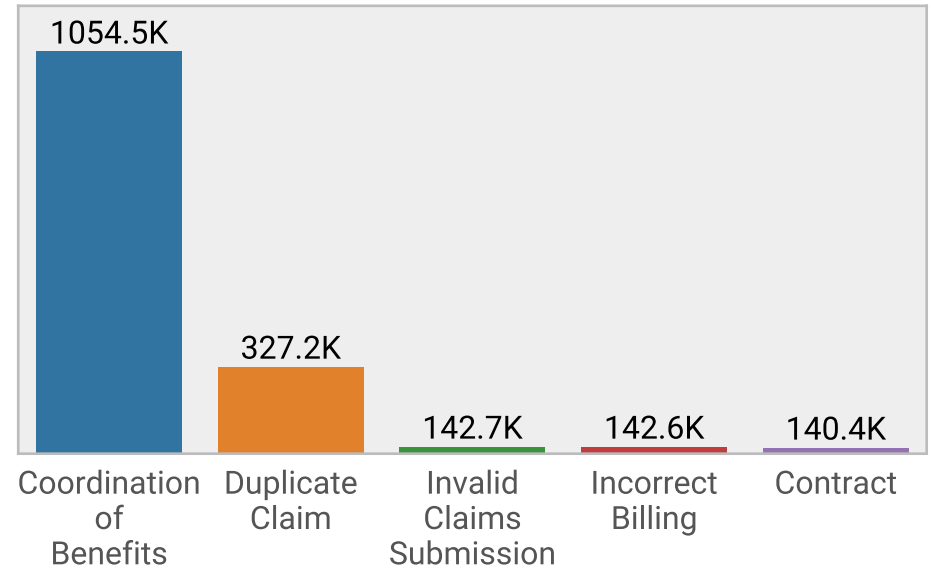


MCLA Claim Denials and Adjustments

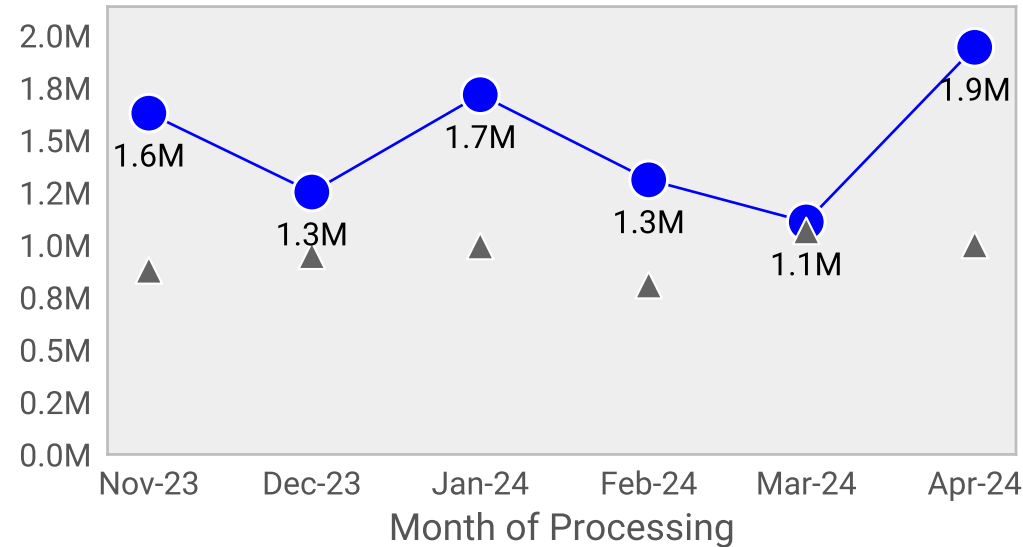
First-Pass Claims Denial Rate



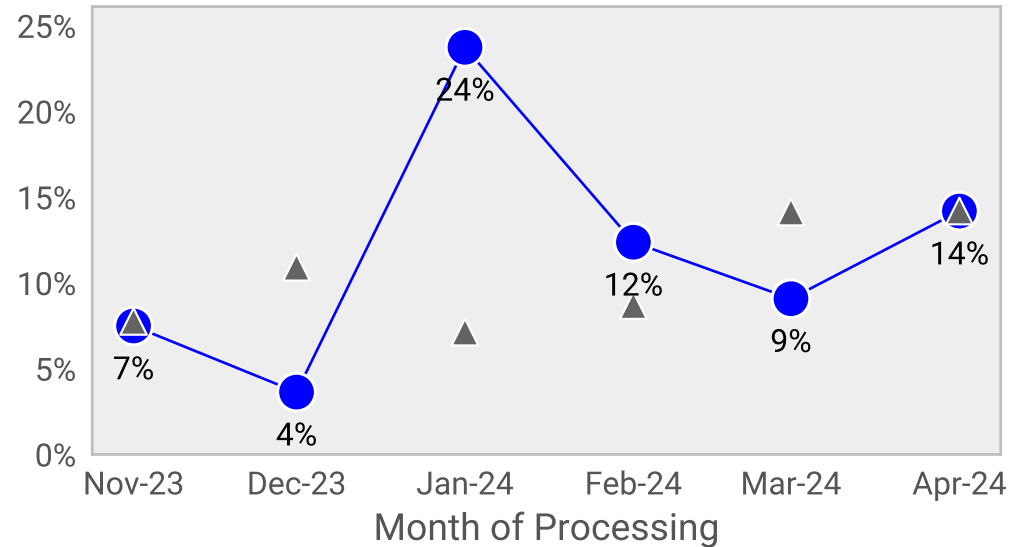
Most Recent 6 Months' Denial Volume by Reason



Total Claims Processed (Originals + Adjustments)



% of Total Claims Processed that are Adjustments

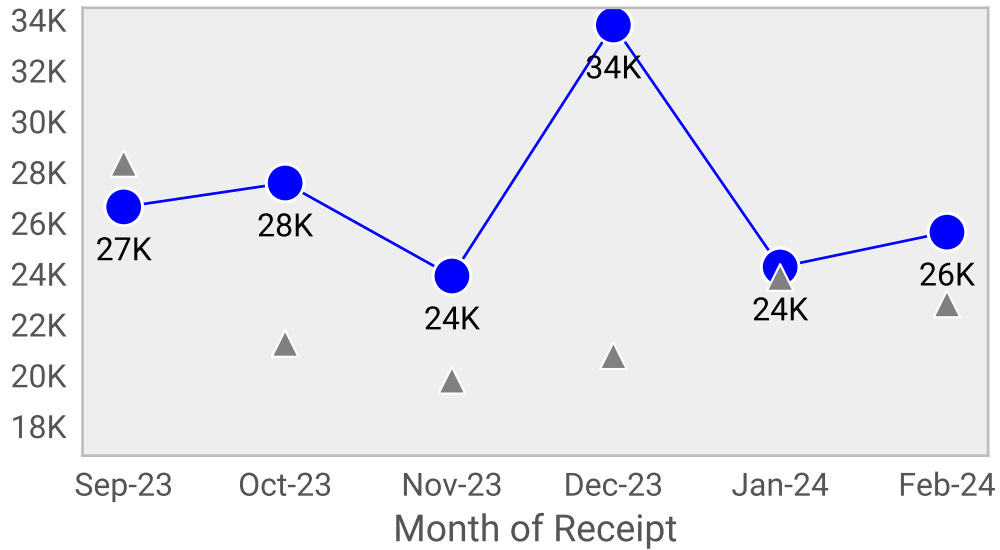


Triangles display the previous year's performance for the same month.

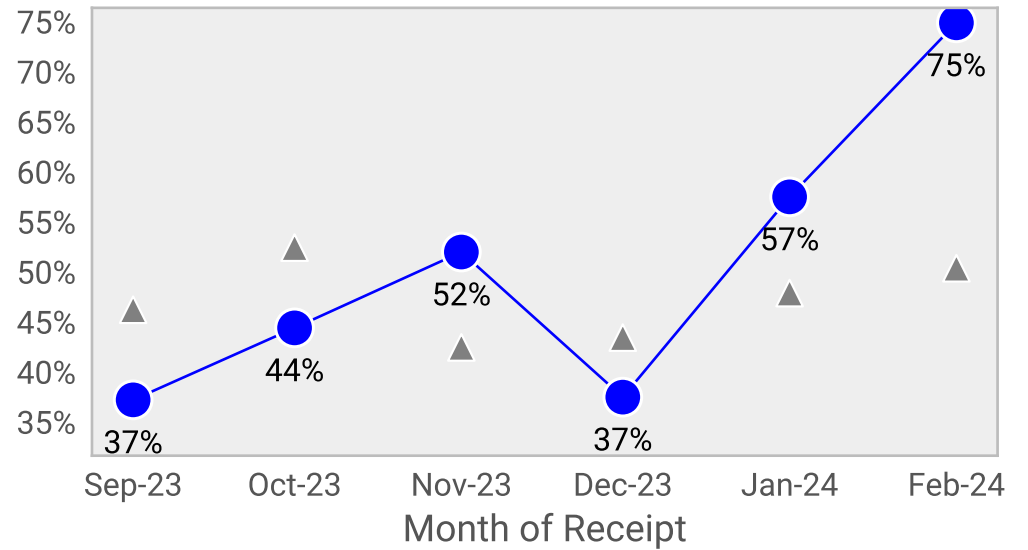


MCLA Provider Dispute Resolution Processing

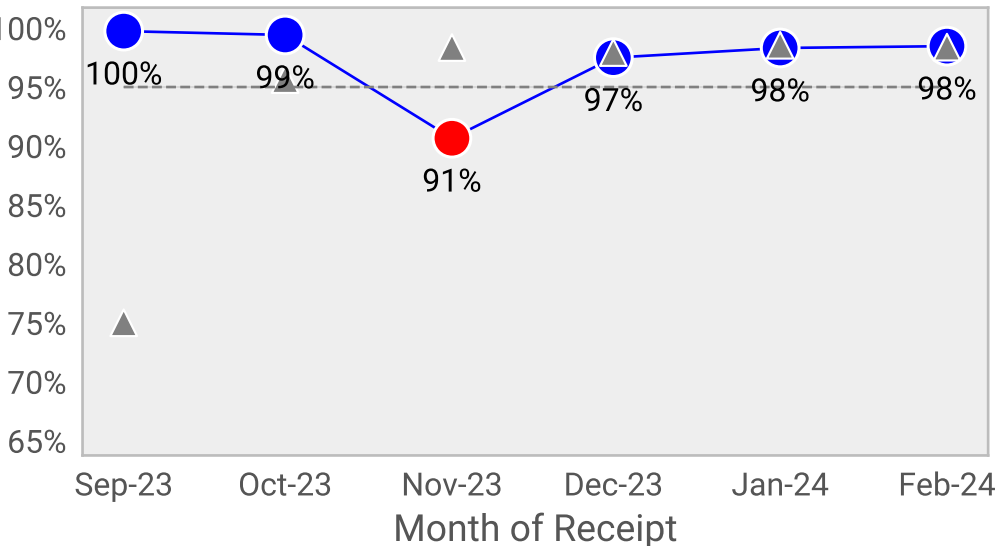
PDR Volumes Received



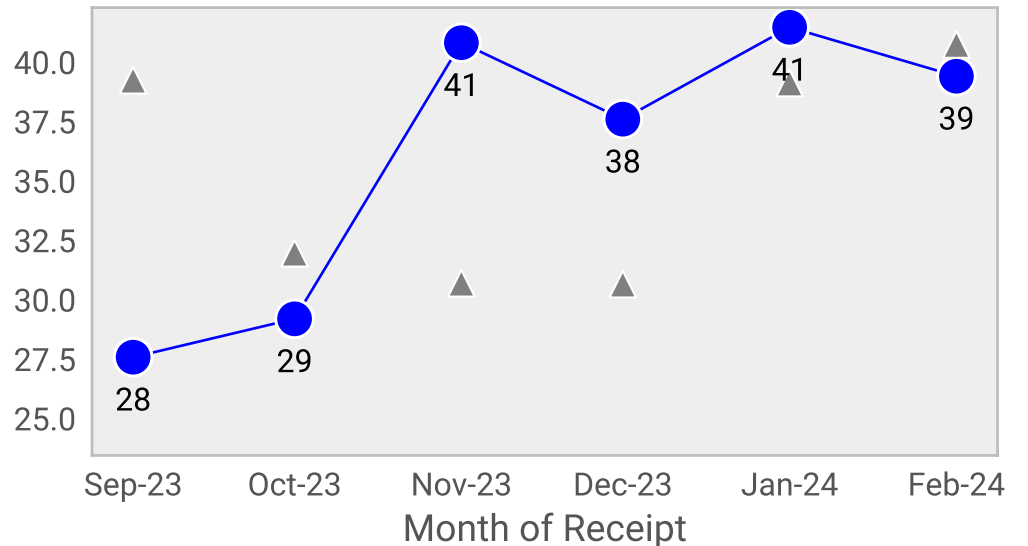
% of Closed PDR Cases that are Upheld



% of PDR Cases Closed within 45 Business Days



Average Business Days to Process PDRs

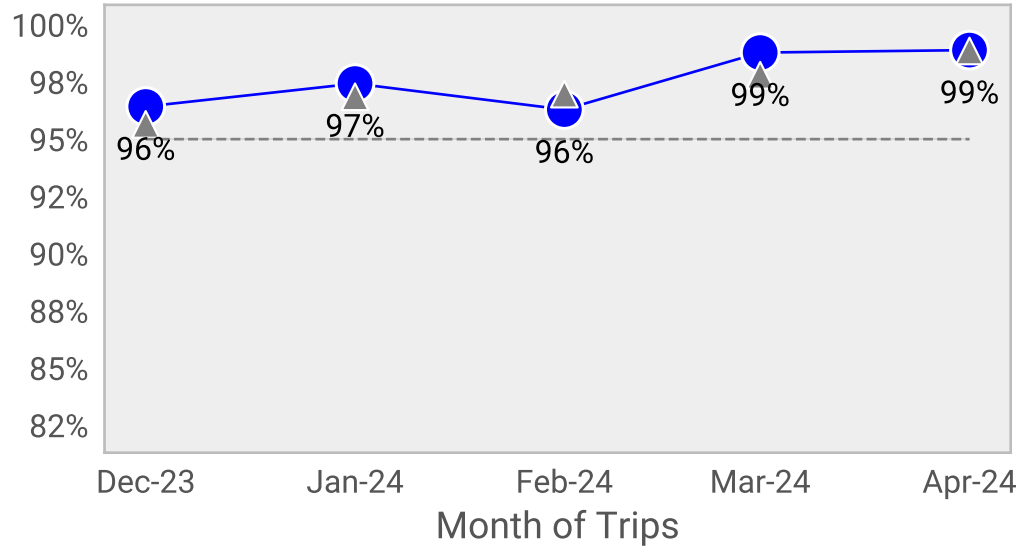


Triangles display the previous year's performance for the same month.

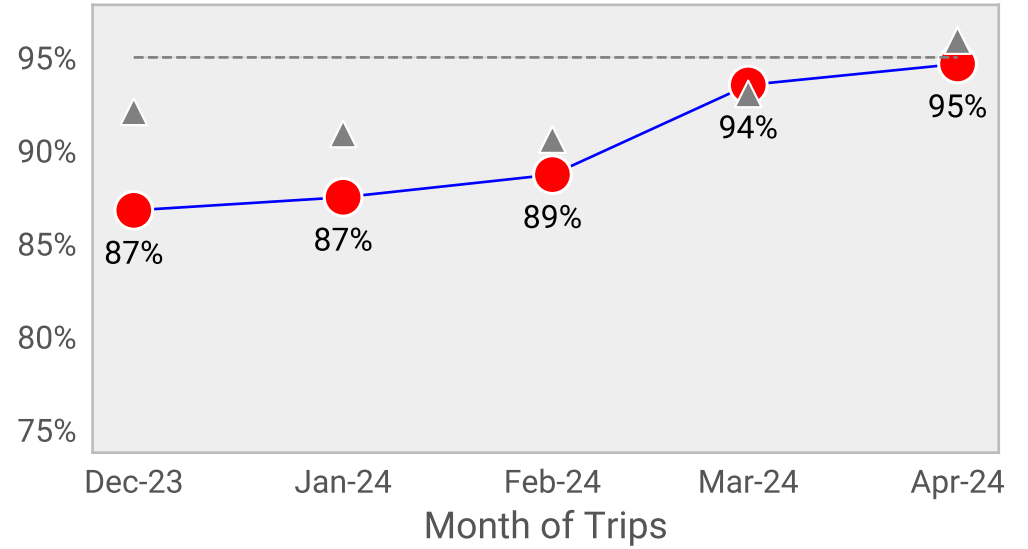


Call the Car On-Time Pick-Up Performance

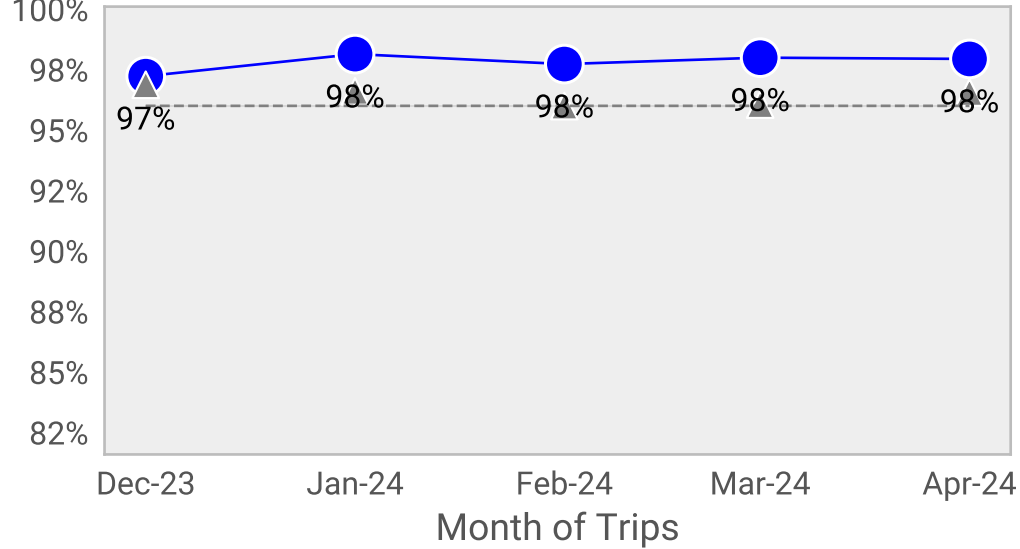
Call the Car Discharge Trips Rate



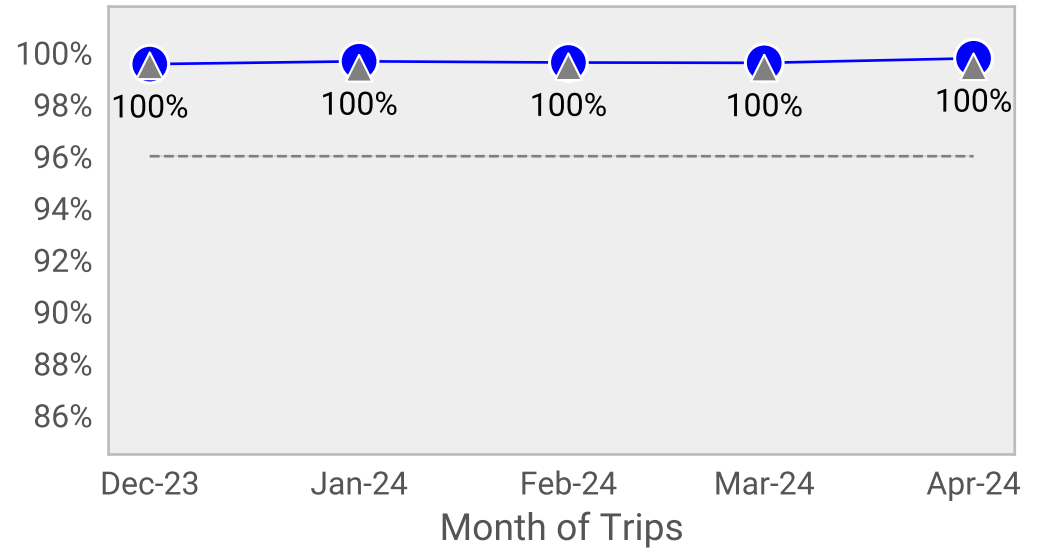
Call the Car Transfer Trips Rate



Call the Car Scheduled Trips Rate



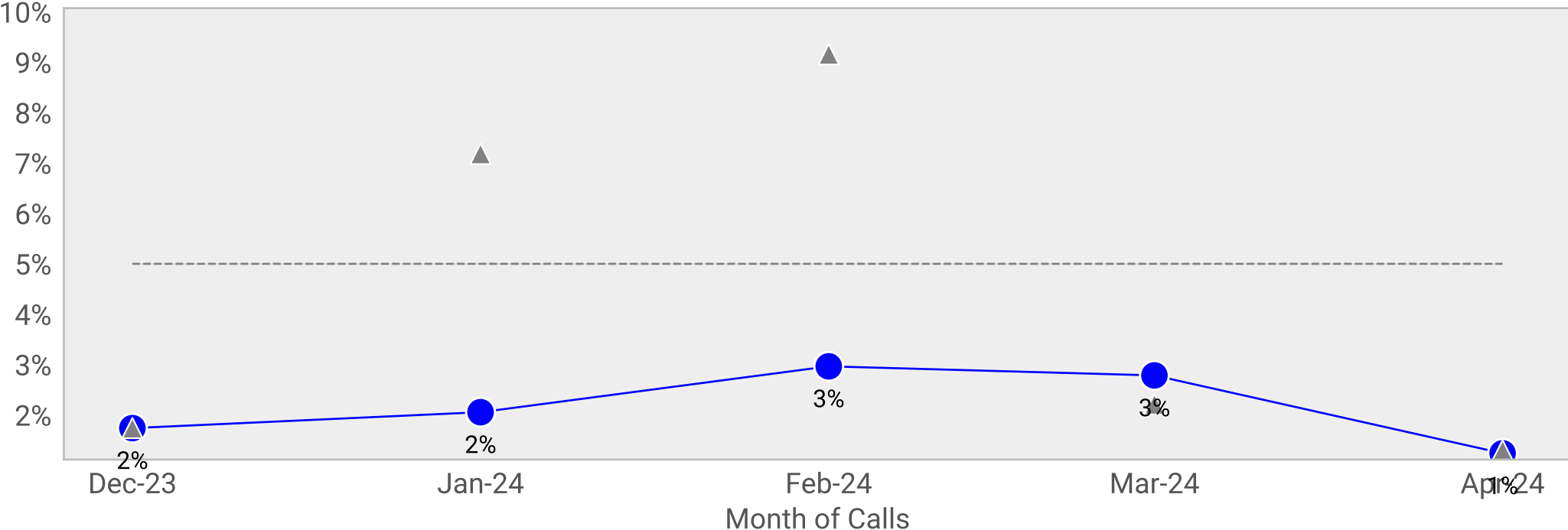
Call the Car Will Call Trips Rate



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



Call the Car Abandonment Rate



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



MOTION FOR CONSIDERATION



Board of Governors
MOTION SUMMARY

Date: June 6, 2024

Motion No. BOG 103.0624

Committee:

Chairperson: Alvaro Ballesteros, MBA

Issue: Request for delegated authority to the General Counsel regarding development and implementation of guidance regarding retention and destruction of records of Local Initiative Health Authority for Los Angeles County and L.A. Care Health Plan Joint Powers Authority.

Background: In light of the upcoming move to 1200 W. 7th Street, staff seeks delegation of authority to the General Counsel to prepare and implement guidance regarding retention and destruction of Local Initiative Health Authority for Los Angeles County and L.A. Care Health Plan Joint Powers Authority records. Such delegation of authority is requested to include authorization to destroy certain records, without making a copy thereof, after the same is no longer required, unless prohibited by law. Specifically, records will be authorized to be destroyed in accordance with such guidance given by the General Counsel and with written consent of General Counsel, without further action by the Board, upon the written request of any Chief Officer (or their respective designees) attesting that the records are not the subject of any claim, litigation, investigation or audit, and that their destruction is not otherwise prohibited. For the sake of clarity, this delegation does not authorize the destruction of any records that are prohibited by law, including records affecting the title to real property or liens thereon, court records where litigation is pending, records required to be kept by statute or contract (for the time-period required therein), records subject to a legal hold for the period of such hold and the minutes, resolutions and other governance documents.

Member Impact: The impact on L.A. Care's membership is neutral.

Budget Impact: None anticipated at this time.

Motion: **To delegate authority to the General Counsel (including her respective designees) to prepare and implement guidance regarding retention and destruction of records that authorizes the destruction of certain Local Initiative Health Authority for Los Angeles County and L.A. Care Health Plan Joint Powers Authority records, without making a copy thereof, after the same is no longer required, unless prohibited by law. Records shall be authorized as appropriate for destruction in accordance with General Counsel's guidance, upon the written request of any Chief Officer (or their respective designees), with the written consent of the General Counsel, without further action of the Board. Notwithstanding, this delegation does not authorize the destruction of any records affecting the title to real property or liens thereon, court records where litigation is pending, records required to be kept by statute or contract (for the time-period required therein), records subject to a legal hold for the period of such hold and the minutes, resolutions and other governance documents.**



Board of Governors
MOTION SUMMARY

Date: June 6, 2024

Motion No. BOG 104.0624

Committee:

Chairperson: Alvaro Ballesteros, MBA

Issue: Revisions to the Operating Rules of the Consumer Advisory Committees (CAC) and Executive Community Advisory Committee of L.A. Care Health Plan to operationalize new Department of Health Care Services (DHCS) Consumer Advisory Committee requirements for Medi-Cal managed care health plans.

Background: DHCS has implemented new requirements for the operations of Medi-Cal managed care health plans CACs. These new requirements are described in L.A. Care’s contract with DHCS to provide Medi-Cal coverage that took effect on January 1, 2024. Staff has proposed a restructuring of the operations of the Regional Community Advisory Committees (RCACs) in order to implement these new requirements. A restructuring proposal was presented at the May 14, 2024 Temporary Transitional Executive Community Advisory Committee (TTECAC) meeting. The members of the TTECAC approved the proposal.

While many of the proposed changes to the operations of the RCACs will be made administratively the following revisions to the Operating Rules require board approval:

- Addition of specific topic areas for which input from CAC members will be solicited.
- Establishment of a committee tasked with the selection of new and replacement CAC members.
- Completion and submission of an annual CAC demographic profile to DHCS.
- Establishment of a target RCAC membership of 25 members.
- Establishment of term limits for CAC members.
- Good faith effort to fill CAC member vacancies within 60 calendar days.
- Public posting of CAC meeting summaries within 45 calendar days of meeting dates and submission to DHCS.
- Removal of outdated mentions of the CCI Council CAC. This CAC no longer exists.

In addition, other changes not covered by the Operating Rules which were approved by the TTECAC also require board approval:

- Adjustment of the areas of representation for the RCACs (see-attached map) from the current 11 to align with the 8 Los Angeles County Service Planning Areas (SPA). This will change the number of RCACs from 11 to 8 and will allow leveraging of SPA-level healthcare data to better inform RCAC meeting discussions.
- An enhanced stipend structure as shown below to align with best practices for acknowledgement of volunteer participation and engagement.

Stipend	Current	Proposed
RCAC Meetings (members)	\$70	\$140
RCAC Meetings (chairs)	\$100	\$180
ECAC Meetings (member)	\$50	\$100
ECAC Meetings (chair)	\$100	\$200

Board of Governors

MOTION SUMMARY

Member Impact: Revisions to the Operating Rules for the Consumer Advisory Committees, the adjustment of the CAC areas of representation from 11 to 8 and an enhanced volunteer stipend structure will all contribute to increased CAC member engagement, more productive CAC meetings and more valuable member input for the health plan.

Budget Impact: Costs for volunteer CAC member stipends are included in the FY 2023-24 budget in the Community Outreach and Engagement line item.

Motion: To delegate authority to the Executive Committee of the Board of Governors to approve the revisions to the Operating Rules of the Consumer Advisory Committees (CACs) and Executive Community Advisory Committee (ECAC), the transition from 11 RCAC areas of representation to 8 and an enhanced CAC member volunteer stipend structure as approved by the Temporary Transitional Executive Community Advisory Committee (TTECAC) at its meeting of May 14, 2024.

Revised Operating Rules for Meeting State Requirements for Community Advisory Committees



L.A. Care
HEALTH PLAN®

For All of L.A.



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

May 22, 2024

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State Requirements for Community Advisory Committees (CACs)

- California issued new contracts for Medi-Cal Managed Care Plans (MMCP) like L.A. Care to become effective January 1, 2024. Included were new provisions for CACs.
- Certain new provisions require revisions to the Operating Rules for Consumer Advisory Committees for L.A. Care.



Key Revisions to Operating Rules for Consumer Advisory Committees

- ✓ Plans must have a selection committee to review and approve CAC members.
- ✓ Selection committee membership defined.
- ✓ Member composition of CACs must reflect the diversity of the plan membership
- ✓ Plans must report annually on the composition of the CACs and their proceedings
- ✓ Establishment of term limits for CAC members
- ✓ Setting target membership of 25 members for each CAC



L.A. Care sought stakeholder feedback on the original proposal

- Throughout 2023, L.A. Care held meetings with existing Regional Community Advisory Committee (RCAC) members to present L.A. Care's proposed plan to be in compliance with the new state contract.
- Public comments at Board of Governors (BoG) and Executive Community Advisory Committee (ECAC) meetings indicated confusion about the proposal and its intent.
- In the first four months of 2024, meetings of all eleven RCACs were held to review the L.A. Care proposal and were attended by members of senior management to hear feedback firsthand.
- Based on that feedback, a refreshed proposal was drafted to present to the ECAC on May 14, 2024.
- The ECAC endorsed the proposal at that meeting.



Refreshed Proposal

REQUIREMENT	CURRENT	PROPOSED
Selection Committee to screen and approve CAC members	NONE	Member-centric selection committee
CACs membership must reflect diversity of plan members	Membership is random by who volunteers	Selection Committee will use diversity data and other objective criteria for selection
Plan must report annually on membership diversity and on CAC proceedings	NONE	There will be four-year terms and a two-term limit to assure opportunity to match any changes in population diversity and ensure diversity of member voices
Number of CACs	Eleven established over 20 years ago	Eight to match L. A. County Service Planning Areas (SPA) used to allocate resources. Will provide CACs with valuable data on health disparities

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CAC Meeting Frequency, Membership and Stipends

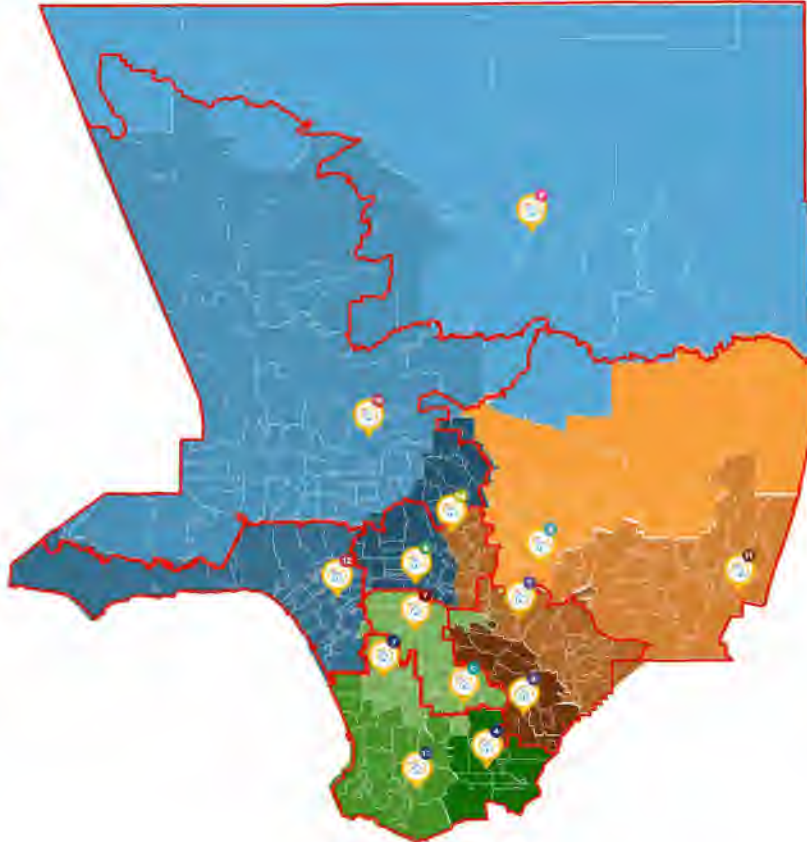
	CURRENT	PROPOSED
MEMBERSHIP	Varies by CAC Currently a total of 140 active CAC members	Target of 25 members per CAC* TOTAL <u>200</u> members
FREQUENCY	Six meetings per year	Six meetings per year
STIPEND		
<ul style="list-style-type: none"> ▪ RCAC Member Chair 	\$70/meeting – total \$420/year \$100/meeting – total \$600/year	\$140/meeting – total \$840 per year \$180/meeting – total \$1,080
<ul style="list-style-type: none"> ▪ ECAC Member Chair 	11 meetings per year \$50/meeting - \$550/year \$100/meeting - \$1,100/year	10 meetings per year \$100/meeting - \$1,000/year \$200/meeting - \$2,000/year

*Flexible to accommodate initial allocation of current members



RCAC Regions/SPAs Overlay Map

- RCAC 1
- RCAC 2
- RCAC 3
- RCAC 4
- RCAC 5
- RCAC 6
- RCAC 7
- RCAC 8
- RCAC 9
- RCAC 10
- RCAC 11



1 East L.A. 4801 Whittier Blvd Los Angeles, CA 90022	8 Norwalk 11721 Rosecrans Avenue Norwalk, CA 90650
2 El Monte 3570 Santa Anita Avenue El Monte, CA 91731	9 Palmdale 2072 E. Palmdale Blvd Palmdale, CA 93550
3 Inglewood 2864 W. Imperial Hwy Inglewood, CA 90303	10 Panorama City 7868 Van Nuys Blvd Panorama City, CA 91402
4 Long Beach 5599 Atlantic Blvd Long Beach, CA 90805	11 Pomona 696 W. Holt Avenue Pomona, CA 91768
5 Lynwood 3200 E. Imperial Hwy Lynwood, CA 90262	12 West L.A. 11173 W. Pico Blvd Los Angeles, CA 90064
6 Metro L.A. 1233 S. Western Avenue Los Angeles, CA 90006	13 Wilmington 911 N. Avalon Blvd Wilmington, CA 90744
7 South L.A. 5710 Crenshaw Blvd. Los Angeles, CA 90043	14 Lincoln Heights 2430 North Broadway Los Angeles, CA 90031



Other Details

- All 140 current RCAC members will be assigned to their corresponding CAC in the new format based on their address.
- All current members will have to complete an application for the Selection Committee to meet state requirements.
- CAC meetings will be held at L. A. Care Community Resource Centers most convenient to the CAC members.
- RCAC meeting agendas will be standardized to enhance member engagement and provide RCAC chairs and consumer board members with the information they need to effectively report on RCAC discussions to the ECAC and the BoG.
- Transportation to and from the CAC meetings will be provided
- Child Supervision will be available at the CRCs.



Next Steps

- **June 6, 2024** - Board of Governors meeting
 - Consider and approve a motion to delegate authority to Executive Committee for final approval of the revised Operating Rules at their June 26, 2024 Executive Committee meeting.
- **June 12, 2024** - ECAC meeting Agenda
 - Review and discuss the revised Operating Rules and the process for approval.
- **June 26, 2024** - Executive Committee meeting
 - Consider and approve final version of the revised Operating Rules



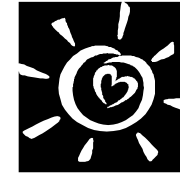
**TEMPORARY
TRANSITIONAL
EXECUTIVE
COMMUNITY
ADVISORY**

Board of Governors

Temporary Transitional Executive Community Advisory Committee (TTECAC)

Meeting Minutes – April 10, 2024

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



L.A. Care
HEALTH PLAN

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Senior Staff
<p>Roger Rabaja, RCAC 1 Chair Ana Rodriguez, TTECAC Chair and RCAC 2 Chair Lidia Parra, RCAC 3 Chair Silvia Poz, RCAC 4 Chair ** Maria Sanchez, RCAC 5 Chair Joyce Sales, RCAC 6 Chair Martiza Lebron, RCAC 7 Chair * Ana Romo, RCAC 8 Chair Tonya Byrd, RCAC 9 Chair Damares O Hernández de Cordero, RCAC 10 Chair Maria Angel Refugio, RCAC 11 Chair Lluvia Salazar, At-Large Member Deaka McClain, TTECAC Vice-Chair and At Large Member</p> <p>* Excused Absent ** Absent *** Via teleconference</p>	<p>Izmir Coello, Interpreter Henry Cordero, Interpreter Isaac Ibarlucea, Interpreter Eduardo Kogan, Interpreter Alex Martinez, Interpreter Katelynn Mory, Captioner Andrew Yates, Interpreter</p> <p>Eugene Beatly, Public Elizabeth Cooper, Public Nereyda Ibarra, Public Russel Mahler, Public Silvia Quezada, Public Demetria Saffore, Public</p>	<p>Layla Gonzalez, Advocate, Board of Governors Nina Vaccaro, Board Member, Board of Governors Fatima Vazquez, Member, Board of Governors John Baackes, Chief Executive Officer, L.A. Care Francisco Oaxaca, Chief of Communication and Community Relations Tyonna Baker, Community Outreach Field Specialist, CO&E Malou Balones, Board Specialist, Board Services *** Demetra Crandall, Director, Customer Solution Center Appeals & Grievances Kristina Chung, Community Outreach Field Specialist, CO&E Idalia De La Torre, Field Specialist Supervisor, CO&E Auleria Eakins, Manager, CO&E Ramon Garcia, Community Outreach Field Specialist, CO&E Hilda Herrera, Community Outreach Field Specialist, CO&E Christopher Maghar, Community Outreach Field Specialist, CO&E Rudy Martinez, Safety & Security Program Manager III, Facilities Services Linda Merkens, Senior Manager, Board Services *** Frank Meza, Community Outreach Field Specialist, CO&E Alfredo Mora, Staff Augmentation, Facilities Services Cindy Pozos, Community Outreach Field Specialist, CO&E Prity Thanki, Local Government Advisor, Government Affairs *** Martin Vicente, Community Outreach Field Specialist, CO&E</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>CALL TO ORDER</p>	<p>Ana Rodriguez, <i>TTECAC Chairperson</i>, explained the process for making public comments via Zoom chat and a toll-free line for WebEx bridge line listeners. She also mentioned that public members could submit comment cards and that they would be allowed time to speak during the appropriate agenda items. Ms. De La Torre welcomed L.A. Care staff and the public to the meeting and encouraged L.A. Care members with healthcare issues to contact the Member Services Department.</p> <p>Members of the Temporary Transitional Executive Community Advisory Committee (TTECAC), L.A. Care staff, and the public can attend the meeting in-person at the address listed above. Public comment can be made live and in-person at the meeting. A form will be available to submit public comments.</p> <p>Accordingly, members of the public should join this meeting via teleconference as follows: https://us06web.zoom.us/j/89529530289</p> <p>Teleconference Call –In information/Site Call-in number: 1-415-655-0002 Participants Access Code: 2490 218 5899 (English) Call-in number: 1-415-655-0002 Participants Access Code: 2491 007 0262 (Spanish)</p> <p>For those not attending the meeting in person, public comments on Agenda items can be submitted in writing by email to COEpubliccomments@lacare.org or by calling the CO&E toll- free line at 1-888-522-2732 and leaving a voicemail.</p> <p>Attendees who log on to lacare.zoom using the URL above will be able to use “chat” during the meeting for public comment. You must be logged into Zoom to use the “chat” feature. The log in information is at the top of the meeting Agenda. This is a new function during the meeting so public comments can be made live and direct.</p> <ol style="list-style-type: none"> 1. The “chat” will be available during the public comment periods before each item. 2. To use the “chat” during public comment periods, look at the bottom of your screen for the icon that has the word, “chat” on it. 3. Click on the chat icon. It will open a window. 4. Select “Everyone” in the to: window. 5. Type your public comment in the box. 6. When you hit the enter key, your message is sent and everyone can see it. 7. 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. 8. L.A. Care staff will read the chat messages for up to three minutes during public comment so people who are on the phone can hear the comment. 	

Your comments can also be sent by voicemail or email. If we receive your comments by 10:00 a.m. on April 10, 2024, it will be provided to the members of the Temporary Transitional Executive Community Advisory Committee at the beginning of the meeting. The chat message, 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. 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 public comments for up to three (3) minutes. Chat messages submitted during the public comment period for each agenda item will be read for up to three (3) 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 three (3) minutes at item IX Public Comments on the agenda.

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

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

The process for public comment is evolving and may change at future meetings. We thank you for your patience.

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

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act please contact the Community Outreach & Engagement staff prior to the meeting for assistance by calling our toll-free line at 1-888-522-2732 or by email to COEpubliccomments@lacare.org.

SB 1100 was signed by Governor in August 2022, and added a short section to the Brown Act as Govt Code Section 54957.95 to supplement language already part of the Brown Act :

(a) In addition to authority exercised pursuant to Sections 54954.3 and 54957.9, the presiding member of the legislative body conducting a meeting may remove an individual for disrupting the meeting.

(b) As used in this section, “disrupting” means engaging in behavior during a meeting of a legislative body that actually disrupts, disturbs, impedes, or renders infeasible the orderly conduct of the meeting and includes, but is not limited to, both of the following:

(1) A failure to comply with reasonable and lawful regulations adopted by a legislative body pursuant to Section 54954.3 or 54957.9 or any other law.

	<p>(2) Engaging in behavior that includes use of force or true threats of force. (54954.3 contains provisions related to public comment time restrictions, and 54957.9 allows the presider to clear the room if the meeting can't continue.)</p> <p>AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION BEFORE THE MEETING AT L.A. Care's Offices at 1055 W. 7th Street, Los Angeles, CA 90017 through the Reception Area in the Building Lobby.</p> <p>Chairperson Rodriguez called the meeting to order at 10:00 A.M.</p>	
APPROVE MEETING AGENDA	<p>The Agenda for today's meeting was approved.</p>	<p>Approved Unanimously. 10 AYES (Cordero, McClain, Parra, Rabaja, Refugio, Rodriguez, Romo, Sales, Salazar, and Sanchez)</p>
APPROVE MEETING MINUTES	<p><i>(Tonya Byrd, RCAC 9 Chair, arrived at 10:15 A.M.)</i></p> <p>The March 13, 2024 Meeting minutes were approved as submitted.</p>	<p>Approved Unanimously. 11 AYES (Byrd, Cordero, McClain, Parra, Rabaja, Refugio, Rodriguez, Romo, Sales, Salazar, and Sanchez)</p>
STANDING ITEMS		
UPDATE FROM CHIEF EXECUTIVE OFFICER	<p>John Baackes, <i>Chief Executive Officer</i>, gave the following update:</p> <p>Mr. Baackes provided an update on the redeterminations for Medi-Cal eligibility at L.A. Care. The redetermination process has been ongoing since June 2023, with approximately 11 months already completed. There was one month left for individuals with a June 1reenrollment anniversary date, totaling about 170,000 L.A. Care members waiting. He emphasized that the total number of Medi-Cal members at L.A. Care had decreased from 2,450, 000 to 2,340,000, a 4.6% decrease, primarily due to members being deemed ineligible or failing to. Approximately 650,000 individuals were not processed for redetermination due to either exceeding income limits or not responding to communications. The number of people redetermined automatically had increased due to waivers from the federal</p>	

government, with over 60% now undergoing this process. L.A. Care had added 511,000 new Medi-Cal members since the start of the process, including 165,000 individuals under the expansion of Medi-Cal to undocumented residents aged 26 to 49. Mr. Baackes expressed confidence that more members in the last cohort would remain with L.A. Care due to increased enrollment efforts. Those exceeding income limits had been automatically enrolled in the silver plan in Covered California, with about 22% choosing to continue with L.A. Care. The significant increase in Covered California enrollment made L.A. Care the largest health plan in Los Angeles County.

Mr. Baackes provided updates on the regional community advisory committee meetings, explaining proposed changes to meet new state contract requirements. He stressed the importance of allowing adequate time for review and input from committee members.

Mr. Baackes introduced the L.A. Care Community Impact Report, detailing investments totaling \$509 million into the Los Angeles community since 2001, emphasizing the organization's commitment to community welfare over profit.

PUBLIC COMMENT

Elizabeth Cooper expressed gratitude for the leadership of the Chair and raised concerns about the representation of developmental disabled individuals within L.A. Care. She emphasized the importance of public involvement and expressed dissatisfaction with the level of representation provided to the community, particularly for those with disabilities. Ms. Cooper urged Mr. Baackes to ensure that committee members understand their role in representing the public and advocated for increased outreach to the community. She stressed that the committee's purpose is to serve the people and emphasized the need for effective representation and communication with the public.

Mr. Baackes thanked her for her comment.

Member Sales pointed out to Mr. Baackes that he mentioned he would be visiting four RCACs and would like to know which RCACs. Idalia De La Torre, *Field Specialist Supervisor, CO&E* will provide that information to her.

Board Member Gonzalez asked Mr. Baackes to expand a little bit about the new proposal. She asked “what is it? Bill that they want to pass? SB 4 regarding the expansion of Covered California?” Mr. Baackes explained that SB 4 aims to extend coverage for undocumented residents to enroll in Covered California, using solely state funding for premium subsidies, as the federal government currently does not recognize undocumented residents as eligible for subsidies. Mr. Baackes expressed support for this bill and emphasized L.A. Care's

	<p>advocacy efforts for its passage, indicating that it could address some of the issues raised by Ms. Gonzalez regarding access to health insurance for certain individuals.</p>	
<p>BOARD MEMBERS REPORT</p>	<p>Board Members Vazquez and Gonzalez gave the following Board Members Report:</p> <p>The Board of Governors met on April 4. Approved meeting minutes for previous Board meetings can be obtained by contacting Board Services and meeting materials are available on L.A. Care’s website. The list of motions approved at that Board meeting can be obtained from CO&E. They thanked all the RCAC members that joined the Board meeting in person or virtually. They were happy to see members there and appreciated hearing their public comments. Public comment gives Board Members the opportunity to hear from members and helps improve services for members. These members attended the Board Meeting in person:</p> <ol style="list-style-type: none"> 1. Roger Rabaja (R1) 2. Ana Rodriguez (R2) 3. Joyce Sales (R6) 4. Maritza Lebron (R7) 5. Deaka McClain (R9) 6. Damares O Hernandez de Cordero (R10) <p>Mr. Baackes gave a Chief Executive Officer report, he gave an update earlier today.</p> <p>Dr. Amin gave a Chief Medical Officer Report. Dr. Amin provided an update on the responses to the 2022-2023 Department of Healthcare Services (DHCS) Medical Audit and the 2021 Department of Managed Health Care (DMHC) Routine Survey, focusing on Utilization Management, Care Management, and Quality Improvement findings. The reports highlighted specific corrective actions taken, such as creating strategic roadmaps, implementing new policies and processes, conducting training, and collaborating with regulatory bodies and consultants. He noted delays in implementing a Provider Portal due to vendor issues.</p> <p><u>PUBLIC COMMENT</u></p> <p><i>Ms. Cooper expressed her desire for more transparency and involvement of members in decision-making processes, urging board members to actively seek input from the TTECAC regarding community concerns through motions. She emphasized the importance of representative government and urged board members to reach out to the community to better understand their needs and concerns. Additionally, she highlighted the lack of attention to issues concerning developmental disabilities and advocated for increased representation and consideration of such matters.</i></p>	
<p>COMMUNICATIONS AND COMMUNITY</p>	<p>Francisco Oaxaca, <i>Chief, Communications and Community Relations</i>, gave a Communications and Community Relations Update.</p>	

**RELATIONS
DEPARTMENT
UPDATE**

Mr. Oaxaca provided updates on upcoming RCAC meetings and grand opening events for community resource centers (CRCs). He detailed the dates, times, and locations of the RCAC meetings in April. He noted that Mr. Baackes and Dr. Amin will attend some of these meetings. He mentioned the grand opening events for the West LA CRC on April 26 and the Panorama City CRC in May, with invitations being sent out accordingly. Mr. Oaxaca also mentioned the ongoing construction of Lincoln Heights and South L.A. CRCs, projecting their completion in late summer and late fall respectively, which will mark the completion of the CRC network expansion.

PUBLIC COMMENT

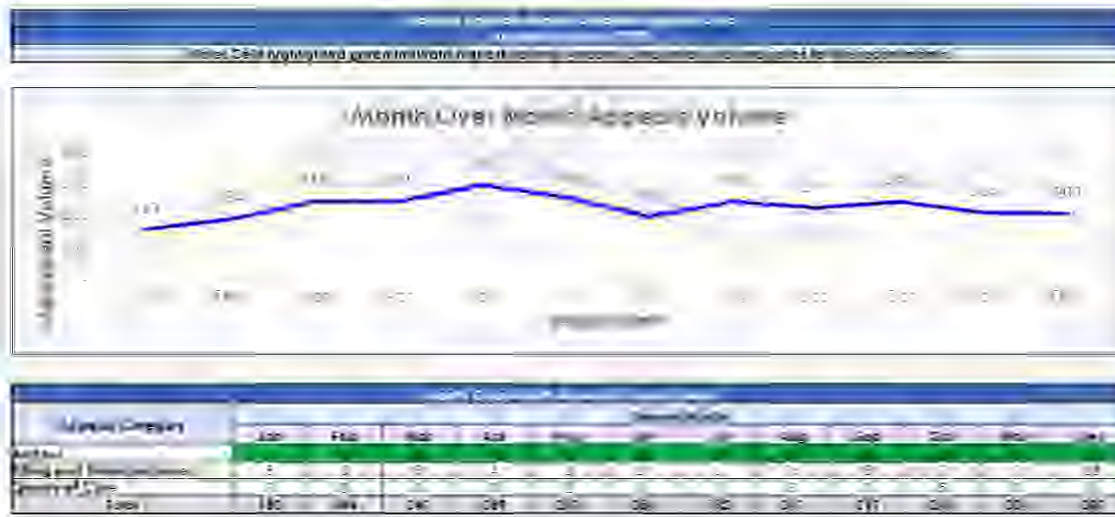
Elizabeth Cooper expressed her concerns regarding the allocation of funds towards family resource centers compared to the RCACs. She noted the importance of RCACs and their role in providing public input, expressing disappointment in the perceived lack of support and communication surrounding RCAC activities. Ms. Cooper requested transparency regarding the budget allocation and the accomplishments of RCACs over the past fiscal years, emphasizing the need for RCAC members to have input in decision-making processes.

Mr. Oaxaca thanked Mr. Cooper for comment and said that staff will consider her request.

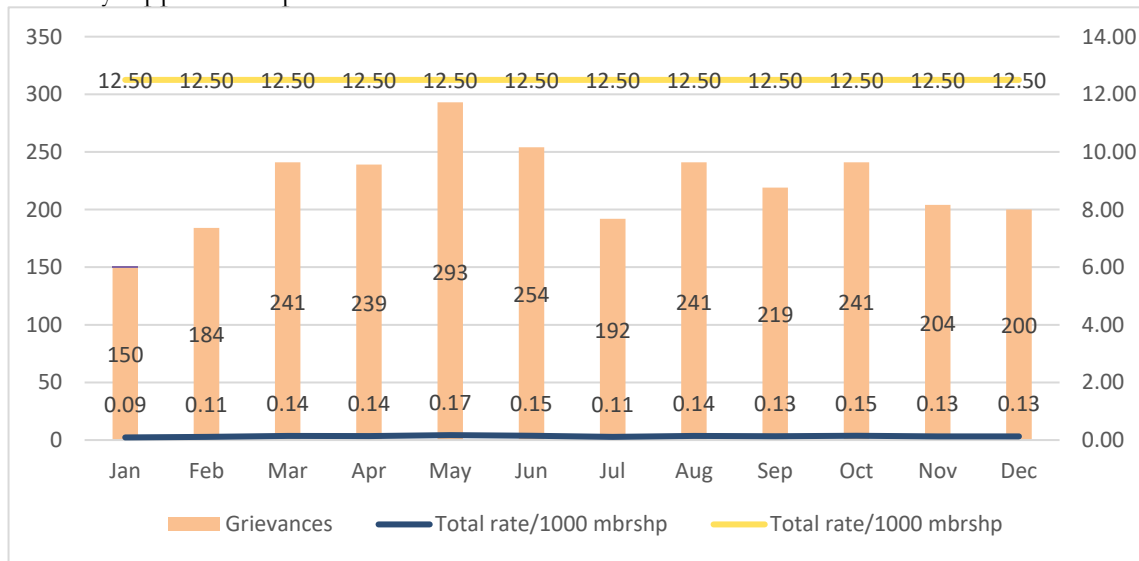
Member Sales inquired about the location of the upcoming RCAC 6 center and she questioned its impact on the current RCAC 6 location at Crenshaw and Imperial. Mr. Oaxaca stated that he did not have the address readily available but assured he would provide it shortly. Member Sales asked about the potential combining of the RCAC 6 locations and how it would affect members based on the L.A. County Service Planning Area (SPA) 6 District breakdown. They discussed the geographical boundaries of SPA 6 and the consideration for maintaining both RCACs due to the district's extensive area. Mr. Oaxaca clarified that maintaining both RCACs was not part of the current proposal. He provided the address of the South L.A. location as 5710 South Crenshaw.

Member Sanchez initiated the discussion by confirming with Mr. Oaxaca their upcoming meeting in May to discuss matters related to the RCACs. She sought clarification regarding the format of the meeting, whether it would be a separate session or part of the ECAC meeting. Mr. Oaxaca clarified that the discussion would take place during the TTECAC meeting and emphasized that it would be the final presentation before seeking endorsement from the TTECAC and subsequent consideration by the Board. Member Sanchez then inquired about the allocation of sufficient time during the ECAC agenda to allow for comments on RCAC-related topics.

	<p>Member Byrd expressed her concern about the lack of engagement and involvement for TTECAC members, particularly in relation to the resource centers. She questioned the process for TTECAC members to engage with the CRCs and suggested that it feels distant and disconnected. She mentioned the predominance of Hispanic heritage among the staff at the Long Beach office and noted a perceived lack of diversity in activities and engagement efforts. She shared her efforts to promote the CRCs to her neighbors but expressed disappointment in the perceived lack of community unity in these places, including among TTECAC members. She proposed ideas such as organizing parties, cooking sessions, or starting a garden as ways to enhance community involvement and unity. Mr. Oaxaca thanked her for her comments.</p>	
MEMBER ISSUES	<p><u>PUBLIC COMMENT</u></p> <p><i>Elizabeth Cooper expressed her discontent with how she felt unfairly treated during the meeting, specifically citing an incident where she felt her question regarding resource centers was not adequately addressed. She mentioned her intention to file a grievance against Mr. Oaxaca and expressed her dissatisfaction with what she perceived as differential treatment towards other members compared to herself. Ms. Cooper emphasized that her objection was not about personal longevity but rather about fairness and equal treatment for all members. She stated her intention to escalate the issue to higher authorities if necessary, including the Board of Governors and relevant government departments. Ms. Cooper underscored her commitment to addressing injustice and urged other members to take notice of her concerns. She concluded by requesting that her objections be duly noted in the records of the meeting.</i></p>	
OLD BUSINESS		
UPDATE FROM APPEALS AND GRIEVANCES DEPARTMENT	<p>Demetra Crandall, <i>Director, Customer Solution Center Appeals and Grievances, CSC Appeals & Grievances</i>, gave an Appeals & Grievances Department Update (<i>a copy of the report can be obtained from CO&E</i>).</p> <p>Appeals Received by Month for 2023</p>	



Monthly Appeal Rate per 1000 members for 2023



Grievances Received by Month for 2023

- There are several options available when filing a grievance or an appeal. It can be sent via mail, online at LACare.org, fax, or by calling the call center or a provider's office. The member, member representative, or their doctor (appeal only) can contact our Plan to file.
- If a member is not happy, has problems, or has questions about the service or care they received, they can let their doctor or LA Care know. Their doctor may be able to help answer questions. If the member is still not happy, they may report their problem—or file a grievance—with L.A. Care.
- If you believe that L.A. Care has wrongly denied, changed, or delayed a health care service because it was found not medically necessary, you have the right to file an appeal.
- Once a grievance or appeal is filed, an acknowledgment letter and L.A. Care will send a letter to explain the resolution, which will be sent by U.S. mail. Additionally, communication by phone is also available.

To file a grievance or an appeal

Write, visit, or call L.A. Care.

Member Services Department

1055 W. 7th Street, 10th Floor

Los Angeles, CA 90017

Call us: at [1-888-839-9909](tel:1-888-839-9909), fax 213-438-5748 or fill out a grievance form at LACare.org.

Improving Processes

To ensure a smooth and satisfactory experience for our members, A&G will implement an interdictory call to members. This process will help us validate that we have all the information needed to fully address the member's concerns. A&G will ensure that the member(s) are able to access the authorized service(s) approved during the appeal or grievance process. This will enable us to improve the member experience and identify any challenges that the member's maybe experiencing related to access. This step could lead to a possible reduction of grievances. The A&G Team will continue to work with our internal and external business partners, sharing feedback with them to identify areas where we can improve our services to better assist the member. By following these processes and working collaboratively with our business partners, we can ensure that our members receive the best possible experience and services.

PUBLIC COMMENT

Elizabeth Cooper raised several procedural questions regarding the process for filing a grievance. She inquired whether the grievance would be reviewed by the grievance committee or the Board of Governors. She requested clarification on the timeline for filing a complaint, the expected response time, and how her concerns would be addressed. Cooper emphasized the importance of including issues related to member

and public treatment in her complaint. She also requested a recording of the current meeting for reference in her appeal and complaint. Overall, Cooper sought clarity on the grievance process and expressed her intent to ensure that her concerns were properly documented and addressed.

Ms. Crandall acknowledged Elizabeth Cooper's concern and assured her that it had been documented. She explained that grievances against staff are handled by the appeals and grievances team, and suggested contacting the customer service department or writing to the provided address to initiate the process. She indicated that someone would reach out to Ms. Cooper to assist with filing her grievance. Ms. Crandall clarified that there is no specific time limit to file a grievance and that the standard response time is 30 days, unless the grievance involves impediments to care or financial issues, which may require longer processing times. She emphasized that Ms. Cooper would receive a written response within the specified timeframe, and encouraged her to ask any further questions when contacted by a representative.

Demetra Saffore asked Ms. Crandall if L.A. Care has thought about managing it's Yelp page, because people leave reviews and are very specific about the issues they are having as far as health care is considered.

Ms. Crandall responded that she does not monitor the Yelp page, but L.A. Care does have a Sales and Marketing Department and it's her assumption that they review the page.

Ms. Gonzalez asked Ms. Crandall if there have been complaints from people with disabilities about access to services and non-emergency transportation. She also asked about the timeline in filing an appeal. Ms. Crandall responded to that people with disabilities have the right to file a grievance. She explained that specific categories capture information related to access for individuals with disabilities to receive services. She mentioned Dr. Li's involvement in ensuring appropriate access throughout the organization for members with disabilities. She affirmed that information related to transportation, including non-emergency transportation, is included in grievances. Ms. Crandall mentioned ongoing meetings with the transportation vendor and sharing grievance information between the organization and the vendors. Regarding the timeline for appeal, she initially indicated uncertainty about the timeframe but later stated that it is typically 60 days, as specified on the denial letter that members receive, promising to confirm this detail and provide further information.

Member Byrd shared her experience of feeling uncomfortable during a conversation with a customer service representative who asked her invasive sexual orientation questions. She expressed concern about the appropriateness of such questions and felt uneasy about being

	<p>bombarded with them despite already providing accurate information. Ms. Crandall responded, acknowledging the use of Sexual Orientation and Gender Identity (SOGI) questions to retain member information and apologized for any discomfort she felt. She acknowledged that such questions can seem invasive and assured that grievances related to SOGI questions are tracked to address member concerns about privacy and sensitivity. Ms. Crandall recognized the need to ensure data accuracy while acknowledging the potential discomfort associated with such inquiries.</p>	
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NEW BUSINESS

<p>MOTION TO TTECAC</p>	<p>Member McClain presented the following motion to TTECAC:</p> <p>MOTION: For the TTECAC to place a motion to the Board of Governors agenda to consider the placement of push door buttons in restrooms and public accessible meeting rooms at the L.A Care Garland building located at 1200 West 7th Street. This action will greatly support seniors and persons with disabilities who utilize restrooms and access the building for public.</p> <p><u>PUBLIC COMMENT</u></p> <p><i>Elizabeth Cooper stated that she would like this motion to be inclusive to wherever L.A. Care holds meeting, whether it be the RCAC meetings and would like to add a friendly recommendation to this motion because it's not just at this physical building. She would like this to also apply to persons with disabilities, wheel walkers, too.</i></p> <p>Ms. Gonzalez suggested a modification to a motion, proposing to alter the wording regarding public accessible meeting rooms at the L.A. Care building located at 1200 West 7th Street. She proposed modifying it to include any door accessible by the public, such as front doors or meeting doors. She clarified that she was not a member of the committee but offered the suggestion for consideration by the members.</p> <p>Member McClain expressed agreement with Ms. Gonzalez's suggestion to modify the motion to include any door accessible by the public, acknowledging the importance of ensuring accessibility. She also highlighted her previous advocacy efforts and experiences regarding ADA regulations, noting that while the ADA may not require accessibility features at every door, it's crucial to advocate for higher standards. She emphasized the importance of aiming high in advocacy efforts, even if the ultimate outcome falls short of the initial goal. Member McClain asked if this is the appropriate time to make the change to the motion. Ms. De La Torre responded a committee member must amend the motion.</p> <p><i>The motion was amended to include making all doors accessible to the public by using push buttons to open doors at all L.A. Care facilities.</i></p>	
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	<p>MOTION: Include push-door buttons in the design of all L.A. Care facilities where appropriate for persons with disabilities is essential for ensuring accessibility and independence. These buttons allow individuals with mobility impairments to easily enter and exit buildings without assistance, promoting inclusivity and equal access to public spaces. Additionally, push-door buttons can also benefit those with temporary disabilities, parents with strollers, and individuals carrying heavy loads, making them a practical and inclusive design feature for all.</p>	<p>Approved Unanimously. 10 AYES (Byrd, Cordero, McClain, Parra, Rabaja, Refugio, Rodriguez, Sales, Salazar, and Sanchez)</p> <p><i>(Member Romo left the meeting and did not cast a vote)</i></p>
<p>MOTION TO TTECAC</p>	<p>Member Joyce Sales presented a motion to TTECAC.</p> <p>MOTION: TTECAC to consider placing a motion on the Board of Governor’s meeting agenda that beginning June 2024 and moving forward, the BOG’s meetings return to monthly, first Thursday 1P – 4P BOG “public” session meetings which would cause the BOG ‘closed’ sessions to begin before or after the “public” session meetings designated hours.</p> <p><u>PUBLIC COMMENT</u></p> <p><i>Ms. Cooper expressed her thoughts on a motion regarding the TTECAC, noting that while she sees its value, she wished it had also considered motions for RCAC and ECAC meetings. She highlighted the importance of transparency and expressed a desire for future motions to encompass all relevant committees. She acknowledged the authority of the board in setting agendas but emphasized the need to consider input from all members.</i></p> <p>Ms. Gonzalez stated that the reason why the closed session was moved up in front of the regular meeting was because the Board was losing quorum towards the end of the meeting and were not able to vote on business items and make decisions that are important to L.A. Care. She suggested asking the Board to begin the Board meeting at 12:00 P.M. opposed to placing the closed session at the end of the meeting.</p> <p>Member Refugio suggested making the meeting go back to its original start time of 2:00 P.M. and let the members leave at 4:00 P.M. and then the Board can go into closed session.</p> <p>Member Sales raised concerns about the timing and scheduling of meetings, noting a discrepancy in the meeting start times and the inconvenience it poses for attendees, especially those with childcare needs or reliance on public transportation. She suggested</p>	

	<p>aligning meeting times to minimize disruptions and inconveniences for members. Additionally, she highlighted challenges with shared transportation services and emphasized the importance of prioritizing the convenience of the community over the preferences of the Board of Governors.</p> <p>Ms. De La Torre stated that this motion is a recommendation to the Board. They will automatically at the end, determine if the same schedule they're in will stay. Member Joyce's motion says that the Board will determine if they would like to implement this recommendation, the Board will determine if they take the hours from 1:00P.M. to 4:00P.M. The Board will determine if they want to meet before the 1:00P.M. to 4:00P.M. business or after the 1:00P.M. to 4:00P.M. business on closed sessions. That is what the motion states.</p> <p>MOTION: Consumer input to L.A. Care’s Board of Governors is essential to decisions affecting L.A. Care Medicaid members. For the last three Board meetings in 2024, closed session have been at the beginning of the Board meeting making it difficult for consumer members, who want to attend and provide public comment. Consumer members now have to wait to speak. TTECAC is asking the Board of Governors to consider returning the “public” session to start at the beginning of monthly BOG meetings and “closed” session to occur before or after the “public” session. This will greatly increase participation of community advisory members as well as other public members who desire to express concerns to L.A. Care’s Board of Governors.</p>	<p>Approved Unanimously. 10 AYES (Byrd, Cordero, McClain, Parra, Rabaja, Refugio, Rodriguez, Sales, Salazar, and Sanchez)</p>
<p>MAY 2024 TTECAC MEETING</p>	<p>Ms. De La Torre announced that the May 2024 TTECAC meeting has been rescheduled to Tuesday, May 14, 2024 at 10:00 A.M.</p>	
<p>FUTURE AGENDA ITEM SUGGESTIONS</p>		
	<p>Ms. Vazquez asked for report from Call The Car. She noted that some members have mentioned that they have been having issues such as dropped calls from their call center and no shows. She would also like an agenda item regarding services offered to seniors. She stated that she constantly sees unaccompanied seniors standing at bus stops.</p> <p>Member Refugio would like a presentation about A&G follow up to member grievances. She noted that Ms. Saffore files grievances and her access to care issues persist.</p>	
<p>PUBLIC COMMENTS</p>		
	<p><i>Elizabeth Cooper expressed disappointment with the treatment of public comments during the meeting, feeling unheard and questioning the lack of proactive courage in addressing certain issues. She noted the importance of public input and requested that the Department of Managed Care observe the meetings before making recommendations. She expressed respect and appreciation for the Board members and staff.</i></p>	

	Chairperson thanked Ms. Cooper for her comments.	
ADJOURNMENT		
ADJOURNMENT	The meeting was adjourned at 1:13 P.M.	

RESPECTFULLY SUBMITTED BY:

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

APPROVED BY

Ana Rodriguez, TTECAC Chair _____

Date 5/14/24



EXECUTIVE COMMITTEE

BOARD OF GOVERNORS
Executive Committee

Meeting Minutes – April 24, 2024

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



L.A. Care
 HEALTH PLAN

Members

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 Ilan Shapiro MD, MBA, FAAP, FACHE,
Vice Chairperson
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 Linda Greenfeld, *Chief Products Officer*

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

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Alvaro Ballesteros, <i>Chairperson</i> , called to order the regular meetings of the L.A. Care Executive Committee and the L.A. Care Joint Powers Authority Executive Committee regular meetings at 2:03 p.m. The meetings were held simultaneously. He welcomed everyone to the meetings. He provided information on how to submit comments in-person or electronically.	
APPROVE MEETING AGENDA	The Agenda for today’s meeting was approved.	Approved unanimously. 4 AYES (Ballesteros, Booth, Raffoul and Shapiro)
PUBLIC COMMENT	There were no public comments.	
APPROVE MEETING MINUTES	The minutes of the March 27, 2024 meeting were approved as amended.	Approved unanimously. 4 AYES
CHAIRPERSON’S REPORT	Chairperson Ballesteros commented on the Provider Recognition event. He complimented John Baackes, <i>Chief Executive Officer</i> , and the whole staff on a wonderful event. He was honored to be there and speak to the participants. Participants feel this event really uplifts them and their work; makes them feel that their work is important. Some of the organizations conduct innovative programs in the community that probably would not be recognized if not for L.A. Care and this event.	

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Mr. Baackes noted that the first Provider Recognition event took place in 2018. Providers told him then that the recognition was appreciated and that health plans usually communicated with them about needed improvements or asked them to provide more data. Providers felt it was refreshing to receive positive feedback about their work. This was also articulated in many of the comments during the event on May 23, 2024. The recognition is based on the provider quality scores for medical groups and individual physicians. Some of the medical groups are not big organizations, but are small practices that might only have one location with half a dozen doctors, but they are achieving measurable success in serving patients. L.A. Care recognized their achievements, and they really appreciated it. A pediatrician was awarded as an individual, and her daughter had won the prior year; a mother-daughter tag team. It was really great.</p> <p>Board Member Booth added that many of their accomplishments are because of L.A. Care's support.</p> <p>Chairperson Ballesteros commented on the whole community feel, with the Urban Voices choir performance, speaks to L.A. Care's deep understanding of the communities. L.A. Care pays attention to the groups that are dealing with the social determinants of health and thinking outside of the box to create a greater sense of health care and wellbeing. L.A. Care is different from other health plans in working with providers. That is quite significant and he appreciates being a part of this event.</p>	
CHIEF EXECUTIVE OFFICER REPORT	<p>Mr. Baackes thanked Chairperson Ballesteros for participating in the provider recognition event, and commented that it is another example about how much time he puts into his role as Chair.</p> <p>California Legislators are working on a horrible budget situation. L.A. Care is monitoring the potential impact on the Medi-Cal program. It was evident in the claw back of a portion of the 2023 rates, which was explained by actuarial analysis. A notice was issued about cancelling funding distribution for the housing supports in the California Advancing and Improving Medi-Cal (CalAIM) program. It is not known how much L.A. Care could have received. L.A. Care will continue to monitor developments related to the California Budget.</p> <p>Mr. Baackes noted that when the Managed Care Organization (MCO) tax was reestablished, it produced funding for 2024. Health plans have not received the funds nor any guidance about the distribution of that money. This is causing great concern</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>among health care providers. Health plans are paying the tax on a quarterly basis. L.A. Care has paid. The distribution of the money in 2024 is tied to primary care, OBGYN and Behavioral Health, on specific Medicare billing codes at 87.5% of the Medicare fee schedule. The funding must be converted for health plans that pay capitated rates to the providers. It was recently agreed the funds will be paid in lump sums at the end of 2024. The release of funding was initially planned in stages during July, September and December. Health plans are urging distribution of the funds so the plans can then determine the process for distributing the funds among providers and under the contractual terms. Health plans have to attest that no money will go to anyone who is already being paid at 87.5% of the fee schedule. There is a lot of work to be done on this program. Plans agreed that in 2025, the funds will be paid in a more routine basis and not at the end of the year. Health plans are expecting guidance on the distribution by June. Providers are frequently asking about it. Mr. Baackes is meeting with a large provider group on Saturday to try to explain why the funds have not been distributed yet. It is a complicated situation, unfortunately, and L.A. Care and other plans will have to be in the position of explaining to hospitals and doctors about the delay and how funding will flow. It is creating a lot of frustration in the provider community.</p> <p>Board Member Booth commented that plans really do not know anything about how much will be distributed or the amount going to each provider. Mr. Baackes responded that for 2024, the funds will only be used for OBGYN, primary care or behavioral health, at 87.5%. A large portion of funds generated in the MCO tax in 2024 was put into California's General Fund. The MCO tax is estimated to produce \$19 billion over three and a half years. Of that, \$8 billion will go into the general fund, with \$11 billion left for Medi-Cal. Most of the \$8 billion will be placed in the general fund in the first year. Mr. Baackes noted that hospitals will start getting money in January for emergency room rates.</p> <p>Board Member Raffoul asked about the formula for that distribution. Mr. Baackes responded that plans have not been given the formula. Health plans have requested guidance for distributing the funds in December so it can be done correctly. Health plans also requested guidance by June 2024 for distributing the 2025 funds so plans can communicate with the providers.</p> <p>Board Member Raffoul commented that many providers receive capitated rates from health plans and may receive MCO tax funds in December. Mr. Baackes confirmed, and he noted that some providers may have received more than the 87.5% already.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Health Plans must attest that no money is distributed to providers who already receive an amount at that threshold.</p> <p>Sameer Amin, MD, <i>Chief Medical Officer</i>, had an opportunity to meet with Hector Flores, MD and other providers a few weeks ago to discuss this exact issue. There were a number of providers participating who were relatively up in arms and very concerned about not having complete information. The major issue is how to align the distribution of funds for capitated providers. If plans do not have enough information, it will be very hard to do that on time and in an actuarially sound way. Plans are waiting for that guidance.</p> <p>Mr. Baackes reported health plans have been informed that the Hospital Quality Assurance Fee (HQAF) funds will be distributed to health plans at the end of May. Plans will coordinate a distribution plan with the California Hospital Association. L.A. Care has provided cash advances to hospitals upon request, and L.A. Care does not charge any interest on the advances. There will be up to \$356 million in the HQAF distribution and L.A. Care will recoup the advance payments when the money is distributed. He expects calls from hospitals asking for advances on the next payment. As discussed in a previous meeting, about half the funding in Medi-Cal is distributed through directed payments and the remainder from health plan reimbursement. Hospitals request advances on the directed payments to keep cash flowing. He noted that Centers for Medicare and Medicaid Services (CMS) has issued rules signaling that directed payments are not preferred. The directed payments come through a taxation model where the providers tax themselves, the taxes draw federal money and then the providers receive directed payments. It is a way for the state to avoid adding funds from the state budget. A major overhaul of the funding for Medicaid and Medicare would be needed to change the distribution model.</p> <p>Board Member Raffoul asked about the equity payment included in the MCO tax. Mr. Baackes responded that the equity payment is a \$200 million fund starting in 2025. L.A. Care collaborated with Health Net to suggest that the money is provided to the health plans in order to allow health plans to direct the funds to address position shortages or an equity issue. An example is the funding L.A. Care currently provides to clinics to recruit doctors and repay medical school student loans, with the goal of retaining providers in the safety net. Regulators responded that the money should not supplant current programs. Mr. Baackes noted that L.A. Care is paying for the program</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	from unassigned reserve funds. There has not been an announcement about the use of the equity payment funds.	
<ul style="list-style-type: none"> Government Affairs Update 	<p>Cherie Compartore, <i>Senior Director, Government Affairs</i>, reported that detail about the state budget will not be known until the May Revise. The reported tax revenue is lower, but there is time remaining.</p> <p>There have been many legislative hearings in Sacramento, and many bills have passed out of the respective legislative committees and will next be reviewed by the Appropriations Committee.</p> <p>She referenced the list of pending bills included in the meeting materials.</p> <p>She noted a bill not on the list. Senator Gonzalez reached out regarding SB 1253. The Senator had seen a digital billboard campaign emphasizing the importance of gun safety and gunlocks, which results from a public health collaboration between L.A. Care and Los Angeles County. The Senator invited support for SB 1253, which closes loopholes in gun safety laws, requires individuals that move into California from out of with guns to get a valid firearm safety certificate. SB 1253 also requires a firearms safety test for those who did not have to take the test under current law. In addition, SB 1253 will implement a requirement for periodic recertification for the firearm safety test. SB 1253 aligns with L.A. Care’s legislative and policy principles approved by the Board of Governors.</p> <p>Ms. Compartore noted that Legislators are noticing the billboard campaign supported by L.A. Care and Los Angeles County.</p> <p>Board Member Shapiro thanked her. Gun safety touches every child and every community member that L.A. Care serves. He suggested reaching out to the American Academy of Pediatrics (AAP) at the state level, or at least the local chapters. Right now Senator Gonzalez, Los Angeles County Medical Association (LACMA), and L.A. Care are leading efforts and AAP could enhance these efforts to improve gun safety.</p> <p>Ms. Compartore will check with the author of SB 1253 about reaching out to AAP. Dr. Amin agreed with checking with the Senator and offer to assist with AAP.</p>	
CHIEF FINANCIAL OFFICER REPORT	Jeffrey Ingram, <i>Deputy Chief Financial Officer</i> , reported on the February 2024 Financial Performance and the updated 4+8 Forecast. <i>(A copy of the report can be obtained by contacting Board Services.)</i>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Financial Report – February 2024 	<p><u>Membership</u> Actual membership is 2.6 million versus about 2.6 budgeted. Membership increased between January and February, driven by the expansion of eligibility for the undocumented ages 26 to 49 years.</p> <p><u>Consolidated Financial Performance</u> The month of February resulted in a surplus of \$23.5 million, \$11 million favorable to the forecast with Housing and Homelessness Incentive Program (HHIP) and Incentive Payment Program (IPP) funds excluded. This is 2.7% of total income. The surplus would be 1.6% without interest income.</p> <p>Where 2023 Medi-Cal rates were favorable, in 2024 there is pressure, likely to continue in the overall rate development as California has a large budget deficit. Interest income has been helping to support administrative expense and surplus revenue. As long as interest rates are elevated, the investment portfolio will continue to generate higher interest income. The month to date variances are the same as the year-to-date variances.</p> <p>Year to date (YTD), through February (five months of the fiscal year), there is a surplus of \$291 million, \$11.3 million favorable to the forecast and 6.5% of net income, which is abnormally high. Much of the favorability is from prior period adjustments. Without the interest income, the net income percentage drops down to 4.7%, showing the material impact of interest income.</p> <p>Revenue is unfavorable to forecast by \$10.6 million. The biggest driver is unfavorability in timing of the HHIP and IPP payments of \$17 million, offset by adjustments on the risk corridors related to the Enhanced Case Management (ECM), and Major Organ transplants (MOT) programs. Throughout the year, adjustments are made to risk corridors, which can be favorable or unfavorable, and this month, the adjustments are favorable.</p> <p>Healthcare costs are favorable to forecast \$24.5 million, driven primarily by favorability in capitation. This \$20 million favorability is due to a “miss” in the forecast, which will be carried forward unless an adjustment is made to the forecast before the end of the fiscal year. This is offset by a liability booked in the shared-risk true up related to challenges with overall claims inventory and the Change Healthcare event. The reduction in actual paid claims has a perceived higher shared risk pool payout. In a conservative approach, a higher liability was forecast in the month of February. As the</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>claims inventory levels come down, there will be some favorability in the shared-risk payouts.</p> <p>For administrative expense, there is favorability of \$7.6 million, a result of the forecast. Last month, the forecast was revised for \$74 million above the original budget. This does not mean that the results in February are \$7.6 million over the new forecast, Instead, it is a reflection of the timing of the forecast allocations. As the year progresses, there will be favorability. The focus is on results at the end of the fiscal year. Financial results are pacing to forecast, but in the month of February, there is a blip in terms of favorability. Future planning cycles will provide opportunity to rectify this as the financial models are updated.</p> <p>Non-operating expense is unfavorable \$4.2 million, primarily driven by unrealized losses. The fluctuation of interest rates will be reflected as unrealized gains and losses.</p> <p><u>Operating Margin by Segment</u></p> <p>The overall MCR is 89.6 versus the forecast in 90.1% (excluding HHIP and IPP)</p> <ul style="list-style-type: none"> • Medi-Cal is just under 90%. • DSNP is 86.7% versus the forecast of 83.7%. The shared-risk adjustment affected DSNP and LACC. As the claims inventory comes down and the shared-risk liability is adjusted, the MCR's will true up to the forecast expectations. • LACC MCR is 81.85% versus a forecast of 78.4%. In addition to the shared-risk impact, the risk adjustment factor (RAF) was truedup in revenue, retroactive to calendar year rates in 2023. This resulted the RAF score moving from 0.70 to 0.66. The adjustment for CY 2023 and January and February 2024 were all booked in the month of February. At the start the fiscal year the dollar amounts are smaller for all the lines of business, and retroactive adjustments add variation to the MCR. On an adjusted basis, LACC is performing well for L.A. Care. • PASC MCR is 99.1% versus forecast of 99.7%. <p><u>Key Financial Ratios</u></p> <ul style="list-style-type: none"> • The administrative expense ratio reflects the timing of the 4+8 forecast. This is expected to become favorable as the year progresses. • Working Capital, Cash to Claims and Tangible Net Equity (TNE) are all favorable. <p>In the month of February, there will often be a carryover of balance for pass-through funds. L.A. Care received Private Hospital Directed Payment (PHDP) funds of \$373</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>million that inflated the cash to claim ratio. Adjusting for that, the cash to claims would be 0.89, which is comparable to January at 0.87.</p> <p>Tangible Net Equity (TNE) is 864% of the required reserves, and represents 111 days of cash on hand. If the carryover balance referenced before is removed, the days of cash on hand would be closer to 99.</p> <p><u>Motion EXE 100.0424</u> To accept the Financial Reports for February 2024, as submitted.</p>	<p>Approved unanimously. 4 AYES</p>
<ul style="list-style-type: none"> Monthly Investment Transactions Reports – February 2024 	<p>Mr. Ingram referred Board Members to the investment transactions reports included in the meeting materials (<i>a copy of the report is available by contacting Board Services</i>). This report is to comply with the California Government Code as an informational item. L.A. Care's total investment market value as of February 29, 2024.</p> <ul style="list-style-type: none"> \$3.4 billion managed by Payden & Rygel and New England Asset Management (NEAM) \$35 million in Local Agency Investment Fund \$80 million in Los Angeles County Pooled Investment Fund \$125 million in BlackRock Liquidity T-Fund <p>Mr. Ingram noted that there is a new investment vehicle with \$125 Million in the BlackRock Liquidity T-Fund. Mr. Ingram complimented Jason Chen, <i>Senior Manager, Accounting Treasury</i>, for his work in locating this opportunity with elevated interest rates. This fund allows L.A. Care to sweep the daily operating account overnight into a black box liquidity fund, which is just investing in AAA treasuries. Throughout the year, if interest rates remain elevated, this may raise an extra \$3 million. Every night, funds in the operating account are swept into the liquidity fund and swept back the next morning. L.A. Care receives a higher interest rate overnight. He complimented Mr. Chen and his team for their work.</p>	
COMMITTEE ISSUES		
<p>To authorize a Letter of Credit from a financial institution for tenant improvements according the existing lease for 1200 W. 7th Street, Los Angeles</p>	<p>Mr. Ingram noted that in March, a motion was presented (FIN 104.0324) requesting delegated authority to enter into a contract in the amount of \$47 million for leasehold improvements at the 1200 W. 7th Street building. The lease requires L.A. Care to acquire a letter of credit and this motion will delegate authority to the CEO to acquire the letter of credit. Wells Fargo requires Board action for a letter of credit, which will</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>unlock the \$24 million leasehold improvements paid by the landlord. The motion language is longer than normal, and is required by Wells Fargo.</p> <p><u>Motion EXE 101.0524</u></p> <p>To approve L.A. Care (a) obtaining a letter of credit from a financial institution (such as Wells Fargo Bank, N.A.) to be delivered to the landlord of the Garland building for tenant improvements, as required per L.A. Care’s lease contract and (b) cash collateralizing the letter of credit by pledging \$22,727,390 in unrestricted cash to said financial institution in exchange for the letter of credit and depositing said cash with said financial institution.</p> <p>The Board of Governors have determined that pursuant to California Welfare & Institutions Code § 14087.9605 (b)(2)(d) and (c), L.A. Care is permitted to “contract for services required to meet its obligations” and to “acquire, possess, and dispose of real or personal property” and obtaining and securing the letter of credit in order to facilitate the Tenant Improvements will allow L.A. Care to meet its obligations. Additionally the Board of Governors have determined that it may “dispose” of its personal property by cash collateralizing the letter of credit. Further, pursuant to California Welfare & Institutions Code § 14087.9665 (a) L.A. Care may borrow or receive funds from any person or entity as necessary to cover development costs and other actual or projected obligations of the local initiative and the Board of Governors have determined that obtaining and securing the letter of credit in order to facilitate the Tenant Improvements is necessary to cover actual or projected obligations of L.A. Care. The Board of Governors have identified \$22,727,390 in unrestricted cash which may be used to cash collateralize the letter of credit by depositing said cash to a public funds interest bearing account with said financial institution providing such letter of credit.</p> <p>The Chief Financial Officer, the Deputy Chief Financial Officer, or person duly appointed in writing to act in the stead of such officer (collectively, the “Responsible Officers”), is hereby authorized and directed for and in the name of and on behalf of L.A. Care to further negotiate the terms of the letter of credit and fees and security relating thereto and execute and deliver documents and instruments relating to the letter of credit and cash collateralizing and pledging funds to secure the letter of credit with such changes therein, deletions therefrom and additions thereto as may be approved</p>	<p>Approved unanimously. 4 AYES</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>(i) by any Responsible Officer, in such person’s discretion, as being in the best interests of L.A. Care, and (ii) by L.A. Care’s General Counsel, such approval to be conclusively evidenced by the execution and delivery thereof by the person executing the same on behalf of L.A. Care (the “LC Documents”).</p> <p>Further Actions. The Responsible Officers are, and each of them acting alone is, hereby authorized and directed to take such actions and to execute such documents and certificates as may be necessary to effectuate the purposes of this resolution, including the execution and delivery of the LC Documents, and execution and delivery of any and all memorandums of agreement or understanding, assignments, certificates, requisitions, agreements, notices, consents, instruments of conveyance, warrants and other documents, which they, or any of them, deem necessary or advisable in order to consummate the transactions and requirements as described herein.</p> <p>All actions heretofore taken by any officer of L.A. Care with respect to the execution and delivery of LC Documents, and the cash collateralizing and pledging funds to secure the letter of credit described therein are hereby approved, confirmed and ratified.</p>	
<p>Contract with the Department of Health Services Housing for Health in partnership with Brilliant Corners to provide support on accessibility improvements in Interim Housing facilities throughout Los Angeles County</p>	<p>Charlie Robinson, <i>Senior Director, Community Health</i>, summarized a motion to approve a contract with the Los Angeles County Department of Health Services (DHS) Housing for Health in partnership with Brilliant Corners, to provide support for accessibility improvements in interim housing facilities throughout Los Angeles County.</p> <p>He reported that the motion is for an investment to support activities of daily living and other supports in interim housing and other sheltered environments. L.A. Care provides community supports for similar services for plan members who are housed. This investment fills a gap for members experiencing homelessness who are in a sheltered environment, in tiny homes, in term housing sites, hotels, and motels, in many cases to help them stay in those locations when they need extra help. The funding has been approved by L.A. Care’s internal finance team.</p> <p>Board Member Shapiro asked how many people are going to be reached with this, and what is the impact. Mr. Robinson responded that in many cases, people who are moving into interim housing locations or people who are in shelters, need a little bit of extra help. The help could be grab bars so people can safely use showers. It can be help with mobility and similar things. It brings services to people who are in interim housing</p>	

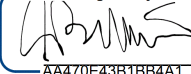
AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN												
	<p>sites, so they can stay in those sites, and ultimately move into permanent supportive housing when available. Dr. Amin responded that perhaps the larger question is about the number of folks that have been helped by some of L.A. Care’s Community Supports programs, which provide housing navigation and housing deposits. The members served by the housing navigation and tenancy support services is about 15,000, and the housing deposits is probably around 300.</p> <p><u>Motion EXE 102.0524</u> To authorize staff to execute an Housing and Homelessness Incentive Program (HHIP) investment agreement in the amount of up to \$3,500,000 with the Los Angeles County Department of Health Services in partnership with Brilliant Corners, to provide accessibility improvements in Interim Housing facilities throughout Los Angeles County to ensure residents with disabilities are able to be safely housed in the facilities from September 1, 2024 to September 30, 2027.</p>	<p>Approved unanimously. 4 AYES</p>												
<p>Human Resources Policies</p> <ul style="list-style-type: none"> • HR-108 (Holiday) • HR 202 (Anti-Discrimination and Anti-Harassment) • HR-228 (Non-Fraternization Policy) • HR-306 (Equal Employment Opportunity) 	<p>Terry Brown, <i>Chief Human Resources Officer</i>, introduced Darren Lee, <i>Deputy Chief Human Resources Officer</i>.</p> <p>Mr. Brown presented revised Human Resources Policies. The revised policies were written to comply with changes to regulatory, legislative and judicial changes, and reflect changes in L.A. Care’s practices. Policy HR-108 was recently approved but a drafting error was discovered for employees on alternative work schedules. The revised policy is presented again for approval.</p> <p>There are revisions to four policies summarized in the chart below. He thanked Board Member Booth for her suggested edits to HR - 202. Those edits, which do not substantively change the nature of the policy, will be included in the final version.</p> <table border="1" data-bbox="493 1079 1589 1404"> <thead> <tr> <th>Policy Number</th> <th>Policy</th> <th>Section</th> <th>Description of Modification</th> </tr> </thead> <tbody> <tr> <td>HR-108</td> <td>Holidays</td> <td>Benefits</td> <td>Revision – Section 4.7 updated for Non-Exempt employees and added Make Up Time Request Form</td> </tr> <tr> <td>HR-202</td> <td>Anti-Discrimination</td> <td>Employee Relations</td> <td>Revision- Added section 3.6.2 and minor edits to sections 1.1 and 3.</td> </tr> </tbody> </table>	Policy Number	Policy	Section	Description of Modification	HR-108	Holidays	Benefits	Revision – Section 4.7 updated for Non-Exempt employees and added Make Up Time Request Form	HR-202	Anti-Discrimination	Employee Relations	Revision- Added section 3.6.2 and minor edits to sections 1.1 and 3.	
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HR-108	Holidays	Benefits	Revision – Section 4.7 updated for Non-Exempt employees and added Make Up Time Request Form											
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AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS				ACTION TAKEN
	HR-228	Non-Fraternization	Employee Relations	Transfer policy to new template and edit Section 4.1 to include non-management employees	Approved unanimously. 4 AYES
	HR-306	Equal Employment Opportunity	Employment	Revision- added DEI Statement and Cannabis use protection	
Annual Disclosure of Broker Fees in compliance with AB 2589	<p><u>Motion EXE A.0424</u> To approve the Human Resources Policies HR 108 (Holidays), HR-202 (Anti-Discrimination), HR-228 (Non-Fraternization), and HR 306 (Equal Employment Opportunity), as presented.</p> <p>Mr. Brown referred to an informational memorandum included in the meeting materials that outlines base commission rates for the various employee benefits that are procured on a commission basis (<i>a copy of the report can be obtained by contacting Board Services</i>). The rates are shown for 2023 and 2024. He reported that the rates have remained the same with one exception: the rate for health coverage through Kaiser was lowered from 1.5% to 1.25%.</p> <p>A second memorandum in the meeting materials is from Pearl Meyer, the outside consultant that provides a comparison between the rates that L.A. Care pays against the rates in the marketplace. He noted that for organizations of similar size, the results show that L.A. Care’s median total broker rate is 2.59%, and the median for the marketplace is at 3.53%. L.A. Care pays almost a full percentage point below that commission rate, paying 1.74% for employee health care coverage. The broker fee range in the marketplace is between 3% and 4%, L.A. Care is almost half of the lower end of that range. He commented that L.A. Care’s brokers have served very well in helping to keep those brokerage fees as low as possible.</p> <p>Board Member Booth complimented the staff for this report and for all who are working to keep these rates as low as possible.</p>				
Approve Consent Agenda	<p>Approve the list of items that will be considered on a Consent Agenda for May 2, 2024 Board of Governors Meeting.</p> <ul style="list-style-type: none"> April 4, 2024 meeting minutes 				

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Contract with the Department of Health Services Housing for Health in partnership with Brilliant Corners to provide support on accessibility improvements in Interim Housing facilities throughout Los Angeles County • To authorize a Letter of Credit from a financial institution for tenant improvements according the existing lease for 1200 W. 7th Street, Los Angeles • Technical Advisory Committee Revised Charter 	<p>Approved unanimously. 4 AYES</p>
PUBLIC COMMENTS	There were no public comments.	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Executive Committee meeting adjourned at 2:49 pm.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i> announced the items for discussion in closed session. She announced there is no report anticipated from the closed session. The meeting adjourned to closed session at 2:50 pm.</p> <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Business Plan Estimated date of public disclosure: <i>April 2026</i></p> <p>CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m)</p> <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Tom MacDougall, <i>Chief Information & Technology Officer</i></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 L.A. Care Health Plan’s Notice of Contract Dispute under Contract No. 04-36069 Department of Health Care Services (Case No. Unavailable)</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> • Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 • Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF <p>PUBLIC EMPLOYEE PERFORMANCE EVALUATION, PUBLIC EMPLOYMENT and CONFERENCE WITH LABOR NEGOTIATOR Sections 54957 and 54957.6 of the Ralph M. Brown Act Title: Chief Executive Officer Agency Designated Representative: Alvaro Ballesteros, MBA Unrepresented Employee: John Baackes</p>	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 3:44 pm. No reportable actions were taken during the closed session.	
ADJOURNMENT	The meeting adjourned at 4:31 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:

AA470E43B1BB4A1...
Alvaro Ballesteros, MBA, *Board Chairperson*
Date: 5/30/2024 | 11:42 AM PDT

**FINANCE
&
BUDGET
COMMITTEE**



Financial Update

Board of Governors Meeting

June 6, 2024



Agenda

Financial Performance – March 2024 & YTD

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

Financial Informational Updates

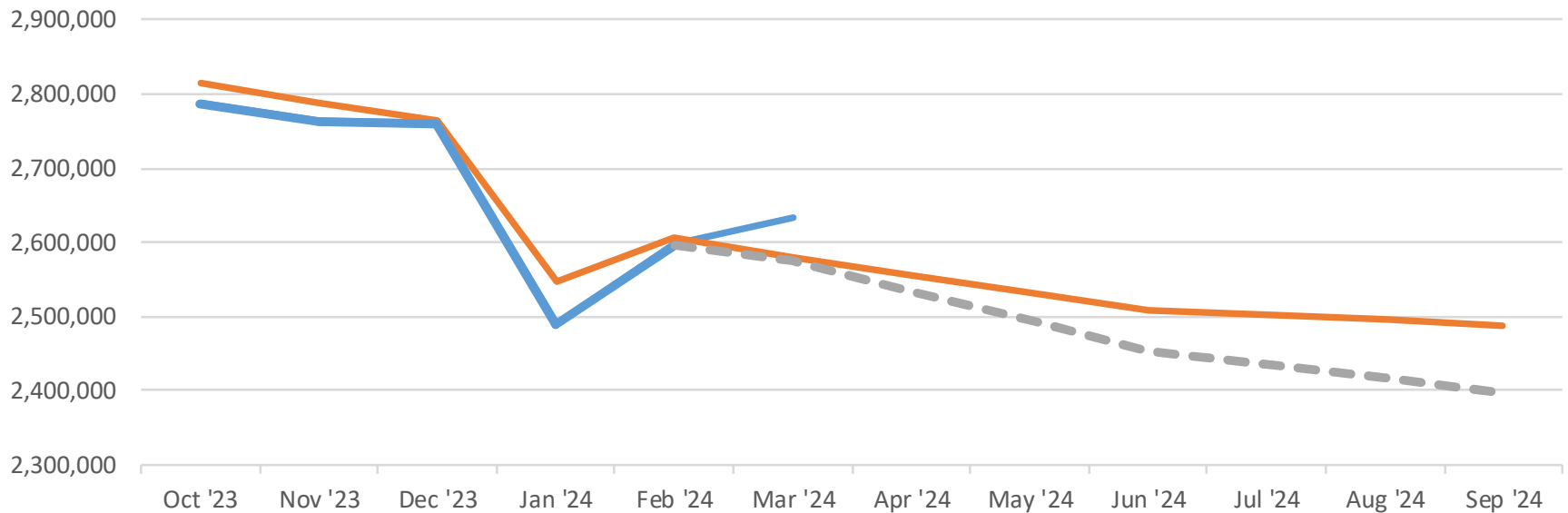
- Investment Transactions
- Quarterly Internal Policy Reports

Membership

for the 6 months ended March 2024

Sub-Segment	March 2024			Year-to-Date		
	Actual	4+8 FCST	Variance	Actual	4+8 FCST	Variance
Medi-Cal	2,409,480	2,357,753	51,727	14,829,602	14,778,936	50,666
D-SNP	19,398	19,273	125	113,204	112,948	256
LACC	174,308	168,177	6,131	911,758	901,558	10,200
PASC	48,715	48,133	582	290,521	289,617	904
*Elimination	(19,398)	(19,273)	(125)	(113,204)	(112,948)	(256)
Consolidated	2,632,503	2,574,063	58,440	16,031,881	15,970,111	61,770

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



Consolidated Financial Performance

for the month of March 2024

(\$ in Thousands)	Actual	4+8 FCST	Variance
Member Months	2,632,503	2,574,063	58,440
Total Revenues	\$919,792	\$907,395	\$12,397
Total Healthcare Expenses	\$847,254	\$867,390	\$20,136
Operating Margin	\$72,538	\$40,005	\$32,534
<i>Operating Margin (excl HHIP/IPP)</i>	\$79,028	\$31,976	\$47,052
Total Admin Expenses	\$49,686	\$55,213	\$5,528
Income/(Loss) from Operations	\$22,853	(\$15,209)	\$38,061
Non-Operating Income (Expense)	\$18,780	\$13,911	\$4,869
Net Surplus	\$41,633	(\$1,298)	\$42,931
<i>Net Surplus (excl HHIP/IPP)</i>	\$48,223	(\$8,843)	\$57,066

Consolidated Financial Performance

for the 6 months ended March 2024

(\$ in Thousands)	Actual	4+8 FCST	Variance
Member Months	16,031,881	15,970,111	61,770
Total Revenues	\$5,451,485	\$5,449,655	\$1,830
Total Healthcare Expenses	\$4,874,986	\$4,919,646	\$44,660
Operating Margin	\$576,499	\$530,009	\$46,491
<i>Operating Margin (excl HHIP/IPP)</i>	\$545,978	\$475,701	\$70,277
Total Admin Expenses	\$302,174	\$300,063	(\$2,111)
Income/(Loss) from Operations	\$274,325	\$229,946	\$44,379
Non-Operating Income (Expense)	\$94,740	\$94,029	\$710
Net Surplus	\$369,065	\$323,976	\$45,090
<i>Net Surplus (excl HHIP/IPP)</i>	<i>\$339,087</i>	<i>\$270,737</i>	<i>\$68,350</i>

Operating Margin by Segment

for the 6 months ended March 2024

(\$ in Thousands)

	Medi-Cal	D-SNP	LACC	PASC	Total	Total (excl HHIP/IPP)
Revenue	\$4,903,471	\$162,259	\$253,437	\$91,797	\$5,451,485	\$5,407,487
Healthcare Exp.	\$4,415,791	\$143,495	\$212,162	\$93,664	\$4,874,986	\$4,861,509
Operating Margin	\$487,681	\$18,764	\$41,275	(\$1,867)	\$576,499	\$545,978
MCR %	90.1%	88.4%	83.7%	102.0%	89.4%	89.9%
4+8 FCST %	91.8%	85.8%	78.7%	100.1%	90.3%	91.2%

Key Financial Ratios

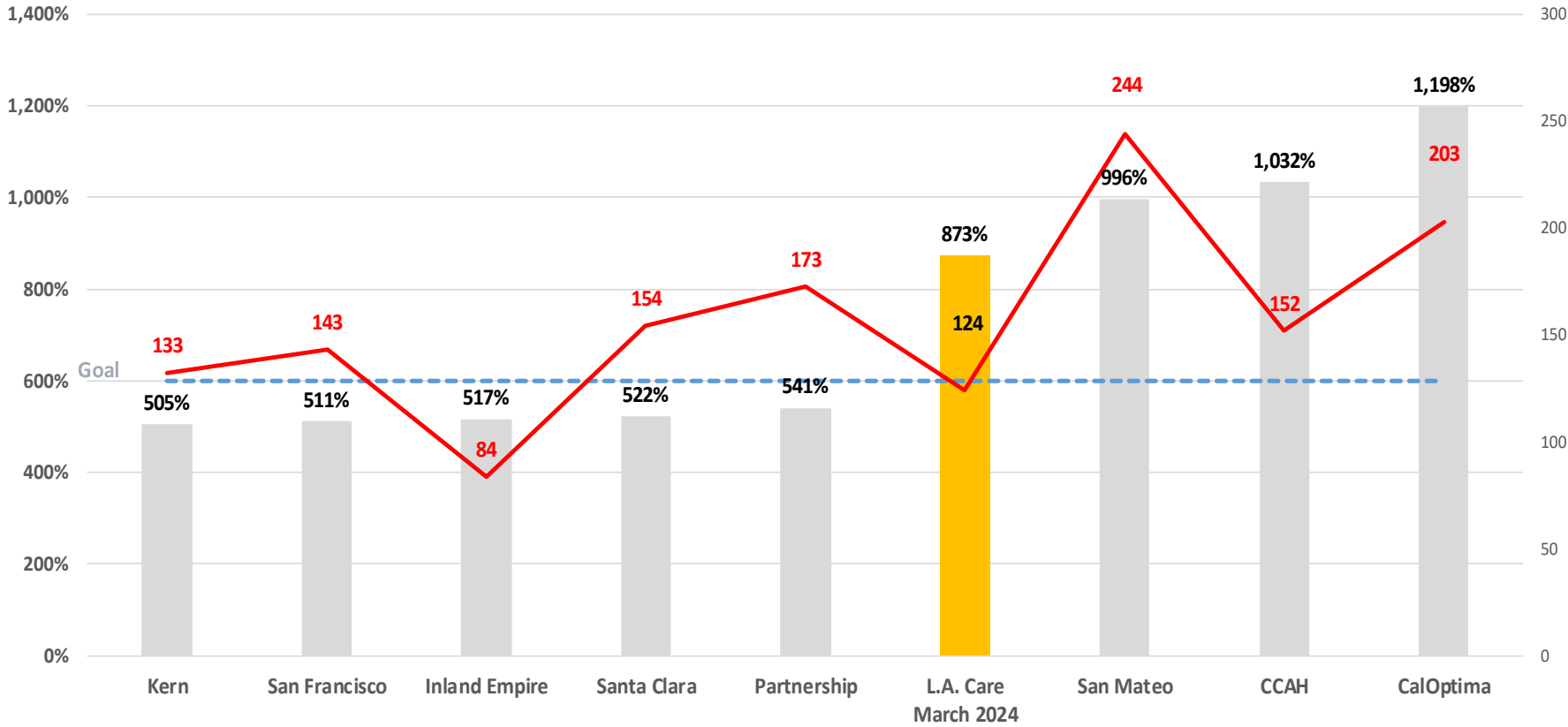
for the 6 months ended March 2024

(Excl. HHIP/IPP)	Actual	4+8 FCST	
MCR	89.9%	vs. 91.2%	✓
Admin Ratio	5.6%	vs. 5.6%	✓

	Actual	Benchmark	
Working Capital	1.34	vs. 1.00+	✓
Cash to Claims	1.14	vs. 0.75+	✓
Tangible Net Equity	8.73	vs. 1.30+	✓

Tangible Net Equity & Days of Cash On-Hand

for the 6 months ended March 2024



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

Questions & Consideration

Motion

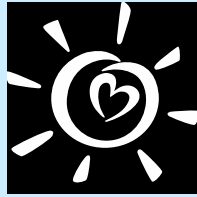
- To accept the Financial Reports for the six months ended March 31, 2024, as submitted.

Informational Items

Investment Transactions

- As of March 31, 2024, L.A. Care's total investment market value was \$4.1B
 - \$3.86B managed by Payden & Rygel and New England Asset Management (NEAM)
 - \$36M in Local Agency Investment Fund
 - \$80M in Los Angeles County Pooled Investment Fund
 - \$125M in BlackRock Liquidity T-Fund

Quarterly Internal Policy Reports



L.A. Care
HEALTH PLAN®

Board of Governors
MOTION SUMMARY

Date: June 6, 2024

Motion No. FIN 101.0624

Committee: Finance & Budget

Chairperson: Stephanie Booth, MD

Requesting Department: Accounts & Finance Services

New Contract Amendment Sole Source RFP/RFQ was conducted

Issue: Acceptance of the Financial Reports for March 2024.

Background: N/A

Member Impact: N/A

Budget Impact: N/A

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



L.A. Care
HEALTH PLAN®

Financial Performance
March 2024
(Unaudited)



Financial Performance Highlights - Year-to-Date

March 2024

Overall (incl. HHIP/IPP)

L.A. Care total YTD combined member months are 16.0M, +62K favorable to forecast. March YTD financial performance resulted in a surplus of +\$369M or 6.8% margin and is +\$45M/+83bps favorable to forecast. The YTD favorability is driven by lower capitation expense +\$57.2M, timing of provider incentives +\$17.6M, and higher other income, net +\$4.7M; partially offset by higher inpatient claims (\$16.6M), skilled nursing (\$11.2M), and outpatient claims (\$6.3M).

Medi-Cal

Medi-Cal consists of members through our contracted providers and our contracted health plans ("Plan Partners"). March YTD member months are 14.8M, +51K favorable to forecast. March YTD financial performance resulted in a surplus of +\$367M or 7.5% margin, +\$113.4M/+227bps favorable to forecast, driven by lower capitation expense +\$53.4M, higher revenue +\$32.5M, lower operating expenses +\$25.8M, and timing of provider incentives +\$20.9M; partially offset by higher skilled nursing (\$9.7M), higher outpatient (\$7.9M) and inpatient (\$4.2M) claims and higher unrealized losses (\$2.7M).

D-SNP

Effective January 1, 2023, members enrolled in CMC have been transitioned to our D-SNP plan. March YTD member months are 113K, flat to forecast. March YTD financial performance resulted in a surplus of +\$0.3M or 0.2% margin, (\$11.5M)/(712bps) unfavorable to forecast, primarily driven by higher shared risk (\$9.5M) and higher operating expenses (\$7.2M); partially offset by lower inpatient +\$3.9M and outpatient +\$2.2M claims.

Commercial

L.A. Care Commercial consists of LACC and PASC-SEIU. March YTD member months are 1.2M, favorable +11K to forecast. March YTD financial performance resulted in a deficit of (\$17.9M) or (5.2%) margin, (\$35M)/(1,023bps) unfavorable to forecast, primarily driven by higher operating expenses (\$19.3M) and higher inpatient claims (\$16.9M); partially offset by higher revenue +\$5.9M.

Incentive Programs

L.A. Care Incentive Programs consist of CalAIM Incentive Payment Program (IPP) and Housing and Homelessness Incentive Program (HHIP). March YTD financial performance resulted in a surplus of +\$30.0M, (\$23.3M) unfavorable to forecast, primarily driven by the timing of revenue (\$33.1M); partially offset by the timing of healthcare expenses +\$9.3M.



Consolidated Operations Income Statement (\$ in thousands)

March 2024

Current		Current 4+8		Current		YTD		YTD 4+8		YTD	
Actual	PMPM	Forecast	PMPM	Fav/(Unfav)	PMPM	Actual	PMPM	Forecast	PMPM	Fav/(Unfav)	PMPM
Membership						Member Months					
2,632,503		2,574,063		58,440		16,031,881		15,970,110		61,771	
Revenue						Capitation Revenue					
\$ 919,792	\$ 349.40	\$ 907,395	\$ 352.51	\$ 12,397	\$ (3.12)	\$ 5,451,485	\$ 340.04	\$ 5,449,655	\$ 341.24	\$ 1,830	\$ (1.20)
\$ 919,792	\$ 349.40	\$ 907,395	\$ 352.51	\$ 12,397	\$ (3.12)	\$ 5,451,485	\$ 340.04	\$ 5,449,655	\$ 341.24	\$ 1,830	\$ (1.20)
Healthcare Expenses						Capitation					
\$ 435,577	\$ 165.46	\$ 469,050	\$ 182.22	\$ 33,474	\$ 16.76	\$ 2,743,258	\$ 171.11	\$ 2,800,410	\$ 175.35	\$ 57,153	\$ 4.24
\$ 134,080	\$ 50.93	\$ 121,074	\$ 47.04	\$ (13,006)	\$ (3.90)	\$ 634,700	\$ 39.59	\$ 618,118	\$ 38.70	\$ (16,582)	\$ (0.89)
\$ 128,620	\$ 48.86	\$ 125,796	\$ 48.87	\$ (2,824)	\$ 0.01	\$ 660,487	\$ 41.20	\$ 654,148	\$ 40.96	\$ (6,340)	\$ (0.24)
\$ 109,758	\$ 41.69	\$ 103,157	\$ 40.08	\$ (6,601)	\$ (1.62)	\$ 599,574	\$ 37.40	\$ 588,393	\$ 36.84	\$ (11,181)	\$ (0.56)
\$ 16,485	\$ 6.26	\$ 15,430	\$ 5.99	\$ (1,055)	\$ (0.27)	\$ 87,941	\$ 5.49	\$ 87,821	\$ 5.50	\$ (120)	\$ 0.01
\$ 12,385	\$ 4.70	\$ 21,229	\$ 8.25	\$ 8,844	\$ 3.54	\$ 82,666	\$ 5.16	\$ 100,306	\$ 6.28	\$ 17,641	\$ 1.12
\$ 10,349	\$ 3.93	\$ 11,654	\$ 4.53	\$ 1,305	\$ 0.60	\$ 66,360	\$ 4.14	\$ 70,450	\$ 4.41	\$ 4,090	\$ 0.27
\$ 847,254	\$ 321.84	\$ 867,390	\$ 336.97	\$ 20,136	\$ 15.13	\$ 4,874,986	\$ 304.08	\$ 4,919,646	\$ 308.05	\$ 44,660	\$ 3.97
92.1%		95.6%		3.5%		89.4%		90.3%		0.8%	
\$ 72,538	\$ 27.55	\$ 40,005	\$ 15.54	\$ 32,534	\$ 12.01	\$ 576,499	\$ 35.96	\$ 530,009	\$ 33.19	\$ 46,491	\$ 2.77
\$ 49,686	\$ 18.87	\$ 55,213	\$ 21.45	\$ 5,528	\$ 2.58	\$ 302,174	\$ 18.85	\$ 300,063	\$ 18.79	\$ (2,111)	\$ (0.06)
5.4%		6.1%		0.7%		5.5%		5.5%		0.0%	
\$ 22,853	\$ 8.68	\$ (15,209)	\$ (5.91)	\$ 38,061	\$ 14.59	\$ 274,325	\$ 17.11	\$ 229,946	\$ 14.40	\$ 44,379	\$ 2.71
2.5%		-1.7%		4.2%		5.0%		4.2%		0.8%	
\$ 17,433	\$ 6.62	\$ 15,774	\$ 6.13	\$ 1,659	\$ 0.49	\$ 89,545	\$ 5.59	\$ 90,003	\$ 5.64	\$ (458)	\$ (0.05)
\$ 822	\$ 0.31	\$ (1,864)	\$ (0.72)	\$ 2,685	\$ 1.04	\$ (5,149)	\$ (0.32)	\$ (9,891)	\$ (0.62)	\$ 4,742	\$ 0.30
\$ (252)	\$ (0.10)	\$ -	\$ -	\$ (252)	\$ (0.10)	\$ (1,390)	\$ (0.09)	\$ (987)	\$ (0.06)	\$ (403)	\$ (0.02)
\$ 778	\$ 0.30	\$ -	\$ -	\$ 778	\$ 0.30	\$ 11,734	\$ 0.73	\$ 14,904	\$ 0.93	\$ (3,170)	\$ (0.20)
\$ 18,780	\$ 7.13	\$ 13,911	\$ 5.40	\$ 4,869	\$ 1.73	\$ 94,740	\$ 5.91	\$ 94,029	\$ 5.89	\$ 710	\$ 0.02
\$ 41,633	\$ 15.81	\$ (1,298)	\$ (0.50)	\$ 42,931	\$ 16.32	\$ 369,065	\$ 23.02	\$ 323,976	\$ 20.29	\$ 45,090	\$ 2.73
4.5%		-0.1%		4.7%		6.8%		5.9%		0.8%	
Operating Margin						Admin Ratio (%)					
Total Operating Expenses						Income (Loss) from Operations					
Margin before Non-Operating Inc/(Exp) Ratio (%)						Margin before Non-Operating Inc/(Exp) Ratio (%)					
Net Surplus/(Deficit)						Margin (%)					



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

March 2024

Current		Current 4+8		Current		YTD		YTD 4+8		YTD	
Actual	PMPM	Forecast	PMPM	Fav/(Unfav)	PMPM	Actual	PMPM	Forecast	PMPM	Fav/(Unfav)	PMPM
Membership											
Member Months						14,829,602		14,778,936		50,666	
Revenue											
Capitation Revenue						\$ 4,903,471	\$ 330.65	\$ 4,870,955	\$ 329.59	\$ 32,516	\$ 1.07
Total Revenues						\$ 4,903,471	\$ 330.65	\$ 4,870,955	\$ 329.59	\$ 32,516	\$ 1.07
Healthcare Expenses											
Capitation						\$ 2,586,249	\$ 174.40	\$ 2,639,674	\$ 178.61	\$ 53,426	\$ 4.21
Inpatient Claims						\$ 538,614	\$ 36.32	\$ 534,444	\$ 36.16	\$ (4,170)	\$ (0.16)
Outpatient Claims						\$ 590,881	\$ 39.84	\$ 582,942	\$ 39.44	\$ (7,939)	\$ (0.40)
Skilled Nurse Facility						\$ 594,790	\$ 40.11	\$ 585,109	\$ 39.59	\$ (9,681)	\$ (0.52)
Pharmacy						\$ 205	\$ 0.01	\$ 141	\$ 0.01	\$ (64)	\$ (0.00)
Provider Incentive and Shared Risk						\$ 44,501	\$ 3.00	\$ 65,449	\$ 4.43	\$ 20,948	\$ 1.43
Medical Administrative Expenses						\$ 60,552	\$ 4.08	\$ 64,050	\$ 4.33	\$ 3,498	\$ 0.25
Total Healthcare Expenses						\$ 4,415,791	\$ 297.77	\$ 4,471,810	\$ 302.58	\$ 56,019	\$ 4.81
MCR (%)						90.1%		91.8%		1.8%	
Operating Margin						\$ 487,681	\$ 32.89	\$ 399,145	\$ 27.01	\$ 88,535	\$ 5.88
Total Operating Expenses						\$ 220,703	\$ 14.88	\$ 246,480	\$ 16.68	\$ 25,777	\$ 1.80
Admin Ratio (%)						4.5%		5.1%		0.6%	
Income (Loss) from Operations						\$ 266,977	\$ 18.00	\$ 152,665	\$ 10.33	\$ 114,313	\$ 7.67
Margin before Non-Operating Inc/(Exp) Ratio (%)						5.4%		3.1%		2.3%	
Interest Income,Net						\$ 84,489	\$ 5.70	\$ 83,869	\$ 5.67	\$ 620	\$ 0.02
Other Income (Expense),Net						\$ 5,533	\$ 0.37	\$ 3,980	\$ 0.27	\$ 1,553	\$ 0.10
Realized Gain/Loss						\$ (1,319)	\$ (0.09)	\$ (940)	\$ (0.06)	\$ (379)	\$ (0.03)
Unrealized Gain/Loss						\$ 11,758	\$ 0.79	\$ 14,460	\$ 0.98	\$ (2,702)	\$ (0.19)
Total Non-Operating Income/(Expense)						\$ 100,462	\$ 6.77	\$ 101,370	\$ 6.86	\$ (908)	\$ (0.08)
Net Surplus/(Deficit)						\$ 367,440	\$ 24.78	\$ 254,035	\$ 17.19	\$ 113,405	\$ 7.59
Margin (%)						7.5%		5.2%		2.3%	



DSNP Income Statement (\$ in thousands)

March 2024

Current		Current		Current	
Actual	PMPM	4+8 Forecast	PMPM	Fav/(Unfav)	PMPM
19,398		19,273		125	
\$ 28,609	\$ 1,474.84	\$ 27,927	\$ 1,449.01	\$ 682	\$ 25.83
\$ 28,609	\$ 1,474.84	\$ 27,927	\$ 1,449.01	\$ 682	\$ 25.83
\$ 11,090	\$ 571.69	\$ 10,528	\$ 546.24	\$ (562)	\$ (25.45)
\$ 6,414	\$ 330.67	\$ 7,487	\$ 388.47	\$ 1,073	\$ 57.80
\$ 4,051	\$ 208.86	\$ 4,980	\$ 258.39	\$ 929	\$ 49.53
\$ 767	\$ 39.52	\$ -	\$ -	\$ (767)	\$ (39.52)
\$ 1,552	\$ 79.99	\$ 1,249	\$ 64.78	\$ (303)	\$ (15.21)
\$ 3,369	\$ 173.67	\$ 2,315	\$ 120.10	\$ (1,054)	\$ (53.57)
\$ 368	\$ 18.95	\$ 185	\$ 9.59	\$ (183)	\$ (9.36)
\$ 27,610	\$ 1,423.35	\$ 26,743	\$ 1,387.57	\$ (868)	\$ (35.78)
96.5%		95.8%		-0.7%	
\$ 999	\$ 51.49	\$ 1,184	\$ 61.44	\$ (185)	\$ (9.95)
\$ 2,790	\$ 143.81	\$ 2,781	\$ 144.31	\$ (8)	\$ 0.50
9.8%		10.0%		0.2%	
\$ (1,791)	\$ (92.32)	\$ (1,597)	\$ (82.87)	\$ (194)	\$ (9.45)
-6.3%		-5.7%		-0.5%	
\$ 403	\$ 20.79	\$ 385	\$ 19.99	\$ 18	\$ 0.81
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ (6)	\$ (0.30)	\$ -	\$ -	\$ (6)	\$ (0.30)
\$ 18	\$ 0.93	\$ -	\$ -	\$ 18	\$ 0.93
\$ 415	\$ 21.42	\$ 385	\$ 19.99	\$ 30	\$ 1.43
\$ (1,375)	\$ (70.90)	\$ (1,212)	\$ (62.88)	\$ (163)	\$ (8.02)
-4.8%		-4.3%		-0.5%	

	YTD		YTD		YTD	
	Actual	PMPM	4+8 Forecast	PMPM	Fav/(Unfav)	PMPM
Membership						
Member Months	113,204		112,948		256	
Revenue						
Capitation Revenue	\$ 162,259	\$ 1,433.33	\$ 161,962	\$ 1,433.95	\$ 297	\$ (0.62)
Total Revenues	\$ 162,259	\$ 1,433.33	\$ 161,962	\$ 1,433.95	\$ 297	\$ (0.62)
Healthcare Expenses						
Capitation	\$ 59,749	\$ 527.80	\$ 60,025	\$ 531.44	\$ 275	\$ 3.63
Inpatient Claims	\$ 32,062	\$ 283.22	\$ 35,983	\$ 318.58	\$ 3,922	\$ 35.36
Outpatient Claims	\$ 19,381	\$ 171.21	\$ 21,623	\$ 191.45	\$ 2,242	\$ 20.24
Skilled Nurse Facility	\$ 4,171	\$ 36.85	\$ 2,808	\$ 24.87	\$ (1,363)	\$ (11.98)
Pharmacy	\$ 7,741	\$ 68.38	\$ 7,997	\$ 70.80	\$ 256	\$ 2.42
Provider Incentive and Shared Risk	\$ 18,500	\$ 163.42	\$ 8,976	\$ 79.47	\$ (9,524)	\$ (83.95)
Medical Administrative Expenses	\$ 1,891	\$ 16.70	\$ 1,539	\$ 13.62	\$ (352)	\$ (3.08)
Total Healthcare Expenses	\$ 143,495	\$ 1,267.58	\$ 138,952	\$ 1,230.23	\$ (4,543)	\$ (37.35)
MCR (%)	88.4%		85.8%		-2.6%	
Operating Margin	\$ 18,764	\$ 165.75	\$ 23,011	\$ 203.73	\$ (4,247)	\$ (37.97)
Total Operating Expenses	\$ 20,742	\$ 183.23	\$ 13,586	\$ 120.29	\$ (7,156)	\$ (62.94)
Admin Ratio (%)	12.8%		8.4%		-4.4%	
Income (Loss) from Operations	\$ (1,978)	\$ (17.48)	\$ 9,424	\$ 83.44	\$ (11,403)	\$ (100.92)
Margin before Non-Operating Inc/(Exp) Ratio (%)	-1.2%		5.8%		-7.0%	
Interest Income,Net	\$ 2,073	\$ 18.32	\$ 2,124	\$ 18.81	\$ (51)	\$ (0.49)
Other Income (Expense),Net	\$ 1	\$ 0.01	\$ 0	\$ 0.00	\$ 0	\$ 0.00
Realized Gain/Loss	\$ (32)	\$ (0.28)	\$ (23)	\$ (0.20)	\$ (9)	\$ (0.08)
Unrealized Gain/Loss	\$ 271	\$ 2.39	\$ 344	\$ 3.05	\$ (73)	\$ (0.65)
Total Non-Operating Income/(Expense)	\$ 2,313	\$ 20.43	\$ 2,446	\$ 21.66	\$ (133)	\$ (1.23)
Net Surplus/(Deficit)	\$ 335	\$ 2.96	\$ 11,871	\$ 105.10	\$ (11,536)	\$ (102.14)
Margin (%)	0.2%		7.3%		-7.1%	



Commercial Income Statement (\$ in thousands)

March 2024

Current		Current 4+8		Current		YTD		YTD 4+8		YTD	
Actual	PMPM	Forecast	PMPM	Fav/(Unfav)	PMPM	Actual	PMPM	Forecast	PMPM	Fav/(Unfav)	PMPM
223,023		216,310		6,713							
\$ 68,712	\$ 308.10	\$ 66,817	\$ 308.89	\$ 1,896	\$ (0.80)						
\$ 68,712	\$ 308.10	\$ 66,817	\$ 308.89	\$ 1,896	\$ (0.80)						
\$ 16,611	\$ 74.48	\$ 18,780	\$ 86.82	\$ 2,170	\$ 12.34						
\$ 20,199	\$ 90.57	\$ 10,936	\$ 50.55	\$ (9,263)	\$ (40.01)						
\$ 12,670	\$ 56.81	\$ 10,499	\$ 48.54	\$ (2,171)	\$ (8.27)						
\$ 69	\$ 0.31	\$ -	\$ -	\$ (69)	\$ (0.31)						
\$ 14,924	\$ 66.92	\$ 14,182	\$ 65.56	\$ (743)	\$ (1.36)						
\$ 1,122	\$ 5.03	\$ 1,263	\$ 5.84	\$ 141	\$ 0.81						
\$ 749	\$ 3.36	\$ 1,094	\$ 5.06	\$ 345	\$ 1.70						
\$ 66,344	\$ 297.47	\$ 56,754	\$ 262.37	\$ (9,590)	\$ (35.10)						
96.6%		84.9%		-11.6%							
\$ 2,369	\$ 10.62	\$ 10,063	\$ 46.52	\$ (7,694)	\$ (35.90)						
\$ 10,466	\$ 46.93	\$ 10,086	\$ 46.63	\$ (379)	\$ (0.30)						
15.2%		15.1%		-0.1%							
\$ (8,097)	\$ (36.30)	\$ (23)	\$ (0.11)	\$ (8,074)	\$ (36.20)						
-11.8%		0.0%		-11.7%							
\$ 1	\$ 0.00	\$ 1,198	\$ 5.54	\$ (1,198)	\$ (5.54)						
\$ (17)	\$ (0.08)	\$ (17)	\$ (0.08)	\$ -	\$ 0.00						
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						
\$ (17)	\$ (0.08)	\$ 1,181	\$ 5.46	\$ (1,198)	\$ (5.53)						
\$ (8,114)	\$ (36.38)	\$ 1,158	\$ 5.35	\$ (9,271)	\$ (41.73)						
-11.8%		1.7%		-13.5%							
Membership											
Member Months						1,202,279		1,191,175		11,104	
Revenue											
Capitation Revenue						\$ 345,235	\$ 287.15	\$ 339,296	\$ 284.84	\$ 5,939	\$ 2.31
Total Revenues						\$ 345,235	\$ 287.15	\$ 339,296	\$ 284.84	\$ 5,939	\$ 2.31
Healthcare Expenses											
Capitation						\$ 98,896	\$ 82.26	\$ 100,462	\$ 84.34	\$ 1,566	\$ 2.08
Inpatient Claims						\$ 65,458	\$ 54.44	\$ 48,541	\$ 40.75	\$ (16,917)	\$ (13.69)
Outpatient Claims						\$ 50,140	\$ 41.70	\$ 48,070	\$ 40.36	\$ (2,070)	\$ (1.35)
Skilled Nurse Facility						\$ 760	\$ 0.63	\$ 581	\$ 0.49	\$ (180)	\$ (0.15)
Pharmacy						\$ 79,638	\$ 66.24	\$ 79,329	\$ 66.60	\$ (309)	\$ 0.36
Provider Incentive and Shared Risk						\$ 7,018	\$ 5.84	\$ 4,745	\$ 3.98	\$ (2,273)	\$ (1.85)
Medical Administrative Expenses						\$ 3,918	\$ 3.26	\$ 4,861	\$ 4.08	\$ 943	\$ 0.82
Total Healthcare Expenses						\$ 305,826	\$ 254.37	\$ 286,587	\$ 240.59	\$ (19,239)	\$ (13.78)
MCR (%)						88.6%		84.5%		-4.1%	
Operating Margin						\$ 39,408	\$ 32.78	\$ 52,708	\$ 44.25	\$ (13,300)	\$ (11.47)
Total Operating Expenses						\$ 57,072	\$ 47.47	\$ 37,740	\$ 31.68	\$ (19,332)	\$ (15.79)
Admin Ratio (%)						16.5%		11.1%		-5.4%	
Income (Loss) from Operations						\$ (17,664)	\$ (14.69)	\$ 14,968	\$ 12.57	\$ (32,632)	\$ (27.26)
Margin before Non-Operating Inc/(Exp) Ratio (%)						-5.1%		4.4%		-9.5%	
Interest Income,Net						\$ 2	\$ 0.00	\$ 2,391	\$ 2.01	\$ (2,390)	\$ (2.01)
Other Income (Expense),Net						\$ (209)	\$ (0.17)	\$ (209)	\$ (0.18)	\$ -	\$ 0.00
Realized Gain/Loss						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Unrealized Gain/Loss						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Non-Operating Income/(Expense)						\$ (207)	\$ (0.17)	\$ 2,182	\$ 1.83	\$ (2,390)	\$ (2.00)
Net Surplus/(Deficit)						\$ (17,871)	\$ (14.86)	\$ 17,150	\$ 14.40	\$ (35,022)	\$ (29.26)
Margin (%)						-5.2%		5.1%		-10.2%	



Incentive Programs Income Statement (\$ in thousands)

March 2024

Current			Current 4+8			Current			YTD		YTD 4+8		YTD	
Actual	PMPM		Forecast	PMPM		Fav/(Unfav)	PMPM		Actual	PMPM	Forecast	PMPM	Fav/(Unfav)	PMPM
-			-			-			-		-		-	
\$ -	\$ -		\$ 16,556	\$ -		\$ (16,556)	\$ -		\$ 43,998	\$ -	\$ 77,111	\$ -	\$ (33,113)	\$ -
\$ -	\$ -		\$ 16,556	\$ -		\$ (16,556)	\$ -		\$ 43,998	\$ -	\$ 77,111	\$ -	\$ (33,113)	\$ -
\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -		\$ 833	\$ -		\$ 833	\$ -		\$ -	\$ -	\$ 1,667	\$ -	\$ 1,667	\$ -
\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 6,490	\$ -		\$ 7,694	\$ -		\$ 1,204	\$ -		\$ 13,477	\$ -	\$ 21,137	\$ -	\$ 7,660	\$ -
\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 6,490	\$ -		\$ 8,528	\$ -		\$ 2,038	\$ -		\$ 13,477	\$ -	\$ 22,803	\$ -	\$ 9,327	\$ -
0.0%			51.5%			51.5%			30.6%		29.6%		-1.1%	
\$ (6,490)	\$ -		\$ 8,029	\$ -		\$ (14,519)	\$ -		\$ 30,521	\$ -	\$ 54,307	\$ -	\$ (23,786)	\$ -
\$ 101	\$ -		\$ 484	\$ -		\$ 383	\$ -		\$ 543	\$ -	\$ 1,069	\$ -	\$ 526	\$ -
0.0%			2.9%			2.9%			1.2%		1.4%		0.2%	
\$ (6,591)	\$ -		\$ 7,545	\$ -		\$ (14,135)	\$ -		\$ 29,978	\$ -	\$ 53,238	\$ -	\$ (23,260)	\$ -
0.0%			45.6%			-45.6%			68.1%		69.0%		-0.9%	
\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ (6,591)	\$ -		\$ 7,545	\$ -		\$ (14,135)	\$ -		\$ 29,978	\$ -	\$ 53,238	\$ -	\$ (23,260)	\$ -
0.0%			45.6%			-45.6%			68.1%		69.0%		-0.9%	

Membership
Member Months

Revenue
Capitation Revenue
Total Revenues

Healthcare Expenses

Capitation
Inpatient Claims
Outpatient Claims
Skilled Nurse Facility
Pharmacy
Provider Incentive and Shared Risk
Medical Administrative Expenses

Total Healthcare Expenses
MCR (%)

Operating Margin

Total Operating Expenses
Admin Ratio (%)

Income (Loss) from Operations

Margin before Non-Operating Inc/(Exp) Ratio (%)

Interest Income,Net
Other Income (Expense),Net
Realized Gain/Loss
Unrealized Gain/Loss

Total Non-Operating Income/(Expense)

Net Surplus/(Deficit)
Margin (%)



Balance Sheet (\$ in thousands)

Fiscal Year 2023-24

	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Assets						
Cash and Cash Equivalents	\$ 1,215,928	\$ 1,164,685	\$ 1,050,823	\$ 1,300,559	\$ 1,457,922	\$ 1,724,269
Short Term Investments, at fair value	\$ 1,858,223	\$ 2,006,373	\$ 2,298,594	\$ 2,203,165	\$ 2,494,863	\$ 2,799,085
Capitation Receivable	\$ 3,182,445	\$ 3,233,165	\$ 3,152,661	\$ 2,907,187	\$ 3,022,046	\$ 2,587,481
Interest and Non-Operating Receivables	\$ 40,813	\$ 6,752	\$ 423,494	\$ 472,216	\$ 515,539	\$ 567,924
Prepays and Other Current Assets	\$ 18,325	\$ 16,145	\$ 27,978	\$ 33,486	\$ 33,847	\$ 63,688
Current Assets	\$ 6,315,735	\$ 6,427,120	\$ 6,953,551	\$ 6,916,612	\$ 7,524,217	\$ 7,742,447
Capitalized Assets - net	\$ 168,137	\$ 166,800	\$ 163,264	\$ 160,379	\$ 161,628	\$ 161,758
Non-Current Assets	\$ 3,071	\$ 2,901	\$ 2,744	\$ 1,744	\$ 1,765	\$ 2,917
Total Assets	\$ 6,486,942	\$ 6,596,822	\$ 7,119,560	\$ 7,078,735	\$ 7,687,611	\$ 7,907,122
Liabilities & Equity						
Liabilities						
Accounts Payable and Accrued Liabilities	\$ 175,928	\$ 187,262	\$ 551,099	\$ 598,049	\$ 489,004	\$ 398,097
Subcapitation Payable	\$ 3,110,125	\$ 3,153,507	\$ 3,258,876	\$ 3,194,511	\$ 3,214,279	\$ 3,130,550
Accts Receivable - PP	\$ 2	\$ 2	\$ 1	\$ 1	\$ 1	\$ 1
Reserve for Claims	\$ 819,965	\$ 827,368	\$ 867,307	\$ 851,802	\$ 809,922	\$ 829,146
Accrued Medical Expenses	\$ 271,671	\$ 266,999	\$ 269,172	\$ 211,542	\$ 212,239	\$ 199,114
Deferred Revenue	\$ 69,446	\$ 64,958	\$ 38,107	\$ 76,179	\$ 138,196	\$ 131,722
Reserve for Provider Incentives	\$ 109,889	\$ 114,474	\$ 78,126	\$ 67,785	\$ 60,283	\$ 60,905
Non-Operating Payables	\$ 33,097	\$ 29,341	\$ 9,667	\$ (19,112)	\$ 645,902	\$ 998,941
Grants Payable	\$ 18,094	\$ 16,769	\$ 17,968	\$ 17,443	\$ 16,955	\$ 17,855
Deferred Rent	\$ 48,456	\$ 45,243	\$ 43,553	\$ 41,868	\$ 40,104	\$ 38,434
Total Current Liabilities	\$ 4,656,673	\$ 4,705,923	\$ 5,133,874	\$ 5,040,067	\$ 5,626,885	\$ 5,804,764
Equity						
Invested in Capital Assets, Net of related dep	\$ 99,218	\$ 99,259	\$ 97,349	\$ 99,507	\$ 103,953	\$ 105,544
Restricted Equity	\$ 600	\$ 600	\$ 600	\$ 600	\$ 600	\$ 600
Minimum Tangible Net Equity	\$ 235,945	\$ 235,089	\$ 238,050	\$ 236,840	\$ 238,550	\$ 240,896
Board Designated Funds	\$ 143,902	\$ 142,476	\$ 147,962	\$ 145,172	\$ 143,248	\$ 141,795
Unrestricted Net Assets	\$ 1,350,604	\$ 1,413,475	\$ 1,501,725	\$ 1,556,550	\$ 1,574,375	\$ 1,613,522
Total Equity	\$ 1,830,268	\$ 1,890,899	\$ 1,985,685	\$ 2,038,668	\$ 2,060,725	\$ 2,102,358
Total Liabilities & Equity	\$ 6,486,942	\$ 6,596,822	\$ 7,119,560	\$ 7,078,735	\$ 7,687,611	\$ 7,907,122
Solvency Ratios						
Working Capital Ratio	1.37	1.38	1.37	1.38	1.35	1.34
Cash to Claims Ratio	0.78	0.80	0.81	0.87	0.98	1.14
Tangible Net Equity Ratio	7.76	8.04	8.34	8.61	8.64	8.73



Cash Flows Statement (\$ in thousands)

March 2024

	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	YTD
Cash Flows from Operating Activities:							
Capitation Revenue	\$ 841,537	\$ 878,375	\$ 1,020,197	\$ 1,056,193	\$ 814,382	\$ 1,358,785	\$ 5,969,469
Other Income (Expense), net	\$ 19,423	\$ 8,321	\$ 3,604	\$ 13,760	\$ 11,212	\$ 8,470	\$ 64,790
Healthcare Expenses	\$ (846,331)	\$ (796,846)	\$ (739,718)	\$ (808,174)	\$ (835,771)	\$ (935,164)	\$ (4,962,004)
Operating Expenses	\$ (36,472)	\$ (29,715)	\$ (75,466)	\$ (48,204)	\$ (51,472)	\$ (83,534)	\$ (324,863)
Net Cash Provided By Operating Activities	\$ (21,843)	\$ 60,135	\$ 208,617	\$ 213,575	\$ (61,649)	\$ 348,557	\$ 747,392
Cash Flows from Investing Activities							
Purchase of investments - Net	\$ (67,389)	\$ (137,165)	\$ (285,931)	\$ 96,186	\$ (295,798)	\$ (303,696)	\$ (993,793)
Purchase of Capital Assets	\$ (3,065)	\$ (2,368)	\$ (161)	\$ (4,646)	\$ (5,605)	\$ (4,599)	\$ (20,444)
Net Cash Provided By Investing Activities	\$ (70,454)	\$ (139,533)	\$ (286,092)	\$ 91,540	\$ (301,403)	\$ (308,295)	\$ (1,014,237)
Cash Flows from Financing Activities:							
Lease Payment - Capital & ROU	\$ (1,546)	\$ (1,377)	\$ (1,505)	\$ (1,502)	\$ (1,367)	\$ (1,462)	\$ (8,759)
SBITA Liability	\$ -	\$ -	\$ -	\$ -	\$ 188	\$ 29	\$ 217
Gross Premium Tax (MCO Sales Tax) - Net	\$ -	\$ 33,288	\$ (15,208)	\$ (25,099)	\$ (143,420)	\$ (125,521)	\$ (275,960)
Pass through transactions (AB 85, IGT, etc.)	\$ (269,155)	\$ (3,756)	\$ (19,674)	\$ (28,779)	\$ 665,014	\$ 353,039	\$ 696,689
Net Cash Provided By Financing Activities	\$ (270,701)	\$ 28,155	\$ (36,387)	\$ (55,380)	\$ 520,415	\$ 226,085	\$ 412,187
Net Increase in Cash and Cash Equivalents	\$ (362,998)	\$ (51,243)	\$ (113,862)	\$ 249,735	\$ 157,363	\$ 266,347	\$ 145,342
Cash and Cash Equivalents, Beginning	\$ 1,578,927	\$ 1,215,929	\$ 1,164,686	\$ 1,050,824	\$ 1,300,559	\$ 1,457,922	\$ 1,578,927
Cash and Cash Equivalents, Ending	\$ 1,215,929	\$ 1,164,686	\$ 1,050,824	\$ 1,300,559	\$ 1,457,922	\$ 1,724,269	\$ 1,724,269
Reconciliation of Income from Operations to Net Cash Provided By (Used In) Operating Activities:							
Excess of Revenues over Expenses	\$ 96,976	\$ 60,630	\$ 94,786	\$ 52,983	\$ 22,057	\$ 41,633	\$ 369,065
Adjustments to Excess of Revenues Over Expenses:							
Depreciation	\$ 4,181	\$ 3,715	\$ 3,697	\$ 7,531	\$ 4,356	\$ 4,469	\$ 27,949
Realized and Unrealized (Gain)/Loss on Investments	\$ 868	\$ (7,749)	\$ (6,291)	\$ (756)	\$ 4,099	\$ (525)	\$ (10,354)
Deferred Rent	\$ 50	\$ (6)	\$ 50	\$ 50	\$ -	\$ -	\$ 144
Gross Premium Tax provision	\$ (1)	\$ (2)	\$ 2	\$ (1,187)	\$ (1,765)	\$ (2,330)	\$ (5,283)
Loss on Disposal of Capital Assets	\$ -	\$ (10)	\$ -	\$ -	\$ -	\$ -	\$ (10)
Total Adjustments to Excess of Revenues over Expenses	\$ 5,098	\$ (4,052)	\$ (2,542)	\$ 5,638	\$ 6,690	\$ 1,614	\$ 12,446
Changes in Operating Assets and Liabilities:							
Capitation Receivable	\$ (92,525)	\$ (53,272)	\$ (1,340,639)	\$ 1,635,640	\$ (120,052)	\$ 445,473	\$ 474,625
Interest and Non-Operating Receivables	\$ 4,753	\$ (2,462)	\$ (7,465)	\$ 1,386	\$ 321	\$ (8,149)	\$ (11,616)
Prepaid and Other Current Assets	\$ 4,508	\$ 4,901	\$ (12,882)	\$ (5,512)	\$ 4,812	\$ (41,969)	\$ (46,142)
Accounts Payable and Accrued Liabilities	\$ 4,634	\$ 9,503	\$ (12,961)	\$ 4,877	\$ (8,089)	\$ (7,463)	\$ (9,499)
Subcapitation Payable	\$ (13,634)	\$ 43,487	\$ 105,367	\$ (30,666)	\$ 19,768	\$ (83,730)	\$ 40,592
MediCal Adult Expansion Payable	\$ -	\$ (104)	\$ -	\$ -	\$ -	\$ -	\$ (104)
Deferred Capitation Revenue	\$ (18,967)	\$ (3,952)	\$ 1,377,508	\$ (1,366,774)	\$ 62,024	\$ (6,481)	\$ 43,358
Accrued Medical Expenses	\$ 6,124	\$ (5,208)	\$ 2,656	\$ (57,626)	\$ 690	\$ (13,118)	\$ (66,482)
Reserve for Claims	\$ (22,643)	\$ 7,403	\$ 39,939	\$ (15,505)	\$ (41,880)	\$ 19,225	\$ (13,461)
Reserve for Provider Incentives	\$ 5,038	\$ 4,586	\$ (36,349)	\$ (10,341)	\$ (7,502)	\$ 622	\$ (43,946)
Grants Payable	\$ (1,205)	\$ (1,325)	\$ 1,199	\$ (525)	\$ (488)	\$ 900	\$ (1,444)
Net Changes in Operating Assets and Liabilities	\$ (123,917)	\$ 3,557	\$ 116,373	\$ 154,954	\$ (90,396)	\$ 305,310	\$ 365,881
Net Cash Provided By Operating Activities	\$ (21,843)	\$ 60,135	\$ 208,617	\$ 213,575	\$ (61,649)	\$ 348,557	\$ 747,392



DATE: May 22, 2024
TO: Finance & Budget Committee
FROM: Afzal Shah, *Chief Financial Officer*

SUBJECT: Monthly Investment Portfolio Securities Transaction Report for March, 2024

To keep the Committee apprised of L.A. Care's investment portfolios and to comply with California Government Code Section 53607, attached are the monthly investment transaction details from March 1 to March 31, 2024.

L.A. Care's investment market value as of March 31, 2024, was \$4.7 billion. This includes our funds invested with the government pooled funds and the Bank of America money market sweep account fund. L.A. Care has approximately \$5 million invested with the statewide Local Agency Investment Fund (LAIF), and approximately \$81 million invested with the Los Angeles County Pooled Investment Fund (LACPIF). L.A. Care also has approximately \$109M invested with the BlackRock Liquity T-Fund.

The remainder as of March 31, 2024, of \$4.46 billion is managed by two independent asset managers, 1) Payden & Rygel and 2) New England Asset Management (NEAM) and is divided into three portfolios based on investment style,

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

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

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

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

03/01/2024
through 03/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/01/24	03/01/24	Buy	5,000,000.000	FHLB DISCOUNT NOTE MAT 03/04/24 Cpn 313384TW9	(4,997,812.50)		0.00	0.00	(4,997,812.50)
03/01/24	03/01/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/04/24 Cpn 313384TW9	(49,978,125.00)		0.00	0.00	(49,978,125.00)
03/01/24	03/01/24	Buy	25,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 03/04/24 Cpn 84243LC44	(24,988,958.33)		0.00	0.00	(24,988,958.33)
03/05/24	03/05/24	Buy	11,255,000.000	AUTOMATIC DATA CP 144A MAT 03/06/24 Cpn 0530A2C65	(11,253,346.14)		0.00	0.00	(11,253,346.14)
03/05/24	03/05/24	Buy	17,000,000.000	FHLB DISCOUNT NOTE MAT 03/06/24 Cpn 313384TY5	(16,997,516.11)		0.00	0.00	(16,997,516.11)
03/05/24	03/05/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/11/24 Cpn 313384UD9	(49,956,166.67)		0.00	0.00	(49,956,166.67)
03/05/24	03/05/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/11/24 Cpn 313384UD9	(49,956,166.67)		0.00	0.00	(49,956,166.67)
03/04/24	03/05/24	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 03/11/24 Cpn 313588UD5	(49,956,375.00)		0.00	0.00	(49,956,375.00)
03/04/24	03/05/24	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 03/11/24 Cpn 313588UD5	(49,956,375.00)		0.00	0.00	(49,956,375.00)
03/04/24	03/05/24	Buy	28,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 03/07/24 Cpn 84243LC77	(27,991,755.56)		0.00	0.00	(27,991,755.56)
03/06/24	03/06/24	Buy	40,000,000.000	BNY MELLON CP MAT 03/07/24 Cpn 06406WC79	(39,994,111.11)		0.00	0.00	(39,994,111.11)
03/05/24	03/06/24	Buy	11,000,000.000	EMERSON ELECTRIC CP 144A MAT 03/08/24 Cpn 29101AC85	(10,996,767.22)		0.00	0.00	(10,996,767.22)
03/06/24	03/06/24	Buy	24,000,000.000	ROCHE HOLDINGS CP 144A MAT 03/08/24 Cpn 77119LC80	(23,992,946.67)		0.00	0.00	(23,992,946.67)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

03/01/2024
through 03/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/07/24	03/07/24	Buy	18,000,000.000	FHLB DISCOUNT NOTE MAT 03/08/24 Cpn 313384UA5	(17,997,370.00)		0.00	0.00	(17,997,370.00)
03/07/24	03/07/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/08/24 Cpn 313384UA5	(49,992,694.44)		0.00	0.00	(49,992,694.44)
03/08/24	03/08/24	Buy	13,000,000.000	FHLB DISCOUNT NOTE MAT 03/11/24 Cpn 313384UD9	(12,994,290.83)		0.00	0.00	(12,994,290.83)
03/08/24	03/08/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/11/24 Cpn 313384UD9	(49,978,041.67)		0.00	0.00	(49,978,041.67)
03/07/24	03/08/24	Buy	30,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 03/11/24 Cpn 91058TCB0	(29,986,725.00)		0.00	0.00	(29,986,725.00)
03/07/24	03/08/24	Buy	10,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 03/11/24 Cpn 91058TCB0	(9,995,575.00)		0.00	0.00	(9,995,575.00)
03/11/24	03/11/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/12/24 Cpn 313384UE7	(49,992,666.67)		0.00	0.00	(49,992,666.67)
03/12/24	03/12/24	Buy	45,000,000.000	AUTOMATIC DATA CP 144A MAT 03/13/24 Cpn 0530A2CD0	(44,993,387.50)		0.00	0.00	(44,993,387.50)
03/12/24	03/12/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/26/24 Cpn 912797JK4	(49,897,712.50)		0.00	0.00	(49,897,712.50)
03/12/24	03/12/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/26/24 Cpn 912797JK4	(49,897,712.50)		0.00	0.00	(49,897,712.50)
03/12/24	03/12/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/26/24 Cpn 912797JK4	(49,897,712.50)		0.00	0.00	(49,897,712.50)
03/12/24	03/12/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/26/24 Cpn 912797JK4	(49,897,712.50)		0.00	0.00	(49,897,712.50)
03/12/24	03/12/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/26/24 Cpn 912797JK4	(49,897,712.50)		0.00	0.00	(49,897,712.50)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

03/01/2024
through 03/31/2024

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/12/24	03/12/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/26/24 Cpn	912797JK4	(49,897,712.50)		0.00	0.00	(49,897,712.50)
03/12/24	03/12/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/26/24 Cpn	912797JK4	(49,897,712.50)		0.00	0.00	(49,897,712.50)
03/12/24	03/12/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/26/24 Cpn	912797JK4	(49,897,712.50)		0.00	0.00	(49,897,712.50)
03/12/24	03/12/24	Buy	25,000,000.000	U.S. TREASURY BILL MAT 03/21/24 Cpn	912797LL9	(24,967,175.00)		0.00	0.00	(24,967,175.00)
03/12/24	03/12/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/21/24 Cpn	912797LL9	(49,934,350.00)		0.00	0.00	(49,934,350.00)
03/12/24	03/12/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/21/24 Cpn	912797LL9	(49,934,350.00)		0.00	0.00	(49,934,350.00)
03/12/24	03/12/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/21/24 Cpn	912797LL9	(49,934,350.00)		0.00	0.00	(49,934,350.00)
03/12/24	03/12/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/21/24 Cpn	912797LL9	(49,934,350.00)		0.00	0.00	(49,934,350.00)
03/12/24	03/12/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/21/24 Cpn	912797LL9	(49,934,350.00)		0.00	0.00	(49,934,350.00)
03/12/24	03/12/24	Buy	16,450,000.000	CREDIT AGRICOLE CP MAT 03/20/24 Cpn	22533TCL8	(16,430,662.11)		0.00	0.00	(16,430,662.11)
03/12/24	03/12/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/13/24 Cpn	313384UF4	(49,992,666.67)		0.00	0.00	(49,992,666.67)
03/12/24	03/12/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/13/24 Cpn	313384UF4	(49,992,666.67)		0.00	0.00	(49,992,666.67)
03/12/24	03/12/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/13/24 Cpn	313384UF4	(49,992,666.67)		0.00	0.00	(49,992,666.67)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

03/01/2024
through 03/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/12/24	03/12/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/13/24 Cpn 313384UF4	(49,992,666.67)		0.00	0.00	(49,992,666.67)
03/12/24	03/12/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/13/24 Cpn 313384UF4	(49,992,666.67)		0.00	0.00	(49,992,666.67)
03/12/24	03/12/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/13/24 Cpn 313384UF4	(49,992,666.67)		0.00	0.00	(49,992,666.67)
03/12/24	03/12/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/13/24 Cpn 313384UF4	(49,992,666.67)		0.00	0.00	(49,992,666.67)
03/12/24	03/12/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/13/24 Cpn 313384UF4	(49,992,666.67)		0.00	0.00	(49,992,666.67)
03/12/24	03/12/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/13/24 Cpn 313384UF4	(49,992,666.67)		0.00	0.00	(49,992,666.67)
03/12/24	03/12/24	Buy	40,000,000.000	FHLB DISCOUNT NOTE MAT 03/13/24 Cpn 313384UF4	(39,994,133.33)		0.00	0.00	(39,994,133.33)
03/12/24	03/12/24	Buy	35,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 03/13/24 Cpn 4523ELCD5	(34,994,847.22)		0.00	0.00	(34,994,847.22)
03/12/24	03/12/24	Buy	45,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 03/13/24 Cpn 91058TCD6	(44,993,362.50)		0.00	0.00	(44,993,362.50)
03/13/24	03/13/24	Buy	20,000,000.000	CREDIT AGRICOLE CP MAT 03/20/24 Cpn 22533TCL8	(19,979,427.78)		0.00	0.00	(19,979,427.78)
03/11/24	03/13/24	Buy	9,455,000.000	CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1	(9,329,056.45)	(29,194.94)	0.00	0.00	(9,358,251.39)
03/13/24	03/13/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/14/24 Cpn 313384UG2	(49,992,680.56)		0.00	0.00	(49,992,680.56)
03/13/24	03/13/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/14/24 Cpn 313384UG2	(49,992,680.56)		0.00	0.00	(49,992,680.56)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

03/01/2024
through 03/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/13/24	03/13/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/14/24 Cpn 313384UG2	(49,992,680.56)		0.00	0.00	(49,992,680.56)
03/13/24	03/13/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/14/24 Cpn 313384UG2	(49,992,680.56)		0.00	0.00	(49,992,680.56)
03/13/24	03/13/24	Buy	20,000,000.000	FHLB DISCOUNT NOTE MAT 03/14/24 Cpn 313384UG2	(19,997,072.22)		0.00	0.00	(19,997,072.22)
03/13/24	03/13/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/14/24 Cpn 313384UG2	(49,992,680.56)		0.00	0.00	(49,992,680.56)
03/13/24	03/13/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/14/24 Cpn 313384UG2	(49,992,680.56)		0.00	0.00	(49,992,680.56)
03/13/24	03/13/24	Buy	50,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 03/14/24 Cpn 4523ELCE3	(49,992,652.78)		0.00	0.00	(49,992,652.78)
03/13/24	03/13/24	Buy	10,000,000.000	NORTHW MUT SHR TERM FUN CP MAT 03/20/24 Cpn 66815ACL5	(9,989,675.00)		0.00	0.00	(9,989,675.00)
03/05/24	03/13/24	Buy	500,000.000	TESLA 2024-A A2A LEASE 144A MAT 06/22/26 Cpn 5.37 88166VAB2	(499,953.60)		0.00	0.00	(499,953.60)
03/13/24	03/13/24	Buy	30,000,000.000	UNILEVER CAPITAL CP 144A MAT 03/14/24 Cpn 90477DCE4	(29,995,583.33)		0.00	0.00	(29,995,583.33)
03/13/24	03/13/24	Buy	40,000,000.000	USAA CAPITAL CP MAT 03/20/24 Cpn 90328ACL5	(39,958,622.22)		0.00	0.00	(39,958,622.22)
03/11/24	03/13/24	Buy	9,500,000.000	WOART 2022-C A3 CAR MAT 10/15/27 Cpn 3.66 98163TAD5	(9,332,265.63)	(27,043.33)	0.00	0.00	(9,359,308.96)
03/14/24	03/14/24	Buy	31,245,000.000	APPLE CP 144A MAT 03/19/24 Cpn 03785DCK0	(31,222,043.60)		0.00	0.00	(31,222,043.60)
03/14/24	03/14/24	Buy	8,000,000.000	APPLE CP 144A MAT 03/19/24 Cpn 03785DCK0	(7,994,133.33)		0.00	0.00	(7,994,133.33)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

03/01/2024
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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/14/24	03/14/24	Buy	45,000,000.000	FHLB DISCOUNT NOTE MAT 03/15/24 Cpn 313384UH0	(44,993,450.00)		0.00	0.00	(44,993,450.00)
03/14/24	03/14/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/15/24 Cpn 313384UH0	(49,992,722.22)		0.00	0.00	(49,992,722.22)
03/14/24	03/14/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/15/24 Cpn 313384UH0	(49,992,722.22)		0.00	0.00	(49,992,722.22)
03/14/24	03/14/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/15/24 Cpn 313384UH0	(49,992,722.22)		0.00	0.00	(49,992,722.22)
03/14/24	03/14/24	Buy	35,000,000.000	FHLB DISCOUNT NOTE MAT 03/15/24 Cpn 313384UH0	(34,994,905.56)		0.00	0.00	(34,994,905.56)
03/14/24	03/14/24	Buy	36,000,000.000	FNMA DISCOUNT NOTE MAT 03/15/24 Cpn 313588UH6	(35,994,760.00)		0.00	0.00	(35,994,760.00)
03/14/24	03/14/24	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 03/15/24 Cpn 313588UH6	(49,992,722.22)		0.00	0.00	(49,992,722.22)
03/14/24	03/14/24	Buy	5,750,000.000	JPMORGAN SECURITIES CP MAT 03/18/24 Cpn 46640PCJ0	(5,746,613.89)		0.00	0.00	(5,746,613.89)
03/14/24	03/14/24	Buy	40,000,000.000	UNILEVER CAPITAL CP 144A MAT 03/15/24 Cpn 90477DCF1	(39,994,166.67)		0.00	0.00	(39,994,166.67)
03/14/24	03/15/24	Buy	50,000,000.000	COLGATE-PALMOLIVE CP 144A MAT 03/20/24 Cpn 19416ECL9	(49,963,333.33)		0.00	0.00	(49,963,333.33)
03/15/24	03/15/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/18/24 Cpn 313384UL1	(49,978,000.00)		0.00	0.00	(49,978,000.00)
03/14/24	03/15/24	Buy	50,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 03/18/24 Cpn 4523ELCJ2	(49,977,916.67)		0.00	0.00	(49,977,916.67)
03/14/24	03/15/24	Buy	44,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 03/19/24 Cpn 84243LCK8	(43,974,040.00)		0.00	0.00	(43,974,040.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/14/24	03/15/24	Buy	4,700,000.000	TOYOTA MOTOR CREDIT CP MAT 03/19/24 Cpn 89233GCK0	(4,697,232.22)		0.00	0.00	(4,697,232.22)
03/18/24	03/18/24	Buy	35,000,000.000	U.S. TREASURY BILL MAT 03/28/24 Cpn 912797GY7	(34,949,033.19)		0.00	0.00	(34,949,033.19)
03/18/24	03/18/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/28/24 Cpn 912797GY7	(49,927,190.28)		0.00	0.00	(49,927,190.28)
03/18/24	03/18/24	Buy	30,000,000.000	U.S. TREASURY BILL MAT 03/28/24 Cpn 912797GY7	(29,956,479.17)		0.00	0.00	(29,956,479.17)
03/18/24	03/18/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/28/24 Cpn 912797GY7	(49,927,465.28)		0.00	0.00	(49,927,465.28)
03/18/24	03/18/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/28/24 Cpn 912797GY7	(49,927,465.28)		0.00	0.00	(49,927,465.28)
03/18/24	03/18/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/28/24 Cpn 912797GY7	(49,927,465.28)		0.00	0.00	(49,927,465.28)
03/18/24	03/18/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 03/28/24 Cpn 912797GY7	(49,927,465.28)		0.00	0.00	(49,927,465.28)
03/18/24	03/18/24	Buy	44,000,000.000	FFCB DISCOUNT NOTE MAT 03/19/24 Cpn 313312UM0	(43,993,534.44)		0.00	0.00	(43,993,534.44)
03/18/24	03/18/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/19/24 Cpn 313384UM9	(49,992,666.67)		0.00	0.00	(49,992,666.67)
03/18/24	03/18/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/19/24 Cpn 313384UM9	(49,992,666.67)		0.00	0.00	(49,992,666.67)
03/18/24	03/18/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/19/24 Cpn 313384UM9	(49,992,666.67)		0.00	0.00	(49,992,666.67)
03/18/24	03/18/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/19/24 Cpn 313384UM9	(49,992,666.67)		0.00	0.00	(49,992,666.67)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

03/01/2024
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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/18/24	03/18/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/19/24 Cpn 313384UM9	(49,992,666.67)		0.00	0.00	(49,992,666.67)
03/18/24	03/18/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/19/24 Cpn 313384UM9	(49,992,666.67)		0.00	0.00	(49,992,666.67)
03/18/24	03/18/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/19/24 Cpn 313384UM9	(49,992,666.67)		0.00	0.00	(49,992,666.67)
03/18/24	03/18/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/19/24 Cpn 313384UM9	(49,992,666.67)		0.00	0.00	(49,992,666.67)
03/18/24	03/18/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/19/24 Cpn 313384UM9	(49,992,666.67)		0.00	0.00	(49,992,666.67)
03/18/24	03/18/24	Buy	11,000,000.000	FHLB DISCOUNT NOTE MAT 03/19/24 Cpn 313384UM9	(10,998,386.67)		0.00	0.00	(10,998,386.67)
03/18/24	03/18/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/19/24 Cpn 313384UM9	(49,992,666.67)		0.00	0.00	(49,992,666.67)
03/18/24	03/18/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/19/24 Cpn 313384UM9	(49,992,666.67)		0.00	0.00	(49,992,666.67)
03/11/24	03/19/24	Buy	3,900,000.000	CRVNA 2024-P1 A2 CAR 144A MAT 08/10/27 Cpn 5.50 14688NAB5	(3,899,789.79)		0.00	0.00	(3,899,789.79)
03/19/24	03/19/24	Buy	5,000,000.000	FHLB DISCOUNT NOTE MAT 03/20/24 Cpn 313384UN7	(4,999,269.44)		0.00	0.00	(4,999,269.44)
03/19/24	03/19/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/20/24 Cpn 313384UN7	(49,992,694.44)		0.00	0.00	(49,992,694.44)
03/19/24	03/19/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/20/24 Cpn 313384UN7	(49,992,694.44)		0.00	0.00	(49,992,694.44)
03/19/24	03/19/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/20/24 Cpn 313384UN7	(49,992,694.44)		0.00	0.00	(49,992,694.44)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

03/01/2024
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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/19/24	03/19/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/20/24 Cpn 313384UN7	(49,992,694.44)		0.00	0.00	(49,992,694.44)
03/19/24	03/19/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/20/24 Cpn 313384UN7	(49,992,694.44)		0.00	0.00	(49,992,694.44)
03/19/24	03/19/24	Buy	25,000,000.000	FHLB DISCOUNT NOTE MAT 03/20/24 Cpn 313384UN7	(24,996,347.22)		0.00	0.00	(24,996,347.22)
03/19/24	03/19/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/20/24 Cpn 313384UN7	(49,992,694.44)		0.00	0.00	(49,992,694.44)
03/19/24	03/19/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/20/24 Cpn 313384UN7	(49,992,694.44)		0.00	0.00	(49,992,694.44)
03/19/24	03/19/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/20/24 Cpn 313384UN7	(49,992,694.44)		0.00	0.00	(49,992,694.44)
03/19/24	03/19/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/20/24 Cpn 313384UN7	(49,992,694.44)		0.00	0.00	(49,992,694.44)
03/19/24	03/19/24	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 03/22/24 Cpn 313588UQ6	(49,978,187.50)		0.00	0.00	(49,978,187.50)
03/19/24	03/19/24	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 03/22/24 Cpn 313588UQ6	(49,978,187.50)		0.00	0.00	(49,978,187.50)
03/14/24	03/19/24	Buy	5,200,000.000	FORDO 2024-A A1 CAR MAT 04/15/25 Cpn 5.52 34535EAA0	(5,200,000.00)		0.00	0.00	(5,200,000.00)
03/18/24	03/19/24	Buy	7,000,000.000	SUMITOMO MITSUI CP 144A MAT 03/26/24 Cpn 86563GCS9	(6,992,786.11)		0.00	0.00	(6,992,786.11)
03/18/24	03/19/24	Buy	50,000,000.000	SUMITOMO MITSUI CP 144A MAT 03/26/24 Cpn 86563GCS9	(49,948,472.22)		0.00	0.00	(49,948,472.22)
03/18/24	03/19/24	Buy	7,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 03/26/24 Cpn 91058TCS3	(6,992,758.89)		0.00	0.00	(6,992,758.89)

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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
03/18/24	03/19/24	Buy	50,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 03/26/24 Cpn 91058TCS3	(49,948,277.78)		0.00	0.00	(49,948,277.78)
03/19/24	03/20/24	Buy	30,000,000.000	AIR PRODUCTS & CHEMICALS CP 1 MAT 03/27/24 Cpn 00915SCT7	(29,968,966.67)		0.00	0.00	(29,968,966.67)
03/20/24	03/20/24	Buy	35,000,000.000	FHLB DISCOUNT NOTE MAT 03/21/24 Cpn 313384UP2	(34,994,895.83)		0.00	0.00	(34,994,895.83)
03/20/24	03/20/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/21/24 Cpn 313384UP2	(49,992,708.33)		0.00	0.00	(49,992,708.33)
03/20/24	03/20/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/21/24 Cpn 313384UP2	(49,992,708.33)		0.00	0.00	(49,992,708.33)
03/20/24	03/20/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/21/24 Cpn 313384UP2	(49,992,708.33)		0.00	0.00	(49,992,708.33)
03/20/24	03/20/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/21/24 Cpn 313384UP2	(49,992,708.33)		0.00	0.00	(49,992,708.33)
03/20/24	03/20/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/21/24 Cpn 313384UP2	(49,992,708.33)		0.00	0.00	(49,992,708.33)
03/20/24	03/20/24	Buy	17,000,000.000	FHLB DISCOUNT NOTE MAT 03/25/24 Cpn 313384UT4	(16,987,580.56)		0.00	0.00	(16,987,580.56)
03/11/24	03/20/24	Buy	3,700,000.000	HART 20024-A A2A CAR MAT 04/15/27 Cpn 5.29 448973AB3	(3,699,955.60)		0.00	0.00	(3,699,955.60)
03/19/24	03/20/24	Buy	50,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 03/21/24 Cpn 4523ELCM5	(49,992,666.67)		0.00	0.00	(49,992,666.67)
03/21/24	03/21/24	Buy	25,000,000.000	U.S. TREASURY BILL MAT 05/14/24 Cpn 912797JW8	(24,802,750.00)		0.00	0.00	(24,802,750.00)
03/21/24	03/21/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/14/24 Cpn 912797JW8	(49,605,500.00)		0.00	0.00	(49,605,500.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

03/01/2024
through 03/31/2024

Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/21/24	03/21/24	Buy	40,000,000.000	CREDIT AGRICOLE CP MAT 03/28/24 Cpn	22533TCU8	(39,958,855.56)		0.00	0.00	(39,958,855.56)
03/21/24	03/21/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/22/24 Cpn	313384UQ0	(49,992,708.33)		0.00	0.00	(49,992,708.33)
03/21/24	03/21/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/22/24 Cpn	313384UQ0	(49,992,708.33)		0.00	0.00	(49,992,708.33)
03/21/24	03/21/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/22/24 Cpn	313384UQ0	(49,992,708.33)		0.00	0.00	(49,992,708.33)
03/21/24	03/21/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/22/24 Cpn	313384UQ0	(49,992,708.33)		0.00	0.00	(49,992,708.33)
03/21/24	03/21/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/22/24 Cpn	313384UQ0	(49,992,708.33)		0.00	0.00	(49,992,708.33)
03/21/24	03/21/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/22/24 Cpn	313384UQ0	(49,992,708.33)		0.00	0.00	(49,992,708.33)
03/21/24	03/21/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/22/24 Cpn	313384UQ0	(49,992,708.33)		0.00	0.00	(49,992,708.33)
03/21/24	03/21/24	Buy	10,000,000.000	FHLB DISCOUNT NOTE MAT 03/22/24 Cpn	313384UQ0	(9,998,541.67)		0.00	0.00	(9,998,541.67)
03/21/24	03/21/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/22/24 Cpn	313384UQ0	(49,992,708.33)		0.00	0.00	(49,992,708.33)
03/21/24	03/21/24	Buy	35,000,000.000	FHLB DISCOUNT NOTE MAT 03/22/24 Cpn	313384UQ0	(34,994,895.83)		0.00	0.00	(34,994,895.83)
03/22/24	03/22/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/14/24 Cpn	912797JW8	(49,613,541.67)		0.00	0.00	(49,613,541.67)
03/22/24	03/22/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 05/14/24 Cpn	912797JW8	(49,613,541.67)		0.00	0.00	(49,613,541.67)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

03/01/2024
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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/21/24	03/22/24	Buy	60,000,000.000	CATERPILLAR FIN CP MAT 03/25/24 Cpn 14912DCR8		(59,973,500.00)		0.00	0.00	(59,973,500.00)
03/22/24	03/22/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/25/24 Cpn 313384UT4		(49,978,083.33)		0.00	0.00	(49,978,083.33)
03/22/24	03/22/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/25/24 Cpn 313384UT4		(49,978,083.33)		0.00	0.00	(49,978,083.33)
03/22/24	03/22/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/25/24 Cpn 313384UT4		(49,978,083.33)		0.00	0.00	(49,978,083.33)
03/22/24	03/22/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/25/24 Cpn 313384UT4		(49,978,083.33)		0.00	0.00	(49,978,083.33)
03/22/24	03/22/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/25/24 Cpn 313384UT4		(49,978,083.33)		0.00	0.00	(49,978,083.33)
03/22/24	03/22/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/25/24 Cpn 313384UT4		(49,978,083.33)		0.00	0.00	(49,978,083.33)
03/22/24	03/22/24	Buy	10,000,000.000	FHLB DISCOUNT NOTE MAT 03/25/24 Cpn 313384UT4		(9,995,616.67)		0.00	0.00	(9,995,616.67)
03/22/24	03/22/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/25/24 Cpn 313384UT4		(49,978,083.33)		0.00	0.00	(49,978,083.33)
03/21/24	03/22/24	Buy	34,500,000.000	ILLINOIS TOOL WORKS CP 144A MAT 03/25/24 Cpn 4523ELCR4		(34,484,820.00)		0.00	0.00	(34,484,820.00)
03/22/24	03/22/24	Buy	28,000,000.000	ROCHE HOLDINGS CP 144A MAT 03/25/24 Cpn 77119LCR8		(27,987,680.00)		0.00	0.00	(27,987,680.00)
03/21/24	03/22/24	Buy	45,000,000.000	USAA CAPITAL CP MAT 03/28/24 Cpn 90328ACU5		(44,960,025.00)		0.00	0.00	(44,960,025.00)
03/25/24	03/25/24	Buy	20,000,000.000	FHLB DISCOUNT NOTE MAT 03/28/24 Cpn 313384UW7		(19,991,250.00)		0.00	0.00	(19,991,250.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

03/01/2024
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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/25/24	03/25/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/28/24 Cpn 313384UW7	(49,978,125.00)		0.00	0.00	(49,978,125.00)
03/25/24	03/25/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/28/24 Cpn 313384UW7	(49,978,125.00)		0.00	0.00	(49,978,125.00)
03/25/24	03/25/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/28/24 Cpn 313384UW7	(49,978,125.00)		0.00	0.00	(49,978,125.00)
03/25/24	03/25/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/28/24 Cpn 313384UW7	(49,978,125.00)		0.00	0.00	(49,978,125.00)
03/25/24	03/25/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/28/24 Cpn 313384UW7	(49,978,125.00)		0.00	0.00	(49,978,125.00)
03/22/24	03/25/24	Buy	30,000,000.000	FNMA DISCOUNT NOTE MAT 03/26/24 Cpn 313588UU7	(29,995,637.50)		0.00	0.00	(29,995,637.50)
03/22/24	03/25/24	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 03/26/24 Cpn 313588UU7	(49,992,729.17)		0.00	0.00	(49,992,729.17)
03/22/24	03/25/24	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 03/26/24 Cpn 313588UU7	(49,992,729.17)		0.00	0.00	(49,992,729.17)
03/22/24	03/25/24	Buy	50,000,000.000	FNMA DISCOUNT NOTE MAT 03/26/24 Cpn 313588UU7	(49,992,729.17)		0.00	0.00	(49,992,729.17)
03/22/24	03/25/24	Buy	25,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 03/26/24 Cpn 4523ELCS2	(24,996,326.39)		0.00	0.00	(24,996,326.39)
03/22/24	03/25/24	Buy	26,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 03/26/24 Cpn 84243LCS1	(25,996,165.00)		0.00	0.00	(25,996,165.00)
03/26/24	03/26/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 07/23/24 Cpn 912797KQ9	(49,140,472.92)		0.00	0.00	(49,140,472.92)
03/26/24	03/26/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 07/23/24 Cpn 912797KQ9	(49,140,472.92)		0.00	0.00	(49,140,472.92)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

03/01/2024
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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/26/24	03/26/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 07/23/24 Cpn 912797KQ9	(49,140,472.92)		0.00	0.00	(49,140,472.92)
03/26/24	03/26/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 07/23/24 Cpn 912797KQ9	(49,140,472.92)		0.00	0.00	(49,140,472.92)
03/26/24	03/26/24	Buy	20,000,000.000	BRIGHTHOUSE FINANCIAL CP 144A MAT 04/25/24 Cpn 10924HDR2	(19,911,166.67)		0.00	0.00	(19,911,166.67)
03/26/24	03/26/24	Buy	50,000,000.000	BRISTOL-MYERS SQUIBB CP 144A MAT 04/05/24 Cpn 11012LD52	(49,926,111.11)		0.00	0.00	(49,926,111.11)
03/26/24	03/26/24	Buy	18,000,000.000	CATERPILLAR FIN CP MAT 03/27/24 Cpn 14912DCT4	(17,997,355.00)		0.00	0.00	(17,997,355.00)
03/25/24	03/26/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/28/24 Cpn 313384UW7	(49,985,416.67)		0.00	0.00	(49,985,416.67)
03/25/24	03/26/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/28/24 Cpn 313384UW7	(49,985,416.67)		0.00	0.00	(49,985,416.67)
03/25/24	03/26/24	Buy	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/28/24 Cpn 313384UW7	(49,985,416.67)		0.00	0.00	(49,985,416.67)
03/25/24	03/26/24	Buy	25,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 03/28/24 Cpn 91058TCU8	(24,992,625.00)		0.00	0.00	(24,992,625.00)
03/27/24	03/27/24	Buy	50,000,000.000	APPLE CP 144A MAT 04/02/24 Cpn 03785DD29	(49,956,166.67)		0.00	0.00	(49,956,166.67)
03/26/24	03/27/24	Buy	40,000,000.000	U.S. TREASURY BILL MAT 07/23/24 Cpn 912797KQ9	(39,317,894.44)		0.00	0.00	(39,317,894.44)
03/27/24	03/27/24	Buy	50,000,000.000	CATERPILLAR FIN CP MAT 03/28/24 Cpn 14912DCU1	(49,992,652.78)		0.00	0.00	(49,992,652.78)
03/19/24	03/27/24	Buy	2,600,000.000	CHAOT 2024-1A A2 CAR 144A MAT 04/26/27 Cpn 5.48 16144BAB4	(2,599,781.60)		0.00	0.00	(2,599,781.60)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

03/01/2024
through 03/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/19/24	03/27/24	Buy	1,400,000.000	GFORT 2024-1A A2 FLOORPLAN 14 MAT 03/15/29 Cpn 6.07 361886DB7	(1,400,000.00)		0.00	0.00	(1,400,000.00)
03/27/24	03/27/24	Buy	50,000,000.000	MICROSOFT CP 144A MAT 04/03/24 Cpn 59515MD36	(49,948,472.22)		0.00	0.00	(49,948,472.22)
03/19/24	03/27/24	Buy	2,800,000.000	VWALT 2024-A A2A LEASE MAT 12/21/26 Cpn 5.40 92866EAB5	(2,799,911.24)		0.00	0.00	(2,799,911.24)
03/27/24	03/28/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/02/24 Cpn 912797JL2	(49,964,409.72)		0.00	0.00	(49,964,409.72)
03/27/24	03/28/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/02/24 Cpn 912797JL2	(49,964,409.72)		0.00	0.00	(49,964,409.72)
03/27/24	03/28/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/02/24 Cpn 912797JL2	(49,964,409.72)		0.00	0.00	(49,964,409.72)
03/27/24	03/28/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/02/24 Cpn 912797JL2	(49,964,409.72)		0.00	0.00	(49,964,409.72)
03/27/24	03/28/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/02/24 Cpn 912797JL2	(49,964,409.72)		0.00	0.00	(49,964,409.72)
03/27/24	03/28/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/02/24 Cpn 912797JL2	(49,964,409.72)		0.00	0.00	(49,964,409.72)
03/27/24	03/28/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/02/24 Cpn 912797JL2	(49,964,236.11)		0.00	0.00	(49,964,236.11)
03/27/24	03/28/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/02/24 Cpn 912797JL2	(49,964,236.11)		0.00	0.00	(49,964,236.11)
03/27/24	03/28/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/02/24 Cpn 912797JL2	(49,964,375.00)		0.00	0.00	(49,964,375.00)
03/27/24	03/28/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/02/24 Cpn 912797JL2	(49,964,375.00)		0.00	0.00	(49,964,375.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/27/24	03/28/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/02/24 Cpn 912797JL2		(49,964,375.00)		0.00	0.00	(49,964,375.00)
03/27/24	03/28/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/02/24 Cpn 912797JL2		(49,964,375.00)		0.00	0.00	(49,964,375.00)
03/26/24	03/28/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 06/25/24 Cpn 912797KG1		(49,356,604.17)		0.00	0.00	(49,356,604.17)
03/26/24	03/28/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 06/25/24 Cpn 912797KG1		(49,356,604.17)		0.00	0.00	(49,356,604.17)
03/26/24	03/28/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/09/24 Cpn 912797JM0		(49,912,800.00)		0.00	0.00	(49,912,800.00)
03/26/24	03/28/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/09/24 Cpn 912797JM0		(49,912,800.00)		0.00	0.00	(49,912,800.00)
03/26/24	03/28/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/09/24 Cpn 912797JM0		(49,912,800.00)		0.00	0.00	(49,912,800.00)
03/26/24	03/28/24	Buy	50,000,000.000	U.S. TREASURY BILL MAT 04/09/24 Cpn 912797JM0		(49,912,800.00)		0.00	0.00	(49,912,800.00)
			<u>8,284,955,000.000</u>			<u>(8,273,499,258.15)</u>	<u>(56,238.27)</u>	<u>0.00</u>	<u>0.00</u>	<u>(8,273,555,496.42)</u>
03/07/24	03/07/24	Coupon		CCCIT 2023-A2 A2 CARD MAT 12/08/27 Cpn 5.95 17305EGX7			23,939.34	0.00	0.00	23,939.34
03/13/24	03/13/24	Coupon		MMAF 2024-A A2 EQP 144A MAT 09/13/27 Cpn 5.20 55318CAB0			10,400.00	0.00	0.00	10,400.00
03/14/24	03/14/24	Coupon		CCG 2023-2 A1 EQP 144A MAT 11/14/24 Cpn 5.75 12511QAA7			16,251.68	0.00	0.00	16,251.68
03/15/24	03/15/24	Coupon		ALLYA 2022-2 A2 CAR MAT 10/15/25 Cpn 4.62 02008MAB5			2,855.27	0.00	0.00	2,855.27

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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
03/15/24	03/15/24	Coupon		ARIFL 2023-B A1 FLEET 144A MAT 10/15/24 Cpn 5.92 04033GAA5		10,312.11	0.00	0.00	10,312.11
03/15/24	03/15/24	Coupon		BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4		21,005.56	0.00	0.00	21,005.56
03/15/24	03/15/24	Coupon		CARMX 2020-1 A4 CAR MAT 06/16/25 Cpn 2.03 14315XAD0		7,901.95	0.00	0.00	7,901.95
03/15/24	03/15/24	Coupon		CARMX 2020-3 A4 CAR MAT 03/16/26 Cpn 0.77 14315FAE7		1,806.96	0.00	0.00	1,806.96
03/15/24	03/15/24	Coupon		CARMX 2020-4 A3 CAR MAT 08/15/25 Cpn 0.50 14316HAC6		1,182.51	0.00	0.00	1,182.51
03/15/24	03/15/24	Coupon		CARMX 2020-4 A3 CAR MAT 08/15/25 Cpn 0.50 14316HAC6		105.58	0.00	0.00	105.58
03/15/24	03/15/24	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		1,726.92	0.00	0.00	1,726.92
03/15/24	03/15/24	Coupon		CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1		13,233.33	0.00	0.00	13,233.33
03/15/24	03/15/24	Coupon		CARMX 2022-3 A3 CAR MAT 04/15/27 Cpn 3.97 14318MAD1		31,280.29	0.00	0.00	31,280.29
03/15/24	03/15/24	Coupon		CARMX 2023-3 A1 CAR MAT 07/15/24 Cpn 5.63 14319BAA0		171.47	0.00	0.00	171.47
03/15/24	03/15/24	Coupon		CARMX 2023-4 A1 CAR MAT 10/15/24 Cpn 5.73 14318XAA3		13,423.34	0.00	0.00	13,423.34
03/15/24	03/15/24	Coupon		CARMX 2024-A2A CAR MAT 03/15/27 Cpn 5.30 14318WAB3		5,300.00	0.00	0.00	5,300.00
03/15/24	03/15/24	Coupon		FORDL 2022-A A3 LEASE MAT 05/15/25 Cpn 3.23 34528LAD7		2,626.02	0.00	0.00	2,626.02

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03/15/24	03/15/24	Coupon		FORDL 2023-B A1 LEASE MAT 10/15/24 Cpn 5.69 34529NAA8		6,772.38	0.00	0.00	6,772.38
03/15/24	03/15/24	Coupon		FORDO 2020-C A3 MAT 07/15/25 Cpn 0.41 34533YAD2		440.58	0.00	0.00	440.58
03/15/24	03/15/24	Coupon		GALC 2022-1 A3 EQP 144A MAT 09/15/26 Cpn 5.08 39154TBW7		21,166.67	0.00	0.00	21,166.67
03/15/24	03/15/24	Coupon		GALC 2024-1 A2 EQP 144A MAT 08/17/26 Cpn 5.32 39154TCH9		11,083.33	0.00	0.00	11,083.33
03/15/24	03/15/24	Coupon		HALST 2024-A A2A LEASE 144A MAT 06/15/26 Cpn 5.15 448988AB1		8,583.33	0.00	0.00	8,583.33
03/15/24	03/15/24	Coupon		HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2		25,694.39	0.00	0.00	25,694.39
03/15/24	03/15/24	Coupon		HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6		1,727.18	0.00	0.00	1,727.18
03/15/24	03/15/24	Coupon		HART 2023-A A2A CAR MAT 12/15/25 Cpn 5.19 448979AB0		2,847.27	0.00	0.00	2,847.27
03/15/24	03/15/24	Coupon		HART 2023-B A2A CAR MAT 05/15/26 Cpn 5.77 44933XAB3		15,480.16	0.00	0.00	15,480.16
03/15/24	03/15/24	Coupon		HART 2023-C A1 CAR MAT 11/15/24 Cpn 5.63 44918CAA0		7,944.10	0.00	0.00	7,944.10
03/15/24	03/15/24	Coupon		HART 2023-C A2A CAR MAT 01/15/27 Cpn 5.80 44918CAB8		9,666.67	0.00	0.00	9,666.67
03/15/24	03/15/24	Coupon		JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6		795.10	0.00	0.00	795.10
03/15/24	03/15/24	Coupon		KCOT 2023-2A A1 EQP 144A MAT 07/15/24 Cpn 5.62 500945AA8		646.82	0.00	0.00	646.82

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03/15/24	03/15/24	Coupon		LADAR 2024-1A A2 CAR 144A MAT 11/16/26 Cpn 5.44 501689AB9		14,053.33	0.00	0.00	14,053.33
03/15/24	03/15/24	Coupon		NALT 2022-A A3 LEASE MAT 05/15/25 Cpn 3.81 65480LAD7		17,302.01	0.00	0.00	17,302.01
03/15/24	03/15/24	Coupon		NAROT 2020-B A4 CAR MAT 02/16/27 Cpn 0.71 65479CAE8		1,162.01	0.00	0.00	1,162.01
03/15/24	03/15/24	Coupon		TAOT 2022-C A2A CAR MAT 08/15/25 Cpn 3.83 89231CAB3		4,538.11	0.00	0.00	4,538.11
03/15/24	03/15/24	Coupon		TAOT 2023-D A2A CAR MAT 11/16/26 Cpn 5.80 89239FAB8		18,850.00	0.00	0.00	18,850.00
03/15/24	03/15/24	Coupon		WORLD OMNI 2020-C A4 CAR MAT 10/15/26 Cpn 0.61 98163CAF7		2,541.67	0.00	0.00	2,541.67
03/15/24	03/15/24	Coupon		WOART 2022-B A2A CAR MAT 10/15/25 Cpn 2.77 98163QAB5		1,164.45	0.00	0.00	1,164.45
03/15/24	03/15/24	Coupon		WOART 2022-C A3 CAR MAT 10/15/27 Cpn 3.66 98163TAD5		28,975.00	0.00	0.00	28,975.00
03/15/24	03/15/24	Coupon		WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0		13,585.64	0.00	0.00	13,585.64
03/15/24	03/15/24	Coupon		WOART 2023-C A1 CAR MAT 08/15/24 Cpn 5.61 98164FAA0		684.45	0.00	0.00	684.45
03/16/24	03/16/24	Coupon		GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1		1,784.29	0.00	0.00	1,784.29
03/16/24	03/16/24	Coupon		GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2		2,912.18	0.00	0.00	2,912.18
03/16/24	03/16/24	Coupon		GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2		917.34	0.00	0.00	917.34

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03/16/24	03/16/24	Coupon		GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3		12,040.01	0.00	0.00	12,040.01
03/18/24	03/18/24	Coupon		GMCAR 2024-1 A2B CAR MAT 02/16/27 Cpn 5.72 36268GAC9		6,408.53	0.00	0.00	6,408.53
03/18/24	03/18/24	Coupon		INTER-AMERICAN DEV BANK FRN MAT 09/16/26 Cpn 5.52 4581XODY1		210,429.92	0.00	0.00	210,429.92
03/18/24	03/18/24	Coupon		SWEDBANK NY YCD FRN SOFERRA MAT 04/12/24 Cpn 5.85 87019WNH4		43,786.11	0.00	0.00	43,786.11
03/20/24	03/20/24	Coupon		DLLST 2024-1A A2 EQP 144A MAT 01/20/26 Cpn 5.33 23346HAB3		3,553.33	0.00	0.00	3,553.33
03/20/24	03/20/24	Coupon		ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2		264.63	0.00	0.00	264.63
03/20/24	03/20/24	Coupon		ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2		31.18	0.00	0.00	31.18
03/20/24	03/20/24	Coupon		EFF 2023-2 A1 FLEET 144A MAT 06/20/24 Cpn 5.79 29375NAA3		417.55	0.00	0.00	417.55
03/20/24	03/20/24	Coupon		GMALT 2022-3 A3 LEASE MAT 09/22/25 Cpn 4.01 380130AD6		13,538.12	0.00	0.00	13,538.12
03/20/24	03/20/24	Coupon		GMALT 2023-1 A2A LEASE MAT 06/20/25 Cpn 5.27 362541AB0		5,150.42	0.00	0.00	5,150.42
03/20/24	03/20/24	Coupon		GMALT 2024-1 A2A LEASE MAT 06/22/26 Cpn 5.18 36269FAB2		12,590.28	0.00	0.00	12,590.28
03/20/24	03/20/24	Coupon		HPEFS 2023-2A A1 EQP 144A MAT 10/18/24 Cpn 5.76 44328UAA4		17,933.15	0.00	0.00	17,933.15
03/20/24	03/20/24	Coupon		SBALT 2024-A A2 LEASE 144A MAT 01/20/26 Cpn 5.45 78414SAC8		20,891.67	0.00	0.00	20,891.67

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03/20/24	03/20/24	Coupon		SFAST 2024-1A A2 CAR 144A MAT 06/21/27 Cpn 5.35 78435VAB8		13,820.83	0.00	0.00	13,820.83
03/20/24	03/20/24	Coupon		TESLA 2023-B A1 LEASE 144A MAT 09/20/24 Cpn 5.68 88167QAA4		1,140.50	0.00	0.00	1,140.50
03/20/24	03/20/24	Coupon		TEVT 2023-1 A2B CAR 144A MAT 12/21/26 Cpn 5.84 881943AC8		24,010.74	0.00	0.00	24,010.74
03/20/24	03/20/24	Coupon		TLOT 2022-A A3 LEASE 144A MAT 02/20/25 Cpn 1.96 89238LAC4		2,996.62	0.00	0.00	2,996.62
03/20/24	03/20/24	Coupon		TLOT 2022-A A3 LEASE 144A MAT 02/20/25 Cpn 1.96 89238LAC4		239.73	0.00	0.00	239.73
03/20/24	03/20/24	Coupon		VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4		6,332.47	0.00	0.00	6,332.47
03/20/24	03/20/24	Coupon		VZMT 2024-1 A1B PHONE MAT 12/20/28 Cpn 5.97 92348KCM3		9,144.55	0.00	0.00	9,144.55
03/22/24	03/22/24	Coupon		DEFT 2023-2 A1 EQP 144A MAT 06/24/24 Cpn 5.64 24703GAA2		953.49	0.00	0.00	953.49
03/25/24	03/25/24	Coupon		BMWLT 2022-1 A3 LEASE MAT 03/25/25 Cpn 1.10 05601XAC3		428.47	0.00	0.00	428.47
03/25/24	03/25/24	Coupon		BMWLT 2024-1 A2A LEASE MAT 07/27/26 Cpn 5.10 05611UAB9		17,425.00	0.00	0.00	17,425.00
03/25/24	03/25/24	Coupon		BMWOT 2023-A A2A CAR MAT 04/27/26 Cpn 5.72 05592XAB6		22,165.81	0.00	0.00	22,165.81
03/25/24	03/25/24	Coupon		FHMS KF38 A MAT 09/25/24 Cpn 5.76 3137FBUC8		1,041.14	0.00	0.00	1,041.14
03/25/24	03/25/24	Coupon		FHMS KI06 A 1MOFRN CMBS MAT 03/25/25 Cpn 5.65 3137FVNA6		463.59	0.00	0.00	463.59

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03/25/24	03/25/24	Coupon		FHMS KI07 A SOFRFRN MAT 09/25/26 Cpn 5.49 3137H3KA9		30,799.98	0.00	0.00	30,799.98
03/25/24	03/25/24	Coupon		FHMS KI08 A 1MOFRN CMBS MAT 10/25/26 Cpn 5.52 3137H4RC6		10,188.73	0.00	0.00	10,188.73
03/25/24	03/25/24	Coupon		INTL BK RECON & DEVELOP FRN S MAT 09/23/26 Cpn 5.66 459058KK8		19,354.43	0.00	0.00	19,354.43
03/25/24	03/25/24	Coupon		INTL BK RECON & DEVELOP FRN S MAT 09/23/26 Cpn 5.66 459058KK8		62,048.03	0.00	0.00	62,048.03
03/28/24	03/28/24	Coupon		CANADIAN IMPERIAL BANK YCD FR MAT 07/29/24 Cpn 5.99 13606KYN0		40,404.25	0.00	0.00	40,404.25
						<u>994,834.05</u>	<u>0.00</u>	<u>0.00</u>	<u>994,834.05</u>
03/12/24	03/12/24	Contributn	1,030,000,000.000	NM MAT Cpn USD	1,030,000,000.00		0.00	0.00	1,030,000,000.00
03/18/24	03/18/24	Contributn	800,000,000.000	NM MAT Cpn USD	800,000,000.00		0.00	0.00	800,000,000.00
03/21/24	03/21/24	Contributn	40,000,000.000	NM MAT Cpn USD	40,000,000.00		0.00	0.00	40,000,000.00
			<u>1,870,000,000.000</u>		<u>1,870,000,000.00</u>		<u>0.00</u>	<u>0.00</u>	<u>1,870,000,000.00</u>
03/15/24	03/15/24	Call	4,200,000.000	IBRD C 09/15/2023 Q MAT 06/15/26 Cpn 5.75 45906M4C2	4,200,000.00	60,375.00	0.00	0.00	4,260,375.00

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Fixed Income - cont.										
03/28/24	03/28/24	Sell Long	1,000,000.000	U.S. TREASURY BILL MAT 04/02/24 Cpn 912797JL2	982,885.43	16,392.85	3.63	0.00	999,278.28	
			<u>5,200,000.000</u>		<u>5,182,885.43</u>	<u>76,767.85</u>	<u>3.63</u>	<u>0.00</u>	<u>5,259,653.28</u>	
03/14/24	03/14/24	Pay Princpl	600,897.533	CCG 2023-2 A1 EQP 144A MAT 11/14/24 Cpn 5.75 12511QAA7	600,897.53		(0.00)	0.00	600,897.53	
03/15/24	03/15/24	Pay Princpl	236,854.593	ALLYA 2022-2 A2 CAR MAT 10/15/25 Cpn 4.62 02008MAB5	236,854.59		0.00	3.58	236,854.59	
03/15/24	03/15/24	Pay Princpl	397,270.543	ARIFL 2023-B A1 FLEET 144A MAT 10/15/24 Cpn 5.92 04033GAA5	397,270.54		(0.00)	0.00	397,270.54	
03/15/24	03/15/24	Pay Princpl	379,882.955	BAAT 2023-1A A2 CAR 144A MAT 05/15/26 Cpn 5.83 06428AAB4	379,882.96		9.88	0.00	379,882.96	
03/15/24	03/15/24	Pay Princpl	4,671,101.691	CARMX 2020-1 A4 CAR MAT 06/16/25 Cpn 2.03 14315XAD0	4,671,101.69		8,644.70	0.00	4,671,101.69	
03/15/24	03/15/24	Pay Princpl	529,202.307	CARMX 2020-3 A4 CAR MAT 03/16/26 Cpn 0.77 14315FAE7	529,202.31		6,059.01	0.00	529,202.31	
03/15/24	03/15/24	Pay Princpl	951,604.968	CARMX 2020-4 A3 CAR MAT 08/15/25 Cpn 0.50 14316HAC6	951,604.97		6,530.39	0.00	951,604.97	
03/15/24	03/15/24	Pay Princpl	84,964.729	CARMX 2020-4 A3 CAR MAT 08/15/25 Cpn 0.50 14316HAC6	84,964.73		542.39	0.00	84,964.73	
03/15/24	03/15/24	Pay Princpl	290,971.117	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	290,971.12		7,182.89	0.00	290,971.12	
03/15/24	03/15/24	Pay Princpl	37,800.719	CARMX 2023-3 A1 CAR MAT 07/15/24 Cpn 5.63 14319BAA0	37,800.72		0.00	0.00	37,800.72	

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03/15/24	03/15/24	Pay Princpl	1,386,739.446	CARMX 2023-4 A1 CAR MAT 10/15/24 Cpn 5.73 14318XAA3	1,386,739.45		0.00	0.00	1,386,739.45
03/15/24	03/15/24	Pay Princpl	389,472.948	FORDL 2022-A A3 LEASE MAT 05/15/25 Cpn 3.23 34528LAD7	389,472.95		2,070.86	0.00	389,472.95
03/15/24	03/15/24	Pay Princpl	1,081,515.917	FORDL 2023-B A1 LEASE MAT 10/15/24 Cpn 5.69 34529NAA8	1,081,515.92		0.00	0.00	1,081,515.92
03/15/24	03/15/24	Pay Princpl	470,669.810	FORDO 2020-C A3 MAT 07/15/25 Cpn 0.41 34533YAD2	470,669.81		3,333.94	0.00	470,669.81
03/15/24	03/15/24	Pay Princpl	441,628.332	HAROT 2023-2 A2 CAR MAT 04/15/26 Cpn 5.41 437927AB2	441,628.33		16.18	0.00	441,628.33
03/15/24	03/15/24	Pay Princpl	246,287.316	HART 2021-C A3 CAR MAT 05/15/26 Cpn 0.74 44935FAD6	246,287.32		6,031.65	0.00	246,287.32
03/15/24	03/15/24	Pay Princpl	73,771.490	HART 2023-A A2A CAR MAT 12/15/25 Cpn 5.19 448979AB0	73,771.49		186.36	0.00	73,771.49
03/15/24	03/15/24	Pay Princpl	236,649.610	HART 2023-B A2A CAR MAT 05/15/26 Cpn 5.77 44933XAB3	236,649.61		3.06	0.00	236,649.61
03/15/24	03/15/24	Pay Princpl	604,530.744	HART 2023-C A1 CAR MAT 11/15/24 Cpn 5.63 44918CAA0	604,530.74		(0.00)	0.00	604,530.74
03/15/24	03/15/24	Pay Princpl	334,784.298	JOHN DEERE 2021-A A3 EQP MAT 09/15/25 Cpn 0.36 47788UAC6	334,784.30		5,237.27	0.00	334,784.30
03/15/24	03/15/24	Pay Princpl	142,823.022	KCOT 2023-2A A1 EQP 144A MAT 07/15/24 Cpn 5.62 500945AA8	142,823.02		(0.00)	0.00	142,823.02
03/15/24	03/15/24	Pay Princpl	1,312,816.712	NALT 2022-A A3 LEASE MAT 05/15/25 Cpn 3.81 65480LAD7	1,312,816.71		4,828.70	0.00	1,312,816.71
03/15/24	03/15/24	Pay Princpl	663,631.664	NAROT 2020-B A4 CAR MAT 02/16/27 Cpn 0.71 65479CAE8	663,631.66		2,560.21	0.00	663,631.66

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03/15/24	03/15/24	Pay Princpl	292,974.815	TAOT 2022-C A2A CAR MAT 08/15/25 Cpn 3.83 89231CAB3	292,974.82		0.00	4.83	292,974.82
03/15/24	03/15/24	Pay Princpl	222,555.912	WOART 2022-B A2A CAR MAT 10/15/25 Cpn 2.77 98163QAB5	222,555.91		0.00	3.17	222,555.91
03/15/24	03/15/24	Pay Princpl	346,739.254	WOART 2023-A A2A CAR MAT 07/15/26 Cpn 5.18 98164JAB0	346,739.25		0.00	1.36	346,739.25
03/15/24	03/15/24	Pay Princpl	151,534.865	WOART 2023-C A1 CAR MAT 08/15/24 Cpn 5.61 98164FAA0	151,534.86		(0.00)	0.00	151,534.86
03/16/24	03/16/24	Pay Princpl	227,675.965	GMCAR 2021-4 A3 CAR MAT 09/16/26 Cpn 0.68 362554AC1	227,675.97		7,029.36	0.00	227,675.97
03/16/24	03/16/24	Pay Princpl	61,263.715	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	61,263.72		214.11	0.00	61,263.72
03/16/24	03/16/24	Pay Princpl	19,298.070	GMCAR 2023-2 A2A CAR MAT 05/18/26 Cpn 5.10 362583AB2	19,298.07		66.47	0.00	19,298.07
03/16/24	03/16/24	Pay Princpl	181,971.921	GMCAR 2023-3 A2A CAR MAT 09/16/26 Cpn 5.74 36267KAB3	181,971.92		2.20	0.00	181,971.92
03/20/24	03/20/24	Pay Princpl	248,766.663	ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2	248,766.66		2,036.30	0.00	248,766.66
03/20/24	03/20/24	Pay Princpl	29,313.694	ENTERPRISE 2021-1 A2 FLEET 144 MAT 12/21/26 Cpn 0.44 29374EAB2	29,313.69		239.95	0.00	29,313.69
03/20/24	03/20/24	Pay Princpl	89,476.770	EFF 2023-2 A1 FLEET 144A MAT 06/20/24 Cpn 5.79 29375NAA3	89,476.77		0.00	0.00	89,476.77
03/20/24	03/20/24	Pay Princpl	563,064.248	GMALT 2022-3 A3 LEASE MAT 09/22/25 Cpn 4.01 380130AD6	563,064.25		4,062.76	0.00	563,064.25
03/20/24	03/20/24	Pay Princpl	230,071.995	GMALT 2023-1 A2A LEASE MAT 06/20/25 Cpn 5.27 362541AB0	230,072.00		0.00	7.17	230,072.00

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03/20/24	03/20/24	Pay Princpl	657,938.061	HPEFS 2023-2A A1 EQP 144A MAT 10/18/24 Cpn 5.76 44328UAA4	657,938.06		(0.00)	0.00	657,938.06
03/20/24	03/20/24	Pay Princpl	249,434.883	TESLA 2023-B A1 LEASE 144A MAT 09/20/24 Cpn 5.68 88167QAA4	249,434.88		(0.00)	0.00	249,434.88
03/20/24	03/20/24	Pay Princpl	561,110.767	TLOT 2022-A A3 LEASE 144A MAT 02/20/25 Cpn 1.96 89238LAC4	561,110.77		3,844.63	0.00	561,110.77
03/20/24	03/20/24	Pay Princpl	44,888.861	TLOT 2022-A A3 LEASE 144A MAT 02/20/25 Cpn 1.96 89238LAC4	44,888.86		310.23	0.00	44,888.86
03/20/24	03/20/24	Pay Princpl	93,475.877	VALET 2023-1 A2A CAR MAT 12/21/26 Cpn 5.50 92867WAB4	93,475.88		2.94	0.00	93,475.88
03/22/24	03/22/24	Pay Princpl	202,762.304	DEFT 2023-2 A1 EQP 144A MAT 06/24/24 Cpn 5.64 24703GAA2	202,762.30		(0.00)	0.00	202,762.30
03/25/24	03/25/24	Pay Princpl	467,426.565	BMWLT 2022-1 A3 LEASE MAT 03/25/25 Cpn 1.10 05601XAC3	467,426.57		1,510.84	0.00	467,426.57
03/25/24	03/25/24	Pay Princpl	407,003.016	BMWOT 2023-A A2A CAR MAT 04/27/26 Cpn 5.72 05592XAB6	407,003.02		1.42	0.00	407,003.02
03/25/24	03/25/24	Pay Princpl	125,547.087	FHMS KF38 A MAT 09/25/24 Cpn 5.76 3137FBUC8	125,547.09		0.00	17.40	125,547.09
			<u>21,040,167.770</u>		<u>21,040,167.79</u>		<u>72,558.71</u>	<u>37.50</u>	<u>21,040,167.79</u>
03/01/24	03/01/24	Mature Long	17,000,000.000	EMERSON ELECTRIC CP 144A MAT 03/01/24 Cpn 29101AC10	16,904,535.56	95,464.44	0.00	0.00	17,000,000.00
03/01/24	03/01/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/01/24 Cpn 313384TT6	49,992,847.22	7,152.78	0.00	0.00	50,000,000.00
03/01/24	03/01/24	Mature Long	13,000,000.000	FHLB DISCOUNT NOTE MAT 03/01/24 Cpn 313384TT6	12,998,140.28	1,859.72	0.00	0.00	13,000,000.00

TRANSACTIONS BY TYPE

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/04/24	03/04/24	Mature Long	15,000,000.000	FFCB DISCOUNT NOTE MAT 03/04/24 Cpn 313312TW0	14,989,208.33	10,791.67	0.00	0.00	15,000,000.00
03/04/24	03/04/24	Mature Long	50,000,000.000	FFCB DISCOUNT NOTE MAT 03/04/24 Cpn 313312TW0	49,964,027.78	35,972.22	0.00	0.00	50,000,000.00
03/04/24	03/04/24	Mature Long	50,000,000.000	FFCB DISCOUNT NOTE MAT 03/04/24 Cpn 313312TW0	49,964,027.78	35,972.22	0.00	0.00	50,000,000.00
03/04/24	03/04/24	Mature Long	5,000,000.000	FHLB DISCOUNT NOTE MAT 03/04/24 Cpn 313384TW9	4,997,812.50	2,187.50	0.00	0.00	5,000,000.00
03/04/24	03/04/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/04/24 Cpn 313384TW9	49,978,125.00	21,875.00	0.00	0.00	50,000,000.00
03/04/24	03/04/24	Mature Long	10,000,000.000	COOPERATIEVE RABOBANK CP MAT 03/04/24 Cpn 21687AC43	9,589,775.00	410,225.00	0.00	0.00	10,000,000.00
03/04/24	03/04/24	Mature Long	25,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 03/04/24 Cpn 84243LC44	24,988,958.33	11,041.67	0.00	0.00	25,000,000.00
03/04/24	03/04/24	Mature Long	45,000,000.000	WAL-MART STORES CP 144A MAT 03/04/24 Cpn 93114EC47	44,973,650.00	26,350.00	0.00	0.00	45,000,000.00
03/05/24	03/05/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/05/24 Cpn 912797JG3	49,949,006.94	50,993.06	0.00	0.00	50,000,000.00
03/05/24	03/05/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/05/24 Cpn 912797JG3	49,949,006.94	50,993.06	0.00	0.00	50,000,000.00
03/05/24	03/05/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/05/24 Cpn 912797JG3	49,949,006.94	50,993.06	0.00	0.00	50,000,000.00
03/05/24	03/05/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/05/24 Cpn 912797JG3	49,949,006.94	50,993.06	0.00	0.00	50,000,000.00
03/05/24	03/05/24	Mature Long	35,000,000.000	CREDIT AGRICOLE CP MAT 03/05/24 Cpn 22533TC53	34,969,141.67	30,858.33	0.00	0.00	35,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/05/24	03/05/24	Mature Long	21,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 03/05/24 Cpn 84243LC51	20,959,505.00	40,495.00	0.00	0.00	21,000,000.00
03/06/24	03/06/24	Mature Long	11,255,000.000	AUTOMATIC DATA CP 144A MAT 03/06/24 Cpn 0530A2C65	11,253,346.14	1,653.86	0.00	0.00	11,255,000.00
03/06/24	03/06/24	Mature Long	17,000,000.000	FHLB DISCOUNT NOTE MAT 03/06/24 Cpn 313384TY5	16,997,516.11	2,483.89	0.00	0.00	17,000,000.00
03/06/24	03/06/24	Mature Long	2,000,000.000	FLORIDA POWER & LIGHT CP MAT 03/06/24 Cpn 34108AC62	1,998,226.67	1,773.33	0.00	0.00	2,000,000.00
03/06/24	03/06/24	Mature Long	45,000,000.000	USAA CAPITAL CP MAT 03/06/24 Cpn 90328AC68	44,953,537.50	46,462.50	0.00	0.00	45,000,000.00
03/07/24	03/07/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/07/24 Cpn 912797GQ4	49,382,569.44	617,430.56	0.00	0.00	50,000,000.00
03/07/24	03/07/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/07/24 Cpn 912797GQ4	49,382,569.44	617,430.56	0.00	0.00	50,000,000.00
03/07/24	03/07/24	Mature Long	40,000,000.000	BNY MELLON CP MAT 03/07/24 Cpn 06406WC79	39,994,111.11	5,888.89	0.00	0.00	40,000,000.00
03/07/24	03/07/24	Mature Long	28,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 03/07/24 Cpn 84243LC77	27,991,755.56	8,244.44	0.00	0.00	28,000,000.00
03/08/24	03/08/24	Mature Long	11,000,000.000	EMERSON ELECTRIC CP 144A MAT 03/08/24 Cpn 29101AC85	10,996,767.22	3,232.78	0.00	0.00	11,000,000.00
03/08/24	03/08/24	Mature Long	18,000,000.000	FHLB DISCOUNT NOTE MAT 03/08/24 Cpn 313384UA5	17,997,370.00	2,630.00	0.00	0.00	18,000,000.00
03/08/24	03/08/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/08/24 Cpn 313384UA5	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
03/08/24	03/08/24	Mature Long	24,000,000.000	ROCHE HOLDINGS CP 144A MAT 03/08/24 Cpn 77119LC80	23,992,946.67	7,053.33	0.00	0.00	24,000,000.00

TRANSACTIONS BY TYPE

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/11/24	03/11/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/11/24 Cpn 313384UD9	49,956,166.67	43,833.33	0.00	0.00	50,000,000.00
03/11/24	03/11/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/11/24 Cpn 313384UD9	49,956,166.67	43,833.33	0.00	0.00	50,000,000.00
03/11/24	03/11/24	Mature Long	13,000,000.000	FHLB DISCOUNT NOTE MAT 03/11/24 Cpn 313384UD9	12,994,290.83	5,709.17	0.00	0.00	13,000,000.00
03/11/24	03/11/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/11/24 Cpn 313384UD9	49,978,041.67	21,958.33	0.00	0.00	50,000,000.00
03/11/24	03/11/24	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 03/11/24 Cpn 313588UD5	49,956,375.00	43,625.00	0.00	0.00	50,000,000.00
03/11/24	03/11/24	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 03/11/24 Cpn 313588UD5	49,956,375.00	43,625.00	0.00	0.00	50,000,000.00
03/11/24	03/11/24	Mature Long	7,500,000.000	LVMH MOET HENNESSY LOUIS CP MAT 03/11/24 Cpn 55078TCB1	7,362,241.67	137,758.33	0.00	0.00	7,500,000.00
03/11/24	03/11/24	Mature Long	30,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 03/11/24 Cpn 91058TCB0	29,986,725.00	13,275.00	0.00	0.00	30,000,000.00
03/11/24	03/11/24	Mature Long	10,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 03/11/24 Cpn 91058TCB0	9,995,575.00	4,425.00	0.00	0.00	10,000,000.00
03/12/24	03/12/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/12/24 Cpn 912797JH1	49,904,892.36	95,107.64	0.00	0.00	50,000,000.00
03/12/24	03/12/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/12/24 Cpn 912797JH1	49,904,892.36	95,107.64	0.00	0.00	50,000,000.00
03/12/24	03/12/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/12/24 Cpn 912797JH1	49,904,892.36	95,107.64	0.00	0.00	50,000,000.00
03/12/24	03/12/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/12/24 Cpn 912797JH1	49,904,892.36	95,107.64	0.00	0.00	50,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/12/24	03/12/24	Mature Long	25,000,000.000	EMERSON ELECTRIC CP 144A MAT 03/12/24 Cpn 29101ACC6	24,955,833.33	44,166.67	0.00	0.00	25,000,000.00
03/12/24	03/12/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/12/24 Cpn 313384UE7	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
03/13/24	03/13/24	Mature Long	45,000,000.000	AUTOMATIC DATA CP 144A MAT 03/13/24 Cpn 0530A2CDO	44,993,387.50	6,612.50	0.00	0.00	45,000,000.00
03/13/24	03/13/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/13/24 Cpn 313384UF4	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
03/13/24	03/13/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/13/24 Cpn 313384UF4	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
03/13/24	03/13/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/13/24 Cpn 313384UF4	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
03/13/24	03/13/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/13/24 Cpn 313384UF4	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
03/13/24	03/13/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/13/24 Cpn 313384UF4	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
03/13/24	03/13/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/13/24 Cpn 313384UF4	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
03/13/24	03/13/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/13/24 Cpn 313384UF4	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
03/13/24	03/13/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/13/24 Cpn 313384UF4	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
03/13/24	03/13/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/13/24 Cpn 313384UF4	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
03/13/24	03/13/24	Mature Long	40,000,000.000	FHLB DISCOUNT NOTE MAT 03/13/24 Cpn 313384UF4	39,994,133.33	5,866.67	0.00	0.00	40,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/13/24	03/13/24	Mature Long	35,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 03/13/24 Cpn 4523ELCD5	34,994,847.22	5,152.78	0.00	0.00	35,000,000.00
03/13/24	03/13/24	Mature Long	45,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 03/13/24 Cpn 91058TCD6	44,993,362.50	6,637.50	0.00	0.00	45,000,000.00
03/14/24	03/14/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/14/24 Cpn 313384UG2	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
03/14/24	03/14/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/14/24 Cpn 313384UG2	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
03/14/24	03/14/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/14/24 Cpn 313384UG2	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
03/14/24	03/14/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/14/24 Cpn 313384UG2	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
03/14/24	03/14/24	Mature Long	20,000,000.000	FHLB DISCOUNT NOTE MAT 03/14/24 Cpn 313384UG2	19,997,072.22	2,927.78	0.00	0.00	20,000,000.00
03/14/24	03/14/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/14/24 Cpn 313384UG2	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
03/14/24	03/14/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/14/24 Cpn 313384UG2	49,992,680.56	7,319.44	0.00	0.00	50,000,000.00
03/14/24	03/14/24	Mature Long	50,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 03/14/24 Cpn 4523ELCE3	49,992,652.78	7,347.22	0.00	0.00	50,000,000.00
03/14/24	03/14/24	Mature Long	30,000,000.000	UNILEVER CAPITAL CP 144A MAT 03/14/24 Cpn 90477DCE4	29,995,583.33	4,416.67	0.00	0.00	30,000,000.00
03/15/24	03/15/24	Mature Long	45,000,000.000	FHLB DISCOUNT NOTE MAT 03/15/24 Cpn 313384UH0	44,993,450.00	6,550.00	0.00	0.00	45,000,000.00
03/15/24	03/15/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/15/24 Cpn 313384UH0	49,992,722.22	7,277.78	0.00	0.00	50,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/15/24	03/15/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/15/24 Cpn 313384UH0	49,992,722.22	7,277.78	0.00	0.00	50,000,000.00
03/15/24	03/15/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/15/24 Cpn 313384UH0	49,992,722.22	7,277.78	0.00	0.00	50,000,000.00
03/15/24	03/15/24	Mature Long	35,000,000.000	FHLB DISCOUNT NOTE MAT 03/15/24 Cpn 313384UH0	34,994,905.56	5,094.44	0.00	0.00	35,000,000.00
03/15/24	03/15/24	Mature Long	36,000,000.000	FNMA DISCOUNT NOTE MAT 03/15/24 Cpn 313588UH6	35,994,760.00	5,240.00	0.00	0.00	36,000,000.00
03/15/24	03/15/24	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 03/15/24 Cpn 313588UH6	49,992,722.22	7,277.78	0.00	0.00	50,000,000.00
03/15/24	03/15/24	Mature Long	40,000,000.000	UNILEVER CAPITAL CP 144A MAT 03/15/24 Cpn 90477DCF1	39,994,166.67	5,833.33	0.00	0.00	40,000,000.00
03/18/24	03/18/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/18/24 Cpn 313384UL1	49,978,000.00	22,000.00	0.00	0.00	50,000,000.00
03/18/24	03/18/24	Mature Long	50,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 03/18/24 Cpn 4523ELCJ2	49,977,916.67	22,083.33	0.00	0.00	50,000,000.00
03/18/24	03/18/24	Mature Long	5,750,000.000	JPMORGAN SECURITIES CP MAT 03/18/24 Cpn 46640PCJ0	5,746,613.89	3,386.11	0.00	0.00	5,750,000.00
03/19/24	03/19/24	Mature Long	31,245,000.000	APPLE CP 144A MAT 03/19/24 Cpn 03785DCK0	31,222,043.60	22,956.40	0.00	0.00	31,245,000.00
03/19/24	03/19/24	Mature Long	8,000,000.000	APPLE CP 144A MAT 03/19/24 Cpn 03785DCK0	7,994,133.33	5,866.67	0.00	0.00	8,000,000.00
03/19/24	03/19/24	Mature Long	44,000,000.000	FFCB DISCOUNT NOTE MAT 03/19/24 Cpn 313312UM0	43,993,534.44	6,465.56	0.00	0.00	44,000,000.00
03/19/24	03/19/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/19/24 Cpn 313384UM9	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/19/24	03/19/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/19/24 Cpn 313384UM9	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
03/19/24	03/19/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/19/24 Cpn 313384UM9	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
03/19/24	03/19/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/19/24 Cpn 313384UM9	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
03/19/24	03/19/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/19/24 Cpn 313384UM9	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
03/19/24	03/19/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/19/24 Cpn 313384UM9	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
03/19/24	03/19/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/19/24 Cpn 313384UM9	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
03/19/24	03/19/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/19/24 Cpn 313384UM9	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
03/19/24	03/19/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/19/24 Cpn 313384UM9	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
03/19/24	03/19/24	Mature Long	11,000,000.000	FHLB DISCOUNT NOTE MAT 03/19/24 Cpn 313384UM9	10,998,386.67	1,613.33	0.00	0.00	11,000,000.00
03/19/24	03/19/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/19/24 Cpn 313384UM9	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
03/19/24	03/19/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/19/24 Cpn 313384UM9	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
03/19/24	03/19/24	Mature Long	44,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 03/19/24 Cpn 84243LCK8	43,974,040.00	25,960.00	0.00	0.00	44,000,000.00
03/19/24	03/19/24	Mature Long	4,700,000.000	TOYOTA MOTOR CREDIT CP MAT 03/19/24 Cpn 89233GCK0	4,697,232.22	2,767.78	0.00	0.00	4,700,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/20/24	03/20/24	Mature Long	16,450,000.000	CREDIT AGRICOLE CP MAT 03/20/24 Cpn 22533TCL8	16,430,662.11	19,337.89	0.00	0.00	16,450,000.00
03/20/24	03/20/24	Mature Long	20,000,000.000	CREDIT AGRICOLE CP MAT 03/20/24 Cpn 22533TCL8	19,979,427.78	20,572.22	0.00	0.00	20,000,000.00
03/20/24	03/20/24	Mature Long	50,000,000.000	COLGATE-PALMOLIVE CP 144A MAT 03/20/24 Cpn 19416ECL9	49,963,333.33	36,666.67	0.00	0.00	50,000,000.00
03/20/24	03/20/24	Mature Long	5,000,000.000	FHLB DISCOUNT NOTE MAT 03/20/24 Cpn 313384UN7	4,999,269.44	730.56	0.00	0.00	5,000,000.00
03/20/24	03/20/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/20/24 Cpn 313384UN7	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
03/20/24	03/20/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/20/24 Cpn 313384UN7	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
03/20/24	03/20/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/20/24 Cpn 313384UN7	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
03/20/24	03/20/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/20/24 Cpn 313384UN7	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
03/20/24	03/20/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/20/24 Cpn 313384UN7	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
03/20/24	03/20/24	Mature Long	25,000,000.000	FHLB DISCOUNT NOTE MAT 03/20/24 Cpn 313384UN7	24,996,347.22	3,652.78	0.00	0.00	25,000,000.00
03/20/24	03/20/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/20/24 Cpn 313384UN7	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
03/20/24	03/20/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/20/24 Cpn 313384UN7	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
03/20/24	03/20/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/20/24 Cpn 313384UN7	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

03/01/2024
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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/20/24	03/20/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/20/24 Cpn 313384UN7	49,992,694.44	7,305.56	0.00	0.00	50,000,000.00
03/20/24	03/20/24	Mature Long	10,000,000.000	NORTHW MUT SHR TERM FUN CP MAT 03/20/24 Cpn 66815ACL5	9,989,675.00	10,325.00	0.00	0.00	10,000,000.00
03/20/24	03/20/24	Mature Long	40,000,000.000	USAA CAPITAL CP MAT 03/20/24 Cpn 90328ACL5	39,958,622.22	41,377.78	0.00	0.00	40,000,000.00
03/21/24	03/21/24	Mature Long	25,000,000.000	U.S. TREASURY BILL MAT 03/21/24 Cpn 912797LL9	24,967,175.00	32,825.00	0.00	0.00	25,000,000.00
03/21/24	03/21/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/21/24 Cpn 912797LL9	49,934,350.00	65,650.00	0.00	0.00	50,000,000.00
03/21/24	03/21/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/21/24 Cpn 912797LL9	49,934,350.00	65,650.00	0.00	0.00	50,000,000.00
03/21/24	03/21/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/21/24 Cpn 912797LL9	49,934,350.00	65,650.00	0.00	0.00	50,000,000.00
03/21/24	03/21/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/21/24 Cpn 912797LL9	49,934,350.00	65,650.00	0.00	0.00	50,000,000.00
03/21/24	03/21/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/21/24 Cpn 912797LL9	49,934,350.00	65,650.00	0.00	0.00	50,000,000.00
03/21/24	03/21/24	Mature Long	35,000,000.000	FHLB DISCOUNT NOTE MAT 03/21/24 Cpn 313384UP2	34,994,895.83	5,104.17	0.00	0.00	35,000,000.00
03/21/24	03/21/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/21/24 Cpn 313384UP2	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
03/21/24	03/21/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/21/24 Cpn 313384UP2	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
03/21/24	03/21/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/21/24 Cpn 313384UP2	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/21/24	03/21/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/21/24 Cpn 313384UP2	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
03/21/24	03/21/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/21/24 Cpn 313384UP2	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
03/21/24	03/21/24	Mature Long	50,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 03/21/24 Cpn 4523ELCM5	49,992,666.67	7,333.33	0.00	0.00	50,000,000.00
03/22/24	03/22/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/22/24 Cpn 313384UQ0	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
03/22/24	03/22/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/22/24 Cpn 313384UQ0	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
03/22/24	03/22/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/22/24 Cpn 313384UQ0	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
03/22/24	03/22/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/22/24 Cpn 313384UQ0	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
03/22/24	03/22/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/22/24 Cpn 313384UQ0	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
03/22/24	03/22/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/22/24 Cpn 313384UQ0	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
03/22/24	03/22/24	Mature Long	10,000,000.000	FHLB DISCOUNT NOTE MAT 03/22/24 Cpn 313384UQ0	9,998,541.67	1,458.33	0.00	0.00	10,000,000.00
03/22/24	03/22/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/22/24 Cpn 313384UQ0	49,992,708.33	7,291.67	0.00	0.00	50,000,000.00
03/22/24	03/22/24	Mature Long	35,000,000.000	FHLB DISCOUNT NOTE MAT 03/22/24 Cpn 313384UQ0	34,994,895.83	5,104.17	0.00	0.00	35,000,000.00

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

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Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/22/24	03/22/24	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 03/22/24 Cpn 313588UQ6	49,978,187.50	21,812.50	0.00	0.00	50,000,000.00
03/22/24	03/22/24	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 03/22/24 Cpn 313588UQ6	49,978,187.50	21,812.50	0.00	0.00	50,000,000.00
03/25/24	03/25/24	Mature Long	60,000,000.000	CATERPILLAR FIN CP MAT 03/25/24 Cpn 14912DCR8	59,973,500.00	26,500.00	0.00	0.00	60,000,000.00
03/25/24	03/25/24	Mature Long	17,000,000.000	FHLB DISCOUNT NOTE MAT 03/25/24 Cpn 313384UT4	16,987,580.56	12,419.44	0.00	0.00	17,000,000.00
03/25/24	03/25/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/25/24 Cpn 313384UT4	49,978,083.33	21,916.67	0.00	0.00	50,000,000.00
03/25/24	03/25/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/25/24 Cpn 313384UT4	49,978,083.33	21,916.67	0.00	0.00	50,000,000.00
03/25/24	03/25/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/25/24 Cpn 313384UT4	49,978,083.33	21,916.67	0.00	0.00	50,000,000.00
03/25/24	03/25/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/25/24 Cpn 313384UT4	49,978,083.33	21,916.67	0.00	0.00	50,000,000.00
03/25/24	03/25/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/25/24 Cpn 313384UT4	49,978,083.33	21,916.67	0.00	0.00	50,000,000.00
03/25/24	03/25/24	Mature Long	10,000,000.000	FHLB DISCOUNT NOTE MAT 03/25/24 Cpn 313384UT4	9,995,616.67	4,383.33	0.00	0.00	10,000,000.00
03/25/24	03/25/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/25/24 Cpn 313384UT4	49,978,083.33	21,916.67	0.00	0.00	50,000,000.00
03/25/24	03/25/24	Mature Long	34,500,000.000	ILLINOIS TOOL WORKS CP 144A MAT 03/25/24 Cpn 4523ELCR4	34,484,820.00	15,180.00	0.00	0.00	34,500,000.00

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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
03/25/24	03/25/24	Mature Long	28,000,000.000	ROCHE HOLDINGS CP 144A MAT 03/25/24 Cpn 77119LCR8	27,987,680.00	12,320.00	0.00	0.00	28,000,000.00
03/26/24	03/26/24	Mature Long	10,000,000.000	U.S. TREASURY BILL MAT 03/26/24 Cpn 912797JK4	9,922,801.08	77,198.92	0.00	0.00	10,000,000.00
03/26/24	03/26/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/26/24 Cpn 912797JK4	49,614,005.42	385,994.58	0.00	0.00	50,000,000.00
03/26/24	03/26/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/26/24 Cpn 912797JK4	49,897,712.50	102,287.50	0.00	0.00	50,000,000.00
03/26/24	03/26/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/26/24 Cpn 912797JK4	49,897,712.50	102,287.50	0.00	0.00	50,000,000.00
03/26/24	03/26/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/26/24 Cpn 912797JK4	49,897,712.50	102,287.50	0.00	0.00	50,000,000.00
03/26/24	03/26/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/26/24 Cpn 912797JK4	49,897,712.50	102,287.50	0.00	0.00	50,000,000.00
03/26/24	03/26/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/26/24 Cpn 912797JK4	49,897,712.50	102,287.50	0.00	0.00	50,000,000.00
03/26/24	03/26/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/26/24 Cpn 912797JK4	49,897,712.50	102,287.50	0.00	0.00	50,000,000.00
03/26/24	03/26/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/26/24 Cpn 912797JK4	49,897,712.50	102,287.50	0.00	0.00	50,000,000.00
03/26/24	03/26/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/26/24 Cpn 912797JK4	49,897,712.50	102,287.50	0.00	0.00	50,000,000.00
03/26/24	03/26/24	Mature Long	30,000,000.000	FNMA DISCOUNT NOTE MAT 03/26/24 Cpn 313588UU7	29,995,637.50	4,362.50	0.00	0.00	30,000,000.00
03/26/24	03/26/24	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 03/26/24 Cpn 313588UU7	49,992,729.17	7,270.83	0.00	0.00	50,000,000.00

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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
03/26/24	03/26/24	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 03/26/24 Cpn 313588UU7	49,992,729.17	7,270.83	0.00	0.00	50,000,000.00
03/26/24	03/26/24	Mature Long	50,000,000.000	FNMA DISCOUNT NOTE MAT 03/26/24 Cpn 313588UU7	49,992,729.17	7,270.83	0.00	0.00	50,000,000.00
03/26/24	03/26/24	Mature Long	25,000,000.000	ILLINOIS TOOL WORKS CP 144A MAT 03/26/24 Cpn 4523ELCS2	24,996,326.39	3,673.61	0.00	0.00	25,000,000.00
03/26/24	03/26/24	Mature Long	26,000,000.000	SOUTHERN CALIF GAS CP 144A MAT 03/26/24 Cpn 84243LCS1	25,996,165.00	3,835.00	0.00	0.00	26,000,000.00
03/26/24	03/26/24	Mature Long	7,000,000.000	SUMITOMO MITSUI CP 144A MAT 03/26/24 Cpn 86563GCS9	6,992,786.11	7,213.89	0.00	0.00	7,000,000.00
03/26/24	03/26/24	Mature Long	50,000,000.000	SUMITOMO MITSUI CP 144A MAT 03/26/24 Cpn 86563GCS9	49,948,472.22	51,527.78	0.00	0.00	50,000,000.00
03/26/24	03/26/24	Mature Long	7,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 03/26/24 Cpn 91058TCS3	6,992,758.89	7,241.11	0.00	0.00	7,000,000.00
03/26/24	03/26/24	Mature Long	50,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 03/26/24 Cpn 91058TCS3	49,948,277.78	51,722.22	0.00	0.00	50,000,000.00
03/27/24	03/27/24	Mature Long	30,000,000.000	AIR PRODUCTS & CHEMICALS CP 1 MAT 03/27/24 Cpn 00915SCT7	29,968,966.67	31,033.33	0.00	0.00	30,000,000.00
03/27/24	03/27/24	Mature Long	18,000,000.000	CATERPILLAR FIN CP MAT 03/27/24 Cpn 14912DCT4	17,997,355.00	2,645.00	0.00	0.00	18,000,000.00
03/28/24	03/28/24	Mature Long	35,000,000.000	U.S. TREASURY BILL MAT 03/28/24 Cpn 912797GY7	34,949,033.19	50,966.81	0.00	0.00	35,000,000.00
03/28/24	03/28/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/28/24 Cpn 912797GY7	49,927,190.28	72,809.72	0.00	0.00	50,000,000.00
03/28/24	03/28/24	Mature Long	30,000,000.000	U.S. TREASURY BILL MAT 03/28/24 Cpn 912797GY7	29,956,479.17	43,520.83	0.00	0.00	30,000,000.00

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Tr Date	St Date	Transaction Type	Units	Description		Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/28/24	03/28/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/28/24 Cpn	912797GY7	49,927,465.28	72,534.72	0.00	0.00	50,000,000.00
03/28/24	03/28/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/28/24 Cpn	912797GY7	49,927,465.28	72,534.72	0.00	0.00	50,000,000.00
03/28/24	03/28/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/28/24 Cpn	912797GY7	49,927,465.28	72,534.72	0.00	0.00	50,000,000.00
03/28/24	03/28/24	Mature Long	50,000,000.000	U.S. TREASURY BILL MAT 03/28/24 Cpn	912797GY7	49,927,465.28	72,534.72	0.00	0.00	50,000,000.00
03/28/24	03/28/24	Mature Long	40,000,000.000	CREDIT AGRICOLE CP MAT 03/28/24 Cpn	22533TCU8	39,958,855.56	41,144.44	0.00	0.00	40,000,000.00
03/28/24	03/28/24	Mature Long	50,000,000.000	CATERPILLAR FIN CP MAT 03/28/24 Cpn	14912DCU1	49,992,652.78	7,347.22	0.00	0.00	50,000,000.00
03/28/24	03/28/24	Mature Long	20,000,000.000	FHLB DISCOUNT NOTE MAT 03/28/24 Cpn	313384UW7	19,991,250.00	8,750.00	0.00	0.00	20,000,000.00
03/28/24	03/28/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/28/24 Cpn	313384UW7	49,978,125.00	21,875.00	0.00	0.00	50,000,000.00
03/28/24	03/28/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/28/24 Cpn	313384UW7	49,978,125.00	21,875.00	0.00	0.00	50,000,000.00
03/28/24	03/28/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/28/24 Cpn	313384UW7	49,978,125.00	21,875.00	0.00	0.00	50,000,000.00
03/28/24	03/28/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/28/24 Cpn	313384UW7	49,978,125.00	21,875.00	0.00	0.00	50,000,000.00
03/28/24	03/28/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/28/24 Cpn	313384UW7	49,978,125.00	21,875.00	0.00	0.00	50,000,000.00
03/28/24	03/28/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/28/24 Cpn	313384UW7	49,985,416.67	14,583.33	0.00	0.00	50,000,000.00

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03/28/24	03/28/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/28/24 Cpn	313384UW7	49,985,416.67	14,583.33	0.00	0.00	50,000,000.00
03/28/24	03/28/24	Mature Long	50,000,000.000	FHLB DISCOUNT NOTE MAT 03/28/24 Cpn	313384UW7	49,985,416.67	14,583.33	0.00	0.00	50,000,000.00
03/28/24	03/28/24	Mature Long	25,000,000.000	UNITEDHEALTH GROUP CP 144A MAT 03/28/24 Cpn	91058TCU8	24,992,625.00	7,375.00	0.00	0.00	25,000,000.00
03/28/24	03/28/24	Mature Long	45,000,000.000	USAA CAPITAL CP MAT 03/28/24 Cpn	90328ACU5	44,960,025.00	39,975.00	0.00	0.00	45,000,000.00
			<u>7,706,400,000.000</u>			<u>7,699,836,909.60</u>	<u>6,563,090.42</u>	<u>0.00</u>	<u>0.00</u>	<u>7,706,400,000.00</u>
03/01/24	03/01/24	Withdrawal	(110,000,000.000)	WD MAT	Cpn USD	(110,000,000.00)		(110,000,000.00)	0.00	(110,000,000.00)
03/04/24	03/04/24	Withdrawal	(140,000,000.000)	WD MAT	Cpn USD	(140,000,000.00)		(140,000,000.00)	0.00	(140,000,000.00)
03/07/24	03/07/24	Withdrawal	(35,000,000.000)	WD MAT	Cpn USD	(35,000,000.00)		(35,000,000.00)	0.00	(35,000,000.00)
03/08/24	03/08/24	Withdrawal	(40,000,000.000)	WD MAT	Cpn USD	(40,000,000.00)		(40,000,000.00)	0.00	(40,000,000.00)
03/11/24	03/11/24	Withdrawal	(120,000,000.000)	WD MAT	Cpn USD	(120,000,000.00)		(120,000,000.00)	0.00	(120,000,000.00)
03/13/24	03/13/24	Withdrawal	(125,000,000.000)	WD MAT	Cpn USD	(125,000,000.00)		(125,000,000.00)	0.00	(125,000,000.00)
03/15/24	03/15/24	Withdrawal	(50,000,000.000)	WD MAT	Cpn USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
03/20/24	03/20/24	Withdrawal	(190,000,000.000)	WD MAT	Cpn USD	(190,000,000.00)		(190,000,000.00)	0.00	(190,000,000.00)

TRANSACTIONS BY TYPE

Account Name: L.A. CARE HEALTH PLAN

03/01/2024
through 03/31/2024

<i>Tr Date</i>	<i>St Date</i>	<i>Transaction Type</i>	<i>Units</i>	<i>Description</i>		<i>Proceeds / (Cost)</i>	<i>Accrued Interest (Purch) or Sold</i>	<i>G/L < 1 Yr Amort Cost</i>	<i>G/L > 1 Yr Amort Cost</i>	<i>Total Amount</i>
03/21/24	03/21/24	Withdrawal	(300,000,000.000)	WD MAT	Cpn USD	(300,000,000.00)		(300,000,000.00)	0.00	(300,000,000.00)
03/25/24	03/25/24	Withdrawal	(50,000,000.000)	WD MAT	Cpn USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
03/27/24	03/27/24	Withdrawal	(50,000,000.000)	WD MAT	Cpn USD	(50,000,000.00)		(50,000,000.00)	0.00	(50,000,000.00)
03/28/24	03/28/24	Withdrawal	(75,000,000.000)	WD MAT	Cpn USD	(75,000,000.00)		(75,000,000.00)	0.00	(75,000,000.00)
			<u>(1,285,000,000.000)</u>			<u>(1,285,000,000.00)</u>		<u>(1,285,000,000.00)</u>	<u>0.00</u>	<u>(1,285,000,000.00)</u>

TRANSACTIONS BY TYPE

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

03/01/2024
through 03/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/11/24	03/19/24	Buy	700,000.000	JDOT 2024-A A3 EQP MAT 11/15/28 Cpn 4.96 47800RAD5	(699,960.80)		0.00	0.00	(699,960.80)
03/13/24	03/20/24	Buy	600,000.000	NMOTR 2024-B A FLOORPLAN 144A MAT 02/15/29 Cpn 5.05 65479VAB2	(599,960.04)		0.00	0.00	(599,960.04)
03/27/24	03/28/24	Buy	2,100,000.000	U.S. TREASURY NOTE MAT 02/28/29 Cpn 4.25 91282CKD2	(2,106,480.47)	(6,790.76)	0.00	0.00	(2,113,271.23)
			<u>3,400,000.000</u>		<u>(3,406,401.31)</u>	<u>(6,790.76)</u>	<u>0.00</u>	<u>0.00</u>	<u>(3,413,192.07)</u>
03/01/24	03/01/24	Coupon		CA GLENDALE USD GO/ULT TXB MAT 09/01/24 Cpn 1.46 378460YD5		1,821.25	0.00	0.00	1,821.25
03/01/24	03/01/24	Coupon		CA SAN LUIS WESTLANDS WTR DI MAT 09/01/24 Cpn 1.45 798736AW4		2,970.45	0.00	0.00	2,970.45
03/15/24	03/15/24	Coupon		BAAT 2023-2A A3 CAR 144A MAT 06/15/28 Cpn 5.74 06054YAC1		3,348.33	0.00	0.00	3,348.33
03/15/24	03/15/24	Coupon		BACCT 2023-A2 A2 CARD MAT 11/15/28 Cpn 4.98 05522RDH8		2,075.00	0.00	0.00	2,075.00
03/15/24	03/15/24	Coupon		CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8		131.70	0.00	0.00	131.70
03/15/24	03/15/24	Coupon		CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4		218.74	0.00	0.00	218.74
03/15/24	03/15/24	Coupon		CARMX 2023-3 A3 CAR MAT 05/15/28 Cpn 5.28 14319BAC6		3,520.00	0.00	0.00	3,520.00
03/15/24	03/15/24	Coupon		CARMX 2023-4 A3 CAR MAT 07/17/28 Cpn 6.00 14318XAC9		1,500.00	0.00	0.00	1,500.00
03/15/24	03/15/24	Coupon		CARMX 2023-4 A3 CAR MAT 07/17/28 Cpn 6.00 14318XAC9		2,500.00	0.00	0.00	2,500.00

TRANSACTIONS BY TYPE

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

03/01/2024
through 03/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/15/24	03/15/24	Coupon		CARMX 2024-A3 CAR MAT 10/16/28 Cpn 4.92 14318WAD9		2,460.00	0.00	0.00	2,460.00
03/15/24	03/15/24	Coupon		COPAR 2023-2 A3 CAR MAT 06/15/28 Cpn 5.82 14044EAD0		3,395.00	0.00	0.00	3,395.00
03/15/24	03/15/24	Coupon		FORDF 2023-1 A1 FLOOR 144A MAT 05/15/28 Cpn 4.92 34528QHV9		2,870.00	0.00	0.00	2,870.00
03/15/24	03/15/24	Coupon		FORDF 2023-1 A1 FLOOR 144A MAT 05/15/28 Cpn 4.92 34528QHV9		820.00	0.00	0.00	820.00
03/15/24	03/15/24	Coupon		FORDO 2023-B A3 CAR MAT 05/15/28 Cpn 5.23 344930AD4		2,615.00	0.00	0.00	2,615.00
03/15/24	03/15/24	Coupon		FORDO 2023-C A3 CAR MAT 09/15/28 Cpn 5.53 344940AD3		2,304.17	0.00	0.00	2,304.17
03/15/24	03/15/24	Coupon		GFORT 2023-1 A1 FLOOR 144A MAT 06/15/28 Cpn 5.34 361886CR3		4,005.00	0.00	0.00	4,005.00
03/15/24	03/15/24	Coupon		HART 2023-C A3 CAR MAT 10/16/28 Cpn 5.54 44918CAD4		1,385.00	0.00	0.00	1,385.00
03/15/24	03/15/24	Coupon		JDOT 2023-B A3 EQP MAT 03/15/28 Cpn 5.18 477920AC6		3,237.50	0.00	0.00	3,237.50
03/15/24	03/15/24	Coupon		KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2		239.25	0.00	0.00	239.25
03/15/24	03/15/24	Coupon		KCOT 2023-2A A3 EQP 144A MAT 01/18/28 Cpn 5.28 500945AC4		2,200.00	0.00	0.00	2,200.00
03/15/24	03/15/24	Coupon		NY STATE DORM AUTH PERS INC T MAT 03/15/25 Cpn 0.89 64990FD43		3,015.80	0.00	0.00	3,015.80
03/15/24	03/15/24	Coupon		TAOT 2023-D A3 CAR MAT 08/15/28 Cpn 5.54 89239FAD4		1,846.67	0.00	0.00	1,846.67

TRANSACTIONS BY TYPE

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

03/01/2024
through 03/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/15/24	03/15/24	Coupon		WOART 2022-B A3 CAR MAT 03/15/28 Cpn 3.44 98163QAE9		1,433.33	0.00	0.00	1,433.33
03/16/24	03/16/24	Coupon		GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8		30.99	0.00	0.00	30.99
03/16/24	03/16/24	Coupon		GMCAR 2024-1 A3 CAR MAT 12/18/28 Cpn 4.85 36268GAD7		1,616.67	0.00	0.00	1,616.67
03/18/24	03/18/24	Coupon		HAROT 2023-3 A3 CAR MAT 02/18/28 Cpn 5.41 43815QAC1		1,127.08	0.00	0.00	1,127.08
03/20/24	03/20/24	Coupon		GMALT 2023-3 A3 LEASE MAT 11/20/26 Cpn 5.38 379929AD4		1,345.00	0.00	0.00	1,345.00
03/20/24	03/20/24	Coupon		TLOT 2023A A3 LEASE 144A MAT 04/20/26 Cpn 4.93 89239MAC1		2,054.17	0.00	0.00	2,054.17
03/25/24	03/25/24	Coupon		BMWLT 2024-1 A3 LEASE MAT 03/25/27 Cpn 4.98 05611UAD5		3,970.17	0.00	0.00	3,970.17
03/25/24	03/25/24	Coupon		NAVMT 2023-1 A FLOOR 144A MAT 08/25/28 Cpn 6.18 63938PBU2		1,030.00	0.00	0.00	1,030.00
03/31/24	03/31/24	Coupon		FHLMC C 12/30/2022 Q MAT 09/30/25 Cpn 4.75 3134GX3A0		14,487.50	0.00	0.00	14,487.50
03/31/24	03/31/24	Coupon		U.S. TREASURY NOTE MAT 03/31/26 Cpn 0.75 91282CBT7		2,006.25	0.00	0.00	2,006.25
03/31/24	03/31/24	Coupon		U.S. TREASURY NOTE MAT 03/31/26 Cpn 0.75 91282CBT7		3,412.50	0.00	0.00	3,412.50
03/31/24	03/31/24	Coupon		U.S. TREASURY NOTE MAT 03/31/26 Cpn 0.75 91282CBT7		1,762.50	0.00	0.00	1,762.50
03/31/24	03/31/24	Coupon		U.S. TREASURY NOTE MAT 09/30/26 Cpn 0.88 91282CCZ2		6,146.88	0.00	0.00	6,146.88

TRANSACTIONS BY TYPE

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

03/01/2024
through 03/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/31/24	03/31/24	Coupon		U.S. TREASURY NOTE MAT 03/31/28 Cpn 3.63 91282CGT2		64,343.75	0.00	0.00	64,343.75
03/31/24	03/31/24	Coupon		U.S. TREASURY NOTE MAT 03/31/28 Cpn 3.63 91282CGT2		28,818.75	0.00	0.00	28,818.75
03/31/24	03/31/24	Coupon		U.S. TREASURY NOTE MAT 03/31/28 Cpn 3.63 91282CGT2		37,065.63	0.00	0.00	37,065.63
03/31/24	03/31/24	Coupon		U.S. TREASURY NOTE MAT 03/31/28 Cpn 3.63 91282CGT2		71,050.00	0.00	0.00	71,050.00
03/31/24	03/31/24	Coupon		U.S. TREASURY NOTE MAT 09/30/28 Cpn 4.63 91282CJA0		41,856.25	0.00	0.00	41,856.25
						<u>332,036.28</u>	<u>0.00</u>	<u>0.00</u>	<u>332,036.28</u>
03/01/24	03/01/24	Income	8,167.730	STIF INT MAT Cpn USD		8,167.73	0.00	0.00	8,167.73
03/15/24	03/18/24	Sell Long	400,000.000	U.S. TREASURY NOTE MAT 04/30/27 Cpn 2.75 91282CEN7	379,875.00	4,200.55	0.00	(17,646.64)	384,075.55
03/15/24	03/18/24	Sell Long	20,000.000	U.S. TREASURY NOTE MAT 10/31/27 Cpn 4.13 91282CFU0	19,779.69	315.04	0.00	(225.97)	20,094.73
03/15/24	03/18/24	Sell Long	110,000.000	U.S. TREASURY NOTE MAT 10/31/27 Cpn 4.13 91282CFU0	108,788.28	1,732.73	0.00	(431.01)	110,521.01
03/27/24	03/28/24	Sell Long	450,000.000	U.S. TREASURY NOTE MAT 03/31/27 Cpn 2.50 91282CEF4	426,761.72	5,532.79	0.00	(23,946.47)	432,294.51
03/27/24	03/28/24	Sell Long	900,000.000	U.S. TREASURY NOTE MAT 03/31/27 Cpn 2.50 91282CEF4	853,523.44	11,065.57	0.00	(34,921.77)	864,589.01

TRANSACTIONS BY TYPE

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

03/01/2024
through 03/31/2024

Tr Date	St Date	Transaction Type	Units	Description	Proceeds / (Cost)	Accrued Interest (Purch) or Sold	G/L < 1 Yr Amort Cost	G/L > 1 Yr Amort Cost	Total Amount
03/27/24	03/28/24	Sell Long	344,000.000	U.S. TREASURY NOTE MAT 05/31/27 Cpn 2.63 91282CET4	326,531.25	2,935.98	0.00	(15,420.65)	329,467.23
03/27/24	03/28/24	Sell Long	386,000.000	U.S. TREASURY NOTE MAT 05/31/27 Cpn 2.63 91282CET4	366,398.44	3,294.45	0.00	(17,322.55)	369,692.89
			<u>2,610,000.000</u>		<u>2,481,657.82</u>	<u>29,077.11</u>	<u>0.00</u>	<u>(109,915.06)</u>	<u>2,510,734.93</u>
03/15/24	03/15/24	Pay Princpl	35,850.038	CARMX 2021-2 A3 AUTO MAT 02/17/26 Cpn 0.52 14314QAC8	35,850.04		0.00	1.73	35,850.04
03/15/24	03/15/24	Pay Princpl	36,856.341	CARMX 2021-3 A3 CAR MAT 06/15/26 Cpn 0.55 14317DAC4	36,856.34		0.00	1.95	36,856.34
03/15/24	03/15/24	Pay Princpl	48,613.072	KUBOTA 2021-2A A3 EQP 144A MAT 11/17/25 Cpn 0.56 50117XAE2	48,613.07		0.00	0.59	48,613.07
03/16/24	03/16/24	Pay Princpl	7,980.757	GMCAR 2021-2 A3 CAR MAT 04/16/26 Cpn 0.51 380149AC8	7,980.76		0.00	0.16	7,980.76
			<u>129,300.208</u>		<u>129,300.21</u>		<u>0.00</u>	<u>4.43</u>	<u>129,300.21</u>

LA CARE
Cash Activity by Transaction Type GAAP Basis
Accounting Period From 03/01/2024 To 03/31/2024

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
BUY										
03/15/24	03/13/24	03/15/24	TNT77	110122EF1	BRISTOL-MYERS SQUIBB CO	5,000,000.00	(15,652.77)	(5,029,600.00)	0.00	(5,045,252.77)
03/20/24	03/20/24	03/20/24	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	1,956,517.45	0.00	(1,956,517.45)	0.00	(1,956,517.45)
03/25/24	03/21/24	03/25/24	TNT77	91159HJK7	US BANCORP	5,000,000.00	(34,897.50)	(4,890,550.00)	0.00	(4,925,447.50)
TOTAL BUY						11,956,517.45	(50,550.27)	(11,876,667.45)	0.00	(11,927,217.72)
DIVIDEND										
03/01/24	03/01/24	03/01/24	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	3,259,909.47	4,783.60	0.00	0.00	4,783.60
TOTAL DIVIDEND						3,259,909.47	4,783.60	0.00	0.00	4,783.60
INTEREST										
03/01/24	03/01/24	03/01/24	TNT77	010392FY9	ALABAMA POWER CO	7,000,000.00	131,250.00	0.00	0.00	131,250.00
03/01/24	03/01/24	03/01/24	TNT77	20030NBS9	COMCAST CORP	3,500,000.00	55,125.00	0.00	0.00	55,125.00
03/01/24	03/01/24	03/01/24	TNT77	210518DS2	CONSUMERS ENERGY CO	4,650,000.00	108,112.50	0.00	0.00	108,112.50
03/01/24	03/01/24	03/01/24	TNT77	29157TAC0	EMORY UNIVERSITY	4,305,000.00	33,708.15	0.00	0.00	33,708.15
03/02/24	03/02/24	03/02/24	TNT77	14913R2K2	CATERPILLAR FINL SERVICE	5,000,000.00	22,500.00	0.00	0.00	22,500.00
03/03/24	03/03/24	03/03/24	TNT77	04636NAF0	ASTRAZENECA FINANCE LLC	5,000,000.00	121,875.00	0.00	0.00	121,875.00
03/03/24	03/03/24	03/03/24	TNT77	57636QAN4	MASTERCARD INC	3,000,000.00	30,000.00	0.00	0.00	30,000.00
03/10/24	03/10/24	03/10/24	TNT77	771196BV3	ROCHE HOLDINGS INC	7,500,000.00	86,775.00	0.00	0.00	86,775.00
03/15/24	03/15/24	03/15/24	TNT77	29736RAJ9	ESTEE LAUDER CO INC	1,500,000.00	23,625.00	0.00	0.00	23,625.00
03/15/24	03/15/24	03/15/24	TNT77	74456QCF1	PUBLIC SERVICE ELECTRIC	9,000,000.00	42,750.00	0.00	0.00	42,750.00
03/17/24	03/17/24	03/17/24	TNT77	931142ER0	WALMART INC	5,000,000.00	26,250.00	0.00	0.00	26,250.00
03/19/24	03/19/24	03/19/24	TNT77	30231GBH4	EXXON MOBIL CORPORATION	2,000,000.00	29,920.00	0.00	0.00	29,920.00
03/20/24	03/20/24	03/20/24	TNT77	89236TKJ3	TOYOTA MOTOR CREDIT CORP	3,000,000.00	68,250.00	0.00	0.00	68,250.00
03/22/24	03/22/24	03/22/24	TNT77	49177JAF9	KENVUE INC	2,000,000.00	50,500.00	0.00	0.00	50,500.00
03/25/24	03/25/24	03/25/24	TNT77	458140BP4	INTEL CORP	2,500,000.00	42,500.00	0.00	0.00	42,500.00
TOTAL INTEREST						64,955,000.00	873,140.65	0.00	0.00	873,140.65
SELL										
03/15/24	03/14/24	03/15/24	TNT77	89236TGT6	TOYOTA MOTOR CREDIT CORP	3,000,000.00	4,800.00	2,906,250.00	0.00	2,911,050.00
03/20/24	03/20/24	03/20/24	TNT77	665278404	NORTHERN INST GOVT MONEY MKT	3,259,909.47	0.00	3,259,909.47	0.00	3,259,909.47
03/25/24	03/22/24	03/25/24	TNT77	30231GBH4	EXXON MOBIL CORPORATION	2,000,000.00	997.33	1,960,220.00	0.00	1,961,217.33

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LA CARE
Cash Activity by Transaction Type GAAP Basis
 Accounting Period From 03/01/2024 To 03/31/2024

Cash Date	Trade/Ex-Date	Settle/Pay Date	Custodian	Cusip	Description	Quantity	Income Amount	Principal Amount	Contributions/Withdrawals	Total Amount
03/25/24	03/22/24	03/25/24	TNT77	57636QAN4	MASTERCARD INC	3,000,000.00	3,666.67	2,913,450.00	0.00	2,917,116.67
TOTAL SELL						11,259,909.47	9,464.00	11,039,829.47	0.00	11,049,293.47
GRAND TOTAL						91,431,336.39	836,837.98	(836,837.98)	0.00	0.00
Avg Date 20										



May 13, 2024

TO: Finance & Budget Committee

FROM: Afzal Shah, *Chief Financial Officer*

SUBJECT: AFS-006 (Authorization and Approval Limits) and AFS-007 (Procurement Policy) 2nd Quarter Report for FY 2024

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

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

Attached are the reports for 2nd Quarter Report for FY 2024.

L.A. Care Health Plan
AFS-006 Authorization and Approval Limits Quarterly Report
January 2024 - March 2024

New POs and Contracts	
Vendor Name	PO and Contract Total
A&M Healthcare Industry Group, LLC (a Wholly Owned Subsidiary of A&M Holdings, LLC)	\$ 617,000.00
ABF Data Systems, Inc	\$ 37,680.00
Absolute Ops LLC	\$ 70,757.50
AdhereHealth Solutions LLC	\$ 2,990,000.00
Advanced Healthcare Administration	\$ 68,600.00
Advent Advisory Group LLC	\$ 117,454.20
Affordable Living for The Aging (Grantee)	\$ 300,000.00
AHN Foundation	\$ 25,200.00
Alexandra Rodriguez	\$ 11,240.00
Amazon Capital Services, Inc.	\$ 30,469.68
Amtext Delivery Systems	\$ 31,320.00
Ana Maria Delgado	\$ 21,100.00
Angela P. Ahmu	\$ 4,160.00
Antelope Valley Partners for Health	\$ 57,140.00
Anthony Peter Lopez, Jr.	\$ 103,363.34
Arent Fox LLP	\$ 850,000.00
Ascencia (Grantee)	\$ 250,000.00
Asian Pacific Health Care Venture, Inc. (Grantee)	\$ 125,000.00
ATTAC Consulting Group, LLC	\$ 59,560.00
Aunt Flow Corp.	\$ 1,187.50
Bahareh Rabii	\$ 12,000.00
Bearing on Health Inc	\$ 176,000.00
Best Best & Krieger LLP	\$ 200,000.00
Birthworkers of Color Collective	\$ 16,000.00
Blackbaud, Inc.	\$ 18,112.50
BrandFuse, inc.	\$ 52,055.00
Brent Powell	\$ 57,600.00
Cahaba Consulting Group, LLC	\$ 695,450.00
Canon Solutions America Inc	\$ 523,052.00
Center for the Study of Services	\$ 1,588,316.30
Chinatown Service Center (Grantee)	\$ 125,000.00
Cognizant TriZetto Software Group, Inc.	\$ 4,827,645.99
Comcast Holdings Corporation	\$ 15,000.00
Community Partners (Grantee)	\$ 75,000.00
Competiscan, LLC	\$ 12,485.00
Corodata Shredding, Inc.	\$ 90,000.00
Costas Healthcare Solutions, LLC	\$ 23,100.00
Critical Care Training Center	\$ 67,200.00
Cynthia ReedCarmona	\$ 91,000.00
Daponde Simpson Rowe PC	\$ 1,225,000.00
Datavail Corporation	\$ 306,564.00
Deloitte LLP	\$ 7,500,000.00
Dewey Pest Control	\$ 4,317.00
Digicert, Inc.	\$ 8,890.00
Downtown Women's Center (Grantee)	\$ 250,000.00
Earth Print, Inc.	\$ 225,960.22

New POs and Contracts	
Vendor Name	PO and Contract Total
East Valley Community Health Center, Inc. (Grantee)	\$ 125,000.00
Edmund Jung & Associates, Inc.	\$ 90,000.00
El Sol Neighborhood Educational Center	\$ 433,000.00
EPI-USE Labs, LLC.	\$ 6,789.92
ePlus Technology, inc.	\$ 4,302,100.08
Expert Plant Care, Inc.	\$ 45,920.00
Fariborz Satey, MD, Inc. (Grantee)	\$ 125,000.00
Fierce Software Corporation	\$ 125,039.47
Fitness International, LLC	\$ 1,000.00
Freeman-Thomas Early Education Consulting, LLC	\$ 13,912.00
Galan Cultural Center Inc.	\$ 38,000.00
God's Pantry	\$ 98,448.00
Green Management Consulting Group, Inc.	\$ 286,875.00
HALO BRANDED SOLUTIONS, INC.	\$ 99,226.61
Hanson Bridgett LLP	\$ 50,000.00
Health Access for All Inc. (Grantee)	\$ 125,000.00
Health Management Associates Inc.	\$ 968,480.00
Healthy Cooking LLC	\$ 122,160.00
Hogan Lovells US LLP	\$ 200,000.00
Homeboy Industries	\$ 8,386.20
HRRP Garland LLC	\$ 125,000.00
I Color Printing & Mailing Inc	\$ 8,769,599.79
I.D. Systems & Supplies, Inc.	\$ 10,000.00
Imagine Los Angeles, Inc. (Grantee)	\$ 250,000.00
Instant InfoSystems	\$ 2,114,550.62
Isaacs Friedberg LLP	\$ 200,000.00
Jack Nadel Inc	\$ 9,000.00
JeffersonLarsonSmith LLC	\$ 307,500.00
Jemmott Rollins Group	\$ 100,000.00
Jennifer Baez	\$ 49,920.00
Karen Perez	\$ 24,700.00
Khavarian Enterprises, Inc.	\$ 3,520.00
Kinema Fitness, Inc.	\$ 30,000.00
Lakeshore Equipment Company	\$ 13,050.68
Lands' End, Inc	\$ 4,190.68
Larson LLP	\$ 500,000.00
Luxor Printing Inc.	\$ 1,224.09
M. Arthur Gensler, Jr. & Associates, Inc	\$ 1,415,661.50
Majestic Marketing, Inc.	\$ 891.72
Manhattan Telecommunications Corporation LLC	\$ 100,000.00
Mazars USA LLP	\$ 299,542.00
Michael Moldofsky	\$ 9,499.50
Moss Adams LLP	\$ 112,676.00
mPulse Mobile, Inc.	\$ 493,482.00
Musick, Peeler & Garrett LLP	\$ 100,000.00
New Tangram, LLC	\$ 8,600.00
NICE Systems Inc	\$ 585,280.35
Nielsen Merksamer Parrinello Gross & Leoni, LLP	\$ 136,707.20
North Star Alliances, LLC	\$ 2,878,200.00
Nossaman LLP	\$ 100,000.00
NTT America, Inc.	\$ 193,785.96

New POs and Contracts	
Vendor Name	PO and Contract Total
Office Ally, Inc	\$ 360,000.00
Office Depot, Inc.	\$ 37,548.56
Ollivier Corporation	\$ 29,607.58
Optiv Security, Inc.	\$ 2,409,331.95
Optum360 LLC	\$ 14,234.25
Oracle America, Inc.	\$ 4,800,000.00
Pack4U, Inc	\$ 6,750.00
Paradise Signs, Inc.	\$ 2,640.00
Pediatric & Family Medical Center (Grantee)	\$ 125,000.00
PhotoShelter, Inc.	\$ 10,499.00
Pomona Community Health Center (Grantee)	\$ 150,000.00
Proaxys, Inc.	\$ 300,000.00
Providence Little Company of Mary Foundation	\$ 45,600.00
Purchaser Business Group on Health	\$ 140,000.00
Q-PERIOR Inc.	\$ 1,540,000.00
Quest Analytics, Inc. (Parent Company of Quest Analytics L.L.C.)	\$ 654,740.00
Rapid7 LLC	\$ 8,262.00
Resources Connection Inc.	\$ 836,100.00
Rita Lisa Sinkoski	\$ 3,900.00
Rubi Ruiz	\$ 41,060.00
Safe and Sound Surveillance Solutions Inc	\$ 9,680.00
Safety Net Connect Inc.	\$ 1,180,000.00
SAP America, Inc.	\$ 1,500,917.74
Sculpt Fitness Long Beach LLC	\$ 40,950.00
Sheppard Mullin Richter & Hampton LLP	\$ 1,300,000.00
SHI International Corp	\$ 2,422,318.27
SKKN, INC.	\$ 202,104.59
SonBern LLC.	\$ 102,960.00
Sonia P. Guzman	\$ 51,500.00
Tangoe US, Inc.	\$ 132,768.00
The Anti-Recidivism Coalition (Grantee)	\$ 250,000.00
The Children's Clinic, Serving Children and Their Families (Grantee)	\$ 250,000.00
The Prophet Corporation	\$ 5,240.14
The R.O.A.D.S. Foundation, Inc. (Grantee)	\$ 125,000.00
Toney HealthCare Consulting, LLC	\$ 3,763,584.00
Training Connection LLC	\$ 14,320.00
TRI Ventures, Inc.	\$ 6,000.00
Uline, Inc.	\$ 14,215.18
Unidos Por La Musica	\$ 87,840.00
Venice 2000 dba HELPER Foundation	\$ 24,700.00
Via Care Community Health Center (Grantee)	\$ 125,000.00
Vicki Bolsega	\$ 7,800.00
VideoGuard, LLC	\$ 52,200.00
Virginia Medina	\$ 8,320.00
W Why W Enterprises, Inc.	\$ 300,000.00
WestLA Homeless	\$ 84,700.00
WW North America Holdings LLC	\$ 3,600.00
Zipari, Inc.	\$ 1,590,223.52
Zoll Medical Corp	\$ 519.00
Zones, LLC (Wholly Owned by Zones IT Solutions Inc.)	\$ 86,903.16
Total	\$ 75,426,536.54

New POs and Contracts	
Vendor Name	PO and Contract Total



L.A. Care Health Plan
AFS-006 Authorization and Approval Limits Quarterly Report
January 2024 - March 2024

Amended Vendor Contracts				
Vendor Name	Current Contract Total	Amendment	New Contract Total	Term Date
Advize Health LLC	\$ 146,000.00	\$ 146,000.00	\$ 292,000.00	8/24/2025
Brent Powell	\$ 52,500.00	\$ 9,750.00	\$ 62,250.00	6/30/2025
Change Healthcare Resources Holdings Inc.	\$ 6,100,000.00	\$ 300,000.00	\$ 6,400,000.00	12/31/2024
Cognizant Technology Solutions U.S. Corporation	\$ 740,264.00	\$ 147,080.00	\$ 887,344.00	12/31/2024
Cognizant TriZetto Software Group, Inc.	\$ 439,488.00	\$ 371,512.00	\$ 811,000.00	8/29/2028
Cognizant TriZetto Software Group, Inc.	\$ 4,586.72	\$ 2,878.40	\$ 7,465.12	5/1/2024
Collective Medical Technologies, Inc.	\$ 5,100,096.00	\$ (2,367,618.00)	\$ 2,732,478.00	9/29/2024
County of Los Angeles	\$ 50,000,000.00	\$ 30,000,000.00	\$ 80,000,000.00	12/31/2028
Franklin Covey Client Sales, Inc.	\$ 87,023.73	\$ 55,366.00	\$ 142,389.73	9/30/2026
Health Management Associates Inc.	\$ 189,225.00	\$ 249,685.00	\$ 438,910.00	7/31/2024
Health Management Associates, Inc. (dba Leavitt Partners	\$ 187,800.00	\$ 33,000.00	\$ 220,800.00	12/31/2024
I Color Printing & Mailing Inc	\$ 4,090,200.00	\$ 4,600,000.00	\$ 8,690,200.00	6/30/2025
Infocrossing, LLC	\$ 3,462,949.00	\$ 1,200,000.00	\$ 4,662,949.00	12/31/2025
Infosys Limited	\$ 8,000,000.00	\$ 3,172,709.00	\$ 11,172,709.00	9/30/2024
Integrated Healthcare Association	\$ 362,425.35	\$ 88,370.00	\$ 450,795.35	No Expiration Date
Language Line Services, Inc.	\$ 12,600,000.00	\$ 7,800,000.00	\$ 20,400,000.00	4/30/2026
Los Angeles Network for Enhanced Services-Health Inform	\$ 8,100,000.00	\$ 350,000.00	\$ 8,450,000.00	No Expiration Date
Milliman Inc	\$ 1,599,000.00	\$ 400,000.00	\$ 1,999,000.00	12/31/2024
Milliman Inc	\$ 1,650,000.00	\$ 400,000.00	\$ 2,050,000.00	12/31/2024
NetFile, Inc.	\$ 30,000.00	\$ 15,919.00	\$ 45,919.00	1/11/2027
Oliver Tate Brooks	\$ 840,000.00	\$ 150,000.00	\$ 990,000.00	12/31/2025
Pack4U, Inc	\$ -	\$ 6,750.00	\$ 6,750.00	6/30/2024
Panhealth Inc.	\$ 395,000.00	\$ 275,000.00	\$ 670,000.00	12/31/2024
Payspan, Inc.	\$ 3,875,000.00	\$ 400,000.00	\$ 4,275,000.00	12/31/2024
Therapeutic Bridges Inc.	\$ 19,000.00	\$ 21,000.00	\$ 40,000.00	12/31/2024
Toney HealthCare Consulting, LLC	\$ 2,026,000.00	\$ 360,000.00	\$ 2,386,000.00	12/31/2024
Toney HealthCare Consulting, LLC	\$ 1,400,000.00	\$ 600,000.00	\$ 2,000,000.00	10/31/2024
Traliant Holdings, LLC	\$ 59,015.00	\$ 21,000.00	\$ 80,015.00	2/17/2025
Traliant Holdings, LLC	\$ 75,015.00	\$ 5,100.00	\$ 80,115.00	2/17/2025
UptoDate, Inc.	\$ 160,434.33	\$ 184,882.00	\$ 345,316.33	2/28/2027
Well Rounded Fitness LLC	\$ 23,390.00	\$ (2,750.00)	\$ 20,640.00	6/30/2024
WestLA Homeless	\$ 84,700.00	\$ (14,400.00)	\$ 70,300.00	12/31/2024
Total			\$ 160,880,345.53	



L.A. Care Health Plan
AFS-007 Authorization and Approval Limits Quarterly Report
January 2024 - March 2024

Vendor Selection - Sole Source

Vendor Name	Contract Total	Paid As Of 5/6/24	Vendor Selection
Green Management Consulting Group, Inc.	\$ 286,875.00	\$ 64,150.00	Sole Source
Proaxys, Inc.	\$ 300,000.00	\$ -	Sole Source
W Why W Enterprises, Inc.	\$ 300,000.00	\$ 43,846.93	Sole Source
Cahaba Consulting Group, LLC	\$ 695,450.00	\$ 228,000.00	Sole Source
Centauri Health Solutions Inc	\$ 3,600,000.00	\$ 1,129,748.12	Sole Source
Language Line Services, Inc.	\$ 20,400,000.00	\$ 13,397,392.59	Sole Source



DATE: May 22, 2024
TO: Finance & Budget Committee
FROM: Afzal Shah, *Chief Financial Officer*

SUBJECT: AFS-027 Travel and Other Expenses Report

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

Travel Related Expenses covered under the policy:

Travel and training expenditures, such as:

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

Other Expenses covered under the policy:

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

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

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

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

In order to keep the Committee apprised of L.A. Care's necessary expenditures and to comply with the internal policy, presented herein are the travel and non-travel related expenses for the second quarter of Fiscal Year 2023-2024, January through March 2024.

AFS-027 Travel Expense Report Q2 FY 2023-24

Division	Jan - Mar 2024	Description
Chief Product Officer	\$ 22,461	Expenses are related to attendance of American Public Health Association (APHA) 2023 conference and L.A. Care staff mileage reimbursement.
Clinical Operations	\$ 19,936	Expenses are related to L.A. Care Community Health Worker (CHW) staff mileage reimbursement.
Compliance	\$ 10,978	Expenses are related to attendance of 2024 Managed Care conference, Institute of Internal Auditors (IIA) 2024 conference, California Association of Health Plans (CAHP) conference, Health Industry Collaboration Effort (HICE) 2023 conference, and staff mileage reimbursement.
Executive Services	\$ 11,986	Expenses are related to attendance of America's Health Insurance Plans (AHIP) CEO and Board meetings, Capitol Secretary meeting, Local Health Plans of California (LHPC) Strategic Planning Retreat, 2024 Health Care Compliance Association (HCCA) conference, Department of Health Care Services (DHCS) CEO meeting, and Promise Leadership Conference.
Finance Services	\$ 6,415	Expenses are related to attendance of Government Investment Officers Association (GIOA) conference, 2024 AI Rise (RISE) national conference, All Plan CFO meeting, and approved L.A. Care staff education and travel.
Health Services	\$ 28,307	Expenses are related to attendance of American Pharmacists Association (APHA) conference, Stars Master Class Summit, 2024 HCCA Conference, 2023 Goziva Annual User Group meeting, RISE National conference and L.A. Care staff mileage reimbursement.
Human Resources	\$ 925	Expenses are related to attendance of University of California-Santa Barbara (UCSB) job fair and L.A. Care staff mileage reimbursement.
Information Technology	\$ 2,752	Expenses are related to attendance of LHPG Quarterly Patient meeting and L.A. Care staff mileage reimbursement for CRC visits.
Legal Services	\$ 1,588	Expenses are related to attendance of American Health Law Organization (AHLA) conference and L.A. Care staff mileage reimbursement.
Operations	\$ 4,175	Expenses are related to approved L.A. Care staff education, travel, and mileage reimbursement.
Strategic Services	\$ 22,050	Expenses are related to attendance of LHPC Board meeting and Strategic Planning Retreat, Association of Community Affiliated Plans (ACAP) legislative fly-in, support fees for CRC workshops and Outreach events, and approved L.A. Care staff transportation for site visits and meetings.
Total Travel Expenses	\$ 125,806	

AFS-027 Other Expense Report Q2 FY 2023-24

Division	Jan - Mar 2024	Description
Chief Product Officer	\$ 2,382	Expenses are related to Covered CA Semi-Annual meeting.
Compliance	\$ 3,142	Expenses are related to Governance All-Hands meeting.
Executive Services	\$ 762	Expenses are related to CMS Roundtable meeting and L.A. County Health Equity Officers meeting.
Finance Services	\$ 815	Expenses are related to on-site meetings to support strategy development and team building.
Health Services	\$ 58,361	Expenses are related to refreshments for CME/CE events for Asthma Management in Primary Care, Cancer Screenings Conference, Opioid Use Disorder Conference and Behavioral Health Conference, and Quarterly Appreciation Days for Transform LA, Help Me Grow/First 5LA, and EquiP-LA.
Human Resources	\$ 9,767	Expenses are related to refreshments for Management Certification Program events, New Hire Orientation events, and Product, Sales, Strategy, and Marketing (PSSM) Leadership team building meeting.
Legal Services	\$ 6,428	Expenses are related to refreshments for the committee meetings.
Strategic Services	\$ 7,300	Expenses are related to refreshments for ECAC meetings.
Total Other Expenses	\$ 88,956	

BOARD OF GOVERNORS

Finance & Budget Committee

Meeting Minutes – March 27, 2024

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



L.A. Care
HEALTH PLAN

Members

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

Management/Staff

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

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

*Absent ** Via Teleconference

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	<p>Stephanie Booth, MD, <i>Committee Chairperson</i>, called the L.A. Care and JPA Finance & Budget Committee regular meeting to order at 1:01 p.m. The meetings were held simultaneously. She welcomed everyone and summarized the process for public comment during this meeting.</p> <ul style="list-style-type: none"> • For those who provided public comment for this meeting by voice message or in writing, L.A. Care is glad that they provided input today. The Committee will hear their comments and the Committee needs to finish the business on the Agenda today. • For people who have access to the internet, the meeting materials are available at the lacare.org website. If anyone needs information about how to locate the meeting materials, they can reach out to L.A. Care staff. • Information for public comment is on the Agenda available on the web site. Staff will read the comment from each person for up to three minutes. • Public comment will be made before the Committee starts to discuss an item. If the comment is not for a specific agenda item, it will be read at the general Public Comment. • Chairperson Booth provided information on how to submit a comment in-person, or live and directly using the “chat” feature. 	
APPROVE MEETING AGENDA	The Agenda for today’s meeting was approved.	Approved unanimously by roll call. 3 AYES (Booth, Roybal, and Vaccaro)

APPROVED

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
PUBLIC COMMENTS	There were no public comments.	
APPROVE CONSENT AGENDA	<ul style="list-style-type: none"> • February 28, 2024 Meeting Minutes • Contract with Microsoft (via SHI International) to provide product support services for Information Technology staff supporting critical virtual production infrastructure <u>Motion FIN 100.0424</u> To authorize staff to execute a contract in the amount of \$9,500,000 with Microsoft to provide product support services for the period of May 2024 to May 2027. • Contract Amendment with Cloud Technology Innovations, LLC (Healthcare Fraud Shield) to provide Special Investigations Unit (SIU) Case Management and Data Analytics tool <u>Motion FIN A.0324</u> To authorize staff to amend a contract in the amount of \$1,048,000 with Cloud Technology Innovations, LLC (Healthcare Fraud Shield), increasing the total contract value from \$2,335,000 to \$3,383,000 to provide SIU Case Management and Data Analytics tool for the period of September 1, 2023 to December 31. 2025. 	<p>Approved unanimously by roll call. 3 AYES</p> <p>The Committee approved placing FIN 100 on the Consent Agenda for April 4, 2024 Board of Governors meeting</p>
CHAIRPERSON'S REPORT	There was no Chairperson report.	
CHIEF EXECUTIVE OFFICER'S REPORT	<p>John Baackes, <i>Chief Executive Officer</i>, reported:</p> <ul style="list-style-type: none"> • As reported at the March Board of Governor's meeting, Change Healthcare is L.A. Care's sole clearinghouse vendor for the submission of electronic claims. Upon learning of the recent cyber-attack, L.A. Care immediately notified Providers to switch to paper claims submission to keep their claims current. For many providers, it was not easy. • L.A. Care immediately began working with Change Healthcare, which is owned by United Health, which also owns a number of other entities, including Optum. Change Healthcare provided access to an alternate platform provided by Optum. L.A. Care reviewed and tested the platform before it activated on March 12. That particular connection did not work for many of L.A. Care's smaller vendors and community-based organizations, such as skilled nursing facilities. • L.A. Care is also working with its former clearinghouse vendor, Office Ally. While L.A. Care has not yet finalized an agreement to bring Office Ally back online, claims that some of L.A. Care's providers can use a connection to the Optum clearinghouse. L.A. 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Care is at times receiving twice the volume of claims it would normally receive, and is staying current in processing the claims received.</p> <ul style="list-style-type: none"> • L.A. Care has agreements to provide \$28,893,000 to 81 providers in cash advances against future claims. • L.A. Care has received feedback from CEOs who expressed appreciation for L.A. Care’s transparency and cooperation. Providers are moving to capitation arrangements, particularly the hospitals. <p>Chairperson Booth noted that things are tight for many. She asked if L.A. Care is able to provide some of the money for solo or small group practices. Mr. Baackes noted that most small group practices receive capitation payment from L.A. Care, which are not affected by the Change Healthcare situation. Over 500 primary care doctors in L.A. Care’s direct network are capitated and do not rely on claims submissions.</p> <p>Mr. Baackes is in regular contact with the Director of the California Department of Managed Healthcare (DMHC) and the Director of the Department of Health Care Services (DHCS) providing weekly updates.</p> <p>Board Member Vaccaro asked if L.A. Care has determined the origins of new Medi-Cal members that are not part of redetermination process. Mr. Baackes that since June 2023, L.A. Care has added 459,000 new members. Of those, 155,000 are from the Medi-Cal expansion population of undocumented residents ages 26-49 years.</p> <p>L.A. Care is not seeing that these are members who were previously enrolled with L.A. Care. Staff is working closely with Board Member Jackie Contreras, Director of the Los Angeles County Department of Public Social Services (DPSS). Board Member Contreras is theorizing that many of these people found the redetermination process more cumbersome than completing new paperwork.</p> <p>Mr. Baackes noted there are two months left of the redetermination process. About 340,000 members still have to complete the process. Information will be mailed to those with renewal dates in April and May. Members that are dis-enrolled will have 90 days to reapply. L.A. Care will have final total enrollments on October 1.</p>	
COMMITTEE ITEMS		
Chief Financial Officer’s Report	Jeffrey Ingram, <i>Deputy Chief Financial Officer</i> , reported the January 2024 Financial Performance. <i>(A copy of the report can be obtained by contacting Board Services.)</i>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<ul style="list-style-type: none"> Financial Report FY 2023-24 4+8 Forecast 	<p><u>Membership</u></p> <p>January 2024 total membership was 2.49 million members, around 56,000 unfavorable to the budget. The large drop between December 2023 and January 2024 for both the budget and actuals was the loss of Kaiser (approximately 266,000 members).</p> <p>Medi-Cal membership was 79,000 unfavorable to budget. The budget assumed roughly 150,000 new members associated with the 26-49 years old expansion, split equally over January and February. Actual January 2024 enrollment was closer to 10,000, with the majority of those assumed members enrolled in February 2024.</p> <p>L.A. Care Covered (LACC) was 22,000 favorable to budget. At the time of budget completion, the final pricing position for LACC was unknown. The favorable price position drove the higher enrollment.</p> <p>Year to date (YTD) membership was at 10.8 million member months, almost 113,000 unfavorable to the budget. This is driven by the January impact along with the larger than expected "on-hold" status that hit in October 2023.</p> <p><u>Financial Performance for January Month to date (MTD)</u></p> <p>January 2024 net surplus was \$55 million, which is \$48 million favorable to the budget when Housing and Homelessness Incentive Program/ Incentive Payment Program (HHIP/IPP) were excluded.</p> <p>Revenue was \$113 million behind budget, driven by an \$81 million retroactive acuity adjustment for CY 2023 that was recognized in January 2024 reporting.</p> <p>Healthcare costs (HCC) were \$146 million favorable to budget driven by incurred claims being favorable roughly \$35 million. Fee-for service (FFS) expenses came in lower than anticipated, primarily in Inpatient. There were retroactive Unsatisfactory Immigration Status (UIS)/Satisfactory Immigration Status (SIS) adjustments of \$34 million. There was also some reduction in capitation related to the CY 2023 acuity adjustment of \$28 million.</p> <p>Administrative expenses were unfavorable \$8 million for the month. The drivers include higher headcount than included in the budget, timing on contract spend for annual mailers, and an update to Government Accounting Standards Board Statement No. 96 (GASB96) which affects depreciation and amortization.</p> <p>Non-operating income was favorable \$13.1 million driven by the continued benefit of investments earning more in a higher rating environment.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p><u>Financial Performance YTD</u> YTD net surplus was \$267 million, \$201 million favorable to the budget when HHIP and IPP were excluded.</p> <p>Revenue is \$99 million behind budget. The drivers include the retro acuity adjustment in January 2024, IPP/HHIP timing, and CY 2023 favorability related to UIS/SIS assumptions.</p> <p>HCC were \$257 million favorable to budget driven by lower FFS expenses, retro UIS/SIS adjustments, and the offset to the retro acuity adjustments.</p> <p>Administrative expense was \$17.8 million unfavorable. Details were in the 4+8 forecast. Non-operating income was favorable \$58.7 million driven by interest income & unrealized gains.</p> <p><u>Operating Margin by Segment</u></p> <ul style="list-style-type: none"> • Overall Medical Care Ratio (MCR) was 88.8% vs the budgeted 93.3% excluding HHIP/IPP. • Medi-Cal is performing closer to 90% due to lower FFS claims than anticipated. • Duals Special Needs Plan (DSNP) was 81.8% vs 89.5%, which was up from last month's 77.4%. • LACC was at 70.0% vs the 83.7%. Increased enrollment drove higher revenue paired with prior period Incurred but not Reported (IBNR) adjustments. February 2024 will see some Risk Adjustment Factor (RAF) adjustments that bring the MCR above 80%. • PASC is running at 100.5% vs the budgeted 109% <p><u>Key Financial Ratios</u></p> <ul style="list-style-type: none"> • MCR was 88.8% • Administrative ratio was 5.7% vs 5.1% • Balance sheet metrics all healthy again this month with no caveats for pass-through payments. <p><u>Tangible Net Equity (TNE)</u> TNE was at 861% with days of cash on-hand at 117.</p> <p><u>4+8 Forecast Update</u></p> <p><u>Membership</u></p> <ul style="list-style-type: none"> • Medi-Cal updates include: 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Increased disenrollment rate due to backlog in redetermination processing post June 2024. ○ Disenrollment rate trend differentiated by segment; Budget applied flat rate across all segments. ○ Updated timing of the UIS 26-49 expansion members. ● D-SNP: 8% growth rate due to sales and retention efforts vs budgeted 6% ● LACC: Refreshed outlook based on results of open enrollment period ● Overall, the total membership was lowered by 483,000 member months - 1.5% from the budget expectation. <p><u>FY 2023-24 4+8 Forecast vs Budget P&L – L.A. Care (excl. HHIP/IPP)</u></p> <p>Revenue was \$395 million lower than originally budgeted:</p> <ul style="list-style-type: none"> ● This is inclusive of YTD January variance including the CY 2023 retro acuity adjustment ● CY 2024 rates were lower than we originally anticipated <p>HCC was \$269 million lower than originally budgeted:</p> <ul style="list-style-type: none"> ● Reductions in revenue have a portion that are offset in global sub-capitation arrangements ● FFS expenses net to \$45M lower <ul style="list-style-type: none"> ○ Reduction on the Inpatient budget, but offsetting increases across all other categories. ● Provider incentives includes Student Behavioral Health Incentive Program (SBHIP) timing ● Medical Administrative increase is associated with administrative increases tied to activities within Health Services <p>Operating margin is projected to decrease \$126 million.</p> <p>Administrative was increasing \$75 million for the year</p> <ul style="list-style-type: none"> ● Largest driver is tied to Salaries and Benefits ● Increased benefits burden from 23.5% to 31.1% <ul style="list-style-type: none"> ○ Budget utilized older model ○ Medical premiums, retirement matching ● Vacancy factor decreased from 15.7% to 15.0% ● Total headcount increased 290 ● Second largest driver is within Depreciation and Amortization 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ GASB96 ○ Timing of capital projects being placed in service ● Last call-out is tied to purchased services <ul style="list-style-type: none"> ○ Increase in staff-augmentation <ul style="list-style-type: none"> ● \$5 million related to claims ● \$4 million related to Utilization Management (UM) ● \$4 million related to call center <p>Non-operating income is expecting to increase \$141 million tied to higher earnings on investments, with a more realistic interest income forecast than incorporated in the budget.</p> <p>Due to the decrease in overall revenue, the expectation was adjusted downwards \$60 million for a surplus of \$147 million for the full year.</p> <p>Future financials against the 4+8 will be reported until a refreshed view later in the year. Additional one-time adjustments are fully anticipated as the fiscal year progresses.</p> <p><u>Waterfall Variance</u></p> <p>Mr. Ingram displayed a visual representation of the variance he just discussed. One item to call out is the (\$32 million) CY 2023 Rates. That is made up of \$22 million due to UIS/SIS proportion updates and the net acuity adjustment; \$81 million Revenue, \$27 million healthcare costs = (\$54 million net)</p> <p>Overall forecasted MCR is 94.1% vs the budgeted 93.2% excluding HHIP/IPP Medi-Cal is at 95%, up from 93.7% DSNP is 90.6 vs 89.2% LACC is 79.0% vs 82.0% PASC is 100.7% vs 102.5%</p> <p><u>Motion FIN 101.0424</u> To accept the Financial Reports for January 2024, as submitted.</p>	<p>Approved unanimously by roll call. 3 AYES</p>
<ul style="list-style-type: none"> ● Monthly Investment Transactions Reports 	<p>Mr. Ingram referred to the investment transactions reports included in the meeting materials (<i>a copy of the report is available by contacting Board Services</i>). This report is to comply with the California Government Code as an informational item. L.A. Care's total investment market value as of January 31, 2024 was \$3.5 billion.</p> <ul style="list-style-type: none"> ● \$3.4 billion managed by Payden & Rygel and New England Asset Management (NEAM) ● \$35 million in Local Agency Investment Fund 	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> \$80 million in Los Angeles County Pooled Investment Fund 	
Faneuil, Inc. Contract Extension and Funding for Customer Solution Center	<p>Acacia Reed, <i>Chief Operating Officer</i>, presented a motion requesting approval to amend a contract with Faneuil, Inc. The current contract Amendment 1 to SOW 2 is \$22,000,000, effective until March 31, 2025. Staff requests approval to amend the existing contract with Amendment #2 to SOW2, extending the contract term through March 31, 2027 (an incremental term of two years) and increasing the overall contract amount from \$22,000,000 to \$64,287,729 (an incremental increase of \$42,287,729). The vendor will continue providing support to existing and prospective members, and to providers for call center services. The vendor will also provide incremental staffing. This will allow the L.A. Care Call Center to meet Key Performance Indicators and regulatory requirements. A request for proposal (RFP) process was conducted in October 2021 for call center services. L.A. Care has used Faneuil Inc. since January 14, 2022, and is pleased with the performance.</p> <p><u>Motion FIN 102.0424</u> To authorize the staff to enter into Amendment 2 for SOW 2 with Faneuil, Inc., increasing the overall contract amount from \$22,000,000 to \$64,287,729 (an incremental increase of \$42,287,729) and increasing the contract terms from January 14, 2022 - March 31, 2025 to April 1, 2025 - March 31, 2027, (an incremental term of 2 years). This amendment will allow Faneuil, Inc. to continue to support L.A. Care with 24/7 call center operations through March 31, 2027.</p> <p><i>(Board Chairperson Ballesteros joined meeting)</i></p>	Approved unanimously by roll call. 3 AYES
Public Comments on the Closed Session agenda items.	There were no public comments.	
ADJOURN TO CLOSED SESSION	<p>The Joint Powers Authority Finance & Budget Committee meeting adjourned at 1:40 p.m.</p> <p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the items that the Committee will discuss in closed session. There was no public comment on the Closed Session items, and the meeting adjourned to closed session at 1:41 p.m.</p> <p>REPORT INVOLVING TRADE SECRET Pursuant to Welfare and Institutions Code Section 14087.38(n) Discussion Concerning New Service, Program, Technology, Business Plan Estimated date of public disclosure March 2026</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	CONTRACT RATES Pursuant to Welfare and Institutions Code Section 14087.38(m) <ul style="list-style-type: none"> • Plan Partner Rates • Provider Rates • DHCS Rates 	
RECONVENE IN OPEN SESSION	The meeting reconvened in open session at 1:47 pm. Augustavia J. Haydel, Esq., <i>General Counsel</i> , advised the public that no reportable action from the closed session.	
ADJOURNMENT	The meeting adjourned at 1:48 p.m.	

Respectfully submitted by:

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

APPROVED BY:

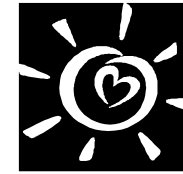
 Stephanie Booth, MD, *Chairperson*
 Date Signed _____

**COMPLIANCE
&
QUALITY
COMMITTEE**

BOARD OF GOVERNORS

Compliance & Quality Committee Meeting

Meeting Minutes – April 18, 2024



L.A. Care
HEALTH PLAN

L.A. Care Health Plan CR 1017-1018, 1055 W. Seventh Street, Los Angeles, CA 90017

Members

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

Senior Management


Sameer Amin, MD, *Chief Medical Officer*
 Terry Brown, *Chief of Human Resources*
 Todd Gower, *Chief Compliance Officer*
 Augustavia J. Haydel, *General Counsel*
 Alex Li, *Chief Health Equity Officer*
 Noah Paley, *Chief of Staff*
 Acacia Reed, *Chief Operations Officer*
 Edward Sheen, MD, *Senior Quality, Population Health, and Informatics Executive*

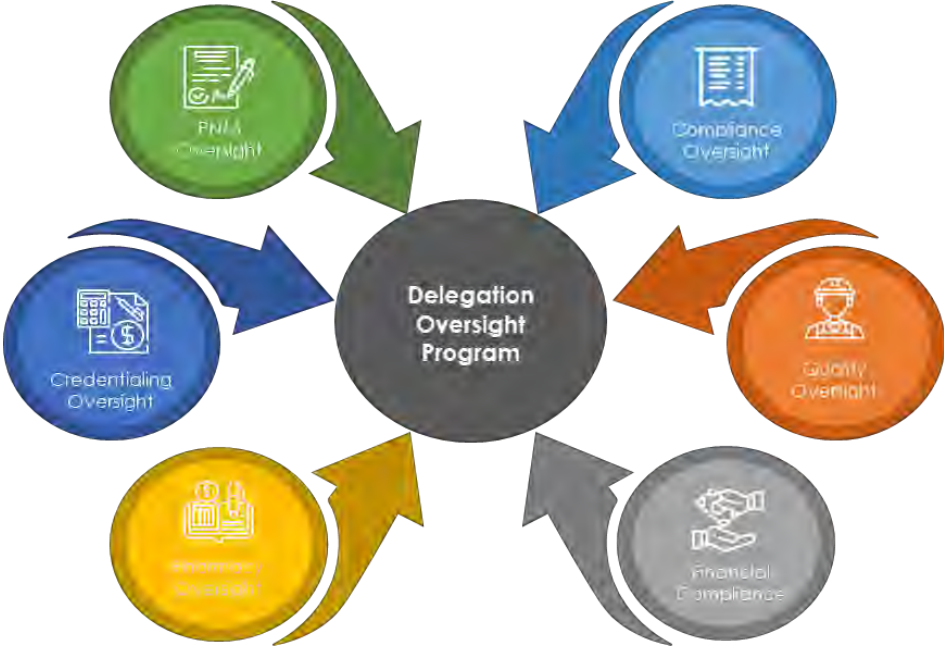
* Absent ** Via Teleconference

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Chairperson Stephanie Booth, MD, called the L.A. Care Compliance & Quality Committee and the L.A. Care Health Plan Joint Powers Authority Compliance & Quality Committee meetings to order at 2:00 P.M. 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.	
APPROVAL OF MEETING AGENDA	The meeting Agenda was approved as submitted.	Approved unanimously 3 AYES (Booth, Roybal, and Vazquez)
PUBLIC COMMENT	<i>There was no public comment.</i>	

APPROVED

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF MEETING MINUTES	<p>Chairperson Booth had a question regarding Managed Care Accountability Set (MCAS) scores percentages. She asked if the the comparison is the same across the board or between other plans in other states that are for profit. Dr. Amin responded that Department of Health Care Services is not comparing apples to apples and it is one of the biggest arguments that L.A. Care makes when it comes to the MCAS scores. They switched to methodology that is not focused within the state. There are different Medicaid populations in every state and that makes it difficult to compare scores. When some instances L.A. Care compares highly compared to other states.</p> <p>The March 21, 2024 meeting minutes were approved as submitted.</p>	Approved unanimously.
CHAIRPERSON REPORT <ul style="list-style-type: none"> • Education Topics 	<i>There was no Chairperson's report.</i>	
COMPLIANCE & QUALITY COMMITTEE CHARTER PROCESS	Todd Gower, <i>Chief Compliance Officer</i> , discussed the Compliance & Quality Committee Charter Process. He stated that the changes are still be reviewed and it may be presented to the committee for approval at the May 16 meeting.	
CHIEF COMPLIANCE OFFICER REPORT	<p>Mr. Todd Gower, <i>Chief Compliance Officer</i>, and the Compliance Department staff presented the Chief Compliance Officer Report (<i>a copy of the full written report can be obtained from Board Services</i>).</p> <p>Miguel Varela Miranda, <i>Senior Director, Regulatory Compliance</i>, gave a Delegation Oversight update.</p> <p>L.A. Care Delegation Oversight Manual</p> <p>L.A. Care Health Plan (“LAC”) contracts with certain healthcare providers (“Delegates”) to perform certain administrative services and functions as part of their agreements with LAC, and performs regular oversight of the Delegates’ performance to ensure adherence to regulatory, contractual, and operational requirements. Each year, on a regular and periodic basis, LAC requires Delegates to submit reports to substantiate its performance for each administrative service and function delegated. LAC’s oversight activities include, but are not limited to, annual audits of the Delegate, as well review of monthly and quarterly reports submitted by the Delegate.</p> <p>The oversight is intended to assess the Delegate’s performance against benchmarks and thresholds, and validate regulatory and contractual compliance.</p> <p>Decentralized Governance Model</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<div style="text-align: center;">  </div> <p>Delegation Oversight at L.A. Care is structurally decentralized and managed by several departments within the organization: Compliance Department, Internal Audit, Business Units.</p> <ul style="list-style-type: none"> • Provider Network Management • Quality Improvement • Financial Compliance • Pharmacy Compliance • Credentialing <p>What are the risks of a decentralized model?</p> <ul style="list-style-type: none"> • Lack of a holistic “delegate scorecard” that details status of the delegate’s performance across the multiple delegated services. • Instances of delegate non-compliance, tracking and trending, and overall monitoring efforts are not visible through the organization • There is no escalation path where concerns can be raised at different levels of management (lines of communication) • Documentation is not readily available since it is housed across multiple departments • Unclear roles and responsibilities between the business unit and compliance 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Chairperson Booth asked Ms. Varela to explain to Member Vazquez what he means by “Decentralized.” Mr. Varela responded that right now many different departments have Delegation Oversight functionality, but there is no one nucleus to centralize that information.</p> <p>How do we bridge the gap? Develop a comprehensive model:</p> <ul style="list-style-type: none"> Decentralized Model: Decentralization limits the visibility into the overall network. With network oversight responsibilities dispersed across various teams, coordinating activities and sharing information becomes challenging. Comprehensive Network Oversight: Centralized oversight helps ensure adherence to regulatory requirements and industry standards across the entire network environment. It facilitates consistent enforcement of compliance policies and simplifies audit processes. <p>Establish a formal delegation oversight program</p>  <p>What does the Delegation Oversight Program include?</p> <ul style="list-style-type: none"> Roles & Responsibilities 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Sanctioning Framework • Risk Stratification • Escalation Path • Key Delegation Oversight monitoring areas • Delegate Scorecard • Process Documents • Delegation & Contact Matrix • SharePoint <p>Three-tiered Committee Structure</p> <ul style="list-style-type: none"> • Executive Delegation Oversight Committee: Serves as final level of escalation for any delegates with ongoing performance and/or compliance deficiencies that have not been remediated for extended periods of time. Responsible for reviewing the business case/justification and determining final sanctioning decisions • Delegate Sanction Committee: Serves as the 1st level of escalation for any delegates with ongoing performance and/or compliance deficiencies. At-risk delegates are monitored closely (“on watch”). The committee will review the justification/business case for delegates proposed for sanctioning and research the impact of a sanction. Information is proposed to the Executive Delegation Oversight Committee for final determination • Delegation Oversight Workgroup: The workgroup is comprised of stakeholders impacted or responsible for overseeing the delegates performance. The workgroup is responsible for collectively analyzing data/information pertaining to the delegates’ regulatory performance/compliance, identifying performance deficiencies (risks/issues) and remediating performance concerns. If there is no progression in the delegate’s performance, information is escalated to the Delegate Sanction Committee for further review and potential sanctioning, accompanied by a business case justifying the reasons for the proposed sanctioning <p>Chairperson Booth asked how are they going to get the same level of information that L.A. Care will need to follow up on if they don’t know if there are nine other correction action plans that are being worked on by other departments. Mr. Varela responded that they gather information on a monthly basis by coordinating with various business units to ensure compliance. The Compliance team serves as a central point for collecting and organizing this data to generate a scorecard. The ultimate goal is to collaborate with Mr. Paley's team to disseminate this information down to the</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>delegate level. This approach aims to facilitate discussions during joint action meetings by providing comprehensive insights into compliance matters and overall performance across different areas.</p> <p>Member Roybal stated that he is more worried about entities tjat L.A. Care’s delegates delegate to. He asked what L.A. Care is doing to monitor what its delegates are delegating. He noted that the state will ultimately see L.A. Care as responsible. Mr. Varela mentioned several initiatives supporting regulatory efforts. The new Department of Health Services (DHS) contract in 2020 mandates that contracts are reported to the regulatory body, granting visibility into contractual relationships beyond just care provision. Secondly, the organization is leveraging subject matter experts to delve into delegate activities, attending their committees and operational gatherings for deeper insights. This proactive approach acknowledges the changing regulatory landscape, emphasizing ongoing engagement with delegates rather than relying solely on annual audits.</p> <p>Dr. Sheen gave the following Quality Improvement Update: Compliance Risk Summary - Open CAPs from 2022/2023 Audits NCQA Accreditation Survey UM7B denial letters missing language</p> <ul style="list-style-type: none"> • Issue already corrected • Half of files selected in survey were prior to LAC updates and improvements taking effect • Accreditation conducted Mock Audit File Review of internal UM files and delegates <ul style="list-style-type: none"> ○ 18 / 24 UM and Delegate files reviewed met UM 7B requirements <p>Opportunities for Improvement: Non-Compliant Factors</p> <ul style="list-style-type: none"> ○ Factor 1: Reason for Denial ○ Factor 2: Reference to Criterion <p>Next Steps: QI will conduct continuous check-ins with UM and Delegates to ensure GAPs are remediated.</p> <p>NCQA Discretionary Survey DHS: UM13C</p> <ul style="list-style-type: none"> • Not enough denial files to review per 8/30 methodology; due to DHS E-Consult specialty referral process • NCQA confirmed: “reviewing all available files is an acceptable methodology if the number of files falls short.” • Narrative explaining DHS E-Consult system, process improvement efforts, and auditing of all files was submitted as supporting evidence. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN								
	<ul style="list-style-type: none"> • NCQA Consultant (TMG) recommends proceeding with survey and not requesting extension; found that evidence provided to date meets criteria. <p>2021 DMHC Routine Survey PASC-SEIU</p> <ul style="list-style-type: none"> • Inconsistency in QI policies and procedures being applied to PASC-SEIU product line <p>MCLA</p> <ul style="list-style-type: none"> • Need for PQR to implement reasonable procedures to investigate PQI in timely manner • Need for PQR to improve process to address confirmed quality of care issues <p>Issues – PPG, Delegate, and Vendor</p> <table border="1" data-bbox="445 589 1673 1393"> <thead> <tr> <th data-bbox="445 589 743 654">Team</th> <th data-bbox="743 589 1673 654">Issue Summary</th> </tr> </thead> <tbody> <tr> <td data-bbox="445 654 743 773">Accreditation</td> <td data-bbox="743 654 1673 773">NCQA: Ongoing oversight of DHS eConsult process and generating enough files to review per NCQA survey methodologies</td> </tr> <tr> <td data-bbox="445 773 743 1192">Accreditation</td> <td data-bbox="743 773 1673 1192">Access to Care: Plan Partners disagree with L.A. Care’s minimum compliance rate of 80% set at 10% or higher than DMHC’s goal of 70%. This benchmark has been set as a protective measure to set higher performance standards that directly correlates with member experience and network performance. QI-030 Policy: Performance Goals “QI will calculate performance goals annually for each Appointment Availability and After-Hours Access standard for all lines of business. The calculation will be determined by establishing a goal where L.A. Care achieves statistically significant improvement over the prior year's results. Exception: Goals will always be set to a minimum of 80%.”</td> </tr> <tr> <td data-bbox="445 1192 743 1393">Initiatives</td> <td data-bbox="743 1192 1673 1393">Blood Lead Screening - Initial Health Assessments: Rates have improved but still under 50th percentile; not all providers are meeting this level or responding to attestation requirement. All IPAs have completed the attestation. In the process of requesting the Direct Network Providers to complete the attestation.</td> </tr> </tbody> </table> <p>MY2022: Access & Availability to Care</p>	Team	Issue Summary	Accreditation	NCQA: Ongoing oversight of DHS eConsult process and generating enough files to review per NCQA survey methodologies	Accreditation	Access to Care: Plan Partners disagree with L.A. Care’s minimum compliance rate of 80% set at 10% or higher than DMHC’s goal of 70%. This benchmark has been set as a protective measure to set higher performance standards that directly correlates with member experience and network performance. QI-030 Policy: Performance Goals “QI will calculate performance goals annually for each Appointment Availability and After-Hours Access standard for all lines of business. The calculation will be determined by establishing a goal where L.A. Care achieves statistically significant improvement over the prior year's results. Exception: Goals will always be set to a minimum of 80%.”	Initiatives	Blood Lead Screening - Initial Health Assessments: Rates have improved but still under 50 th percentile; not all providers are meeting this level or responding to attestation requirement. All IPAs have completed the attestation. In the process of requesting the Direct Network Providers to complete the attestation.	
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Initiatives	Blood Lead Screening - Initial Health Assessments: Rates have improved but still under 50 th percentile; not all providers are meeting this level or responding to attestation requirement. All IPAs have completed the attestation. In the process of requesting the Direct Network Providers to complete the attestation.									

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	<p>Low Performing PPGs not meeting Urgent Appointment Measure for Gastroenterology (Medi-Cal) Low Performing PPGs.</p> <p>Quality MCAS Measures</p> <table border="1" data-bbox="443 358 1640 1230"> <thead> <tr> <th data-bbox="443 358 837 467">Measure Description</th> <th data-bbox="837 358 947 467">Measure Type</th> <th data-bbox="947 358 1098 467">MY2023 Admin Rate</th> <th data-bbox="1098 358 1249 467">MY2023 Hybrid Rate</th> <th data-bbox="1249 358 1373 467">50th Percentile</th> <th data-bbox="1373 358 1497 467">% below MPL</th> <th data-bbox="1497 358 1640 467">Denominator</th> </tr> </thead> <tbody> <tr> <td data-bbox="443 467 837 513">Asthma Medication Ratio</td> <td data-bbox="837 467 947 513">Admin</td> <td data-bbox="947 467 1098 513">64.91%</td> <td data-bbox="1098 467 1249 513">-</td> <td data-bbox="1249 467 1373 513">65.61</td> <td data-bbox="1373 467 1497 513">-0.70%</td> <td data-bbox="1497 467 1640 513">17,639</td> </tr> <tr> <td data-bbox="443 513 837 634">Follow-Up After Emergency Department Visit for Substance Use (FUA)</td> <td data-bbox="837 513 947 634">Admin</td> <td data-bbox="947 513 1098 634">26.60%</td> <td data-bbox="1098 513 1249 634">-</td> <td data-bbox="1249 513 1373 634">36.64</td> <td data-bbox="1373 513 1497 634">-10.04%</td> <td data-bbox="1497 513 1640 634">13,348</td> </tr> <tr> <td data-bbox="443 634 837 756">Follow-Up After Emergency Department Visit for Mental Illness (FUM)</td> <td data-bbox="837 634 947 756">Admin</td> <td data-bbox="947 634 1098 756">29.79%</td> <td data-bbox="1098 634 1249 756">-</td> <td data-bbox="1249 634 1373 756">54.87</td> <td data-bbox="1373 634 1497 756">-25.08%</td> <td data-bbox="1497 634 1640 756">11,297</td> </tr> <tr> <td data-bbox="443 756 837 841">Well-Child Visits in the First 30 Months of Life (W30A)</td> <td data-bbox="837 756 947 841">Admin</td> <td data-bbox="947 756 1098 841">44.73%</td> <td data-bbox="1098 756 1249 841">-</td> <td data-bbox="1249 756 1373 841">58.38</td> <td data-bbox="1373 756 1497 841">-13.65%</td> <td data-bbox="1497 756 1640 841">14,660</td> </tr> <tr> <td data-bbox="443 841 837 925">Well-Child Visits in the First 30 Months of Life (W30B)</td> <td data-bbox="837 841 947 925">Admin</td> <td data-bbox="947 841 1098 925">63.46%</td> <td data-bbox="1098 841 1249 925">-</td> <td data-bbox="1249 841 1373 925">66.76</td> <td data-bbox="1373 841 1497 925">-3.30%</td> <td data-bbox="1497 841 1640 925">33,034</td> </tr> <tr> <td data-bbox="443 925 837 1010">Child and Adolescent Well-Care Visits (WCV)</td> <td data-bbox="837 925 947 1010">Admin</td> <td data-bbox="947 925 1098 1010">45.30%</td> <td data-bbox="1098 925 1249 1010">-</td> <td data-bbox="1249 925 1373 1010">48.07</td> <td data-bbox="1373 925 1497 1010">-2.77%</td> <td data-bbox="1497 925 1640 1010">804,006</td> </tr> <tr> <td data-bbox="443 1010 837 1078">Cervical Cancer Screening (CCS)</td> <td data-bbox="837 1010 947 1078">Hybrid</td> <td data-bbox="947 1010 1098 1078">-</td> <td data-bbox="1098 1010 1249 1078">53.55%</td> <td data-bbox="1249 1010 1373 1078">57.11</td> <td data-bbox="1373 1010 1497 1078">-3.56%</td> <td data-bbox="1497 1010 1640 1078">546,418</td> </tr> <tr> <td data-bbox="443 1078 837 1162">Childhood Immunization Status (CIS)</td> <td data-bbox="837 1078 947 1162">Hybrid</td> <td data-bbox="947 1078 1098 1162"></td> <td data-bbox="1098 1078 1249 1162">27.74%</td> <td data-bbox="1249 1078 1373 1162">30.9</td> <td data-bbox="1373 1078 1497 1162">-3.16%</td> <td data-bbox="1497 1078 1640 1162">32,916</td> </tr> <tr> <td data-bbox="443 1162 837 1230">Lead Screening in Children (LSC)</td> <td data-bbox="837 1162 947 1230">Hybrid</td> <td data-bbox="947 1162 1098 1230"></td> <td data-bbox="1098 1162 1249 1230">61.80%</td> <td data-bbox="1249 1162 1373 1230">62.79</td> <td data-bbox="1373 1162 1497 1230">-0.99%</td> <td data-bbox="1497 1162 1640 1230">33,062</td> </tr> </tbody> </table>						Measure Description	Measure Type	MY2023 Admin Rate	MY2023 Hybrid Rate	50th Percentile	% below MPL	Denominator	Asthma Medication Ratio	Admin	64.91%	-	65.61	-0.70%	17,639	Follow-Up After Emergency Department Visit for Substance Use (FUA)	Admin	26.60%	-	36.64	-10.04%	13,348	Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Admin	29.79%	-	54.87	-25.08%	11,297	Well-Child Visits in the First 30 Months of Life (W30A)	Admin	44.73%	-	58.38	-13.65%	14,660	Well-Child Visits in the First 30 Months of Life (W30B)	Admin	63.46%	-	66.76	-3.30%	33,034	Child and Adolescent Well-Care Visits (WCV)	Admin	45.30%	-	48.07	-2.77%	804,006	Cervical Cancer Screening (CCS)	Hybrid	-	53.55%	57.11	-3.56%	546,418	Childhood Immunization Status (CIS)	Hybrid		27.74%	30.9	-3.16%	32,916	Lead Screening in Children (LSC)	Hybrid		61.80%	62.79	-0.99%	33,062	
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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
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Improvement Pillars (with selected new initiatives)

+

Increase Care Options

- Alliant (L.A. Care) members (HMO/POS)
- Alliant Member All-in-One (Mobile, Web, App)
- Expanding and via Cigna, former Wellpoint members

📱

Expand Member Engagement

- Alliant mobile app
- New chat initiative by CCO, CSC, WCV and Alliant (L.A. Care)
- Alliant Member Portal
- Alliant member for member support and engagement email campaigns

🌐

Expand PBC and Provider Engagement

- New initiatives
- Expanded PBC collaboration
- New member L.A. Care IDMs and 7500000 L.A. Care Providers / MCA Websites

📁

Data Management & Integrity

- Supporting provider data submission (acknowledging and addressing reported issues)
- Data harmonization
- Provider education and training
- Building cross-departmental capabilities and processes

🤝


Deepen Provider and Allient Plan Partner Collaboration

- Alliant diversity and inclusion
- Alliant collaboration
- Alliant provider and member engagement
- Shared best practices

Strengthen collaboration and coordination across L.A. Care Departments; Pharmacy, Care Management, Utilization Management, Appeals/Grievances, Customer Solution Center, Encounter Reporting and Risk Adjustment, Analytics/IT, and Product: every member and provider interaction is opportunity

Member Roybal asked if L.A. Care is able to do automatic substitutions now that the state has taken over processing prescriptions. Dr. Sheen responded that there are no single solutions from the state, but L.A. Care is looking at PBMs to make sure that the right workflows are in place to provide the right medication to patients. A number of the measures are not great measures, like medication adherence, there can be unintended incentives. Many members are left with many refills and it may not be the right medication for them and may not improve their outcomes. Dr. Amin stated that this is delegated to the state's pharmacy vendor. L.A. Care tries to address this issue early by communicating with the provider.

Member Vazquez stated that she is grateful for the presentation given to the committee. She noted the need of these presentations to show the quality of work that L.A. Care does for its members. This is not just helpful to the member, but the general public. She stressed the need and importance of follow up during the authorizations process.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Richard Rice Jr., <i>Director, Delegation Oversight Performance Monitoring and Account Management, Enterprise Performance Optimization</i>, gave a Delegation Oversight Monitoring Clinical Monitoring update</p> <p>Delegation Oversight Monitoring Clinical Compliance Monitoring</p>  <pre> graph TD A[Clinical Compliance Monitoring] --> B[Qualitative Measures] A --> C[Quantitative Measures] B --> D[Quarterly Reviews] C --> E[Monthly Reviews] D --> F[Clinical Appropriateness] D --> G[Letter (NCA) Controls] E --> H[Timely Electronic Billing] E --> I[Timely Medication Administration] </pre>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS				ACTION TAKEN																																																													
	<h3 style="text-align: center;">Top 10 PPG Monitoring Scores and CAPs</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Top 10 Volume (March 2024)</th> <th style="width: 20%;">NAME</th> <th style="width: 20%;">Q4</th> <th style="width: 20%;">Q4</th> <th style="width: 30%;">CAP Sent</th> </tr> </thead> <tbody> <tr> <td rowspan="3">1</td> <td rowspan="3">Healthcare LA (HCLA)</td> <td>Clinical Decision Making for Service Authorization Request Denials (95% Goal)</td> <td>80%</td> <td>NA</td> <td></td> </tr> <tr> <td>Letter Content for Service Authorization Request Denials (95% Goal)</td> <td>80%</td> <td>80%</td> <td>4/28/24</td> </tr> <tr> <td>UM Timeliness (95% Goal)</td> <td>80%</td> <td>80%</td> <td>4/28/24</td> </tr> <tr> <td rowspan="3">2</td> <td rowspan="3">Department of Health Services (DHS)</td> <td>Clinical Decision Making for Service Authorization Request Denials (95% Goal)</td> <td>80%</td> <td>NA</td> <td></td> </tr> <tr> <td>Letter Content for Service Authorization Request Denials (95% Goal)</td> <td>80%</td> <td>80%</td> <td>4/28/24</td> </tr> <tr> <td>UM Timeliness (95% Goal)</td> <td>80%</td> <td>80%</td> <td>4/28/24</td> </tr> <tr> <td rowspan="3">3</td> <td rowspan="3">Preferred IPA Of California (PIPA)</td> <td>Clinical Decision Making for Service Authorization Request Denials (95% Goal)</td> <td>80%</td> <td>80%</td> <td>4/28/24</td> </tr> <tr> <td>Letter Content for Service Authorization Request Denials (95% Goal)</td> <td>80%</td> <td>80%</td> <td>4/28/24</td> </tr> <tr> <td>UM Timeliness (95% Goal)</td> <td>80%</td> <td>80%</td> <td>4/28/24</td> </tr> <tr> <td rowspan="3">4</td> <td rowspan="3">AltaMed Health Services (AMHS)</td> <td>Clinical Decision Making for Service Authorization Request Denials (95% Goal)</td> <td>80%</td> <td>80%</td> <td>4/28/24</td> </tr> <tr> <td>Letter Content for Service Authorization Request Denials (95% Goal)</td> <td>80%</td> <td>80%</td> <td>4/28/24</td> </tr> <tr> <td>UM Timeliness (95% Goal)</td> <td>80%</td> <td>80%</td> <td>4/28/24</td> </tr> </tbody> </table>				Top 10 Volume (March 2024)	NAME	Q4	Q4	CAP Sent	1	Healthcare LA (HCLA)	Clinical Decision Making for Service Authorization Request Denials (95% Goal)	80%	NA		Letter Content for Service Authorization Request Denials (95% Goal)	80%	80%	4/28/24	UM Timeliness (95% Goal)	80%	80%	4/28/24	2	Department of Health Services (DHS)	Clinical Decision Making for Service Authorization Request Denials (95% Goal)	80%	NA		Letter Content for Service Authorization Request Denials (95% Goal)	80%	80%	4/28/24	UM Timeliness (95% Goal)	80%	80%	4/28/24	3	Preferred IPA Of California (PIPA)	Clinical Decision Making for Service Authorization Request Denials (95% Goal)	80%	80%	4/28/24	Letter Content for Service Authorization Request Denials (95% Goal)	80%	80%	4/28/24	UM Timeliness (95% Goal)	80%	80%	4/28/24	4	AltaMed Health Services (AMHS)	Clinical Decision Making for Service Authorization Request Denials (95% Goal)	80%	80%	4/28/24	Letter Content for Service Authorization Request Denials (95% Goal)	80%	80%	4/28/24	UM Timeliness (95% Goal)	80%	80%	4/28/24	
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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
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Top 10 PPG Monitoring Scores and CAPs

Top 10 Volume Measurement	NAME	Q1	Q4	CAP Goal	
5	Allied Physicians (APIA)	Clinical Decision Making for Service Authorization Request Denials (95% Goal)	92.9%	99.2%	95.00%
		Letter Content for Service Authorization Request Denials (95% Goal)	0.0%	17.8%	0.00%
		UM Timeliness (95% Goal)	99.3%	97.1%	95.00%
6	Community Family Care (CFC)	Clinical Decision Making for Service Authorization Request Denials (95% Goal)	58.9%	87.5%	95.00%
		Letter Content for Service Authorization Request Denials (95% Goal)	15.4%	40.8%	0.00%
		UM Timeliness (95% Goal)	98.8%	93.8%	95.00%
7	GLOBAL CARE IPA (GCMG – MEDPOINT MGMT)	Clinical Decision Making for Service Authorization Request Denials (95% Goal)	89.3%	95.0%	95.00%
		Letter Content for Service Authorization Request Denials (95% Goal)	15.2%	47.4%	0.00%
		UM Timeliness (95% Goal)	97.8%	95.0%	95.00%
8	Optum/HealthCare Partners (HCPM)	Clinical Decision Making for Service Authorization Request Denials (95% Goal)	90.1%	96.3%	95.00%
		Letter Content for Service Authorization Request Denials (95% Goal)	0.0%	0.0%	0.00%
		UM Timeliness (95% Goal)	94.8%	99.8%	95.00%

Top 10 PPG Monitoring Scores and CAPs

Top 10 Volume Measurement	NAME	Q1	Q4	CAP Goal	
9	Citrus Valley Physicians Group (CVPG)	Clinical Decision Making for Service Authorization Request Denials (95% Goal)	79.8%	90.0%	95.00%
		Letter Content for Service Authorization Request Denials (95% Goal)	14.0%	0.0%	0.00%
		UM Timeliness (95% Goal)	94.2%	94.0%	95.00%
10	Prospect (PROH)	Clinical Decision Making for Service Authorization Request Denials (95% Goal)	84.8%	90.0%	95.00%
		Letter Content for Service Authorization Request Denials (95% Goal)	0.0%	0.0%	0.00%
		UM Timeliness (95% Goal)	98.8%	97.0%	95.00%

Michael Sobetzko, *Senior Director, Risk Management and Operations Support*, gave a Risk Management and Operations Support update.

Risk Management Update


Top Risk

Risk #	Risk Title	Risk Mitigation Plan Status	Comments
C2	HRA Assessment / Reassessment Timeliness	Delayed	Management Action Plan received. MCLA HRA Operational Reports Pending-Go live 04/15/2024.
CT3	Compliance Monitoring / Enforcement / Audits	Delayed	Management Action Plan received. Programmatic changes to better enhance the compliance audit monitoring and enforcement programs are currently in progress.
EA	Vendor Management / Contracting Process	Delayed	Management Action Plan not complete - additional time needed to be held.
E10	Encounters	Delayed	Management Action Plan not complete. - additional meetings to be held.
Q15	Delegation Oversight	Delayed	Management Action Plan received. Programmatic changes related to Delegation Oversight are in progress.
Q21	Staffing: Staffing / Skilled Hires / Time to Hire	Delayed	Management Action Plan not complete - additional meetings to be held.
Q24	D-SNP Implementation and Oversight	Delayed	Management Action Plan received. Programmatic changes related to D-SNP Implementation and Oversight are in progress.

Risk Management Update

Top Risk

Risk # / Title	C2: HRA Assessment / Reassessment Timeliness
Risk Statement	Where HRA assessments are not completed timely, potential enrollees who need extensive care management interventions will not receive care or interventions. Also, the untimely completion will expose LA to regulatory violations.
Risk Owner(s)	Samer Amin, Acacia Reed, Steven Chang
Completed Risk Mitigation Activities	<ol style="list-style-type: none"> Management Action Plan received March 2024 CMC-Era Operational Reports and Ad-hoc Reports <ul style="list-style-type: none"> Compliance w/D-SNP HRA requirements using manual workarounds are active and ongoing until automated reporting available.
Open Remediation	<ol style="list-style-type: none"> MCLA HRA Operational Reports: Scheduled to go live April 2024 <ul style="list-style-type: none"> XPD Y0 day MCLA Operational Monitoring D-SNP HRA Monitoring Reports: Implemented D-SNP HRA monitoring reports to capture new D-SNP LOB <ul style="list-style-type: none"> Completion Date: 3/1/23; Scheduled to go live April 2024
Summary	Management Action Plans received and activity working.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN												
	<p>Mr. Gower stated that as Compliance gets into the reviews of correction action plans they know that in the initial state it can have multiple owners. They are making sure they are starting the dialogue with department leaders. Chairperson Booth stated that as far as she can tell, it's at least two years for some of them, and when it says the management hasn't come up with a plan yet, it probably needs to be explained why that is. Mr. Gower agreed with Chairperson Booth and said that it's not that they haven't come up with a plan it's more that they are trying to find the best approach. They are usually working through it. The risks may stay on there, but the risk may no longer be high. Sometimes they are waiting for technology or other things that needs to be addressed, but mitigation work is being done.</p>  <p>The screenshot shows a slide titled "Risk Management Update" with a sub-header "Gap Risk". It features a navigation bar with buttons for "Home", "Issues", "Reports", "Action Plans", and "Follow-up Items". The main content is a table with the following rows:</p> <table border="1"> <tr> <td>Risk # / Title</td> <td>C13: Compliance Monitoring/Enforcement/Audits</td> </tr> <tr> <td>Risk Statement</td> <td>With the Plan writing new contracts and post-CAP, the need to have strong monitoring and auditing is key. Not having a robust Compliance Program could put the new and current products at Risk.</td> </tr> <tr> <td>Risk Owner(s)</td> <td>Todd Gower, Miguel Varela, Richard Rice</td> </tr> <tr> <td>Completed Risk Mitigation Activities</td> <td> <ol style="list-style-type: none"> 1. Management Action Plan received March 2024 2. Restructure of Regulatory Compliance (Vertical): Reorganize "EPO" into two distinct teams to clarify roles, provide focus and right sizing of team. <ul style="list-style-type: none"> • Completion Date: March 8, 2024 </td> </tr> <tr> <td>Open Remediation</td> <td> <ol style="list-style-type: none"> 1. Quantification and Analysis: Each department leader will need to analyze their respective areas and assess the maturity level of the division. Analysis will need to encompass current state, GAP analysis, and future state proposals. <ul style="list-style-type: none"> • Estimated Completion Date: April 2024 2. Enhance Corporate Compliance Monitoring: Update processes to ensure appropriate oversight and monitoring. Develop new workflows. Hire and train staff to effectuate the updated processes. <ul style="list-style-type: none"> • Estimated Completion Date: July 1, 2024 </td> </tr> <tr> <td>Summary</td> <td>Management Action Plans</td> </tr> </table>	Risk # / Title	C13: Compliance Monitoring/Enforcement/Audits	Risk Statement	With the Plan writing new contracts and post-CAP, the need to have strong monitoring and auditing is key. Not having a robust Compliance Program could put the new and current products at Risk.	Risk Owner(s)	Todd Gower, Miguel Varela, Richard Rice	Completed Risk Mitigation Activities	<ol style="list-style-type: none"> 1. Management Action Plan received March 2024 2. Restructure of Regulatory Compliance (Vertical): Reorganize "EPO" into two distinct teams to clarify roles, provide focus and right sizing of team. <ul style="list-style-type: none"> • Completion Date: March 8, 2024 	Open Remediation	<ol style="list-style-type: none"> 1. Quantification and Analysis: Each department leader will need to analyze their respective areas and assess the maturity level of the division. Analysis will need to encompass current state, GAP analysis, and future state proposals. <ul style="list-style-type: none"> • Estimated Completion Date: April 2024 2. Enhance Corporate Compliance Monitoring: Update processes to ensure appropriate oversight and monitoring. Develop new workflows. Hire and train staff to effectuate the updated processes. <ul style="list-style-type: none"> • Estimated Completion Date: July 1, 2024 	Summary	Management Action Plans	
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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
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Risk Management Update
Top Risk

Navigation: Home | Delayed | Completed | Tracking | Additional Information

Risk # / Title	E5: Vendor Management/Contracting Process
Risk Statement	Lack of cross functional third-party vendor management and oversight. How to ensure vendors adhere to contractual requirements. Complexed contracting process, multiple touches across organization, contracting may be delayed in certain parts of process. Centralized owner that works cross functionally with business partners.
Risk Owners	Tom MacDougall, Aizal Shah, Angie Haydel
Completed Risk Mitigation Activities	No completed risk mitigation activities noted for this risk area.
Open Remediation	No open remediation items noted for this risk area.
Summary	Management Action Plan not completed. Additional meetings are necessary.

Mr. Sobetzko gave an Issues Inventory update.

Issues Inventory Update – Summary

	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24
Reported	0	0	0	0	0	0	0	0	0	0	0	0	0
Open	0	0	0	0	0	0	0	0	0	0	0	0	0
Closed to Inventory	0	0	0	0	0	0	0	0	0	0	0	0	0
Deferred	0	0	0	0	0	0	0	0	0	0	0	0	0
Remediated	0	0	0	0	0	0	0	0	0	0	0	0	0
Tracking Only	0	0	0	0	0	0	0	0	0	0	0	0	0
Monitoring Only	0	0	0	0	0	0	0	0	0	0	0	0	0

- Open** – Issues identified by Compliance Risk Operations that require oversight and monitoring with business units.
- Closed to Inventory** – Issues in which business units are seeking guidance about a regulation or best practice process.
- Deferred** – Issues in which regulatory guidance (DHCC, BMHC, or BMS) is pending in resolve of issue resolution is dependent on another business units' implementation of a system or process.
- Remediated** – Issues that require formal or internal corrective action plans for resolution.
- Tracking Only** – Issues managed by other Compliance areas (such as Regulatory Affairs, Audits, Analysis, Communication) and Internal Audit in which the risk management staff is following up for current status updates to closure.
- Monitoring Only** – Issues in which corrective action plans are completed and monitoring is to be done by Compliance.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN																				
	<p>Mr. Sobetzko stated that he is happy to announce that there are only four issues that are open from prior to 2023. They are working through the clean up and have made good progress.</p> <h3 style="color: #0070C0;">Issues Inventory Update – Open</h3> <table border="1" data-bbox="457 386 1667 987"> <thead> <tr> <th data-bbox="457 386 1203 435">Issue Name and Description</th> <th data-bbox="1203 386 1346 435">Date Reported</th> <th data-bbox="1346 386 1556 435">Business Unit</th> <th data-bbox="1556 386 1667 435">Status</th> </tr> </thead> <tbody> <tr> <td data-bbox="457 435 1203 540"> Cancellation Letter Covered California Investigating letters members received erroneously indicating disenrollment from L.A. Care with a cancellation date in 2024. (1551) </td> <td data-bbox="1203 435 1346 540">2/29/2024</td> <td data-bbox="1346 435 1556 540">Customer Solution Center (CSC) – Enrollment Services</td> <td data-bbox="1556 435 1667 540">Open</td> </tr> <tr> <td data-bbox="457 540 1203 675"> Plan Partners Timely Reporting of Annual Provider Network Reports (APNRs) The Plan received notification from Plan Partners - Anthem Blue Cross and Blue Shield Promise that they are unable to meet the due date of 2/19/2024 to report Annual Provider Network Reports (APNR) data. (1549) </td> <td data-bbox="1203 540 1346 675">2/7/2024</td> <td data-bbox="1346 540 1556 675">Medi-Cal Products; Provider Data</td> <td data-bbox="1556 540 1667 675">Open</td> </tr> <tr> <td data-bbox="457 675 1203 850"> Call the Car State of Emergency February 2, 2024 The Plan received a communication from Call the Car (CTC) in regards to the State of Emergency declared due to weather/flooding. Call the Car is confirming services are being impacted and they will be conducting a comprehensive impact assessment once the state of emergency is lifted. (1548) </td> <td data-bbox="1203 675 1346 850">2/2/2024</td> <td data-bbox="1346 675 1556 850">Provider Network – Contract and Relationship Management</td> <td data-bbox="1556 675 1667 850">Open</td> </tr> <tr> <td data-bbox="457 850 1203 987"> Memorandum of Understanding (MOU) Implementation Requirements Investigating L. A. Care's resources in place to manage MOUs for contracts, policies, oversight and monitoring based on the 2024 DHCS Medical APL 23-029. (1547) </td> <td data-bbox="1203 850 1346 987">2/1/2024</td> <td data-bbox="1346 850 1556 987">Product Teams</td> <td data-bbox="1556 850 1667 987">Open</td> </tr> </tbody> </table>	Issue Name and Description	Date Reported	Business Unit	Status	Cancellation Letter Covered California Investigating letters members received erroneously indicating disenrollment from L.A. Care with a cancellation date in 2024. (1551)	2/29/2024	Customer Solution Center (CSC) – Enrollment Services	Open	Plan Partners Timely Reporting of Annual Provider Network Reports (APNRs) The Plan received notification from Plan Partners - Anthem Blue Cross and Blue Shield Promise that they are unable to meet the due date of 2/19/2024 to report Annual Provider Network Reports (APNR) data. (1549)	2/7/2024	Medi-Cal Products; Provider Data	Open	Call the Car State of Emergency February 2, 2024 The Plan received a communication from Call the Car (CTC) in regards to the State of Emergency declared due to weather/flooding. Call the Car is confirming services are being impacted and they will be conducting a comprehensive impact assessment once the state of emergency is lifted. (1548)	2/2/2024	Provider Network – Contract and Relationship Management	Open	Memorandum of Understanding (MOU) Implementation Requirements Investigating L. A. Care's resources in place to manage MOUs for contracts, policies, oversight and monitoring based on the 2024 DHCS Medical APL 23-029. (1547)	2/1/2024	Product Teams	Open	
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David Kagan, MD, Senior Medical Director, Direct Network, Utilization Management, gave a Utilization Management Update.

Authorization Request Timeliness Monitoring

Timeliness of Authorization Decisions & Notifications	Q3 2023	Q4 2023	Jan 2024	Feb 2024
All LOB (95%)	99%	99%	99%	99%
Direct Network (MCLA subset; 95%)	99%	99%	99%	99%
D&NP (95%)	98%	96%	97%	98%

Description of Data: Overall timeliness for each LOB per quarter, all above goal of 95%

Relevance: Tight monitoring due to past enforcement action and CAPs in place for timeliness

- New metrics established by Compliance Department for Medicare D-SNP beginning August 2023.

Maintenance Activities:

- Leadership responsibility to monitor workflows and inventory daily, including holidays and weekends.
- Ongoing assessment of opportunities for process and system improvements, including those directly impacting reports and data.
- Assessing UM inventory and staffing, ensuring UM has the team required to process incoming requests.
- Implementation of Direct Network Prior Authorization (DNPA) electronic form on 3/1/24. Webinar hosted by PNM on 3/5/24 to introduce the DNPA form.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Quality Assurance – Letters Identified Issues:</p> <p>Issuance of January letter fallout's due to missing member address (letter received on 2/21/24)</p> <ul style="list-style-type: none"> Requested a system feature that enables reporting of reasons for failed letters – Syntranet deployment scheduled for 3/28/24 <p>Letter fallout's resulting from voided member enrollment (members whose enrollment was not completed due to changes in eligibility)</p> <ul style="list-style-type: none"> Inquiry sent to Compliance Department to determine requirements surrounding notifications for members with voided enrollment <p>Chairperson Booth noted that L.A. Care has had challenges in translating letters, she asked if that is something that it reviews closely with its plan partners. Dr. Kagan stated that he is not able to comment on plan partners, because his team only looks at it internally. Dr. Amin stated that the translation was an issue very specific to a Syntranet problem occurring because of their internal issues. we have mitigated the issue has been less of an issue.</p>	
<p>CHIEF MEDICAL OFFICER REPORT</p>	<p>Sameer Amin, MD, MPH, Chief Medical Officer, presented the April 2024 Chief Medical Officer report (a copy of the report can be obtained from Board Services).</p> <p>Dr. Amin's report primarily focuses on the partnership between Health Services and Compliance to ensure better oversight of delegate performance. He praised Dr. Sheen and Dr. Kagan's efforts in utilization management, case management, and quality improvement, and noted the significant progress made for members. Dr. Amin stated that the Chief Medical Officer report will focus on compliance-related matters. He spoke about the new partnership with Compliance to address delegate performance, echoing concerns raised by Mr. Sobetzko and Mr. Varela regarding delegation oversight. The focus is on obtaining comprehensive information from provider groups and health plan partners to ensure better compliance and quality of care. The approach involves Health Services acting as subject matter experts for Compliance, assisting in reviewing incoming information and identifying performance issues. Dr. Amin stressed the importance of</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>understanding not just Compliance but also the quality of performance, which requires a collaborative effort between Health Services and Compliance. He outlined a three-step plan: obtaining the right information, reviewing it with subject matter expertise, and taking action to improve performance. This includes meetings with provider groups and health plan partners to address concerns and improve performance. Dr. Amin also emphasized the need for requirements to flow through contracts and network teams to ensure consistent communication and action. He acknowledges that this process will take time to implement but is essential for enhancing oversight and improving member care.</p>	
<p>Provider Performance Improvement (P4P/VIIP)</p>	<p>Henock Solomon, <i>Senior Manager, Incentives, Population Health</i>, gave a report about <i>(a copy of the report can be obtained from Board Services)</i>.</p> <ul style="list-style-type: none"> • Incentives serve as a motivator and amplifier for Quality Improvement (QI) interventions. • The programs promote provider accountability and offer a business case for quality improvement. <ul style="list-style-type: none"> - Performance measurement and reporting - Peer-group benchmarking - Value-based revenue (significant and meaningful <u>above capitation</u>) - Designed to align the quality improvement goals of Plan Partners, Independent Physicians Associations (IPA), clinics and physicians. - Aim to foster systematic process improvements and better care coordination - Reduce variation and promote consistency <p>Accomplishments & Updates</p> <ul style="list-style-type: none"> • Measurement Year (MY) 2022 Medi-Cal P4P reports and payments <ul style="list-style-type: none"> - Around 900 Physician & Clinics were paid out \$22 million. - 51 IPAs were paid out \$17.4 million for Medi-Cal VIIP. • MY 2022 L.A. Care Covered VIIP <ul style="list-style-type: none"> - 24 IPAs were paid out \$2.4 million. • MY 2033 Cal MediConnect (CMC) VIIP <ul style="list-style-type: none"> - 18 IPAs were paid out \$405,600. • MY 2022 Direct Network <ul style="list-style-type: none"> - 76 primary care providers and clinics were paid out \$447,000. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN																																				
	<p data-bbox="449 217 1457 277">P4P Performance Score Trends</p> <p data-bbox="470 326 1220 363">Physician Pay-for-Performance (P4P) Program</p> <table border="1" data-bbox="478 415 1667 721"> <thead> <tr> <th colspan="2" data-bbox="478 415 953 493">Soko</th> <th data-bbox="953 415 1192 493">MY 2020</th> <th data-bbox="1192 415 1432 493">MY 2021</th> <th data-bbox="1432 415 1667 493">MY 2022</th> </tr> </thead> <tbody> <tr> <td data-bbox="478 493 743 558" rowspan="3">Performance Scores</td> <td data-bbox="743 493 953 558">Mean</td> <td data-bbox="953 493 1192 558">28.05%</td> <td data-bbox="1192 493 1432 558">30.14%</td> <td data-bbox="1432 493 1667 558">27.01%</td> </tr> <tr> <td data-bbox="743 558 953 623">Median</td> <td data-bbox="953 558 1192 623">23.68%</td> <td data-bbox="1192 558 1432 623">27.14%</td> <td data-bbox="1432 558 1667 623">23.33%</td> </tr> <tr> <td data-bbox="743 623 953 721">Max</td> <td data-bbox="953 623 1192 721">94%</td> <td data-bbox="1192 623 1432 721">98.33%</td> <td data-bbox="1432 623 1667 721">100%</td> </tr> </tbody> </table> <table border="1" data-bbox="478 824 1667 1130"> <thead> <tr> <th colspan="2" data-bbox="478 824 953 902">Clinic</th> <th data-bbox="953 824 1192 902">MY 2020</th> <th data-bbox="1192 824 1432 902">MY 2021</th> <th data-bbox="1432 824 1667 902">MY 2022</th> </tr> </thead> <tbody> <tr> <td data-bbox="478 902 743 967" rowspan="3">Performance Scores</td> <td data-bbox="743 902 953 967">Mean</td> <td data-bbox="953 902 1192 967">14.00%</td> <td data-bbox="1192 902 1432 967">26.74%</td> <td data-bbox="1432 902 1667 967">24.76%</td> </tr> <tr> <td data-bbox="743 967 953 1032">Median</td> <td data-bbox="953 967 1192 1032">22.73%</td> <td data-bbox="1192 967 1432 1032">23.33%</td> <td data-bbox="1432 967 1667 1032">23.58%</td> </tr> <tr> <td data-bbox="743 1032 953 1130">Max</td> <td data-bbox="953 1032 1192 1130">57.73%</td> <td data-bbox="1192 1032 1432 1130">68.89%</td> <td data-bbox="1432 1032 1667 1130">67.00%</td> </tr> </tbody> </table>	Soko		MY 2020	MY 2021	MY 2022	Performance Scores	Mean	28.05%	30.14%	27.01%	Median	23.68%	27.14%	23.33%	Max	94%	98.33%	100%	Clinic		MY 2020	MY 2021	MY 2022	Performance Scores	Mean	14.00%	26.74%	24.76%	Median	22.73%	23.33%	23.58%	Max	57.73%	68.89%	67.00%	
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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
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Measure Specific Trends: Physician P4P

Threshold: 50th percentile among network

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HEDIS Measure	MY2020	MY 2021	MY 2022	Rate Change (MY20 - MY22)
Asthma Medication Ratio- 5-64 years of age	57.14%	62.68%	66.67%	9.53%
Breast Cancer Screening	54.72%	51.43%	52.84%	-1.88%
Cervical Cancer Screening	53.85%	52.57%	51.81%	-1.04%
Childhood Immunization Status- Combo 10	15.50%	17.65%	18.92%	3.42%
Chlamydia Screening in Women	62.70%	64.71%	65.81%	3.11%
Controlling Blood Pressure	20.61%	24.04%	23.90%	3.29%
Immunizations for Adolescents- Combo 2	32.79%	31.58%	33.33%	0.54%
Prenatal & Postpartum Care- Postpartum Care	61.54%	63.16%	63.26%	1.72%
Prenatal & Postpartum Care- Timeliness of Prenatal Care	77.97%	76.47%	73.33%	-4.64%
Weight Assessment and Counseling for Child/Adol - Physical Activity	45.63%	56.20%	58.02%	12.39%

Measure Specific Trends: Physician P4P

Benchmark: 95th percentile among network

Benchmarks: 95th Percentile Among Network				
HEDIS Measure	MY 2020	MY 2021	MY 2022	Rate Change (MY20 - MY22)
Asthma Medication Ratio- 5-64 years of age	90.50%	91.33%	93.79%	3.29%
Breast Cancer Screening	79.17%	75.81%	75.00%	-4.17%
Cervical Cancer Screening	72.98%	71.43%	70.21%	-2.77%
Childhood Immunization Status- Combo 10	53.69%	56.84%	58.52%	4.83%
Chlamydia Screening in Women	85.71%	86.69%	88.31%	2.60%
Controlling Blood Pressure	68.09%	74.71%	71.95%	3.86%
Immunizations for Adolescents- Combo 2	67.47%	64.48%	68.30%	0.83%
Prenatal & Postpartum Care- Postpartum Care	84.15%	88.10%	83.33%	-0.82%
Prenatal & Postpartum Care- Timeliness of Prenatal Care	92.45%	92.31%	88.89%	-3.56%
Weight Assessment and Counseling for Child/Adol - Physical Activity	88.34%	91.81%	90.96%	2.62%

Future Direction

External Benchmarking

- We will be transitioning from using L.A. Care provider peer group benchmarking to using external NCQA benchmarks for our MY 2024, RY 2025 P4P Programs.

New Program Launch

- Launched the SNF and Hospital P4P Programs in 2024.

Medicare Advantage Payout

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> First year of payouts for our D-SNP level VIIP Program in late 2024. 	
PUBLIC COMMENT ON CLOSED SESSION ITEMS	<i>There was no public comment.</i>	
ADJOURN TO CLOSED SESSION	<p>Augustavia J. Haydel, Esq., <i>General Counsel</i>, announced the following items to be discussed in closed session. The JPA Compliance and Quality Committee meeting adjourned and the Compliance and Quality Committee adjourned to closed session at 3:35 P.M.</p> <p>PEER REVIEW Welfare & Institutions Code Section 14087.38(o)</p> <p>CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION Significant exposure to litigation pursuant to Section 54956.9(d)(2) of Ralph M. Brown Act: Four potential cases</p> <p>THREAT TO PUBLIC SERVICES OR FACILITIES Government Code Section 54957 Consultation with: Todd Gower, Chief Compliance Officer, Serge Herrera, Privacy Director, and Gene Magerr, Chief Information Security Officer</p> <p>CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION Pursuant to Section 54956.9(d)(1) of the Ralph M. Brown Act</p> <ul style="list-style-type: none"> Department of Managed Health Care Enforcement Matter Numbers: 18-799, 20-063, 21-428, 21-509, 21-680 Department of Health Care Services, Office of Administrative Hearings and Appeals, In the matter of: L.A. Care Health Care Plan Appeal No. MCP22-0322-559-MF 	
RECONVENE IN OPEN SESSION	<p>The Committee reconvened in open session at 4:10 p.m.</p> <p>There was no report from closed session.</p>	
ADJOURNMENT	The meeting adjourned at 4:10 p.m.	

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

APPROVED BY:

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